

Enter and View Report

Wulfrun Rose Nursing Home
Semi-announced Visit
20th July 2019



**Engaging
Communities**

Inspiring Change, Improving Outcomes

healthwatch
Wolverhampton

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What is Enter and View

Part of Healthwatch Wolverhampton's 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, optometrist 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 that 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's 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's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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Provider details

Name and Address of Service: Wulfrun Rose Nursing Home, Underhill Lane, Wolverhampton, WV10 8LP

Manager: Bright Gurupira

Service type: Nursing Home

Client type: Residential Care, Rehabilitation, Nursing and Dementia Care.

Acknowledgments

Healthwatch Wolverhampton would like to thank the Registered Home Manager, staff and all the residents and relatives for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit made on 20th July 2019. The report does not claim to represent the views of all residents, only those who contributed during the visit.

Authorised Representatives

Mary Brannac, Lead Authorised Representative

Emily Lovell, Authorised Representative

Ranjit Khutan, Observing Authorised Representative

Who we share the report with

This report and its findings will be shared with Wulfrun Rose Nursing Home, Local Wolverhampton Councillors, Wolverhampton Clinical Commissioning Group (CCG), Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:

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Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

A semi-announced visit was undertaken at Wulfrun Rose Nursing Home in response to feedback and intelligence Healthwatch Wolverhampton had received from the Care Quality Commission (CQC) and local authority.



Wulfrun Rose Nursing Home

What we did

Upon arrival at the home the Authorised Representatives did initial observations of the exterior. Entering, they introduced themselves to the senior member of staff on duty and were prompted to sign in and use the hand gel provided.

As this was a semi-announced visit the manager of the home had been notified that a visit would occur within a two-week period, however this hadn't been communicated with staff. The Lead Authorised Representative had a conversation with the manager of the home over the phone during the visit.

The senior member of staff explained that they were in the middle of a job so asked the Authorised Representatives to wait before beginning an extensive tour of the home. Various residents were engaged with by Authorised Representatives under staff supervision. A member of staff and the senior member of staff on duty were also interviewed by the Authorised Representatives.

Summary of Findings:

The visit to Wulfrun Rose Nursing Home was mixed. Resident feedback highlighted clear issues around staffing levels and interviews with staff members had also highlighted areas for training opportunities. Recommendations have been made around these, in addition to; communication, feedback and staff not interacting with residents.

Findings:

Environment

External

The nursing home was clearly signposted from Underhill Road and there were two parking areas, one at the rear and one at the front of the home, both with allocated disabled spaces. The entrance of the home was accessible via a set of stairs with a handrail or a ramp. The outside of the nursing home looked well maintained with planted greenery. At the rear of the home, Authorised Representatives observed two fire doors kept wide open, it was suspected this was due to the hot weather on the day of the visit. There were CCTV cameras on the exterior of the building and the door was kept secure, Authorised Representatives were buzzed into the building by a member of staff.

Internal

The reception area of the home was welcoming and spacious, with a pool table, tables and chairs, kitchenette and lounge-fireplace area for residents and visitors. Within the reception area there were various notice boards that contained information on; food for the day, resident activities and trips, thank you cards, photographs and resident meeting minutes. There were also two folders hooked on the wall that displayed staff names and photographs, contact details of the manager, local authority, ombudsman and CQC. Healthwatch and WHACS leaflets were also displayed in the folder alongside details of how to make a complaint. Underneath the notice board was a post box for feedback forms to be posted into, however, there were no forms available.

The home was split across three floors and had a capacity of 68 residents, there were 57 residents at the time of our visit. The ground floor was residential and the upper two floors were nursing, mainly for residents with dementia.

The home was beautifully furnished throughout, however the corridors on all three floors were very similar in colour and may become confusing to residents with dementia. There was however, signage to the different rooms and there were handrails and hand gel throughout the corridors.

There was a lounge on each floor with seating areas, a TV screen and kitchenet. The downstairs lounge had a large dining area and double doors that lead out to a large garden area. The garden area was well kept with plenty of seating. None of the residents were outside in the garden area, nor did Authorised Representatives observe the residents being invited into the garden, despite it being a warm, sunny day. Authorised Representatives observed that the bathroom on the second floor had a lock that could not be opened on the outside. There was also a nurses station, the door to this was wedged open and the key cabinet inside was also open and unlocked.

The home also had a salon and cinema room which were decorated with old style posters.

Essential services

Staff told Authorised Representatives that residents were supported in accessing other services and the GP, Opticians and other services come into the home when possible. Residents said that they did not see the GP regularly, only when they may need it, but the GP and other professionals did visit the home. However, they did have access to domiciliary care when they needed it. Resident care plans were reviewed every three months to support their needs.

There seemed to be some confusion over the 'red bag project' which is a process that allows for better communication between the hospital and care home and contains a resident's health information and personal belongings. One member of staff wasn't aware of the project and the other said they were signed up to the scheme. They also mentioned that there was an initial issue where not all 'red bags' or possessions from them were being returned but this has now been resolved.

Access

A number of residents raised issues around staffing numbers to the Authorised Representatives on the visit, such as staffing levels changing and some staff not being as good as others. A resident told Authorised Representatives that night staff had been complaining that there weren't enough of them. "There are good and bad staff, and some staff have left." "The good staff are tired out."

However, all residents felt treated fairly and that they could be themselves, residents told Authorised Representatives that they were all addressed by their chosen name. Whilst Authorised Representatives carried out the visit they observed a number of times where call bells were ringing for extended periods of time. Throughout the visit call bells were going off and there seemed to be a lack of urgency to attend to these. Some residents told Authorised Representatives that staff respond quickly when they call for assistance, however one told us that they would ask for support and staff would say 'give me a minute' and not come back again.

Staff were asked how they provide a safe space for residents of different cultures, ethnicities or residents that are LGBT. Staff told Authorised Representatives that LGBT has not been discussed within the staff group as it is not an issue for them. They were not aware of a safe place regarding this. However, they respected the resident's faith and cultural preferences, and these were written in their care plans when they arrived to the home and residents were supported if they wanted to go to church. The chef also checked with residents who had any dietary requirements based on religion and cultural preferences. However, another

member of staff said there was no issue with diversity so there was no specific policy they were aware of and therefore have not thought about it.

Safe, dignified and quality services

Staff told Authorised Representatives that they “were well trained in hoists, standing aids and dementia”. Staff admitted that the home could be more dementia friendly by putting different colours on the walls and putting old style posters up, however, these were observed to already be in place. Training is being put in place for End of Life Care and there is a falls prevention nurse, who records falls on an online handheld system. Staff used a training programme called ELFY and training was tracked by the manager and reviewed every 12 months.

Staff were asked how residents were protected from the risk of abuse. One staff member told us that risks of abuse and safeguarding had not been discussed but they were not aware of any problems. There was however, a policy for this and if somebody was to be mistreated it would be reported to the manager and take it from there and if it was very severe then they would report to CQC.

To ensure dignity and privacy of residents, the curtains are closed, and staff knock on the door before entering the room.

Authorised Representatives were told that at end of life, they try to make residents as comfortable as possible and both family and Compton Care are involved. They had an electronic system called ‘Care Control’ where each resident’s individual needs are recorded, and a short handover was done in the morning.

Information

There were notice boards on every floor of the home that displayed information and the menu choice of the day. There were also resident meetings held every three months and these minutes were displayed on the notice board on the ground floor. Authorised Representatives were told by staff that residents would be informed of any changes to the home by talking to them and speaking loudly to ensure that the residents have heard what was being said. Authorised Representatives asked staff what information is available to residents to inform and educate them about self-care, they were told that the ‘Activities Lady’ is in charge of informing and educating the residents.

Choice

Residents were able to choose when they had a shower, what they wore and when they go to bed, but were woken up when the nurse comes in to give their medication. Most residents had their own phones or tablets so could contact friends and family when they wanted to, but staff could help them to use one of the home's phones too. The building had wifi and the residents had full access to this. Friends and family were able to visit when they chose, there were no protected times. Residents were also able to personalise their room with photographs should they wish.

Staff told us that resident's independence is supported by assisting them if they wanted. If a resident refused the offer of help they would be reminded that help is available.

Being listened to

A staff member told us that they were not sure of how the home gathers all of the resident's views, but resident meetings were held regularly; the last one was two weeks prior to our visit, there was also a suggestions box in reception. Residents have never needed to make a complaint but felt able to do so if needed, some were also aware of resident's meetings but chose not to go to them.

Being involved

The nurses dealt with resident's care plans, and the family and their views were considered when planning their care and treatment. Staff told us that residents were encouraged to come out of their rooms and mix in the lounges or sit by the nurses' station. However, some may stay in their rooms and that was their choice. The 'Activities lady' was there to promote the residents' involvement and residents are encouraged to take part in activities which could be tailored to their individual needs.

On observation, there were very few residents sat in the lounges and they weren't interacting with staff or each other. On the top two floors the television was on in the lounges, but the sound wasn't on.

Recommendations

1. Improve communication between staff members.
2. Improve communication between staff members and residents.
3. Improve staff awareness of care home policies and how to implement them, consider revising staff training on this.
4. Ensure all key cabinets are kept securely locked.
5. Ensure doors that state 'keep closed' are not left open.
6. Respond to call bells more promptly.
7. Encourage staff to interact with residents in the lounges.
8. Staff to encourage residents outside where possible.
9. Consider increasing staffing levels to address the recommendations above.
10. Ensure feedback forms for the post box are readily available.
11. Ensure if residents are in the lounge that the devices that they are watching/listening to have the volume switched on.

Questions

1. How active and present is the 'activities coordinator'?

Provider feedback

No provider feedback received.

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