



Enter and View Visit Report

The Old Rectory Care Home

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About Healthwatch Shropshire



Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'. For 'semi-announced' visits the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



Details of Visit

Service The Old Rectory Care Home, Rectory Road
Albrighton, Wolverhampton, West Midlands,
WV7 3EP

Provider Rectory Care Ltd

Date / time of visit Tuesday 7th November 2017 10.30am to 12.30pm

Visit team Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs) and one Authorised Representative in training

Purpose of Visit

Dignity, Choice and Respect: to explore the quality of life experienced by residents in The Old Rectory.

Disclaimer

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

Context of the Visit

In August 2017 Healthwatch England published a report: ‘What’s it like to live in a care home?’

Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes.

These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people's experiences with their own observations to produce 140 reports. These have all been shared with the providers, the public, CQC and Healthwatch England.

Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. They state that 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 resident 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 see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The Old Rectory Care Home is one of two homes in Shropshire that is currently rated 'Outstanding' by the Care Quality Commission (CQC) and it was felt this would be an opportunity to see good practice and share what we find through our report.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced. This visit was semi-announced and the Owner/Manager was told we would be visiting but not the date or time.

What we were looking at

How the home provides 'person-centred' care

We asked about:

- the choices residents have e.g.
 - the food they eat and support to help them eat and drink
 - the range of activities available
 - personalising their bedrooms
- support for residents to maintain independence
- if residents are happy living in the home

Whether residents are treated with dignity and respect

We looked at:

- how staff relate to residents, including verbal and non-verbal communication
- how staff find out about a resident's previous life, their current needs, and their likes and dislikes

Whether the home offers a safe environment for the residents

We asked about:

- access to healthcare, including GPs, dentists, audiologists and opticians
- cleanliness and infection control
- the home's complaints procedure and ways for residents and staff to give feedback and have their views heard
- staffing levels, staff recruitment, qualifications, training

What we did

The receptionist welcomed us to the home and, after signing in, we were introduced to the Joint Registered Manager. We were then joined by the Manager. Both answered our questions about the home and then showed us around and introduced us to residents and staff.



One AR spoke individually to three residents who were happy to meet in the lounge. Staff took care to escort each resident to and from the lounge at an appropriate time. Other residents were in their rooms or had gone on a trip.

Two ARs were invited to speak to other residents in their rooms. The Manager knocked on their bedroom doors and asked if they would be happy to speak to us.

As well as the Manager, we spoke to:

- Nine residents
- Two visitors
- Four staff

What we found out

The home

The Old Rectory is a large house in its own grounds with bedrooms on three floors. There are two staircases and a lift. The décor was clean and the home was furnished using neutral colours.



The home has three lounges - one on the ground floor, one on the first floor and a smaller coffee lounge attached to the restaurant. We saw three residents in the coffee lounge when we arrived. We did not see any residents using the other lounges, other than to meet with us. Some residents had gone out on a trip in the minibus to a local garden centre.

RECEPTION

The entrance hall / reception area was light, airy and welcoming. There was a receptionist present throughout our visit. Gentle ramps led to the lounge, bedrooms and restaurant on the ground floor. The ramps had a laminate floor and glazed panels below the handrails. We saw staff helping residents with wheeled walking frames walk up and down the ramps, asking the residents 'Are you alright?', 'Round to the left'.

Throughout the home there were framed pictures on the walls.

The two main lounges had seating arranged in small groups to encourage conversation. Both lounges had large windows looking out over the garden. Settees were arranged in front of the fireplaces but the fireplaces did not appear to be used. The décor was light and very clean. There was no television in either lounge and we did not see any books, magazines, newspapers or activities for residents to pick up and do or read.¹

The ground floor lounge was separated by two sets of doors from the rest of the house which made it very quiet. The first floor lounge was close to a work station where a member of staff was doing paperwork. The lounge was also a 'corridor' connecting one end of the floor to the other, so people passed through it regularly. When we asked residents if they used the lounges, they said only if there were activities going on, or if they met with their visitors there.²

The restaurant had tables and chairs in small groups with places laid for lunch with linen tablecloths and serviettes. Some residents gathered in the restaurant before lunch for a glass of sherry. There was a patio area outside (accessible from the restaurant) and residents told us they have coffee outside on warm days.

The coffee lounge alongside the dining room had large windows looking out over the garden and there was quiet background music.

¹HWS has received the following comment from the Manager: **'There is no television in the lounges because that is what the residents have chosen. There is a large screen television that is on wheels and is brought out to show films and for special events such as Remembrance Day. There is a selection of books in the top lounge, in the seating area outside the bottom lounge and in the coffee lounge there is a small selection of magazines. Many service users have their own newspapers and there is a copy of the Daily Mail that is circulated through the home on a daily basis.'** For more information see p.24.

² Since the visit the Manager has told us **'There are groups of service users that meet together in the lounges. In the past service users have been encouraged to have coffee or tea together in the lounges, but they chose not to make use of this. Service users are given the choice of how and where to spend their day.'** For more information see p.24.

There were fresh drinking water dispensers on each floor. On the ground floor and first floor there was a kitchenette with toaster, microwave, kettle and biscuits.³

The home is registered for 31 residents and is currently full as the double room is being used as a single. There are 27 female and three male residents. The Manager said there was usually a waiting list and many residents choose to come to the home because they are lonely. The residents are assessed by the Manager before moving there to ensure the home can provide the care the people require.

All rooms had an ensuite (toilet and washbasin). Out of the 30 rooms, 20 have a wet room. In addition, there were two bathrooms, one on each floor, and a wet room on the ground floor. The bathrooms were clean and had fully accessible baths. One bath could be accessed by a hoist and another had a seat alongside it which could be raised over the side of the bath and then lowered into the bath.

There was a soundproofed laundry room on the second floor.

There was a hair salon on the ground floor close to the dining room. It was fitted with wash basins for leaning backwards for a hair wash.

Personalised care

Choices - Menus and food

All the residents we spoke to said that the food was excellent with 'lovely dinners'. Most residents said they had breakfast in their bedrooms and the Manager explained that additional staff were on duty in the mornings to cover breakfast time. She

explained that three night staff work from 9pm to 9am with six day staff arriving by 7.15am for the day shift. This means that they can help residents to get up. If a resident wants breakfast in their room the Manager said the staff bring the order to the kitchen and it is then delivered to the resident's room. The Manager said there is a wide choice of food including fresh fruits, porridge, cooked breakfast etc.



Residents told us the staff bring a menu around for the next day for them to select their food choices. They said there was always a good choice. One resident said that one day they said they fancied 'fried egg and chips' and it was brought to

³ Since the visit the Manager has told us **There is also, tea coffee, a fridge containing a selection of fruit juices, and a bowl of fruit.**

them. Another resident, when asked, said that they could not remember what they had ordered for lunch but that they were sure 'it would be a pleasant surprise'. The Manager commented that it would be better if residents did not have to order meals the day before and that breakfast is ordered on the day.

One resident said that sometimes they waited a long time between courses.

The Manager told us the chef offers appropriate menus for those residents who need a special diet as 'it is important residents eat a nutritionally balanced diet'. Staff told us they record the amount of fluid and food consumed for those whose diets need to be monitored. A relative we spoke to confirmed that a fluid chart was being kept for their relative to make sure they were drinking enough.

Residents are weighed monthly as part of the regular wellness checks and a care assistant told us that the weights are monitored to see if there has been any weight loss. The member of staff said that one resident had been referred to the SALT team (Speech and Language Therapy) to help with swallowing issues and the Manager told us she had asked a psychiatrist to help a resident who had eating problems.

A resident said their appetite was not good but they felt staff did what they could to provide appetising food. The Manager told us there is always a bowl of fresh fruit in the dining room.

Residents said they did not speak to the chef directly though we were told by staff that there were regular meetings with kitchen staff.⁴

The Manager told us residents can make their own drinks or ring the bell if they require a drink or a snack. We saw staff knocking on doors bringing coffee to residents in their rooms. Sometimes staff waited for a response from the resident before coming into the bedroom and we saw the drink placed on the table. One resident said the drinks were brought in but there never seemed time for the staff to have a 'little chat'.⁵

One resident said that as they could not sleep they had made themselves a cup of tea at 2.30 a.m. the previous night and had 'sat and chatted to care staff who

⁴ Since our visit the Manager has told us **'The second cook does a food survey at least every six months. Normally a member of the catering staff is present at the residents meetings. Some residents choose to chat with the kitchen staff on a daily basis.'**

⁵ **'When staff are serving drinks, they do not have much time to chat but will always be polite, because they have a number of drinks to serve. However, they do spend time talking to the residents at other times during the day and night.'**

were doing the ironing’. Staff told us relatives use the facilities to make a drink when they visit. This was confirmed by one of the residents we spoke to.

The Manager and residents told us they welcome visitors joining them for meals. A relative confirmed that they had done so and that they did not have to pay for meals directly. Two residents mentioned a ‘comfort fund’ which is a voluntary contribution to cover visitors’ meals and additional resident activities. One resident said that not everyone contributed to the fund, and they thought they might raise this at a residents’ meeting.⁶

One resident said that there is always a jug of water in their room and that residents could have a glass of tonic, wine or sherry if they wanted. We observed a member of staff asking a resident if they would like to join another resident in the dining room before lunch for a glass of wine. We then saw the wine, chosen by the resident, ready on the table in the dining room.

Choices - Activities

The Manager said that the activity coordinator, who had been in post for about three years, had left three weeks ago and she was currently recruiting three staff to cover the role. She said this change of staff would give her an opportunity to review how activities are organised.

Residents are given a weekly programme of events and we saw a copy displayed at reception. A relative also said that there was an activities programme in their relative’s room and that it was in ‘big print’ which was very helpful.

Week of				
Monday	Tuesday	Wednesday	Thursday	Friday

When we arrived, we saw a number of residents going out in a minibus to a garden centre. Residents told us they go to the same garden centre every week. Occasionally they go somewhere different. They thought this was due to time constraints as the outing is between 10am and 12.30pm.⁷

⁶ Since our visit the Manager has told us that **‘The comfort fund is a fund for the residents to be used for their benefit. If a resident shares a meal with a visitor and the visitor asks if there is a charge for the meal, they are told there is no charge but they are invited to make a donation to the comfort fund. This is one of the ways that comfort funds are raised.’**

⁷ **‘There are a variety of weekly outings, if the residents go out for example for a pub lunch or a canal boat trip, they are out for the whole day. If they go to a garden centre, it is different ones each week. If the trip is**

Residents also told us about two exercise classes that are held twice a week. A resident told us there are usually about eight people at the classes. Other activities include flower arranging, quizzes and painting. One resident told us that there had been no activities since the activities coordinator left.⁸

Residents we spoke to also said that they liked watching television, particularly 'soaps' and the evening news. They also liked reading, drawing and knitting baby clothes and squares 'for the home'. A resident told us that their room already had a small television but they had been able to bring in their own large screen television.

The Manager told us that there are regular events such as the Cosford Air show and bonfire night, when up to 100 people attend joining residents, families and staff. A relative we spoke to said that their whole family had come along to join a resident at the recent bonfire night and that it had been a very good evening. Another resident said that they enjoyed the Air Show and the bonfire night. A member of staff told us that a marquee is put up in the grounds for the Air Show and that it is used for other events as well. They mentioned a barn dance.⁹

A member of staff told us that singers visit the home for special birthdays such as 90ths, and that there are trips out to canals in Welshpool and Wolverhampton.

The Manager told us they have a film night every Saturday after tea with 'Pringles and popcorn'. A large screen TV is installed in the upstairs lounge on film night. A resident told us that they would prefer the film to be in the afternoon as most residents like to go to their rooms and watch television after tea.¹⁰

One resident told us that they and another resident get the local bus into Albrighton once a week and go for coffee.

Another resident told us that, as well as weekly trips out which they enjoyed, they also liked going shopping and that staff took them.

to go further afield and they are to get back in time for lunch, then the residents would have to go out earlier and get up earlier; they are not keen to do this.'

⁸ Since the HWS visit the Manager has told us 'Since the activity co-ordinator has left there haven't been any quizzes or painting sessions, however there have been other activities such as flower arranging, exercise classes, minibus outings, pampering sessions and film nights. The new activity assistant has already started and the co-ordinator will be starting on 13/12/17. They will be talking to all the residents to discover that activities they would like to take part in.'

⁹ 'We have not had a barn dance but have held a country and western night in the marquee.'

¹⁰ 'We are always striving to improve on the service we give and will change and adapt to suit the wishes of the residents.' For more information see p.24.

A resident told us that staff had taken them by car to attend a family occasion quite a distance away. The member of staff stayed with them during the event to take care of them and make sure they could get to the toilet.

The Manager said that every six months they have a Social Committee meeting with residents and family.

A resident told us the vicar comes into the home once a month to lead a service.

A relative explained that there is a 'bank' at reception to keep residents' spending money safe. They also said that not much money is needed as everything is included.

The home has Wi-Fi. A staff member told us that there was not much demand amongst the residents for access to the internet. They thought two residents used iPads but they were not aware of any residents making use of Skype to keep in touch with relatives. They explained that most residents kept in touch by phone. One resident told us that their daughter sorted anything out they needed on the internet. One resident had a new Kindle which they were enjoying.

A relative observed that their relative, who had become 'a bit of a recluse' where they lived previously, was socialising more in the home.

Choices - Personalising bedrooms

When the home first opened residents could choose their room. Now there is usually only one vacant room at a time.

When a room becomes available, existing residents are offered the chance to change their room. There is a waiting

list for the home now and a relative told us that the wait had been about two months in their case.



We were invited into a number of bedrooms and residents told us they were able to bring their own furniture with them within reason. One resident said of the home management, 'they like to keep it nice'. A relative we spoke to said that they could have asked for the whole room to be cleared if their relative had wanted to bring along their own furniture. Another resident said that they had not wanted to bring very much with them from home and that they were 'very happy here'.

Residents we spoke to were happy with their rooms saying:

- 'I like this room, I get the sun all day'
- 'I like this room, I have two windows'
- 'I like this room as I can have my chair away from the side of the bed'
- 'I settled in quickly and the home is beautifully decorated'

We saw small chests of drawers, bureaux and electrically adjustable chairs that had been brought in by the residents. Rooms were personalised with the residents' own photos and paintings. Residents can put pictures on the wall. One resident had brought their own bedding and another resident told us that they were 'very relaxed. I sleep well and the bed is comfortable.'

A relative told us that they had been able to rearrange the whole room to suit the resident's needs. However the phone, provided in the room, was fixed and was now in the wrong place.¹¹ This did not matter as the resident used a mobile phone.

One resident told us that, although they had an ensuite toilet, they also had the use of a commode at night which made things much easier.

Support for residents to maintain their independence

The Manager said that they encouraged residents to retain their independence and stay active; some residents choose to get involved with local groups in the village.

The Manager told us they want residents to remain active for example by encouraging them to walk to the restaurant for lunch or tea, but some residents do use wheelchairs. Some residents told us they used a wheelchair to go downstairs; one was registered blind. One resident said they liked to go outside but use a wheelchair. They said that 'staff are very busy, they don't have time' to take them out, but their daughter took them.¹² A relative of another resident who did not use a wheelchair and had a room on the first floor,



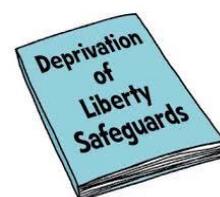
¹¹ Since our visit the Manager has said 'We have extension leads so that if we need to rearrange the room to accommodate the needs of the resident (with the permission of the resident) or if the resident chooses to have their room rearranged we can and do reposition the phone.'

¹² 'Care staff are always available and do take the residents outside to the patio area on warm sunny days or for them to sit and enjoy the sunshine and each other's company. They very much enjoy this. The care staff also take residents out for a walk around the grounds, in a wheel chair if necessary, but their time is more limited for this activity. Again this is an activity that the new activities staff could do with the residents when they have one to one sessions with them.'

told us that the resident was always accompanied by a member of staff in the lift. The Manager said there was an 'open-door' policy ensuring people can go outside and into the community. One resident said they needed a wheelchair to go out and it was possible to ask a member of staff to help, 'but they are very busy and don't have the time', so the resident said they asked their relative to take them outside.

A relative confirmed that the doors were open until about 5.00pm. When asked about security, they said that they had no concerns because 'the reception area was always manned' and there were 'always staff around'.

We asked a member of staff how they managed situations where Deprivation of Liberty Safeguards (DoLS) were necessary under the Mental Capacity Act 2005. They explained that, there had been one instance where a resident was considered to be at risk if they went out.



In this case, if the resident wandered near the door, the staff used distraction techniques to gently move them away from the door. When this approach proved to be too difficult to manage without depriving other residents of their liberty, the resident was found another home more suitable for their needs. Staff kept in touch with the resident after they moved.

All residents said they chose what time to get up and go to bed and they selected their own clothes. All the residents we saw were smartly dressed in a style individual to each of them. A staff member told us that if a resident wanted to stay in bed all day, that would be fine. Some residents told us they went to the hairdresser in the home every week. The Manager told us the hairdresser is at the home every Monday and Thursday. One resident who was an ex hairdresser told us that the hairdresser was very good.

If residents are happy living in the home

Several residents we spoke to said that the reason they had chosen to move into a care home was because they were lonely. One resident said that the staff are very good, but some staff 'move on' and they prefer continuity.

Other comments from residents are:

- 'It is like living in a country hotel, you can please yourself'.
- One thought they were going to be lonely when they came to the home and they brought photos with them to put into an album. However they had lived here for three years and still hadn't found time to sort the photos, they said 'that speaks for itself!'
- 'I am absolutely 100% happy living here'
- 'It's nice, it doesn't smell, the food is good, the company is good, they take us out once a week'
- One said that they had 'changed from a broken woman to marvellous' and that now they had friends who came to sing Happy Birthday at their door.

When asked about the staff, residents told us:

- 'You can't fault them'
- 'They will do anything for you'
- 'Staff are always racing around'
- 'Since I came here people need more care and that takes more time, so they can't stop for a chat'
- 'The staff are kind but they never have enough time. Nothing gets missed - the girls just work twice as hard'¹³

Some residents said they would like staff to have more time to stop and chat.

All residents said their call bells were answered promptly within three to five minutes. We saw residents with call bells either around their neck, on their walkers or on their bed. We also observed sockets in the communal lounge where a call bell could be plugged in if required. A resident told us that the bell they wore worked in their room but that if they were in the toilet there was a pull cord to use.

Relatives told us that they felt they did not have to worry about their relative as they were in very good hands.

¹³ The Manager has responded to these comments from residents saying: **'Care staff do not always have time to stop and chat as they are working hard to ensure our residents have a high standard of care and that nothing is missed. They always spend time talking to them when delivering personal care and at other times when they interact with the residents. The domestic staff will always talk when they are cleaning the residents' rooms, and the catering staff when they are delivering meals. There is a lot of conversation and laughter in the home.'**

Dignity and Respect

Staff communication with residents

Staff we met in the corridors all acknowledged us with a good morning and a smile. We saw staff speaking with residents, helping them to move and checking they were alright.

We saw staff knocking on bedroom doors and either waiting for a response from the resident or, if there was no response, opening the door with a 'hello'.

When we were with one resident in their room a staff member came in and asked if the resident would like a drink and then returned with the drink requested.

Twice during our visit we saw a member of staff put a drink on a table with little conversation with the resident.¹⁴

How staff find out about a person's likes and dislikes

The Manager told us that the likes and dislikes of residents are discussed with them and their families before coming to live at the home. Staff told us that information is recorded in care plans which are regularly updated. Any changes are recorded in the 'communication book' and discussed at handover.



An abbreviated version of the care plan is also inside the resident's wardrobe.

A relative told us that they had had three sheets to complete when their relative arrived at the home. One to list clothes, one to list possessions and one to provide a 'life profile'. This gave them confidence that the home would care for their relative.

Safe Environment

We noticed that some doors opened out across the hallways and the Manager agreed it would be appropriate to put a reminder on the inside of the door to advise people to open the door carefully in case there was someone walking past.

¹⁴ The Manager has commented **'We would hope that staff would not intrude during the time a resident has with a visitor but respect their privacy.'**

We asked a staff member how they managed conflict or disagreements between residents. They explained that they used distraction techniques to restore calm.

Access to healthcare

The Manager and residents told us that a local GP visits the home each week and a resident said they can request an appointment. At other times the home uses Shropdoc. Health visitors visit the home and residents are accompanied to hospital appointments.



A relative described how the care in their relative's first week of residence had been 'full on', with the doctor doing a full check-up and visits from the district nurse all within the first week. Another resident told us that they had seen the doctor within a week of arriving at the home and, as a result of their check-up, the doctor had made arrangements for them to go to hospital for treatment. A resident also said that, during their first week at the home, the staff had 'asked a lot of questions'.

Residents told us they go to local opticians, dentists and audiology appointments, often being taken there by their family. On the day we visited, we heard a relative arranging to come back later to take a resident to the dentist. The home will provide an escort and driver if necessary.

A resident told us that, when they needed to visit the hospital, a staff member escorted them there and settled them in, then arranged to come back later on to fetch them. The resident said this saved their family the worry of making arrangements for the trip.

The Manager told us that residents are allocated a personal 'keyworker' who also cleaned and looked after hearing aids, if worn. A resident told us that a volunteer comes once a month to clean and wash out the hearing aid and that the keyworker wipes the outside of the aid.¹⁵ The resident had tools to clean out the aid.



¹⁵ Since our visit the Manager has told us 'There is no such [volunteer]. Hearing aids are cleaned by the care staff on a daily basis.'

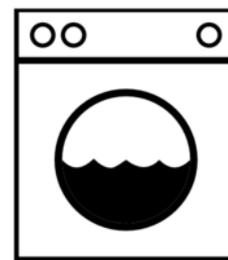
A care assistant was not sure if a volunteer helped with the hearing aids and told us that staff change the batteries regularly and she said she would investigate the cleaning of aids.¹⁶

Cleanliness and infection control

The home was clean and tidy throughout. We saw sanitising hand gel dispensers on the corridors on all the floors. We did not see any one using these during our visit.¹⁷

A senior care worker said they were the infection control champion and they explained how they ensured rules and regulations were followed. They said they encouraged all staff to comment on anything that needed changing by writing issues in the staff communication book. For example they said that all bathrooms have 'sani bins' for safe and hygienic disposal of personal hygiene items.

Residents and staff said their laundry was returned the next day. Staff told us they used net bags to ensure underwear was kept together and returned safely. The Joint Registered Manager told us they tag clothes with a discreet metal tag on a label indicating the room number so residents can be confident their laundry does not get lost.



One resident told us that they were happy with the laundry but that a cardigan had once gone missing and could not be found. The home bought a replacement.

As we walked along a corridor the Manager drew our attention to an "unacceptable" smell of drains which she was in the process of having investigated and put right.

¹⁶ The Manager has told us that **'Since the visit, training in the cleaning and checking of hearing aids has been carried out to clarify the care staff's role in this area.'**

¹⁷ **'The hand dispensers are used as they have to be refilled regularly by the domestic staff. All care staff also have a small bottle of hand sanitiser in their pockets.'**

Complaints and feedback

A copy of the complaints procedure was displayed on the wall in reception and there was a comment box and slips clearly visible. The Manager and staff told us they encouraged residents and families to speak with them about any concerns.



Most residents told us that, if necessary, they would be happy to speak with the Manager and they were confident issues would be dealt with. One resident told us that they would speak to a relative and ask them to communicate with the Manager on their behalf.

The Manager and staff told us they have questionnaires for residents, families and professionals and the information is discussed at senior staff meetings and acted on in order to improve life at the home.

Residents told us they had residents' meetings but the last one had been cancelled. A new date has not yet been set.¹⁸

Staffing levels, recruitment, qualifications and training

The training coordinator told us there are 49 staff and two agency staff. We were told there is no problem with staffing and staff are happy to do extra shifts to cover for sickness, holidays or training.

All the staff said they were well supported by the Manager and they all said they 'loved coming to work'. 'It is like one big happy family.' 'I love the residents to bits.'

¹⁸ In response to this report the Manager has told us: **'No Residents' meetings have been cancelled recently. At the Residents' meeting held on 24th May 2017 it was agreed to hold the next meeting in 6 months' time. The date for the next meeting was arranged in August and it was held on the 7th December as arranged. The next meeting will be held in 6 months' time. However the Residents' Social Committee meeting was cancelled because the activities co-ordinator was leaving, another meeting will be arranged in the new year, to plan the years social events programme with the new activities staff.'**

A staff member told us that there are champions for different areas and that there are keyworkers for each resident. One resident we spoke to was not aware of who their keyworker was.¹⁹

Training is provided in house by training providers such as SPIC (Shropshire Partners in Care) or Shropshire Council's Joint Training. There is no e-learning as the Manager said in her opinion it was not effective. The Manager told us the training included all the statutory training such as manual handling, fire evacuation, Mental Capacity Act etc, but training also focussed on the needs of the residents. For example, one resident is diabetic and training about diabetes had been organised for all staff, with the resident also attending the training.

A member of staff also told us that they were attending 'end of life' training, provided by Birmingham Hospices.

The training coordinator explained that she has a spreadsheet showing the training staff have attended and required. Staff work additional hours to cover for staff who are receiving training. For example a senior care assistant had 'filled in' for a carer the day before. New policies and procedures which are put in place following training or feedback from staff are communicated to staff via the communication book. Staff sign the book to say they have read it.

A new member of staff told us they were paid for four hours to come in and read the care plans. We saw a new member of staff shadowing a senior member of staff for the day before taking responsibilities for a shift. The training coordinator explained that even if a staff member had received training elsewhere, the training is repeated at induction to ensure safe practice is maintained.

New staff told us they are mentored and have weekly reviews and then a review with the Manager after six weeks. Appraisals for all staff are held every three months.²⁰

We were told that all training took place in a building next door so there was no disturbance within the Care home.

Staff told us that agency staff are used and agency staff receive training, including shadowing staff to get to know the residents.

¹⁹ Since our visit the Manager has told us that **'All the keyworkers make themselves known to the resident they have been assigned to. In case the resident forgets who they are a sign stating who their keyworker is has been placed in the resident's room on the inside of their wardrobe door, with the resident's permission.'**

²⁰ **'Supervisions are held every 3 months, appraisals are held annually or more frequently as needed.'**

Additional Findings

The Manager said that wherever possible residents stayed at the home and end of life care is provided. On occasions however, the needs of a person may change and if the home cannot meet their needs, the resident and their family were supported to move to more suitable accommodation. This had happened when a resident developed advanced dementia. The Manager said that the home stays in touch and staff visit previous residents if possible.



Summary of Findings

- Residents said they were happy living in the home.
- Several residents said that the reason they had chosen to move into a care home was to alleviate loneliness.
- The home arranges trips out, including to the local garden centre; shopping and some residents go into the local village for coffee.
- Residents enjoyed talking to other residents when they were in the dining room.
- Residents spoke positively about the staff but told us they wished they had more time to chat to them.
- We saw staff supporting residents to mobilise, speaking with them in a quiet and friendly way.
- We saw some staff place drinks on the table with little conversation.
- We saw staff knock on doors and wait for a response before entering a bedroom. If there was no response they would knock again and then open the door slightly and enquire if they could enter.
- The home was clean, light and airy and well decorated throughout.
- The two main lounges appeared to be underused, residents preferring to spend time in their rooms
- On the day of our visit several residents had gone on a trip.
- There were no televisions in the lounges and there did not appear to be any books, magazines, newspapers or activities easily to hand.
- Chairs were arranged in a way to encourage conversation with settees in front of the fireplaces in the two main lounges but the fireplaces appeared to be unused.

- Residents enjoyed talking to other residents when they were in the dining room.
- The activity coordinator had just left and the home is currently appointing three new coordinators, which the Manager said would give an opportunity to review how activities are delivered.
- Residents had personalised their rooms and were happy with them.
- Residents said the food was good and there was plenty of choice.
- Residents told us they had access to a GP and made visits to opticians etc.
- One resident told us a volunteer came once a month to clean hearing aids.
- Some doors opened outwards into the corridors.
- Staff and most residents felt confident that they could speak to the Manager or one of the staff if there was a problem. One resident told us they would speak to a relative and ask them to speak to the staff on their behalf.
- A residents meeting had been cancelled and no new date had been set as yet.
- We were told staff levels were good with little need to use agency staff.
- Staff said they felt well supported and received good training.

Recommendations

We suggest that:

- The job specification for the new activities coordinators includes the development of more group and individual activities for residents and for more time to be spent with individual residents in their rooms.
- The staff team consider how to encourage more informal socialising between residents other than at mealtimes and during activities and greater use of the main lounges as social areas.
- Staff engage with residents more when serving drinks, etc.
- A new date for the residents' meeting is set.
- The home considers developing the use of Wi-Fi devices with residents, e.g. to enable residents to Skype their families.
- Residents are told of who their keyworker is.
- The person responsible for cleaning hearing aids is clarified.
- Notices are put inside doors opening outwards onto corridors advising people to take care in case someone is walking past.

Service Provider Response

Healthwatch Shropshire has received the following response to the visit and report from the Manager of The Old Rectory Care Home on 12th December after they had discussed the content with the report with the residents at the Residents' meeting held on 5th December 2017:

p.8 Use of the lounges

There is no television in the lounges because that is what the residents have chosen. The residents were asked again at the Residents' meeting if this is what they wanted and all agreed that it was. They confirmed that they are happy with the way the lounges are arranged and did not want to make any changes.

There is a group of service users that meet together in the lounges. In the past service users have been encouraged to have coffee or tea together in the lounges, but they have chosen not to make use of this. When asked at the Residents' meeting if they would like hot drinks to be served in the lounges they said that they would like to choose where they had their drinks.

p.12 Film times

At the Residents' meeting the new activities staff suggested holding two film showings, at 3pm and 7pm on a Wednesday, the residents were in agreement with this arrangement. This will be trialled to see if it is what the residents want.

The Manager has provided the following information and action plan in response to our recommendations:

We suggest that the job specification for the new activities coordinators includes the development of more group and individual activities for residents and for more time to be spent with individual residents in their rooms.

We already identified the need to improve the delivery of our activities programme from a recent friends and family satisfaction survey and are taking action to improve by appointing two new activities staff to replace the activities co-ordinator who left and increasing activities hours from 24 to 34 hours per week. The previous activities co-ordinator used to visit residents who did not join in with activities in their rooms. The job description does include the planning of group

activities and also includes developing individual activities for those residents who wish to stay in their rooms.

This will be overseen by the activities co-ordinator and activities assistant and will be on-going as the needs of the residents change over time.

Update: The new activities assistant has had two sessions where she has concentrated on one to one times (30/11/17 and 1/12/17).

We suggest that the staff team consider how to encourage more informal socialising between residents other than at mealtimes and during activities and greater use of the main lounges as social areas.

The staff team do encourage residents to interact with each other but it is the resident's choice of who they wish to socialise with and where they wish to spend their day.

We suggest that staff engage with residents more when serving drinks, etc.

All staff do already engage with the residents, including care, domestic, catering, maintenance staff and the Administration Manager on the front desk.

We suggest that a new date for the residents' meeting is set.

This is not necessary as the residents' meeting was not cancelled but held on 5th December. The next meeting will be held in 6 months' time.

We suggest that the home considers developing the use of Wi-Fi devices with residents, e.g. to enable residents to Skype their families.

Residents to be reminded that internet and the facilities for Skype are available as stated in the Service User's Guide and the Statement of Purpose. To be put on future residents meeting agenda.

This will be overseen by the Manager and is on-going.

Update: Residents were reminded of these facilities at the Residents' meeting held on 5th December.

We suggest that residents are told of who their keyworker is.

Residents have been told who their keyworker is, if they forget a sign to tell them is placed in their rooms on the inside of their wardrobes. To put the role of keyworkers on the agenda of all future residents' meetings as a reminder.

This will be overseen by the Manager and is on-going.

Update: Residents were reminded of the keyworkers role at the residents meetings held on 24th May and 5th December 2017.

We suggest that the person responsible for cleaning hearing aids is clarified.

This area of improvement identified a training need. Care staff need to be aware that they are responsible for cleaning and checking the hearing aids on a daily basis.

This will be overseen by the Joint Registered Manager and completed by January 2018.

Update: A new procedure has been written and retraining of staff planned.

We suggest that notices are put inside doors opening outwards onto corridors advising people to take care in case someone is walking past.

Notices printed and laminated and placed on doors where needed.

This will be overseen by the Joint Registered Manager and completed as soon as possible.

Update: This was completed on 6th December 2017.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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