

Enter & View

Report

Wilbraham House

27th February 2020



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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire 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 Staffordshire 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 Staffordshire 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: Wilbraham House
Provider: Wilbraham Ltd
Address: Church Street, Audley, Stoke on Trent, ST17 8DE
Service Type: Residential Home
Date of Visit: 27th February 2020

Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire, Val Emery and Bridget Stokell

Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

The home is easily located with a clearly sign posted entry to the car park. The actual entrance to the house is also well signposted with both CCTV and a door keypad. Access to the home was via a bell which was answered promptly. The front of the house is mainly taken up with the carpark but there is also a small number of shrubs and trees which seemed well maintained. We were not shown any other gardens or outdoor space other than a smoking area for residents which was a little messy. One of the car park spaces was taken up with a skip due to ongoing renovations.

Internal

We were let into the home promptly and the member of staff asked us to sign in the visitors' book whilst she brought the manager. The reception area is the hallway of what was an old rectory so it is large, bright and airy with fairy lights to add to the feeling of welcome. There is CCTV in this area. A pleasant picture faces the entrance which has the home's mission statement beneath. This will shortly be replaced by a composite photograph of all the staff under the strapline of "meet the family". The only odour was that of lunch, which smelt very appetizing.

The Manager introduced herself and explained that she had taken over the management of the home in June 2019 and had previously been the Deputy Manager. Once she understood the purpose of the visit she was very welcoming and eager to talk about the home and the changes that are underway. The recent CQC report published in December 2019 had designated the home as "Good" but that it required improvements in leadership. The Manager was pleased with the change and stated her determination to ensure further improvements take place.

A decorating programme of all the 33 single rooms is in progress, there are only 7 rooms left to complete. The emphasis has been on brightening the rooms up and ensuring that they comply with infection control requirements. This has led to new floors and the replacement of blinds with curtains. All the communal bathrooms and toilets have been completely refurbished as these had caused issues in the past. The corridors were also rescheduled for decoration as they are looking a little tired. However, one eye catching feature of the corridors is that all the room doors are painted in bright colours as if they are proper front doors. In the summer some of the windows will be replaced. The manager has also utilized an old smoking room and converted it into a hair and beauty salon. The home has a close association (through a resident) with a local hairdressing business who directly support the salon.

The lounges and dining rooms are not scheduled for decoration, but they are of an acceptable standard of presentation. There are a range of seating types available, most are easy clean and are arranged around the edges of the room with occasional tables interspersed for personal possession. The lounges also have large flat screen TVs. There is a lift and 2 stair lifts which cover the 3 floors of the home.

All the areas we viewed ranging through public areas, individual rooms and bathrooms were spotlessly clean. The manager told us that as there had been issues in the past with infection control inspections and there was now a very rigorous and regular cleaning rota in place.

Resident Numbers

The home has a capacity of 33 but at the time of the visit it had 29 residents.

Staff Numbers

The care staff operate as 3 on shift during weekdays and nights with 4 on at weekends plus relevant senior care staff. There are also cooks, cleaners and a handyman. In addition, there are 2 activity co-ordinators who job share and work throughout the week. There is a volunteer who comes on Saturdays to work with residents.

Agency Usage

There has been no Agency usage for the last 5 months. If there are staffing issues, the manager said she was happy to undertake care work and staff were quite happy to be flexible.

Management

Management - A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Our findings

In our discussions with the manager it became apparent that she was well qualified to hold this position. She had worked her way through the relevant care roles and qualifications to become deputy manager. She explained that unfortunately, it had been frustrating to work under the old manager as there had been a reluctance to try to improve conditions in the home in the face of a number of poor reports from both the CQC and other inspecting agencies. Once this Manager was in post she organized a meeting between the 3 directors and residents with their relatives and carers. At this meeting the directors undertook to improve the home at all levels required. As a result, the manager then drew up a plan of both building renovations and staff training to ensure the required improvements. Please see the section on the internal environment above for details.

When we toured the home with the manager it was apparent the staff were comfortable with her presence and all the residents that we met knew her and were happy to see her.

Staff meetings are held once a week and staff supervisions monthly or more often depending on circumstances. Just prior to our visit there had been an incident with a resident who had to be sectioned due to challenging and dangerous behavior. The manager was concerned to ensure that all staff involved in the incident were properly supported.

Comments

During our visit it was obvious that the Manager was very enthusiastic and dedicated about improving all aspects of Wilbraham House. She understood the failings that had been identified and had a viable set of plans to ensure that they were combatted as quickly as possible. She is clearly working closely with the Directors to ensure that the positive changes are within budget.

From what we observed and were told there seems to be a close relationship between the manager and her staff which promoted a relaxed and supportive atmosphere. From this and other actions told to us by the manager it is apparent that the criticism in the latest CQC report has been taken very seriously.

Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

We arrived as staff were preparing to serve lunch and were busy moving residents into the two dining rooms and as they have varying levels of mobility this can take two members of staff and proceeds very slowly. Staff were observed to be careful and gently encouraging of residents as they moved them to the dining room tables. All but one of the residents eat in the dining rooms.

Staff receive the mandatory training required for a care environment with regular refresher sessions. There was a white board in the manager's office which outlined the training requirements and dates for all staff which was clearly visible to all. Staff records are also held and updated digitally. Most of the training is done online but on occasion the home has used trainers in specific fields.

Comments

Although we did not speak directly with any staff it was apparent that they were relaxed in the presence of both ourselves and the manager. They seemed caring and concerned in their interactions with residents. The manager emphasised to us that she knows that there must be enough staff on duty and that at any time she can be called upon to assist. She encouraged and was happy to be telephoned when off site if staff were unsure about a situation. Over time she hoped that by having this availability plus all relevant training, that the staff would increase in confidence to act independently.

Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Our findings

All residents care plans are available on iPad and staff are expected to check and update as required. Under specific home procedures staff must be fully conversant with the needs of residents and to start their shift with a check on any changes to a person since they were last at work. Staff must do Safeguarding training and the manager has put in additional processes around safeguarding to ensure that any issues are recorded and escalated for reporting.

Comments

As stated earlier there was a good interaction between staff and residents. All infection control requirements were being met and there seemed to be a high level of care and understanding of the needs of residents.

Activities

Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Our findings

The Activity Co-ordinators undertake a range of things with people and it is driven by their requests as well as specific programmes. In addition to the group activities Co-ordinators are fully aware of the care plans and so will work directly with individuals to improve mobility and mental awareness. One of the lounges had a specific area dedicated to activities and crafts which also has both a pool table and table football. It contains the equipment for crafts as well as a wide range of books, DVDs and magazines. The website shows staff being involved and enjoying the crafts with residents.

The residents have currently been asked where they would like to have outings/visits during the year. It is normal to have visits to places such as Trentham Gardens and Tunstall Fair, but the home is attempting to increase the variety of destinations. The current favorites that have been communicated are trips to Llandudno and Chester Zoo.

People are encouraged and accompanied to visit the village for shopping as it is only a short distance away. The manager related the story of one gentleman who liked a takeaway on a Friday, he always had it delivered. Part of his care plan was to promote independence and increased physical activity, so he was encouraged to walk into the village to collect his takeaway with a carer.

The addition of a hair and beauty salon has also added further interests for residents.

Comments

The residents of this home are very well provided for in terms of activities and stimulation. Sunday is the only day when no one is directly available to provide support in this function but there are extra care staff who are quite happy to be involved.

Catering Services

Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

Our findings

Residents have a choice over the food they wish to eat. They may also decide not to eat in one of the dining rooms. We spoke to one gentleman who took his meals in the lounge because it was too noisy in the dining room. He said he always had plenty of choice and enjoyed the food very much.

The home has 2 dining rooms, the smaller of which is used by those who require assisted feeding. The manager had decided that the separation would be more discrete and maintain the people's dignity.

We observed mainly empty plates and people tucking into desert with enthusiasm and generally the food looked healthy and tasty. The manager said that sometimes they had to intervene if there was doubt about nutrition levels but mainly left residents to decide on their own meal choices.

In both lounges there have been juice or water dispensers installed to ensure hydration, which are accessible to all.

Comments

The food and arrangements around nutrition and hydration are very good.

Resident Experiences and Observations

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Our findings

We were informed that district nurses and doctors visit as required by residents. With more routine appointments with professionals organized by staff or relatives according to the care plan.

Comments

There seemed to be no issues with residents accessing other care professionals.

Quality Indicator 7 - Does the home accommodate resident's person, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Our findings

The manager showed us a number of residents' rooms. These vary in size; but even one that was referred to as small was of a good size. Of the 33 rooms, 17 have at least a WC and a handbasin some of them also have a full ensuite. All the rooms showed signs that the residents were encouraged to personalize their rooms. In some cases, this was a few ornaments and pictures and in others the residents had brought their own furniture. This was permitted so long as the items conformed to fire safety standards.

Where possible any particular requirements of people are recorded in their care plan. At the initial assessment the manager told us that if she had contact with relatives she would try to find out some of a persons' preferences from those who knew them. For example, one of the residents always has jam sandwiches for his tea and it caused some perturbation when he asked for hot dogs. His request was met but the following day he went back to jam sandwiches. We met the gentleman in question, and he remembered the incident well and laughed about it.

Individual preferences about when to go to bed and wake up were catered for wherever practicable. The home has some residents with brain injuries who are younger than the average so again staff need to be accommodating of choices whilst ensuring that safeguards are in place.

Comments

There seems to be little doubt that Wilbraham House is set up to provide the best possible experience for residents. The staff are flexible and open to the differences between individual needs and happy to comply when safe. This is openly encouraged by the manager

Family and Carer Experiences and Observations

We were unable to meet any family or carers during our visit. The manager assured us that they could visit the home at any time they wished and would be welcomed. She is happy for them to stay for meals and only asking for a small donation towards costs. One mother does her son's washing on a weekly basis and is closely involved with his overall care. He is unable to live at home due to his disability and the family circumstances.

Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

Meetings are held regularly between relatives and residents with staff and management, but we were not told of their exact timings. There is a complaints process which has not been required for the last few months and a suggestion book. The manager stated she is very open to any suggestions for improvements and when one resident complained about the variety of food, she did adjust the available choices

Comments

The manager is very much in the process of further refining systems and procedure to increase the effectiveness of the care provided. In this she and her staff seem to be very inclusive and open to any suggestion that will support the changes.

Summary, Comments and Further Observations

This care home has had a number of poor CQC reports over recent years. It is now apparent on visiting that the manager and owners of the home are determined to improve all aspects of the home's performance. The most recent CQC report recognises this effort and investment with an overall rating of Good. Given the determination and enthusiasm of the manager it is very likely that this home will achieve even more in the next few years.

Recommendations and Follow-Up Action

We did not feel it necessary to make any recommendations as we found standards are good and the home now has an ongoing culture of maintaining and improving their standards.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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