

ENTER & VIEW REPORT

Wedgwood Unit, Stadium Court Residential & Nursing Home

Date & Time of Visit The unannounced visit took place on Wednesday 23rd August 2017 at 10:30 a.m.

Name of Service Provider & Premises Visited

Wedgwood Unit, Stadium Court Residential & Nursing Home, Greyhound Way, ST6 3LL. Tel: 01782 207979

Registered Home Manager Name Ms. Nelly May

Authorised Representatives

Jean Mayer, Phil Leese, Rachel Dean

All Team members have undertaken specific Enter & View training and are Disclosure and Barring Service Checked.

Reasons & Purpose for the Visit

An announced visit was undertaken last year (7th December 2016) following the change of use in the Wedgwood Unit (from residential to nursing care). The visitors were pleased to report that care was very good, the environment satisfactory and the short-term residents were happy. However, since then, we had received evidence that worrying considerations had come to light, including:

- Verbal evidence received from members of the public and from professional sources regarding various issues at the Wedgwood Unit which are of concern and,
- The CQC report from earlier this year which showed services to be either inadequate or requiring improvement.

Overview of the Wedgwood Unit

- The Wedgwood Unit changed use at the end of 2016 and now provides beds and short stay care for residents no longer requiring a bed at the acute hospital (University Hospital of North Midlands). It is anticipated that, since the main purpose of the Unit is aimed at rehabilitation, that residents will stay for periods of between 4 and 8 weeks during which

- time they will undergo physiotherapy and other services to ensure they are able to go home at the end of the stay.
- The length of stay at the unit is expected to be short and assessments are made so that social workers (both from Stoke-on-Trent and the County) can arrange suitable discharge packages. When fully occupied, the Wedgwood Unit has 33 residents, but we were informed that since it is designed for short stay residency only, the number can and does change daily. In almost all cases, we were assured that assessments are carried out on the same day. Referrals to Wedgwood Unit are made through the Track and Triage team at the hospital
- A general comment was made by the team regarding the state of decoration- the corridors are quite plain and decoration looked ‘tired’ in some areas, particularly the dining area and toilet area on Jasper Way. One of our visitors, who works in the field of rehabilitation, commented that they would expect to see more colour and perhaps themed rooms on a rehabilitation unit. When this subject was raised later, the team was told by the Assistant Manager (AM) that decorators were on site and they were working their way around. The AM also assured the team that the comments regarding colour would be taken into consideration.
- The building itself is light and airy. We observed the fact that all public areas were well furnished and tidy. Furniture was in good condition and seemed comfortable. Outside, the grounds outside were generally well kept and were easily accessible through French windows. A tuck shop is located in a shed close to the entrance/exit.

Methodology

Members were able to talk to the Manager of Stadium Court (Ms. Nelly May) as well as to the Assistant Manager and Deputy Unit Manager.

Conversations were also held with other members of staff as well as casual conversations with several residents.

Members were able to walk around the Unit and view the available facilities, including an invitation into one of the residents’ rooms.

Key findings and Suggestions

- The unit still appears to provide a pleasant environment and is clean, adequately furnished and comfortable. However, parts of the building are now in need of decoration and a general ‘updating’;
-

- This is a rehabilitation unit and individual goals are set for each resident to encourage participation and to plan for any future care needs. However, since it is a rehabilitation unit, our team firmly believes that much more needs to be put into the area of physical stimulation. This relates not only to the décor but also the amount and variety of activities;
- Food provision and choice seems to be good. However, related to the previous point, our team believes that the removal of the 'training kitchen' (see comments later) to be a retrograde step in the area of rehabilitation;
- Staff working in the Unit seem dedicated and keen to address the needs of residents. However, our team feels that more attention to detail is required in some areas (see 'General Observations - page 4)

Environment

Our visiting team were able to walk around the Unit unaccompanied and visited each of the main areas in turn, these being:

- **Entrance**
 - The fire exit was clear and unobstructed
 - The team was pleased to note that the Visitors book was in use
 - A Hand sanitiser was in place (but no sign was observed asking for it to be used before entering the Unit).
- The team observed that the Notification letter still displayed from the previous Healthwatch visit in December 2016. Also, the Dignity and Respect Charter is displayed but too high up to be read and there is also an Activities board showing the range of activities but the printed information is too small and could easily be missed.
- A list of staff on duty is on display which is good, but overall, the team felt that displayed information must be kept current, easily accessible and in a suitable format for residents who may have physical or visual difficulties.
 -
- **Lounge/ Dining room**

The reasonably sized lounge is bright and well decorated. The main notice board displayed 'Today's' Menu with options for breakfast, lunch and dinner. There was also a 'Night bite' menu.

On our previous visit, we were pleased to observe a 'kitchen' area set up to allow residents to become reacquainted with equipment. However, our visitors on this occasion saw nothing similar which we feel is a retrograde step.

While walking round the lounge area, we noticed clothes on a rail and were not sure if these might be spare clothes. More worryingly, we observed only two staff in the lounge to move residents from the tables after they had finished breakfast'. Fruit was available in a bowl but much of it was bruised, making it unappealing.

In the dining area of the lounge, we saw that in one corner a gazebo was being stored, which we felt was a potential trip hazard.

Set off this unit there is a pleasant garden area which residents would enjoy when the weather is warmer.

- **Residents room**

One of our team was invited to visit one of the rooms occupied by a resident. It was clean and comfortable. We were assured that a set of 'My Day, My Life' folders were in all in residents' rooms.

- **General observations**

These were points observed while walking around the unit and are included here as pointers as to how the Unit may improve in its' 'day to day' work by paying more attention to detail:

- Along two of the corridors we observed trolleys blocking access to the disabled toilet and a hoist blocking access to a staff toilet;
- We observed a door handle on one of resident's rooms which was broken at the top - it was unscrewed from door and may cause access problems and/or potential accidents;
- A key had been left in a door to a locked room or cupboard (there was no sign on the door). We did make a member of staff aware who then came immediately to remove it;
- The team observed a resident being taken to the toilet by a member of staff, yet another passing staff member commented that she should have a walking frame. This casts a doubt on the staffs understanding of the resident's needs;
- It was observed that a nurse, while with a patient, was filling in unrelated forms.

Activities

Since this is intended to be a relatively short stay facility for residents, there is no full-time Activities Manager. Although, at the time of our visit, we only observed one activity taking place in the lounge - a card game of higher or lower. At first residents seemed engaged but when we returned to the lounge later, only one resident was playing as the others were asleep and the TV was on in the background. Our team all expressed concerns that for a rehabilitation unit there didn't seem to be much activity and much to keep residents stimulated.

We asked the Deputy Unit Manager if any of the activities were centred around preparing people to go home and if they included things like making hot drinks or food preparation and if there was also a physiotherapist.

The answers we received include:

- The Unit has a Physio, an Occupational Therapist (OT) and two technicians;
- They are there every day and try to see everyone;
- We were told that the staff encourage residents to walk to the lounge (however we observed a female resident in a wheelchair being taken to the lounge and another member of staff carrying her walking frame);
- Later, the Assistant Manager clarified this information and told us that the physio and OT sections are run by the CCG.

We asked one resident if they go out on trips and he simply replied 'no'.

When we queried the lack of Activities in general, the Assistant Manager told us that *the activities may have been interrupted due to there being a hairdresser on site*.

Residents engaged with

We spoke to a female resident who stated she was unable to answer questions as she couldn't hear properly because the battery in her hearing aid needed changing. We notified a member of staff who sent another staff member to get the batteries, the resident was insistent that she wanted to go to her room and do it herself. Resident commented to us that she had been asking all morning for it to be done.

Another member of the team spoke to a male resident who said that staff get them up for breakfast. We wonder if this should be done should be done in rehabilitation as residents may wish to wake/get up later, within reason.

A male resident spoken to simply commented that he was '*very well looked after*'.

A female was due to be discharged later that day told the team that '*I have been here for six weeks and I am very happy. My care could not have been better*'.

Recommendations

- While the Unit is undergoing re-decoration, we strongly urge those in charge to consider providing better visual stimulation rather than 'shades of beige'. It is generally accepted that residents in rehabilitation units respond better with visual stimulation;
- Similarly, we appreciate that the residents are intended to be there for a short period of time (4 - 8 weeks) but a wider range of activities would again aid recovery;

-
- The removal of the ‘training kitchen is, we believe, a retrograde step and we would ask for this to be re-instated.

Summary

Despite the suggested areas for improvements made in this report, the fact remains that all the residents spoken to were quite happy with the care they had received/were receiving. By taking our suggestions on board, we believe the experience of residents would be further improved.

The Authorised Representatives would like to offer thanks to the residents and staff for taking the time to show us around and answer our questions. Representatives had a good opportunity to observe the level of care being offered and the environment in which this was provided.

We found the Unit to be very friendly, providing a good level of comfort and care and we heard only praise from the residents we spoke to.

Healthwatch Stoke-on-Trent wishes to extend its’ thanks to the staff at the Wedgwood Unit.