



Enter & View Report

Wymeswold Court Care Home

24 September 2015



Report Details

Address	Wymeswold Court Care Home London Lane Wymeswold Loughborough Leicestershire, LE12 6UB
Service Provider	HC-One Limited
Date and time of visit	Thursday 24 September 2015 9.30am-12.30pm
Authorised representatives undertaking the visit	1 - Team Leader 2 - Authorised Representatives 1 - Staff Lead

Acknowledgements

Healthwatch Leicestershire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on Thursday 24 September 2015. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicestershire.



What is Healthwatch?

Healthwatch is the independent consumer champion to gather and represent the views of the public. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Part of the local Healthwatch Programme is to carry out Enter & View visits.

What is Enter & View?

Enter & View visits are conducted by a small team of trained volunteers, with Healthwatch staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

Enter & View is the opportunity for Healthwatch Leicestershire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery including staff views
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & 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.



Purpose of the visit

- To engage with service users of Wymeswold Court Care Home and understand how dignity is being respected in a care home environment.
- To observe the care provided at this home, looking at a number of key themes; Food and Drink, Safeguarding, Staffing and Personal Care.
- Capture the experience of residents and staff and any ideas they may have for change.

Methodology

This was an announced Enter and View visit.

We visited the home a week before our visit and met with the Interim Manager. This was an opportunity for us to outline the purpose of our visit.

On the visit day, the Regional Operations Director responsible for the care home met us on arrival and we took their advice on whom to approach during our visit.

The Interim Manager was also present at various times during the visit, but was actively involved in caring for residents whilst we were there.

Authorised representatives conducted short conversations with staff members and spoke with two residents about their experiences of the care home. Topics such as privacy, dignity, hygiene and quality of care were explored. The authorised representatives explained to everyone they spoke to why they were there and took notes.

A large proportion of the visit was observational, involving the authorised representatives walking around the home and observing the surroundings to gain an understanding of how residents engaged with staff members and the facilities. There was an observational checklist prepared for this purpose.

Summary of Findings

- Staff interacted well with the residents and we observed residents being treated with due care, respect and dignity
- Residents with limited mobility could potentially trip in the garden on the walkways
- We saw evidence of a variety of social activities and we observed residents taking part in activities
- Staff told us that care plans are reviewed regularly with relatives and we saw evidence of their in-house quality systems



Result of Visit

Reception and waiting areas

The care home is a two-story building with nine marked car park spaces. We had a tour of the building before our observations and noted its external appearance was deceptive, as it was much larger and spacious internally than expected.

The entrance to the reception area was secured by a keypad system and well provided with information notices. In addition to a clear Mission Statement, there were a number of well laid out notices including a copy of the Equality & Diversity Policy, Fire Procedure, Food Hygiene Certificate, the Health and Safety Policy and a copy of the latest Care Quality Commission (CQC) Report.

There was a copy of the Complaints Policy alongside a wall-mounted tablet computer that could be used by residents and families for any comments or for complaints.

There was a computer based staff "clocking in/out" system in the reception along with a visitor's book. The visitor's book was up to date as the Entertainer visiting on the day of our visit had booked in but we were not asked to sign in. When this was queried at the end of the visit, we were told that this was because we were being escorted at all times.

There was a well-designed and illustrative weekly activity calendar displayed between the reception area and the large downstairs lounge.

Lounge

The downstairs lounge was spacious with leather effect high back chairs and two seater settees for residents to watch the television and play games - we were told that Bowls was a favorite with some residents.

We noted that there were not many higher seats, special cushion risers or a seat device, which automatically aids and assists an unsteady resident to stand up from their chair more easily.

We observed a very able and aware care worker aiding a resident to rise from her lounge chair. After several attempts on her own and having to ensure that the resident's wheeled walker didn't move by using her own foot as a wheel stop, the care worker successfully got the resident up to her walker and preventing the resident from falling.

Garden

There is a secure and enclosed courtyard garden with good access from the home. There were rabbits and bird feeders in the enclosed gardens. Staff told us that some of the residents were very keen to look after the rabbits, particularly their feeding, and that they were always

supervised by their care staff. The garden was well kept and had a good-sized pond. There were trees of various variety, benches for seating and lamp posts for evening lighting.

Although the pathways were seemingly even, the type of brick walkways could potentially trip up a resident who shuffles or drags their feet.

Dining Room

In the upstairs dining room, a male member of staff was feeding a resident incapable of feeding herself with a late breakfast. We noted that this was being done with due care, respect and dignity. The member of staff stated that meals and meal times were set to individual needs especially when some residents were unwell or had a bad night's sleep. The dining room was well-presented and laid out with tablecloths and place settings. To create more of a home feel, menus are not put out on the tables.

There is a hair salon which is visited by an outside hairdresser on a weekly basis. We were told that a chiropodist visits every 6 weeks and dentists and opticians visit as required.

We were shown a room set out as a Dementia Café and were told by staff that they were also planning a sweet shop for the residents.

Hydration

Water dispensers were available in the lounges and dining rooms and we observed drinks being served in the lounges to all residents.

Recreational activities

The Entertainment Co-ordinator appeared enthusiastic, capable and very caring. She told us that over the last 4 years, she has combined her duties as Entertainment Co-ordinator with being a senior carer at the home.

We noted that all the staff seemed to get on well as a team and with the residents. The staff told us that not all residents take part in activities and some need lots of encouragement.

An Entertainer visits 2-3 times per month. The entertainment we saw during our visit was lively and enjoyed by the residents.



The Entertainment Co-ordinator said that she always got a good reaction from the residents, who seemed livelier than in other homes she visited. The staff encouraged the residents who were sitting listening to musical songs to join in with the Entertainer and they approached the residents with care and consideration. A couple of residents were seen clapping and singing along to the songs. We observed two residents dancing with care workers.

We were told that one-to-one activity is given every day to those who can't leave their room and visitors are arranged for those residents who don't have any friends or family who are able to visit.

There is an 8-seater minibus that is used for weekly trips most Tuesdays for residents who are interested and includes visits to local markets, pubs for lunch and the local garden centres. The residents are able to choose the destination. The minibus can hold three wheelchairs.

The Entertainment Co-ordinator and a number of local volunteers are all able to drive the minibus. The volunteers have all been DBS checked and are fully insured to drive the bus.

Residents

There was a relative's meeting scheduled for 22 September and our visit was going to be announced at that meeting so that relatives could come and see us if they wished to. The meeting was postponed due to unforeseen circumstances. Therefore there were no relatives present during our visit so there was no opportunity to meet them and get their views.

There were six residents in the lounge upstairs.

We spoke to two of them as the other three were asleep and the other resident was being collected and escorted to the downstairs entertainments area for the morning concert.

We were unable to speak to other residents as there was a planned activity from 11am until noon in the lounge which had 16 residents - from those living on the ground floor and also upstairs (dementia residents).

Resident 1

We spoke to the first resident who told us she had been at the home for six weeks. She was very happy to talk to us and was well dressed and chatty. She told us about her day and activities which we noted as using her own car to go shopping and cooking her own meals.

We also spoke with two Care Workers that told us that the resident is very sociable but that she does not cook her own meals or drive a car.

Resident 2

We spoke to a resident (a widower) who referred to himself as "I'm a one" who we were later told was on a respite break whilst his daughter was in hospital.



The resident was well groomed and smartly dressed.

He told us he went on a day trip to Skegness. This is something that the Entertainment Co-ordinator supported and was pleased that he had remembered this event.

When asked if he was going to the entertainment programme, he told us he did not know it was on. We mentioned this to the Care Workers who told us that everyone is told about the activity but some residents can easily forget.

He didn't like the TV being on and said he didn't know how to use the remote control so could not turn down the volume. We were told by the Care Worker that this resident in particular like to play Bowls in the lounge with other residents.

We noted that there is a procedure that nominates a 'Resident of the Day'. This means that their room is deep cleaned and that they have a day of one-to-one attention. The name of the 'Resident of the Day' is displayed in the reception area and the procedure is apparently well appreciated by the residents who look forward to this and enjoy the extra attention.

Infection Control & Hygiene

We observed hand gel in the bathrooms and in the reception.

Although all upstairs and downstairs toilets and bathrooms had antibacterial soap wall dispensers, the upstairs air freshener system did not seem to be as efficient as the ground floor system.

We observed the basin taps in the downstairs toilet had been adapted for disabled use and that the bins had bin liners. A number of the upstairs bathroom/ toilet waste bins did not have the correct plastic bag disposable liners.

Two of the upstairs toilet seats, although well secured, were wrongly aligned and off set. The bolt on the visitor's toilet was situated too high up the door for a disabled visitor to reach.

Both the observation about the bolt and the fitting of the toilet seats were made to the Management and were rectified by the in-house Maintenance Staff before our team left the premises.

Support & Training for Staff

We were told that staff are DBS checked and their 10 year previous employment references are checked. Employment is confirmed after successfully completing initial training and a probationary period. There are regular staff meetings to pass on any changes and improvements. The minutes of the meetings have to be read and signed by those that attend

the meeting. Those that were unable to attend are required to sign to say they have read and understood the minutes. A record is kept on each individual's training record.

We were told that the staff are appraised annually by a manager and by a supervisor twice during the year and that the appraisals are recorded.

Staffing

Staffing Levels are stated to be 1 to 5 for nursing residents, 1 to 8 for residents and 1 to 10 at night. At present, there are 24 residents and no nursing residents.

Current staffing level is 5 on days (2 on each floor and a 'floater' who moves between floors) and 3 at night (1 to each floor and a floater). We were told that the 'floater' is the person in charge.

In addition to these staff, there are catering, cleaning, maintenance and activity staff. We were told that all staff are trained to the same level and work as a team. We observed the in-house maintenance man helping to move residents by wheelchair and both he and the residents seemed comfortable.

The home use agency staff where necessary but use a single supplier for continuity. The care home is difficult to get to using public transport and the Management told us that it is difficult to recruit and retain permanent staff. They are currently recruiting and will be investigating the use of the minibus to pick up staff from a number of locations.

At the time of the visit, we asked for information on staff turnover. There was an HR Manager on site visiting from the company head office and whilst she said it was quite low, no specific data was given.

Care Records & Responsibilities

Staff told us that Care Plans are reviewed regularly with relatives.

There is a written and verbal briefing at shift handover. This is scheduled to last approximately 15 minutes. Any staff that are not able to attend the handover are briefed individually when they start work.

Quality is maintained and monitored by an in-house system called 'Cornerstones'. This is a document-based system broken down into 23 topic folders.

The system is a series of fully documented daily, weekly and monthly checks to be undertaken by the Management and Supervisory Staff of the home and is checked during the monthly visit of the Regional Operations Director.

The Manager has a Cornerstones diary of what to do and when and has a daily check sheet which she uses to go round the home, twice a day at different times.



Name Badges

All the permanent staff that we saw interacting with the residents were in clean, smart uniform with clear name badges.

Signage

Fire Notices were well placed and gave clear instructions. There were 'Hazardous Goods' notices displayed on the storeroom doors and notices giving protected meal times were clearly displayed.

There were photo frames on all the residential accommodation doors, which displayed the name and a current photograph of the resident with the facility to also hold a favourite photo of the resident in their younger years.

There were signs on all the corridor doors displaying fire zone areas for emergency.

Safeguarding

A kitchen available for use by visiting families is accessed by a keypad to prevent unsupervised access by residents.

Some residents habitually rub their hands together. We were shown a "rummage apron", the pocket of which contained a variety of pieces of material of differing textures to give those residents an alternative to that.

Medication

Staff told us that medications are stock checked daily and the results recorded. There is a system provided by Boots the Chemist for stock control and there is a monthly stock replenishment delivered by Boots the Chemist. We were told that staff are trained to administer medication and the training recorded on their files.

Additional findings

We were informed that the home is in the process of a £200,000 refurbishment, which included decoration, furniture replacement and carpet replacement. During this process, it is their intention to give residents and their families some choice in colours, carpets and furniture. Some rooms and public areas had already been decorated and the carpet replacement contract was out for tender.

The upgrade that has been carried out in the downstairs bathroom, particularly the electrically operated full-length adjustable bath seating at the touch of a button and the hoist, is highly

commendable. Particularly useful is the modification of the doorway extension to give an even wider additional bolted, half door access for larger wheelchairs and even wheeled beds.

Recommendations

- 1.** That additional hand gel dispensers be made available. Consideration should be given to issuing personal (belt or waistband suspended) gel dispensers to all staff. This would be in the interests of staff, residents and visitors.
- 2.** That the upstairs sink and shower taps and door fittings are updated for greater ease of use by the residents.
- 3.** The surface of the courtyard paving was considered to be safe for general use but it is recommended that a risk assessment is carried out for residents who are perhaps less mobile.
- 4.** That consideration should be given to the fitting of seat risers in the lounges or that helping residents get out of the seats should be risk assessed.

Service Provider Response

This report was agreed with the Care Home as factually accurate. They have provided the following response:

Thank you for the report regarding the recent visit to Wymeswold Court.

We would like to thank the team who visited on the day for their kind words and encouragement.

We would like to inform you that an action plan has been developed to action the recommendations made on the day and in the report.

Distribution

The report has been distributed to the following:

- Wymeswold Court Care Home
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- LCC Health & Wellbeing Board
- Overview & Scrutiny Committee (OSC)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

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