ENTER AND VIEW

Unannounced Visit

Woodfields Residential Care Home

31 March 2017

Part of the Healthwatch Wolverhampton remit is to carry out Enter and View Visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and 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. Healthwatch Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

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Provider Details

Name: Woodfields Residential Care Home

Address: Old Hill, Wolverhampton, WV6 8QB

Manager: Hayley Louise Homer, Andrew Upmalis

Date of Visit: 31 March 2017

Authorised Representatives

NAME	ROLE
Shooky Devi	Authorised Representative (Lead)
Michaila Tope	Authorised Representative

Purpose of Visit:

Healthwatch Wolverhampton receives feedback on a range of services and treatments received around care homes. This visit was unannounced and was responding to concerns recently received by Healthwatch in respect of services at the above care home. The concerns raised were regard to the safety and quality of the care residents were receiving in the home.

Acknowledgements:

Healthwatch Wolverhampton would like to thank the Home Manager, the residents and the staff for their co-operation during the visit.

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1.0 Physical Environment

External

1.1 The Home is situated on a hill, access to the home was via two steps which had a rail on the right hand side. Entry to the home was via a doorbell or a door knocker.

1.2 The Home had signage at the front of the building and at the side. The Building looked aged from the outside and Paint peeling away from the windows and building walls. However it was relatively clean on the outside and the windows did look clean.

1.3 There was a car park to the side of the Home but it was unclear whether there was spaces designated for staff and visitors.

Internal

Reception/Lobby

1.4 Access was gained to the Home by pressing the doorbell. The Authorised Representatives were greeted by a staff member who then called the Home Manager.

1.5 The Authorised Representative Lead explained the purpose of the visit and handed the introductory letter and we were asked to sign the visitor's book. The mounted hand sanitiser was applied.

1.6 The Home Manager was asked by the Authorised Representatives where they could observe within the home and were advised the dining room and the two lounges.

1.7 Certificates were noticed on the reception wall; CQC Certificate of Registration for the Home Manager, Certificate of Employers Liability Insurance 06 April 2016 to 05 April 2017, Member of the Care Aware Advocacy Service and a Pitman approved HR Managers Systems.

1.8 There was a Grandfather clock but the time not working. A noticeboard displayed a Complaints and Compliments procedure, what to do in a fire and a thankyou card.

Dining Room

1.9 The room was very traditional looking with pictures and cuddly toys on shelfs and a clock on the wall. There was a large piano against the wall.

1.10 There were 2 residents sitting in the room who appeared to have limited capacity. One staff member was completing paperwork on the dining table.

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1.11 A blackboard was mounted on the wall displaying the daily menu which was not easy to read.

1.12 There was a pair of jogging bottoms hung over a chair and two further clothing items put on radiators.

1.13 There appeared to be personal belongings (handbags) on a bench in the corner of the room.

1.14 A handover took place in the room amongst the residents and highlighted a resident had a fall in the morning and was taken to hospital by ambulance. A relative had been called who couldn't be there until the afternoon. Staff were unable to attend due to commitments.

Lounge Room 1

1.15 This lounge had 9 residents all sitting down. One resident had family/visitors around. There was a TV in the lounge but this was not switched on. No activities or interaction were observed during the visit.

Lounge Room 2

1.16 The lounge was very homely and had lots of pictures and cuddly toys.

1.17 The room only had 3 chairs which a resident said "was for particular residents", it appeared that not all residents went into this room.

1.18 Next to this room was a conservatory that followed through to the kitchen. The conservatory was partitioned off into two. One section of the conservatory had a sofa and we were told it was used for staff meetings. The other part had a hairdryer and various objects in the room. There were small tumblers placed on the radiators. The Senior Carer had told us the door is always kept locked. We were shown to the conservatory however the door was unlocked.

Garden

1.19 Access to the garden was through the conservatory. Much of the garden was blocked off and below was an unused unit which appeared to be built off the main building. It appeared full of unused equipment. Staff said it "was no longer used."

1.20 There were lots of old chairs placed outside alongside broken furniture. The patio chairs needed a good clean. The garden had a glass green house.

1.21 The garden had slabbed areas with several levels which were not accessible by the client group.

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1.22 One of the staff stated “the residents don’t bother coming out.’’ “We don’t have anyone who likes the garden or gardening.’’

1.23 There was a plant pot full of cigarette stubs in the corner of the garden.

2.0 Staff Numbers

2.1 It was noted that staff did not wear a uniform, neither was an identification badge worn.

2.2 There are 2 Management Staff, 7 Senior Carers and 16 Carers, 2 Cooks and 1 Domestic. There is usually 1 Senior to 2 Carers.

2.3 The Home has a cleaner who works from 9.30am to 1.30pm. The Carers take over from 1.30pm and the night staff carry out the ironing.

2.4 At the end of each shift a handover is carried out verbally. The times of the handover are 8.30am, 2.00pm and 6.00pm.

2.5 On Monday and Wednesday a dedicated Carer spends time performing office duties.

3.0 Agency Usage

3.1 The Home are registered with Destiny Healthcare Services and Kare Plus Care Agency and utilise them 4/5 times a year.

4.0 Patient Experience and Observations

4.1 One resident stated “the girls are great.’’ This resident was not suffering from Dementia and was in the home as he felt he couldn’t look after himself at home.

5.0 Family and Carer Experiences and Observations

5.1 There was one family comprising of three family members, visiting their relative during the Enter and View visit. They informed us that the resident had only been there for a few weeks and they said “they were happy and things seemed ok.”

6.0 Catering Services

6.1 Lunch time is flexible and daily menus are put on the black board in the dining room. A record is kept of what each resident eat. The eating arrangements are “breakfast mid-morning, lunch, tea and then supper.” There was one cooked meal at lunch time and sandwiches for tea time.

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6.2 One resident often went to the shops i.e. the Fish & Chips Shop. “All the food is frozen and I like fresh.”

7.0 Staff Experiences and Observations:

7.1 Most staff have been employed within the Home for a long time. The Home does not have a staff room therefore the staff have their breaks with the residents.

7.2 “Training was great, they pay for some good training.’’

7.3 “We have breaks but we don’t have a staff room.’’

7.4 Staff were asked what activities were put on for residents. “We used to have activities but the residents don’t bother so we don’t do them anymore.’’

8.*0 Summary, Comments and Further Observations*

8.1 The Home has capacity for 16 residents and is fully occupied. There are plans to build an extension for an extra bedroom. The Home has a ground floor and first floor with a lift available. The Home uses a call bell facility.

8.2 The Authorised Representatives were treated well on arrival within the Home and were offered a drink.

8.3 The areas of the room that the Authorised Representatives observed were odour free but felt very warm. The Home was fully decorated and had furniture and other contents as a domestic house.

8.4 There was a toilet downstairs for the residents and a visitor’s toilet upstairs.

8.5 The Authorised Representatives were told there are communal shower rooms upstairs and no room has an en-suite.

8.6 It was observed there were no Health & Safety poster and Gas safe certificates displayed.

8.7 It was difficult to engage with some of the residents due to their limited capacity. In the dining room it was observed that one resident was slouched in an arm chair in the corner of the room, covered with a blanket and no staff attended to her during our visit. The other resident was asleep in a dining room chair. He was there from lunch time until we left and no staff attended to him.

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8.8 The staff present did not wear a uniform neither did they have identification badges.

8.9 It was noted the front door had a coded keypad however during the visit one of the Authorised Representative was asked to move her car from the car park as a member of staff was blocked. The Authorised Representative had managed to gain access back into the building without someone letting her in.

8.10 There is one worker responsible for carrying out 16 care plans, when asked why it was the responsibility of one the manager said "people don't come into care work if they are good at paperwork''. The staff member who is allocated this task was good at paperwork and they were done properly. The care plans are reviewed monthly.

8.11 The Home has a communications book where all activities/incidents are logged.

8.12 Residents clothing are marked to minimise clothes being returned to the wrong individual.

8.13 It was observed that the staff present did not seem to be doing much with the residents. Residents seemed to be left to their own devises most of the day.

8.14 A relatives meeting had not taken place for a while and the last feedback letter was sent out in "June 2016." "However the Home welcomes visitors as and when."

8.15 It was difficult to understand the working times of both the Home Managers.

8.16 The Home uses Pharmacare in Coventry for medication. For example the Home simply fax a prescription and the medication will be available in the evening the same day.

8.17 The RIT (Rapid Intervention Team) is used if there are incidents within the Home and it is a "good service."

8.18 Senior Carers administer medicine to the residents. Antibiotics are kept in the Home Managers office.

8.19 Social Services carry out a review yearly. The Home has visits from the Community Psychiatric Nurse (CPNS) as well.

8.20 Whilst sitting in with the Home Manager, confidential records were on display. The Home Manager assured the Authorised Representatives that the

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"office door is kept locked at all times when not in use and the key is put away in the key box."

8.21 Records were available to show lift inspections and water checks.

9.0 Follow - Up Action:

The following information is to be requested from the service provider:

9.1 Most recent letter/newsletter sent to the relatives.

9.2 Staffing structure.

9.3 Staff rota.

10.0 Recommendations – to follow

10.1 To ensure the front door is locked at all times.

10.2 To ensure the clock in reception is working.

10.3 The Home introduces a uniform policy or some form of identification for staff.

10.4 The Home introduces/encourages activities which are regularly available for residents to participate in.

10.5 Communication with the families is re-established and maintained on a regular basis.

10.6 The Garden is 'fit for purpose' ie rubbish/objects are removed for Health and Safety.

10.7 The glass door to the conservatory is locked at all times.

10.8 To introduce one of the rooms in the conservatory as a Staff room. For staff to have the opportunity to have a break in the room and for personal belongings to be stored/locked away.

10.9 To source staff/train staff to update the Care plans and not to leave the responsibility to one person to ensure records are kept up to date and information is available for any staff member at hand.

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11.0 Provider Response and Intended Action:

1.14 Staff handover: the staff leaving were picking up their children/ etc conducting their own business, If possible staff will escort, often outside of their contracted hours un paid, we are not contracted to escort. I feel this is an unfair comment.

1.15 Residents dont always want the TV on. Residents don't want activities forced upon them. We have experimented with this in the past, residents prefer the quiet sometimes and chatting with the staff.

1.17 Factual inaccuracy as they have access to both lounges, they prefer to sit where they sit thru choice.

1.18 Factual inaccuracy – no staff agree to saying what is written. One side of the conservatory is the old staff room which is now used to store wheelchairs etc. the mobile hairdresser leaves her dryer there and the other as mentioned staff meetings, or professional meetings, family, staff training on the computer. Its used as the exit to the patio garden all by some residents also.

1.20 I was waiting for a lift with the old furniture which came later that day. We had new things for a new resident.

1.21 Residents or staff cannot access the garden (which is large, on a steep hill and not part of the residential home) only the level patio as its not appropriate as you state

1.22 I cannot find a member of staff who stated this – as its factual inaccuracy and well known that one resident uses the top patio as his hobby. All the plants and pots seen are his work as he was a landscape gardener.

1.23 We have a new resident who smoke s and sometimes doesn't go to the designated smoking area and uses a pot instead, he has been requested to comply in the future.

2.1 We have a staff photo board in the reception which at the time of your visit was down for updating the photos, we and the residents like the non uniform homely non institutional feel.

2.4 theres a written communication book also

2.5 Theres another senior who conducts training and other administrative functions. Theres several seniors who are leads for various things such as infection prevention.

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7.4 Again I cant find any staff member who said this. I think this is written in a very negative light. The sentiment is that we have residents who prefer the quiet. We have done activities in the past, we have had volunteers come in and sit one to one and we have entertainers come in still. The volunteers were finding it more difficult to engage the residents as their level of capacity reduced. Point 8.7 below actually states this fact.

8.6. H & S poster in the corridor between kitchen and office, used to be the main staff entrance, but was deemed too steep a step and for H & S reasons stopped being used. Gas Cert is in the certificates folder with all the other certificates like legionnaries, I don't think it's a requirement to have that in the main entrance.

8.7. I think you need to be careful of how you write these words as you do not know the circumstances of the people you are referring too. Such as how they are positioned, re positioned in the chair, they cannot sit in certain positions etc, they refuse to sit anywhere else in the home or can be disruptive. These residents are seen by health professionals frequently and have very complicated issues which most homes would not attempt or could not attend to. If there was an issue then the medical professionals would have intervened. If you knew the resident you would know that by interacting with them would be the last thing you should do due to their mental health issues. So I think that using negative words such as " no staff attended to her" or "slouched" is un fair. Also the resident who slept in the dining room, you know nothing of the history of the resident or how they are generally. As a provider, in an ideal world I would not wish residents to be in the dining room but they have the free roam of the house, if they decide to sit down and go to sleep there then Im not going to force them out against their will. Your visit was for one hour, we do not attempt to wake residents every five minutes if they fall asleep.

8.9 Door was left on the catch for your member of staff, our staff were monitoring the area to ensure none of our residents left or anyone else came in.

8.10 Another senior has 1 care plan also. We used to have at least 4 seniors as care planners but as they had excellent written skills and administration skills they got high paid jobs elsewhere. So although you statement quotes the vernacular the sentiment is quite true, getting staff for minimum wage who are also very good with care planning is not easy. We have an excellent worker who has taken on more responsibility in the care planning department, we will seek and train more but I only want competent staff creating and updating vital documents such as care plans as they are very complicated documents now as the CCG demands almost nursing levels of detail.

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8.13 Staff interact with residents but not on a continuous basis, especially after lunch when a snooze is usual. I personally had to have a serious conversation with a resident the other day and just being there created confusion with the other residents so we know our residents and sometimes a bit of space is needed.

8.14 We are planning on some questionnaires but frankly the home is that small we all know the relatives very well and converse frequently.

8.15 Hayley is the care manager – she is contracted, her hours are clearly defined on the rota on the wall so am confused by the statement. I am the Provider, I also am registered as a manager who looks after general duties, so I am always in and out, sometimes very late, sometimes early, sometimes at weekends.

8.18 Only if they are in the small medicine fridge as we have no where else to put the medicine fridge.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on **31 March 2017.** The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.

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