



Enter and View Report: **Victoria House Care Home**

Date of visits: Monday 26th June 2017 and Wednesday 19th July 2017

Report published: 18th September 2017

List of Contents

Background

- What is Healthwatch Warrington?
- What is Enter and View?
- Disclaimer
- Acknowledgements
- Purpose of the visit

Pages 3 - 4

Page 3
Page 3
Page 4
Page 4
Page 4

Details of the Visit

- Details of the service
- Location
- Date/Time
- Panel Members
- Provider Service Staff
- Spotlight - Wellbeing and Comfort

Pages 5 - 6

Page 5
Page 5
Page 5
Page 5
Page 6
Page 6

Results of the Visit

- First Impressions
- Entrance and Reception Area
- Activities and Leisure
- Food and Refreshments
- Cleanliness and Infection Control
- Medicines Management
- Staffing and Staff Training
- Smoking
- Privacy, Dignity and Treating People as Individuals
- Safety
- Encouraging Positive and Respectful Attitudes
- Other Comments

Pages 7 - 17

Page 7
Page 8
Page 8
Page 9
Pages 10 - 11
Page 11 - 12
Pages 12 - 13
Page 13
Pages 13 - 15
Page 15
Pages 15 - 16
Page 17

Recommendations

- Distribution List
- Appendices

Pages 17 - 18

Page 18
Page 18

Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure that they are heard and listened to by the organisations that provide, fund and monitor services. We are a Charitable Incorporated Organisation, with a Registered Charity Number of 1172704.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, opticians and pharmacies. E&V visits can happen if people identify a problem.

Equally, they can occur when services have a good reputation; enabling lessons to be learned and good practice shared. Healthwatch E&V visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington safeguarding policies identify the correct procedures to be followed.

Disclaimer

Please note that this report relates to the findings observed on the specific date(s) of the visit. This report is not a representative portrayal of the experiences of all service users / residents and staff, only an account of what was observed and contributed at the time. Wherever possible, the report below is in the words of the E&V team members present at the time of the visit. The report has been collated by the Healthwatch Warrington staff team and some of the text has been formatted to allow for easy reading. The essential facts of the visiting team's reports have not been altered.

Acknowledgements

Healthwatch Warrington would like to thank everyone at Victoria House for their welcome, and in particular, Hazel Stokes and Marie Hamnett (Senior Care Workers), Claire (Carer), Jacqui Hickey (Manager), Bev Davies (Administrator), Sonia Ghai (Owner) and Anne (newly appointed Manager) - for making time to share information with the visiting team and answering their questions.

Purpose of the visit

Healthwatch Warrington made the decision to conduct a visit to Victoria House in light of a Care Quality Commission (CQC) report published in May 2017, that gave the home an overall 'requires improvement rating', as well as in response to concerns raised by local social services and commissioners. Local intelligence indicated that there were issues with staffing levels, cleanliness, risk assessments, food and aspects of person-centred care. Furthermore, Healthwatch Warrington's visit will add value through a renewed focus on the 'values' that guide services - evaluating how the service 'feels' to local people and whether this corresponds with the home's stated values; contributing to a holistic picture of the service provided at the home.

Details of the Visit

Details of the Service

Victoria House is owned by W H Investments Ltd and is managed by Jacqueline Hickey (although a new manager will soon be in place). The care home provides residential care and support for up to 30 older people (including residents with Dementia needs). The home is situated on Victoria Road, Grappenhall and is a period building. This visit was undertaken in two parts, as limited staffing due to emergencies/illness on the first visit meant that we were unable to appropriately view the service without affecting care delivery. At the time of Healthwatch Warrington's first visit, there were 26 residents living at the home (2 of these residents were in hospital), on the next visit there were 21 residents. The home has multiple levels; bedrooms 1-12 are located on the ground floor, 13-25 are located on the 1st floor and 26-29 are located on the 2nd floor. In addition, there are 2 lounges, a kitchen/dining room and a conservatory located on the ground floor. The latest CQC inspection report for Victoria House can be accessed via the CQC's website: <http://www.cqc.org.uk/location/1-581494553/reports>

Location

Victoria House Care Home, 27 Victoria Road, Grappenhall, Warrington, Cheshire, WA4 2EN.

Date/Time

Monday 26th June 2017, 2:00pm - 3:45pm and Wednesday 19th July 2017, 1pm - 3:30pm.

Panel Members

Eileen Macdonald - Healthwatch Warrington, Enter and View Authorised Representative

Esstta Hayes - Healthwatch Warrington, Enter and View Authorised Representative

Gwen Lightfoot - Healthwatch Warrington, Enter and View Authorised Representative

Hilary Mercer - Healthwatch Warrington, Vice Chair and Enter and View Authorised Representative

Provider Service Staff

Jacqui Hickey - Manager

Hazel Stokes- Senior Care Worker

Marie Hamnett - Senior Care Worker

Bev Davies - Administrator

Sonia Ghai - Owner

Spotlight - Wellbeing and Comfort

According to Victoria House's philosophy of care, the home aims to provide its residents with a secure, relaxed and homely environment in which their care, well-being and comfort are of prime importance.

Carers strive to be sensitive to the residents' ever changing needs. Such needs may be medical/therapeutic (for physical and mental welfare), cultural, psychological, spiritual, emotional and social. Residents are encouraged to participate in the development of their individualised care plans, in which the involvement of family and friends may be appropriate and is greatly valued.

This cultural environment is to be achieved through programmes of activities; designed to encourage mental alertness, self-esteem and social interaction with other residents, and with the recognition of the core values of care, which are fundamental to the philosophy of Victoria House Care Home.

In summary, Victoria House's aims and objectives are as follows:

Privacy: the right of a resident to be left alone and undisturbed, whenever they wish.

Dignity: the understanding of a resident's needs and treating them with respect.

Independence: allowing a resident to take calculated, risks, to make their own decisions and think and act for themselves.

Choice: giving a resident the opportunity to select for themselves a range of alternative options.

Rights: keeping all basic human rights available to the resident.

Fulfilment: enabling the resident to realise their own aims and helping them to achieve these goals in all aspects of daily living.

As such, the visiting team focused on whether these stated values were 'lived' in practice at home, during their visits.

Results of the Visit

First Impressions

The home is set back on a quiet leafy road in Grappenhall. There were two signs that indicated the home's location, positioned at both entrance gates, but both were difficult to see as they were partially obscured by foliage. The foliage needs to be cut back to ensure that signs can be clearly seen from the street. The semi-circular driveway is poorly paved in some areas, and sometimes at a significant gradient, which could be problematic for those with limited mobility/those using walking aids.

The visiting team noticed that the front entrance comprised of steps and there was no signage in place to show the point of entry for wheelchair users, or those with additional mobility needs, which is to the side of the building and should be addressed. The garden area and hedges at the front of the house would also benefit from some attention, for example, pruning and general maintenance.

Upon arrival, on the first visit, the team were briefly met by the home's manager Jacqui, who had to leave due to a family emergency, and the team were then shown around by Hazel, a Senior Care Worker. The team offered to reschedule, but Hazel kindly offered to accompany the visit - the team later agreed to revisit due to the staffing situation.

The front door can only be opened from inside, to keep residents safe. Once inside the building, the visiting team noted that corridor spaces were small, with difficult corners. Office materials and equipment were stored in corners and that the environment needed some general maintenance work. For example, it became evidence that the fabrics in place were rundown and narrow spaces could make it difficult for wheelchair users to access. Floors were sticky, and there were strong odours in some areas; the carpets may need to be uplifted and replaced with a different type of flooring material (one which is durable and easy clean).

Entrance and Reception Area

There is no reception area as such, just a small hall with offices and a lounge leading off it. There was a visitors' book in place and a few notices; but the space was too cramped for anything more. The team were politely welcomed and asked to sign in, upon entry. There is no visitors' lounge, instead there are 2 residents' lounges, a dining room and a conservatory. The conservatory is used by some visitors and residents; this area is also used as an activity space within the home. In the front lounge there were vases of artificial flowers, varying styles of chairs to meet differing residential needs, art prints on walls and large windows, allowing for natural light. There was a small clock on the room's fireplace, which could benefit from being larger and more easy read for those residents with sight impairments. A visiting member of the team observed that cushions were left behind some of the chairs, and used tissues were left on table surfaces, which should have been cleared away; this was noted elsewhere in the home, as observed later in this report.

Activities and Leisure

At the time of the visits, the care home's Activities Coordinator was on sick leave, but was due to return to work shortly. The Activities Coordinator, Suzanne, appears to be highly regarded and involves residents in a wide range of activities; both in the home (for example, Easter bonnet making) and in the local community (for example, coffee mornings at The Salvation Army, garden centre visits). Since the Activities Coordinator has been on leave, there have been minimal activities taking place at the home; so residents have lacked the stimulus that partaking in activities gives. Staff are trying their best to fill in for the Activities Coordinator, in her absence, but are restricted by other demands on their time. A hairdresser visits the home weekly, who the team were able to observe on one of the visits. Lynn, the hairdresser, was very personable and friendly with the residents, chatting and complimenting those who she interacted with, which residents seemed to really appreciate.

Food and Refreshments

Meal times at Victoria House are as follows; Breakfast is served from 8:00am - 10:30am (for example, cereal, toast, jam, boiled eggs, porridge); Lunch is served from 12:15pm - 1:00pm (this is the main meal of the day, often comprising of a hot cooked meal) and the evening meal is from at 4:30pm - 5:30pm (often consisting of soups and sandwiches). There have been some concerns raised about the quality of the food. However, the team were told by staff that resident's dietary requirements are met and drinks and snacks are provided, as required. Staff explained that the SALT Team and dieticians are also accessed for diet advice and support for residents and that assisted and blended diets are available.

Staff told the visiting team that food and fluid charts are completed and monitored; but did not say how often this is done, or how they are shared within the staff team. During the visits, the visiting team observed a trolley with hot and cold drinks/snacks moving around the home only once - it was suggested by the team that drinks be more readily available, especially during hot weather, and also to help maintain fluid levels for residents.

The visiting team were not able to observe a meal, but did observe afternoon drinks and refreshments distributed in a lounge on one visit. The team did notice that the dining room was only big enough for less than half the residents, at any one time. The team were told that this was not a problem, as residents had adopted an informal arrangement of 2 sittings, with a few people eating in their rooms. Meals are passed from the kitchen to the dining room through a hatch, but the process is about to be changed; with the addition of a separate trolley for dirty plates and cutlery.

Cleanliness and Infection Control

The building appeared relatively clean, but the decor was a little tired. At present, there are carpets in place throughout the home which were sticky to walk on; this could represent an infection control issue and should ideally be replaced with a more appropriate alternative. For instance, there did not appear to be evidence of deep-cleans being carried out on these surfaces. The conservatory floor and some surfaces were also sticky and definitely in need of a deep-clean. A member of the visiting team noted that the furniture in the front lounge of the home was also in need of effective deep clean, where dropped drinks/food had soiled the sides and base of tables over time.

There is also a bedroom located adjacent to the kitchen, on the ground floor; which again, could present infection control issues and require the kitchen to close if an incident occurred. However, the team were informed that there are plans to convert this bedroom space into an office. During the visit, a care worker was called to clean up an incident in one of the toilets. It was explained that it was the job of care staff, not domestic staff, to clean up any bodily fluids/excretions. However, the team could not see any hand anti-bacterial gel available, or of staff carrying it on their person (in individual toggles). Wall mounted aprons and gloves were dotted throughout the corridors on the ground floor.

Furthermore, the team also observed that the dining room area needs attention; the serving hatch system in place means that dirty plates are returned to the same place as food being delivered (a potential infection control risk), with no anti-bacterial spray in place. Furthermore, no waste bins were seen and dirty tissues were being picked up off the floor and placed directly in front of the food service hatch, sometimes by staff. The team also commented that using different coloured bags to mark out various types of waste and the use of incontinence pads would help in terms of infection control prevention.

Staff commented that Bridgewater Community Healthcare NHS Foundation Trust's Bladder and Bowel Care Service is very good, especially the Continence Nurse Lisa. One member of staff told the team that during her initial time at the home, 17 residents needed pads but only 6 residents had them, posing issues for residents' privacy and care as well as personal hygiene and laundry. More effective relationships and referrals with the Bladder and Bowel Care Service now mean that residents in need of the service are able to access support and reordering of equipment, as needed.

During the visits, the team also saw hoist slings around the home, to help with moving and handling of residents who needed support - it was not clear if every resident who needs a hoist has one for their own use, as sharing hoists could pose infection control risks.

Medicines Management

During the visits, it became apparent that the home has good links with community based services from Bridgewater Community Healthcare for bladder, bowel and nursing support. The home receives regular involvement from clinical staff, including weekly GP visits and weekly Community Nurse Visits. A District Nurse can also attend as needed, if issues with tissue viability arise for residents.

In addition, a Chiropodist visits the home approximately every 6 weeks and the optician visits regularly. However, the team noted that no Peripatetic Dentist was visiting the home, at present. Staff told the team that Later Life and Memory Services (LLAMS) Community Mental Health Services, now provided by North West Boroughs Healthcare NHS Foundation Trust, work with the home on resident reviews every 6-12 months. Staff explained that current occupancy at the home is a mix of residential and EMI (predominantly with varying degrees of Dementia). The team suggested that this may necessitate more regular involvement for the LLAMS team or a more Dementia focussed approach to the setting.

The team observed locked medicine trolleys in the corridor, near the nursing station, during one visit. As they were being stored outside one of the lounges, they caused some access challenges for staff when escorting residents in wheelchairs. Medications are administered throughout the day, in the morning, evening and at night. Staff explained that most of the residents are in receipt of medication. There was no mention during the visits of medication reviews or how often this is done, though this may be undertaken by the visiting GP. It is important to know how often this is undertaken, how often it is reviewed and how this is recorded in residents' care plans.

Staffing and Staff Training

Currently, staffing numbers are down and turnover appears to be quite high; with some staff having been suspended from duty. The team felt that this could present safeguarding issues for residents. The Manager had also resigned at the time of the visits, and was working her notice period. During one visit, the team were able to meet Anne, the newly appointed Manager and the owner, Sonia Ghai. It is to be hoped that the concerns expressed by the Care Quality Commission about leadership and administration will be resolved with Anne's appointment. The home's owner Sonia also plans to recruit for more staff in the near future. In addition to care staff, the home needs a kitchen assistant, a second cleaner and a laundry assistant. The team noted that staff are expected to purchase their own uniform and pay for their DBS check (at a total cost of around £80). This could be a disincentive for some potential staff.

The home operates a daily shift pattern; Morning 8:00am - 2:00pm (covered by 1 Senior Care Worker and 4 Carers); Afternoon 2:00pm - 9:00pm (covered by 1 Senior Care Worker and 3 Carers); and a Night shift 8:00pm - 8:00am (covered by 2 Carers) - the team were told that although no Senior staff are on site overnight, they are on call. There is a 1 hour overlap between the afternoon and night shifts. The team were concerned that because Victoria House has bedrooms on all three floors, should there be an incident during the night period, there is the potential for the other two floors to be left with inadequate staff cover.

The team were told that the 2 Senior Care Workers are working closely with their staff teams to improve confidence and morale. Staff training is managed and monitored by the Manager including mandatory training and sessions such as; Health and Safety, Moving and Handling, Hand Hygiene, NVQS, Care Certs, Medications, Fire Safety, Privacy and Dignity, Equality and Diversity and more. The visiting team were told that the majority of training is provided online through the Care Skills Academy, and that the home provides in house classroom training once per month. Staff are also provided training on the mental Capacity Act, DoLS (Deprivation of Liberty safeguards) and challenging behaviour. However, the visiting team believe that further awareness of mental health and Dementia - specific training, if not already delivered, would be beneficial for staff.

Supervisions are undertaken every 2 months with Senior staff and some staff mentioned that they could also benefit from more team meetings, to share good practice and ideas on how best to support residents.

Smoking

All staff visit a designated outside space when smoking; an area to the side of the building.

Privacy, Dignity and Treating People as Individuals

The building is relatively old and difficult to navigate; with two separate lifts used access the upper floors. Most residents are mobile, but would need to be accompanied by staff, if using the lift. In addition, approximately 5 residents use wheelchairs to get around in the home, or when they are about in the local community. These residents transfer to ordinary chairs in one of the lounges, but require staff help to move. Residents are not encouraged to stay in their rooms during the day, so only two were in bed in their rooms during the visits and most residents were in the main lounge downstairs (with one gentleman in the quiet front lounge). There were a pair of caged budgerigars in each lounge as well as guinea pigs, which at the time of the visit were kept in a cage within the conservatory.

There were names and photographs on most bedroom doors, and some attempts at personalisation in the rooms. The bedrooms that the team saw were varied in size and shape; they would benefit from redecoration. The 1st floor rooms are all commode, 2nd floor are all commode too. However, it was unclear whether any of the rooms had a shower. The rooms are advertised as being en-suite. However, the 4 rooms on the ground floor only have a toilet and no shower. Furthermore, the bathrooms on the top floor have no privacy curtains.

During the visits, staff were observed to be caring and appeared to have positive relationships with the residents. Also, the team were informed that care plans had been improved and were now more personalised. There were 18 individual care plans that had been refreshed and revisited at the time of the visits, which were kept in the home's main office. Care plans were kept together with fluid, weight, cream, bath and other charts as well as a mini care plan (to assist handovers/new staff), and daily/night needs and information. In addition, there was a "This is Me" document attached to the front of each resident's file ("This is Me" is a simple form, used to support anyone receiving care who is living with dementia or is experiencing delirium or other communication difficulties. The form includes details on the person's cultural and family background; events, people and places from their lives; preferences, routines and their personality). The home had also developed an admissions booklet and in terms of discharge, a letter of Quality Assurance and a Health Passport is completed within 72 hours.

The Manager spoke about the involvement of families in best interest meetings for those residents with differing capacity and advocacy support is available for residents who need it (as provided by Warrington Speak Up). Referrals into this service are handled by the Manager. There are no regular relative and carer meetings at present, but relatives are given a satisfaction questionnaire to complete. The team also saw a chart which summarised the views of relatives and explained what the home would do in response to any item that gave cause for concern.

An issue of concern raised during the visits was the home's laundry management. There have been instances of residents sometimes receiving other peoples' clothes by mistake. One family member said that "laundry staff aren't looking at clothing labels so items are not bring returned to the right people". To avoid this, some of the resident's relatives have been taking their loved one's washing home to clean.

Safety

There is keypad access at the front door entrance and each floor is keypad controlled; which is helpful as relatives are encouraged to call in at any time.

Encouraging Positive and Respectful Attitudes

Staff were observed to be warm and respectful in their interactions with residents.

The team also took the opportunity to speak with residents and carers, to gain their perspectives. A relative of a resident said that her mother (who is diagnosed with dementia) is happy in the home, but the relative has many concerns. The relative said that her mother falls quite often and was blue lighted to A&E twice. However, nobody from the home informed the resident's daughters and no notes were sent with the resident to A&E (despite her dementia diagnosis).

One relative told the team how her mother had been a resident of the home for several years but in the last year mum had several night falls, which resulted in her sustaining fractures on varying parts of her body. She recounted that though some carers, such as Claire, were very good and compassionate; the service "is not the same" as it used to be.

There was also feedback of a resident losing items of jewellery, including her wedding ring (which was very distressing for the resident), a necklace and other items. Though they were reported to the Manager and efforts were made to find them, the items were never found and the police were involved.

One female resident recounted how she used to live in Warrington but isn't visited by family very much, which can be isolating. She also explained that sometimes she doesn't get on with other residents, which can cause further loneliness. She said that sometimes "every day can feel the same" and that she missed neighbourly life and community parties and events. She was particularly interested in more people visiting the home and would like to work with schools/children, perhaps to share her life experiences. Furthermore, clothes go missing on regular basis and this upsets family members. For example, a relative has seen their mother dressed in unsuitable and ill-fitting clothing - which impinges on their rights to dignity and respect. Another relative has now taken to collecting her mother's clothing out of the home for washing, due to these recurrent issues. This lady also feels that her mother's room is not as clean as it should be.

A resident also told the team that carers do not always respond to calls for assistance, which is very distressing; especially when residents need to use the toilet and has led to infection control issues. A resident also stated that they only receive a bath once per week.

One gentleman who told the team he had been a resident of the home twice said; "staff are good to me", and that "staff look after me and make sure I'm ok".

Further to the above, there is no choice of food available for residents. A resident told the team that the food is not good - it is served on plastic plates and cups. All carers and staff spoken with believe that the home is under-staffed. In particular, existing members of staff would like to see more employees working on the night shift (i.e. a drive for more staff recruitment). As such, the Manager and owner told the team that there is extensive investment planned for the home including changes to flooring, layout and facilities.

Other Comments

Clearly, the limitations of the building and staff shortages prevent some of Victoria House's stated objectives and values from being fully realised. Furthermore the perceived leadership gap means that strategies are not being developed in order to allow independence, a range of choices, or the achievement of the home's own aims and goals. Although individual members of staff were seen to be caring in their manner, and despite a number of positive steps already being taken, there are numerous outstanding issues that need to be addressed, as to safeguarding the wellbeing of residents.

The visiting team hope that the arrival of the new manager will make a significant difference at Victoria House by improving the quality of staff supervision and general administration. It would be helpful if Healthwatch Warrington visited again, in the near future, to confirm whether a positive impact has been made.

Recommendations

1. **Review Infection Control Producers:** this report has flagged up a number of concerns relating to infection control. The home should review current policies and practices, in line with guidance and support from regulators and commissioners, to address these issues. For example, the introduction of hand gel and an effective laundry distribution system should be relatively simple and cost-effective measures to implement.
2. **Laundry Arrangements:** related to the above, the home's management should review the shortfalls in current laundry arrangements and consider hiring an additional laundry assistant to address the problematic issues highlighted.
3. **Consider Replacing Carpets:** In line with the above, replacing the carpets in the home with an easy clean alternative (such as a dementia friendly, single-pattern laminate) could help to improve infection control.

4. **Increase Staff Cover:** Linked to these concerns, as well as potential safeguarding issues, the need to recruit more staff (especially during the night shift and to help residents when visiting the toilet) should be a priority at the home.
5. **Improve Administration and Leadership:** Again, the home's new management should continue to work with senior staff to boost morale, improve staff training and review record handling at the home (for example, when patients are sent to hospital).
6. **Boost Activities on Offer at the Home:** It would be helpful if the home would review the activities available to residents, while the Activities Coordinator is absent (although this largely relates to staff capacity).
7. **Relatives and Carers Meetings:** Regular and structured carer and relative forums at the home would help staff, families and carers to engage more effectively with each other; this would also be a positive way to share ideas, challenges and solutions to help improve care within the home.

Distribution List

This report has been distributed to the following:

- Warrington Borough Council
- NHS Warrington Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)
- Healthwatch England

Appendices

Appendix A

Response from provider

Maxine Parry (Senior Consultant, Caresolve) provided a verbal response; stating that there were no factual inaccuracies and that on the whole, the report was felt to be a fair reflection of the service, at the time of the visits.

your **voice** **counts**

We want to hear about the care you received from a local healthcare service.

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Warrington website today. You can even leave feedback anonymously.



Leave feedback now:

www.healthwatchwarrington.co.uk

Telephone: 01925 246893 Email: contact@healthwatchwarrington.co.uk
The Gateway, 85-101 Sankey Street, Warrington WA1 1SR

