

Details of visit

Service address:

Wingates Residential Home, 95 Chorley Rd,
Westhoughton, Bolton, BL5 3PQ

Service Provider:

Wingates Care Homes Ltd

Date and Time:

25th September 2018, 7.00am

Authorised

Representatives:

Jim Fawcett & Eileen Bennett (supported by Julie
Darbyshire

Contact details:


info@healthwatchbolton.co.uk 01204 394603

Acknowledgements

Healthwatch Bolton would like to thank the Service Provider, residents and staff for their contribution to the Enter and View programme.

Disclaimer

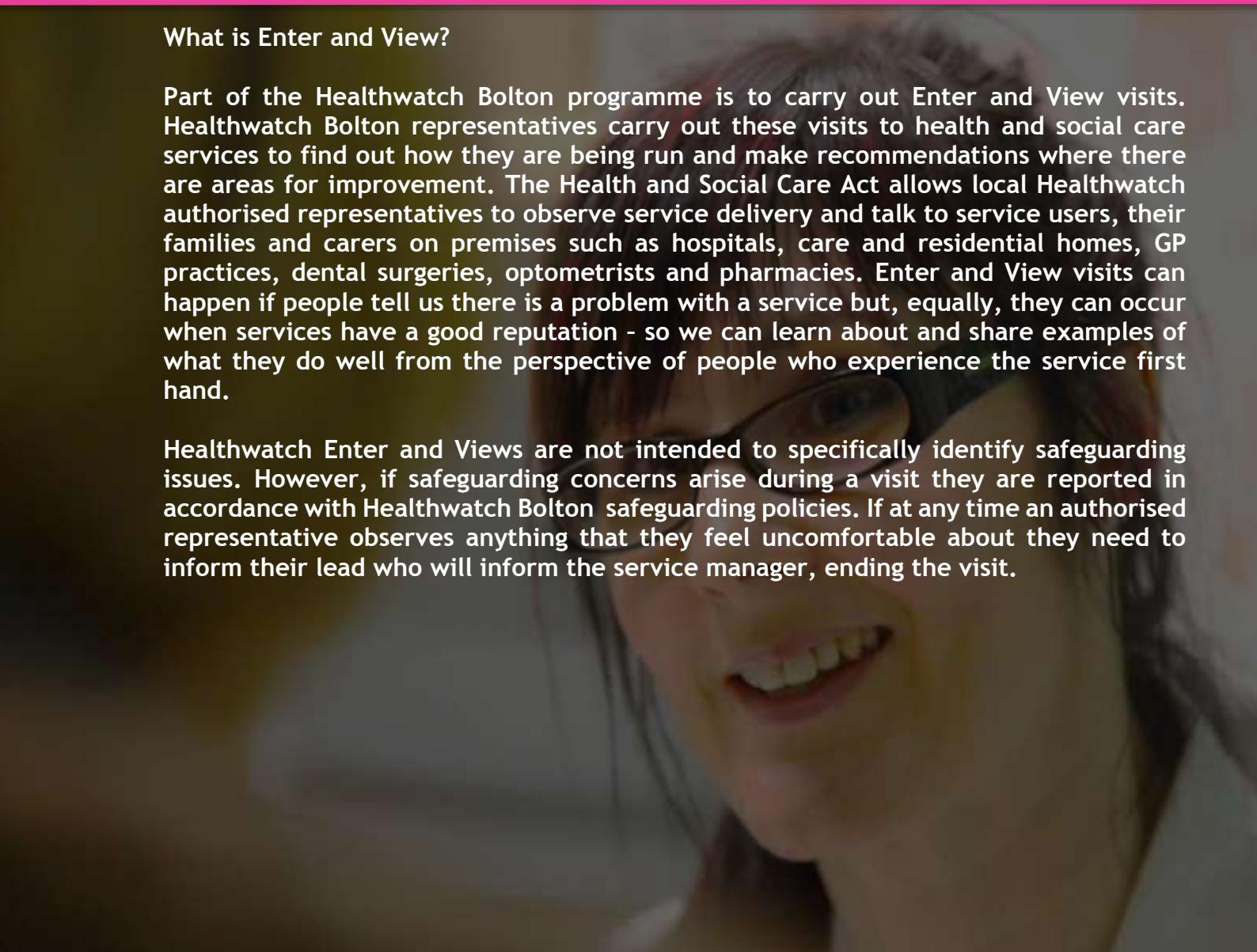
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the Healthwatch Bolton programme is to carry out Enter and View visits. Healthwatch Bolton representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care and 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Bolton safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.



Purpose of the visit

- To engage with residents of care homes and understand how dignity and choice is being respected in a care home environment
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.



Strategic drivers

- CQC dignity and wellbeing strategy
- Engaging with hard to reach and vulnerable communities
- Exploring experiences of person-centred care

Methodology

This was an announced Enter and View visit.

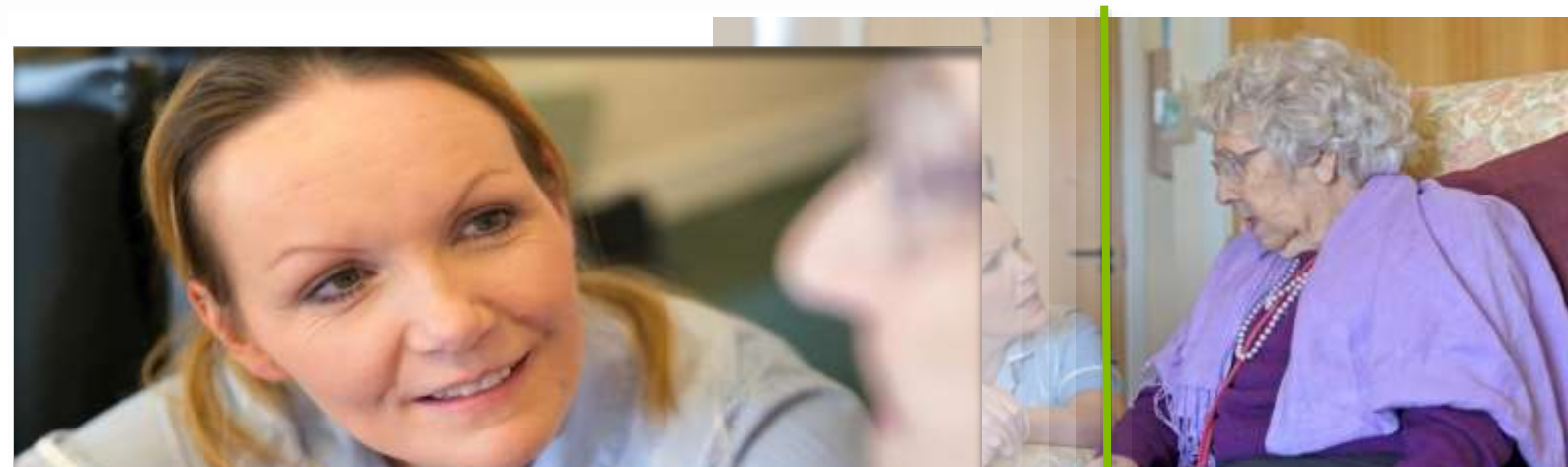
We met with Matthew Rawsthorne, the registered manager before we spoke to anyone in the home. We requested to do the visit at breakfast time, which was agreed.

Authorised Representatives spoke to 6 residents and observed what happens at breakfast time. Topics explored were: whether people felt at home, choices in daily routine, individual needs being catered for, feeling safe, personal care, thoughts about the staff, activities and what is good/bad or could be done differently.

Authorised Representatives conducted short interviews with 4 members of staff at the care home. Topics explored included: what it is like to work here, workload, the overall service for residents, what is good about the care home, what could be better or done differently. Authorised reps explained to everyone they spoke to why they were there and took minimal notes.

A proportion of the visit was observational, involving the authorised representative walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

When they had finished speaking to staff and visitors they left them with an information leaflet and explained that a draft report would be sent to the home to check factual accuracy and to allow the home to comment on any findings or recommendations.



Summary of findings

At the time of our visit, the evidence is that the home was operating to a good standard with regards to Dignity and Respect.

- The home needs refurbishing, the décor was tired and dated. The manager has a plan in place to rectify this.
- Residents looked tidy and clean, we saw no evidence of dignity not being respected.
- We saw evidence of staff interacting with residents positively and regularly, checking they had eaten their breakfast, asking if they wanted more food or drinks and helping ensure medication was being taken correctly. Staff also were observed to check on residents who were just sitting in the dining room.
- We observed residents eating mainly cereal and toast and being served hot drinks. We were informed by the chef that cooked breakfasts are available to all residents, but we did not observe anyone eating a cooked breakfast.
- There were very few recreational activities available.
- The cleaning cupboard and kitchen need to be more secure with locks.
- We were informed that the staff e-learning training package had problems and as a result was off schedule
- Residents are happy with the home and praise the staff and manager

Results of Visit

Environment

The home provides accommodation for 36 people in single rooms. There is access to patio and garden areas where residents can sit out in warmer weather to enjoy the sunshine.

The home was clean but the décor is in need of updating. Each room had a picture of the resident on the respective door. The overall impression of the building was a calm and homely feel with pictures mounted on the walls along the corridors and in the lounges, but the décor is in need of updating and brightening up.

There are several lounges, each with a TV and comfortable chairs. There was very little other stimuli in the lounges, although books were available, we did not see residents reading any or undertaking any other activities other than sitting/sleeping in the lounges. The TV was on but we did not observe anyone watching it.

All corridors were free from obstructions. The layout of the home is such that there are many corridors in the home which could cause confusion to some residents.

We observed a cupboard that was used to store cleaning equipment and chemicals - whilst having a sign on the door saying it should always be locked - the door was unlocked therefore making it possible for residents to gain access to the cupboard and the hazardous contents. We immediately raised this issue with the manager who

will rectify the situation. We also observed that the kitchen had bleach stored in it and, although having keys visible in the lock, the kitchen area was open - again making it possible for residents to gain access to the kitchen area. We immediately raised this with the manager who rectified it immediately.

We observed one toilet that was dirty and the door was not able to be locked even though it had a lock on it. The taps in the toilet were also difficult to use.

There was a notice board in the corridor which displayed information about handwashing, safeguarding, DOLS assessor, dignity and a summer newsletter which was out of date listing activities such as bingo, quizzes, reminiscence, board games, gardening and music therapy. We saw no up to date listings of any activities being planned, however we were told there is pet therapy once a month. We saw no notice about the complaints procedure.

Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy. Staff build up relationships with residents. We observed the registered manager interacting with residents and residents told us that the manager is highly thought of. Some staff told us that morale had increased since the manager took over.

Promotion of Independence

We saw very little choice in activities for the residents. There did not seem to be much going on day to day though some residents told us they did chair exercises and reading.

There are choices at mealtimes and staff work with residents to make their own choice of food. Residents told us overall that they are very happy with the food choices and amount of food served.

As we observed at breakfast time, all residents were eating cereal and toast and had hot drinks. Whilst we were assured by the staff that cooked breakfasts are available on request we did not see one resident eating a cooked breakfast. We did not observe any resident being asked if they wanted a cooked breakfast. Although residents may be offered choices, it may be that they are not choosing cooked breakfasts because they are either not being asked or some residents may forget what choices they have been offered and just remember the last thing they were told.

Interaction between Residents and Staff

We saw evidence of staff interacting with residents in a friendly and positive way. Residents attended breakfast when they were ready to come out of their rooms. We did not observe any resident being rushed to eat their breakfast, and residents were free to stay in the dining area if they wished to.

Residents were seated at a table of their choice in the dining room and assisted to sit down if needed. Staff attended to residents regularly to check they were managing to eat their breakfast and if they wanted anything extra.

We also observed medication being distributed in the dining room and staff assisting residents to take their medication.

Recreational activities/Social Inclusion/Pastoral needs

One resident told us staff will visit them in the night to check they are Ok as they do not sleep well.

We observed no recreational activities taking place at the time of this visit. The manager informed us that activities take place in the afternoon such as quizzes, but we observed nothing throughout the morning and residents were sat quietly in the lounges or appeared to be sleeping in the lounges.

After breakfast residents either returned back to their rooms or sat in one of the lounges. We observed a TV in each lounge that was switched on but no one seemed particularly interested in watching what was on.

We saw some dolls and games stored away in one lounge and CDs/DVDs and books on a shelf. A mobile library also visits the home. We did not observe any reading materials in the lounges.

Staff

All the staff we saw were friendly to us and to the residents that we saw them interact with. Residents were very positive about all of the staff and were happy with the way they were treated.

The home employs 32 staff in total. The staff we spoke with had worked at the home between four years and 21 years. Staff we spoke to were very positive about the home and seem to enjoy working there.

Some staff told us that staffing levels are sometimes problematic and the manager told us that some agency staff are sometimes used to fill gaps.

The staff training is in need of attention as the manager told us that there is currently a gap in the e-learning programme due to issues with the provider. The manager is in negotiations to ascertain another provider.

Additional findings

A member of staff told us about the Telemedics system that the home is using when a resident is in need of a GP consultation. The staff member has some concerns about the system not working in the best interest of the resident and is concerned that this could be detrimental to the health of residents. We were told that the system is difficult to use due to the fact it is difficult to be connected to a health professional resulting in long waits. Once connected the practitioner will only speak directly to the resident and not to the staff. The technology can be confusing for some people and difficult to use for others due to the hand held nature of the devices used, which causes major issues with people who live with dementia in particular. Healthwatch Bolton will contact Bolton CCG regarding this issue and will feed back the response to the home.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents and staff felt about the care and support provided.

- Re-decorate the whole building
- Ensure the cleaning cupboard and kitchen have the appropriate security

- Ensure the e-learning issue is addressed
- Increase the variety of activities on offer and better promote them
- Consider employing a dedicated activities co-ordinator
- Provide more and varied stimuli in the lounge areas in particular
- Clarify breakfast choices with residents- offer cooked breakfasts to everyone, everyday.

Service Provider response



Enter and View Provider Response

Details of visit:	
Service Provider	Wingates Residential Home
Service Address	95 Chorley Road Westhoughton BL5 3PG Tel. 01942 813840
Service Contact details for the purpose of the visit	Matthew Rawsthorne Care Manager
Name and position of person completing this form	Matthew Rawsthorne/Nila Fernando
Date of Enter and View Visit	25/09/2018 7 -10.40 am
<p>1. Is this report factually accurate? If not please state what needs to be changed and why.</p> <p>A) “Re-decorate the whole building” is factually an inaccurate statement. However, we take on board your comments and have a schedule to re-decorate the areas that need attention. We want the home to appear inviting for our residents and visitors.</p> <p>B) “A notice board in the corridor ... and a summer newsletter which was out of date...” “Your visit was on 25/09/18 and Autumn commences on 21/09/2018. To state that the summer newsletter was out of date is harsh, we tend to have 3 - 4 newsletters in the</p>	

year therefore the news wasn't out of date. The Autumn newsletter was in preparation.

C) We saw no up to date listings of any activities being planned, however we were told there is pet therapy once a month.

On the same notice board the planned activities were displayed taking them right up to Christmas (photograph of this is attached)

D) We saw no notice of the complaints procedure.

The complaints procedure is displayed in the reception and was there in its place when you visited (photograph of this is attached)

E) Very little choice in activities for the residents. We observed no recreational activities taking place at the time of the visit...

As stated above you didn't view the list. That list is just for outsiders who come to Wingates to entertain. There are activities in the afternoons almost daily. Our Facebook has activities on (accessible to staff and residents' relations). A potting shed is continually used by a resident (who was using it the day you visited); a resident who smokes is taken to the smoking area when she requests which is usually every 2 hours and enjoys going the shop across the road.

A student comes in every Sunday afternoon for two hours to carry out activities. Communion is every fortnightly. Nursery children visit the residents. Your visit was from 7-10.40am which is the time generally when residents get showered, dressed and have breakfast. Mostly there is music/TV at that time.

F) "...Although residents may be offered choices, it may be that they are not choosing cooked breakfasts because they are either not being asked or some residents may forget what choices they have been offered and just remember the last thing they were told."

The above statement appears to be an opinion and contradicts "There are choices at mealtimes and staff work with residents to make their own choice of food".

One lady has egg on toast daily but chose something else that day. Others have what they request.

G) From the above, please could you look at your recommendation list and alter as appropriate.

2. Is this a fair report? To an extent

3. What learning has been gained by your organisation as a result of this Enter and View report?

Put a lock on the cleaning cupboard (there is now a lock on the door)

Kitchen needs to be locked at all times (when the chef is out of the kitchen he locks the door)

Ensure that detailed daily activities are displayed also (as the list of entertainers coming into the home is displayed already)

Record every activity

Display what the residents have made/done

A photograph book of their photos showing their activities.

Magazines and reading materials to be left accessible to residents.

We've ordered signage for corridors in the home to reduce confusion for some residents

An e-learning programme has been sourced by the manager

4. What was your impression of Healthwatch Bolton? Is there anything we could have done better in the visit?

Very polite and professional.

5. Comments on recommendations

Recommendation	Comment
Recommendation 1: Re-decorate the whole building	Inaccurate statement which needs to be altered. There are plans to address the areas that require attention
Recommendation 2: Locks on cleaning cupboard/kitchen	Done
Recommendation 3: E Learning	Manager is addressing it
Recommendation 4: Varied stimuli in lounges	Magazines/ reading material have been placed in the lounges. We take onboard your comments

Attached - photograph of display board and photograph of displayed complaints procedure

