



## Enter and View Report

<b>Visit Date</b>	13 <sup>th</sup> December 2017
<b>Authorised Representatives</b>	<ol style="list-style-type: none"><li>1. Elizabeth Price (Lead Authorised Representative)</li><li>2. Julie Brown (Authorised Representative)</li><li>3. Jeni Boddy (Authorised Representative)</li><li>4. Dan Mace (Authorised Representative)</li><li>5. Chas Lillystone (Authorised Representative)</li><li>6. Lynda Fleming (Authorised Representative)</li></ol>
<b>Service Visited</b>	The Wingfield
<b>About the Service</b>	<p>The Wingfield is a purpose-built care home in Trowbridge. It provides accommodation to frail older people, people with nursing needs and people living with dementia. It is owned and managed by Barchester Healthcare. The home includes two buildings a specialist unit for residents living with dementia called Memory Lane, and The Lodge. Each building has two floors and their own dining rooms, lounges and bathrooms. Residents have their own room with en-suite shower and toilet. The home is able to care for 87 residents.</p>
<b>Disclaimer</b>	<p>This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by the Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Wiltshire.</p>

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## **Key Findings and recommendations:**

We found the home to be clean, light, attractively decorated and well furnished. The atmosphere seemed pleasant, relaxed and calm. Managers and staff were very welcoming, polite, helpful and happy to speak us openly. In general, residents and their relatives spoke positively about how the home is currently being managed and the care and support being provided to residents.

It was clear that the home has had some unsettled periods in the past. Many people we spoke to said that they were unhappy with how things had been previously. They mentioned that there had been a lack of leadership, staff continuity, staff supervision and that this had affected the support given to residents.

People said that things have very much improved over the last few months. They spoke positively about the operations manager and deputy manager who had both been in post for the last six months. The visiting team thought that this was very encouraging and there was further potential to develop. It is important that improvements are sustained and continued over time. There was some concern about the future management of the home, and that this continues to be proactive, if managers change.

The home has capacity for 87 residents and there were 59 residents living there when we visited. We were told that current staffing levels would support the home at full capacity. As more residents move in, the home may wish to review this according to levels of occupancy and resident need. There was a full complement of staff on duty when we arrived. This was primarily made up of permanent staff, plus three agency workers who were covering staff absences.

## **Recommendations**

The visiting team would like the home to consider the following recommendations which are based on outcomes and findings from the visit:

1. Ensure that all residents and/or their relatives are included in care plan reviews with the objective of ensuring that they are person centered, and reflect individual preferences for example choices of activities and using preferred name or title for residents.
2. Further develop opportunities for residents and relatives to give feedback and make suggestions, enabling anyone who wishes to share their views to do so.
3. Monitor and review hand overs to night staff and the support provided to residents at night to ensure that care standards are the same as those offered during the day.
4. Review the security arrangements in respect of people entering the home.

5. Promote and advertise to residents and relatives the range of activities on offer to ensure that all residents have opportunities based on their individual choices.
6. Regularly review the rotating menu with the aim of offering greater variety of meals which incorporate suggestions from residents and their relatives.
7. Ensure that signage is consistent throughout the home using clear pictures and words, promoting independence and enabling residents to find their way to the appropriate rooms and to easily read notices about activities and events.

## **Purpose of Visit and how it was conducted:**

This unannounced Enter and View visit was conducted as part of Healthwatch Wiltshire's Quality Monitoring work programme. Healthwatch Wiltshire has an important role in scrutinising services and enabling local people to monitor the quality of service provision. We do this by talking to people who are using these services.

The visit was carried out by six authorised representatives. Information was collected from observations of residents in their day to day situations, including lunch, interviews with staff, residents, relatives and the care home operations manager and deputy manager against a series of agreed questions; reference to the latest CQC report (June 2017) and a final team discussion to review and collate findings. The team spoke to the manager, five further staff members, ten residents, six relatives or friends and a GP and community nurse who were visiting residents at the home during our visit.

## **Visit Overview**

This visit was unannounced, so the Healthwatch Wiltshire team was not expected. When we arrived, the front door was locked, and the bell was answered promptly. We were welcomed by the Operations Manager. We discussed our plans for the visit and then they gave us a tour of the home. No restrictions were placed on access or who we could speak to.

The visiting team split into three pairs. One pair spent some time talking to the operations manager, one talked to staff and residents at The Lodge and another spoke to staff and residents at Memory Lane. The team met up briefly late-morning and then spent some time observing lunch being served, then continued interviews with residents, relatives and staff.

At the end of the visit the team met to share their findings, and then met with the operations manager to review and discuss the visit.

## Observations and findings

### Physical Environment:

The home appeared clean, light and was attractively furnished in all areas.

When we arrived, there were a few areas in Memory Lane where the team smelt some slight odours. However, this had gone later in the morning and in general the home smelt pleasant.

Each floor had its own lounges and adapted bathrooms. The lounges had comfy arm chairs and coffee tables. They appeared, pleasant areas to sit and we saw them being used by several residents. In the dining rooms, tables were suitably laid with table cloths, condiments and cutlery. During our visit we observed that there was plenty of space for people to choose where to sit.

A few residents invited us to look at their bedrooms. Those we saw were clean, light and nicely decorated. We saw that residents had some personal items in their rooms such as family photographs and games. All the bedrooms we saw had a comfy armchair for residents to sit in. Most residents also had an additional comfortable chair for visitors. We did find one room where there was only a small stool for visitors, we felt this room would benefit from an extra chair so that people could sit comfortably to talk to this resident in their room. Residents rooms had signs with their names and some pictures and words showing things that meant something to them. These included places they had lived, hobbies, interests and previous occupations. We were told that they had been produced by one of the activities officers, involving residents and/or their families. The team felt that these showed a personal touch and they found them to be good talking points with residents.

The bathrooms and toilets we saw were clean and appeared to be well adapted and equipped. In Memory Lane, the toilet seats were a different colour making them easier to see for people living with dementia. There was clear signage using words and pictures on the toilets.

The team felt that there were some areas where signage could be improved. Some of the bathroom signs looked like they might be difficult to read for people living with dementia, and there was no signage on some of the dining rooms. Some of the signs advertising events and activities looked quite 'busy' and the team felt the text was difficult to read.

**Interactions:**

The team had plenty of opportunities to observe staff interacting with residents during the visit. Staff members were observed supporting residents with drinks, moving around the home, during some activities and during meal times.

The team observed that staff were cheerful and pleasant with residents at all times. It appeared that most staff knew residents well. We saw that staff members took time to explain things to residents and gave them choices. For example, we saw a staff member explaining to residents that an activity was about to start. They were asked if they wanted to join in, if they said yes, they were supported to move to the room where it was taking place and then offered a choice of where they would like to sit.

We observed lunch taking place in several of the dining rooms. Residents were able to choose whether to have their lunch in their rooms or the dining rooms, a majority of people chose to have their meals in the dining room. We saw that residents were supported to come into the dining room and were asked where they would like sit. Some residents chose to sit with others and some on their own and they were seated according to their preference. Residents were offered a choice of drinks and meals. In Memory Lane we saw that staff carefully explained the different choices available and gave residents time to decide what they wanted. We were told by another member of staff that residents were sometimes shown the different options to help them to decide what to have. We didn't observe this happening, but we felt that the residents we observed were able to understand and chose with the support that they were given. In The Lodge we observed a member of staff asking people what they wanted for lunch the following day from a choice of a meat or fish dish. People came into the dining room gradually and we saw that people were served as soon as they came in. The team felt that this was positive as it meant that no one had to wait long before they were served. Some residents ate independently and some required varying levels of support. Everyone we saw was able to eat their meal at their own pace. The atmosphere was pleasant and relaxed. There was music playing quietly and some conversation.

**What users said:**

We spoke to ten residents during the visit about their experience of living at the home. They were able to talk to us with varying levels of detail, but they were all happy to chat and able to give us some impressions of their experience living at The Wingfield.

On the whole residents told us that they thought staff listened to them, talked to them in a nice way, and understood the support that they needed. For example, we were told:

"The staff are lovely - they settle people- they enjoy what they are doing"

Residents told us that they could chose when they wanted to get up and go to bed. Some residents talked about the support they were given with personal care. For example, we were told by one resident that they preferred a shower and by another that they preferred a bath. Both people told us that they got the right amount of support from staff with their preferred option.

The residents we spoke to had mixed views about the food at the home. People we spoke to said that there was enough of it, they were given a choice of options and that it was the right temperature. Some people said that they didn't think that there was enough variety and that the menu seemed to repeat dishes quite frequently. We discussed this with the manager who said that they had just recruited a new head chef and that improvements were planned. He said this would also ensure that residents suggestions were incorporated into menu planning.

Residents told us that they could choose what they wore, and that their clothes were frequently washed and returned to them. They said that they could choose how to spend the day, some said they preferred to stay in their room whilst others told us they liked to spend time in the lounges and join in activities.

One resident we spoke to was not as positive about their experience living at the home as other people. They said they didn't feel that the care, attention and approach of staff was as good at night as it was as that during the day. They also told us that they would like opportunities to do more individual activities during the day. Although these were not issues raised by other residents and relatives, they were clearly concerns for this individual. The visiting team mentioned these with the manager and they said that they thought they knew the individual and were in the process of addressing their concerns.

#### **What family and relatives said:**

We spoke to six people who were either relatives or close friends who were visiting residents at the home.

The visitors we spoke to said they thought the home had improved in recent months. We were told that previously the home had gone through an unsettled period. People said that there had been a lack of oversight, frequent staff changes, and that this had affected the consistency of support given to residents and the atmosphere of the home.

We were told that the new operations manager and deputy manager had a very positive impact on the home. People told us that there seemed to be more staff available, they could see that more were being recruited and that there was now a more consistent staff team. People also said that there appeared to be better supervision and organisation of the day to day duties of staff. This meant that residents were getting more individual attention when they needed it and things were not getting missed. Visitors told us that they felt that staff were now better supported, that morale had improved and that the atmosphere in the home was much improved. One relative mentioned that some staff members addressed them as 'love' and also addressed other residents similarly. They said that this was not their preference and they felt it was an area that could be improved upon. We mentioned this to the operations manager who said that this would be addressed.

People told us that there had been period of time when there had been very few activities at the home but that there was now, a new activities team. Several people spoke positively about this. In particular we were told that activities were now being focused more towards resident's preferences. One relative said of the activities coordinator:

"She's not overpowering, she listens and asks the right questions"

Several of the residents' relatives had attended recent relatives' only meetings with the manager. They were pleased to be able to be involved, one person felt that these meeting could be developed further to provide clearer objectives and some 'ground rules'. They told us that they had met with the operations manager to discuss this.

One relative mentioned to us some concerns they had about security, concerning people entering the home using the key pad. These were discussed with the operations manager.

People said that they felt reassured by recent changes. They said that they felt the care staff were kind and caring, but they were anxious that the current level of supervisions and support was maintained. Concern was expressed about the future management of the home and that the recent positive changes were sustained and built on.

We spoke to a GP who was visiting the home. They told us that they visited the home at least weekly and would see any of their patients who needed a visit. They said that, because many of the residents were living with dementia, it was important that staff pick up on small clues that something may be wrong. They said that when the home had staff shortages things hadn't gone so well. However, they now felt that this had now improved. They said that the nurse on the second floor at Memory Lane was very aware of any potential health issues

and that they had seen that residents responded really well to her. They said: "Downstairs are pretty well sorted as well, but upstairs is exceptional."

We spoke to a visiting community nurse who told us they were new to the home, but had not seen anything that concerned them, and felt that their requests were carried out. They did mention that they felt resident care plans could be improved as it was not always easy to find the information they needed.

**What staff said:**

We spoke to seven members of staff including the operations manager, deputy manager, a unit nurse, two members of the care team, an activities coordinator and a cleaner. All staff members that we spoke to were polite, helpful and open.

The operations manager had been at the home for the past six months. They told us that one of their main focus areas had been on recruitment. They said that it was very important to get the right permanent staff in post and that staff continuity was now certainly improved. They said recruiting and retaining staff was still an ongoing challenge, in the area. We were told that the home looked for staff with care experience and qualifications (NVQ or QCF level 2). However, they would take people without experience if they interviewed well. We were told that care staff were trained to QCF level 3 which was funded by Barchester. Face to face dementia training was also provided to staff. After this there were opportunities for staff to train to be a care practitioner at level 4, if they wanted to develop further.

The deputy manager had also been in post for about six months. They told us that they thought the home was in a "climate of change". They said that they had a positive view of the staff team and had found them to be flexible and willing. They said that their role had been very much concerned with management, supervision and recruitment. They said that interviewing and recruitment had been time consuming and candidates sometimes didn't turn up for interview or refuse posts that they had been offered.

We spoke to a lead nurse and two other members of the care team. They all told us that they enjoyed their roles and felt that they had enough time to both care for and chat to residents. One of the unit nurses told us that she thought relatives were reassured by the increased support that they were now able to provide to residents. One staff member who was relatively new, said that when they came into post it was evident to them that some improvements needed to be made. They said that they felt their ideas were listened to and that they have been able to implement some improvements to care practice. They said that they felt communication and organisation of day to day tasks had improved.



We spoke to one of the new activities coordinators. They told us that, working with another coordinator, they had designed an activities plan and displayed this around the home. They said that they were able to offer a good range of activities, some of these were group activities and some of these were one to one and based on people's individual needs and preferences.

We spoke to one of the cleaners. They said that at times it was hard to cover all the areas that they needed to get around. They said that they felt things were now improving at the home. They told us that there were systems in place to make sure that all the residents bedrooms had a regular deep clean.

All staff told us that they felt things had improved recently with the operations manager and deputy in post and with more regular staff and less use of agency staff. They said that they thought that people were working together better now, there was better communication and that staff morale had improved.

Some staff members said that they thought that it was very important that the management of the home continued to be a priority.

We discussed with the operations manager the plans for the future management of the home. They said that they had attended their registered manager interview with CQC yesterday. They said that they were fully committed to seeing the home through to a stable transfer to a permanent manager. They said that they were aware that some staff members and residents' relatives had concerns about this and that they had discussed this and assured people that they would remain at the home until there had been a stable transfer and induction of a permanent registered manager.

## **Acknowledgements:**

The Healthwatch Wiltshire Enter and View team would like to thank the managers and all staff, residents, their families and friends for a friendly welcome and free access to the premises and activities.

## **Provider response:**

The report has been shared with the provider and they have confirmed that there are no factual inaccuracies in the report. They have given us the following response to the report:

“We are very pleased with the report, this report reflects the improvement we have made at the Wingfield. Your team has been very professional, and respect the residents while gathering the info required. It was great to work with your team. Thank you”

On 1<sup>st</sup> March 2018, the home shared the below action plan with us, informing us about their actions and plan to implement any of the recommendations in the report:



**Action Plan for: The Wingfield      Date: 11.01.2018**

Issues Identified	Actions Required	By whom	Completion date	Reviewed by Outcome
1. Care plans reviews	Ensure that all residents and/or their relatives are included in care plan reviews with the objective of ensuring that they are person centred, and reflect individual preferences for example choices of activities and using preferred name or title for residents.	All RNs, HOU  G.M / D.M to monitor	By end of Jan 2018  By end of Jan 2018	Better communication and involvement of all parties in the care of the residents.  <b>Addressed</b>
2. Relatives meeting management	Further develop opportunities for residents and relatives to give feedback and make suggestions, enabling anyone who wishes to share their views to do so.	G.M	13.12.17 and future meetings	Meetings will be more structured  <b>Addressed</b>
3. Handovers	Monitor and review hand overs to night staff and the support provided to residents at night to ensure that care standards are the same as those offered during the day.	G.M and D.M  RN to ensure this done everyday	From 13/12/2017  And daily	This will ensure the residents are getting support from care staff on the floor.  <b>Addressed</b>
4. Security	Review the security arrangements in respect of people entering the home.	G.M	From 13/12/2017  And daily	Quote sent to CBRE – awaiting for approval  <b>On-going – Job authorised – awaiting engineer to attend site to put new one in place.</b>

5. Activities	Promote and advertise to residents and relatives the range of activities on offer to ensure that all residents have opportunities based on their individual choices.	Activities Coordinator/ assistant  G.M/D.M to monitor	From 13/12/2017  And daily	Activities planner has been modified to include more information about the activities offered on the day. We also have a pictorial version attached. This will ensure the residents are getting a variety of activities and they understand what is offered every day.  <b>Addressed</b>
6. Menus	Regularly review the rotating menu with the aim of offering greater variety of meals which incorporate suggestions from residents and their relatives.	Head chef  G.M/D.M to monitor	From 13/12/2017	New menu survey has been done. We now need to compile and start building up a new menu that will meet the needs of the residents.  <b>On-going</b>  <b>New Head chef in place. New draft menu done.</b>
7. Signage	Ensure that signage is consistent throughout the home using clear pictures and words, promoting independence and enabling residents to find their way to the appropriate rooms and to easily read notices about activities and events.	G.M and D.M	By end of Jan 2018	Signage will be clearer for the residents to find their way round the home.          <b>On-going</b>  <b>Signage ordered and delivered. Corridors being painted at present. Will put in place after all corridors are painted.</b>

## Control Sheet

Date submitted to HWW office as draft version	21 December 2017
Date sent to provider to check for factual accuracies	10 January 2018
Date response from provider due	24 January 2018 (Received 11 January 2018)
Follow up actions	1 March 2018 - Contact the home to find out how they intend to implement the recommendations.

## About Healthwatch Wiltshire

Healthwatch Wiltshire (HWW) gives people a powerful voice locally and nationally. At a local level, HWW works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. HWW is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

## What is Enter and View?

To enable Healthwatch Wiltshire to gather the information it needs about services, there are times when it is appropriate for Healthwatch to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow Authorised Healthwatch Representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and View visits are:

- not part of a formal inspection process, neither are they any form of audit;
- a way for Healthwatch Wiltshire to gain a better understanding of local health and social care services by seeing them in operation
- carried out by Authorised Representatives who have received training and been DBS (Disclosure and Barring Service) checked
- a way for Authorised Representatives to observe the service, talk to service users and staff and make comments and recommendations based on their subjective observations and impressions in the form of a report.

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