healthwatch Lincolnshire

Healthwatch Service Visit Report to:

White Gables Care Home
December 2015

Summary

The following report highlights the findings and observations from a recent visit to White Gables Care Home, the report where appropriate includes engagement and feedback from the staff and carers and family members as well.

The work was carried out to supplement the work we have been conducting around our on-going enter and view programme of activity and in relation to our review of support and care provided in the community.

Where the report identifies themes which Healthwatch believe should be raised as a matter of importance not only with the provider but also where appropriate, with other commissioners and or providers these will be included.

Healthwatch is mindful that factors outside the control of the community care home environment can have an impact on the service provided and consequently the patient experience; where these occur we have included them.

In essence, there were some core themes listed below which came out of the visits, and as part of this work we have requested that the provider comment on the findings in the public interest, their responses are also included throughout.

Key Themes from the visits and patients spoken to at the time:

- Overwhelmingly the residents felt relaxed and comfortable in their surroundings.

- Improvements which could be developed relating to communication between the care home and the community nursing team and with better understanding of training developments delivered by the community team. In addition where delays occurred around access to services such as Speech Therapy and Prescribing these need to be investigated further.

- Development of activities for residents to further acknowledge their overwhelming support of keeping residents days interesting and varied would be of real benefit.

- Lack of community input into White Gables could be developed further specifically with regard to the churches providing more proactive pastoral care.

- Identifying some of the challenges around the provision and future of delivering nursing care.

The suggestions and recommendations, along with feedback from the Provider can be found on page 12 onwards and provides a complete picture of the findings.

Thanks goes to the cooperation of the provider, its staff, our HWL enter and view representatives, residents, carers and family members for their open and constructive contribution to this report.

Contents

Place of Visit:	**White Gables Care Home**
Address of Provider:	**21 Willington Road, Boston PE20 1EP**
Service Provided:	**Residential and Nursing Care**
Date:	**December 2015**

1. Background.

This piece of work has been carried out by Healthwatch Lincolnshire (HWL) who has a statutory function to enter and view any publically-funded premises who provide health and social care services. These visits are carried out with the sole intention of collecting information relating to the quality of services provided and gathering the views of patients, relatives and carers of those people accessing and receiving the services.

2. Methodology.

HWL authorised representatives are appointed to undertake this piece of work. A questioning framework is produced to enable the representatives to effectively talk with patients, relatives, carers and care providing staff and to make observations during the visits. The framework is not exhaustive, but does provide a background for directing theme-specific questions – in this case the '*patient journey*'. This included how residents came to be with the provider, how they spent their days with the provider and the facilities and services provided during that period of care.

In addition to our focussed piece of work, the visit naturally notes observational perspectives of the provider and where views are expressed by the service user about other elements of care or the environment, these were also recorded.

In the interest of confidentiality we remove the names of those making specific comments although generic comments themselves maybe included within the report feedback.

The Provider.
White Gables is a family run care home based in the village of Kirton, near Boston which opened in 1985 with the current registered manager being in post since 1992. White Gables prides itself in being able to provide a homely environment encouraging residents to bring with them personal items and even some small items of furniture.

White Gables provides accommodation with 20 single rooms (6 with en-suite).

The provider is registered to provide nursing and residential care for 20 and can offer respite, day and palliative care.

3. Respondents.

Prior to any conversation being held with a resident, we introduce HWL and ask permission for any dialogue to continue as we respect that not all people will want to engage with us in this way.

During the visit we spoke with as many residents who wished and/or had capacity to talk with us. In addition and where we could, we spoke with managerial and operational staff to provide a more holistic view and in the case of this care home we also spoke with a visiting RGN.

A total of 9 residents were spoken with during the visit.

4. Findings from Respondent Experience Survey.

The following provides an overview of the service from a lay-person's perspective. The culmination of all key findings and recommendations can be found in the table at the back of the report.

4.1. Findings for White Gables

The following provides the detail of the visit feedback and should be acknowledged that this information was taken at a point in time. If changes have been made since the visit and the provider has commented on them, we will include those within the report for public interest and information.

4.1.1 General Information.

During discussions with the registered manager we understood that the home has 20 single rooms, some of which have en-suite and others which have basic washing facilities; other bathroom and toilet facilities are located around the home. The home is on a single floor. It is a converted bungalow with extensions to the property providing more space for extra bedrooms and communal areas.

The home provides care for residents with a broad ranges of needs. We were told that 18 of the residents had some kind of cognitive impairment and 8 of the residents received nursing care. We discussed the reasons for residents coming into residential care and there was an element of 'for some' this was not a choice and the reality of their move into residential care was because there was insufficient care provided in the community to meet residents' needs.

In terms of staffing, the team has some long serving members of staff with some who are second or third generations of family carers at the home. Staffing during the day consists of 4 carers and one nurse, Monday to Friday. There are also cleaners on site with deep cleans scheduled for Mondays, Tuesdays and Thursdays. In total there are 6 registered nurses including the registered manager with 2 staff on nights.

The home provides meals cooked on site and can cater for residents eating within the communal dining area or within their rooms. All residents had food and fluid charts; some residents have thickened diets or require fortified fluids and we were told their needs are regularly assessed. The night staff prepare a light breakfast for residents and the midday meal tends to be the time residents will have a cooked

meal. The menus are set, however, if a resident doesn't want the meal other alternatives can be provided. The evening meal is lighter and will tend to be something like beans on toast, eggs, hotdogs etc working with what the residents prefer.

The home provides celebrations for birthdays and other social occasions. At Christmas the home provides a buffet Christmas meal for residents and relatives.

We were told that 5 of the residents predominantly spend their time in their rooms either for medical reasons or out of choice. However, we were informed that where possible they did try and integrate residents so that they are not isolated.

Community health teams work within the care home environment and we observed them during our visit. We also heard that whilst GP relationships with the home were good, we were told that ordering prescriptions of late had become a challenge.

In terms of activities for the residents we were told that historically the value of a specific activities coordinator hadn't been perceived as adding value. However, since the engagement of a team member to specifically focus on activities, the home recognises the benefits. Trips have reportedly taken place to the parrot park at Friskney, a 40's trip to Spalding and a walk for 3 of the residents to the local pub and other activities were noted. We also saw a book in reception which included ideas from residents and families on potential activities nevertheless we did also note that although the suggestions were acknowledged, there was no feedback as to what the outcome was.

Finally, during the visit the manager talked openly and frankly about the challenges of providing nursing care, both in terms of cost but also in terms of staffing and resource requirements. The overarching view seemed to be that whilst a valued and necessary part of care, it did not necessarily make sense to continue with this service on this scale where the negatives outweighed the positives for the home as a 'home', an employer and a business.

4.1.2. What the Residents said.

The discussions covered various themes and the responses are recorded below.

Day to Day

We asked residents whose choice it was to be at White Gables and how they had made that choice. For the vast majority spoken with it had been their own choice; some had been in alternative homes but hadn't settled so had looked at more and decided to move. Others had been placed in the home but were happy with the choice.

We were interested to know what people's daily routines were. Most people spoken with said they were supported getting out of bed by carers and were generally up between 8 am and 9.30 am which they felt was early enough. Those who were able to support themselves tended to get up and go to bed depending on personal choice. Most people spoken with said that they normally started getting ready for bed around 6 pm, some by choice and some because they needed that extra time and support; others told the time they retired was generally up to them around 9 pm – 11 pm. However, this didn't necessarily mean they were in the communal areas, they also used their own rooms.

We asked people how they spent their days and the vast majority of people just said sitting in the communal area watching television. What we did notice was that there was very limited interaction between residents, although from talking with them we do know that some occasionally played games together. In addition to the television, some read and others played puzzles. We talked with them about activities within the home. Everyone knew the activities coordinator and said that she was on holiday at the moment, but another staff member was covering. At the time of the visit residents were getting involved with making Christmas decorations. Some told us they liked the activities, others told us they didn't like to get involved and were happy to just watch. Those that tended not to get involved did have ideas of what they would like to do and this involved normal activities such as visiting the shops, having a drive out into the countryside and going down to the pub. In addition to the arranged activities residents told us it was nice when they got visitors and had someone to talk to. They also liked doing puzzles and quizzes and having discussions about current events such as news stories.

We asked residents how the home celebrated special occasions or holidays. They told us Christmas was nice because they got involved in the festivities and families were invited to come along and eat with them. They told us birthday cakes and cards were common and if there was something special going on they would generally be aware of it.

We asked residents what they liked about the home and they gave us many reasons for liking their home including the fact it felt homely, they had no worries, they felt safe and well cared for and they felt the staff really took an interest in them. Although they would have liked more social time with the staff, on the whole as they felt part of the family.

We asked people about their religious and spiritual needs and a large number of people we spoke to said they would welcome the opportunity to have a better relationship with the church. They told us that the village no longer had a vicar, but that they would welcome that interaction.

We talked with individuals about other aspects of the care that were important to them This included the ability to maintain their appearance by the hairdresser visiting every few weeks and the visiting chiropodist for nail and feet care as well as the community nurse.

Choice

We talked with residents about their choices in terms of routine, activities, movement and involvement with the home.

Overwhelmingly people told us that their routine was good and that on occasions where it had changed, it did take a little while to adjust. We asked people about what they wanted to do and whether they were able to do that; they told us that they do like to go outside but that really was dependant on whether there was a staff member available to take them. However, those that were more able said that they were able to move around freely and if they wanted to go out into the garden area they could without restriction. We enquired whether the home had sought volunteers from Age UK or the Red Cross who could potentially provide some of that interaction which would enable them to get out more and wouldn't be so reliant on the staff. At the current time, this hadn't been an option.

We asked residents about communication. They told us that if they needed or wanted to use the telephone the staff would bring it to them, but we didn't ascertain if the phone was in anyway adapted to support any physical or sensory impairments. We asked if people would use the internet and generally this was not something that anyone had thought about.

We asked how involved residents were in the home and whether there was any opportunity for residents or relatives meetings. Everyone told us that they thought that no type of resident or relatives meeting took place and no one took a particularly keen interest in there being one. They felt their needs were addressed in an appropriate ad-hoc manner.

Food and Drink

We talked to residents about their meals and drinks and what their thoughts and experiences were. In all cases residents told us that they had no choice in the main meal as it was set independently of them and that they basically ate what they were given. There also seemed to be no evaluation of the meals with the residents, for example, on the day of the visit they had chicken curry and rhubarb and custard. It would have been good to have had feedback on their views of the tastes and textures and whether they were to their liking. Some told us that on occasion they were able ask for alternatives if they didn't feel like the meal that had been prepared and said that this wasn't a problem. Staff told us that they were very mindful of the role food and fluids played in wellbeing of an individual and therefore paid close attention to dietary patterns. We observed a lunchtime during our visit which on the whole, seemed to run smoothly. The majority of residents were in the main dining area, but there were others who for medical or personal reasons, ate in their rooms with support where needed. We noted one resident who said they were not hungry and didn't want anything to eat, however, the staff quietly supported and encouraged the resident who then went on to eat well.

Visitors/Carers

Social interaction is critical to the wellbeing of most individuals and we, therefore, asked the residents whether they received visitors, how often and when. All apart from a few told us they had regular family and friends that visited them and it was clear that the connection to family and friends was an important part of the persons' daily life. They said there was no restrictions with visitors and they would come when they could, some weekly, some daily some in the evening and some at weekends so the need for an open door policy is important to all. We saw a number of relatives while we visited the home and noted that they were greeted warmly by the staff.

We were told by the staff team that despite the vast majority of residents telling us they received frequent visitors this possibly was not a reality and that in fact a significant number do not receive any visitors at all.

Finally
Overwhelmingly, people in the home said they felt contented and safe within the home. People said that the residence had a homely feel and thought it was nice that they could bring some of their own things with them.

A few we spoke to did say that every day was the same and they would like a little more activity whether that be exercise (armchair) or getting out and about, though they did also say that they were comfortable in their surroundings and sometimes felt they had no need, want or desire to be on a constant treadmill of activity.

People said they enjoyed the food and they enjoyed having the staff around to support them. They did tell us they would like more involvement from the local clergy even if it was for them to pop in on a fairly regular basis just for a chat. We were told that since the departure of the last vicar in January 2015 there had been no engagement and hence no pastoral visits.

The key area of focus for the residents was to maintain and improve the activities element of their days and they spoke very highly of the staff member who carried out the visits and missed her whilst she was away on holiday. Even though they acknowledged they didn't always want to get involved, sometimes it was just good to listen and watch.

4.1.3. Observations

The premises is a converted bungalow which provides access to all areas on one level which appeared to improve not only issues for those less mobile, but also communication between staff.

There is parking for a small number of cars at the front of the premises and also off street parking is available. The building has no steps and has key code entry system for the key, a sign in visitor's book and general reception entrance.

In terms of confidentiality, there isn't a reception desk area so calls made in relation to residents or services are made from the main staff office and this assures confidentiality. Conversations within the communal area and dining rooms are not confidential, however, there are quiet areas around the home where residents and relatives can go to if they need more privacy.

Toilet facilities are available near the main corridors and communal areas with no screening. It is, therefore, important that those who require support are aided to the bathroom or staff are aware of the bathroom usage to ensure privacy and dignity for the user is maintained as the door may not always be shut or locked.

The floors are generally carpeted and the manager felt that they were difficult to keep clean and fresh despite regular deep cleans. In addition, the heavy wear on the carpets requires more regular maintenance and they therefore were considering alternatives to flooring as and when the opportunity arose.

There was signage in the areas that were appropriate with names or photos on resident's rooms, signage visible on staff areas and a notice board near laundry.

All facilities observed appeared to be in good working order. We witnessed the use of hoists and the home seemed keen to develop the equipment available so that it improved the resident experience but also supported the staff. The home said they were currently looking into the purchase of profiling beds, however, already utilised cot rails, hoists, commodes, pan washer, bath hoists and shower chairs.

The home definitely had a homely feel to it nonetheless the manager wished that there was more capacity to improve it in terms of décor.

5. Findings from Staff Experience

Through discussions with staff we got a different perspective of service delivery; some of the challenges and the positives they felt the home offered. The feedback is as follows:

- We were told that getting prescriptions was currently problematic and also that referrals for speech and language were currently taking up to 6 weeks.

- The staff team appeared to appreciate the activity programme in place for the residents. They felt that individually as well as collectively, activity was important and was equally important to recognise and record any activity which engaged the resident, which they felt they had not fully appreciated previously.

- The staff told us they felt the White Gables environment was less stressed than some other environments they had worked in and felt that whilst it was less structured, they as staff were happy with impromptu staff meetings as and when issues arose. They felt the management listened to their needs as caring and nursing staff and did their best to provide.

- The staff spoken with said that they felt they had more time to talk with residents and engage with them properly rather than just administering a care package.

- Staff told us they had experienced problems with communication related to the community nursing staff team and more specifically the fact that they didn't know when the nursing staff would arrive. They also said that they never see the same District Nurse twice which is hard for staff and patient continuity. We were told this presents problems for the home, particularly when a procedures such as a bladder washout is required and the lack of knowledge about times can cause unnecessary upset and distress for the residents.

- We spoke with the one of the community nursing team that visits the home and they told us that they thought the home provided good care. They said that if ever a problem or wound occurred, the staff knew all the details related to it and felt they knew their residents well. The community staff felt there was not enough time or nurses available to support the care homes and the patients as they as nurses would wish. It was also felt that hospitals were discharging too early which can sometimes create more complex cases which adds to time pressures on visits. The nurse spoken with said their daily work sheet could be 13 visits, which in a rural areas where travel and poor roads systems were prevalent, exacerbated the limited amount of time available to spend with patients.

- Areas where the community staff nurse felt improvements could be made for all were around increased knowledge and awareness of diabetes and how to live well with long term conditions and also end of life care. They felt both these areas required more training along with education for patients, relatives and all staff caring in a community setting was needed or would benefit from some updating.

- In many ways the community nurse echoed the views of the care home staff, however, it appeared that there wasn't that understanding of the challenges both faced and moreover the impact availability of nurses and commissioning of services had on both the staff and more importantly the end user, the patient.

6. General Overview of Observations & Conclusion.

The general findings below are generic and tend to run in themes:

- In many ways the community nurse echoed the views of the care home staff in terms of ability to manage workload; communication with homes and time spent with patients. However, it also appeared that there wasn't an understanding of the challenges both faced and moreover the impact availability of nurses and commissioning of services had on both the staff and more importantly the end user, the patient.

- We were told that getting prescriptions was currently problematic and also that referrals for speech and language were currently taking up to 6 weeks.

- Toilet facilities are available near the main corridors and communal areas with no screening. It is, therefore, important that those who require support are aided to the bathroom or staff are aware of the bathroom usage to ensure privacy and dignity for the user as the door may not always be shut or locked.

- The key area of focus for the residents was to maintain and improve the activities element of their days and they spoke very highly of the staff member who carried out the visits and missed her whilst she was away.

Even though they acknowledged they didn't always want to get involved in planned activities, they told us sometimes it was just good to listen and watch.

Feedback from Liz Grantham, Activities Coordinator:
"We went on trips to the parrot park, 40's weekend, Frampton Marsh and we regularly go out around the local village for a walk and up to the local pub with residents. We have had afternoon tea a number of times over the year with the next one planned for February and the residents were offered to go to the pictures and shopping over a number of weeks during the summer but no one wanted to go. The activities book has now been updated with what we were able to achieve over the last year and I have asked for new ideas for this year.

The residents have an "in chair" activity session monthly and are offered to go to church when the activities coordinator is in on a Sunday but only one resident has shown an interest. Those residents who are able to input are asked monthly what they would like to do in the following month and new games and activities are introduced on a regular basis when time and finances allow. There is an ongoing programme of setting up memory boxes with all residents and a monthly memory sheet and newsletter is produced for all residents and families and we do have a variety of entertainers including singers and flower demonstrators who come in, however, this can only be on a limited monthly basis as they are expensive. "

- They did tell us they would like more involvement from the local clergy and that since the departure of the last vicar in January 2015 there had been no pastoral visits.

- A few we spoke to did say that every day was the same and they would like a little more activity whether that be exercise (armchair) or getting out and about. However, they did also say that they were comfortable in their surroundings and sometimes felt they had no need, want or desire to be on a constant treadmill of activity.

- We asked if people would use the internet and generally this was not something that anyone had thought about.

- Those that tended not to get involved in activities said they did have ideas of what they would like to do and this involved normal activities such as visiting the shops, having a drive out into the countryside and going down to the pub.

- Finally, during the visit the manager talked openly and frankly about the challenges of providing nursing care, both in terms of cost but also in terms of staffing and resource requirements. The overarching view seemed to be that whilst a valued and necessary part of care, it did not necessarily make sense to continue with this service on this scale where the negatives outweighed the positives for the home as a 'home', an employer and as a business.

7. Final Recommendations.

In our view the following core observations and recommendations need to be considered by the commissioners and providers of care. The table below provides the outline of the recommendations and suggestions made and includes the responses in the public interest. It is acknowledged that the items below highlight the areas for development and comment and should in no way detract from the positive feedback and activity described within the report:

Issue Raised	Commentary/Recommendations Related to the Report	Feedback/Commentary/ Action in Response	Responsibility
Communication between nursing home and LCHS community nursing team.	In many ways the community nurse echoed the views of the care home staff in terms of ability to manage workload, communication with home and time spent with patients; however, it also appeared that there wasn't an understanding of the challenges both faced and moreover the impact availability of nurses and commissioning of services had on both the staff and more importantly the end user, the patient.	Communication between other care agencies: we would welcome any study days or meetings to ensure this is improved for the welfare of our service users.	Provider and LCHS
Access to services	We were told that getting prescriptions was currently problematic also that referrals for speech and language were currently taking up to 6 weeks.	Access to Services: we continue to work with our Local Chemist who supports very well in getting our Prescriptions to the home. The increase in populous has put a strain on all services to this end.	Provider and LCHS
Privacy and Dignity	Toilet facilities are available near the main corridors and communal areas with no screening. It is, therefore, important that those who require support are aided to the bathroom or staff are aware of the bathroom usage to ensure privacy and dignity for the user as the door may not always be locked. Consider a screen.	A screen is at hand for use in the main toilet area.	Provider

Activities	Develop further, demonstrate within the activities suggestion book what has happened with those ideas, look at individuals interests such as playing the organ or going for a drive in the countryside etc.	Please see Coordinator's response to this action. (Section 6).	Provider Suggested Support: Vitality www.vitalitylincs.co.uk
Pastoral Visits	Residents told us they would like more involvement from the local clergy even if it was a visit in on a fairly regular basis just for a chat. We were told that since the departure of the last vicar in January 2015 there had been no pastoral visits.	Pastoral Visits now in place monthly for our Residents from Lay Preacher from Parish Church. (Please be aware church ladies visit us monthly to support activities and have done so for much of last year).	Local Churches and Provider
Internet	We asked if people would use the internet and generally this was not something that anyone had thought about, but could potentially offer a new dimension to their activities.	Internet access is supplied with a computer; also a dedicated e-mail page which family members have used and is mentioned in our monthly Newsletter.	Provider
Future	Finally, during the visit the manager talked openly and frankly about the challenges of providing nursing care, both in terms of cost but also in terms of staffing and resource requirements. The overarching view seemed to be that whilst a valued and necessary part of care, it did not necessarily make sense to continue with this service on this scale where the negatives outweighed the positives for the home as a 'home', an employer and as a business.	Nurses are at a premium for the Care Home Sector with a dwindling pool of resources all of my staff are aged 50 to 63 so most of them are working towards retirement .One staff member retires in February. Despite advertising we have had no response so the home and the Manager must consider the most sensible option for the future.	Provider and LCC

Healthwatch ask that in addition to the specific recommendations above, that all the observations and recommendations made regarding provider which are directly within the control of LCC or within the control of other providers and commissioners be considered and acted on in equal measure.

Healthwatch wishes to thank everyone involved in the visit and particularly the respondents, White Gables Management, staff and Healthwatch authorised representatives. It is acknowledged that if, at any time any resident, family member or carer wishes to talk to Healthwatch relating to compliments, concerns or complaints they can do so in confidence.

Following the report being finalised:

- HWL will submit the report to the Provider.
- HWL will submit the report to CQC.
- HWL will submit the report to LCC or NHS England
- HWL will publish the report on its website and submit to Healthwatch England in the public interest.

Healthwatch Lincolnshire
1-2 North End
Swineshead
BOSTON
PE20 3LR
01205 820892