



Enter and View Report

The Old Rectory Residential Care Home

Visit: 12th January 2015

Report published: 23rd February 2015

Background

What is Healthwatch Wigan?

Healthwatch Wigan helps the citizens and communities of Wigan Borough to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Wigan has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific date set out below. This report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Acknowledgements

Given that an unannounced visit is inevitably disruptive to a normal day the team would like to record their appreciation of the hospitality and time provided by the centre manager, Mrs Primila Jingree and all the staff at The Old Rectory. They were most helpful and accommodating, particularly as we learnt on the day of our visit that the CQC had visited Norfolk House (their other home) the previous Thursday. Some of the information provided below was provided by the staff. We were not able to verify all the information provided due

to the length of our visit but we had no reason to believe that any information was not provided to the best of their knowledge.

Details of the Visit

Location

The visit took place at The Old Rectory Residential Care Home (RCH) in Standish

Date/Time

The visit took place on Tuesday 12th January between 17.00 and 18.15

Panel Members

- Paul Carroll (Healthwatch Director and Lead)
- Ann Heaton (Healthwatch Enter & View Panel Member)
- Janice Sheath (Healthwatch Enter & View Panel Member)

Provider Service Staff at The Old Rectory

- Mrs Premila Jingree (Registered Home Manager)
- Other staff on duty

Details of the Service

The Old Rectory RCH provides long term non-nursing care for elderly residents. There are 10 beds (8 singles and 2 shared) all of which were occupied on the day of the visit (8 ladies and 2 men).

The home is owned and managed by Mr and Mrs Jingree. Mrs Jingree was a registered nurse (RMN) and is the registered manager at The Old Rectory which the couple have owned since 2001.

Each of the residents has their own GP and nursing needs are referred to the district nursing service.

There are 8-10 carers with 2 carers always on duty during the day and one at night plus a carer sleeping in. Our quick perusal of the staff rota suggested some sharing of staff between the two homes.

Background and Purpose of the visit

This was a planned unannounced visit, partly prompted by a discussion with the Wigan Council Quality Assurance Team, to assess the services provided to residents around mealtime at both homes. To obtain an accurate reflection of what was happening it was agreed by Enter

and View panel members that the visit should be unannounced. As it turned out the team were misinformed regarding the evening meal time as it had just finished when we arrived at 17.00hrs

On arrival the lead introduced the team to the manager, advised them of the primary purpose of the visit and re-acquainted them with the Healthwatch Wigan letter dated 16/10/14 sent to all homes in the Borough (which Mrs Jingree could not recall ever receiving) which had set out our role, our powers, and our relationship with the various regulators and our working methodology for conducting *Enter & View* visits (attached as an appendix).

At the end of the visit the lead confirmed that the centre management would have the opportunity to respond to the draft report before publication to correct matters of fact and respond to any findings and recommendations. These responses are contained in the appendices at the end of the report.

The lead conducted an interview with the Mrs Jingree whilst the other team members conducted a tour of facilities talking to staff, residents, and a relative.

Dining at The Old Rectory Residential Care Home

- Mealtimes are from 08.30 - 10.00 (approximately), 12.00 - 13.30 and 16.30 - 17.00 with tea, biscuits and other snacks provided in between mealtimes. A fruit bowl is provided in the kitchen.
- Breakfast comprises mostly cereal or porridge and toast; Tea is a variety of soups, sandwiches and ready meals; both breakfast and tea are made in-house (from Tesco purchases) by the carers.
- There is a four week lunchtime menu cycle and the meal service is provided by Wrightington, Wigan and Leigh Trust's (WWL) cook-chill service. We understand prepared meals are delivered in the morning and reheated on site in a purpose built trolley - Residents have at least 2 daily choices as well as 2 veg and choose their meal the day before. The home does not employ catering staff but the carers undergo food hygiene training.
- The manager emphasised individual choice that residents were allowed to make including the time of their breakfast and that they could have a drink or snack whenever they wished.
- Residents eat either in the dining room, the lounge or their own rooms. Some require assistance with their eating.

- Any resident giving cause for concern re their diet will be referred to the dietician via their GP. Residents are weighed regularly and food intake may be monitored via a food chart.
- Whilst relatives and friends are welcome to visit family involvement at mealtimes is not encouraged as this tends to result in residents not eating.

Result of Visit

Observations from the Tour - The Environment

The manager struggled to identify a quiet space for initial introductions and for a private conversation. Due to the lack of a meeting space the team immediately set off to conduct their observations.

The identified office space was very cluttered and would only accommodate one person. The office space spilled out into the entrance hall creating trip hazards. The contents of the office looked to be piled up around the admin worker.

The lounge is also the TV room and there didn't appear to be any other TVs available in the dining room or in the residents' bedrooms.

The general impression of the relationships between the female residents was good. The residents seemed to get on well and they were very chatty. The staff/resident relationships seemed warm and caring and they had a good knowledge of the food system.

The building downstairs was noticeably warm when we arrived. However, the two bedrooms we looked at were very chilly due to windows being left open. This temperature would not be conducive to spending personal time in the bedroom. One of the 2 bedrooms was very small and had unappealing furniture and none of the bedrooms had ensuite facilities. There appeared to be a lack of personalised effects and touches within the environment.

Two residents are bed bound, one in the shared room. This resident had photographs of herself and her wedding. They were on a shelf over her bed so she could not see them. A little personal touch of a table at the side would have resolved this. As a shared room we wondered how this resident's personal needs were attended to.

There may be an activities programme but we did not see any evidence of one. A reading area on the first floor landing had had to be abandoned due to contravention of fire regulations identified by the CQC.

Space is clearly an issue in this building in terms of its age and design. The floors in the hallway downstairs and the landing upstairs were sloping quite markedly. When the staff were asked what they would change to improve the service they provide they identified the sloping floors as a major problem when using the hoists.

Overall, the appearance of the home was rather dated despite the evidence of recent decoration and refurnishing and there was a lack of activity space.

Observations from the Tour - The Dining Experience

The main purpose of the visit was to focus on food and observation of the main meal. Unfortunately, the tea time meal was over when we arrived at 5pm. The main meal is always served at lunchtime which therefore restricted our observations to resident and staff opinion plus written evidence.

When we arrived the kitchen door was propped open with a bollard - this is in contravention of fire safety procedures. Though tidy the kitchen itself looked a little tired and the main grill needed cleaning.

Six female residents were relaxing in the main lounge having already finished their tea. The meal consisted of pea soup, ham sandwiches, rice pudding and peaches. Four residents confirmed that 'the food was good', 'the food is nice', 'it is hot', and 'there is enough food'. One resident said that they would like more drinks.

The menus offered to residents for their main meal provide two options of main course and a sweet. A member of staff stated that if a resident didn't like the options available they would offer them something else. The choices on offer seemed to be interesting and varied.

Staff stated that residents are weighed on a monthly basis and referred to a dietician via their GP if required. Fluid balance charts and food recording charts are in use although we didn't see these.

A resident who is from a different cultural background has her specific dietary needs met through WWL's service, her family and the staff. A member of staff also speaks her language (but clearly cannot always be on duty).

One resident regularly goes out to her family for meals and her daughter had brought in some fruit for her. The family member hadn't been there to see meals served so couldn't add to her mother's comments which were favourable. A fruit bowl was placed in the kitchen but it was not clear whether the residents had ready access to it as the door to the kitchen was marked for staff only.

It was confirmed by staff that if residents need special rimmed plates or special cups these are available. Some residents are fed in their bedrooms due to physical frailty. Staff confirmed that at breakfast time the food service is made on demand as residents have the flexibility of staying in bed longer. The breakfast menu seemed to be limited to toast, cereals and porridge.

Two types of vegetables are provided at the main meal as well as a softer diet option for anyone with swallowing problems.

Staff were asked if residents could request a snack or drink outside of meal times and the answer was 'yes'. During our visit a 18.00hrs cup of tea was offered with biscuits.

Observations from the Tour - Comments by Residents and Relatives

Comments by residents were very positive overall

Findings relating to the purpose of the visit

Our findings are inevitably affected by the team not actually seeing a meal time in progress.

The lunch and tea menus seemed to offer reasonable variety and good choice and the cook-chill service has a good reputation. Breakfast choice seemed to be more limited.

We are not convinced that the main evening meal should be offered as early as 16.30hrs.

The fruit bowl should be more readily accessible and a wider variety of drinks should be offered.

The kitchen needed some refurbishment.

Further findings

Relationships between management, staff and residents seemed to be very healthy and there was a good atmosphere in the home.

The office space and main entrance gave an impression of a somewhat chaotic environment which is not conducive to a well organised home. The rooms themselves looked rather dated.

The provision of a single TV suggests that residents could not watch alternative programmes either with others or privately.

Given the relative sizes of the lounge and the dining room and the apparent lack of use of the dining room we wondered if the two rooms should be swapped around and a TV provided in both.

Recommendations

- *The 2015 refurbishment programme should include the kitchen.*
- *Fresh fruit is available at every mealtime and throughout the day as part of a balanced diet.*
- *A cooked option should be included in the breakfast menu as well as a wider range of drinks.*
- *The timing of the evening meal should be reviewed with a view to putting it back by at least 30 minutes*
- *All 'clutter' that might create a risk should be cleared.*
- *The sloping floors should be assessed in relation to safe use of hoists and other safety issues*
- *An activity area should be created.*

Further Actions

The panel will be recommending a further visit in the future to witness a mealtime in operation and to see if the recommendations have been acted upon.

Distribution List

This report has been distributed to the following:

- The Old Rectory Residential Care Home
- Wigan Borough CCG
- Adult Social Services Wigan Council
- Care Quality Commission
- Healthwatch England

Appendices

Appendix 1

Response from the Provider Management Team

Wigan Councils Provider Management Team would like to extend their thanks to the Enter and View team at Healthwatch for their visit to The Old Rectory. Your observations and findings are welcomed by the team. The Old Rectory, and its sister home Norfolk House, are small privately owned residential care homes in the Borough and are situated in converted detached houses in good areas of Wigan.

The Old Rectory is home to a relatively small number of people and some of the previous customer feedback we have had has been that people have chosen the home because of its homely, traditional feel. The comments about the environment in your report are fair and I think reflect the challenge the provider has to maintain an older property that is occupied by a relatively large number of people. However, your suggestion to risk assess the use of equipment on uneven floors is a good one and I would expect the provider to take immediate action in responding to your observation of a fire door being propped open as this presents a significant risk to everyone on the premises.

It is disappointing that the team found no evidence of residents taking part in activities at the home. I think the recommendation for an activity area, although fair, might be a little impractical given the limitations of the building design, but suggestions to be more flexible in how living space is used, e.g. create a second living area in an unused dining room, is a good one. As regards activities, perhaps it would be sufficient to ask that the home evidence how they offer residents choice to get involved in activities and can demonstrate they provide easy access to the space, support and materials?

It is surprising that there is a lack of simple personal possessions and photos on display around the home and in residents' own bedrooms and that where they do exist are thoughtlessly out of view. I am sure this is something the care home staff will act to remedy as, with such a small number of residents, and you noted some regular family visits, I am sure there is a good level of knowledge about residents, their family, friends, lifetime achievements and interests. It is a shame that the team weren't able to observe the evening meal and I would agree that it would seem to suggest that the serving of mealtimes is inflexible to the residents' needs. I am sure the owner and manager of The Old Rectory will seek to act swiftly on the recommendations made by your visit and will welcome the opportunity to invite Healthwatch back to the home. The Councils Quality Performance officers will support and advise the home, particularly on the specific recommendations you make, so that our ambition for all

care home providers, regardless of size and accommodation type, to achieve excellent standards of care for all residents is achieved.

Appendix 2

Response from the Provider

Refurbishment: As mentioned in our report on Norfolk House, there are plans also to refurbish the Old Rectory and renew the décor with a more colourful and cheerful décor in order to add some life and vibrancy to the home. We have identified areas of the home which need a touch up including the entrance, hallways, and kitchen. We carry out audits on every aspect of the home which enables us to identify areas which require attention. Our residents are always consulted when redecorating and their personal opinions are valued and kept in view when redecorating.

Personalised items: There are personalised items of residents in the home like photographs, cards and other decorative pieces which form part of each resident's room's decoration. However, more of these will be used and better displayed and made more visible to the residents.

Kitchen door: All fire and safety regulations are adhered to in the home and staff are trained and instructed to observe these and keep the kitchen door closed at all times. Unfortunately, at the time you visited, the kitchen door was found open because it was propped open to enable the staff to bring out the tea tray after which the kitchen door is immediately shut.

Fresh fruit: There is always a fruit bowl in the kitchen with a wide variety of fruits to choose from for residents. This is available at every meal time and throughout the day. Residents are also offered fruits on request and can easily have access to them if required. Staff also serve fruits as a snack during the day and as afters in place of a dessert if they prefer at tea time and lunch time.

Breakfast: Breakfast is not limited to toast, cereals and porridge as stated in your report. Apart from cereals and toast, cooked meals like egg on toast, boiled or fried egg, bacon and beans are also on the breakfast menu. Breakfasts as other meals are served based on residents' choice. We have over time observed that our residents prefer to have cooked breakfast as part of their lunch.

Drinks: We provide a variety of drinks which include tea, Horlicks, hot chocolate, coffee, fizzy drinks, Guinness and at special occasions, we provide wine and sherry. Drinks are

purchased based on residents' preferences and provided. We have quite a selection of drinks which very much meets the needs of our residents.

Evening meal: The evening meal at the moment is between 16:30 and 17:00 every day. But on the day you came, the residents had finished early with their tea time. Some residents prefer to go to bed early and serving tea at this time allows them to also have supper before they settle in bed.

Office: The Old Rectory is a small care home with a small sized office but we do try to maximise every available space to cope with the daily demands and rigours of a care home which as you are aware requires a lot of administrative work and series of documentations which sometimes reflects on the general appearance of the office. However, we have plans to rearrange the office in order to better cope with work pressures and maintain an orderly look.

Clutter: There was no clutter which might cause trips or obstruct movement. Items which might cause hazards are always put out of the way to avoid falls and accidents ensuring safety of all residents, families, visitors and staff at all times. The side table which was placed before the resident when you visited, was to enable her have her tea as some of the residents prefer to have their tea in the comfy chair with a table round about them. The table was immediately put back to the side after her meal to allow free movement.

Sloping floors: The sloping floors are part of the original architecture of the home which cannot be altered. The use of hoist is restricted to some areas and staff have been trained on how to use hoist on areas with a slope if and when necessary. Risk assessments had been made in the past and there had been no concerns. Following a risk assessment by the Wigan Council, in January and June 2014, it was recommended that staff should be aware of the slope especially when hoisting in that area. The hoist is not used for transporting but for lifting residents from one position to another. For example, from bed into a wheelchair. Although the remarks of a staff are mentioned in your report, there have been no problems or issues related to this.

Activity area: Activities are carried out in both the lounge and the dining area and it is personalised. An activity area had been created in the past but residents preferred being left in the lounge, in an environment they have been accustomed to. They were happier in the lounge. There are activities programme which are kept in the activity file.

Chilly room: We go round to ensure that windows are properly shut to maintain heat during day and evening. Sometimes windows are opened to air the rooms. The room window was opened for airing at the time but staff had not yet gone back to shut windows. Staff have been reminded to keep all windows shut after airing rooms.

Ensuite facilities: In contrast to your report, there are 4 ensuite rooms at the Old Rectory. We suspect there might have been a mix up here as also observed in other areas of your report. It is Norfolk House that has no ensuite facilities.

Appendix 3

The letter sent out by the Chair of Healthwatch Wigan via the Quality team advising of the Enter and View process.

Dear Home Owner,

HEALTHWATCH WIGAN "ENTER & VIEW" VISIT PROGRAMME

Firstly may I introduce myself, I am Rt. Hon. Sir Ian McCartney, Chairman of Healthwatch Wigan and member of the Wigan Adult Safeguarding Board and the Wigan Health and Wellbeing Board in addition I represent all Greater Manchester Healthwatch Organisations on the Gt. Manchester Health and Wellbeing Board.

I am writing to advise you that our Chief Executive Mr. Dave Nunns and my fellow Directors will be activating our Healthwatch powers under the Health and Social Care Act 2012, to carry out visits to premises where health and social care services are funded from the public purse. These include NHS Trusts & Foundation Trusts, Local Authorities, GPs, Dentists, Opticians, Community Pharmacists, persons who own or control premises where ophthalmic and pharmaceutical services are provided from, Bodies or Institutions which are contracted by Local Authorities and or the NHS to provide health or care services such as Adult Social Care Homes and Day Care Centres and services provided under the powers of the Mental Health Act.

Healthwatch Wigan is NOT an Inspector or Regulator of Premises, services, or staff. We are trained and DBS checked volunteers who are able to offer a layperson's perspective in collecting the views of patients, clients, staff and families to assist organisations bring about service improvement.

We have a very close working relationship with the following organisations:

- (1) Wigan Council Quality Surveillance Team members and the Director.
- (2) Wigan Borough Clinical Commissioning Group Quality Surveillance Group.
- (3) Care Quality Commission Area Teams for Primary Medical Services, Hospital and Social Care and the 2 National Heads of Inspection.
- (4) Greater Manchester West Coroner and her Coroner's Officers
- (5) Wigan Adult Safeguarding Board and the Safeguarding Children Board

In addition members of the public, councillors, Members of Parliament and Community Groups do from time to time raise specific issues with us. For example if the matter raised was deemed by us to be a safeguarding issue we would immediately inform the Wigan Borough Central Duty Team, otherwise we may decide to use our Enter and View powers to investigate the issue.

We have spent some considerable time in recruiting and training a diverse group of local volunteers some of whom have been already participating in hospital PLACE visits in Wrightington, Wigan and Leigh, which WWL Acute Foundation Trust have expressed delight in the practical ideas provided by the "PLACE" volunteers.

This letter does not mean you will be visited by us in the next few days, however it does indicate that your establishment(s) could be visited as part of our varied programme of Enter and View activities. If or when one of our teams visit we will have a clear purpose, we will treat all people including staff with dignity and respect. We will be courteous at all times and be as unobtrusive as possible.

We will inform all particularly staff of what we are doing at each stage of the visit, we will never exhibit discriminatory behaviour, respecting differences and diversity. We will at all times respect individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about safety and wellbeing of a service user or if the person consents to the sharing of a specific piece of information.

In our relations with the commissioners and regulators we operate amongst our Staff, Directors and Volunteers a Duty of Care and a Duty of Candour in ensuring that the rights and needs of people receiving health and social care services are provided with respect and dignity. I can assure you and your management team and staff that our Enter and View teams will be in possession of the right skills and personal qualities to work collaboratively with your staff team if we ever decide to visit your facilities.

To help ensure the smooth running of any visit we may make to a site, it would be most helpful if you could brief your staff – particularly duty managers – as to the information contained in this letter and the possibility that they may receive a visit sometime.

If having read this letter and you wish further information on Healthwatch Wigan, please do not hesitate to contact us or even pop in, we would be delighted to meet you.

Yours sincerely



Ian McCartney