



Enter and View Report

Waltham House Care Home

Monday 23rd October 2017

healthwatch

North East Lincolnshire

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Report Details

Address	Louth Road New Waltham Grimsby Lincolnshire DN36 4RY
Service Provider	Infinite Care (Lincs) Limited
Date of Visit	23 rd October 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Elaine Flower, Mary Morley & Carol Watkinson

Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report related to findings observed on the date listed above. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch North East Lincolnshire.

What is Enter and View

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of trained volunteers, who are prepared as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as “announced visits,” where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as “unannounced visits.”

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 services first-hand.

Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Food & Drink, Safeguarding, Staffing, Personal Care and Medication
- To observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

Methodology

This visit was an announced/unannounced Enter & View visit.

An announced/unannounced visit is where we send a letter to the care home 6 weeks in advanced of a date we have in mind, letting them know we intend to visit soon. A letter will then be sent approximately one week before the visit date we have and then we will turn up in that week unannounced.

Summary of Findings

- The home felt very cold, windows were open throughout the home with no radiators on. Some residents also mentioned they were cold.
- Fabric furniture with no protection against incontinence problems etc.
- Cluttered wheelchair storage area which obstructs medication store.
- Storage is an issue with a number of supplies needed by residents left on the floor.
- Some call bells appeared to our volunteers to be out of reach of residents .
- The corridors to the resident's bedrooms are carpeted and need refreshing.
- Cobwebs hanging from the coving and the décor was in urgent need of attention – paintwork and walls scratched etc.

Details of Visit

Waltham House is a large detached residence standing in its own grounds on Louth Road, New Waltham. It caters for 28 residents though there are 24 at present, all of which have been diagnosed with Dementia or memory problems.

Environment

On our arrival we signed the visitor's book which is situated in the outside porch. In the entrance hall there was hand sanitiser and notice board and sideboard which provided visitors with information about the home and the planned activities etc.

The manager was not on duty during our visit but we were accompanied by a carer and a newly appointed senior carer.

The communal rooms downstairs are large with high ceilings and large windows. They did not feel very warm and the radiators were cold. Some ladies in one lounge also said they felt cold. We did notice that windows were open throughout the home in the outside corridors and residents bedrooms. In the hall and downstairs corridors there were cobwebs hanging from the coving and the décor was in urgent need of attention – paintwork and walls scratched etc. A curtain was hanging off the rail in one of the lounges. One of the wooden floors had been painted over but the paint is now wearing away giving an unkempt appearance. There was evidence of water damage to one of the ceilings.

The dining room was bright and cheerful with modern furniture although chairs had fabric seats and had no protection against residents with incontinence problems. The window-sill in the dining room was full of resident's personal files and were left unattended for some time.

The wheelchair storage area was cluttered and obstructed the access to the medication store at the time.

The corridors to the resident's bedrooms are carpeted and need refreshing. Twenty one bedrooms in the home have an en-suite and full walk-in wet-room. Whilst the bedrooms in the original part of the home may not have en-suites due to this part of the building being older and not as easy to reconfigure, they are of mixed shapes and sizes and are still ample.

It was noticeable in some rooms that storage is an issue, as supplies needed by residents were left on the floor. Clean bedding was also left in bedrooms, appeared in a poor condition and were mis-matched. In one en-suite bathroom there was a full urine drainage bag and dirty towels on the floor. We also observed a damp, fabric covered chair and full bins in several en-suite bathrooms.

In some rooms the call bells appeared to our volunteers to be out of reach of residents that may need assistance. Some had long cables which could be a ligature risk to confused people. The windows in most bedrooms were open and the environment felt cold.

In the new extension the décor was brighter with individually coloured doors. Outside each door there is a shelf at eye level on which there are mementos.

Outside there is a large wrap-around garden with summerhouse and seating.

Food and Drink

There is a cook supported by 4 other members of staff. Meal options are chosen on the same day.

There is a laminated daily menu with a list of dishes available, but no pictorial menu for those with the need for an alternative way of choosing their meals.

One gentleman who is prescribed fortified feeds was not being encouraged to drink as there were 3 beakers in front of him all with contents. Another gentleman had a desert taken from him without asking if he needed assistance or any encouragement to eat it.

There were snacks available for residents and visitors in the quiet area off the lounge.

Safeguarding, Concerns and Complaints Procedure

As the senior carer was newly appointed they were unable to help us with these questions.

Staff

There has been a change of manager recently who is awaiting registration.

Staffing levels consist of 4 carers plus 1 senior plus the manager as well as the kitchen and domestic staff. Afternoon staff consists of 3 carers plus 1 senior plus the manager.

The care staff at the home do not wear identification badges. Training is delivered in a variety of ways including Workforce development, Chamber training, Grimsby College, Care Trust Plus, Singletons and in-house.

2 staff have undertaken Dementia Awareness training and there is a Dignity Champion.

There is a general handyman who also drives the minibus and assists in the kitchen. Since our visit we have been informed he is no longer a handyman and is now part

of the kitchen staff and also has all the appropriate training needed to carry out his duties in the kitchen.

There is an activity co-ordinator who organises the schedule of in-house activity, outside excursions and visiting entertainers.

There are designated kitchen staff who are also supported by care staff

There are 3 cleaners but 1 is on long term leave of absence due to sickness, 1 only works alternate week-ends, leaving only 1 full time cleaner.

There are 2 staff meetings this week, but relatives meeting dates were not available.

Promotion of Privacy, Dignity and Respect

Most residents appeared to be reasonably well presented but one gentleman was left wet and with spilt food down his front. Residents were spoken to with kindness and had a good rapport with their carers.

Recreational Activities

On the day of our visit the residents had been playing bingo during the morning. There were no planned activities for the rest of the day. The TV was not on and there was no music playing. Most residents were having an afternoon nap. There did not appear to be any motivation for residents to do any kind of activity.

Activities are arranged on 4-5 days per week. The minibus takes residents out to garden centres etc.

There were some photographs on the corridors of previous outside visits but they were from 2013 and 2014, none recent.

Medication and Treatment

5 Senior Carers have recently undertaken training in medicines management.

Medication is dispensed at 8am, 12pm, 4pm and 8pm. Most residents are under the care of the Holton le Clay and North Thoresby medical centres and medication is provided by Birkwood Pharmacy.

There is a small locked dispensary room where the medicines are stored. It was noted that some tablets that had been refused by residents were recorded on the MARS.

Residents

Residents that we spoke to stated that they rise at various times in the morning, one said 6am, and another 8am. A carer told us one gentleman rises at 4am.

Due to their condition it was difficult to communicate with some with any clarity.

Residents are encouraged to bring in personal effects to help them feel at home and personalise their space.

Relatives and Friends

We only saw one visitor during our visit who was bringing her husband back from a visit. We did try to speak to her but she needed to be somewhere else.

The carer told us that there are more visitors at the week-end, but some residents do not get visits very often.

Recommendations

1. As most of the seating in the home does not have wipe-clean surfaces we recommend it should be protected with impermeable covers or be replaced.
2. Consideration should be given to replacing carpets with hard flooring.
3. New bedding and towels should be purchased to provide an acceptable standard.
4. Temperature of the environment should be monitored and recorded to sustain a comfortable environment.
5. There should be a rolling programme of decoration and maintenance undertaken throughout.
6. Call bells in bedrooms should be accessible but clipped to the bedhead or pillow to prevent ligature hazard.
7. Infection Control and Health and Safety training updates are required in regard to use of incontinence equipment and safety of razors.

Service Provider Response

Please be advised that we did not receive a letter 6 weeks prior to the visit or one week prior to the visit.

Thank you for the report and recommendations.

- Environment

(Please see attached action plan regarding the environment)

There is a continuous rolling programme regarding maintenance and decoration of the home.

We have recently appointed a new Maintenance man as the previous one has successfully been appointed to the role of kitchen assistant. The newly appointed member of staff will be instructed to recommence the decorating programme as a matter of urgency.

We have recently received quotes for the wooden flooring in the entrance as this has previously been identified as requiring urgent attention.

The water damage to the ceiling unfortunately occurred the week before your visit due to a resident flooding his bathroom. There were already plans to rectify this.

All the furniture is fully washable fabric. This does not include any furniture that residents choose to bring of their own.

We had previously ordered new towels, flannels and bedding and are awaiting its delivery.

- Food and drink

We have previously trialled picture menus and found that our residents respond better to being shown the choices of meals at the time of serving. Some of our residents are asked in advance of mealtimes what their choices are. For those residents that are living with more advanced dementia and as a consequence have poor long and short term memory problems, we have found that is more appropriate for those individuals to be shown choices.

- Staff

The domestic assistant has returned from sick leave and we now have our full complement of domestic staff.

Relative meetings are booked in accordance with the relatives wishes. They have requested that we send out relatives newsletters each month but that meetings are only held every 6 months. Details of dates are displayed in advance of the meeting and invitations sent to all relatives.

- Recreational activities.

An audit of interest has been carried out for all residents as well as consultation in each residents meeting and observation by the activities co-ordinator. The findings have led us to provide the majority of planned activities through the day as many of our very elderly residents do tend to prefer to nap in the evenings. Our activity co-ordinator does provide some planned leisure in the evenings such as film nights. We tend to provide more user led activities in the evenings and respond to preferences on the day.

- Relatives and friends

In our experience the vast majority of residents have frequent visits from friends, relatives and representatives on various days through the week at varying times.

Waltham House Care Home

Response continued.

1. All the furniture is fully washable fabric. This does not include any furniture that residents choose to bring of their own.
2. Consultation with Residents and/or their representatives will be undertaken to seek their views regarding hard flooring.
3. New towels and bedding have been purchased.
4. Staff will be reminded to be mindful that older people are more likely to feel the cold and the temperature should be adjusted as requested by the residents. Thermometers to be purchased.

5. Clips will be purchased for the call alarms and risk assessment completed.
6. Ongoing training programme in place.
7. Recruitment to laundry assistant post is underway.
8. Champions in place for infection control, Dignity, End of Life, Environment and Sight and Hearing.

Final Comment from Healthwatch

Copies of our original intention to visit letters were sent to Kylie (Registered Manager) via email on 7/11/17.

Kylie provided Healthwatch NEL with a Decorating Programme and a Risk Assessment Form in response to the recommendations.

Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (Contracts manager for HWNEL)
- Julia Wong (Quality Programme Officer CCG)
- Lydia Golby (Lead nurse-quality at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew (CQC Inspection Manager Hull, NEL, & NL)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view