

ENTER AND VIEW

Unannounced Visit

Wrottesley Park House Care Home

18 February 2017

Part of the Healthwatch Wolverhampton remit is to carry out Enter and View Visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Wrottesley Park House Care Home
Address: Wergs Road, Tettenhall, WV69BN
Manager: Roger Fitzgerald
Date of Visit: 18 February 2017

Authorised Representatives

NAME	ROLE
Dana Tooby	Authorised Representative (Lead)
Roger Thompson	Authorised Representative
Sheila Gill	Authorised Representative

Purpose of Visit:

Healthwatch Wolverhampton receive feedback on a range of services and treatments received around care homes. Recently Healthwatch received some concerns in respect of services received at the above care home. These centered around building work / maintenance work being carried out, consultation with residents.

Acknowledgements:

Healthwatch would like to thank the Nurse, Care, Domestic and Nursing staff and residents for their cooperation during the visit.

1.0 Physical Environment

External:

- 1.1 Initially confusing as no signage to reception or main entrance. There were two car parks; the first seemed to be allocated to maintenance staff and the second to visitors.
- 1.2 The outside garden area was semi-landscaped. One of the resident's rooms had a sheet or other material which seemed to afford its privacy from parking cars.
- 1.3 The entrance to the Home did not display its name and was through automatic double doors opening into a large, dark corridor.

Internal

- 1.4 There was a wide entrance area before the main door which had wall mounted hand gel.
- 1.5 There was a notice stating that maintenance work was being undertaken but there was no sign to indicate the door buzzer.
- 1.6 The Lead Authorised Representative for the Enter and View visit introduced the team, explained the purpose of the visit and handed the visit letter to the Senior Nurse, who was welcoming. She asked if she could continue feeding a resident whilst she was being interviewed and also checked this out with the resident in question. Meanwhile the other two Authorised Representatives moved around the Home unescorted and spoke with the residents and staff.
- 1.7 The large foyer area was spacious, light and airy. It had three comfortable chairs and a water dispenser. On the unmanned reception desk there were two folders with photographs of the service-users engaging in various activities and care home review forms. There was also a framed notice from Robert Timmins (Registered Manager?) stating 'Comments welcomed'. On the opposite side of the wall was a notice indicating that Roger Fitzgerald was the registered Manager!
- 1.8 There was a signing in book and, although not asked to do so, the Authorised Representatives signed in time of arrival and time of departure.
- 1.9 Before we left the building it was noted that Healthwatch leaflets that had been given to the nurse in charge, had already been put on display.
- 1.10 In the foyer and throughout the building there was ample room for wheelchair-users to navigate easily.
- 1.11 Although the refurbishment work schedule was on display it was unclear when the end date for completion of work was.

Willow House Unit

- 1.12 There was a large spacious lounge with a number of comfortable chairs, a table tennis table, a TV and music centre was available. Three residents were watching TV.
- 1.13 There was a notice board displaying pictures painted/drawn by residents and a weekly activities sheet (Monday to Friday with no date).
- 1.14 There was also a notice for staff saying 'Please check your E-Learning!!!! Any staff that has not completed all E-Learning by the 30th January will not have any shifts there-after. Roger.'
- 1.15 Another notice was for Volunteers/Helpers for Shopping Trips, requesting help to take residents out on day trips or shopping trips. This was from the Activities Organiser. It was unclear as to what training is given to volunteers that take residents out.
- 1.16 Next to the notice board, there was an Out of Hours Emergency maintenance name and telephone number displayed on a room window.
- 1.17 A room was unlocked and there was no notice displayed on the door. On one side of the wall filing cabinets were standing filling the whole wall area. The filing cabinet had drawers labelled of the month and year. The drawers contained envelopes with resident's names, the unit they were in and a date.
- Similar files/envelopes in piles were left on the floor. Boxes with different resident information were also piled up in this room which was also being used for general storage.
- 1.18 Next to this room was another room with the door unlocked. The door had a signage reading 'Staff only'. The room had toilets and facilities for staff e.g. kitchenette/staff room & vending machine. There were a number of open boxes stored on the floor by the vending machine.
- 1.19 Another unlocked room was wide open despite having a notice on it saying '*sluice room door must be kept closed at all times*'.
- 1.20 Upon entrance to a larger lounge area there was a filing cabinet and workstation. The filing cabinet was unlocked and contained confidential resident information.
- 1.21 The Authorised Representatives observed two further unlocked rooms labelled room A and room B. These both had a notice on with the message 'Do not enter maintenance in progress'. These rooms were being used for storage and contained a toilet and various boxes. In room A the ceiling light fitment had wires exposed and was a potential hazard. There was a vacuum cleaner left outside of room B.

Redwood House Unit

- 1.22 The double doors to this unit were wide open and had an A4 sign on the doors

stating 'Caution wet paint', 'Maintenance in Progress' and 'All residents must be escorted via this corridor'. This unit was clearly undergoing major building work. The rooms along this corridor had a variety of building materials and equipment left in the central space and in corridors.

- 1.23 There was a multi-gang light switch cover with no case which left the live cables exposed. This was accessible to residents and staff and posed an electrical hazard.
- 1.24 The door to the laundry room had a sign on it '*Laundry Staff only*' it was locked with a key code entry. However, another door to the laundry room was not locked inside there were industrial washing machines being used, a radio was left on and there was no staff in the room.
- 1.25 Bathroom 1 had a notice '*Do not use*' on it. This room was used to store building materials. The door had a lock facility but was unlocked.
- 1.26 The room opposite bathroom 1 was also unlocked (but had an open padlock on it) and had a notice reading 'Work in progress do not enter'.
- 1.27 Outside the bathroom was a table and filing cabinets (not locked) containing resident information and care plans in folders.
- 1.28 From observations, building materials and equipment were left unattended in the corridors, in the middle and around an area of the building that was used to access resident's rooms. It was clear that construction work was being undertaken whilst residents still occupied rooms that could /would be affected by dust, noise and obstruction. It was felt this posed a serious health and safety risk to residents, staff and visitors especially those living in rooms where access is directly off this space.
- 1.29 The Authorised Representatives observed ladders, unsecured large radiators, electric drills, a hammer, electric saw and parts to a drill, a Stanley knife, chisels, plastering tools, a chemical sprayer, paint and plaster boards and building rubble all left unattended.

2.0 Staff Numbers

- 2.1 The Authorised Representatives were told that “2 qualified nurses were on duty together with between 10 and 11 carers during the day. At night there is 1 qualified nurse and between 4 and 5 carers. In addition to this there is a team of 3 domestic and 2 catering staff.”
- 2.2. The administration staff work Monday to Friday and therefore were not on duty during this visit.
- 2.3 The Activity Co-ordinator works Monday to Friday every other week and alternate Saturdays. She was not on duty during this visit.
- 2.4 It was observed neither the maintenance team nor the gardener was on duty during this visit; major refurbishment is being undertaken one wing at a time.
- 2.5 We were told that ‘Flash’ meetings take place in the morning to enable staff to ‘catch up’.

3.0 Agency Usage

- 3.1 Recruitment, training and staffing arrangements are made by the Manager and Deputy Manager who tends to draw on the same agency or Bank staff to pick up shift shortages when staff are working flexible hours, to cover absences, shortages or for emergency cover.
- 3.2 There are always vacancies as the number of residents is increasing. We were told that, “most *new staff had learnt about vacancies through word of mouth recommendations.*”
- 3.3 The Staff rota was on display as was the Training Matrix.

4.0 Patient Experiences and Observations

- 4.1 The majority of the resident’s bedrooms had laminate flooring and appeared to be clean and tidy and did not have bad odours. Most did not have their names on or photographs of the occupant. Doors were generally left open.
- 4.2 One resident said ‘I do lots of things like play bingo, painting; one of my pictures is on the board.’
- 4.3 Five residents were using the large foyer/lounge in the Willow unit. Three residents were reading newspapers and chatting. Whilst the Authorised Representatives spoke with the residents a member of staff brought a resident a jigsaw puzzle to do.
- 4.4 A resident that had been in the Home for a year said “It’s very boring here, there is nothing to do all day.....I’m stuck in this place. Some of the other residents upset me so I escape to my room.”

- 4.5 A resident that was only staying for a short stay said “I’ve got a temporary doctor that comes to the home, my GP surgery isn’t near and he doesn’t come here.”
- 4.6 “I like it here; the staff are really helpful.... You can press the buzzer and they will bring you coffee and come to you.”
- 4.7 “I’m getting dominoes on Tuesday.”
- 4.8 A resident watching television in her room said, “Staff look after me and shower me.”
- 4.9 A resident said “My sleep is spoilt as I can hear other residents and it wakes me up....I am waiting to move to another room as I like the quiet.”
- 4.10 A resident said, “I am happy with my support, happy with staff.” The resident added that they, “Feel safe, able to choose clothes for themselves in the mornings, not aware of a support plan or activity plan, stays within the confines of the home and is free to move about.”
- 4.11 A resident said that they do a number of activities but mainly with family, “*Food is better than hospital food*”. The resident said that they are informed by kitchen staff what they have and residents asked what they would like. “Likes it here staff really helpful, free to go and come in from their rooms.”
- 4.12 A resident said, “Happy here only some other residents noisy during the night waking them up.” *They added that they go out with staff.*

5.0 Family and Carer Experiences and Observations

A nurse explained, “*Only a few residents have family members and others only have an annual visit.*”

6.0 Catering Services

- 6.1 A chef and assistant was on duty, some staff were feeding residents, others were able to feed themselves. A number of domestic staff (wear green tops) were observed working in the home.
- 6.2 It was noted that some residents were able to feed themselves whilst others were being peg-fed in a way that reduced risks, such as choking.
- 6.3 It was observed in the kitchen there were no Food hygiene certificate(s) on display. The Chef thought this was because the room had been painted recently.
- 6.4 “All residents have food and liquid balance sheets; those for non-communicators and peg-fed are checked at 8:00pm, staff do try to check throughout the day too. The sheets are signed off at midnight and the balance recorded.”
- 6.5 “After breakfast a tea trolley goes round (11:00am), it also goes round after lunch, at 3:00pm and after supper at 8:30pm-9:00pm. Drinks are always available and residents can elect to have their meals in their rooms.”
- 6.6 It was noted whilst in the Willow House lounge, a member of staff with a drinks trolley provided hot and cold drinks to residents.
- 6.7 One resident said, “I can make my own drinks when I want one but the staff will make it for you as well.”
- 6.8 A resident said, “It’s better than hospital food, a carer comes round and tells us what there is to eat and asks if we want anything else.”
- 6.9 One resident said, “The food is nice but sometimes I find a hair and it makes me gag and I can’t eat anymore. The staff should wear hats, it makes me feel sick.”

7.0 Staff Experiences and Observations:

- 7.1 One Staff Member said, "I have done a lot of E-learning training e.g. DOLS, dementia, fire awareness and some in house training provided by the Home.....We are not encouraged to get more training but we are told when we need to refresh and we do it."
- 7.2 "We don't have Supervision or appraisal, they talk about it but we don't have it."
- 7.3 "We have staff meetings....they can last a couple of hours....and we are informed about what is going on with residents and the refurbishments." "Staff are not consulted about things we are usually told."
- 7.4 "There should be 4 staff on each unit but that isn't the case at weekends, if someone calls in sick then we have to manage, they don't use Bank staff, there is no-one to call. "Sometimes there are only 2 staff." "Staff are overworked especially at weekends."
- 7.5 "Medicines are kept (locked) in residents rooms, nurses have keys."
- 7.6 "There have been a number of Managers come and go within a very short time."
- 7.7 "There is one member of staff that does activities including bingo, painting/drawing, reading and arranging talks but if they take one resident out e.g. shopping then it's not fair for other residents."
- 7.8 "I have offered to take residents to the park, the home used to have a minibus but they don't have it anymore."
- 7.9 "Maintenance/building work does sometimes take place at weekends, however no-one has come in today but they have left all their stuff out."
- 7.10 "Although all residents should be supervised whilst the work is going on, it isn't practical as there isn't enough staff available."
- 7.11 "If I needed assistance with a resident, I would press the alarm in the residents' room and a nurse would come."

We were told that the main challenge was staffing levels but "... At the end of the day it is a business but for nurses it is about quality of care. We try to be person-centered but it is hard when there are 47 residents each with different needs but we do our best."

- 7.12 "I have worked here for 4 and half years and have seen a lot of managers, probably because it is hard to manage. It doesn't seem to have been what they wanted. Some have stayed 6 months but one lasted less than 4 days. The new Manager is a registered nurse so he has a better understanding of things such as with pressure sores and their escalation. Now with a nursing/Business Manager it seems to be a smoother process. Things change very quickly around here. It has little impact on residents as they have the relationship with Nursing and Care staff."

- 7.13 Domestic Staff Member 1 said, “Shift pattern is 4-5 staff on per day, 6/7 hour shifts, 7am-2pm/8am-2pm/11-5pm after these times staff on duty responsible for the up keep of the unit/home, but always left tidy residents converse with domestic staff if a resident asks a domestic staff for food or drink they will always refer to staff on duty before giving the person what they had initially asked for.”
- 7.14 “Maintenance is in and out. Infection control is not yet in completion due to maintenance team working on the renovation work.”
- 7.15 “No concerns about the home; colleagues are all hard working, there are procedures in place if new equipment is required.”
- 7.16 “Although all residents should be supervised whilst the work is going on, it isn’t practical as there isn’t enough staff available.”
- 7.17 We were told that Staff received training relevant to their role and had annual reviews - although most were actually reviewed every 3-6 months by the manager. Nurses split the supervision of Care staff and the Domestic staff are supervised by the Domestic team Manager.
- 7.18 We were told, “Whilst all staff have to undertake mandatory training they are also encouraged to complete other online training courses. In addition to basic nursing qualifications some staff have completed Mental Health, Disability, Dysphasia and Cather-use training. Carers are required to have a minimum Level 2 qualification in Care but are also given the opportunity to achieve NVQ Level 3.”
- 7.19 A nurse told us, “I was supported to complete a Business Management NVQ Level 5 and I think that management is very responsive to training requests.”

8.0 Summary, Comments and Further Observations

- 8.1 Wrottesley Park House Care Home is registered to provide accommodation with nursing and personal care for up to 63 people, including people with physical and learning disabilities.
- 8.2 At the time of the Enter & View Visit there were 47 people living at the home. There are four units within the home; three on the ground floor, accessed via a central reception area and a fourth unit upstairs.
- 8.3 The Authorised Representatives spoke to several people who used the service and staff including nurses, carers and domestics.
- 8.4 The Authorised Representatives were told that, “Medicines are either kept in a locked cabinet in the Treatment room or in locked cupboards in the resident’s room unless they choose to self-medicate and were not at risk of self-harm. Medicine trolleys are not used neither are ‘homely’ medicines such as paracetamol. On

call GPs are called to authorise medicines even for headaches or tummy upsets. Staff are trained regarding medicines by Boots and the Deputy Manager does the observations. There are plans for Unit Leads to undertake Medication Training but....”

- 8.5 The Authorised Representative was told that an Activities Co-ordinator had been in post since October 2016 and had, “hit the road running. It is very difficult to organise activities that everyone would want but activities now include Movement to music, Singing, Prize Bingo, shopping, Cinema and escorted visits etc. A ‘Service-user of the day’ is also encouraged to select an activity.”
- 8.6 Regarding information that is given to new residents on arrival, we were told “Management do the Initial Assessment and this information is given verbally to staff. I do not think that residents are given Admissions Packs. Nurses do the Care plans. There is a Short-stay plan for the first 4 weeks which is then reviewed. Care plans are stored in lockable filing cabinets on each wing and record any religious, intimate care - or other preferences. A chaplain and nun comes in every week following a request from a resident to take communion. Sikh or Muslim residents tend to be taken to temples by their family.”
- 8.7 When asked about the Complaints process and Incident/Accident procedures, the Authorised Representative was told:
- 8.7.1 “Complaints are written by the nurses and then submitted to the Manager to review and respond to it unless it is urgent then they go Straight to the Manager. At weekends, when managers are not on site, paperwork is pushed under the office door.”
- 8.7.2 “Accidents and Incidents are all completed online using the nurses laptop. They are counter-signed by the nurse on duty and sent to the Manager. Nurses are told the outcome between 1-7 days later according to how complex the issue is. The computer can be accessed on request as it is locked out to avoid due to personal data stored on it.”
- 8.7.3 Copies of Care Plans and Online documentation referring to Complaints and Accidents were shown to the Authorised Representatives.
- 8.8 The Authorised Representatives were seriously concerned about building materials and equipment that was left unattended in the middle of an area of the building that was being modernised and posed a serious health and safety risk to residents, staff and visitors especially those living in rooms where access is directly off this space.
- This situation was immediately brought to the attention of the Nurse in charge by the Authorised Representative Lead and she immediately agreed that there was a problem, stating “Workmen were always abandoning their tools leaving staff to put them away.”
- The Nurse went on to say that, [she] “Had mentioned this to management on a number of occasions and specifically before going on annual leave on 08 February but that it has been raised as an issue since 15 January”. She explained that she, “Had been busy since returning from leave (today) and had not had time to sort things out yet.” The Nurse

stated that she, “Was not happy about it as it is a health and safety issue” and she “Had been told that residents would be supervised whilst the work was going on.”

We were told that, “Two DoLs residents lived in the area where the problem is but one has one to one care and the other has physical issues affecting mobility.” The Nurse said that she was concerned as she was in charge but that she had not had time to deal with it as it had been busy all morning. She immediately tasked staff to clear the area which also put them at risk of an accident.

- 8.9 The Authorised Representatives were alarmed to discover that it is common practice for workmen to abandon their tools when taking lunch breaks, shopping or when not at work leaving it to nurses, carers or domestic staff to deal with it.
- 8.10 The building equipment is left unattended in the middle of the open space included; ladders, unsecured large radiators, electric drills, a hammer, electric saw and parts to a drill, a Stanley knife, chisels, plastering tools, a chemical sprayer, paint and plaster boards were left unattended.
- 8.11 Staff appeared to be very busy and staffing levels did not seem to be adequate for the number of residents. In between seeing to resident needs, a member of staff was observed trying to move ladders and building materials from the main foyer into a side room.
- 8.12 We became aware that few residents had regular visitors and for most this was only on an annual basis.
- 8.13 Most staff seemed to be interacting in a respectful way with residents, however it was observed that one member of staff entered the lounge area, walked directly to a resident in a wheelchair, unlocked the breaks and moved the resident without any communication between them. The resident was not asked or told that they were going to be moved- it just happened. The staff member then proceeded to give the resident a drink once again with no communication.

9.0 Follow up Action:

10.0 Recommendations:

- 10.1 Urgent action needs to be taken to ensure that building contractors take responsibility for storing their materials and equipment safely when not being used.
- 10.2 Management should consider temporarily relocating residents in empty rooms whilst construction work is being undertaken in an area that puts them at risk of dust, noise and other health risks.
- 10.3 Block access to any area where building work is being undertaken.
- 10.4 All doors that are required to be kept locked are kept locked and not left open or unlocked.
- 10.5 Need to have sight of the Risk Register and Risk assessments undertaken re building work being undertaken.
- 10.6 Need to be assured that the building contractors are qualified, have the necessary skills and knowledge and insurance to carry out this work.
- 10.7 Need clarification about who is actually the registered Manager.
- 10.8 Need to have sight of Volunteer Policy and training available for volunteers.
- 10.9 Need to have sight of evidence to show that annual appraisals are undertaken for all staff.
- 10.10 Consider refreshing training around respect and dignity for residents to avoid incidents where they are moved and fed without any communication between them.
- 10.11 Check status of Infection control.
- 10.12 All paperwork containing personal information should either be filed or archived and kept in locked storage.
- 10.13 Signage to the building needs to be improved.
- 10.14 Up-to-date Food Hygiene certificates should be displayed in the kitchen area.
- 10.15 Management to find more ways to engage and involve residents and get their feedback.

11.0 Provider Response and Intended Action:

No Provider Response Received.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on **18 February 2017**. The report does not claim to be representative of all service-users, only of those who contributed within the restricted time available.