

Enter and View report

Wisteria House Care Home

23 September 2017



Contents

1	Introduction.....	3
1.1	Details of visit	3
1.2	Acknowledgements	3
1.3	Disclaimer.....	3
2	What is Enter and View?	3
3	Purpose of Visit	4
3.1	Strategic drivers	4
3.2	Methodology	4
3.3	Summary of findings.....	5
3.4	Results of visit.....	5
3.5	Recommendations	9
3.6	Service providers response	10



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Wisteria House Care Home, 9 Ayston Road, Uppingham, LE15 9LR
Service Provider	Owner: Mr & Mrs G Kirk
Date and Time	25 September 2017 11:00 – 13:30
Authorised Representatives	Christine Stanesby, Alf Dewis, Phil Hurford, Bart Taylor-Harris.
Contact details	01572 720381

1.2 Acknowledgements

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

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

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) 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.

3 Purpose of Visit

- To observe how the facility operates and provides its services.
- To collect views of residents, staff and any visitors on how the services provided affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

3.1 Strategic drivers

In 2016, Healthwatch Rutland commenced a programme of visits to all Care Homes in Rutland to look at the quality of life of residents. The visit to Wisteria House Care Home on 25 September 2017 was part of this series of visits.

3.2 Methodology

Some three weeks before the Enter and View visit the Enter and View team leader made contact with the manager of Wisteria House Care Home. Meetings were arranged but had to be cancelled at short notice by Wisteria House due to unforeseeable circumstances. The team leader therefore wrote to the manager explaining the purpose of the visit, size and names of team, how the visit would be conducted and requesting that staff, residents and their families/regular visitors would be informed of the visit using a letter and poster produced by Healthwatch Rutland.

A team from Healthwatch Rutland visited over a two and one half hour period starting at 11:00 on 25 September 2017.



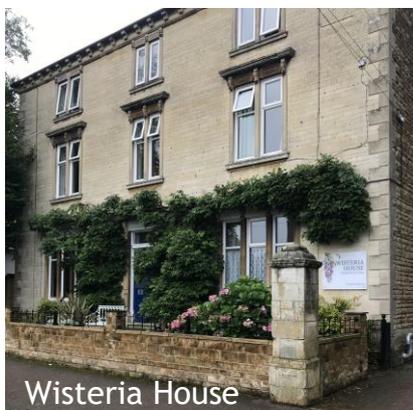
The team stayed in areas accessible to all residents and staff. In addition to general observation we talked to staff, residents and visitors using the framework prepared in advance of the series of care home visits.

Following the visit a meeting had been arranged with the manager where key observations were shared.

3.3 Summary of findings

- a) Wisteria House is a retirement home used by privately and council funded residents.
- b) The home has recently been extensively refurbished with a reported substantial upgrade.
- c) All rooms have en-suite toilets and hand wash basins, four have complete en-suite facilities.
- d) We were met by friendly staff and happy residents. Family members we talked to were very positive.
- e) Staff told us it was a good place to work and the manager reported low staff turnover.
- f) There is internet access, and electronic residents' call button monitoring.
- g) Activities for residents appeared wide ranging.
- h) Residents are able to enter and leave the building freely and one of the two doors is equipped with a CCTV camera. The monitoring screen is located in the office which is staffed Monday to Friday.

3.4 Results of visit



Wisteria House

coach house. A small number of residents

Wisteria House Care Home occupies a large converted three storey house and attached coach house. It has a small patio garden for residents that can be accessed from both the main lounge and the coach house lounge. At the time of our visit there were 13 residents including 1 in the coach house.

Maximum capacity is 17, 13 in the main house and 4 in the attached



Wisteria House coach house



have dementia. The home caters for [has](#) private fee paying residents.

Approach/Exterior

Wisteria House Care Home is very close to the centre of Uppingham, a short walk from the town's market square and main shopping street. There is a dental practice almost opposite and the local GPs surgery is nearby.



Level car park and access

The main entrance and entrance to the coach house is accessed through a level car parking area. Both doors are wheel chair accessible. When we arrived the main entrance door was opened and as we entered a member of staff met us. The door to the coach house is monitored by a CCTV camera, However the monitoring screen is in the office and therefore only visible when the office is occupied.

Reception

In the entrance lobby there is a book on a table by the front door for visitors to sign in and out of the home.

All members of the E&V team were asked to use this. Near to the front door and signing in book was a copy of a recent CQC report and a compliments and compliments policy booklet. All staff we met were friendly and the E&V team was made to feel welcome.

Layout and general environment

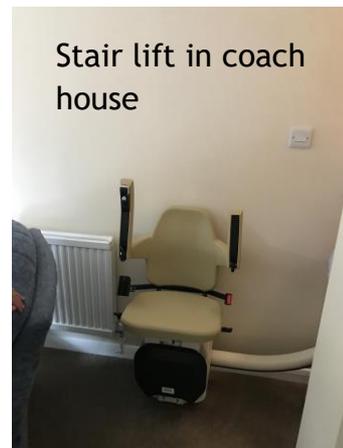


Lift in main building

The home occupies three floors of the original building. The coach house is two stories and linked to the main building by a short corridor. The coach house is a recent addition to Wisteria [House](#) [Coach house](#) and has undergone significant refurbishment and adaptation. The whole building has recently been redecorated. There is a wheelchair accessible lift serving all three

floors of the main house. The coach house has a stair lift to the second floor

All 4 rooms in the coach house have full en-suites with



Stair lift in coach house

showers.

All rooms in the main house have en-suite toilets and hand washbasins. They share a single shower room and a bathroom. Both have equipment to assist with bathing and showering.

All of the residents' rooms have a TV and wifi access plus telephone points. We were told of a resident who uses the wifi to FaceTime (Skype) grandchildren.



Bathroom with motorised chair

The principal public area of the main Wisteria House is on the ground floor to the rear of the building. It has large patio doors opening on to a private and secure garden area and is equipped with comfortable chairs, and four person dining tables. There is a TV in the corner. Photographs of residents are displayed near the entrance to this area.



Coach house lounge and dining area

Wisteria Coach House has been designed to accommodate people able to be more independent. It has its own lounge and dining area and a kitchen that can be used by residents of its four rooms. The facility is new and currently has only one resident. A member of staff has been given special responsibility for this new section of the home.

All parts of the home we visited presented as clean and freshly decorated. We were told that when residents died families were always given time to empty a room of the ~~deceased~~ effects of the deceased and the room was redecorated before a new resident arrived. Residents are able, and do bring their own furniture and personalise their rooms.

We were told that the owner had recently spent a significant sum upgrading facilities.



Newly refurbished room in the coach house

Activities

There is an activities coordinator who works from 9am to 3pm, five days a week. We observed a group of residents painting. We were told that residents are often taken into the town and learned of one resident who was taken to a local bar/coffee bar every week to meet their partner friends and have a chat. The home holds three fetes a year, has a Christmas meal to which friends and family



are invited and has “trips” including to Skegness. A trip to Rutland Water with a ride on the Rutland Belle is planned. Every Monday three students from Uppingham School visit and spend time with residents. Their presence was very much appreciated.

Residents/families

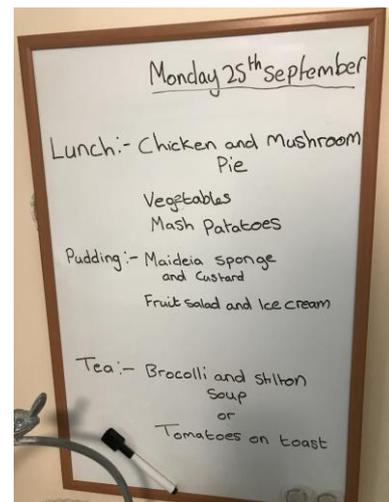
Friends and family regularly “pop in” to see residents. We were told that there are lots of visitors, particularly at weekends. Those we talked to were very positive about the quality of care and the friendliness both towards them and residents. All residents and their families are given a booklet describing Wisteria House, its facilities, staff, local services (including medical services) and complaints procedure. There is a twice annual survey/audit to gain views/suggestions/complaints.

The residents we talked to were all pleased to be at Wisteria House. We heard no complaints about staff or facilities and there was considerable praise for the way they were cared for. Relationships between staff and family members are good and we were told of staff and family crying together following the death of a resident.

We observed lunch. Residents gathered in the dining area. Some had a glass of wine or beer. Staff joined the residents to have their meals and to assist in some cases. There was a general hubub of conversation.

Meals

Meals are cooked on the premises using fresh ingredients by two cooks who share the week’s cooking. Vegetables and fruit are bought on Uppingham market. Meat is delivered by a butcher from Grantham. Milk and bread is delivered regularly. The day’s menu is displayed on white boards and residents told us that the food is good and that alternatives are available if they do not like, or are unable to eat a particular item. Residents and staff eat the same food.



Medical/care

The food eaten by residents is recorded in detail. They are also weighed regularly to ensure that their diet is appropriate to their needs. Wisteria House is not a nursing home therefore there are no currently qualified nursing staff. Nursing support is provided by District Nurses and some concern was expressed about the



timeliness of visits and the lack of continuity of nurses attending. Support from the Uppingham GP practice was also described by the manager as very good. A GP was visiting when we were there. The dentist is across the road from Wisteria House and was described positively.

We were shown a care home call system that had been installed. All rooms are equipped with call buttons and/or cords. LCD displays alert staff to where help is needed. Residents told us that staff encouraged them to use the facility and that response was always good.

Staff

The manager told us that there are 17 FTE staff (20 people) including: Manager, deputy manager, six senior members of staff holding NVQ3 in Health and Social Care, four members of staff holding level 2 NVQ in Health and Social care, a moving and handling trainer, a safeguarding trainer, activities coordinator, two cooks, two housekeepers, secretary and handyman/gardener, and a newly appointed apprentice.

All staff that we talked to spoke of the friendly atmosphere and described it as a good place to work. One member of staff, who told us that Wisteria House was the best place she had ever worked, travels 45 miles each day to work. The manager told us that staff turnover was low. Staff told us that training opportunities were excellent and the manager showed us the well structured training programmes that are in place. She also told us that she kept in touch with other care homes to share information and good practice about training etc.

Staff that we asked were aware of the whistleblowing policy. We noticed that the manager spent a great deal of time with residents and staff. She told us that she regarded this as very important and that the owner had allowed her to employ a secretary to take care of routine administrative work.

Manager and staff spoke highly of the responsiveness of the owner who visits frequently.

3.5 Recommendations

- We noted that the home is on the A6003 and caters for those with dementia. We appreciate the balance that must be achieved between freedom of movement and safeguarding. However given our observations on access and egress we believe that these arrangements, including monitoring, should be reviewed possibly with a view to the installation of an audible warning of people entering or leaving the building and/or site.



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- The current processes of staff training and development should be continued.
 - Consideration should be given to building on the manager's current links with other care homes and to sharing good practice in areas such as activities.

3.6 Service providers response

Wisteria House

Thank you for the report.

The owner and manager have reviewed access and egress arrangements as the report suggested. The Assurance Quality Officer from Social Services gave us advice recently on this matter and on his advice we have put in the CCT camera in the coach house at the front, and the monitor in the office. In addition the coach house has a member of staff there 24 hours a day.

Leicestershire Partnership Trust (in relation to District Nursing Service)

Leicester Partnership Trust (LPT) are appointing new nurses within the Rutland team. Whilst the recruitment process is underway there is a need to provide nursing care with bank or agency staff which may have led to a lack of continuity of nurses. However there is a robust handover and electronic care record to ensure continuity of care. All referrals are triaged based on the clinical need and if an urgent response is required this is tasked to the nurse who is working within the locality. LPT take all service concerns and complaints very seriously and will thoroughly investigate when concerns are raised to enable improved service delivery and quality of care.

