

Enter and View Visit Report

Whittington Care Home

12th March, 2015

1. Visit Details

Premises visited: Whittington Care Home, 40 Holland Road, Chesterfield, Derbyshire, S41 9HF

Service Provider: Four Seasons Health Care.

Purpose of the service: Whittington Care Home is a 48 bedded home for older people located in the outskirts of Chesterfield. They provide nursing and personal care for their residents including people with Dementia.

Date and time of Visit: 12th March 2015; 11:00am - 2:00pm.

Authorised Representatives: Kevin Sadler and Grace Wood.

Contact Details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, near Belper, Derbyshire DE56 0RN Tel: 01773 880786.

2. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, service users, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

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 and staff, only an account of what was observed and contributed at the time of the visit.

4. 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. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

5. Purpose of the Visit

To ensure that residents in the home have the opportunity to talk to Healthwatch Derbyshire regarding their experiences of care, and to enable our representatives to see for themselves how the service is being provided.

6. Strategic Drivers

This visit was conducted in response to concerns raised, which is a trigger for Enter and View visits as stated in our Enter and View Strategy.

7. Methodology

A large proportion of the visit was observational. This involved the Authorised Representatives walking around the communal areas and observing their surroundings to gain an understanding of how the home worked and how residents engaged with staff and the facilities.

Authorised Representatives approached residents to ask them about their experiences of living in the care home, when and where appropriate.

Authorised Representatives also approached any visitors, relatives and carers who were visiting during the time of the visit of their experiences.

Authorised Representatives also talked to members of staff.

The Authorised Representatives worked in pairs.

At the end of the visit, a brief overview of the findings was discussed with the provider organisation.

8. Summary of Findings

At the time of the observation there were 37 residents, 6 with continuing care needs, 22 with nursing care needs and 9 residential care.

Key findings:

1. A culture of choice and control for individuals is in place.
2. Relationships between staff and residents are positive and encouraging.
3. Feedback and improvement systems are in place that supports personalised care for individuals.
4. Environment was spacious, clean and warm, with an upgrade in progress.



9. Results of the Visit

9.1 Observations:

Residents confirmed they chose when they went to bed, what time they got up and what they ate. The menu for the day was on the wall and on the dining tables indicating the meal choice for that day. Some residents decided they didn't want what was on offer; alternatives were offered by the staff. Many residents had a healthy appetite and the food looked appetizing and nutritious. One resident was struggling to eat her meal, it was too sloppy, and a member of staff noticed and offered her an alternative, which she took up. Another resident didn't want the meal and was offered an alternative. Another resident commented on the toughness of the meat.

Residents seemed happy, calm, nicely dressed, engaged, alert, content and were interested in the bustle of the morning. Staff was responsive and positive with residents. Activities underway in one lounge included preparation for Easter with several residents pleased to wear the bonnets they had decorated. Some residents positively commented on the pet rabbits and guinea pigs. Several residents had life size comfort dolls.

The atmosphere in the Dementia lounge was busy yet residents calm and alert, many happy to watch proceedings and interested in a new face. Some smiled and waved to us across the room. The furniture is arranged in such a way as to encourage interaction between residents whilst giving plenty of room to move easily.

Some relatives were present.

Staff were observed moving people from chair to wheelchair. On two occasions the staff did not apply the wheelchair brakes causing some instability for the resident.

9.2 Relationships between staff and residents are positive and encouraging:

All staff were involved with serving the meal and assisting residents to eat, including the Activity Worker on duty that day. Staff encouraged residents to the dining tables or brought tables to where they were sitting if they chose to remain where they were. The staff were warm and friendly, upbeat and chatty, asking questions of the residents and encouraging a response. The residents responded well to the interaction.

Staff mingled with all the residents over the meal, sitting down and offering help when a resident seemed to struggle. Assisting residents to eat is a shared task, and staff went at the pace of the individual.

9.3 Feedback and improvement systems are in place that support personalised care for individuals:

Monthly residents meetings and quarterly relatives meetings are held and are very well attended. Information gathered is used to improve the service for residents. The action taken from these meetings is displayed on a 'You Said, We Did' board in the reception area. The Matron had alerted relatives of the Healthwatch Derbyshire visit and offered them the opportunity to meet with the Authorised Representatives.

The Matron conducts an unannounced monthly night visit to monitor the service at night.



Healthwatch feedback and 'Speak Out' leaflets were on display:

Innovations: The site is trialling a new tele-medic system giving direct access to a healthcare professional who is able to see the resident by webcam. The healthcare professional can then give guidance without the resident having to go to hospital. However, when questioned regarding residents incurring head injuries who were also taking Warfarin. The Matron did not seem aware of the clinical procedure in this situation, i.e. all people incurring a head injury should go to hospital.

Residents and Relatives feedback: The relative spoken to was happy with the care his mother was receiving, commenting that he had noticed a change for the better since she arrived at this home earlier in the year.

Feedback from the residents indicated that they liked the food and the pets. They felt safe in the home and had a good relationship with the staff, some speaking very highly of the staff. One resident indicated that the service was 'fair' but she liked the food and the staff.

Feedback from Staff: One member of staff had worked at the home for many years and seen some significant improvements in the care and the decor in the last few months. Dignity and choice for the resident now was a significant part of the service delivery. The range of activities on offer included inviting local retailers to come to the home and 'set up shop' so that residents could purchase goods for themselves. That afternoon they had a theatre group coming to play 'Jack in the Beanstalk' in the lounge. The staff member would recommend the home to her family because the staff 'go the extra mile'. One member of staff came in on her day off, dressed in fancy dress so as not to disappoint a resident on her birthday.

Other staff members confirmed that the appointment of the new manager had had a positive effect on the team. Many changes had taken place and the service was much improved as a result. They enjoyed working here particularly the interaction between staff and residents.

Staff confirmed that training was on-going including dignity, manual handling and First Aid as well as NVQ.

9.4 Environment was spacious, clean and warm, with an update in progress:

The signage was appropriate, notice boards well presented. Notices in the resident lounges indicated the weekly planned activities.

Bathrooms and toilets had aids and appropriate adaptations to meet the needs of the residents including wheelchair access. Wet room facilities are available. Some tiles were missing and cracked in one of the bathrooms.

Security systems are in place that encourages independence, yet keep residents safe.

The site had egress points for residents to venture outside to a flat, well maintained garden.

The décor in one lounge and the corridors was tired but will be upgraded as part of a refurbishment plan.



The dining areas are an integral part of the lounges, with menus, clean table linen and appropriate protective clothing available for residents in place, enabling them to feed themselves without concerns of spillage.

Fruit juice dispensers are available throughout the site for residents, relatives and visitors to help themselves.

The bedrooms were well furnished, well decorated and airy.

On arrival in the lounge there was a strong smell of incontinence but this was dealt with swiftly. The nurse's office had recently been relocated to be close to the residents for on-going monitoring and accessibility.

10.0 Additional Findings (eg other services impacting on this service)

10.1 Outside Agency Relationship

Outside healthcare services visiting included Chiropody and Eye Care, Continuing Care team support (observed on the day). The GP visits twice per week. One resident mentioned that her dentures were mislaid and a dentist was due that week to fit her with a new pair. Another resident commented that the GP had been called to see her during a recent illness.

The next major Manager's project is to work towards the Derbyshire County Council Bronze Dignity Award.

10.2 Health and Safety:

No hazards were observed in the communal areas. Protective clothing for staff was in use during the visit

10.3 Staff Training

There is a dedicated training room for staff to use. A training programme is in place including the requirement for new staff to complete the National Induction Standards, followed by an e-learning programme set against the company's learning priorities, encouraging continual development. There is a company computerised tracking system that records individual staff progress and time is made available during the working hours for staff to study. On-going learning includes moving and handling, mental capacity, Dementia awareness, palliative care etc. There is a computer available for staff to use within the training room. Some staff are currently working to QCF levels 2, 3 and 5. Annual appraisals are in place.

11.0 Recommendations

- Review and implement the moving and handling training to incorporate safe practice in the use of wheelchairs.
- Confirm clinical procedures relevant to the use of 'Tele-care' e.g. action to take in the event of a resident incurring a head injury whilst on Warfarin medication.
- Progress with the refurbishment to include a review of the bathrooms.



- Consider how the food preparation could be adapted to better meet the needs of residents with dentures.

12.0 Service Provider Response

I was very happy with the visit from Healthwatch and the recommendations. On reflection from the visit, we have had group supervisions on the safe use of wheelchairs and confirmed the clinical procedure to contact the ambulance service in the event of a head injury when a resident is prescribed Warfarin, rather than using the Tele-care service. We are also renewing our food menus, to which we have a voting box so residents and relatives can vote on their favourite foods, in order for us to incorporate this in our menu.

