

Enter & View

Report

Waters Edge Care Home
Great Wyrley
15th October 2018



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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: Waters Edge Care Home
Provider: Alpha Health Care Limited
Address: Stafford Road, Great Wyrley, Staffordshire. WS6 6BA
Service Type: Residential Home
Date of Visit: 15th October 2018

Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire:

Julie Thurlow

Mary-Anne Burke

Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

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 staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External: The approach of the care home sign stated 'The Lakes' and in the grounds there were a number of buildings. When on site Waters Edge is clearly identified. The grounds are well laid out with shrubs and the lawn is well maintained. There were many car park spaces but all were filled. It would have been useful to have a small number of parking places next to Waters Edge for Visitors only. This is a three storey building with residents on the ground floor (Langsdale) and on the first floor (Keswick). The third floor is office space.

Internal: The outside reception was welcoming and well presented with a range of information on the walls. This included a Hygiene Certificate, Policy and Mission Statement, Food Hygiene Rating - 5 stars, Visitors Protocol and Review Us cards. In addition there was information about the resident activities including the visit of a Pat Dog, Dancing for Dignity, Waters Edge General Store, Church Service and a Fancy Dress Halloween Party. On another wall there was a poster showing meaningful activities. There were cards to be filled in when residents were escorted out of the premises which included approximate timings.

Visitors were expected to sign in and out every visit (clearly in use) and there was a key code and buzzer system for entry. A liquid hand sanitizer was available to be used on entry and exit. It was subsequently identified that these were available throughout the building on both floors.

Inside the building was an attended reception desk which had double doors which separated it from the main living area. The doors on the inside of the building had a picture on the glass of a cake shop. On a stand near the entrance to the lounge there were copies of the Daily Sparkle - a subscription reminiscence newspaper specially developed to provide daily stimulation, interest, enjoyment and fun for older people and people living with dementia which includes notes for the Carers to support interaction.

In close proximity there was a coffee shop with four tables. Each table had flowers on where the residents or the guests could get a coffee/tea. Guests would make a small contribution towards the cost of the drink.

There was also a display of items related to Mexico. The residents were being 'transported' around the world during the year and were experiencing as part of a cruise different countries of the world. There was a map of the world showing where the cruise ship was anchored for the visit. During this time residents would experience Mexican food, music and related activities. There was a record of what had been done throughout the year showing the countries they had 'visited' allowing different cultures and food to be experienced.

There was a plastic box on the floor which had cups, saucers and plates with doyleys on. We believe these should have been covered or placed in a cupboard for hygiene reasons.

The lift on the ground floor was concealed with a library frontage which extended around the side wall. This was pleasing to the eye.

There was a dining room that was decorated tastefully for a vintage tea that had occurred the previous weekend. Each table was laid for lunch with a cloth, condiments and a wine glass. It was a pleasing and pleasant environment. In the dining room it was noted that walking frames (all bearing the owners name) were moved to a safe position, near to the owner whilst seated at the table. Also wheelchairs were folded and moved when the person had transferred to a chair at the dining table.

There were a number of bathrooms and toilets - all clean and functional.

In the building there was a 1950's lounge which could be used as a sitting area. The residents were part of the decision making and chose the retro wallpaper. The room was superbly equipped and made you feel as if you were going back in time.

There was an area in the hallway where there was a bench with a Bus Stop sign which looked at a wall that represented plants and trees outside. We were told that some residents 'waited for the bus' in this area.

We were told that the ground floor has 29 rooms all single and with en-suite (toilet and sink) there are no shared rooms although there are four rooms that can be used as doubles if needed by a couple. Furniture was provided but residents could bring their own items of furniture, if they were safe and fire resistant. Each room was personalised and outside there was a memory box for each resident showing their past interests. Each room had a name and sometimes a picture e.g. a cat. On each door there was a hanging sign - on one side do not disturb and on the other Dignity Care. Each room has an alarm system - either a mat, chair or button depending on the individual requirement of the resident. These are connected to monitors in the corridor identifying the room number.

One room had a gate across the door - we were told that this was at the request of the resident because she didn't want anyone to be able to go into her room.

On the first floor the large general lounge is used for activities such as the sing-a-long taking place during our visit. This floor also has a bar area that can be used by visitors and residents. Not sure what beverages are on offer!!

Near the main lounge there was an alcove area with items such as a Silver Cross pram, life like dolls, baby clothes, baby crib and clothes airer etc. We were told that residents like to use these.

No odours were identified anywhere in the building during our visit and the home was clean. The décor was in good order with walls in the main painted in restful pastel colours. The furniture in the public rooms and bedrooms were good quality and in good order. All the armchairs were winged and had arm rests.

The laundry room is accessed by a keypad - two members of staff working in there. Each resident has a plastic tub denoted by room number. All clothing is marked and if a resident doesn't have anyone to do this the staff mark items with the relevant room number. The laundry appeared well organised and clean.

Outside at the rear of the property was the garden which was a very pleasant area with grass, plants and seating which we were told was used throughout the summer, and residents could have access to this at any time.

Resident Numbers

The home was full with 59 residents but four were in hospital on the date of the visit.

Staff Numbers

On the day we visited there was one Manager. There is a Senior Carer on each floor who is responsible for Care Plans and dispenses medications. She was supported by three Carers on each floor. In addition there were four Domestic, one Maintenance man, one administration, one chef and two catering assistants.

Comments

The home seemed well staffed.

Agency Usage

The home has a pool of bank staff to cover sickness and holidays and only use agency staff as a last resort. Should agency staff be required, they use the same agency for continuity. We were advised that during the week of our visits that no agency staff had been used and 2 bank staff.

Management

Management - A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Our findings

The Registered Manager has been working at the home since the previous owner was in charge and has seen the home change to what it is today. She was very enthusiastic and seemed focused on her role. She was approachable and whilst taking part in the interview she still was aware of what was going on in the home e.g. buzzers in bedrooms which had not been answered, so she attended to the resident. She felt she was fair with her staff and enjoyed working in the home with staff and residents. She also said that she spent long hours at the home, but enjoyed the challenge and did not mind doing extra as it was worthwhile. She was also very mindful that Waters Edge Care Home was the resident's home and tried to make it as happy a place as possible.

When a prospective resident is considering a change of life style by moving from independent living to a residential home the Manager visits the home of the person to find out the needs of the person. The questions on the pre- assessment form require information about life interests, beliefs, values and dietary information to try and ensure these are catered for once the person is arrives at the home. At this stage she asks whether there is anybody who has LPA for Health and Finance. This information is very important when determining the care of the individual. Once the person arrives a care plan is put into place within 48 hours based on the information gained from the visit and the MCA is considered at this time. DoLS will then be applied if there is a need from the onset (capacity looked at for different areas e.g. mobility) once the assessment has taken place. This information will be audited within the organization. The date of the application is noted on the matrix and the CQC is informed. The care plan will be audited and the feedback given to the manager is ongoing.

There are barriers to the implementation in that you need to wait until the resident is settled. In addition when a resident is being assessed only a small number of criteria can be dealt with at one time as an older person can get tired easy and they will need to be revisited to check that the information is correct. In addition it is important that relatives/friends have the correct Power of Attorney(either health or finance) if they want to be part of the decision making process. If a member of the family has a LPA a copy is taken and placed in the file. If the resident is being funded by the local council a social worker will be involved. In some circumstances a DoLS Advocate will be employed.

Comments

Since the last CQC report June 2018 changes have been made to improve the effectiveness of the service. The management believe this has made a difference and given a greater understanding of the assessment process of the Mental Capacity Act/DoLS, which in turn benefits the residents. More specific information is now available on the different areas of capacity. Residents are now assessed and recorded on a DoLS matrix grid. For example mobility, personal care, medication, diet and fluids are all separated into different decision specific capacity areas which was not done before and is now regularly updated.

Overall it has given the staff a greater understanding of the capacity of the residents. It also benefits the resident as it is in their best interests if they do not have capacity in some areas but capacity is still acknowledged in some areas, whereas this did not happen before.

In addition quality assurance is part of the process as it is audited by the Compliance Officer and Head of Care/Operations Director.

All staff spoken understood MCA and DoLS and had received appropriate training.

Although Carers do have an input, consideration could be made to putting 'Capacity and Decision-making' as an item on every agenda of staff meetings and ask questions like: "Is this person's care as liberty-based as it safely can be?" are we sure we're not restricting people's freedom out of habit?

Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

The training was very well organised with evidence shown on a training matrix that everyone is trained. Staff are inducted when they first join the organisation on areas such as fire safety, moving and handling, health and safety and food hygiene. Once they have finished their training after the first week they shadow other members of staff for approximately 24 hours over their shift pattern. If they still do not feel confident to work alone they can shadow for further time. If carers have previously done this work the extra time is usually not needed. Once the basic training has been completed additional training is needed, for example, information governance and infection control. Some training needs to be repeated on a yearly basis whereas other training is completed every three years. Most of the training is done in house and the home has a Training Officer who works throughout the whole site.

The Matrix grid shows when training needs to be updated and a colour coding system is in place. When there were occasional red markers a training date had been highlighted. This is updated regularly.

There is a Training Officer who is based at Lakeview (sister home at the same site). The MCA/DoLS training was done in house but additional training was done externally. I was told that the Training Officer often asks the staff questions when she visits the unit to check there has been an understanding and retention of the information.

Staff spoken to all said that they felt appropriately trained and supported by the Manager - they pointed out that she arrives at 7 a.m. the same as them.

There seemed ample staffing whilst visiting. The Manager had not got a Deputy Manager, this vacancy was yet to be filled. This would have been very useful as the Manager was very busy and would have benefitted from additional support.

Staff moral seemed to be high and observations indicated good team work in the dining rooms when preparations for lunch were in hand and then when food was being served. The carers on both floors donned plastic aprons and gloves prior to serving food.

Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Our findings

There is a handover in the morning, midday and the evening when staff change their shifts.

Food and fluid is monitored and details recorded for each resident throughout the day.

Other than diabetes there are currently no residents with special dietary requirements, i.e. gluten free or dairy intolerance. However we were told that these would be catered for if necessary.

Medications are dispensed from a mobile locked trolley. The trolley holds a plastic container with a barcode relating to the particular resident, identified by room number. The barcode is scanned from a tablet and this then brings up details of the resident together with a photograph of the person. The medications due for dispensing are highlighted in red. After dispensing the system is updated and on completion of the round the tablet is downloaded to a docking station to update the main computer.

It is evident that there were good relationships between staff and residents. All residents were spoken to by name and it was apparent that staff had a good knowledge of each person.

Comments

There seemed ample staffing whilst visiting. The Manager had not got a Deputy Manager, this vacancy was yet to be filled. This would have been very useful as the Manager was very busy and would have benefitted from additional support.

Activities

Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Our findings

The home has two Activity Coordinators. On the day of the visit we were told that one member of staff was on holiday. The Coordinator we met was enthusiastic and really enjoyed her role. She did say she often did more hours than she was employed for if there were additional activities going on outside her contract hours.

There was a varied programme of events even including a staff dance featuring 'New York, New York'. All had been practicing very hard and were looking forward to it.

The Home offers a range of activities and we were told it also supports individuals with their own hobbies and activities on a one to one basis when possible.

During the month of October where the Around the World Journey travelled to Mexico activities included a Tea Dance with a special line dancing performance, Mexican themed entertainment, a cinema afternoon called 'The Mexican', a Mexican Quiz, a Rock and Roll Dance afternoon with fancy dress. The second half of the month included a Mexican Craft Afternoon with a themed Mexican lunch, a Jewellery Party, a Dance-a-thon, food and drink tasting ending with a Halloween Party on the 31st October. All of these activities were advertised in a folded leaflet including information about Mexico and all events for October. In addition there was also Progressive Mobility and Holy Communion advertised. In addition, a newspaper called the 'Daily Sparkle' was available and photographs were available in a file of all activities.

If the residents wanted to celebrate a special occasion with their family the Chef could provide food at an additional cost. All residents were given a birthday cake.

Comments

The activities were well thought out and used a theme throughout the year in addition to the usual themes of Easter, Halloween and Christmas. Many opportunities were given to residents to join in and enrich their lives. Having such an enthusiastic and hard working member of staff benefits all concerned.

Waters Edge Care Home is part of a Research Programme where Virtual Reality is just about to be introduced to residents who agree to be part of the programme. A choice of locations can be selected and you can experience being in that location. We opted for the beach location and by putting on a headset/looking at a phone if preferred you can experience the sights and sounds of the selected place. Each resident who has opted to do this Virtual Reality Plan will have had a meaningful activity care plan where the best interests of the resident has been considered and the decision recorded. This will show how the service user has been involved in the decision making process and how information about the intervention has been shared with them. The results of this research will be used alongside 13 other care groups including 3 care homes. It is hoped that once evaluated the home will buy in to this virtual experience. The reason behind this is to help relaxation, reminiscence and to replace Antipsychotic drugs.

Catering Services

Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

Our findings

All residents were spoken to by name and it was apparent that staff had a good knowledge of each person, i.e. identifying who liked small portions etc.

There is a menu for each day with a two choices of main course and three puddings. Fruit squashes were served with the meal. The menu appeared to be on a four week cycle.

A list of what each person had ordered was referred to when serving.

We were told that anyone wanting an alternative to the menu would be catered for. Some residents ate in their room as a personal preference.

Other than diabetes there are currently no residents with special dietary requirements, i.e. gluten free or dairy intolerance. However we were told that these would be catered for if necessary. Everyone fed themselves with assistance with cutting up or general encouragement where needed.

The residents we spoke to were generally happy with the meals whilst acknowledging that some were better than others, no one had any complaints. The food served at lunch was well presented and looked appetising.

We were told that a drink and biscuits are served mid-morning and a drink and cake in the afternoon.

Resident Experiences and Observations

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Our findings

A Doctor visits three times a week from the Local Practice.

Dentistry is provided locally by a local Dental Practice. There is also an Optician and Chiropodist who visits when needed.

Dignity and care signs are on each door to act as a reminder to staff. There is a call bell with easy reach in each bedroom.

Comments

Whilst we were visiting the care home a Doctor visited the home.

Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Our findings

All of the residents seen were well dressed and generally well presented - hair, nails etc. Cultural, religious and lifestyle needs are discussed with the prospective relative before the resident is arrives at the home when the manager does a pre-assessment.

Comments

The residents in the home were all white British people, therefore there is very little diversity within the resident group.

Family and Carer Experiences and Observations

No relatives were available to interview during our visit

Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

There is a complaints policy in place. As the manager is approachable residents and family members would be able to share a problem they would have. There were also 'review us' cards in reception for family members to complete. These factors demonstrated there were systems in place to deal with concerns or complaints.

Summary, Comments and Further Observations

This residential home was well run and a happy place to live. Consideration had been made of residents needs and there were a number of activities to stimulate the people. Being part of a research project shows that the home is forward thinking and wants the best for the residents.

Comments

The management are actively involved in the running of the home and a good atmosphere was felt during the visit.

Recommendations and Follow-Up Action

This home has a good training system in place and has obviously brought all staff training up to date in regard to MCA (Mental Capacity Act) and DoLS (Deprivation of Liberty Safeguards). In relation to this, we are listing some ideas that may further enhance the training in this area.

- To continue satisfying the needs of the clients and maybe embedding further opportunities with staff to focus on issues of capacity and decision making maybe start a coaching scheme between senior and less experienced staff focusing on these areas.
- Because capacity is time and decision specific, ensure that capacity is discussed during staff handovers.
- Possibly try role play with the staff team, exploring how it feels to be deprived of your liberty, or denied the right to make what other people might consider 'an unwise decision'
- Consider exploring staff practice and start a dialogue about whether a less restrictive option could be used and highlight less obvious forms of restriction that might not have been considered.
- Involve staff in Best Interests Decisions and capacity assessments as far as is possible, using their unique knowledge of residents, and engaging them with the processes of the MCA.
- Consider creating a wall display about the five principles of the MCA, asking staff to contribute examples of good practice under each.

With regards to the plastic box on the floor which had cups, saucers and plates with doyleys on, this should be covered or placed in a cupboard for hygiene reasons.

Provider Feedback

The following feedback was received from the home:-

When asked what they felt worked well about the way the Authorised Representatives carried out the Enter & View visit, they replied;

The representatives were very positive and how they approached the visit was very good.

They added that there were no aspects of the visit that they felt did not work well or could be improved.

When asked if the Enter & View visit helped to identify areas for improvement, they replied:

The Representatives were very supportive in the work we had done on Best Interests and MCA

They further commented:

We think that the visits are very helpful with a positive attitude throughout the thorough visit that was completed.

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.



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