

**REPORT OF ENTER AND VIEW VISIT TO  
WICKWAR CARE HOME**

**Castle House, Sodbury Road, Wickwar GL12  
8NR**

**Visits undertaken on 22 March 2016 and 11 April 2016**

**Authorised representatives undertaking the visits:**

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**Date: April 2016**

## Acknowledgements

Healthwatch South Gloucestershire authorised enter and view volunteers wish to express their gratitude to the residents of Wickwar Care Home and their families, friends and carers who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Wickwar Care Home management and all the staff who were willing and able to engage and answer our queries. The members of staff were welcoming and helpful.

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# 1. Executive Summary

**1.1** Healthwatch South Gloucestershire (HWSG) authorised enter and view (E and V) volunteers undertook two enter and view visits to Wickwar Care Home during March and April 2016 with the purpose of finding out about the residents' lived experience of care.

**1.2** Information was gathered from the authorised representatives' observations and their notes of conversations with residents and/or their relatives, and members of staff. Observations were gathered by all the authorised representatives working in pairs. Conversations were semi-structured and were noted down contemporaneously. A template and a list of prompt questions were used to guide and record volunteers' observations and conversations.

**1.3** Wickwar Care Home has recently been bought by Larchwood Care and is operated by a management company called Healthcare Management Solutions. This change has occurred since the last CQC report in April 2015 and the new management is yet to make an impact on the running of the home. Despite the management changes that have occurred, Wickwar Care Home has nevertheless continued to deliver care to frail and elderly people with a wide range of nursing needs, though they do not offer specialist dementia care. Residents generally expressed satisfaction with their levels of care.

**1.4** Wickwar Care Home is to be commended for trying to provide a home from home which was safe, warm and comfortable despite recent management changes. The new management is aware of the steps that they need to take to achieve the improvements requested by the recent CQC report. Staff were seen to be hard working, caring and attentive and residents were treated with dignity.

## 2. Context

**2.1** Enter and view (E and V) visits are part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire (HWSG) to understand the quality of residents' care experience within local care homes, particularly where residents have, or could be expected to have, dementia.

Full details of the work-plan for Healthwatch South Gloucestershire are available on the website: [www.healthwatchsouthglos.co.uk](http://www.healthwatchsouthglos.co.uk)

**2.2** Wickwar Care Home is a nursing home that supports the needs of a maximum of 43 residents. Almost all residents are in single rooms. There are two larger bedrooms which could be used as double rooms. Wickwar Care Home offers day care and respite, as well as full nursing care.

Despite the care home's website stating that each of the home's 42 bedrooms have en-suite WC facilities, none of the bedrooms had these facilities. All rooms had a washbasin and a commode.

The latest CQC report about Wickwar Care Home in April 2015 rated the home as 'requires improvement.' The report stated that:

"Staff had found the last year "unsettling" with inconsistent management. Staff said at times "morale had been low but things were improving". Despite the inconsistencies of management arrangements staff had supported each other as a team. The interim manager told us the staff were "very good and worked extremely hard."

Wickwar Care Home meets the CQC requirements for

Is the Service Safe?

Is the Service Caring?

Is the Service Responsive?

But it requires improvement in two areas: providing an effective service and in leadership.

## 3. Findings

The findings are presented as bullet points from the E and V authorised volunteers' notes using the template observation headings. Quotes are taken from conversations with residents, their relatives and visitors, and members of staff and are used to illustrate the experience of living in Wickwar Care Home.

### 3.1 First Impressions

Wickwar Care Home occupies a nineteenth century building with a later extension creating a horseshoe shaped building on two floors. Volunteers' first impressions were that the building looked tired and was in need of some brightening up.

- It was noted that the exterior paintwork was flaking and some window sills were rotting in places.
- The entrance is through a small door at the rear of the building which was not immediately obvious from the front of the building.
- This opened into a small lobby with a visitors' book and hand gel. The dispenser had a sticky build up around nozzle indicating lack of use.
- A small notice board in the entrance lobby identified only one activity for the week which was an Easter Buffet for relatives and residents on the forthcoming Thursday before Easter.
- Interior décor was bland and unlikely to stimulate residents' interest.
- There was a smell of faeces in one of the corridors.
- E and V representatives were assured that Wickwar Care Home does not admit people with dementia, though it appeared that there were some residents who showed signs of confusion.
- There was a sign advertising a residents' meeting which was several days out of date.
- The entrance hallway and principle rooms were cluttered.

### 3.2 Environment

- Call bells rang continuously for extended periods during our visit. This was intrusive and did not create a restful atmosphere.
- E and V representatives commented that the interior décor was dated and would benefit from the use of brighter and lighter colours to create a more

cheerful environment. Management assured us that there are plans to buy new curtains and new chairs.

- The three lounge/dining areas were furnished in a comfortable, homely and cluttered fashion with ornaments and pictures which may remind residents of the past. In the lounges, chairs were arranged in rows around the edges of the rooms and a large television was on all the time.
- We were unsure whether subtitles and a hearing loop were available for residents who are hard of hearing.
- The residents bedrooms varied in size but most were quite small and, with several items of furniture in them, seemed cramped. A zimmer may not be able to be used independently due to lack of turning space, which was a concern to volunteers in terms of promoting residents' independence.
- **"I only use the television to see what the time is, all of my clocks have broken and haven't been replaced."** – Quote from a resident.
- There were three wet room with showers and two bathrooms with hoist lifts. The bathrooms were small and functional and lacking in homely touches.
- One of the doors at the back of the building was wide open but staff told E and V representatives that there was no problem with this and that residents were unlikely to wander into the garden. The garden was small and led out to the carpark and then later onto the road. This raised a concern about residents' safety and security.
- Having the door open made that part of the building feel cold.
- The name signs on the residents' doors were basic and could benefit from having some personalised pictures and mementos.
- It seemed that staff struggled to cope with lack of space as medicines were being sorted in the communal dining room. This task took up a large area of the dining room and staff involved with the medications were fully occupied in that task.

### 3.3 Staffing

The care staff we met were friendly and happy with the care they give.

- **"I have no problems with the staff at all."** – Quote from a resident.
- The manager met with E and V volunteers on their second visit to Wickwar Care Home. Despite being very busy, the manager answered all our

questions fully and knowledgably and demonstrated a determination to make many changes to improve the standards of care. Our conversations with the manager were very reassuring.

- The manager admitted that there has been some turnover in nursing staff recently.
- There is one registered general nurse assigned to each floor during the day and one on duty at night to cover the whole building.
- One staff member assured us that she felt there were enough staff at Wickwar Care Home. Two of the carers, however, said that they felt meal times were a little rushed as a lot of clients need assistance to eat their meals.
- Whistleblowing is well understood and staff are encouraged to be aware of the need to be alert.
- At the time of the visits no volunteers were on site. It was unclear whether volunteers were supported by the home and, if so, how often they visited.

### **3.4 Activities for residents**

There was very little variety in terms of the activities offered at Wickwar Care Home. This was a concern for E and V volunteers as they thought very little meaningful stimulation was offered to residents.

- No activities were evident during either of our visits.
- The current activities officer is also the hairdresser and informed the E and V representatives that she is due to leave soon, as two others have before her, but she is temporarily staying on until a replacement can be found. She is employed only 11 hours a week by Wickwar, and much of that time is taken up doing hairdressing. The activities worker also doubles up as a shopping assistant, stocking up the shopping trolley which allows residents to purchase small items for their personal use. Volunteers felt that shopping and hairdressing met residents' basic needs on a one to one basis, rather than providing meaningful stimulation and group interaction for residents.
- The activities board was out of date and offered a limited range of activities which included 'residents' choice', bingo, singalong, pampering, hair dressing and gentle exercise. E and V volunteers were told by staff that the exercise activity was generally not well attended.

- Staff told volunteers that visits are made to the local brewery or the local café when possible.
- We were told that a trip is being planned to a concert in Chipping Sodbury and also to Weston-super-Mare in the summer. Residents go out for a Christmas meal.
- Holy Communion is available once a month.
- Students from the local sixth form call in once a week to talk to residents: **“A couple of the local schoolchildren come in regularly to see us.”** – Quote from a resident.
- Wickwar Care Home holds an annual summer fete and an Easter buffet was arranged for visitors as well as residents.
- Card making takes place for seasonal events such as Easter and Christmas.
- During the two E and V visits residents were mainly sitting and watching TV. Staff were seen interacting with residents, for example, handing out medication.
- **“There hasn't been enough staff to carry out full activities due to activities staff leaving. We do have a bit of singing and we should be going on a couple of trips this year.”** – Quote from a resident.
- **“I haven't been going for quite a while because activities aren't always available due to having no activities staff at times.”** – Quote from a resident.
- **“Children from the local school come in to see us for parties sometimes - but not very often.”** – Quote from a resident.
- **“I'm hoping to go on a couple of trips soon. In May we have a boat trip arranged then there is Weston by coach later on.”** – Quote from a resident.
- **“My son, my daughter and my granddaughter, also my sister and a friend visit me quite a lot. Sometimes they take me out for a meal locally.”** – Quote from a resident.
- **“I would like to go out in the garden more often and I would like to do some gardening.”** – Quote from a resident.
- **“We don't have any local volunteers come in to help out.”** – Quote from a resident.



### 3.5 Person-Centered Care and Residents' Choice

- Each resident has a care plan which has instructions regarding do not resuscitate (DNAR). Staff said they are fully aware of these instructions for residents in their care. There are daily handover notes which we saw being updated on a regular basis. These contain details of how each resident has spent their day.
- A resident recovering from surgery is weighed regularly to make sure she is maintaining weight.
- Residents are able to choose whether to have breakfast in bed or the dining room.
- Residents are offered a shower or bath once a week. One resident told us that they thought they could have one more often if they asked for it.
- Several GPs visit the home from a number of doctors' practices in Yate as well as the practices in Wotton-under-Edge. If residents come from the area, it is possible for them to stay with their own doctor.

Residents generally expressed satisfaction with the care they received.

- **"Suits me down to the ground."** – Quote from a resident.
- **"They looked after me well when I wasn't feeling well."** – Quote from a resident.
- **"The staff come in more often to see how you are if you are not well."** – Quote from a resident.
- **"I didn't like it here at first but have got used to it."** – Quote from a resident.
- One resident appeared to be agitated and emotional. She said she had been resident for about four years.
- **"My medication is given (to me) regularly every day. The doctor calls in to see me as required. We also have a dentist and chiropodist who call in every so often, or as required. One of the staff comes and cuts my finger nails when it is needed."** – Quote from a resident.
- Residents seemed to have choice over when their families and visitors could visit them at Wickwar: **"My sister visits daily and my son calls in when he can. Friends come in to see me occasionally. Sometimes my son takes me to the shops in Yate."** – Quote from a resident.

- A resident informed the E and V volunteers that she could only eat omelettes as she had a dental problem which was not being fixed as staff had removed her private insurance documentation. She also said that staff had lost her glasses. E and V volunteers were concerned about these comments as the resident seemed agitated and in pain. Our concerns were escalated to South Gloucestershire Safeguarding Team by Healthwatch staff. The Safeguarding Team at South Gloucestershire council assured Healthwatch staff and volunteers that the resident has been helped to access a dentist off the back of our visit.

### 3.6 Nutrition and hydration

Residents were generally happy about the food served at Wickwar Care Home.

- A choice of main courses was available at lunch time and for residents' evening meal. The menu board in the dining room did not list any alternatives and was two days out of date on both of our visits.
- The kitchen looked clean and the catering staff produce nearly all the food in the kitchen on site. Soup is home made. Omelettes and jacket potatoes are always available as an alternative. Sandwiches can be made as a snack at any time if residents.
- Breakfast appeared to be a choice between cereal or porridge.
- **"I get breakfast in bed. But I've never seen a boiled egg for breakfast."** – Quote from a resident.
- The evening meal observed by the E and V team consisted of soup or prawn cocktail, sandwiches and cake. Residents could have a jacket potato if they wanted it. No bread was served with the soup.
- **"I cannot eat all of the meals properly, I am restricted for certain meals to shepherd's pie or cottage pie because I have a swallowing problem."** – Quote from a resident.
- Residents seemed to only be able to have a hot drinks at fixed times in the day: **"We have tea or coffee with our breakfast at about 8.30am, then tea or coffee at 11.30am and again at about 3.00pm. If I want a drink at night I keep a drink of water on the table by the side of my bed."** – Quote from a resident.

- **“I’m supposed to have a cup of tea in the morning but it’s often late.”** – Quote from a resident.
- **“The food’s good. I eat whatever comes.”** – Quote from a resident.
- **“The meals are alright but I have to have all of mine pureed because I cannot swallow properly.”** – Quote from a resident.
- **“The portions are a good size.”** – Quote from a resident.
- **“Yesterday I had the best trifle I’ve ever had. I hope there’s more left today!”** – Quote from a resident.
- One resident said that they often shared a table at meals with some other residents and that they had formed good relationships with most of the other residents. They said they did not always go down for meals and did not always enjoy the food.

## 4. Conclusions and Recommendations

Overall, Healthwatch South Gloucestershire authorised enter and view volunteers were impressed by the Wickwar Care Home’s staff team, who appeared to be caring and hard working. The home’s links with local schools and the on-site cooking of meals is to be commended. When volunteers met with the new manager, it was clear that she had an awareness of the many improvements that need to be actioned, and had the energy and drive to make these improvements happen.

Enter and view volunteers did have significant concerns however. A lack of meaningful activities for residents and the provision of only 11 hours of activity worker staff time was something all volunteers would like to see addressed and improved as soon as possible. It is important that staff promote exercise and interaction amongst residents.

Volunteers thought that the dated décor and continually ringing call bells were also of concern. There was also little personalisation in terms of residents’ bedroom signage and we did not see any accessible information, for example large print versions of menu and activities timetables or subtitles on the television.

Authorised E and V volunteers were also concerned that, although the manager is knowledgeable and committed, she is only available on a part time basis as she is still managing another care home 20 miles away. Volunteers feel that improvements and progress will be slow unless the manager is in place full time.

**There are a number of recommendations that volunteers would like Wickwar Care Home to address. It is our expectation that Wickwar Care Home will respond to each of Healthwatch South Gloucestershire volunteers' recommendations using the attached table, detailing what actions the home will take and when.**

- Urgent attention should be given to recruiting more than one activities officer.
- Urgent attention should be given to implementing a programme of varied and meaningful activities that promote interaction and enjoyment. These should be available from 9 am to 5 pm, 5 days a week. The activity programme should include gentle physical exercise to promote wellbeing for those who are able to participate and introduce gardening as per residents' opinions.
- Bathroom décor should be made more homely to make residents feel that Wickwar is a proper home rather than a hospital.
- Call bell tones to be muted so the ringing is less intrusive. At Cambrian Green Day Care Centre, the bell sounds have been modified.
- Introduce personalised photograph montages on residents' bedroom doors to encourage reminiscence.
- Ensure all doors are shut to ensure safety and security.
- Introduce easy read information with symbols, pictures and large print to inform residents of their options for meal times and to advertise activities and residents' meetings.
- Introduce subtitles and a hearing loop (if not already in place) to aid accessibility and independence for residents.
- Improve interior décor and make the interior more stimulating for residents. Enter and view volunteers have been assured there is a plan to improve the inside environment, and would welcome the opportunity to visit again to see the progress made.

- Update the website so the description of Wickwar truly reflects the home's WC facilities.

Authorised enter and view volunteers look forward to scheduling a review visit in the future and reporting then on Wickwar Care Home's improved level of provision of care.

The enter and view visits found a home which is in the midst of a great deal of change. Despite this challenge, staff provide for all the basic needs of their residents in terms of responsiveness, nutrition, medication, warmth and comfort.

#### **Disclaimer**

- **This report relates only to two specific visits in March and April 2016.**
- **This report is not representative of all the residents or members of staff (only those who contributed within the restricted time available.)**

**Kay Hobday**

HwSG E&V Representative

April 2016

## Appendix A

### Enter and View Context and Background

**A. 1** Local Healthwatch organisations are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. (The activities were confirmed by Section 221(2) of the Local Government and Public Involvement in Health Act 2007, amended in Part 5, section 182(1) to (4) of the 2012 Act). Some of these activities include:

- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
- making reports and recommendations about how local care services could or ought to be improved, and;
- local Healthwatch has an additional power to enter and view providers so that matters relating to health and social care services can be observed.

**A.2** In order to enable Healthwatch South Gloucestershire to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear how those services are provided. Organisations must allow authorised representative volunteers to enter and view the nature and quality of the services as long as this does not affect the provision of care, or the privacy and dignity of people using the service.

**A.3** Healthwatch enter and view visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch South Gloucestershire to gain a better understanding of local health and social care services by seeing them in operation and talking to the service users, their families/carers and the health and care staff.

**A.4** Enter and view representative volunteers are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to

observe the service, talk to service users, and staff if appropriate, and make comments and recommendations based on their observations and impressions in the form of a report.

**A.5** The enter and view report aims to outline what the authorised representatives saw and heard and make any suitable suggestions for improvement to the service. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

## Appendix B

### Enter and View - Aim and Objectives

The aim and objectives of enter and view visits:

#### **Aim**

To find out about residents' lived experience of being in a residential care home or nursing home.

#### **Objectives**

- To undertake two (if possible) separate announced E and V visits on different days of the week.
- To visit at two different times of the day for a minimum of two hours for each visit.
- To have a minimum of three pairs of authorised representatives visiting, to ensure that as many residents who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall service provided for residents, including any structured activities using a template as an 'aide-memoire'.
- To engage residents in conversation about their daily lives in a care home using the template and prompt questions.
- If possible to engage residents families and friends in conversation to elicit their views about the service their relative receives.
- To produce a report of the findings from the observations and conversations.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with the care home members of staff and residents; and appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission.



- To provide an opportunity for the E and V authorised representatives to learn from the process, and test out and refine their methodology for future care home E and V visits.

## Appendix C

### Enter and View Methodology

**A.1** The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:

- which observations should be made
- how to record the observations
- how to initiate and maintain conversations with residents/their relatives
- what questions were important to ask residents/their relatives
- how to record the conversations with residents/their relatives
- what questions were important to ask members of the care staff
- how to record the conversations with members of staff
- how to collate all the data gathered and write a final report
- ensuring a 'debrief' session and an opportunity for learning and reflection for the E and V authorised representatives.

**A.2** An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- first impressions of the care home;
- residents' environment;
- staffing issues;
- activities for residents;
- person centred care;
- conversations with residents;
- conversations with residents' relatives;

- conversations with members of care staff;
- nutrition and hydration;
- residents' choice;
- any other comments or observations.

**A.3** Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a resident, included open questions such as:

- please tell me about your daily routine, for example, food, activities, company and visitors;
- what do you think about the care that you receive?
- how frequently are you able to have a shower/bath?
- how are you helped to have a meal or a drink?
- what sort of activities are you able to enjoy?
- can you please give some examples of choices you are able to make, for example, about television (or radio) being switched on (or off), which channels you can watch/hear, what food you like to eat, how are you able to choose which clothes to wear, getting up/bedtime, going outside into the garden, other 'routines'?
- specifically to ask members of staff caring for people with dementia: what do you do if a resident is continually asking to go home, or asking for their mother?

**A.4** The care home is informed in advance by telephone and letter of the E and V visits, and dates and times are agreed. Posters and leaflets about HWSG are sent to the home in advance so that these can be displayed on notice boards and used to inform residents, their relatives and members of staff about the role of HWSG, the E and V visits, and to encourage relatives to be present during the visits.

**A.5** Each visit takes the form of a series of informal conversations with residents and/or their relatives. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on residents. The views of some of the members of care home staff, including nurses, care assistants and ancillary staff, are also sought.

**A.6** All the authorised E and V volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Dementia Awareness, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V volunteers introduce themselves to residents and explain the purpose of their visit. Some residents are also given leaflets about HWSG which includes information about 'how to tell your story' in case any of them, or their relatives, wish to send HWSG further information, or send it anonymously.

**A.7** The data collected are the E and V representative volunteers' subjective observations and notes from conversations with residents, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the report. A quick debrief session for the E and V volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session is held separately.

**A.8** Care homes are identified for E and V by:

- following concerns that have been raised about a care home through HWSG;
- using collective knowledge, that is, E and V representatives' knowledge and understanding of care provision across South Gloucestershire;
- placing an emphasis on the care of elderly people with dementia;
- managing a balance of visits to the small family owned care homes, or local/regional providers and large (national) providers of care for older people;
- ensuring a spread of E and V visits across urban, suburban and rural provision;
- seeking a balance between new build specialist provision and older care homes;

- having an emphasis on South Gloucestershire Council priority neighbourhoods.