

ENTER AND VIEW

Unannounced Visit

Wulfrun Rose Nursing Home

Thursday 24 August 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.

Provider Details

Name: Wulfrun Rose Nursing Home
Address: Underhill Lane, Wolverhampton, WV10 8LP
Acting Manager: Kelly Challenor
Date of Visit: 24th August 2017

Authorised Representatives

NAME	ROLE
Dana Tooby	Authorised Representative Lead
Shooky Devi	Authorised Representative
Sheila Gill	Authorised Representative
Raj Sandhu	Authorised Representative

Purpose of Visit:

To address concerns raised by family members regarding the care of their relative in terms of personal hygiene, weight management and access to health services.

Acknowledgements:

Healthwatch Wolverhampton would like to thank the Regional Quality Assurance Manager, who was covering for the Acting Manager in her absence, the residents, and the staff for their co-operation during the visit.

1.0 Physical Environment

External

- 1.1 The home had an attractive landscaped external aspect.
- 1.2 There are two car park areas; the one by the entrance to the building has 3 spaces and 2 for disabled parking. The car park to the rear has around 15 spaces.
- 1.3 Automatic doors open to further internal monitored glass doors.
- 1.4 We were told that out of hours a camera is used to check on visitors prior to the door release being activated.

Internal

Reception/Foyer area:

- 1.5 The large modern open plan reception, seating area and cafe was decorated to a high standard, was extremely clean and fresh with no unpleasant odours. The foyer area had laminate flooring, comfortable seating, pictures and populated notice-boards.
- 1.6 There was ample room for wheelchairs to navigate the space with ease.
- 1.7 The signing -in book had a tick box to indicate that hand gel had been used.
- 1.8 A comments book and maintenance folder was on the reception desk and there was also a wall-mounted First Aid box.
- 1.9 There was an Emergency call button/cord visible in the foyer.
- 1.10 The Insurance and Fire certificates were displayed near to the reception desk.
- 1.11 Hand gel was clearly displayed on the reception desk and widely available throughout the home.
- 1.12 The Manager's office overlooked the foyer and entrance to the home.
- 1.13 Pages from the service-user guide were on display outside the lounge area alongside a copy of the Complaints procedure, feedback forms and a red letter box and on the opposite wall there was a notice-board that was crammed with photographs and up-to-date information about activities and events.
- 1.14 The foyer corridor displayed the range of bedroom numbers along that corridor.
- 1.15 Although there was a fresh water dispenser in the cafe area there was no sign/ notice to show how to use it.

- 1.16 Although the home has 3 floors but only 2 are currently in use the first floor for residents and the second floor for nursing.
- 1.17 The large lift in the foyer had information about weekly activities available and some information about 'Power of Attorneys' displayed on the walls.
- 1.18 There were pleasant background conversations taking place between staff, residents and visitors.

Dining Room/Lounge Area:

We observed that:

- 1.19 The doors between the foyer and lounge were propped open with armchairs.
- 1.20 To the left of the large, clean, well-lit and pleasantly decorated room was the lounge area and on the right was a dining area where an open hatch kitchen was in operation. The menu choices for the day were clearly visible.
- 1.21 Wheelchairs were stacked to one side of the room against the wall but did not appear to be causing any obstruction or safety hazard.
- 1.22 In the lounge area there was a large TV, music hi-fi and reading area with various books.
- 1.23 The room has access to the well maintained garden and bench area outside.
- 1.24 It was observed that a member of staff opened the door into the garden to cool the room but it closed after about 30 seconds and was not re-opened.
- 1.25 Staff were attending to the needs of the residents and the Activity Co-ordinator was involving a resident from the Nursing floor in folding raffle tickets.
- 1.26 A door from the lounge led to a corridor with a Sluice room, Laundry room and toilet - all had good signage.

Activity Room

- 1.27 The room was clean and tidy and had no unpleasant odours or obvious health hazards.
- 1.28 Twelve chairs were set out in a circle in the centre of the room. There were various board games available for residents to use. The room had a music hi-fi and a ceiling-mounted head projector. The room had access to the garden area that had a water feature.

Second Floor

- 1.29 The lift opened onto a seating area where a resident -who seemed to be distressed-was being comforted by her visitor whilst a member of staff was making them a cup of tea.
- 1.30 Nursing staff seemed friendly and attentive to the needs of the residents.

2.0 Staff Numbers

We were told:

- 2.1 That the ratio of staff to residents is 1:4.
- 2.2 “A full-time nurse is on duty at all times; morning, afternoon and evening”.
- 2.3 “ 3-5 Senior Care Assistants were on duty during the day alongside 3-4 Care Assistants; this reduced to 4-5 Care staff in the evening”.
- 2.4 A full-time Activity Co-ordinator organised activities throughout the week and a choice of films were available to watch in the Cinema room.
- 2.5 “5 Domestic staff are employed (including Laundry and Housekeeper) in addition to a Maintenance employee and 2 catering staff”.
- 2.6 “Administration is undertaken by a Receptionist and Administrator”.
- 2.7 “Newly appointed staff have to provide evidence of their qualifications, references are followed up and they are DBS checked before they begin work. A personal training programme is then put into place, monitored and reviewed on a monthly basis”.
- 2.8 We were shown the staff rota and training matrix on the computer and retained a copy of the entertainment rota, housekeeping rota, feedback form and promotional poster for Garden party.
- 2.9 The staff training matrix included: Care qualifications (minimum L2 - L4), Infection Control, COSHH, MCA/DoL/Safeguarding, First Aid, Manual Handling, Fire Awareness, Medication, Food Hygiene, Tissue Viability, Medication Competency, Pressure Ulcers and End of Life. There was no specific training for Equality & Diversity or Confidentiality. Accredited training (L2) is due to roll out soon on Dementia and End of Life Care.

3.0 Agency Usage

- 3.1 We were told that agency staff are used to cover 3 shifts a week and for emergency cover with bank staff supplying nurses used necessary.

4.0 Patient Experiences and Observations:

- 4.1 **Resident 1** had been in the home for 2 weeks and said, “It is very nice and clean; it’s better than the home I came from”, “I feel safer here....there are less people (residents) wandering around when you go to sleep”. “I choose what clothes to wear and have a shower every morning”. “The hairdresser comes in on Wednesdays if you want to have your hair cut”. When asked about dentist reply was, “It’s been a while since I saw one but I need to have some teeth removed”. This resident used to have physiotherapy but has now been discharged. “If I want to walk I ask staff to walk with me with my frame”. “I think there are enough staff around; if I want something I call out ‘carer’ and wave my hand and they come to me”. This resident goes out regularly with daughter and took part in activities in the home, “Age Concern were in this morning doing exercises while sitting”.
- 4.2 **Resident 2** had been at the home for one month and said, “I like it here, they have very nice staff”. When asked if they go out they said, “I go out a lot....last week we went to the Theatre.... there is a crowd of us that go”.
- 4.3 **Resident 3** had mobility issues and said, “I just have to sit in this chair”. “Sometimes I get asked what I want to eat and then they forget me”. When asked about visiting the GP, the resident said, “The doctor comes here”.
- 4.4 **Resident 4** was being visited by family and the Authorised Representative was invited into the bedroom. The room was tastefully decorated, clean and comfortable. We all sat around a small table. The resident had problems with their dentures but had not seen a dentist. A staff member was observed asking if the resident wanted some ice-cream; this was then given to the resident and added to the resident’s record folder in the room. Other information observed included: sleeping, personal hygiene, fluids, bowel and shower/washing information. The residents daughter said, “If there are any issues, they (staff) call the doctor.....has seen the doctor more here than before”. The family were pleased with the activities in the home; the resident had made a pom-pom mat and cushions and, “ ...the Activities Co-ordinator comes up to the rooms and asks residents what they want to do....they try to keep them active and persuades them to come to the main lounge but..... likes her own company”.

- 4.5 Resident 5 has recently transferred from another home and not seen a dentist in 4 years but is now taken to a local dentist.

5.0 Family and Carer Experiences and Observations

- 5.1 A family member said, “We come weekly and are made to feel welcome by the staff; we can visit anytime”. “Sometimes we go into the resident’s room as some of the residents in the lounge are ‘listeners’ but they can’t help it”. The resident’s daughter attends the carer/residents meetings. “Parking is an issue, it’s very limited and I normally have to park in the street”.
- 5.2 “Staff all seem to be very good, they look after the residents and are helpful”.
- 5.3 One visitor said, “...has been here 9 months and is well looked after. I am always made welcome and I can visit anytime”. Another family member had to complain about incontinent pads, but after doing so, “the issue was rectified”. “Sometimes there is a shortage of staff especially at the weekend; I have sometimes had to go looking for staff if one of the residents needs them. I think they are trying to get new staff in as there are lots of new faces”.
- 5.4 One visitor said, “We have been coming since it opened, we are always made to feel welcome and are kept informed and come to resident/carer’s meetings. There were initial teething problems but these were resolved”. “The carers are good; they use a lot of agency staff due to holidays but the home is clean and doesn’t smell as other homes do”.
- 5.5 One visitor said, “I am very happy with the transfer of my relative to this home. We have been made to feel welcome and are kept well informed, we can sit and chat in their room- although the carpet could do with a clean”.

6.0 Catering Services

- 6.1 A resident said, “There is a good choice of food”. “Details of what is available is put on ‘the Board’ so everyone knows what’s available”. “The portions are good and if you don’t like it then you can have something else. prefers an omelette”.
- 6.2 A resident said, “There are always a couple of choices of food.”
- 6.3 Another resident mentioned, “They come round regularly to ask if you want a drink.....but tea doesn’t taste the same in a beaker”.
- 6.4 A family member said, “The food always looks nice and we came for lunch....you can pay and have something.....they give residents a cake to celebrate their birthdays....it’s really nice”.

6.5 A resident said, “I like the food in the home”.

7.0 Staff Experiences and Observations:

One member of staff told us:

- 7.1 There has been a full-time activity co-ordinator in post since the home opened in January 2016, the current activities co-ordinator has been in post since June 2017 and prior to this had been a carer in the home. (We were shown -and retained- a copy of the Weekly Activities planner for 7th August to 6th September that outlined activities from 10:00am and 4:00pm each day).
- 7.2 “Activities are carried out Monday to Friday such activities include exercise to music, parachute and balloon. A variety of training is provided mainly by E-learning such as Manual Handling and Infection Control”.
- 7.3 Each resident also has a Memory Diary.
- 7.4 “ Management have a 10 at 10 meeting every morning that includes the Head of Department, Manager, Nurse, Chief, Head housekeeper, Maintenance and the Activity Co-ordinator”.
- 7.5 “Handover is carried out every morning amongst staff”.
- 7.6 “There is a fire alarm test every week”.

Second member of staff told us:

- 7.7 “Did have a high discharge rate- from June 2017 residents on the ground floor are permanent”. “Have had 7 transfers from a previously closed home (Oxley Lodge)”. “Before the residents were transferred from Oxley Lodge, Wulfrun Rose Nursing home had visited the home and carried out assessments”. “One resident had not seen a dentist in 4 years and has seen a dentist now”.
- 7.8 “Drug rounds are resident dependent and carried out by the Senior Nurse”.
- 7.9 “Chiropody visits every 8 to 12 weeks- optician visits annually”.
- 7.10 “Ground floor and the Nursing floor store medication separately”.

A third member of staff told us:

- 7.11 “The patients are weighed when they are admitted, then weekly or monthly depending on their circumstances”.
- 7.12 Any previous medical notes are seen and then a fresh review is done by the home. This review is then carried regularly according to the individual’s circumstances.
- 7.13 Every patient has a review file, where all the details are recorded and kept in a safe room.
- 7.14 To avoid any doubt the patient’s picture is taken and this is on the front page of the file.
- 7.15 If a patient is diabetic and requires insulin; “The insulin is administered by a qualified nurse and witnessed by a senior member of staff, at all times. This information is then recorded, dated and signed”.
- 7.16 There are 4 areas where a patient can be injected with insulin and a different area is used each time. This is also recorded so that errors of being injected in the same place twice continuously does not happen.”
- 7.17 Where patients find it difficult to swallow food they are given thickened fluids; there are 3 stages of thickening. Patients are assessed to determine what stage of thickening- if any- they need. “The consistency of category 3 can be described as mousse”. “Generally no patient is on the thickest method of feeding for more than a month”.
- 7.18 The home is served by Keats Grove GP surgery where doctors visit on Wednesday and Friday. However, only patients who are registered at that surgery are seen from the nursing home.

8.0 Summary, Comments and Further Observations

- 8.1 Having introduced ourselves and presented the Receptionist with the introductory letter, we were asked to sign in. We were treated in a courteous, friendly and professional manner.
- 8.2 We were introduced to the Regional Quality Assurance Manager who was standing in for the Manager; she announced over the tannoy that Healthwatch reps were in the home and would be talking to residents and staff.
- 8.3 The home was clean, fresh and modern and the staff friendly and accommodating. Staff were identifiable by uniform and wore badges.

- 8.4 We were told that there are currently 22 nursing and 20 residential residents and that the capacity for the home is 67 residents.
- 8.5 The admissions process involves a home visit takes place where either a Social Worker or Hospital worker may be present. Then, based on an assessment and observation a Care Plan is generated. However, If it is deemed that needs cannot be met i.e. male Muslim when no male staff are available, then the offer of a place may be withdrawn. The Care Plan can only be shared with a family member if they have Power of Attorney or consent has been given to share the information. If the person has no capacity a Best Interest meeting would determine this.
- 8.6 Care Plans are retained in a secure place in the home and are reviewed on a monthly basis.
- 8.7 New residents are given a copy of the Service-User guide, are shown around the building, introduced to key staff members and helped to unpack if necessary. A 'welcome' letter is given to the next of kin that includes details of the Complaints Procedure.
- 8.8 The home does not have a dedicated GP therefore residents are encouraged to re-register with a local GP; this process is initiated on their first day. We were told that this system is likely to change soon as the CCG (Clinical Commissioning Group) prefer a different model. Residents are encouraged to access local community services such as dentist, optician, hairdresser etc.
- 8.9 We were told that new residents are weighed on admission, then weekly for the first month and at least monthly thereafter. The Weight loss Tracker flags up losses and this is closely monitored; all losses require an explanation and the Care Plan and Risk Assessment are used to determine if action needs to be taken. This is all overseen by the Quality Assurance Manager.
- 8.10 The home prides itself on having a person-centred approach to care; personal privacy and dignity free choice are taken very seriously; for example staff tend not to intervene regarding the personal hygiene of non-nursing residents preferring to gently encourage them to take action. However, a Personal Intervention chart would ensure that those with clinical needs have these met.
- 8.11 Nutrition and fluid sheets are sent to the kitchen together with details of those on special diets. Where it is clinically indicated food and drink intake is recorded on Fluid and Food Charts - otherwise it is not.

- 8.12 We were shown Complaints Log and Accident Procedure on the computer; all complaints are logged and aim to be resolved within 6 days. Accidents and Incidents are checked daily and weekly reports sent to Quality Assurance Manager.
- 8.13 Overall the home was found to be very clean, decorated to a high standard with good quality furniture and fittings. Staff appeared to be pleasant, well-informed, and attentive to the residents, displaying a high level of care and attention.
- 8.14 From what we were told and observed it seems that residents are encouraged to make informed decisions about their care which is recorded and monitored; as the home has a person-centred approach this means that care differs for each resident. Interventions are only made if there is either a clinical need or the resident does not have mental capacity and this is recorded on a Personal Intervention Chart. Personal information about the care and comfort of the resident is shared with family members if they have power of attorney or it has been agreed at a Best Interest meeting.
- 8.15 Whilst the care of residents seems paramount in this home it retains a warm, friendly and professional environment without being 'clinical'.

9.0 Follow - Up Action:

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

- 9.1 As there was a negative comment about the carpeting in one of the resident's rooms it would be useful to know how often the home has a deep clean and if the carpets are routinely inspected.

10.0 Recommendations

- 10.1 It would be useful to have signage about alternative parking areas outside the building as there are limited spaces for staff and visitors.
- 10.2 There needs to be clear signage about how to use the drinks machine in the cafe i.e. where to get tokens and clean cups etc.
- 10.3 It was not noted whether each room had individual temperature control systems or air conditioning; as staff had to open a door to cool the room perhaps the home could monitor the temperature in rooms and look into temperature control issues.
- 10.4 To use appropriate door stops to keep doors opened i.e. on entering the lounge and dining area on the day of the visit armchairs were used to prop the doors opened.

11.0 Provider Response and Intended Action:

- 1.16 Please could this be amended to - Although the home has three floors but only 2 are currently in use, the ground floor is for residential clients & the first floor for both residential and nursing clients.
- 1.25 Please could this be amended to - ...was involving a resident from the first floor in ...
- 2.9 There is training for equality & diversity as well as confidentiality, this is included in the training matrix that was shared.
- 7.7 Please can the following be added - We did have a high discharge rate ... due to offering short term discharge to assess, step down & respite care provision...
- 7.9 Optician visits 6 monthly or when required.
- 7.18 “Generally no patient is on the thickest method of feeding for more than a month.” This statement has confused us & we cannot find the colleague who said this. All residents on thickened fluids are as the direct result of recommendations of the professionals on the external NHS S.A.L.T. (speech & language team) thickening agents are prescribed, therefore we are not able to amend or specify time limits in this area, as we are directed by external specialist colleagues & the GP.
- 8.5 Please could this be amended to - ... cannot be met i.e. a male Muslim, who requires only male staff attend to him, when there is no male, or not enough male staff in the home, as we are not able to meet his individual requirements an offer of placement may not be given, as after the detailed assessment we would not be able to meet his needs.
- 8.10 Please could this be amended to - ...very seriously; for example staff tend not to intervene with personal hygiene, if a resident is self-caring and their assessment has indicated this, if their level of hygiene is not as good as it could be, we would gently encourage them to take action themselves, but are not able to insist on this. However, a personal intervention chart is in place, for those who require it, where a clinical need is indicated.
- 8.12 Please could this be amended to - ... resolved within 28 days.

Healthwatch have discussed the provider responses with the Regional Quality Assurance Manager of the home and have come to an agreement on the points raised. No amendments have been made to the points other than 7.1 within the report.

Follow up actions

- 9.0 Regarding the carpet - the home has a deep cleaning schedule in place, the home has a carpet shampooer and are in the process of upgrading this to a deep steam carpet cleaner.

Recommendations

- 10.1 Regarding signage for parking, we have looked into the suitability and effectiveness of this and concluded that this will not be effective. We have placed a notice in the staff room informing colleagues to always park at the back, furthest away from the entrance, or on the neighbouring roads if not inconveniencing our neighbours. This will also be discussed in the next staff meetings.
- 10.2 A sign is now in place as to how to use the drinks machine.
- 10.3 Each room has individually thermostatically controlled radiators and room temperatures are monitored. Some, but not all communal rooms are thermostatically controlled, but all have thermostatically controlled radiators. It is often difficult to please everyone in a communal living environment, but we do endeavour too.
- 10.4 Appropriate door stops are on order & will be fitted once delivered.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on **24th August 2017**.

The report does not claim to be representative of all service-users; only of those who contributed within the restricted time available.