



ENTER AND VIEW

Vicarage Court Nursing Home

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Vicarage Court Nursing Home - Morecare Ltd

Address: 160 High Street, Chasetown, Burntwood,
Staffordshire WS7 3XG

Service Type: Nursing Home for adults with varying degrees of Dementia and disability

Date of Visit: 31st May 2017

Authorised Representatives

Name: Robin J Bentley

Role: Author and observer

Name: William Henwood

Role: Observer

Purpose of Visit

To follow up

A The November 2016 CQC Inspection Report which found that all areas of service delivery required improvement

B The provider had not been working within the principles of The Mental Health Act 2015

C To discuss what progress has been made, if any, in respect of activities available to residents.

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided

- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints
- Speak to staff about training, turnover, support, staffing levels
- Observe interaction at all levels between residents, staff, manager, and visitors
- To observe the interaction between staff and residents

Physical Environment

External

Vicarage Court Nursing Home is a modern purpose built residential home which is appeared to be well maintained. It is owned by Morecare Ltd. The owner was not available during our visit, but we were told that he visits frequently to speak with staff. The outside signage was clearly visible and entry to Vicarage Court was by way of a door bell with staff gaining entry by way of a key pad. The outer entrance area was clean and well maintained.

The gardens front and back were well kept and the lawns neatly mowed and bedding areas were also well maintained. There was easy access to the gardens via double glazed doors from one of the sitting areas on the ground floor and from observation it was apparent that it was an area for residents to walk and sit in safety.

Internal

On entering Vicarage Court we noticed an unpleasant odour in the foyer and in the rest room leading out to the garden area. * see *feedback section at end*

The fabric of the building was good and the furnishings were in good repair and showed little or no wear. Lighting, flooring and decoration were in good condition. The bedrooms were of a good standard and although we saw one empty double bedroom it looked adequate for purpose and it was clean and ready for occupation. We declined an offer to see an occupied resident's bedroom on the basis of not wishing to intrude on any residents who may be in their rooms. An emblem was attached to each resident's door to remind them of something significant in their past. The bathrooms had necessary hoists in working order and they appeared to be well maintained.

Whilst being a busy nursing home the corridors were in the main, free from obstacles and clutter.

There is a hair salon for the benefit of residents, which is run by the daughter of one of the residents.

Resident Numbers

The capacity is for thirty nine residents, currently there is one vacant room. Some rooms have en suite facilities. Most residents are Local Authority funded. Residents have varying degrees of Dementia and require nursing care. Others have a variety of illness including “mental health, long term illness and palliative care. Some are elderly mentally infirm”.

Staff Numbers

- Seven nursing staff
- Thirty-one carers
- Six domestic staff
- One maintenance person
- Three administrators
- Seven catering staff

We were advised that there were four members of staff at night. The acting shift manager stated that an “additional carer would be welcome due to occasional pressures in relation to the unexpected demands of residents some of who are highly dependent residents”. She felt that overall staffing levels were adequate.

Staff Training

We were advised that In House training is provided by Redcrier - there are twenty-one modules, in the form of booklets which the staff complete at their own pace. Modules are repeated at 1 to 3 year intervals, dependent on recommended frequency requirement per module.

Out of 31 carers

- 5 have completed all twenty-one modules
- 14 are over half way through the modules
- 8 have started, but have not yet reached the half way stage
- 3 have not yet started the course
- All staff have completed Manual Handling training.

Other qualifications

- 19 staff have NVQ Level 2 or above
- 2 staff are currently working on NVQ qualification
- 6 staff have started the Care Certificate course
- 4 have yet to start training

Members of staff also undertake basic medical training.

One staff member told us that if he forward booked to attend a Council run course and could not attend, for what was a genuine reason such as bereavement or illness, he would be personally billed. For that reason he preferred to arrange his own training and pay for it himself. This could potentially discourage some staff from volunteering to attend council run courses to improve their skill base. ** See Feedback section at end

Agency Usage

We were informed by a nurse, who was acting shift manager and a carer that they use agency staff on a regular basis “two to four times per week”, but they try to use the same Agency. We were informed that they have twenty-three carers on their bank, able to be called upon to do additional shifts.

Resident Experiences and Observations

One resident is fit and able to go out unaccompanied by staff or family, he is able to let himself out and uses the key pad to let himself back in. This encourages a degree of independence for this resident, although he does have a mobile telephone, which means he can be monitored.

The six residents spoken to generally felt that the staff and care were good, though one said that there were not always enough staff on duty, and that while the older employees were mostly good, the younger ones were sometimes less so. Another said that he was very happy living at the home and felt well looked after. He had no complaints at all. Another said she had been there for three years and that it was a good home, that the staff were good and did everything for her.

All described the food as good or adequate.

While speaking to residents, another was seen and heard calling for assistance. His requests were acknowledged from a distance, but it was some minutes before a member of staff approached him.

We were advised that residents had a choice over bedtimes, meals, clothes and that their privacy and dignity was respected.

Some residents are accompanied to enable them to go out shopping, but some residents have limited resources and are not able to do this sort of trip.

Activities

We were advised that an Activities Coordinator was appointed in the recent past, but she left, being unsuitable for the position. Since then, some of the care staff take responsibility for involving residents in bingo, colouring in, board games, gardening for those who have an interest in horticulture and other activities using the previous life skills of residents.

In addition pets are brought into the nursing home on occasions. We were advised that no monies are made available for resident social activities. *** see feedback section at end

Several residents said that they could choose to join in activities when they wanted to, and their choices were respected. One said she often felt bored, but went on to describe activities that she had enjoyed: sitting exercises for suppleness and mobility, a comedian with novelty balloons, a singer, and a male concert party with some members in drag. She felt that “the home does try to break the monotony”.

A game of ‘higher or lower’ using large playing cards on a board was observed being led by a care assistant in a lounge. Several residents participated cheerfully; others were invited to join in but declined and their wishes were respected. However, the positioning of residents was not adjusted accordingly. It would have a simple matter to move the wheeled armchairs of participants to form an arc in front of the board, rather than having them calling from all parts of the room, talking across residents who did not wish to participate.

We were advised that special events such as Birthdays, Christmas, Bank Holidays, Valentines, are celebrated. We were also advised that outings are not arranged through lack of time and money.

Family and Carer Experiences and Observations

Two family members of one resident of three years said that they had chosen the home for its friendly atmosphere, are happy with mother’s care, and can visit whenever they like. They had been involved in initial care planning, but could not recall any recent involvement with reviews of care. They had no issues or complaints.

Three family members of a recently admitted resident were also spoken to. One has firsthand experience of the care sector and thought the home to be “adequate at best”. He was very critical of the lack of inter-action between staff and residents, giving an example of lunch: members of staff give the meals to the residents and then sit at a separate table in the room to eat their own meals, not always giving timely assistance with feeding to residents who need help.

He described the care given as task-based rather than personalised or person-centred; there are plenty of staff, but they do not 'engage' with residents or visiting families. He also had concerns that his relative, who is only able to consume fluids, is not helped to drink often enough. He had had great difficulty getting hold of his relative's care plan and was initially told that "it is not company policy to share this information". His knowledge enabled him to overcome this barrier, but he felt that others would not and could be fobbed off. **** see *feedback section at end*

Our observations did not support these comments on this occasion.

GP's come into the home. Family escort residents to hospital appointments and if no family is available transport is arranged with the hospital and staff escort the resident.

Catering Services

We saw one of the two kitchens in the nursing home and the author gained the impression from observation that the area was very confined. This was one area of our visit where kitchen staff did not voluntarily communicate with us.

There were differing opinions about the quality of the food available to residents who can choose their own meals every morning. Some staff thought meals were "average", whilst others stated they were poor. No residents criticised the meals. We asked to see a current menu, but were advised that they were in the process of being re-printed.

We were advised that each resident has a flow chart to indicate fluid intake, although we did not see one. Also that special dietary needs were catered for e.g. religious, gluten free. All meals are prepared in the home's kitchen.

Lunch was observed being served and eaten in the upstairs lounge / dining room. Some residents sat at tables, others using wheeled tables brought to their armchairs. The main course of pork chop with mashed potato and vegetables looked and smelt appetizing and was served hot. It was served politely, assistance with cutting up meat, condiments and actual feeding being provided when needed or on request. One resident described the meat as "a bit tough for me". The meals for residents eating in their own rooms were also served from the communal dining area.

Staff Experiences and Observations

Discussions about the running of Vicarage Court were with a nurse, who in the absence of a manager (the last manager left on 19 May 2017), was acting shift manager on the day of our visit. Also present was an experienced care worker.

We were told that there has not been a Deputy Manager for some years. When asked about the importance of having a permanent Deputy, this was not a matter that staff gave any thought to.

The acting shift manager told us that the Manager of the adjacent care home, The Old Vicarage, comes in from time to time to give guidance and advice to staff. That Residential Home is also owned by Morecare Ltd. The acting shift manager stated that she found this support “reassuring to her and staff”.

It was a source of concern that a manager at an adjacent care home appeared to be responsible for the running of two care homes with a very large number of highly dependent residents.

We observed staff in the sitting and dining areas of both lounges. They were seen using appropriate manual handling techniques and use of equipment for lifting and transfers of the more dependent residents. Their inter-actions with residents were always friendly, polite and respectful, but appeared to be largely based around tasks needing to be carried out.

All the care staff spoken to described themselves as happy working at the home.

They talked about their duties in terms of the tasks they undertake. Asked about training, they mentioned elements such as manual handling and use of equipment.

The acting shift manager reported that when medications are dispensed to residents the external telephone is not answered by staff, so as not to distract from the administration of medicines.

Summary, Comments and Further Observations

We were advised that all safeguarding alerts and incidents of harm to residents are recorded in a folder in the Administration office.

When discussing staff attitudes and training needs the acting shift manager and the carer who was with the manager admitted that some staff were not as good as others and that they had a differing range of abilities. They also stated that some staff had limited capacity to understand. When explored further we were told that those staff were given extra supervision to address those issues or were closely monitored.

With regard to training, the Redcrier modules that staff undertake do not seem to have a timetable in place for completion of each module and that the staff complete these modules at their own pace. This is reflected in the large amount of staff who have yet to complete all modules.

There is no Manager at the present time and this situation will continue until a suitable replacement is found. A manager was in place briefly but left on 19 May 2017 and the responsibility for managing Vicarage Court appears to be left to three shift staff who “act up”.

It appears that a manager at the adjacent home takes on some responsibilities at Vicarage Court Nursing Home in terms of supporting and guiding staff. Whilst giving support and encouragement to the staff, it would not appear to provide a consistent chain of command.

Deprivation of liberty was an issue raised in the last CQC report. The acting shift manager reported that nineteen residents did not require (DOLS) oversight. In respect of the remaining residents some have had an assessment, but others have not. It appears that little progress has been made in addressing these issues.

From speaking to some staff, they reported that some other staff members do not readily embrace change. From our observations, staff manage a heavy workload.

Whilst the staff the author and observer spoke with were friendly, in their appraisal of the home there are issues that should be addressed immediately.

Recommendations and Follow-Up Action

We recommend that a manager is recruited as soon as possible to bring stability and consistency to the running of the home.

We recommend that the home actively consults with relatives in view of the concerns mentioned to our representatives regarding staff interaction with residents and access to care plans.

Given that a large number of staff currently have no qualifications or have not completed the training programme, we recommend that Staff training be brought up to date as a matter of urgency to meet the minimum requirements.

We recommend the appointment of an Activities Coordinator to relieve pressure in the staff delivering care and improve the range and quality of activities to enhance the wellbeing of residents.

Healthwatch Staffordshire will provide a copy of their report on the Provision of meaningful Activities in Care Homes.

Healthwatch Staffordshire will write to the owner within three months to ask for an update on the areas mentioned above.

We recommend that a further follow up visit be made in six months time, when hopefully a new manager will be settled in post and have made some progress in addressing the areas that are not working well.

Provider Feedback

The Administrator commented as follows:-

We have been open for 22 years and have always been complimented on how fresh and clear the home smells, and have always eliminated any odours rather than disguise them.

***If a council run course is booked, and for whatever reason an employee cannot attend, no payment is due if the council is informed.*

**** Money is always available for social activities.*

*****Relatives have access to care plans if requested.*

All care workers complete the Redcrier programme and this is updated after 1 - 3 years, depending on when they expire. Carers will be completing NVQ's and Care Certificates.

A new care Manager has been recruited since the Healthwatch visit.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.