Enter and View Visit

WINSOR HOUSE, THE AVENUE, MINEHEAD

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Acknowledgements

Healthwatch Somerset would like to thank the staff and residents of Winsor House Nursing Home for making us feel welcome and offering assistance during the enter and view visit.

Purpose of the visit

- to seek the views of those who live in residential services, on the health and social care services that they use, including the residential service that they live in
- to find out how those in residential care access the health and social care services they need
- to Identify and highlight areas of good practice to share with other providers

Methodology

The home was notified about the enter and view visit three weeks prior to the visit. A letter was written to inform residents and visitors, which the home was asked to display.

On the day of the visit, the enter and view team were keen to ensure that their presence did not get in the way of the care being given to residents. They had therefore requested to meet with the manager or senior member of staff on duty to discuss how the visit could be best managed and be informed of any issues that they needed to be aware of.

The enter and view team were then given a tour of the home, before being free to speak with residents and staff within the communal areas of the home.

The team then met in a quiet area of the home to collect their findings before giving brief verbal feedback to the manager.

The report was then drafted and sent to the manager for their comments, which were recorded on the attached recommendations sheet. The final report is then sent to service commissioners, The CQC and published on our website.

Summary

Winsor House is a period building providing nursing care for up to 40 residents.
There were 38 residents living there on the day of our visit.

Staff were observed to care for residents in a respectful and friendly way and the residents we spoke to said they were happy with the service they received. Residents on the whole had good access to many health and social care services, many of which visit the home. Some difficulties with pharmacies and hospital discharge had been experienced and these are detailed in this report. Some good practice examples were identified and a number of recommendations made that it is hoped will help the home to make further improvements.

Findings

The Environment

Winsor House is a Victorian building situated on the main shopping street of Minehead. It was observed to be fresh and clean. Residents were seen to be sitting in the lounge area, with some waiting in the dining room on the morning of our visit. Many of the rooms are en-suite and the bathrooms are easily accessible and equipped with a hoist. There is a lift to the first and second floors. There is a room equipped for hairdressing and in a smaller lounge area a 'sweet shop' has been set up equipped with scales, a till and jars of various sweets. All rooms that we were able to see were large with light coloured decor, matching curtains and bed linen, a television and telephone point.

New residents were welcomed with a welcome pack giving them all the information they need.

The manager informed us that some refurbishment and decorations had recently been undertaken and we observed painters at work in some areas.

There is no Internet at present but there are plans to install it in the near future. The enter and view team would recommend that the manager look into the get connected grant that exists to help those in social care access the Internet. Their website contains details about how this may also help those with dementia. http://www.scie.org.uk/workforce/getconnected **(see recommendation 1).**

There is an area at the rear that has decking with planting around it and is easily accessible for residents - some of whom partake in assisting with the upkeep of the garden.

There is no hearing loop - wired or portable - installed or available at the home. 'Action on Hearing Loss' (formerly RNID) state that on average, 80% of those living in residential homes will have significant hearing loss. The absence of hearing loop systems is likely to disable many residents and could lead to them experiencing

communication problems, which can lead to depression and isolation. The enter and view team therefore recommend the home consult with Action on Hearing Loss and take advice on the installation of hearing loop systems.

Tel No. 03332 405659 **(see recommendation 2).**

Somerset Art College have painted murals for the home which, when installed, will add more interest and colour. Residents' rooms had personal photographs outside along with several mementoes from earlier days.

The manager informed me that they are trying to take the decor and ornaments back to the Victorian era when the house was built and showed me a bronze statue that had been donated to start off the collection. In addition the home management are installing chandeliers in suitable rooms.

The enter and view team would encourage the home to look at the Healthwatch Somerset publication 'Environment – Residential and Nursing Home Good Practice Examples' and discuss with staff and at resident and family meetings **(see recommendation 3 and appendix 1).**

The Staff

The manager informed us that all staff undergo constant training. Some of the training is on line, so if staff do this in their own time they are paid for the hours they spend.

The Manager, Deputy and Activities Co-ordinator informed us that they frequently update their training and are able to cascade many things they have learned to the staff thus ensuring they are all kept up-to-date with current practices. This in turn helps with staff retention and many are now very experienced in dementia care. Staff are paid above the minimum wage.

The staff were observed to be caring, friendly and supportive. One example of this was observed when two staff were seen assisting a resident by transferring her to her wheelchair using the portable hoist. The staff were considerate and made every effort to ensure the resident was aware of what was happening and their dignity upheld. There appeared to be enough staff to assist residents at lunchtime.

From our observations, it was apparent that staff are trained in working with dementia patients. The manager informed us that the staff are also trained to do life story work which means that the staff get to know the residents really well and can focus on past memories thus supporting them in trying to revive old skills.

The enter and view team would also recommend that the home produce memory boxes to house 'keepsake' items and other reminders of their earlier life which can often stimulate their memory and become a talking point **(see recommendation 4).**

Healthwatch has recently observed a care home using 'Rem Pods' to mentally stimulate residents. In the interest of sharing good practice, it is recommended that Winsor House examines whether this intervention could be of use for residents **(see recommendation 5).** http://rempods.co.uk

The Enter and View Team would also like to recommend the home look at the Healthwatch Somerset publication 'Staffing – Residential and Nursing Home Good Practice examples' **(see appendix 2 and recommendation 6).**

Involvement

Involving the local community

A Dementia Support Group had been set up to support families in the area which was held the first Monday in the month. This was noted as good practice for Healthwatch to recommend to other homes. The Archie Project was discussed with the manager as being an intergenerational dementia awareness project designed to ultimately make towns and villages dementia friendly. It is also recommend that the home and the dementia support group find out about Reminiscence Learning and the service they can offer homes such as Activity Angels and Fitness Fairies by visiting http://www.reminisencelearning.co.uk/archie. **(see Recommendation 7).** The manager informed us that the home also has links with a nursery group called Cheeky Cherubs who visit the home.

It is recommended that the home consider the Healthwatch Somerset publication 'Involving the local community – Residential and Nursing Home Good Practice Examples' and share with staff resident and families at meetings **(see recommendation 8 and appendix 3).**

Involving residents and family

A resident and family meeting is held quarterly, often these meetings are not well attended but a newsletter is sent to everyone so they are kept up-to-date on all events. The manager also operates an open door policy to residents and families so when they are in the area (many live at a distance due to parents retiring to Minehead) she can answer questions or concerns. It was recommended that the staff look at the Healthwatch Somerset publication 'Good Practice Examples in Residential Care – Involving the Local Community' **(see recommendation 9 and appendix 4).**

Activities

During our visit it was observed that some residents were being supported by staff to engage in various activities. Several residents were observed to be sitting on their own during the morning staring into space having little to occupy them. However, a short while after, the same residents were observed enjoying their lunch in the dining room with others residents and staff to engage with them.

The home employs an Activities Co-ordinator whom we were able to meet and talk. They had a positive approach and were seen to be gently encouraging residents to take part in activities. She also had many ideas for new activities that she shared with us

On the day we visited four of the residents were going out to watch the Red Arrows air display that was happening for the Minehead Festival.

We were shown a model railway which residents and staff had created and which was popular with some of the male residents. In the smaller quiet room a mock fireplace had been built from boxes by staff and residents which on cold days showed imitation flames thus encouraging many to sit around it. Other activities included trips out in small groups; recently five of the residents had been taken on a ride on the Somerset Steam Railway. Residents were encouraged to partake in hobbies that interested them such as knitting and crochet or other practical hobbies. We also learned that there were musical activities with a visiting singer who entertained residents and there were sessions from a visiting service called 'Music for Health'. Parties were popular for special events, birthdays etc. At meal times there was beer or sherry on offer.

We were also told that a Pet Therapy service visited and many residents particularly like the dogs that visited. It was also noted that there was a guinea pig in the garden area. Pamper Days were also appreciated as well as the sweetshop mentioned previously.

The Enter and View team informed the manager about the 'Active Living Service' who can support residents to access activities and details for this service can be found in appendix 5. It is recommended that the Activities Co-ordinator share the Healthwatch Somerset Publication "Activities in Residential and Nursing Homes" with residents and families both at meetings and individually to help inspire and further expand activities offered **(see recommendation 10 and appendix 5).**

How do the residents of Winsor House access health and social care services?

Dental Services

There is an accessible dentist not far from the home which is used regularly. One person goes to Williton where again the surgery is accessible and a domiciliary visits occasionally but at cost to the resident. Healthwatch Somerset are aware that access to dental treatment is an issue for many living in residential or nursing homes and will be informing the Somerset Clinical Commissioning Group of related issues regarding access and provision of dental services and additional cost.

Hospitals

The manager stated that there had been some difficulties when residents are discharged from Musgrove Park Hospital The Winsor Home staff ensure a comprehensive transfer letter containing vital information about patient accompany the patient to hospital. We were told that these transfer letters are often lost by the hospital and never reach the ward.

Sometimes a DNAR (do not attempt resuscitation) goes with the patient to the hospital and occasionally these are lost and the hospital will not accept copies which means that a person's DNAR wishes are not adhered to.

In addition, sometimes there is no discharge letter giving important facts for the home about the patient who has been discharged.

It is recommended that the staff speak to the Musgrove Park Hospital Patient Engagement Manager, Martine Price, email: martineprice@tst.nhs.uk and request that their concerns about information being lost or missing is passed on to the Director of Nursing **(see recommendation 11).**

GPs

There are two GP surgeries, Irnham Lodge visit every Wednesday and Harley House visit as requested. An example of their good relationship with the GP was that a second prescription was immediately written when the first one had got lost in the electronic ordering system.

Physiotherapy

The manager explained that while some residents have received good support from visiting Physiotherapists, the service can be a bit 'hit and miss' and often residents are not offered enough sessions to help them reach their potential. One person pays for a private physiotherapist to visit as they were not offered further sessions by the NHS physiotherapy service.

Social services

All the homes visited by the Enter and View team so far have noted that many care plan reviews are overdue by social services, Winsor House is no exception. It was noted by the manager that the first review is usually completed in 4-6 weeks but not always followed up at 12 months.

Pharmacy
The staff use the electronic medication ordering system called ‘SPINE’. This can sometimes result in delays between the GP and Boots Chemist. It is recommended that the GP, Boots Pharmacy and SPINE be made aware of the difficulties by the home.

Opticians
An optician will visit as requested and does an annual test of all of the residents.

Chiropody
Chiropody services visit the home and after the first visit will then visit every three months.

Podiatry
Some residents are visited but not others, the manager is not sure why this is.
In particular, the question was asked, why the podiatry service does not see all the diabetic residents in one visit. It is recommended that the Manager write to Podiatry Services and enquire about this, sharing the reply with Healthwatch Somerset who may be able to help exculpate the issue if resolve cannot be found
(see recommendation 12).

Audiology
There are no hearing loops in Winsor House (see above recommendation).
Staff support residents to access hospital appointments but no visiting service is received.

Other services
A hairdresser visits twice a week. Staff also help with the ‘pamper’ days painting nails, hand massage etc.

What do the residents think about the service they receive?

All the residents we spoke with said that the staff were kind. Some commented on how lovely their room was. And two residents said that the food was fantastic. One resident told us he couldn’t get out and about as much as he would like to and another resident told us that they felt very lucky to live there.

Conclusions

Winsor house was seen to provide a suitable environment for the residents. Efforts had been made to involve the residents in their own care as well as service planning and delivery and it is hoed are recommendations will further enhance this.

Residents have good access to health and social care services and some professionals visit the home when requested to do so. Issues regarding communications with Musgrove Park Hospital and access to dental treatment have been noted as have issues relating to podiatry and physiotherapy recommendations have been made to help address this. Residents are also supported to access services where possible, and small groups are taken to social events locally.

Care was observed to be delivered in a respectful and dignified way during our visit, and we were informed that staff receive a good package of training

Activities were varied for those wishing to participate and there was a noticeboard displaying what events were planned for the week. At times residents were seen to be unoccupied and staring into space although no one was observed to be left for long periods of time. The Activities Co-ordinator was very enthusiastic and talked of things she intended to develop. IT is hoped that the recommendations and activities guide shared will further enable activities to grow.

The residents that we were able to talk to us said they were happy with the food and their care they received in Winsor House.

Disclaimer

- **This report relates only to a specific visit (a point in time)**
- **This report is not representative of all service users (only those who contributed within the restricted time available)**

Associated Appendices:

Appendix 1: Environment – Good Practice Examples

Appendix 2: Staffing – Good Practice Examples

Appendix 3: Involving the Local Community – Good Practice Examples

Appendix 4: Resident and Family Meetings – Good Practice Examples

Appendix 5: Consolidated Activities List