Enter and View

Warrengate Nursing Home

February 2019

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# Summary

## Why we visited

The purpose of the visit was to listen to the views and experiences of people who live and work within the home. The visit was prompted by feedback that we had received and after discussions with the Care Quality Commission. The visit enabled us to get a broader range of experiences from residents, relatives, and staff.

See the Appendix for more details on ‘What is Enter and View’, and ‘What we did’.

## Details of visit

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| --- |
| Details of visit: |
| Service Address | Warrengate Nursing Home, Warren Lodge  |
| Service Provider | Kindred Care  |
| Date and Time | 5th February 2019 10am – 12pm |
| Authorised Representatives | Samantha Botsford, Natalie Markall, Katharine Newman |
| Contact details | Healthwatch Surrey 01483 572790 |

##

## Summary of findings

* We saw evidence of person-centered care.
* The staff seem content and have their training needs met.
* The residents appeared to be happy.
* Family members told us they were satisfied.
* Overall our team felt it was a pleasant environment.

## Acknowledgements

Healthwatch Surrey would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## Disclaimer

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 service users and staff, only an account of what was observed and contributed at the time.

# What we found

### Description of service

* Warrengate nursing home is a 41 bedded home. Currently 36 beds are occupied. There are 27 bedrooms on the ground floor, and 14 on the first floor. All bedrooms have their own toilet and sink. 3 bedrooms have shower rooms attached.
* Website: <https://www.kindredcare.org/home/warrengate/>
* Provided by: Kindred Care (4 homes across West Sussex, Hampshire, and Surrey)
* The home is arranged on three levels, with the care being given on the ground and first floor.
* Communal areas include a large dining area, lounge and secure gardens.
* Most rooms have a toilet and sink, 3 have their own shower facilities.
* Registered manager: Kenny (in role for 2-3weeks, previous manager had retired).
* 2 nurses on duty during the day
* Staff team includes an on-site chef and an activities coordinator.

Lift/stairlift available

* The whole building is wheelchair accessible
* Capacity: 41 residents (specialist focus on moderate and advanced dementia). Current occupancy 36.
* Estimated number of residents able to speak to on the day (with mental capacity): 10 (we spoke to 7).

###

### Environment

Overall, our team felt that the home was a pleasant environment. The corridors are decorated with nostalgic film stars. There are colour-coded handrails to show the residents whereabouts they are. The lower half of the walls are also colour coded. The corridors have names such as Squirrel Lane and Warren Road. Outside the library is an activity board displaying chains, locks, plugs sockets and a bicycle lock, this is in response to the needs to one of the residents who used to be an engineer and enjoys tinkering. There is a suggestion box, but no obvious paper to write on. However, we were told that residents and their families make suggestions directly to the staff.

Some areas have been recently refurbished, such as the library, with its forest mural, kitchenette for visitors to use and changeable lighting and music. The dining area is due for refurbishment in the summer, on the recommendation of the staff. We noticed some liquid stains on the walls, and some blu-tac/ sellotape/open screws on the walls. There were not enough chairs for all the residents, but we understand that some residents prefer to eat in the lounge or their rooms. Some chairs were old and outdated and quite heavy to move. The staff member said that she is thinking of bringing another table in, as more residents are starting to prefer to eat in the dining room. The dining room floor was being swept after breakfast service. The lounge was spacious. Two televisions were available in the lounge, we noticed that music was playing loudly, and although one TV was on, subtitles were not being used. The bedrooms that we visited were clean and welcoming.

Bathroom 2 (ground floor) is a clean and spacious wet room. We noticed that the ceiling and walls were damp in the corridor outside the bathroom. We noticed a small malodour outside the bathroom on the ground floor near the library. The main bathroom is on the first floor. Residents access the first floor via the lift. We did not see any emergency pull cords in the bathrooms, or communal areas, but this could be because all residents are accompanied to the bathroom. Fire exits are clearly marked, and fire extinguishers are available. The gardens are pleasant and are used in the summer for BBQs.

### Person-centred care

Residents are washed every morning, some have daily showers and others have showers on designated days, this is all established in their care plan. A range of toiletries are provided. All residents have two slings to use in the bathrooms.

Some residents were still asleep in their rooms when we visited at 10am. Most were up and dressed and in the lounge.

The activities coordinators ensures that the activities meet the physical, mental and emotional needs of the residents.

Family photos are on display in residents’ bedrooms, their names are shown on their door, and in some cases a memory box is on display on the door. (the memory boxes are being re-designed which is why not all rooms have them).

### Food and nutrition

Menus were on display in the dining room, although they were in small print. We were told that residents are shown the following days choices at 3pm, in picture format. If residents change their mind on the day, they will be given an alternative. Residents’ preferences and special dietary requirements are catered for, including vegan and vegetarian. We noticed one gentleman being served a ham sandwich in the lounge, after having had breakfast in the dining room. All the residents that we spoke to gave positive feedback about the food.

*“I like all the food here and the people that serve it”.*

 *“If you don’t like the main meal you can get sandwiches. The staff cut up my food”.*

Tea was served in the dining room at 10.40.

A poster about hydration was on display in the lounge.

### Activities

There is a dedicated activities coordinator. The activities timetable is displayed on the lounge noticeboard. Activities include weekly trips in the mini- bus, BBQs in the summer. We were told that after trips out the staff play photos from the trip via the TV to remind residents of the trip. We observed an activity coordinator encouraging one resident to dance in her chair along to the music that was playing. At 4pm every day a spa hour is provided for 4 residents. This involves a foot spa in the library area. There is a perception that there are fewer activities held at the weekends. We were told that extra support staff are available at the weekend, but because there are more visitors at the weekend, it’s not always appropriate to be running activities in the lounge at that time.

*“On a typical day there are lots of activities…. The weekends are quieter”.*

### Residents

The residents that we spoke to seemed happy with the home. We heard a lot of positive feedback about the activities. One resident said that he doesn’t join in with the activities but that’s because he isn’t interested. All the residents that we spoke to said that they enjoyed the food. Some mentioned the gardens and the BBQs in the summer. Two residents (who were in their rooms) said that it was too hot in their rooms. One had the window open. They all spoke highly of the caring attitude of the staff.

*“The staff are wonderful”.*

*“ The staff help me with my exercises”.*

Most, but not all, residents have dementia. We heard from a resident that it would be nice to be able to have more conversations with non-dementia residents.

*“The staff tell us to mix with other people but it’s hard to talk to them because of their dementia)”.*

### Family members

We spoke to the family of a fairly new resident. They were happy with the care received so far, and happy with the choice they’d made.

*“The care is good, the quality of the care is good, that’s why we chose it. The place was highly recommended”.*

They commented that the décor was a little tired, they were pleased with the activities available.

A resident told us that *“my sons seem happy with my care”.*

### Staff

A lot of staff were present, wearing different uniforms, all displaying name badges and role. The staff told us that they are well looked after by management, who provide training courses, such as on diabetes and infection control, and NVQ training. The mini bus is available to provide transport for staff members to enable them to get to work at weekends when public transport is less reliable.

# Additional findings

The GP who visits has visited regularly for the last 4 years. Sometimes when the ambulance is called it can take a while to arrive. It was noted by staff that residents who have gone into hospital at Epsom and East Surrey have returned with pressure sores.

# Next steps

As a result of the visit we asked the service provider to respond to the following recommendations.

We recommend that the service provider should consider:

* Clarifying plans and timetable for the refurbishment of the dining room
* Providing menus with a larger font size and pictures (we were told that this is shown to the residents but did not see this version). Consider displaying the picture menu at the hatch as well as the written menu.
* Reviewing the activities timetable in order to provide more weekend entertainment.
* Using the subtitles on the TV in the lounge if music is being played.

This report and the response from the service provider will be shared with commissioners and regulators of the service.

##

# Service provider response

|  |  |
| --- | --- |
| **Service Name:** | Warren Gate Nursing Home |
| **Service Manager:** | Kenny Marsh |
| **Visit date:** | 5th February 2019 |
|  |  |
| **Factual accuracy** |  |
| **If you have any concerns about the *factual accuracy* of the report, please clearly identify the sections, content and corrections that are required in the space below:** |
| Currently 40 bedded nursing home, numbered 1 to 41 (13 number omitted).Ground floor 27 rooms en-suite, first floor 13 rooms en-suite, rooms with shower facilities 23. Activities also include therapeutic treatments such as hand massage, nail care, hand spa and foot massage. There is also new beauty and hairdressing salon.  |
|  |  |
| **Organisation response to the report** |
| **Please provide your response here. This will be included in the final report.****(THIS RESPONSE WILL BE PUBLISHED IN FULL)** |
| **Person centred care**We continually evaluate how we allocate the team in terms of the skill mix and residents’ health needs as they evolve. This allows us to dynamically deploy our staff resources depending on needs. We are able to do this because the team meets regularly, both through 2 daily shift handovers as well as daily senior management review meetings. The allocations are then reviewed weekly by the manager on an ex-post basis to assess where and how improvements can be made. It’s important to us that everyone feels their voices are heard and we have regular forums where we discuss ideas and perspectives on how we can improve. These discussions facilitate group insight and perspective and include regular staff meetings, a daily 10am senior management meeting, service user meetings, supervisions and informal 1 on 1 with staff and families. Memory boxes are in place for residents, co-ordinated by named nurses, key worker, activities, friends & relatives. **Food and Drink** Visual menus are currently in progress together with a redesign of the dining room which has incorporated insights from our residents, their families, the King’s Fund and Stirling University. The dining room will include a new drinks station and kitchenette which will make it easier for residents to drink and eat throughout the day, thereby improving their nutrition. Menu choices are offered the day before and confirmed the same day in case residents wish to change their mind on the day. **Environment**An improvement & rolling maintenance plan is currently in place and part of our Continuous Improvement Plan (CIP). A daily maintenance log book is in operation and the maintenance function is very flexible, in expediting requests from residents, staff and relatives. The suggestion box is being repositioned, open to residents and other visiting professional, contractors, staff & relatives. Suggestions cards / pencils will be accessible. Areas that were tried in terms of decor have been touched up and we have reviewed all our notice boards and put in place a system to ensure their information is current. We have also recently cleared and serviced some of the drainage systems within the home. Lastly, we have started a decluttering process, removing unnecessary items making greater open spaces for residents. **Activities** The senior management team have reviewed activities at the weekend so that there is the same level of stimulation and engagement as during the week. The activity team has started to put greater thought into what programs they show on the television. We have observed that nostalgic songs from the 1940’s tend to have a very positive effect in mitigating sun-downing as the light fades. We are also using foot massages, essential oil sprays and hand massages as part of the resident calming experience. **Staff**Our staff have winter and summer uniforms as staff became very hot during the summer months. Through our staff survey, we recognised they would really benefit from seasonal uniforms. We try to be responsive to our staff needs and this was put in place last year. On the day of HealthWatch visit, both seasonal uniforms were being worn and we will review this to ensure consistency.  |
| **Respondent Name:** | Kenneth Marsh  |
| **Respondent Job Title:** | Home manger Warrengate Nursing Home  |
|  |  |
| **Feedback on the visit** |
| **If would like to provide some feedback to Healthwatch Surrey on the visit itself, please provide this in the space below:** |
| I would like to thank the HealthWatch Team, for there insight, passion and professionalism during the visit.Visits can and are sometimes, anxious for staff teams, however the kindness and mindfulness of the Health Watch team put both the staff and our residents at ease.Yours Kenny Marsh Manager |

# RESPONSES MUST BE PROVIDED WITHIN 10 WORKING DAYS OF RECEIPT OF OUR REPORT TO ENSURE IT IS INCLUDED IN THE FINAL PUBLISHED REPORT

# Appendix

## What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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, 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 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.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

## Purpose of Visit

The purpose of the visit was to listen to the views and experiences of people who live and work within the home. The visit was prompted by feedback that we had received and after discussions with the Care Quality Commission. The visit enabled us to get a broader range of experiences from residents, relatives, and staff.

## Strategic drivers

This was a reactive visit, conducted in response to feedback that we had received.

## What we did

The visit to Warrengate was an announced visit. Three Authorised Representatives of Healthwatch Surrey conducted the visit. We used observation sheets on the initial tour of the premises. The Authorised Representatives were taken around the public/communal areas and observed the surroundings to gain an understanding of how the home works and how the residents and service users engaged with staff members and the facilities. We used pre-prepared semi-structured interview questions when talking to the residents, as well as open ended experience sheets.

On the day of the visit, we spoke to 3 members of staff, 7 residents, 2 family members and we received a follow up telephone call from the owner-director, who shared further information with us about recent changes. We also received 2 feedback forms from relatives/carers that had been sent into our office ahead of our visit.

We asked staff members to identify residents who have mental capacity to give consent to talk to us, given that the majority of residents are living with dementia. We explained to residents and staff that we were from Healthwatch Surrey and that we were gathering experiences of what it’s like to live at Warrengate. We had a brief conversation with the team leader at the end of our visit to confirm that there were no issues of immediate concern. We re-iterated this point during the phone call with the owner-director.

We noticed that three Healthwatch Surrey posters that announced our visit were on display. We also noticed that Healthwatch complaint, suggestion or praise leaflets were evident.