



REPORT OF ENTER AND VIEW VISIT TO WARMLEY HOUSE NURSING HOME

**Tower Road North, Warmley, South
Gloucestershire, BS30 8XN**

**Two, two hour enter and view visits on Wednesday 11 November
2015 and Tuesday 24 November 2015**

Authorised representatives undertaking the visits:

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Acknowledgements

Healthwatch South Gloucestershire authorised enter and view representatives wish to express their gratitude to the residents of Warmley House Nursing Home and their families, friends and carers who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Warmley House Nursing Home's management and all the staff who were willing and able to engage and answer our queries. The members of staff were very welcoming and helpful.

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1. Executive Summary

"I like all the staff." – Quote from a resident.

"I choose to put my own grandmother here." – Quote from a member of staff.

1.1 Healthwatch South Gloucestershire authorised enter and view (E and V) representatives undertook two, two hour enter and view visits to Warmley House Nursing Home on the morning of Wednesday 11 November 2015 and the afternoon of Tuesday 24 November 2015. The purpose of the enter and view visits was to find out about the residents' lived experience of care.

1.2 Information was gathered from the authorised E and V representatives' observations and their notes of conversations with residents and/or their relatives, and members of staff. Observations were gathered by the authorised representatives working in pairs. Conversations were semi-structured and were noted down contemporaneously. The approach for recording the observations and the content of the conversations was underpinned by the use of a template and a list of prompt questions.

1.3 Overall, Warmley House Nursing Home was found to be delivering a good standard of care with dedicated and very caring staff. They are providing care and support for a number of people with dementia, as well as for people with other nursing and palliative needs. The residents expressed at least satisfaction with and in many cases they were delighted with their levels of care. Likewise, some relatives seemed very satisfied and appreciative of the care their family members are receiving at Warmley House. There was some criticism, however, of the personal care residents receive, particularly in regards to manicures, nail hygiene and the frequency of baths or showers residents can have.

1.4 Warmley House is to be commended for providing a warm, welcoming and clean environment. All the staff were seen to be caring and attentive and residents' dignity was respected. Activity staff were seen to be sitting talking to residents on a one to one basis. The manager seemed very enthusiastic in her approach and was well respected by her staff team. There were some commendable resources available for

residents, including a pub in the garden called “The Squirrel’s Nest” and an on-site shop where residents could choose their own toiletries.

2. Context

2.1 The Context of the enter and view visits

Enter and view (E and V) visits are part of an ongoing programme of work being implemented by Healthwatch South Gloucestershire (HWSG) to understand the quality of residents’ care experience within local care homes, particularly where residents have, or could be expected to have, dementia.

Full details of the work-plan for Healthwatch South Gloucestershire are available on the website: www.healthwatchsouthglos.co.uk

2.2 Warmley House Nursing Home is part of the Four Seasons group of care homes and offers several different levels of care including nursing care, palliative care, short stay care and respite care. There is also a small and dedicated dementia residential unit on the top floor at Warmley House.

2.3 A report from the Care Quality Commission (CQC) dated June 2014 found inadequate care throughout the home, stating that people were not being treated with dignity and respect. A subsequent follow-up inspection carried out September 2014 by the CQC found improvements had been made, which were attributed to improved practice and improved consultation with staff and residents. Authorised E and V representatives were told that the manager and senior staff now carry out spot checks throughout the day to encourage and remind all staff about the importance of maintaining residents’ dignity.

2.4 Warmley House Nursing Home currently meets the CQC requirements for:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meet peoples’ needs
- Caring for people safely and protecting them from harm

- Staffing
- Quality and suitability of management.

3. Findings

3.1 The findings are presented as bullet points from the authorised E and V representatives' notes, using the template observation headings. Quotes are taken from conversations with residents, their relatives and visitors, and members of staff and are used to illustrate the experience of living in Warmley House Nursing Home.

3.2 First Impressions

The authorised E and V representatives' first impressions were positive.

- The front door was securely locked and a bell had to be rung to gain admission.
- Hand sanitisers were available at the entrance. Unfortunately these were empty during our visit. This was quickly remedied by staff as soon as it was pointed out.
- A visitors' book was available for visitors to safely sign in and out of the building.
- The manager and her staff were all very welcoming and friendly.
- A group of smiling residents were sat in a relatively spacious reception area.
- The manager informed us that the home was fully occupied and that there is a waiting list for new admissions.

3.3 Environment

The observations noted about the home environment are as follows:

- Warmley House Nursing Home is an old listed converted property with a purpose built extension. The older part of the property has very narrow corridors connecting it to the newer part of the building and these narrow corridors do not allow much room for anyone passing with a walking frame. The rooms adjacent to this corridor are also narrow, particularly on one side. There are lots of different levels with steps leading up and down which may make this part of the building more difficult to access;

- the modern part of the home is dedicated to residents who require nursing care, and is well appointed with bright and airy en-suite rooms;
- the entrance hall in the older part of the building appeared clean and pleasantly decorated. It was a little bland and there were no clear cues for people with visual or cognitive impairment;
- authorised E and V representatives detected a faecal / urine smell on entering the lounge;
- the main ground floor communal sitting room was full of residents. There was a television switched on, which no-one appeared to be watching.
- there are other communal areas on the other floors;
- residents' bedrooms varied in size. The nursing wing bedrooms all appeared to be airy and well decorated with en-suite bathrooms, but the older residential wing housed smaller bedrooms;
- residents were encouraged to decorate their bedrooms with their own personal memorabilia and photographs;
- the dementia unit was on the top floor with secure locked access. The decoration was old and in need of brightening up. There were no hand rails in the corridor and the communal area doubled up as a lounge dining area at meal times. The dementia unit is not ideal for dementia patients as it is positioned on the top floor with secure locked access;
- there were name plates on all the bedroom doors. This could be improved by adding a photograph of the resident to each door and encouraging residents to decorate their door with things they are interested in and enjoy;
- there was a conservatory with a view over the gardens, although no residents were using it during our visit;
- the garden area was attractive and well laid out. There is a park to the rear of the property which is well suited to walks and picnics. Staff told us that the garden is well used during the summer months;
- the garden has a pub called the "Squirrels Nest" where residents can enjoy a drink;
- residents and visitors have access to an on-site shop where they can buy basics like toiletries, allowing residents to have some choice;

- authorised enter and view representatives noted that alarm bells were frequently ringing at Warmley House Nursing Home, and that this was likely to be very intrusive for residents, visitors and staff.

3.4 Staffing

Authorised E and V representatives observed members of the care staff being friendly, approachable and helpful to visitors and residents during the visit. Staff were also very positive about the home manager. Staff did express concerns, however, about having such a busy workload and not having enough time, particularly to get residents out of bed in the mornings.

- Staff knew all the residents personally by name and took care to provide personalised care.
- Staff told us that training takes place on a regular basis. Staff are offered courses like dementia awareness, first aid, safeguarding adults, Mental Capacity Act and communication skills. Most training courses are run by South Gloucestershire Council at the nearby Council Offices.
- Staff told us that the manager actively encourages all staff to attend training.
- The manager told authorised E and V representatives that agency staff are rarely used. This was contradicted by one member of staff who said that the home used a lot of agency staff.
- Many members of staff have been there for numerous years, offering residents consistency and familiarity.
- Staff told E and V representatives that they had a lot of respect for the manager who works very hard and tirelessly to maintain high care levels in the home. The same staff voiced concerns over the manager's workload which can then spill over to their own. The manager also oversees the management of another Four Seasons care home, resulting in frequent absences from Warmley House.
- The manager has an open door policy, and there is also a box where staff, relatives or residents can post any issues, concerns or recommendations anonymously.
- Staff felt there were unrealistic demands on their time. Many members of staff voiced concerns about getting residents out of bed in the morning and how difficult it can be considering the staff to resident ratio.

- The manager told authorised E and V representatives that Warmley House was in fact overstaffed (except in times of staff sickness) due to the complicated layout of the building.
- Warmley House Nursing Home use the CHESST staffing tool, which has been developed and used by Four Seasons.

“Staffing levels in the home are indicated by a tool (CHESST) which assesses dependency levels of residents using a scoring system based upon the NHS Decision Support Tool for NHS Continuing Healthcare and the RCN Mandatory Staffing levels 2012; along with other evidence based sources”.

“Staff all get on well together which helps with patient care.” – Quote from a staff member.

“I like them all.” – Quote from a resident.

3.5 Activities for residents

A timetable of activities was listed on the wall at Warmley House. The range of activities appeared to be limited to authorised enter and view representatives.

- A programme of trips and outings are organised and offered to residents but unfortunately these did not appear to be well attended.
- Three activities officers (working Monday-Friday) organise a range of indoor activities. Activities staff from Four Seasons home meet four times per year to exchange ideas. Activity staff attend training with the South Gloucestershire activities network.
- A sherry morning is held every Wednesday, but residents can have sherry at any time. It was therefore difficult to understand how a sherry morning could be classed as an activity.
- We observed handmade crafts made by the residents displayed around the home.
- Musical entertainment is provided once a week and seemed very popular with residents. During the first visit, two authorised representatives joined in with the dancing - much to the amusement of the residents.
- Family birthday parties are organised for residents and parties take place in the home even if no family members are able to attend.

- We were told that the local museum does not charge entry costs to residents.
- We were told that some of the men go out to the pub using Kingswood community transport.
- A hairdresser visits once a week. Staff told us they will attend to residents' nails and give them a manicure. The chiropodist visits regularly.
- E and V representatives observed staff actively engaging with residents, talking and playing cards.
- Groups of Brownies and Guides visit at Christmas to sing carols and pupils with learning disabilities from The Grange School come in to do health and safety checks. These links with the community are commendable but it would be enjoyable for residents to interact with young people on a more regular basis.

3.6 Person-centered Care and Residents' Choice

Residents were given options and choices at Warmley House Nursing Home.

Authorised enter and view representatives did have some concerns around personal care, particularly in regards to nail hygiene and the frequency that residents' can have baths or showers.

“I can decide when I get up.” – Quote from a resident.

- Staff told authorised E and V representatives that residents are encouraged to choose which activities to join in with. Residents can choose to not take part in organised activities and can choose to have quiet time or a one to one chat with staff if they would prefer.
- Residents are encouraged to personalise their rooms and can choose the colour scheme for their bedroom decoration.
- Staff were observed giving sensitive and reassuring care to residents, and seemed to know each resident by name.
- We were told that residents can choose to have either a bath or a shower once a week.
- Staff told us that the manager likes at least two residents to have a bath or shower each morning, and that this can be difficult for staff due to staff to resident ratios.

- Residents appeared to accept that there are staffing restraints, but said they would like to be supported to clean themselves more often.

“I have to book a bath or shower, usually one per week. I would like one more often although I understand that this is very difficult as the staff are very busy.”

– Quote from a resident.

- Several members of staff from both the residential and nursing unit told us, **“There are too many residents to get up in the morning, and not enough staff”.** (Quote from a staff member.)
- We observed a few residents with dirty nails. When we pointed this out to the manager, we were told that staff regularly attend to nail manicures.
- We were told that a senior member of staff does a daily walk around to observe and identify any issues that individual residents might have.
- The home has a 'resident of the day' to ensure everybody's care plans are updated on a regular basis.
- Five different GP surgeries cover the home and patients can choose to keep their own GP from before their admission.
- We were told that do not resuscitate requirements are noted on the front of each resident's file and on their care plans and that these requirements are immediately visible on the spine of each resident's folder.
- Visitors can bring in pets and two dogs were visiting their owner during our E and V visit.
- Family members of two residents reported that items of clothing, although labelled, either got lost in the laundry system or were not returned to the correct resident.

They are “not always in (their) own clothes even though all are labelled. Even towels go missing.” – Quote from a family member.

Staff told us the home uses the principles of the Four Seasons PEARL programme, an accreditation programme specifically designed to ensure that there is the most up to date training, communications and interventions for people with dementia. PEARL stands for Positively Enriching and Enhancing Residents' Lives. The criteria addresses 4 main themes of person centred care:

- valuing: a value base that asserts the absolute value of all human lives regardless of age or cognitive ability;
- individual: an individual approach, recognising each residents' uniqueness;
- perspective: understanding the world from the perspective of the resident;
- supportive psychology: providing a social environment that supports psychological needs.

3.7 Nutrition and Hydration

“Food is really good, we have two choices at lunch time.” – Quote from a resident.

- There were round tables, each seating four people, in the dining rooms and the tables were attractively laid out, with napkins.
- Staff explained that assistance with meals is provided to residents as required.
- The daily menu was visible on a board in the dining room. A choice of hot meals was served at lunchtime.
- Chefs are on duty from 7.00 am to 6.00 pm. Sandwiches and snacks are available in the fridge overnight for residents.
- Cooked breakfasts are available from 8.00 am to 10.00 am every day, after this time only toast is available.
- A colour coded chart is visible on a board to assist staff in identifying nutritional need and those residents who require assistance to eat.
- Cold drinks were available and staff were observed offering residents drinks.
- Staff explained that residents are weighed every month and a recognised screening tool is used. If any residents show signs of losing weight they are then weighed weekly.
- Some staff were observed serving food without apron and gloves. A visitor also walked across to the trolley and helped herself to food to give to her mother. This is not acceptable practice due to the risk of cross infection.

4. Conclusions and Recommendations

4.1 This E and V visit found a warm, friendly and very caring environment with hard working staff. The layout of the building, with its narrow corridors and many stairs present staff with challenging issues, although the residents appeared happy and well cared for.

The manager is dedicated, efficient and well respected by her staff, although she has increased demands on her time due to covering the management of another care home in the Four Seasons Group.

There seems to be a difference of opinion as to the staffing levels at Warmley House. Management informed the authorised enter and view representatives that the home is overstaffed but residents, their relatives and care staff seemed to disagree.

4.2. Healthwatch South Gloucestershire authorised enter and view representatives identified a few ways that Warmley House Nursing Home could improve the lived experience of care for its residents. We recommend that:

- the older part of the building is redecorated. The dementia unit is looking worn and tired and did not seem a welcoming environment. The dementia unit is not ideal for dementia patients as it is positioned on the top floor with secure locked access;
- residents are given more choice in regards to how often they have a bath or a shower. Staff, residents and relatives all voiced concern about the frequency that residents can be supported to bathe;
- regular manicures and hand care is offered to all residents. Managers could ensure this happens by creating a simple table that identified which residents have had hand care each day or week;

- managers update their practice around serving food. Members of staff were observed serving food without using aprons and gloves which is not acceptable practice due to food hygiene regulations;
- the frequent, and intrusive noise of ringing call bells is addressed;
- staff give more care and attention to residents' lost laundry, particularly as it appears clothing items are clearly labelled. Residents' families expressed concern about seeing their family member dressed in another resident's clothing;
- management use a self-audit tool to check that the dementia unit is as dementia friendly as possible and improve the environment. We suggest, "Is your care home dementia friendly?" (The King's Fund www.kingsfund.org.uk/dementia) or "Inspiring Action: Leadership Matters in Person Centred Dementia Care: 50 Point Action Checklist" (Alzheimer's Society and Dementia Care Matters www.dementiacarematters.com) and;
- management ensure there is clear signage on all doors and public rooms using pictures as well as words.

Disclaimer

- **This report relates only to two specific visits in November 2015.**
- **This report is not representative of all the residents or all members of staff (only those who chose to contribute within the time available).**

Sarah Moore

HWSG E and V Representative

December 2015

Appendix A

Enter & View Context and Background

A. 1 Local Healthwatch organisations are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. (The activities were confirmed by Section 221(2) of the Local Government and Public Involvement in Health Act 2007, amended in Part 5, section 182(1) to (4) of the 2012 Act). Some of these activities include:

- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
- making reports and recommendations about how local care services could or ought to be improved, and;
- local Healthwatch has an additional power to enter and view providers so that matters relating to health and social care services can be observed.

A.2 In order to enable Healthwatch South Gloucestershire to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear how those services are provided. Organisations must allow authorised representative volunteers to enter and view the nature and quality of the services as long as this does not affect the provision of care or the privacy and dignity of people using the service.

A.3 Healthwatch enter and view visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch South Gloucestershire to gain a better understanding of local health and social care services by seeing them in operation and talking to the service users, their families/carers and the health and care staff.

A.4 Enter and view representative volunteers are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users, and staff if appropriate, and make

comments and recommendations based on their observations and impressions in the form of a report.

A.5 The enter and view report aims to outline what the authorised representatives saw and heard and make any suitable suggestions for improvement to the service. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Appendix B

Enter and view - Aim and Objectives

The aim and objectives of enter and view visits:

Aim

To find out about residents' lived experience of being in a residential care home or nursing home.

Objectives

- To undertake two (if possible) separate announced E and V visits on different days of the week.
- To visit at two different times of the day for a minimum of two hours for each visit.
- To have a minimum of three pairs of authorised representatives visiting, to ensure that as many residents who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall service provided for residents, including any structured activities using a template as an 'aide-memoire'.
- To engage residents in conversation about their daily lives in a care home using the template and prompt questions.
- If possible to engage residents' families and friends in conversation to elicit their views about the service their relative receives.
- To produce a report of the findings from the observations and conversations.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with the care home members of staff and residents and other appropriate organisations and agencies such as South Gloucestershire Local Authority and the Care Quality Commission.

- To provide an opportunity for the E and V authorised representatives to learn from the process, and test out and refine their methodology for future care home E and V visits.

Appendix C

Enter and view Methodology

B.1 The Healthwatch South Gloucestershire (HwSG) enter and view (E and V) planning group, comprising all HwSG authorised E and V representative volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the authorised E and V representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:

- which observations should be made;
- how to record the observations;
- how to initiate and maintain conversations with residents/their relatives;
- what questions were important to ask residents/their relatives;
- how to record the conversations with residents/their relatives;
- what questions were important to ask members of the care staff;
- how to record the conversations with members of staff;
- how to collate all the data gathered and write a final report;
- ensuring a 'debrief' session and an opportunity for learning and reflection for the authorised E and V representatives.

B.2 An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- first impressions of the care home;
- residents' environment;
- staffing issues;
- activities for residents;
- person centred care;
- conversations with residents;

- conversations with residents' relatives;
- conversations with members of care staff;
- nutrition and hydration;
- residents' choice;
- any other comments or observations.

B.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a resident, included open questions such as:

- please tell me about your daily routine, for example, food, activities, company and visitors;
- what do you think about the care that you receive?
- how frequently are you able to have a shower/bath?
- how are you helped to have a meal or a drink?
- what sort of activities are you able to enjoy?
- can you please give some examples of choices you are able to make, for example, about television (or radio) being switched on (or off), which channels you can watch/hear, what food you like to eat, how are you able to choose which clothes to wear, getting up/bedtime, going outside into the garden, other 'routines'?
- specifically to ask members of staff caring for people with dementia ... What do you do if a resident is continually asking to go home, or asking for their mother?

B.4 The care home is informed in advance by telephone and letter of the E and V visits, and dates and times are agreed. Posters and leaflets about HwSG are sent to the home in advance so that these can be displayed on notice boards and used to inform residents, their relatives and members of staff about the role of HwSG, the E and V visits, and to encourage relatives to be present during the visits.

B.5 Each visit takes the form of a series of informal conversations with residents and/or their relatives. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact

these would have on residents. The views of some of the members of care home staff, including qualified nurses, care assistants and ancillary staff, are also sought.

B.6 All the authorised E and V representative volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such equality and diversity, safeguarding adults, dementia awareness, deprivation of liberty safeguards and dual sensory loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V representative volunteers introduce themselves to residents and explain the purpose of their visit. Some residents are also given leaflets about HwSG which includes information about ‘how to tell your story’ in case any of them, or their relatives, wish to send HwSG further information, or send it anonymously.

B.7 The data collected are the E and V representative volunteers’ subjective observations and notes from conversations with residents, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the report. A quick debrief session for the E and V representatives is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final ‘wash-up’ session is held separately.

B.8 Care homes are identified for E AND V by:

- following concerns that have been raised about a care home through HwSG;
- using collective knowledge, that is, E and V representatives’ knowledge and understanding of care provision across South Gloucestershire;
- placing an emphasis on the care of older people with dementia;
- managing a balance of visits to the small family owned care homes, or local/regional providers and large (national) providers of care for older people;
- ensuring a spread of E and V visits across urban, suburban and rural provision;
- seeking a balance between new build specialist provision and older care homes

- having an emphasis on South Gloucestershire Council priority neighbourhoods.