

# healthwatch Cumbria

Inglewood Care Home, Wigton

25<sup>th</sup> February 2014





## Enter & View Report

Healthwatch is the independent consumer champion for health and social care customers and patients in the England.

Healthwatch Cumbria has the statutory right (Health & Social Care Act 2012) to carry out Enter & View visits to health and social care services to gather the views and experiences of customers, patients, families and staff for the purpose of service improvement. Service providers have a duty to respond to our reports and recommendations.

Healthwatch Cumbria will share its findings with Healthwatch England, the Care Quality Commission, Services and the public.

<b>Service:</b>	Inglewood Care Home, Wigton
<b>Service Manager:</b>	Mr D Edkins
<b>Date of Visit:</b>	25 <sup>th</sup> February 2014
<b>Unannounced/announced:</b>	Unannounced visit
<b>Visit Team:</b>	Valerie May, Stan Lightfoot, Gill Jones
<b>Date of last CQC Inspection:</b>	27 <sup>th</sup> September 2013

**For more information on Healthwatch Cumbria please visit:**

[www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

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## Introduction

Healthwatch Cumbria has a planned programme of Enter & View visits for 2014/2015, covering a variety of health and social care services operating in the county.

Healthwatch Cumbria is constantly receiving intelligence about a wide variety of health and social care services and the intelligence is used to help to decide where to carry out Enter & View visits. This information includes both concerns and compliments about services. All care home services provided in Cumbria have received a letter from Healthwatch Cumbria through Cumbria County Council explaining the purpose of Healthwatch Cumbria Enter and View visits and advising that a programme was being developed. These letters were sent out prior to the first Enter and View visit taking place.

The current sample of care homes was confirmed at the end of November 2013.

Following this, Healthwatch Cumbria embarked on a further information gathering process in preparation for these visits speaking with stakeholders including CQC, Cumbria County Council and Cumbria Safeguarding Board.

The Enter & View visits took place between December 2013 and February 2014 and were carried out by an Enter and View Lead (EV L) and a number of Enter and View authorised representatives (EV ARs).

During our visit we talked and listened to the views and experiences of residents, families, friends and staff, and made observations against the following criteria:

- Environment – Fabric, Facilities & Safety
- Overview of Service & Management
- Nutrition (meals & diet)
- Exercise, Activities & Mobility
- Personal Support & Choice

## **Methodology**

During our Enter & View visit we used a variety of methods to gain an understanding of the service including:

- **Oral questioning (using open questioning techniques)**
- **Informal discussions (using non-leading prompts)**
- **Observations**

We talk to managers, staff, residents and visitors and request information including a menu, staff rota and activities plan. The E&V L ask if there are any sensitivities around particular customer needs on the day of the visit which we need to be aware of i.e. risks, infections, and serious illness. On this occasion we were informed that a DoLS review was taking place in the main administration office at the time of our visit and so we would be unable to access some information stored there.

The Enter & View authorised representatives (EV ARs) observe residents and staff going about their daily tasks. We make observations about the general environment, condition and presentation of the home, support and care received by residents and interactions between staff and residents.

Residents, visitors and staff views and comments are formally recorded anonymously to protect identities. Letters explaining Healthwatch Cumbria and the purpose of the E & V visit are left for families. The letters also include Healthwatch contact details should families wish to raise any concerns or forward compliments about the service.

This report relates to a specific visit carried out during a point in time and therefore is not representative of all service users but acts as a 'snap shot' of daily life within the service.

## **Inglewood Residential Home**

Inglewood Residential Care Home is a care home for 40 elderly residents in Wigton. It is a Cumbria Care Ltd home owned and operated by Cumbria County Councils services. The home is managed by David Edkins. Most of the residents come from within a 20 mile radius. The residents are elderly, physically frail and some with dementia.

For more information on MPS please visit: [www.cumbriacare.org](http://www.cumbriacare.org)

The manager is Mr David Edkins

On the 25<sup>th</sup> February 2014, the Healthwatch Enter & View team arrived at the home unannounced, introduced themselves and explained the purpose of the visit to the manager. The team was taken to the ground floor lounge and the E&V lead provided an overview of the role and functions of Healthwatch explaining the purpose and methodology of an Enter and View visit to the manager.

## **Environment - Fabric & Facilities**

The home is on an approach road to Wigton. It is a purpose built home (c1960's). To the front of the premises there is a car park, shrubbery and an area with tables and chairs where residents can sit. The home is built in the style of a series of blocks and gardens, some enclosed, which means residents can move about safely. The main front door is open, though there is a keypad entry to the EMI unit.

Inside the entrance is a large reception area, a signing in book and fund raising information. The offices are behind this area.

The home is divided into 4 units. Each has its own lounge with dining area and a basic kitchenette. There are also toilets and bathrooms along the corridors with the residents' bedrooms. The bedrooms (some en suite) are small in size; below modern care standard size as quoted by CQC (this is stated in the information for residents).

Downstairs to the front of the premises is a lounge, used for all sorts of activities and meetings, the laundry room is also on the ground floor.

The day centre is located next to the kitchens at the rear of the building. Meals are taken by trolley to the various dining areas. There is a hatch between the kitchen and day centre area.

There are notice boards in the entrance foyer with notices for staff, residents and visitors.

There are several link areas between parts of the building and all of these are used as a small informal seating and meeting areas.

There are more grounds and gardens to the sides of the building. Two are fully enclosed areas; one for EMI residents and another courtyard area that can only be accessed via the day centre.

One of the residents called Bill showed us around the home, while the manager remained in attendance. The manager told us he liked the residents to show visitors around because it was their home not his.

Bill was evidently well known to all the residents we met.

We met up in the Eldergrove lounge which is located on the ground floor and often used for group meetings. This resident's lounge had an electric organ, TV, and armchairs. There was also a table and chairs in the kitchenette area and a row of upright armchairs placed in the bay window.

Archers and Willow Way are both 8 bedded units. They have open plan lounge areas with; a seating area and a TV, a dining area and a kitchen area with fridge, kettle, toaster, where staff can make residents drinks and snacks.

We went onto the Rowan Rigg unit, which was a 15 bedded unit. It was laid out in the same style as the others with an open plan lounge, dining and kitchen area and bedrooms down the corridor. It felt homely and residents were comfortable.

### EMI Unit

We were told the EMI Unit is due for a full refurbishment anytime now to bring it up to the Gold Standard of Stirling University. It is called the Hawthorne unit and has a well-designed floor layout suitable for a unit of this type.

Easy read and pictures were being used.

The EMI unit is included as one of the four units and has access to a secure garden area of its own.

The doors to the bedrooms in the unit were new and brightly coloured. They were named and numbered and also had a memory box for residents to put a picture or item of their choice in.

The EMI lounge has some old furniture and fittings which reminded residents of the 1950's.

We went on to visit the kitchen and day centre, but this facility is no longer managed by the home. This unit is managed by DMH. Residents can still use the facility when day care isn't provided and is open Monday, Wednesday, Thursday and Friday.

### **Environment Observations**

<b>Positive Observations</b>
It was noted that all the dining chairs had wheels and protectors on them.
The use of all spaces and environments along corridors and between sections of the building gave residents a variety of places to sit.
Use of Easy Read and pictorial guides in the EMI unit.
Outside spaces are well planned and a useful additional facility.
The presence of the greenhouse adds to the resident's well-being offering a long term and purposeful activity.

<b>Improvement Observations/Considerations</b>
Some of the double glazing seals are broken.
Consider including windows in regular maintenance checks.
The formal arrangement of chairs in Elder grove bay window gave an institutional air to the room. Consider a re-arrangement of chairs into smaller or circular/semi-circular groupings to encourage interactions.

## **Service Provision and Management**

The EV L concentrated on the management of the home and the EMI Unit, and asked to speak to staff to gain an insight into operations.

EV AR 1 & 2 spoke to residents in the main public areas of the home spending time in the various reception rooms, as well as in the corridors. Conversations also took place with staff and visitors. The E&V team also spoke with family members visiting relatives.

### **Staff**

51 staff, (3 x vacancies at present)

- 1 x manager,
- 5 x supervisors (part time)
- Do use bank staff part time as required
- Activities staff 1 x 16 hours, all residents can join in, no set days except craft on Thursdays.

### **Staff Organisation**

Staff are mostly allocated to units. This promotes good staff relationships with residents and their families. They also use a link worker system. The majority of staff stay in their allocated unit, though there are a few 'floating staff' who work on all the units. A staff member told us that she had worked in another home then been made redundant, so had moved to this home. She said 'it was the best thing that could have happened, I love it here'. She was a 'floater' so worked on all the units. 'At first it was hard getting used to all the residents and their little ways.'

It was explained that the staff use person centered care plans, diary notes and supervisor notes to monitor resident issues.

The staff appear to have splendid relationships with the residents and are knowledgeable about all aspects of their health care. Staff were friendly but not over familiar with residents and residents seemed confident to ask for what they wanted. We were told by residents that care from staff was very good.

### **Staff Training**

We were told that all staff should possess an NVQ level 2 and that there was a 92% target for staff achievement of NVQ's at level 2.

We were told that Cumbria County Council have a good track record of training and use for example Stirling university courses. A third group are currently undertaking level 2 Dementia training. We were shown the training log and noted that all staff have a CDP file.

The home has introduced the 6 point end of life plan with two members of staff having just completed their training.

The home tries to retain residents until their end of life to ensure care is provide in familiar surroundings and with familiar staff. There is a concern that the rooms are very small and can become a problem if manual handling is needed.

## Services

The home has been open 40 years and had a refurbishment in the 90's. There are also other facilities; day care, respite and homecare provided from the home which is also occasionally used as a training venue.

The Manager, explained that the home can accommodate 40 residents. The home operates as 4 units, 3 for physically frail with 31 beds (3 beds are for respite) and a 9 bed EMI unit.

We were informed that residents are taken to medical appointments (the medical centre is across the road) and community nurses come in daily. There is a diary to keep medical notes in, residents retain their own GP.

We did not see many residents in the EMI unit (they were using the day centre due to work being undertaken in the unit).

## Service Provision and Management Observations

### Positive Observations

Respite care is available, which may also assist in the transition from independent living to full time care.

Evidence of good relationships between staff and residents.

### Improvement Observations/Considerations

A complaints procedure in place.

Consider a combined recording system for comments, feedback and compliments from residents, family members and staff. This could inform further training and development for all of the staff.

### Comments from staff and residents

Bill (resident guide) told us *'the staff are great and very helpful. It's a great home. I love it. We get entertainment and the food is very good'*.

One lady said *'If you had any worries then see David, he's like a chum rather than a manager'*.

Another resident said *'It's a lovely place to live with great food and plenty of tea to drink, the staff are great and helpful, the rooms are clean and we have plenty of*

<i>friends'.</i>
<i>A resident told us 'there could be more variety'.</i>
<i>Another said 'It is nice outside in the summer'.</i>
<i>The manager said 'the staff are the best we've seen'.</i>
<i>A member of staff stated 'The residents are nice and we get on well, I am happy with my pay and conditions'.</i>
<i>About training she said she 'had done infection control, safe guarding, manual handling, end of life and fire warden training for night shifts'. 'I like shifts and the bosses are very understanding'.</i>
<i>'Any complaints would be reported to my supervisor and if it were not addressed to my satisfaction I can the report it to the manager, this would be the same complaint system for staff and residents, I am confident that any problem I have would be sorted out by my supervisor'.</i>
<i>A resident said 'she hadn't really settled yet, but so far was enjoying it – it's the same story of it is not home but it's the next best thing when you can't manage on your own'.</i>

## **Nutrition (Meals and diet)**

There is a main kitchen where meals are prepared and sent by trolley to the different units. The kitchen itself is a big room with plenty of light. There is a hatch through to the day centre where meals are served to day users and units have their own kitchen areas too where drinks and snacks can be made. The kitchen has plenty of work space and was of an industrial style (stainless steel and very clean).

We asked residents about the menu options. They told us that some new food was introduced but it didn't always go down well. However they were happy to keep trying things.

Visitors can come any time of day and can make themselves a cup of tea or coffee in the various units.

During our conducted tour we were told that if anyone needed help with feeding the staff would help, 'we get plenty to drink, and we get weighed every month'.

During the visit, one group of residents was in the dining part of the lounge having tea. One member of staff was checking the written list for what people had ordered, but she also made the point of asking them what they wanted.

There was a happy atmosphere with people laughing and joking. One lady was having mushrooms in white sauce on toast, then she asked if she could just have some toast and marmalade instead – this was no problem and the staff organized it for her.

One resident had been left in her lounge chair while everyone was served. Then she was helped up and encouraged to walk with a Zimmer to the table, she was told to 'take her time there was no rush'.

### **Nutrition (Meals and diet) Observations**

<b>Positive Observations</b>
Excellent kitchen facilities.
Residents given choice of what to eat.
Regular weight management recordings.
Meal times are also a social occasion.

<b>Improvement Observations Considerations</b>
It wasn't clear whether residents can eat at any time they like, or just at designated meal times.
Consider whether residents can get meals at all times of the day to suit their needs.

<b>Comments from residents and staff</b>
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<i>'The food is great'.</i>
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<i>'The food is very good'.</i>
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<i>'The meals are lovely'.</i>
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<i>'It is the best kitchen I have worked in'.</i>
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## **Exercise, Activities and Mobility**

There are lots of links to the community. There is transport available to take the residents out and about as desired/required.

There is a social fund/resident's amenity community fund and they have functions and social events. Locals are invited in and have regular coffee mornings which are well advertised with signs in the entrance hall. During the visit we saw a resident who was knitting squares to make a blanket, she said it would be sold for the amenity fund. The group she was sitting with all said they enjoyed the coffee mornings.

A regular newsletter is produced and a scrapbook of activities and events has been made by one of the volunteers.

In one of the units we observed a group of residents sitting together having their horoscopes read from a magazine by the member of staff.

We were shown the hairdressing room.

There was information about the activities in the main hallway, the home also has links to the library service. Residents also have access to a hairdresser who comes two mornings a week.

### **Exercise, mobility and activities, Observations**

<b>Positive Observations</b>
The use of IT and Skype.
The amenity fund is a good tool to aid community integration and purposeful activities.

<b>Improvement Observations/Considerations</b>
We observed the record of music and movement sessions.
Consider exploration of a variety of ways to encourage greater participation.
Whilst there was evidence of lots of differing social spaces there was only Elder grove lounge that was available as a meeting space or for private use. Consider how to ensure that private space can be made available at all times for family members to enjoy more intimate time together.

<b>Comments from residents</b>
<i>'I go out for walks every day weather permitting, we have concerts coming in regularly to entertain us'.</i>
<i>'Staff are good, the home is clean and we get good food but there could be more activities like gardening'.</i>
<i>'There is domino's, bingo, quizzes and cards on a regular basis'.</i>

## Personal Support & Choice

Of the residents spoken to, all appeared to be very content, happy and well dressed. Families and friends were welcomed into the home and appeared to be comfortable talking to their loved-ones and others.

A visitor said her 'brother and sister in law had been in the home and now her friend was in', whom she had come to see. As staff passed the group she was with she spoke to them all. They knew her and she knew them.

We were told that the system of giving out medication was that 'a supervisor would take out the medication and a checker would double check to make sure the right person gets the correct medications'.

### **Personal Support and Choice, Observations**

<b>Positive Observations</b>
Staff spend quality time with residents.
Residents keep their own GP therefore, providing a good continuation of care.
Some residents have their own chairs from home, which helps to personalise their environment.
Residents have a real sense of ownership of the home.

<b>Improvement Observations/Considerations</b>
Residents get full use of the outside environments with support.
Consider that some staff organise a programme of gardening.

<b>Comments from staff and residents</b>
<i>'The residents get help when getting up and going to bed, but it's up to the resident when this happens'.</i>
<i>'Lovely staff couldn't be any better'.</i>
A visitor said 'she would be the next to move in and she would be very happy to do so'.

## **Summary**

Our overall impression was of a very well-run home with the residents and families reporting positively about their lives and experiences there. Where there were negative comments these related more to one off incidents. The staff and management at the home show good dedication to the home and its residents which is to be applauded.

Considerations in this report are designed to prompt some discussion about possible improvement activity which would be of benefit to staff, residents and families.

Healthwatch Cumbria would like to thank the staff, residents and visitors from Inglewood Residential Home who took part in this Enter & View visit.

## **What do you need to do now?**

In line with the statutory regulations for this work, you now have 5 working days to respond to us if you feel that any aspects of this report are inaccurate. We have provided a response form to help you to do this. If we have not heard from you by 2 June, we will assume that you have accepted the report as an accurate record. If you have requested a change we will get back in touch to discuss this.

Once any changes have been agreed we will send a final version to you on 9 June. You then have 20 days to make a formal response to any of the issues raised in the report. **The deadline for responses is 30<sup>th</sup> June.**

Finally, we will be publishing all of the reports, together with the responses from each Care Home, and an overarching report summarising all the key findings on our website: [www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

A copy of this report will be sent to CQC, Cumbria County Council, and any other organisation that requests it.

If you wish to discuss this report with a member of Healthwatch Cumbria please contact us on 01900 607208