



Enter and View Report:
**The Old Vicarage Nursing
and Residential Care Centre**

Date of visit: Thursday 1st February 2018

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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 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 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 The Old Vicarage Nursing and Residential Care Centre, in particular Dianne Bailey (Registered Manager), for welcoming our team and taking the time to answer their questions.

Purpose of the visit

As part of Healthwatch Warrington's Enter and View programme, visits are made to local residential homes in accordance with information received from the local public, service users, carers and monitoring authorities. Healthwatch Warrington had previously conducted a visit at The Old Vicarage Nursing and Residential Care Centre (report published on Friday 29th April 2016), which helped to inform the planning stage for this follow up visit. Furthermore, the visiting team took into consideration the stated values of the provider, when making observations at The Old Vicarage Nursing and Residential Care Centre and reflected on these in relation to their impressions of 'lived-experiences' in the home.

Details of the Visit

Details of the Service

The Old Vicarage Nursing and Residential Care Centre is owned and operated by Harbour Healthcare Ltd. The home is situated in a rural area of Burtonwood and provides nursing or personal care for up to 60 people (some of whom are living with dementia) - being split into two units (the Willows unit specifically provides care residents with dementia). Care Quality Commission (CQC) conducted an inspection at the home in October 2016 and subsequently rated the service as overall 'Good'.

The full CQC inspection report can be found online:

<http://www.cqc.org.uk/location/1-700814442>

Location, Date and Time

The visit took place at The Old Vicarage Nursing and Residential Care Centre, Fir Tree Lane, Burtonwood, Warrington, Cheshire, WA5 4NN, on Thursday 1st February 2018, from 10:00am - 12:00pm.

Healthwatch Warrington Representatives

Adrienne Roberts - Healthwatch Warrington, Volunteer Co-ordinator and Enter and View Authorised representative

John Mackie - Healthwatch Warrington, Enter and View Authorised Representative

Lynn Duxbury - Healthwatch Warrington, Enter and View Authorised

Service Staff / Named Contact

Dianne Bailey (Registered Manager)

Spotlight on Values - Excellent Standards of Care and Treating People with Dignity and Respect

According to Harbour Healthcare's website

(<http://www.harbourhealthcare.co.uk/>), the provider's philosophy is to "...strive to provide an excellent standard of care to our residents, treating them with complete dignity and respect".

This means that the provider aims to ensure that its homes are equipped with excellent facilities, which serve residents' needs, and are decorated to a high standard - feeling 'homely' (in particular, garden areas). In terms of staff recruitment, the provider aims to recruit people with "serving hearts" - who genuinely care about residents - with the ambition of winning residents, family members and health professionals' gratitude and respect.

As such, the visiting team would expect to see evidence of these values being present in the reported lived experiences of residents, as well as relatives, staff members and other people interacting with the service.

Results of the Visit

First Impressions, Entrance and Reception Area

The visiting team found the approach to The Old Vicarage Nursing and Residential Care Centre to be pleasant; the home is a large detached building, in its own grounds (originally a house) and has undergone significant extension. The home is situated on the crossroads of two main roads and is easily accessible. However, upon arrival, it was apparent that parking spaces were very limited (with only around 12 spaces, plus one disabled parking bay on the premises). As a result, the visiting team had to park on the roadside.

Upon entering the building, the visiting team were greeted by a friendly member of staff, asked to show identification and politely requested to sign a visitor's book (which indicated that visitor flow was being monitored). The visiting team were then introduced to Dianne Bailey (Registered Manager), who accompanied them on their tour of the building.

The reception area was well decorated, homely, clean and smelt fresh. Hand gel was also located near the front entrance. This space was not very large, but some seating was in place. A tuck trolley was seen in reception (from which staff and residents could purchase refreshments), as well as an electric slideshow containing resident's photos, which was on a loop cycle.

There were also a number of notice boards displaying useful information. For instance, there was a 'What's On' (weekly planner) and a 'Who's Who' board (showing staff photos and information, which is useful for residents and relatives). A certificate mounted on the wall stated that the home had scored 9.8 (out of 10) from 25 service reviews. The home's 'Make a Wish' programme was also advertised here, which gives residents the opportunity to ask for something that is not routinely available and the home pays for the activity. For example, a resident requested to go on a trip somewhere that was significant in that person's life, before they resided at the home.

Dianne has also introduced a ‘Moments that Matter’ initiative; so that the efforts of staff are acknowledged. Residents, staff, and carers are encouraged to fill in comment cards to highlight anything positive and these are displayed in reception. Dianne was also planning an award ceremony to further recognise good practice.

Activities and Leisure

The Old Vicarage Nursing and Residential Care Centre employs two Activities Coordinators to organise a wide range of activities such as karaoke, bingo, tea dances, quizzes, as well as regular visits from singers and theatre groups. The visiting team had the opportunity to meet one of the Activities Coordinators (Tracy), who was very enthusiastic and passionate about her role.

On Fridays, residents are also able to visit a nearby community centre for lunch and interact with other people in the local community. Pamper days are on offer (for both male and female residents), outings to Blackpool and other attractions are organised and ‘theme’ nights are staged (for example, Spanish and Italian events). On the day of the visit, a ‘Spouse Lunch’ was scheduled at a local pub; for partners of residents to get together with staff and have a social event (this is held every two months).

Health related activities take place, in addition to social activities. These include chair-based exercises, relaxation classes (staff can also take part), and Fruity Fridays. Each resident also has a personal file, which contains photographs of some activities that they have taken part in (this resource is available for family members to look at). A notable feature was that the home also keeps pets. At the time of the visit, a cat (which one resident is particularly fond of), several hens and a cockerel were living at the home. The Prince’s Trust had also recently undertaken the conversion of a courtyard into a lovely garden for residents.

The visiting team were also invited into a resident’s lounge, where around 12 residents were seated (a small group of these residents were enjoying nail manicures). Dianne explained that there were plans to knock through the wall to create a larger lounge, as the home’s smaller lounge room was rarely being used.

Food and Refreshments

During the visit, staff were preparing for an afternoon tea to celebrate 'Dignity Day'. The food seen by the visiting team looked to be high quality and is cooked on the premises (although cakes had been bought in for the special event). Each resident's dietary needs are taken into consideration and there is a choice of hot and cold meals available (drinks and snacks are also provided throughout the day).

Although Healthwatch Warrington had previously recommended introducing picture based menus, this had not yet been implemented. Staff felt that as a number of residents are living with dementia, picture menus would not be helpful (as they may not remember their choice and could then wish to change their meal option).

However, staff do show residents those meals available on a given day (on a plate), so they can choose which option they prefer. Staff also commented that they were looking to introduce more healthy options to address obesity within the home and were reviewing menus with residents. Furthermore, Dianne has introduced some new roles for staff, one of which includes responsibility for hydration. At the weekend there is an additional member of staff, whose sole responsibility it is to offer drinks to residents.

The visiting team also viewed the conservatory area, where a small number of residents were seated. At the far end of the conservatory, a number of dining tables (with menus) and chairs were laid out. This was a very light and relaxing room, which it was felt would be a pleasant place to eat in.

Clinical Observations: Cleanliness, Infection Control and Medicines Management

The Old Vicarage Nursing and Residential Care Centre appeared to be clean and well-maintained throughout; for example, there were hand sanitisers situated around the home. Bathrooms and shower rooms were all well-equipped and fitted with disability aids/hoists.

Administration, Staffing and Staff Training

The Old Vicarage Nursing and Residential Care Centre is divided into two units - The Willows and The Old Vicarage. The Willows has seven staff on morning duty and six in the afternoon; The Old Vicarage has six staff on in the mornings and five in the afternoons (in addition to the two Activity Coordinators).

Aside from a married couple's room, all of the home's rooms are single occupancy (the majority also have en-suite facilities). At the time of the visit, the home had 59 residents and did not have any resident vacancies; there was a waiting list for admission by referral.

On the week of the visit, the use of agency staff amounted to 36 nursing hours and eleven care assistant hours; equating to less than two full time members of staff. This is required to cover staff sickness. There was only one staff vacancy, and this was due to the deputy Manager being transferred to another home within the wider company.

Dianne has been in post as the home's Registered Manager for around three years and inherited a difficult situation; owing to staff attitudes and poor hygiene standards (which had caused environmental issues, such as unpleasant odours). There have been many changes over the past three years, with around 50 staff changes taking place, some of which were management decisions.

Dianne spoke highly of the level of support she had received from her own manager; who was passionate about upholding the service being provided and allowed staff a high degree of autonomy. The philosophy promoted by Diane and her 70 staff members is to treat the home just like their own home. Dianne appeared to have a good relationship with staff and felt confident that they were very highly motivated and proud of where they work. For example, Dianne holds morning 'Stand Up' meetings to update staff on any new developments and has an open door policy for staff to come and speak with her. Dianne is also available to night staff (on

Tuesdays, from 7pm) and they also receive a newsletter update.

Dianne has also introduced a range of incentives to encourage positive staff performance. For example, staff are granted a 'duvet day', if they have limited sick leave during the year, and small monetary prizes are awarded to staff who do not take sick leave in a three month and 12 month period. Dianne has also rolled out 'comfort boxes' (including chocolate, biscuits, drinks, magazines, money for taxis, etc.) for staff who go into hospital with residents who are feeling unwell (as they are often required to stay for considerable periods of time to accompany the resident). A similar box has also been produced for resident's relatives who are staying overnight at the home (such as when the resident is reaching end of life).

In terms of staff training and development, the home was arranging to begin piloting a new week-long induction programme for new staff (if successful, the provider would use this approach at their other homes). Face to face training is delivered around hand-washing, personal protective equipment, infection control and clinical/domestic waste disposal. Staff are also given additional paid time to complete training.

'Champion' roles have also been implemented - to provide leadership and encouragement to other members of staff, for example, a Dignity Champion and End of life Champions. It is hoped that this will lead to improvements to people-centred care and staff knowledge around specific issues. Moving forward, Dianne has identified the need for additional training on Deprivation of Liberty Safeguards (DoLS).

Safety

The visiting team formed the impression that The Old Vicarage Nursing and Residential Care Centre was generally safe. For example, all visitors are asked to sign in on arrival (showing that visitor flow is monitored). Furthermore, those residents with advanced dementia are cared for in the Willow unit (a separate, more secure area with locked doors). In addition, the home was in the process of having a new nurse call system installed. This system includes visual display panels,

which alert staff to the area/room where assistance is required and will further improve safety.

Privacy, Dignity and Treating People as Individuals

The visiting team observed staff treating residents with respect. For example, staff knew all residents by first name. All areas of the home seemed exceptionally clean and mainly well-maintained. Dianne highlighted that a couple of areas in the building needed further improvements, which were due to take place in the coming months.

Dianne led the visiting team to a resident's room. It was clean, tidy, quite small, but decorated with very personal touches. Residents are able to personalise their rooms - for example, by putting in place mementos and photos of family members. The home also celebrates resident's birthdays and holds a 'Resident of the Day' event - where one resident is fêted.

Lifts are installed at opposite sides of the building and all doors were fitted with picture signs (indicating the room's purpose) - (to help residents navigate the home). Also, lounges and facilities are adapted to accommodate residents' varying physical and mental health needs. Furthermore, all corridors are furnished with relevant information and staff training certificates (such as a 'Dignity in Dementia' poster). The visiting team also spotted a 'Wall Tree' (a drawing of a tree, which has a picture of each resident on the branches). It was also noticeable that throughout the building, different pieces of relaxing music was being played, which certainly enhanced the home's relaxing atmosphere.

The home also goes to great lengths to provide personalised care to the residents. Dianne gave an example of a resident who had previously worked as a Nurse Manager and staff had provided some pieces of equipment and memorabilia that were familiar to the resident (reminiscent of their nursing role). This approach was proving to be successful in managing some agitation expressed by residents living with dementia. The visiting team felt that this should be highlighted as an area of

best practice.

Whenever possible, residents are involved in decisions about their care and treatment. Carers are encouraged to give feedback to Dianne and she sends out a bi-monthly survey. Dianne also holds regular drop in sessions for relatives, 'Chit-Chat Tuesday'.

Encouraging Positive and Respectful Attitudes

Staff were observed to treat residents with respect. Also, interactions between staff and residents were seen to be friendly. The residents that the visiting team spoke with confirmed this and commented that they were very happy at the home.

Other Comments

Overall, the visiting team gained the impression that The Old Vicarage Nursing and Residential Care Centre had a very homely atmosphere and residents appeared to have a good rapport with staff. Dianne is supportive of the staff and has introduced several positive initiatives to assist them. One example of good practice has been the introduction of a 'staff hospital snack bag', which is provided to staff when they are going on an escort with a resident to the acute hospital. Sometimes staff can be on escort for lengthy periods of time and are unable to leave the resident unattended. The bag contains drinks, snacks, and a small amount of money (coins). To sum up, staff are to be commended for achieving the areas of good practice shown in this report and the visiting team would encourage the provider to continue with planned refurbishment as to further improve lived experiences at the home. This is reflected in the recommendations made below.

Recommendations

1. **Highlighting Areas of Best Practice:** the visiting team identified areas of best practice being demonstrated at the home; in particular around building links with resident's relatives and the local community, supporting and recognising the efforts of staff, as well as implementing patient-centred care (for example, supporting those residents living with dementia). These initiatives should be celebrated and lessons learned from these approaches.
2. **Continue with Refurbishment:** the provider should continue with planned refurbishment at the home, which will benefit residents, staff and visitors. This could include a review of parking arrangements at the home (in terms of capacity planning).

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

Hello

The report is fine.

Thank you

Dianne Bailey (Registered Manager)

your **voice** **counts**

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