



Enter & View Visit Report

Details of Visit

Service Name and Address	The Vicarage Nursing Home, Bayston Hill, SY3 0EA
Service Provider	Ephraims Care Group
Day, Date and Time	Thursday 9 th June 2016, 1.30 - 4.00pm
Visit Team	3 Healthwatch Shropshire Authorised Representatives - 2 spoke to residents, visitors and staff and 1 observed activities in the lounge

Purpose of the Visit

To observe the quality of care and treatment experienced by service users in this care setting in relation to dignity, choice and respect.

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.

Page Contents

2	Context of the visit
2	What we were looking at:
3	What we did
3-8	What we found out
4-5	• Supporting the dignity and individuality of residents
5	• Opportunities for residents' involvement in their care and exercise of choice
6	• Activities
6-7	• Residents' and visitors' opinions of care in the home
7	• Quality of care and interactions between staff and residents
8	• Staff training and support for working with people with dementia
8-12	Observation summary
9	Observation ratings
9-10	1) General care
10-11	2) Patient/visitor engagement
11	3) Attention to residents' safety
12	The homes communal environment
12-13	Additional findings
13-14	Summary of findings
14	Recommendations
15-16	Service provider response
16	Acknowledgements
17	Who are Healthwatch Shropshire/What is Enter and View?

Context of the visit

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 provided. These visits are called Enter and View and always have a purpose.

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

Healthwatch Shropshire were asked to visit The Vicarage Nursing Home after concerns were raised locally.

Enter and View visits can be announced, semi-announced or unannounced. This was a semi-announced visit and the manager at The Vicarage Nursing Home was told that the visit would take place on one day within a two week period.

What we were looking at

- We looked at how the care team respect the dignity and individuality of the residents.
- We looked at opportunities for residents to be involved in their care and whether they are encouraged to make choices. This includes choice of food and activities, and being able to personalise their own space.
- We asked residents and/or their visitors about their opinions of living in the home, including how good the food is, the care they receive and the activities they enjoy.
- We spoke to staff about the training and support they received at induction, and in caring for people with dementia. We asked them how they demonstrate care and respect for the dignity of residents.

What we did

We were given a tour of the home by the senior nurse, who explained the staffing and care practices to us. We then spent two hours in the communal areas. We talked with a resident, 5 visitors and 7 staff. We did not speak to any of the residents who are unable to leave their rooms, or observe care given to them.

What we found out

The home offers specialised care for people with dementia, many of whom are profoundly disabled. It has 48 bedrooms on two floors, all with en suite toilet and hand-basin.

There were 33 residents on the day of our visit. One new resident had been admitted that day. 31 residents have dementia. During our visit we found that there were very few residents who were able to discuss their involvement in their care.

A carer and visitor told us that there is a new manager who appears to have settled in well. She has recruited more staff and has cut down on the number of agency staff employed.

During the day the manager, two nurses and 9-10 care assistants are on duty; at night there is one nurse and 4-5 care assistants. There is an office on both floors. Residents on the first floor generally remain in their beds and many are unable to communicate verbally. We were told by the senior nurse that there are always 2 care assistants on duty in this corridor who check each room at least once every hour.

The senior nurse told us that the majority of residents have regular visitors. A representative from Shropshire Council becomes the point of contact where there is no family contact.

Staff told us that the owners make frequent visits to the home.

Supporting the dignity and individuality of residents

The decoration on the ground floor has been chosen to support people with dementia and memory problems. It includes large photo-murals of familiar local scenes.

Staff told us that relatives of all new residents are asked to complete a 'This is me' form, about the resident's previous life. We observed that almost all bedrooms for people with dementia who are able to leave their rooms have a 'memory box' on the wall outside their rooms. These hold photographs of significant times in the person's life and small personal items, for example war memorabilia. The memory boxes help the residents remember their rooms, jog their memories of the past, and enable their carers to learn about their personal histories and characters. There are empty memory boxes by the doors of vacant rooms, ready to be filled by new residents or their families.

Almost all bedroom doors have a brightly-painted 'front door' effect in a distinctive colour, to help residents find their rooms easily. When asked, one resident told us they have a green front door and another said their room had a pink door.

A rolling programme is underway to upgrade rooms and facilities. Each room is redecorated when it becomes empty. The relatives of new residents are invited to choose the colour scheme and to bring in favourite pieces of furniture or other possessions.

Residents are assessed to see if they need a bed rail. Crash mats, floor alarm mats, and air-flow mattresses to protect the resident's skin are available if needed. Thermometers in rooms are checked daily. Call bells can be taken off the wall so that they can be used at the bedside.

All toilets and bath or shower rooms have large pictures and words on the doors. The decoration throughout the home is dementia-friendly, with smooth plain-coloured floors and handrails painted a different colour to the walls. There is a clock with a large face in the dining area but it cannot be easily seen.

We visited the laundry area. The senior nurse told us that all items of clothing are individually labelled. Families bring clothes in for the residents and are told when new items are needed. Social workers do this for anyone without relatives.

We were told that the local GP surgery is very supportive and the practice holds a primary care 'surgery' once a week at the home, as well as responding promptly to a call about a specific resident's condition.

There is a regular hairdressing service in the home that residents can use.

Opportunities for residents' involvement in their care and the exercise of choice

The senior nurse told us that residents are 'always invited' to join any meetings between staff and family members, and independent advocates are available when needed.

Residents who stay in their rooms can choose if they want to leave their door open or closed.

The cook showed us the four-week menu, which offers two main course choices each day. Residents are asked which option they would like for lunch each morning. Information from family members about likes and dislikes is recorded. One resident told us they had had a 'decent' lunch.

We asked about how meals are adapted for people with diabetes or other special needs, such as the need for food to be pureed. The cook showed us a printed form with the special dietary needs for each individual. This is updated daily. On this form, each meal is signed for by the carer who helps the particular resident.

We were told that people used the dining room, but could also be served at their chairs. A visitor told us that their relative is often reluctant to eat, but receives encouragement and support from the staff. Several visitors come at lunch time to help encourage their relative to eat.

Activities

The activities worker on duty explained that most of her work is one-to-one with individuals, but she also organises visits by entertainers. These are generally in high demand so there is often a long waiting list to book an entertainer. Working with the gardener at the home, they had recently put on a 'sensory reminiscence' session using garden herbs, which had actively engaged many residents who don't often take part in activities.

Residents watch TV and DVDs. Activities include skittles, cake-baking in the dining-room, cinema nights and fish and chip nights. A music centre is available for listening to music, and there are visits from choirs. One resident told us how much they had enjoyed a musical event with a local choir.

Wi Fi is available throughout the building.

Residents visit a local garden centre and go for walks on the Common.

One member of staff acknowledged that they have a role to engage in activities with residents, but commented that there is little to stimulate residents at weekends.

Residents' and visitors' opinions of care in the home

A resident who had been in the home 'for quite a long time' said, 'I like it here'.

A visitor was full of praise for the 'first class care' their relative received. In particular they commented on how clean the home was kept. (The visitor said they had been a hygiene inspector before retirement.)

A visitor said 'Most staff are nice, they have a nice manner. There are more staff on now and they are always around in the communal areas. They make me feel welcome and give me cups of tea.' They told us that staff helped their relative to drink.

Another visitor said that their relative got extremely good care. Their relative's dementia had been considered carefully and the good environment in the home and appropriate food had led to an improvement in their condition. 'Staff are very responsive to people's needs and know them as individuals. They are doing everything possible for my relative - clean clothes, hair brushed, regular baths.

I have seen no problems with continence issues. If a resident displays difficult behaviour, staff use distraction to defuse the situation. I like the place because it is not clinical. It is homely and there is a stimulating environment in the conservatory and things to look at.' The visitor added that they appreciated the relatives' meeting held every two months.

Quality of care and interactions between staff and residents

A visitor told us that the home had been quick to identify and treat an infection that was affecting a resident's behaviour. This problem had not been treated successfully in their previous care home.

Another visitor told us their relative had not been eating or drinking well until the GP put them on anti-depressants. Now they were eating and drinking very well and were able to feed themselves.

We observed that one resident was having problems walking. A member of staff gave them a frame but then walked off. Another member of staff went up to the resident in a friendly way and took time to walk with them.

One visitor said that their relative gets sore from sitting in sweat, and that not all staff take the time to dry them properly.

The activities worker we spoke with told us that both she and her colleague make daily records of interactions with each resident they have spent time with. This helps them to make sure everyone gets individual attention and their progress can be monitored.

We saw that there were special chairs for individuals, as well as a range of other specialist equipment. These included seat cushions with pressure pads that sound an alarm when the person gets up.

A member of staff said that residents' dignity is maintained by covering them with sheets when providing personal care and by closing curtains. There is a meeting room and residents' bedrooms for private conversations.

Staff training and support for working with people with dementia

We were told by staff that all the residents who suffer from dementia are subject to Deprivation of Liberty Safeguards (DoLS).

The senior nurse told us that almost all qualified nurses have a mental health qualification (RMN) and that all care staff receive Dementia Awareness Training. However, one carer we spoke to said they had not received any Dementia Awareness Training in the year they had been working at the home. Another staff member had not only received DoLS and Dementia Awareness Training, but was being supported by managers to attend a regular forum run by Shropshire's Clinical Commissioning Group (SCCG) and Shropshire Partners in Care (SPIC). This gives them the opportunity to update their skills and learn from others. We were told that the new manager is setting up training courses and trainers are invited in to talk to small groups of staff.

We saw an Employee of the Month board in the entrance.

Some members of staff told us they welcomed the supportive supervision they receive from the new manager. This had stopped under the previous management.

Observation summary

In addition to the Enter and View team a third authorised representative (AR) visited The Vicarage Nursing Home to conduct an observation.

This took place in the communal areas only. A total of 15 residents and 13 members of the care team were observed during the visit.

Much of the care given to residents in the communal area of a residential home is routine and continuous. It cannot easily be broken down into separate actions. The numbers are therefore indicative only and it is the overall picture which is significant. There were always staff on hand. They were readily available to the residents and visitors and appeared unhurried in their interactions. The AR observed that the staff seemed to work well as a team, and communicated freely with each other as well as with the residents and visitors.

Observation ratings

The AR rated each observation as:

- Positive, showing a high level of compassionate care; or
- Passive, showing good care but little empathy or positive engagement with the patients or their visitors; or
- Poor, showing a lack of care and compassion.

The AR also noted the staff's attention to the home's environment, covering issues such as cleanliness and tidiness, noise levels, and the steps taken to maintain high standards.

Observation findings

1) General care

A total of 18 separate observations were made. All were rated Positive.

- *Resident-centredness*: five observations were made of staff being actively focussed on the wellbeing of a resident.
- *Food and fluids*: six observations were made of staff paying special attention to residents' fluid needs, but drinks were on offer throughout the period of observation. Squash was brought in and distributed, and the tea trolley was taken round during the observation. Drinks were offered to residents by name.
- *Supporting the resident who may be disoriented*: five observations were made of staff noticing and responding quickly to the needs of residents who were confused or disoriented.
- *Supporting the small extras a resident may need*: two observations were made of staff going out of their way to ensure a resident's comfort.

Some examples of compassionate care:

- A resident being given the freedom to pursue activities around the home which related to their previous occupation.
- A resident being allowed to go barefoot where possible because they have 'always hated wearing shoes and socks'.
- A staff member helping a resident to drink and at the same time finding out where they were that day in memories of their past life, so that they could talk about what was, at that moment, significant to them.

- Several residents being actively encouraged and helped to drink by members of staff. The AR observed that one staff member's accent was hard for a resident to understand, but the worker persevered until they were sure the resident would receive the right drink.
- A resident who showed signs of being uncomfortable and agitated being quickly settled and made comfortable.
- A shaky resident being spotted by staff and helped to a chair.
- A member of the kitchen staff spotting a resident trying to get up from a table and quickly offering a Zimmer frame.
- A resident's birthday being celebrated. One of the cooks had made a cake and the staff collected round the resident and family to sing 'Happy Birthday'. They then offered the cake around to all the residents and their visitors.
- A carer helping a resident to eat a slice of the birthday cake by mashing it and patiently presenting it in small mouthfuls.

2) Patient/visitor engagement

A total of 17 separate observations were made. Sixteen were Positive and one was Passive. Overall the AR observed good quality, warm engagement by staff with both residents and their visitors.

- *Demonstrating dignity and respect:* six Positive observations and one Passive one were made of staff treating residents as valued individuals.
- *Communication:* five instances were observed of staff engaging in Positive communication with residents and visitors.
- *Anticipating care needs:* two instances were observed of staff recognising what a resident was about to need and supplying it in good time.
- *Resident empowerment:* one particular instance was observed of care staff supporting a resident to be safely mobile.
- *Responding to the small things outside the normal role:* one instance of this was observed.
- *Participation in care:* one particular instance of this was observed.

Some examples of Positive engagement:

- A very restless resident was supported over the period of observation by different members of staff. They reminded the resident repeatedly how to move safely and overcome mobility problems.

- A carer talked at length with a resident, discussing their favourite music.
- A carer squatted by the chair of a resident, talking quietly. When called away they promised the resident by name that they would be back soon. They were observed returning a little while later and continuing the conversation.
- A carer accepting a hug and a kiss from a resident, and exchanging banter with the resident's visitor.
- A resident being asked whether they wished to transfer from their wheelchair to an armchair. This resident was then transferred by hoist from the wheelchair to the armchair. The two carers involved were careful to position the sling gently and to talk the resident through each step before it happened.
- A carer approaching a non-speaking resident for a chat with a smile and a cheerful comment. The resident's face lit up. She spent several minutes talking to the resident.

An example of passive engagement:

- A carer leading a resident by the hand through the conservatory, at a pace suited to the resident, but looking around the room and exchanging remarks with other staff without appearing to be paying attention to the resident.

3) Attention to residents' safety

The AR observed no personal care being given, so no observations of hand hygiene and infection control could be made. However, some general observations were made:

- Residents in the communal areas were dressed appropriately and wore suitable footwear.
- Pressure alarms under chair cushions are used to alert staff if a resident at risk of falling or other harm makes a move out of the chair. The AR observed this happening on one occasion. Staff were quick to respond and attend to the resident's needs.
- The communal areas were kept clean and tidy, and apart from table and chairs there were no trip hazards.

The home's communal environment

An enclosed entrance hall leads into a corridor between the original building, which houses the communal areas, and the newer wing, which houses the residents' rooms. Specially commissioned wallpaper in this area shows local architectural details and a mural of Ironbridge, and there are pictures of local scenes on the walls. This makes a fairly small space feel much more attractive and less institutional.

There are four main communal rooms:

- a quiet, quite dimly lit lounge furnished with armchairs and a good-sized television;
- two dining areas with round tables, also quite dimly lit; and
- a very large, bright conservatory which is the room most used by residents. A door at the far end opens onto a pleasant small patio.

A fish tank is set into the wall which separates part of the conservatory from the main dining room. It contains several fish large enough to be easily seen. The layout of the rooms means that people can walk through them in a circle.

Anyone coming from the residential wing passes the staff office next to the entrance.

The flooring throughout is wood-effect and the furniture is functional but comfortable and suited to residents' needs. The overall effect is not homely, but it is practical and pleasant.

In the conservatory there are chairs against the walls and grouped in the centre and corners of the room. Tables which can be used for craft activities are placed under the fish tank, though no activities were happening at the time of our visit.

Our visit took place on a very hot day. Air conditioning kept the temperature at a reasonable level, but some of the rooms felt and smelled a little stuffy. There was a faint smell of urine in one area away from the conservatory's open windows. There was no clutter and the rooms were clean and tidy. Empty cups and glasses were removed by staff.

Background noise was low and it was possible to have a quiet conversation. The atmosphere was generally calm and most of the residents appeared comfortably relaxed.

Additional findings

- There are boards upstairs and downstairs that list the nurses on duty so that visitors know who to speak to with any concerns.
- The family of a resident who had just arrived wanted to be sure that all the information they had given to different members of staff had been recorded in one place. They were not sure who they should speak to about their relative before they left.
- A visitor had phoned the home at around 5pm one day and the phone had not been answered. A member of the night staff had rung back later that evening.
- A visitor told us that the time of the next meeting for relatives with staff had been changed from an afternoon to an evening to fit in with people who are at work. We later saw that a visitor had written this suggestion in the comments book about two months ago.

Summary of findings

- The overall impression gained by the Authorised Representatives was of a well-run and well-resourced home.

Are residents treated with dignity and respect?

- The residents and visitors we spoke with all had a positive view of their experience of the home.
- The decoration and layout of the home are designed to be as dementia-friendly as possible.
- There were enough staff on duty on the day we visited to give unhurried and attentive care to residents in the communal areas.
- Senior staff ensure they take all appropriate legal steps to assess the mental capacity, and protect the safety, of the very vulnerable residents in their care.

- Residents and their relatives are involved in meetings about their care.
- There are two-monthly meetings for relatives, and we saw evidence that the management responds to suggestions from relatives.
- Staff might not always give enough time for personal care with each resident so that they are dry and comfortable at all times.

Offering choices

- The activities staff work one-on-one and with groups, and their contacts with each resident are recorded.
- There is little to stimulate residents at weekends.
- Relatives are asked the dietary likes and dislikes of new residents. There is a four-week menu programme with a choice of main meals. Drinks are freely available and regularly offered during the day.
- The catering staff have a system for recording and monitoring the special dietary needs of residents.

Staff training

- While one staff member said they had not received any DoLS or Dementia Awareness Training, others said that they had received both. New training opportunities are being set up by the new manager.
- Staff supervision is again taking place again, with the new manager supervising senior staff.

Recommendations

- We recommend that all staff give enough time for personal care with each resident so that they are dry and comfortable at all times.
- We recommend that the home considers developing more activities at weekends.

Service Provider Response

Healthwatch Shropshire has received the following response to the Enter and View visit and report from the Home Manager:

Thank you for the Healthwatch report, unfortunately on your visit I was on annual leave. It would have been nice to meet the members of your team.

I have read through the report and although I wasn't present, I believe the findings were factual.

I only had one concern, which I want to clarify, a carer informed a member of your team that in the year they had worked here they had not received any Dementia Awareness Training, I can clarify that since I came into post at the beginning of March 2016, 3 course dates have been held here at The Vicarage for Dementia Awareness Training, the course attendance was solely down to the individuals training needs and requirements. So for a carer to have not received the training it is down to their individual non-attendance.

Since your visit a further 3 Dementia Awareness Level 3 courses have been held here, with a teaching duration time of 7 hours. All staff have now completed Dementia Awareness Training.

I take on board the issues raised in the delivery of cold food, time spent delivering personal care, and lack of activities on a weekend.

Can I conclude by saying thank you very much for your report, it is much appreciated.

The Home Manager has provided us with the following information in response to our recommendations:

We recommend that all staff give enough time for personal care with each resident so that they are dry and comfortable at all times.

The Home Manager will recruit more staff to enable extra care rounds to be scheduled in the day. This will be on going.

Progress: Three full time staff have been recruited, two with care experience and a third new to care.

We recommend that the home considers developing more activities at weekends.

The Home Manager will review the activities rota and programme of events, taking into account the weekends; asking relatives at the regular relatives meeting for their feedback for weekends.

Progress: The activities rota has been reviewed and changes to the team's working hours have taken place to ensure the weekend activity programme is as robust as that for week days. The activities team have taken this fully on board and working times have changed resulting in one member of the team working into the evenings. There is an activity coordinator working each weekend.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather 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 delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

01743 237884

enquiries@healthwatchshropshire.co.uk
www.healthwatchshropshire.co.uk

Healthwatch Shropshire
4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG