

Visit report: Walstead Place

Details of visit: Responsive announced visit

Service address: Walstead Place, Scaynes Hill Road, Haywards Heath, West Sussex RH16 2QG

Service Provider: Caring Homes

Date of visit: 10/3/15

Authorised Representatives: Denise Waller, Veronica Cowan

Contact details: office@healthwatchwestsussex.co.uk

Acknowledgements

Healthwatch West Sussex would like to thank the residents of the home, management and staff together with visitors for their contribution to our visit alongside our Authorised Representatives who collated the evidence for this report.

Disclaimer

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

Healthwatch West Sussex

Under the Health and Social Care Act 2012, all local authorities in England which provide Adult Social Care services have a duty to establish an effective, efficient and representative Local Healthwatch (from April 2013). Healthwatch West Sussex was therefore established as a consumer champion for users of health and social care services in the county and its role is to:

- Gather the views and understand the experiences of patients, social care clients and the public;
- Make these views known to commissioners and providers of health and social care;
- Promote and support the involvement of these groups in the commissioning and provision of local care services and how they are scrutinised;
- Provide information, 'signposting' for services and support to make informed choices;
- Recommend the undertaking of investigations or special service reviews to
- Healthwatch England and the Care Quality Commission (CQC); and Make the views and experiences of people known to Healthwatch England and provide a steer to help it carry out its role as national champion.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives 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 allows local Healthwatch 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

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Purpose of the visit

To understand and report on the experiences of residents of the home, their relatives, supporters and staff; in relation to dignity within the home.

Strategic drivers

- Respond to intelligence received by Healthwatch West Sussex about the home
- Add a lay perspective to the findings of an inspection by the Care Quality Commission (CQC) in December 2013
- Raise awareness of the role of Healthwatch West Sussex in the care home sector and particularly as an additional and independent route for sharing resident experiences
- Care homes are a current Healthwatch West Sussex Board priority
- Close working collaboration developing with West Sussex County Council Adult Safeguarding Board and post Orchid View (Serious Case Review) follow up work
- Emerging interest in seeking evidence on malnutrition in care homes

Methodology

This project was initially planned as a responsive visit to feedback which Healthwatch West Sussex had received about alleged deficiencies in care at the home. However the questionnaire expands the enquiry into general issues of dignity. Questions were adapted from the Social Care Institute for Excellence 'Dignity Factors'. These included prompts on choice & control, communication and pain management, personal hygiene, privacy and social inclusion. The intention was not to duplicate the CQC inspection which took place in December 2013 but rather to add value to it by asking open questions on dignity issues from residents, relatives and staff where available.

Visits were conducted by trained volunteers, called Authorised Representatives (ARs). Interviews involved 3 residents, 3 relatives and 3 members of staff, including the manager and deputy manager. An initial discussion took place with the manager regarding training issues and relevant paperwork. Explanatory forms were left with staff and residents and ARs also verbally explained why they were there. It was made clear that participants could choose whether to talk to ARs, and that they could end the discussion at any time. The care home manager was also asked if there were individuals who should not be approached or were unable to give informed consent. Both ARs participating in this visit undertook Adult Safeguarding Basic Awareness training.

Service description

Walstead Place is a nursing home owned by Caring Homes Group with some 54 residents and CQC registered to provide personal care, diagnostic and screening services to adults over 65 years. Its Specialist Care Categories include Hearing Impairment, Parkinson's Disease, Stroke and Visual Impairment.



Summary of findings

Choice & control

All residents have individual care plans which are reviewed on a regular basis. We were told by the manager that residents are taken breakfast in their rooms to allow them to get up when they want to.

One resident told us that they *“would like to get up in the morning and go downstairs”* but acknowledged that residents with restricted mobility may need a lot of help to do this. Residents were taken down in the afternoon for activities such as music sessions, which they enjoyed.

Residents were happy with the daily food menus; we also thought these looked enticing. We felt that the drinks and nibbles before dinner were a nice touch, which was enjoyed by many.

Communications

Residents we spoke to overall felt that staff were respectful and listened to them: *“People speak to me with respect and listen to what I say. On the whole, you can always ask for something if you need it”*.

Some residents suggested that night staff could sometimes be brusque. However, one person commented that staff could be forgiving and tolerant if a resident was rude to them!

Although residents felt well care for, there was a suggestion that some felt they were left alone at times, and that this may be more likely for residents with hearing deficiencies.

Pain management

We were told there were no residents who self-medicate, and that all come under the care of their GP. One commented that *“If I needed to see my GP [they] would be contacted by the staff for me”*.

Analgesics are prescribed as and when required. We did not see any evidence that pain management had been lacking. Residents were confident that they could get pain relief when they needed it – *“definitely,”* one person commented.

However, as residents are at least partially reliant on staff in regards to their medication, we felt that staff might benefit from training to help them identify and monitor if a resident was in pain or distress.

Personal hygiene

Residents were happy that staff helped them to maintain good levels of personal hygiene: *“I am washed everyday by the staff as I can no longer do it myself”*.



Privacy

All residents have their own bedrooms and have access to them. There was some suggestion that residents' privacy could be compromised as other people were able to walk into their bedrooms, and that they were unhappy with this situation. It was unclear (and not possible to ascertain) whether this had actually happened, although the issue had been raised with staff. However, if it has not already done so, the home is recommended to discuss the issue more widely among both staff and residents, and to act further if any concerns are raised.

Social inclusion

Three activities staff work within the home, providing a very active programme known as the "Five a Day". Details of the programme were displayed in each bedroom, as well as within strategic points around the home. This was very comprehensive, and there appeared to be something for everyone, including shopping trips, gardening and visits from musicians. Church communion was available from the local church, which also provides regular volunteers to the home.

Residents were also satisfied with the choices they were given, and spoke about the things they enjoyed doing. One commented that "*the activity ladies are excellent and try to fit things around everyone.*" This is likely to be particularly important for residents who find themselves becoming more restricted in the activities in which they are able to participate. For example, one resident explained that it was becoming more difficult for them to get out.

We spoke to a number of relatives, who felt strongly positive about the contact which residents could have with their families and friends. For example, some residents were able to do this easily as they had their own mobile phones.

Policies, Procedures and Training

The home employs 52 staff to serve 45 residents. Agency staff are currently employed to provide sixty hours of cover for night duty. There is always a qualified nurse on duty for each shift.

Staff induction lasts for two weeks: one week of mandatory training, plus a further week which covers additional aspects of the role. Staff are also shadowed by permanent staff. Agency staff receive approximately two hours of induction training. The training programme for staff members appeared to be comprehensive and the manager gave us the impression that a lot of importance was put on this programme.

Further training is provided by the company's Academy, as well as specialist training supplied by Sussex Community Trust. The integrated training programme includes a wide range of aspects, included those connected with issues of dignity and respect.

Staff are also given a fact sheet which covers dignity and respect. All staff are given a handbook of policies on employment; we saw that all staff had read the policies and procedures.



The home has two dignity champions who are aligned to Dignity and Care UK: a senior carer and a relative. An internal Dignity forum is held every three months, with minutes taken. Minuted Residents' Meetings are also held frequently (although it is not known what changes have been made as a result of these meetings). Each year an employee survey is carried out by external assessors.

Any issues regarding refusal of care and support would be dealt with by a multidisciplinary team; this would include the resident's family and GP.

We were told that staff were aware of their duty to report any whistleblowing concerns immediately to the relevant authorities.

Recommendations

Choice & control

- To ensure residents are given regular opportunities to discuss and identify any areas of their daily lives where they would like to be given more choice or control.

Communications

- To hold discussions with residents (including those with hearing deficiencies) to explore issues of loneliness, whether this exists and what could be done to alleviate it.

Pain Management

- Consider providing training to help staff identify and monitor if a resident was in pain or distress.

Privacy

- To discuss the issue of unwanted access to private bedrooms among both staff and residents, possibly at the Dignity Forum, and to act on any concerns which are raised.

Policies, Procedures and Training

- All minutes taken in meetings should contain a record of all action points and any resulting changes in service made, along with a responsible individual.

Service Provider response

Choice & control

In order to ensure that all residents are being given the opportunity to have as much choice and control over their lives as possible the Home Manager is initiating an individual review of all resident's lifestyle choices and subsequent care planning if required in order that this will be as up to date and effective as possible.

Communications

Regular Staff meetings are held at Walstead Place and resident requirements are always discussed however a special emphasis will be given to the possibility that some residents may be feeling lonely but are not always voicing this to staff. There will also be an emphasis on communicating effectively and occupying those people with hearing difficulties.



Pain Management

Pain control does not appear to be an issue of concern at Walstead Place as the above report evidences. However in order to ensure that pain management is as effective as possible supervision sessions with staff will include this particular topic and also discussion around the introduction of tool specifically designed to help recognise non-verbal indicators of pain for people who are unable to communicate their needs effectively.

Privacy

Walstead Place has not received any concerns relating to Privacy, in particular uninvited visitors in resident's private rooms. This topic will be discussed with residents during the above process of reviewing individual resident's lifestyle choices as some residents may wish to have more confidence that their privacy will not be compromised.

Policies, Procedures and Training

The format of staff and resident's meetings will now include itemisation of suggested improvements or changes within Walstead Place with an associated action plan specifying persons responsible and timescales for completion.