

# HEALTHWATCH HERTFORDSHIRE

**Enter and View Visit Report**

**Verulam House Nursing and Residential Care Home**

**Verulam Road**

**St Albans**

**Herts**

**AL3 4DH**

**Verulam Healthcare Ltd**

## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** Verulam House Nursing and Residential Care Home

**Date and Time of Visit:** 5<sup>th</sup> September 2016 at 10.30am

**Visit Conducted By:** Keith Shephard, Doreen Bratby, Linda Ivey

### **Acknowledgements:**

We thanked Deborah (Debbi) Jennings, the Nursing Manager/Matron, who hosted our visit, a range of residents, visitors, and staff for helping us to shape our findings.

### **Purpose for the Visit:**

To look at the individual's quality of life in respect of environment, leisure and services, digital inclusion and food and drink.

To see if NICE guidelines 1 and 2 of Quality Standard 50: Mental Wellbeing of Older People in Care Homes 2013 are being considered by providers.

### **QS50 states:**

1. Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their families, friends and carers have opportunities to be involved in activities with them when the older person wishes.
2. Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are, for example, this can include helping people to maintain their relationships with family, friends and carers.

### **Methodology:**

Healthwatch Hertfordshire (HWH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to 'Enter and View' health and social care premises to see and hear for themselves how services are provided.

Healthwatch Hertfordshire is conducting a rolling programme of Enter and View visits to care homes/nursing homes in groups in order to review results, methodology and outcomes at defined intervals.

They are announced visits using questionnaires for residents, staff and observation from 10.30am to 1pm.

Hertfordshire County Council, as commissioners, are aware of this planned piece of work and will receive reports and recommendations from our visits. Reports will also be shared with the relevant Clinical Commissioning Groups, Care Quality Commission and Hertfordshire Care Providers Association and will be published on our website [www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk).

#### **Disclaimer**

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

## Healthwatch Hertfordshire Enter and View Visit Report

### 1. INTRODUCTION

Verulam House Nursing and Residential Care Home is privately owned and is currently full to capacity of 50 residents, 46 accommodated in en-suite facilities. It has no specific provision for dementia, and no current demand. There is a waiting list to enter this Home. All of the residents we talked to spoke highly of their experience living here.

The Home is set in pleasant surroundings and is a Grade 2 listed building. That does limit what can be done architecturally to improving ease of access. Some internal doorways are not 'wheelchair friendly' though they are manageable. One of the three Healthwatch volunteers on this visit was a wheelchair user.

On the day of our visit one of two lifts at the Home was out of order, and had been for several days. With the exception of a steep curved stairway, that lift is the means of residents moving to and from their rooms on the top (second) floor. We were informed that the lift maintenance and repair contract was gold standard and that the current difficulty was due to the need for parts to be delivered from abroad.

Extra carers have been called in during this period, all meals for second floor residents provided upstairs, and one of the dedicated activity staff remained upstairs with the residents. The residents' families had been notified of the problem, and we saw evidence of that in newsletters available at reception. The technical explanation and contingency arrangements for the wellbeing of residents is set out in a letter to residents and families dated 31 August.

Following the visit, the General manager updated us and confirmed that the lift was fully repaired and up and running in time for lunch on 7<sup>th</sup> September.

In April 2016 the Home was subject to a Care Quality Commission inspection, with a report published in June 2016 rating the service as good overall, and good for all categories (safety, effectiveness, care, responsiveness, leadership).

We were advised that the Home's leadership team was disappointed not to secure 'outstanding' on at least some categories of the assessment. There is also Parliamentary interest in using the Home as an exemplar of excellence.

On arrival the three monitors were welcomed by Deborah Jennings. Deborah set the scene for us, as described above, enabled us to speak to staff and residents privately as necessary, and made herself available throughout our visit. We also

met with Deborah at the conclusion of our visit to share our key findings, and explain next steps.

There is also a separate position of General Manager in the home.

The Home is well staffed and turnover is low.

Deborah is aware of the Hertfordshire Care Providers Association and in membership of it. Staff have accessed the training available, with plans to develop champions in dementia care and nutrition.

## **2. FIRST IMPRESSIONS**

2.1 Access by car is straight forward, the Home is clearly signposted, and at the time of our visit there were parking spaces available on - site. There is no disabled parking space marked, though our wheelchair user had made acceptable arrangements with the Home before arrival, and there was no problem.

2.2 Entry is via a bell on the external wall, and released at reception. The reception area and desk is nicely set out, welcoming, clean and bright with up to date information displayed, including Healthwatch cards. There was no poster of our visit on display, though Deborah informed us that residents and staff had been made aware of our visit.

2.3 We were asked to sign in and saw that others were doing this on the day.

2.4 All staff appeared smart and easily identified, and residents were seen throughout the Home.

2.5 The Home appears safe and secure.

2.6 The pleasant and secure grounds include an area where residents care for the plants. It was raining on the day of our visit, though we could see that the grounds are very well kept, with smart garden furniture. We spoke to residents who confirmed use of the garden, and encouragement by staff to do so.

2.7 In a later conversation one resident described it as a 'home from home' - 'I love it here'. That resident has been at the Home for over two years.

### 3. FINDINGS

#### 3.1 Environment

1. The Home is in good condition internally.

**Verulam comment:** Over £100,000 has been spent in refurbishment and maintenance in the last year and the home is therefore in ‘excellent’ condition.

2. Residents are risk assessed and some have their own security locks and keys on that basis.
3. Residents can select décor and furniture for their rooms, and we saw evidence of this during our visit.
4. Room temperatures are individually controlled.
5. There are two dining rooms, the main one close to the lounge and the second is in the chapel. The chapel is used for meals and at other times, painting and occasional religious services. The chapel is slightly away from other areas and some residents chose to have their meals in this environment. There were flowers on the table, and wine or juice offered. Two members of staff were serving the food and showing residents the dessert menu. The chapel is a delightful space. It also has a selection of reading material, and a piano.
6. Each bedroom has a toilet and hand basin and there are plenty of bathroom facilities, offering walk in showers or wheel in shower and an easily accessible bath. Deborah Jennings confirmed that residents are offered three showers or baths a week.
7. The bedrooms are of various shapes as they are incorporated in this old house, but each one that had the doors open appeared spacious and rooms we entered on the second floor of a very impressive size.
8. It was pointed out that Verulam is not a dementia Home and therefore signage was adequate and clear. Navigating around this Home is fairly straight forward.

**Verulam response:** Any resident with a level of dementia requiring

specialised treatment or signage is not suitable for Verulam House and is either not admitted or if dementia develops whilst they are a resident is assessed by the Psychiatric Team and suitable alternative accommodation is arranged with empathy and compassion.

9. In the opinion of our monitor using a wheelchair the visitor's toilet would struggle to accommodate a wheelchair user and a carer at the same time. Deborah advised us that this has not been raised as a problem.

**Verulam response:** There is a spacious toilet which can be used by residents in wheelchairs or disabled wheelchair users next to the Chapel entrance. The doorway is perfectly adequate in size to accommodate a wheelchair.

### 3.2 Leisure and Services

1. There are monthly meetings with residents.
2. We were shown an extensive activities programme for September 2016 including ukulele band, singing, quizzes, wide variety of board (and other) games, exercises, films, table tennis, knitting clubs, arts and crafts, hairdressing, coffee mornings). This is an impressive programme, with activities every day. A quiz was taking place in one of the lounges before lunch. Many residents were present. There is a member of staff dedicated to lead the activities programme.
3. Residents also go on arranged visits and we were given examples of Alban Arena (local theatre/ music/pantomime etc. venue), The Abbey, and Canal trip.
4. Residents we spoke to were made aware on a daily basis of what is available, through carers, and published programmes.
5. Activities are held in either the large lounge or the chapel according to numbers who wish to attend.
6. Residents spoke of the 'summer garden party' (for residents, staff, visitors and volunteers), the 'big Christmas party', visits by school children, visits by Brownies and visits by various choirs. We also heard from Deborah that students from St Columbus College volunteer to help out in the Home. Typically, these will be students considering medical or

nursing careers.

**Verulam comment:** We have five or six RGN'S who are qualified Mentors for student nurses from the University. This is a structured professional service that we offer which includes the student nurses' induction, moving and handling, medication training and many other areas of education. We also have a dedicated in-house Training Manager RGN which the vast majority of single homes do not have.

7. The Home has good links with the local community and has regular visitors including St Michael's singers.
8. In a corridor near to the reception area we saw a photographic display celebrating a wide range of activities.
9. There are several book cases on view in various locations, though not an extensive collection, though residents (including a former librarian spoke well of this provision). We observed one resident being shown historical photographs by a regular volunteer. Large print books are available, though not talking books.
10. The Home does use memory boxes.

### 3.3 Digital Inclusion

1. Most residents have a mobile phone and some also have a landline in their own room to keep in touch with family and friends. A few residents have a tablet to read books, but there appears to be limited interest in the internet.
2. Wi-Fi access is available throughout the Home.
3. One resident was being shown the internet by a volunteer at a dedicated station in one of the lounges.

**Verulam comment:** There is a dedicated Touch Screen Computer for residents and families to use. The Home is fully networked despite it being an old building - this is quite an achievement technically.



4. There appears to be no use of the Hertfordshire elibrary.
5. We were advised that one lady, who had recently died, used to skype her daughter in Canada every week.

### **3.4 Food and Drink**

1. The main meal is served at lunchtime. We saw the menu which offered a reasonable choice.
2. The Head Cook attends the monthly meetings with residents.
3. All food is prepared on site.
4. Nurses and key workers are involved in identifying those needing help with eating and drinking. We spoke to a lady in her room, she chose to eat in her room and had help with feeding. She felt that she was losing her appetite and losing weight although she always has someone to help to feed her. Individual dietary needs are integrated into individual care plans.
5. Residents order 24 hours ahead. One gentleman said that '99% of the time he gets what he asked for' - though sometimes he forgets what he has ordered. From speaking to staff in the dining room it appears that they are able to cope with short notice changes to preferences.
6. Residents eat in dining area (see below) chapel, lounges and own rooms. They can choose preferred location just ahead of serving. Currently residents on the second floor have to eat in their rooms, given the out of order lift.
7. The dining room itself was well occupied (about 15 sitting and eating), nicely set out, excellent natural light, odour free (other than the pleasant smell of food) and residents appeared to be enjoying their lunches, which were varied.
8. In the main dining room several staff were available to help feed residents, if needed. We observed one resident getting 1:1 support with

eating.

9. Time was taken over the meal and residents were enjoying their food, in a peaceful and calm environment. We saw the weekly menu set out on tables, and in the chapel. Various main courses were offered and at least four different desserts.
10. Each resident has a portable call bell and drinks were available at any time, including during the night.
11. Residents received drinks of their choice during meals. They also had coffee mid- morning. During lunch residents were offered wine, juice or water. Tea is served in the afternoon, drinks are then provided at supper, and again at 2100.
12. We are content that the Home makes good provision across this theme.

#### **4. MONITORS CONCLUSIONS**

4.1 The setting is charming, set in nice surroundings, is clean, and clear of clutter.

4.2 There was ample parking on the day, though this area is not easy to park in should the Home car park be full.

**Verulam response:** There is a public car park (Gombards) next to the Home which can be used on the very rare occasions that the car park at the Home is full.

4.3 As a Grade Two listed building there are limitations on what can be done structurally. Ideally doors would be wider for wheelchair access for example.

**Verulam response:** For 20 years' wheelchair users have managed to negotiate doorways without a problem. This applied to both electric and manual wheelchairs.

4.4 It is no surprise that the Home scored well in a recent (unannounced) CQC visit.

4.5 From our time at the Home we are confident that residents enjoy the best possible quality of life, wellbeing, and dignity, with attention to individual needs as well as generic provision.

## 5. AREAS OF GOOD PRACTICE

5.1 The Home provides an extensive activities programme, and has a dedicated member of staff to run the programme.

5.2 Students (Columbus College) are encouraged to volunteer and participate in activities such as painting and playing scrabble.

5.3 Each resident has a named key worker, and a named carer.

5.4 Residents have an excellent choice of where to dine.

5.5 Colourful displays of photographs showing people enjoying themselves at the Home are on display.

5.6 Communication with residents and visitors appears to be good. A monthly bulletin is stocked at reception, where imminent birthdays are also shown.

5.7 The grounds at this Home are beautiful and well-tended, with resident involvement.

**Verulam comment:** We have an excellent standard of nursing care which has established our reputation for 20 years. As a recognised centre of excellence we were asked to feature in this year's Parliamentary Review of Healthcare as a guide to the whole industry of how we have achieved this status.

## 6. RECOMMENDATIONS

1. The toilet for disabled people should have a bar inside the door to enable wheelchair users to shut it.

**Verulam response:** Residents are accompanied to the disabled toilet if in wheelchairs for Health and Safety reasons.

2. Consider the provision of a disabled parking space.

**Verulam response:** We will not designate a disabled parking space as it will be rarely used and we can always find a place near the entrance for a disabled person to park. Our staff are excellent and always available to help any disabled person and they can be accommodated in the space designated for ambulances and taxis.

3. Ensure that the Hertfordshire library and elibrary service is used to meet the needs of current and future residents.

4. Plan on the basis that as time goes by more use of new technology will be demanded.

**Verulam response:** Our residents' needs are already met. Up to date technology is available for all residents.

5. Ensure that seating provided in lounges is varied to suit the needs of all residents.

**Verulam response:** The seating in the lounges throughout the Home is already varied with chairs of different heights and sizes to accommodate all residents. We have frequently bought chairs specifically for individual residents and residents can bring their own recliners into the Home if desired. Residents are always assessed for appropriate seating when admitted to the home or before when seen in their homes or hospital by our Matron or Deputy Matron.