

Enter & View Visit Report

Name of Service: The Willows (Priory Adult Care)

Service Address: Norbriggs Road, Chesterfield, S43 3BW

Date of Visit: Tuesday 20th February 2018

WHAT IS ENTER AND VIEW? Healthwatch Derbyshire (HWD) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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1. Visit Details

Service Provider: The Willows (Priory Adult Care)

Time of Visit (From/To): 13:40hrs - 16:50hrs

Authorised Representatives (ARs):

1. Brian Cavanagh
2. Caroline Hardwick

Healthwatch Responsible Officer: David Weinrabe (Enter & View Officer)
Tel: 01773 880786 or Mobile: 07399 526673

2. Description & Nature of Service

The Willows is a care home designed for older people that require residential or nursing care and caters for up to 42 residents in single rooms. It has two floors with the ground floor designed for more general care and the upper catering for those with more advanced dementia. During our visit, the home was occupied by a total of 41 residents.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement.

6. Strategic Drivers

During 2017/2018, Healthwatch Derbyshire invited local health and social care organisations to nominate services where an Enter & View was considered suitable and would benefit both the service and the provider and/or commissioner of that service. All nominations for Enter & View are scrutinised through the Healthwatch Derbyshire Intelligence and Action Group (IIA) to determine whether an Enter & View appears appropriate and justified.

Hardwick CCG nominated a range of care/nursing Homes for Enter & View and this visit has been arranged as a consequence.

7. Introduction/Orientation to Service

On arrival ARs met Simon Shaw (Home Manager) and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting where they were advised on any circumstances that they should be aware of and/or may reasonably restrict some aspects of their visit. These were outlined and acknowledged as being:

1. One room was out of bounds as a result of infection control
2. One resident who could become distressed with strangers.

ARs were also advised as to which residents were most suitable to engage with and which staff might be available to talk to during the visit. An orientation tour was given and general introductions to residents and staff were made during the process.

8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

9. Summary of Key Findings

- Interviews were conducted with six residents, two relatives and three staff
- The building and grounds are well maintained with the home itself offering a welcoming atmosphere
- Staff were observed to be caring and attentive to resident needs and preferences
- All relatives interviewed felt involved with their family member's care
- Several improvements/refurbishments were advised of by staff; installing a hearing loop within the communal lounges, developing a sensory room on the first floor and a re-design of the ground floor dining area
- Good signage throughout the property.

10. Detailed Findings

10.1 Location, external appearance, ease of access, signage, parking

The home is located on the outskirts of Chesterfield town centre, on a road adjacent to a residential area. There is a local shop located nearby and a bus stop at the end of the road.

Approaching the home, ARs observed a large 'welcome' sign at the entrance of the home and the buildings were observed to be well maintained.

There is on-site parking available and ARs observed a designated parking space for an emergency vehicle, however there was no designated disabled parking space available.

Access to the home was easy and visitors with a disability would have no difficulty with accessing the premises, aside from the absence of designated disabled parking as mentioned above.

10.2 Initial impressions (from a visitor's perspective on entering the home)

Externally, the building and grounds were observed to be well maintained and complemented with shrubbery.

On arrival, ARs encountered a delay in being welcomed into the premises but staff advised this was due to a faulty doorbell.

Within the main reception area, ARs observed the environment to be fresh and welcoming, with seating and tables available. On the walls, there were notice boards which displayed information regarding the home and the services available for residents.

The up-to-date CQC certificate was not observed, however when ARs queried this with staff, ARs were informed of its location.

10.3 Facilities for and involvement with family/friends

Visiting times were indicated to be flexible, with one relative commenting *"They don't mind when you visit. I've come at a meal time and they were fine with it. Staff worked around it."*

ARs were advised by relatives that they are kept well informed by the home of their relative's care and are involved in care reviews and consultations. ARs also observed a schedule of resident meetings which were displayed on a notice board located on a corridor near the main entrance.

On the first floor, the communal dining and lounge area features a small kitchenette which visitors can use and during the visit, ARs observed relatives being offered refreshments by staff.

Across the home, ARs observed several quiet areas along the corridors with plenty of seating available. On the ground floor, there is a conservatory available for both residents and visitors to use. On the first floor, there is a 'quiet lounge' where visitors can meet privately with residents. One relative commented on the 'quiet lounge', stating, *"We usually go to their room though as the 'quiet lounge' can be quite cold at this time of year as it doesn't seem as well heated as the rest of the floor."*

ARs were advised by staff that there were no facilities available for visitors to stay overnight. However, for those residents at end-of-life, arrangements are made to enable relatives to remain at their bedside.

10.4 Internal physical environment

10.4.1 Décor, lighting, heating, furnishing & floor coverings

ARs observed the interior of the home to be clean and well decorated, with good lighting available throughout.

The floor coverings were mostly carpets and all were observed to be well maintained with no stains.

The furnishings were observed to be of a high standard, particularly the chairs

which had little sign of wear or tear.

ARs observed the dining areas to be pleasant and bright, with all tables being clean and tidy, and condiments available for use.

10.4.2 Freshness, cleanliness/hygiene & cross infection measures

ARs observed the home to be clean throughout and no unpleasant odours were present during the visit.

The bathrooms were observed to be very clean, however they presented a 'clinical' feel. Within one of the bathrooms, a clinical waste bin was observed to be full and required emptying.

ARs observed one hand sanitiser dispenser located within the entrance hall, but no further ones throughout the home. ARs were advised by staff that residents are offered assistance with hand hygiene when required.

Throughout the home, ARs observed the ventilation to be adequate and they did not experience any particular excessively warm areas, however one member of staff commented that they felt the heating was set too high.

10.4.3 Suitability of design to meet needs of residents

ARs observed residents being able to move freely across the building, with corridors of a suitable size to cater for wheelchair access. The corridors also feature hand rails to assist those with mobility issues.

Within the dining area, ARs observed the chairs to be fitted with additional aids to assist with mobility and the tables within the dining area were observed to be suitable for those using wheelchairs to sit comfortably.

Lift access is available, however ARs were advised by staff that residents rarely need to move between floors.

Bathrooms are located across the home, with several being situated near to communal areas for ease of access.

10.5 Staff support skills & interaction

10.5.1 Staff appearance/presentation

During the visit, ARs observed all staff to be polite, welcoming and professional.

All staff were also observed to be wearing uniforms and name badges.

10.5.2 Affording dignity and respect

ARs observed staff addressing residents in a courteous and respectful manner.

ARs were advised by staff that two male care workers are available and residents are asked their preference when personal care is being delivered.

During the visit, ARs observed a resident walking off with a staff rota, however staff were understanding of the resident's needs and allowed the resident to proceed with their 'task' before retrieving the folder when the resident had lost interest.

ARs observed staff to be discreet when assisting residents to the bathroom. However within the bathrooms, ARs observed that the bathrooms lead directly onto communal areas which could pose a challenge in maintaining resident dignity where staff are entering or exiting the bathroom whilst providing support/care to residents.

10.5.3 Calm, empathic approach to care giving

ARs observed staff to be calm and empathic in their interactions with residents.

During the visit, ARs observed staff engaging in one-to-one care with residents, using supportive interactions where appropriate to reassure and encourage. ARs also observed staff chatting patiently with residents who liked to 'wander' the corridors.

10.5.4 Attentiveness and pace of care giving

ARs observed two staff members assisting a resident with moving from a chair to a wheelchair in a gentle manner. Throughout this process, staff explained to the resident what they were doing and ensured that the resident was happy with them proceeding.

ARs also observed staff being attentive to residents' preferences and were mindful of residents who preferred not be approached or touched or those who would like to engage in certain activities or not. Staff were also observed to remain aware of residents' needs as they conducted their various duties and would stop when necessary to attend to residents, giving them preference over the task or errand they were engaged in.

10.5.5 Effective communications - alternative/augmentative systems and accessible information

Throughout the home, appropriate signage and visual aids were displayed to assist those with a visual disability or limited mental capabilities.

Within the dining areas, menus with visual imagery were also available for those who require it.

10.6 Residents' physical welfare

10.6.1 Appearance, dress & hygiene

ARs observed residents to be clean and appropriately dressed with each resident observed to be dressed in clothing of their own choice. Some residents were dressed in casual clothing, whilst others were dressed in smart clothing. Residents were also observed to have their hair styled and several female residents had manicured and varnished finger nails.

One relative raised a concern around their family member's hygiene when they initially arrived at the home from hospital, commenting, "***We realised she hadn't been bathed for over a week.***" The relative went on to advise ARs that after raising this with staff, the issue was resolved and, "***It's been okay since.***" ARs raised this with staff and were informed that each floor now has a bathing rota which provides a weekly overview, based on resident's preferences and that the home has systems in place to monitor this.

10.6.2 Nutrition/mealtimes & hydrations

During the visit, ARs were not present at a meal time and so observations of the food could not be made, however residents commented that the food is "***fine***" and that they had "***no complaints***".

A relative commented that their family member who is a vegetarian, "***Wouldn't eat at first as she'd always prepared her own meals and was always suspicious of anything prepared by anyone else in case it wasn't vegetarian, especially gravy***". The relative then provided the home with a list of recipes that their family member had previously enjoyed. The home obliged with this request and the relative commented, "***She is now eating more, especially if they put the sauce or gravy in a separate jug.***"

Another relative commented that their relative hadn't eaten much for several weeks but had been quite unwell and confined to their bed for a considerable time due to illness. They said, "***We felt she wasn't being encouraged enough to eat and drink regularly, even small amounts so we mentioned it to staff. Now she is eating things she likes such as biscuits and drinking more frequently. With one-to-one care, she has started to improve.***"

ARs were advised by residents that meal times are flexible and suited to them.

10.6.3 Support with general & specialist health needs

ARs were informed by staff that the local GP visits the home every two weeks and meets with residents who staff have identified as needing medical support.

ARs were also told by staff that residents have access to physiotherapy services, opticians, chiropodists, audiologists, dieticians and occupational health professionals who visit regularly as well as a district nurse who visits on a daily basis.

10.6.4 Balance of activity & rest

Throughout the visit, ARs observed a variety of sociable and quiet areas for residents to choose from, all of which were observed to be well used by residents during the visit.

10.6.5 Ensuring comfort

Within the ground floor communal lounge, ARs were advised by a relative that there was one resident who occasionally disturbed other residents but that the home have taken steps to minimise this. The relative however commented "***Things in one area have been organised to mainly suit this resident and keep them quiet. What about the rest of them?***"

On the ground floor, there is also a conservatory room which ARs observed to be much quieter and includes a TV for residents to use.

To the first floor, there is a 'quiet lounge' as identified in 10.3 which offers space for visitors and residents to relax in, however it has been commented on by a visitor as being "*cold*". AR observations also confirm this area to be less heated than other areas on the first floor. ARs were also advised by staff that the room is due to undergo refurbishment to incorporate a sensory room.

Throughout the home, chairs were observed to be comfortable, with plenty of support cushions and foot stools available.

During the visit, ARs observed no dimmer switches throughout the property but as outlined under 10.4.1 the lighting was good throughout the property.

10.6.6 Maximising mobility & sensory capacities

ARs were advised by staff that the home offers equipment to assist with resident mobility such as rotundas, wheelchairs, hoists and walking aids. ARs were also informed by staff that the home encourages personal independence and mobility encouraging two hourly repositioning/movement of residents and monitored through using 'repositioning charts'.

ARs were advised by staff that a hearing loop is due to be installed in the communal lounge areas within the next month.

10.7 Residents' social, emotional & cultural welfare

10.7.1 Personalisation & personal possessions

ARs were invited to see some residents' bedrooms which they had furnished with pictures and decorative items of their choice. ARs were advised by staff that residents are allowed to bring their own furniture into the home, dependant on practicality and safety. One resident brought a keyboard into the home and staff accommodated room for this in the conservatory which he uses during 'sing-alongs'.

ARs also observed all residents having their names and an accompanying picture fixed onto their bedroom doors.

10.7.2 Choice, control & identity

ARs were advised that residents do not have keys to their own rooms but can request that their room be locked after housekeeping have finished cleaning in the morning and can be unlocked when required.

There are no double rooms within the property, however ARs were advised by staff that two of their residents are a married couple who have separate rooms due to one of them needing nursing care. This enables the other one to get adequate rest but still spend as much time as possible with their loved one in the communal areas of the home.

ARs were informed by staff that residents can go out wherever they choose, however very few residents are currently able to safely do so due to their physical capabilities.

ARs observed telephones located in the corridors on both floors and one in the staff office which staff members advised residents can use to make and receive calls without being disturbed.

As identified in 10.6.1, ARs were informed that the bathing rota is based on resident preferences.

As identified in 10.6.2, ARs were advised by residents that meal times are flexible and suited to them.

During the visit, ARs were also advised by staff that the ground floor dining area is in the process of being re-designed to offer more choice and flexibility to residents.

10.7.3 Feeling safe & able to raise concerns/complaints

ARs were informed by residents that they felt safe and secure in the home and all interviewed felt they could raise concerns with staff, however none had needed to.

During the visit, ARs observed no trip hazards throughout the property.

10.7.4 Structured & unstructured activities/stimulation

ARs were advised that the home provides one-to-one activities for residents, delivered by an activities coordinator and care assistants but that occasional outings are organized, however a member of staff commented, ***“It would be good if it were possible to have our own transport to organise more outings for those residents who are able to enjoy them.”***

During the visit, ARs observed a ‘sing-along’ in one of the communal lounge areas where most residents joined in enthusiastically. There was also one-to-one care being delivered by the activities coordinator to encourage certain residents to join in, however those residents who showed no desire to join in were not pressurised into participating.

ARs observed advertised activities throughout the home, with an external entertainer due to visit shortly.

As mentioned in 10.7.1, one resident has his own keyboard which he enjoys to play during ‘sing-alongs’.

For those who do not wish to join in with group activities, one-to-one activities are provided and other activities are available such as a small library, newspapers, magazines, TVs and quiet spaces.

10.7.5 Cultural, religious/spiritual needs

ARs were advised by staff that a minister from the local church visits the home on a weekly basis where a service is held in the form of hymns, readings and prayers.

10.7.6 Gardens - maintenance & design/suitability for use/enjoyment

ARs observed the grounds to be well maintained, featuring a mixture of lawns, trees and shrubbery with fencing surrounding the perimeter of the property.

Outside of the conservatory, there is a paved area for residents to use with chairs and tables available during the spring and summer months.

11. Additional Issues

11.1 Comparisons with previous Healthwatch visit(s)

This was the first visit to The Willows (Priory Adult Care) and as a consequence there are no previous Enter & View visits to compare with.

11.2 Comparisons with the most recent CQC report

The CQC undertook their visit on 24th June 2016 with the report being published on 27th September 2017. The report rated the service overall as 'Good' and scoring 'Good' in all domains.

Overall, our report reflects the findings identified by the CQC, with particular respect to the quality of care delivery being offered to the residents.

12. Elements of Observed/Reported Good Practice

- Flexible visiting times
- Staff were observed to be caring and attentive to resident needs and preferences
- All relatives interviewed felt involved with their family member's care
- Two male care staff available to meet residents' preferences during the delivery of personal care
- The two hour 'repositioning' schedule to help maximise resident mobility.

13. Recommendations

- 13.1 To advise of any plans to create a designated disabled parking space (10.1)
- 13.2 To repair the faulty doorbell located at the main entrance (10.2)
- 13.3 To advise of the location of the CQC certificate and if appropriate, consider displaying it in a more prominent location (10.2)
- 13.4 To improve the heating within the 'quiet lounge' located on the first floor (10.3)

- 13.5 To consider methods for making the bathrooms feel more homely (10.4.2)
- 13.6 To confirm how the privacy and dignity of residents is maintained whilst being cared for within the bathrooms which are accessed directly off the communal areas (10.5.2)
- 13.7 To advise when the following improvements and refurbishments are expected to be completed:
- (i) The refurbishment of the ‘quiet lounge’ located on the first floor to incorporate a sensory room (10.6.5)
 - (ii) A hearing loop within the communal lounges (10.6.6)
 - (iii) The re-design of the ground floor dining area (10.7.2)
- 13.8 To consider how the frequency of outings for residents might be increased (10.7.4).

14. Service Provider Response

No.	Recommendation	Response from Provider
13.1	To advise of any plans to create a designated disabled parking space (10.1).	A disabled parking sign is to be placed onto the wall adjacent to nearest parking bay in front of main entrance.
13.2	To repair the faulty doorbell located at the main entrance (10.2).	The doorbell has now been repaired.
13.3	To advise of the location of the CQC certificate and if appropriate, consider displaying it in a more prominent location (10.2).	The entrance has been redecorated and the CQC certificate is prominently displayed.
13.4	To improve the heating within the ‘quiet lounge’ located on the first floor (10.3).	The quiet lounge is being converted into a sensory room/activities room. Additional heating has been sourced to ensure that the room is comfortable at all times.
13.5	To consider methods for making the bathrooms feel more homely (10.4.2)	Bathrooms are communal and therefore we feel that they are suitably homely for all residents to enjoy a bath or shower.
13.6	To confirm how the privacy and dignity of residents is maintained whilst being cared for within the bathrooms which are accessed directly off the communal areas (10.5.2).	Staff ensure the privacy and dignity of residents is maintained by keeping the door closed when in use.

13.7	<p>To advise when the following improvements and refurbishments are expected to be completed:</p> <ul style="list-style-type: none"> (i) The refurbishment of the 'quiet lounge' located on the first floor to incorporate a sensory room (10.6.5) (ii) A hearing loop within the communal lounges (10.6.6) (iii) The re-design of the ground floor dining area (10.7.2). 	<p>The quiet lounge is currently in the process of being converted into a sensory room/activities room.</p> <p>A hearing loop has been purchased for residents to enjoy watching movies on our new cinema projector and screen and TV, without the distraction of additional noise from within the care home.</p> <p>Redesign of the dining room is complete, we are just awaiting soft furnishings.</p>
13.8	<p>To consider how the frequency of outings for residents might be increased (10.7.4).</p>	<p>The Activities Team have created an activity programme with additional outings for residents to attend local shows and events. This is displayed on our activities board.</p>