



Enter & View report

Laverstock Care Centre

27 March 2019



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1. Introduction

1.1 Details of visit

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|----------------------------|--|
| Service address | Laverstock Care Centre, London Road, Salisbury SP1 3HP |
| Service provider | Caring Homes |
| Date and time | 10.30am-3.45pm, 27 March 2019 |
| Authorised representatives | Julie Brown (Lead), Hazel Dunnett, Deborah Judge, Chas Lillystone, Mick Stowe, Marilyn Stowe |

1.2 Acknowledgements

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

1.3 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 experiences of all service users and staff, only an account of what was observed and contributed at the time.

1.4 About Healthwatch Wiltshire

Healthwatch Wiltshire is the independent consumer champion for local health and social care services. We work to ensure the voices of children, young people and adults are heard by those who run, plan and regulate services in Wiltshire.

2. What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Wiltshire to enable us to gather information about health and social care services and to collect the views of service users, their carers and their relatives.

Enter and View is an activity that Healthwatch Wiltshire can carry out to contribute to their statutory functions. This means Healthwatch Wiltshire can choose if, when, how and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of Healthwatch Wiltshire, make observations, collect views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Healthwatch Wiltshire aims to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

Healthwatch Wiltshire Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Wiltshire safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To look at the quality of life of the people living at Laverstock Care Centre.
- Identify examples of good practice, and any areas which could be improved.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.
- To find out about recent quality improvements and assess how these can be sustained and further developed.

2.2. What we did

This was an unannounced Enter and View visit which was conducted as part of Healthwatch Wiltshire's quality monitoring work.

The visit was carried out by six authorised representatives and they spent time talking to residents, visitors and staff at the home. Working in pairs, we interviewed the Registered Manager, spoke to five other staff members, 12 residents and three relatives.

During the visit we carried out observations. These involved spending time in the communal areas and observing the surroundings to gain an understanding of the environment and facilities, how the home works, and interactions between staff and residents. There was an observation checklist prepared for this purpose.

Information was collected from:

- Interviews with residents, visitors, staff and the Registered Manager against a series of agreed questions,
- Observations of residents in their day to day situations, including lunch,
- Reference to the latest CQC report (December 2018); and
- A final team discussion to review and collate findings.

We explained to everyone we spoke to why we were there and took minimal notes. When we had finished speaking to them, residents and staff were left with a thank you card with Healthwatch Wiltshire contact details.

At the end of the visit the team met to share their findings and then met with the Registered Manager to review and discuss the visit.

2.3 About the service

Laverstock Care Centre is a care home that provides nursing, residential and dementia care for up to 80 residents. The building has three floors and is divided into six units, each of which have a lounge, dining room and adapted bathroom. Each resident has their own bedroom with en-suite facilities. There is a small, secure garden on the ground floor.

The Registered Manager gave us a tour of the home. The home had 56 residents at the time of our visit. The home is owned and managed by Caring Homes.

2.4. Summary of findings

The home was clean, tidy and well-presented. The visiting team felt that some areas were more 'homely' than others. The atmosphere in the home on the day of our visit was calm and relaxed.

The staff members we spoke to were open and pleasant and talked to us about recent improvements at the home. They came across as being committed and enthusiastic about their work.

Overall, the residents we spoke to appeared to be content with the care provided at the home. Some residents commented that there were not always enough staff available. Residents told us that the staff were kind, listened to them and understood the care that they needed.

We received mixed views from the relatives we spoke to on the day of our visit. Some relatives were positive about care at the home and others felt that there were still further improvements needed.

The overall impression of the visiting team was of a home that had previously gone through an unsettled and difficult period, but that there had recently been lots of improvements. Although we felt that there were still areas that could be further developed, we were encouraged by the positive approach demonstrated by the staff that we spoke to.

Environment

The home is situated on a main road on the edge of Salisbury with the entrance and car park being accessed from side roads behind this. The entrance was not signposted from the main road and several of the visiting team found this difficult to find. There is a large car park and there seemed to be plenty of parking available for visitors.

The entrance to the home is made through a reception area. Security at the home appeared to be good. The front door was locked when we arrived and reception staff promptly let us in, welcomed us, checked our authorisation letter, and asked us to sign the visitors' book. There were key pads at the stair ways, in the lifts and between some units.

The home was very clean, light and well decorated throughout. The standard of maintenance of the building seemed good. The lounges and dining rooms were all pleasant and well furnished. There were comfortable armchairs in the lounges and the dining tables were nicely laid with tablecloths and condiments.

The visiting team felt that some areas of the home felt more homely than others. For example, on one of the units on the second floor there was a small pool table, lots of books and games and items that residents could pick up. There were also memory boxes in use outside residents' rooms and signage which included pictures. The visiting team felt that this environment helped create a feeling of warmth and homeliness. This contrasted with areas on the first floor which came across as being a little impersonal because they did not have many activity items and not many of the memory boxes were in use.

The home had a lift which served all floors and access was good for people using walking aids and wheelchairs. The corridors were wide, and bathrooms and toilets were large and well adapted. We did note that hoists were stored in some of the bathrooms. Although there was plenty of room for this, it gave them a somewhat clinical feel.

There was signage visible throughout the home for bathrooms, toilets and bedrooms. We saw more pictorial signage and use of memory boxes on the second floor which would support people living with dementia. We observed that in general the building and decoration was 'dementia friendly'. Floors coverings were matt, of consistent colours and contrasted with wall colours. Hand rails and toilet seats were of contrasting colours, making them easier to distinguish.

Some residents invited us into their rooms. Those we saw were clean and well decorated. Some residents had brought more of their own things with them than others and so their rooms appeared more personalised. The manager told us that this was down to people's individual choice.

The visiting team questioned that there was only one chair available in each bedroom that might be difficult if people had more than one visitor. The manager told us that many of the residents required the use of a hoist and therefore they had to be mindful of ensuring adequate space. They said that chairs from the dining room could be temporarily moved for additional visitors.

There was a small garden with some tables and chairs and ornaments. Staff told us that they were planning to develop this area further.

Individual care and support

We spoke to 12 residents and three relatives and observed staff supporting and interacting with residents.

Overall, the majority of those we spoke to were happy with the care that they received. Residents told us that staff spoke to them nicely, listened to them and that staff understood the care and support they needed. We were told by a regular visitor that their relative needed a high degree of care but appeared to be very content at the home. Positive comments included "everybody's very kind", "staff are very good to you", "sister knows all about my drugs and doctors' visits" and "it's very pleasant because you are looked after alright."

We did receive some comments about aspects of care that people felt could be improved. Some people told us that they thought that there were not always enough care staff available and that staff frequently seemed busy. It was commented that people sometimes had to wait a while for bells to be answered, particularly at night. We were also told that there were some new staff members who were still learning. A resident commented "nice people, good kids. Some of them are inexperienced – learning but willing". One relative told us that they had raised concerns about the quality of care for their loved one. They said they did not want to go into detail, but they did tell us that their concerns were in the process of being addressed. They were given our contact details to contact us again if they wished to.

During our visit we made observations of how staff interacted with residents and supported them at meal times and to move around the home. We observed staff addressing people by name and speaking to residents in a kind and compassionate manner. In almost all the interactions we observed we felt that staff treated people with dignity and were very attentive to residents. There were two occasions where we observed staff talking to each other about residents, across other residents. We felt that these conversations would have been better taken place during a handover or in private.

We observed one occasion when a member of staff attempted to persuade a resident to sit down at the dining table to eat. The resident was reluctant to do so. Another member of staff

intervened and explained that the resident didn't like to sit with other people and directed the member of staff to a table that had been laid in another room. We felt it would have been better if the original member of staff had already been aware of the resident's wishes. However, we were pleased that someone who obviously knew the resident's preferences quickly rectified this.

Shortly after we arrived we observed that a resident who was living with dementia and was sitting in the dining room started shouting and appeared distressed. A member of staff brought a doll and a soft toy over to them. The staff member sat next to them and rocked the doll and gave them the toy. The resident became calm and started to engage with the toy and the staff member. We felt that this interaction showed sensitivity and compassion.

The visiting team observed that there appeared to be differences in how staff interacted with residents. For example, on the second floor, we observed staff conversing readily and joking with residents. We felt that this created a warmer feel. In contrast, the interactions we observed on the first floor, although always polite, appeared more 'formal'. The visiting team thought that a more conversational approach could create a warmer atmosphere in some parts of the home.

Activities

The manager told us that the home has three activities coordinators. None of these were present when we visited, and we were told that this was due to staff absence. We did see notices around the home which featured a range of activities.

On the day of our visit we did not observe any organised activities taking place. However, we did meet with one of the nurses at the home who was visiting the home on her day off and had brought in her parrot for the residents to see. We saw that residents enjoyed seeing the parrot. Some residents told us that a Pets as Therapy (PAT) dog also visited the home and that they enjoyed seeing it.

We did speak to residents about the activities they did. One resident described an adapted block puzzle that a member of staff had brought in for them and told us they enjoyed doing this. Another resident told us that they like to play pool. Some residents mentioned they had enjoyed going out in the home's minibus and would like to go out more often.

Some residents told us that they did not talk to many people and there were several residents who appeared to spend a lot of time in their rooms. The visiting team felt that some of these people seemed somewhat isolated. The Registered Manager said that the activities workers did spend time one to one with residents.

Some residents told us that they had regular visits, whilst others said they had infrequent visitors. The Registered Manager said that there were several residents who had no, or very few visitors. We told them about the Care Home Volunteers service and agreed to send them the details of this.

Overall, we felt that although there was evidence of some positive activities at the home, that this area could be improved and further developed.

Food and meal times

We asked residents about the lunch and observed lunch being served in two of the units. Residents told us that they had a choice of meals every day and that they liked the food. One resident said, “I have porridge for breakfast, they know I like it with sugar”, and another resident told us that they had enjoyed their lunch. We saw that there was a menu that included pictures outside the dining rooms.

We observed lunch being served in two of the dining rooms. In both dining rooms the lunch service was calm and unhurried. Residents appeared to be given the appropriate support to eat their meals and staff were attentive to those who needed a lot of support. We did observe one resident who was sleepy and wasn't managing that well, they were prompted to try and eat more by a staff member who was also serving other residents, but we felt that they might have benefited from more individual support.

On the second floor, we observed some pleasant conversations and jokes between staff and residents during lunchtime. We felt this enhanced the meal time experience for these residents, and that it could be beneficial for this approach to be shared in other units.

We observed that there were jugs of water and glasses close to residents, but that these were not always within reach. We felt that it might encourage greater fluid intake if residents could easily reach these.

Service user involvement

The residents we spoke to told us that they would speak to a staff member if there was something that they were unhappy with. However, some of the residents and relatives we spoke to were not aware of the more formal ways that they could give feedback and the suggestion box that was close to reception.

The Registered Manager told us that there had been a recent survey for residents and staff and the results of this were being looked at. They mentioned that a resident forum meeting is planned shortly. The visiting team felt that this would be a positive development.

Contact with other health and social care services

The manager told us that most residents at the home are registered with Salisbury Medical Practice and said they had a good, supportive relationship with the practice. The practice's nurse practitioner visits weekly and does a round with one of the home's nurses. They said that they had no difficulties in arranging GP visits for residents when they needed them.

The manager said that they also use the Care Home Liaison Team from time to time. They said the home has found this service useful and when they have needed support with a resident the team had been able to visit promptly.

Staff from Wiltshire Council Quality Team have also been involved with the home. The manager reported that one of the quality team was planning to make a video featuring a member of the care staff at the home to demonstrate positive aspects of their approach. The visiting team felt that this was a useful way of recognising and sharing good practice.

What staff said

We spoke to the Registered Manager, two nurses, one carer, one cleaner and one of the receptionists.

The Registered Manager has been in post for the past seven months. They told us that they were employed as a peripatetic manager with Caring Homes, and therefore had worked in many different homes over the years.

The Registered Manager told us that they had done a lot of work putting systems in place to make sure that the home could run more smoothly. They said that initially there had been a significant turnover of staff and a lot of their focus had been on performance management and staff recruitment. They said that they thought the home now had a proper management structure which included an experienced deputy manager and nurses.

Some new care staff had been recruited, but these were still proving harder to recruit and were still needed. We were told that a lot of training was provided to staff, including face to face training. The home used agency staff to fill any gaps and the manager said that they used the same agencies, so usually had staff who were familiar with the home. The Registered Manager said that were unsure that they would remain permanently in this post, and that decisions about the future management of the home would be made by Caring Homes.

The staff members we spoke to all appeared to be very caring and committed to treating residents with dignity and compassion. They told us that the home had gone through some very difficult times over the past couple of years but that they felt that there had been lots of improvement recently. We were told that there had been several managers over the past few years and that in the past staff members had not always felt listened to. However, all the staff we spoke to were positive about the current manager and the recent changes. One member of staff said of the manager, “I feel supported. She comes on the floor to see us at 9.30am and comes another two or three times during the day.”

Staff members told us that there were several new care staff who were being inducted and trained and were still “finding their feet”. They said that it was taking some time for them to get to know all the residents and routines, but that they thought that the home was getting the right people in post and there was more stability. They said that they thought things would improve further once everyone had “settled in”. Staff told us that they felt they could raise any issues of concern and that there were regular staff meetings. It was mentioned that the home had a lot of resident vacancies now, and that it was hoped that numbers would be built up slowly to ensure that there were enough staff to care for increased numbers of residents.

All staff members that we observed on the day of our visit were pleasant, welcoming and open towards our visiting team.

2.5 Recommendations

The visiting team would like to make the following recommendations which are based on outcomes and findings from the visit. Healthwatch Wiltshire will continue to liaise with the home to follow up on these recommendations:

1. The home continues to develop care practices and to build on recent improvements to ensure that these are consistently used and that good practices are shared.
2. To consider how some areas can be made to feel more 'homely', in terms of both their appearance and staff approach.
3. That the home continues to recruit and induct further care staff into vacant posts to ensure as many permanent staff as possible are on duty.
4. To continue to closely monitor care at night and call bell response times.
5. Further develop activities for residents including opportunities for residents to make greater use of the garden and go out in the minibus.
6. Consider ways to reduce social isolation for some residents who spend a lot of time in their rooms and don't have many visitors.
7. To develop further ways of involving residents in the home and to increase awareness of the suggestion box. The current plan for a resident forum also seems a positive way of addressing this.
8. To consider if signage from the main road to the entrance and car park of the home can be put up.
9. For Caring Homes to prioritise the ongoing management of the home and ensure that any changes to the home's management are carefully planned and supported so that the home can continue to build on the improvements made so far.

2.6 Service provider response

This report was agreed with Laverstock Care Centre as factually accurate.

Their response is as follows:

1. All internal and external audits continue to monitor ongoing improvements, and any deficits are actioned in a timely manner.
2. Monthly monitoring is completed by the regional manager as part of support visits.
3. Feedback is given to staff during supervisions and objectives for future development agreed.
4. Residents are encouraged to bring in personal items and personalise their bedrooms.
5. Whenever possible residents are involved in choosing activities to suit their personal interests.
6. High end service offering provided in communal areas.
7. Recruitment is ongoing and an agency reduction plan is in place.
8. There are currently no RN vacancies in the home.
9. There are 96 hours of care staff vacancy, much of which is covered by substantive staff and agency use continues to reduce week on week.
10. Call bell response times continue to be monitored and audited and shared with care team.
11. Last call bell audit completed in April evidenced a maximum response time of less than three minutes.
12. Wellbeing survey by an independent provider has been recently completed to further develop the wellbeing plan in the home – this will include bi-monthly trips out. We will continue the activities/wellbeing plan completed monthly and advertise events throughout the home.
13. Oomph training [care home wellbeing training] for staff delivered in April and May 2019 and new engagement opportunities being implemented.
14. Activities staff will continue to visit all residents in their rooms and we will continue to ensure residents are offered to join in all events taking place in the home.
15. Residents' life histories being reviewed and updated to ensure activities are planned around their interests and events from their earlier lives.
16. Development of residents' forum continuing, residents' surveys continue and findings actioned appropriately. Increased focus on this to increase response rates has been effective in early May and is being embedded as part of routine practice.
17. You said, we did board planned.



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