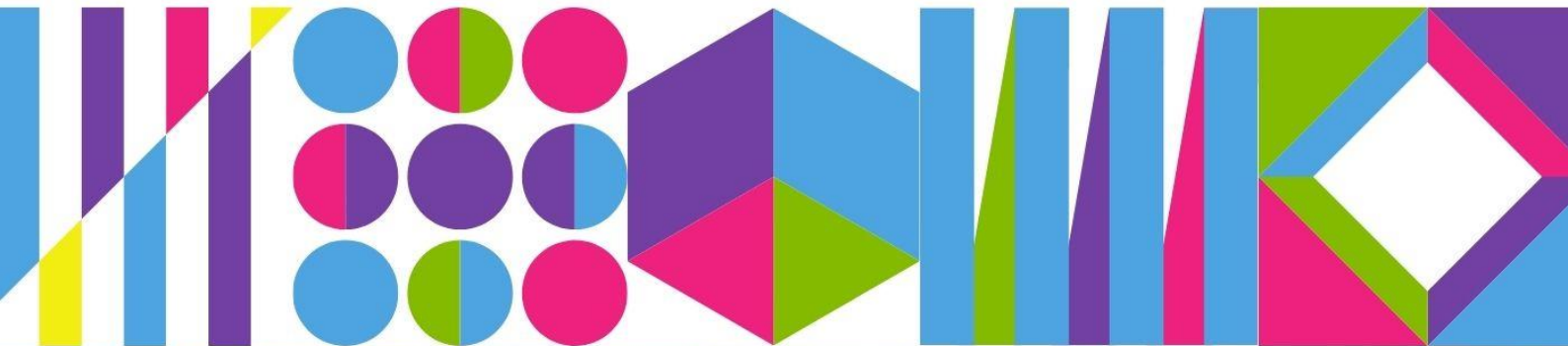


Enter and View

Report

Whitehorse Road Care Home

August 2022



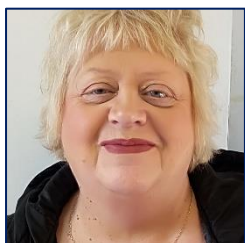
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Visit conducted by Healthwatch Walsall Authorised Representatives:



Tom Collins
Engagement and Information Lead
Authorised Representative



Lynne Fenton
Insight - Senior Lead Advocate
Authorised Representative



Healthwatch visits are linked to the 8 principles of care:

- | | |
|--------------------------------------|--------------------------|
| 1. Essential services | 5. Choice |
| 2. Access | 6. Being listened to |
| 3. A safe, dignified quality service | 7. Being involved |
| 4. Information and education | 8. A healthy environment |



Introduction

Purpose of Visit:

- To observe the physical environment of the home and the interactions of staff and residents
- To listen to, observe and capture the experiences of service delivery from the residents and relatives' point of view

The methodology used:

- 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
- Speak to management on how service is delivered and monitored and how staff are supported and trained
- Observe interaction at all levels between residents, relatives, staff, Manager, and visitors

Acronyms that may appear in this report:

- CQC - Care Quality Commission
- WPICB - Walsall Place Integrated Commissioning Board
- HwW - Healthwatch Walsall
- P.P.E. - Personal Protective Equipment
- P.A.T. - Portable Appliance Testing
- D.o.L.S. - Deprivation of Liberty Safeguards
- L.F.T. - Lateral Flow Test
- C.O.S.H.H - Control of Substance Hazardous to Health

Whitehorse Road Care Home



Venue Overview

Venue: Whitehorse Road Care Home
Service provided by: Select Healthcare Group
Address: Whitehorse Road, Brownhills, Walsall, WS8 7PE
Telephone: (01543) 361478

Specialisms:

Whitehorse Road supports adults with learning disabilities with a range of individual needs. Whitehorse is specialised in caring for those with: Autism, Epilepsy, Mental Health, Dysphasia and other complex needs. The Home is also trained to support behaviours that may challenge.

Capacity:

- Licensed for up to 8 residents
- Currently holding 7 residents

Staff Numbers:

- 1 Manager
- 4 Senior Care Assistants - 1 during the day, 1 during the night, weekend
- 10 Care Assistants - At least 3 or 4 during the day, 1 during the night, weekend
- All staff undertake activities with residents
- Agency staff are used currently but it is the same agency
- 1 bank staff

Food Hygiene:

Latest food hygiene rating: 5

Link: <https://ratings.food.gov.uk/business/en-GB/493497>

Date of Inspection: 18th November 2016

CQC information:

The service is rated as Overall: Inadequate

- Safe - Inadequate
- Effective - Requires Improvement
- Caring - Requires Improvement
- Responsive - Requires Improvement
- Well Led - Inadequate

Recent CQC inspection took place: 5th April 2022

Report published: 24th August 2022

Link to CQC information: <https://api.cqc.org.uk/public/v1/reports/dcf76db1-dcd8-4624-a349-ca0c7b70ef3e?20220824120000>

Venue Interviews

Dates of interviews:

Residents/service users: 2 residents, interviewed on 31st August 2022

Relatives, carers and friends: 2 telephone relative interviews on 6th & 8th September 2022

Care Staff: 2 interviewed on 31st August 2022

Manager interviewed on 31st August 2022



Physical Environment

External

Access to the property is from a main road onto a small carpark and a pathway with railings and handrails with ramps for access to the main home. We observed there are not many parking spaces for visitors.

The building is a single storey property with a bell/ buzzer to call for entry. There is no exterior C.C.T.V. Exterior lighting appeared to be in place.

There is an outside enclosed lawned area enclosed by bushes to the front.

There is also a rear garden area with seating which is secure. Gates from garden to the front drive is locked with a combination, known by the staff.

There was also some exterior lighting to this area.

Generally, the building looked in maintained state with newer extensions to the original single storey bungalow.

Internal

Inside the front/main entrance door is an area where you can sanitise and wash hands whilst signing in. We were asked to provide proof of negative Lateral Flow Tests (LFTs).

The latest C.Q.C. report is displayed with other signage/documents

Once through the main door, you go through a short corridor into the main communal lounge, with a few tables and chairs, several sofas. Access from the lounge leads off to the kitchen, there is also an exit via patio door to a rear courtyard style garden area with seating and table and lawned area.

This lounge had wooden flooring.

We received a tour of the Home, and we were able to see a vacant bedroom which was currently being used as storage. Some bedrooms (2) have en-suite whilst the majority have shared bath/toilet facilities.

Fire exits were clearly marked and were clear of obstructions.

In the lounge/dining area, tables are laid out spread across the lounge area with adequate space/walkways for residents with equipment such as a wheelchair.

A menu board was displayed with meals of the day which had a range of hot and cold buffet style food to choose from. We were told that additional snacks are available and offered.

The residents' rooms contain single beds only, there are no multi share rooms.

The home decor was somewhat muted with a white, grey and silver wallpaper/paint scheme. There was a large wall mirror and a large TV mounted on the wall.

There was no obvious smell of urine.

In the communal lounge area, there were a few plastic bins of activities materials on the floor next to the entrance/exit to the newly fitted the kitchen.

The kitchen was new and fitted to a high standard and was clean and clear. Many kitchen items were also new.

In the communal lounge some of the services felt sticky, but generally the area was tidy.

We looked at a couple of vacant bathrooms/toilets. There were no emergency pull chords/alarms. We were told that this is about supporting independent living. There were hand/dado style rails throughout.

We were told that each resident can personalise their rooms as they wanted to.

Whilst the premises were decorated the colour scheme although modern did not offer a homely feel. This may be difficult to do to please several peoples tastes.

There was a lack of soft furnishings and some of the sofa seating appeared to need some care and cleaning.

We also noted that there were activity materials in plastic bins near the entrance from lounge to kitchen. Whilst the kitchen was newly fitted there were finger marks on some of the kitchen cupboards and some further cleaning would be needed.

Safety observations

- Fire Extinguishers were maintained December 2022
- P.A.T. date was March 2022
- Fire Exits were clearly marked and free from obstruction
- Some doors were locked to reduce the risk of one particular resident from roaming into areas that they may incur harm from equipment such as a kettle in the kitchen



Resident(s)/ Service User(s) interviews

We spoke to 2 residents; 3 residents did not take part. 2 residents were out attending a day centre at the nearby motivational hub, which they attend regularly after COVID19 restrictions were lifted.

One resident was non-verbal but partly communicated with the use of 'Makaton'. They indicated they were hungry by signing as it was almost lunchtime. A snack was given to the resident. There was a drink available to them whilst they undertook an activity.

They had limited communication but were able to ask for the toilet and staff assisted the resident. They indicated with thumbs up that they were happy where they were.

The second resident said that they were happy and content. But they answered not when asked if they are treated fairly. It is in bite-size chunks from staff support.

They said that they access a GP with support, the Optician & Dentist visits them at the Home. They indicated that they had face-to-face appointments with support from staff members.

When asked if they felt safe at home? They said yes "Carers make sure I am safe".

When asked if they are treated with respect and compassion? They answered, "staff are good to me".

They were unsure if they had been given a 'welcome pack' when first coming to the Home and were also unsure if they had received or were aware of a newsletter.

When asked if staff told them about any changes at the Home, the resident said "Yes".

We were told that the residents have a weekly planner for each person.

The residents appear to be well cared for, clean and dressed in clean clothing. They were engaged on individual activities with staff on a one-to-one basis with additional staff available in the room if needed. They also offered drinks to the residents.

The resident said that they are able to go out with support to local shops and other places.

Residents it seemed, were relaxed and happy with the staff and activities they were doing.

When asked about their choices they said they had choice in what they wished to wear, what they ate, when they went to bed and got up in the morning, when they wanted to wash, bathe or shower.

They also said that they can personalise their room and that family/friends visit them every Friday. They can also speak to them on the phone.

They said that they felt comfortable raising any concerns with staff and if they didn't understand something that they could ask questions. If they wished to complain they would see the Manager. They felt that they are listened to and if needed things would be acted upon.

We also asked if they and their family are involved in their care plan. They answered "Yes, this happens". They also said that they can choose their own activities. A karaoke machine had recently been purchased.

They are asked what they like and dislike, but when asked if resident meetings happen a staff member said "No, they don't have them".

The resident indicated that they go to their relatives regularly to stay and go out with them, as well as being visited by them. They also attend the local Motivational Hub which meets weekly offering social interaction and activities with others.

The resident was seen to appear to be happy and were actively taking part in their own activity with a carer who encouraged them and ensured that they had drinks available.



Relative(s) Family and Carer interviews and observations

When we visited there were no relatives attending. We asked that relatives be contacted and our details be passed to them to see if they wish to take part in the 'Enter and View'.

We did receive calls from relatives on the 6th & 8th September after our venue visit.

Green Text = Relative 1 Purple Text = Relative 2

When asked if they felt if their relative (resident) was happy they answered "Yes, now it's under new management there has been a vast improvement in many aspects". They also felt that the resident is treated fairly and not harassed or discriminated against.

The relative mentioned that the resident has dental issues due to current availability of NHS dentists. This has led to some issues.

When asked if they felt if the resident felt safe in the Home they said "Yes, and comfortable and they would let know otherwise". They mentioned that another resident can be challenging at times.

They felt that the staff treated the resident with respect and were "fabulous". And that staff are friendly and helpful. They felt that the resident's privacy and dignity is maintained.

When asked if the resident or themselves can call for assistance via a bell or buzzer, they said "no, there isn't one, but its small enough to be monitored or call out".

No welcome pack was given to the relative on admission to Home by the resident, but they did have an in-depth conversation with the Manager and the new Manager is very informative. Often sending WhatsApp pictures of the resident undertaking activities.

When asked if the relative was aware of any notice boards at the Home, they thought there used to be activities notice board?

Any changes to Home that may affect or impact on the resident is discussed verbally with the relative by the Manager. Any of those changes can be communicated to the resident verbally or with some use of Makaton. Depending on the resident's communication wishes. But generally, verbally.

When asked if more could be done to meet the needs of the resident by the Home, the relative mentioned more active exercise. COVID19 had impacted/decreased the opportunities to attend a local day centre and also visits generally. The resident had put on a little weight and it was felt if the Home could arrange more external visits especially if a vehicle was available then the options would increase greatly.

The resident has sated to go out more but it can depend on how interested the resident is on that day.

When asked about the residents' choices at the Home they felt that the resident has a choice in what to wear, what to eat but has asked the Manager to keep an eye on portion sizes the resident eats due to an increase in weight,. The resident can have a bath or shower when they want, go to bed and get up when they want, watch television or listen to the radio when they wanted. As the resident likes to be pampered, they occasionally go to visit the local hairdresser and get their hair and nails done.

The relative felt that they can visit when they want to.

They also felt that they are listened to by staff, "absolutely" and that they are able to raise any concerns with staff and Management if they needed to.

When asked if they knew how to make a complaint they offered an example. There has been an issue around the resident having other people's clothing in the resident's wardrobe and their clothing with a different resident. The relative complained to the manager and it seems to have been sorted.

We asked if the relative thought that the staff actively asked for resident feedback and if any resident concerns are listened to and acted upon. They answered "yes".

We also asked if they are involved in the resident's care plan and if any of their views are taken into account. They answered "no". They have not been invited or attended any resident meetings, but they indicated that the Manager and staff keep them well informed when they visit or by phone.

Relative 2

We asked if they felt that the resident was happy and content and we were told, reasonably happy but not content. This was due in some ways that pre COVID19 the resident was due to go swimming weekly and socialise by going out. Although the lockdowns and restrictions from COVID19 have abated the swimming has not re-commenced and the resident is lacking opportunities and stimulation found in the outside world. They mentioned that it is down to funding and that the Manager is working hard to address the situation.

The resident has on the past suffered from some physical attention from another resident so safeguarding have been involved.

When asked if the resident can access essential services they told us yet, but there was an issue around chiropody which has been resolved now. The relative attends some appointments with the resident.

They felt that the resident is dealt with respect and compassion and address them by using their name. The staff are friendly and helpful, but they could not answer around the resident's privacy and dignity as they said they are not there all of the time. They noted that there is a special door lock for safety.

When asked if the resident is able to call for assistance they answered, "I think so yes, staff timely".

They mentioned that they felt sure they had received a welcome pack and a newsletter came the other day, but they couldn't open it, but they usually receive pictures of the resident. They were aware of a notice board but they had only glimpsed at it.

Any changes at the Home such as new staff member, the relative is introduced to them. Any additional changes are communicated also.

When asked if the resident is communicated with in their preferred method, they informed us that staff use key words and gestures as the resident is non-verbal. They were unsure if more could be done for the resident to meet their needs.

Regarding resident choice, the relative indicated that staff assist the resident in choosing daily clothing which is stored in a bed that lifts up and shoes are stored in a designated storage way. The resident goes to bed and gets up when they want. They were unsure about showering and bathing choice.

The relative informed us that they can visit when they wished, but due to the resident's communication style/need they generally do not call them. Face to face is best. There is a TV, DVD player & DVDs in the resident's bedroom, but unsure what is put on for them.

They felt that they are comfortable enough to ask staff questions, raise a concern or if necessarily make a complaint. They indicated that the Home has asked for the relatives' feedback and that they are listened to. The commented that they work with the Manager.

They felt involved with the resident's care plan, they did not feel that there are enough trips out, locally or otherwise but acknowledged that the Home is looking into getting its own transport to enable more trips.

Also, that resident meetings do happen and could not comment of the resident felt part of a community.



Staff interviews and observations

When asked about how residents can access services especially around religious or cultural beliefs, we were told by accepting their choices, beliefs and differences and sexuality. If residents wished to attend a church or other religious venue they would support and attend with them.

Staff receive same training, 1 to 1 support with residents. "You get to know individual residents and their likes or dislikes, and you get to know how to support and deal with individual residents with experience". Also staff undergo training to raise awareness.

When a GP is needed for treatment or reviews staff call to make appointments and call District Nurses if needed. Residents are also taken to visit their dentist and opticians as needed.

A GP can come to the Home or residents can be taken to the practice/surgery. Chiropodist visits the home and residents are taken to the dentists. Hairdresser can visit the home or residents can go out to one.

As stated above, Dentists, Opticians and Chiropodists are visited between 2 to 6 monthly cycles and as needed for urgent care.

Residents are encouraged to exercise; some residents also visit a day centre twice a week and taxis are used for visits as and when they happen.

We were told that resident care plans are updated when things change, reviewed monthly and there are family informal meetings when they visit.

The Home has not signed up to the red bag project. Another staff member also said this.

When asked how residents were protected from risks and abuse? The staff member said staff protect them, they raise safeguarding issues with the appropriate authority. They inform family members, the CQC and the Q.I.C.T at the local authority.

1 to 1 support for residents is in place and additional staff are generally there in the communal area.

We also asked about they ensure residents have a level of privacy and their dignity is maintained?

- Give private space to residents when asked for /needed
- Knocking on resident's bedroom door to enter
- Ensuring residents curtains/doors are closed especially around bath/shower and toilet times
- Residents can have quiet space inside and outside with use of the garden
- Personal care is delivered when needed but consent gained

Regarding prevention measures we were told that:

- Residents are individually risk assessed
- 1 hourly checks are made on sleeping residents
- Up to 15 checks per night, resident who have bed rails in place
- Staff are generally supporting residents on a 1 to 1 basis
- Epilepsy/ fall mats in place for a sleeping resident(s)
- Fall prevention training undertaken by staff
- Handrails and ramps for access and support

When asked about what training staff had received?

- Dementia
- First Aid
- End of life
- Epilepsy
- Autism
- Falls Prevention
- Fire Prevention
- Food Hygiene
- Use of P.P.E.
- C.O.S.H.H.
- Medication

We enquired if residents receive a 'welcome pack'? "No, most people have lived here a very long time". There are no booklets or leaflets.

We asked if residents had specific communication needs/preferences? The staff member informed us that the information is contained in individual care plans, staff are made aware of any changes at handovers. One resident although can verbalise occasionally uses Makaton depending on their mood. Residents are also included in their care plan and any changes to it at informal meetings.

Should any changes arise, such as the recent replacement/ building work of the kitchen residents are informed/included in what is happening and what will take place in a communication method to suit their need.

We noted a food menu displayed on the wall in the communal lounge/diner. There are a number of dishes available around mealtimes of the day. No pictures were there as we were told it was tried but didn't really work. Snacks and drinks are also offered throughout the day. Ask residents what they would like from menu.

Staff seek to encourage residents to maintain a sense of independence by; preparing their own meals (with support), washing up, go shopping and using their own choice in their life at the home. We were told relatives and friends can visit all times and residents can contact relatives or friends at times they wished to so. One staff member was unsure around the choice of contact with relatives and friends, as residents would be asleep generally at night.

When it comes to choice we were told residents can:

- Wear what they want
- Choose when they go to bed and get up
- Are able to personalise their bedroom (posters, soft toys, magazines, family pictures)
- Have an input into their care plan

The staff member said that there are no formal resident meetings as they have contact daily with individual residents. Activities are undertaken by all staff and resident loneliness and isolation is addressed with 1 to 1 support and constant contact with the residents.

When asked if residents knew how to complain the staff member answered "Yes, straight into the Managers office".



Manager/ Consultant Interview

The Manager started at Whitehorse Road Care home in March 2022.

We were welcomed on the visit and given a tour of the Home and were introduced to staff. We observed the communal areas such as the lounge/diner, corridors and vacant bathrooms. We also entered and saw the newly refurbished kitchen with new appliances in place.

We were told that staff have a training matrix in place, which is reviewed yearly, covering a number of standard courses such as:

- Safeguarding
- GDPR
- Manual handling
- Meds level 2
- Falls prevention etc.

Training is undertaken by a mix of online and some face to face.

When asked about how easily residents can access a GP, it was indicated that there are occasional issues especially around medications that fall in cycles. On occasions it has meant that residents have run very low on medication. But the Manager now has a direct Email address to the GP surgery to request medication more timely form the practice or to arrange medication review appointments for residents.

Resident care plans are live daily and reviewed some on a monthly basis and others on a 3 monthly basis. Any changes to resident's care needs are recorded in a book and discussed/ available at staff handovers. Staff are required to check the book on the start of each shift.

The home is not signed up to the 'red bag project'.

When asked how residents are protected from the risk of abuse, we were told that residents receive 1 to 1 care and supervision, risk assessments are in place to manage against and concerns are discussed with relatives to reduce any safeguarding risks.

Resident privacy and dignity we were told is preserved by asking or informing the resident of delivery of personal care, residents can close their bedroom door as well as curtains and are able or choose not to take part in activities as is their choice.

One staff communicates with one resident with Makaton, others are communicated with verbally.

We were told that residents are communicated with about their treatment and care by using short simple phrases and asking for their consent prior to delivery. Pictures had been used in the past, but it was not really useful.

Any changes are communicated to the residents on a 1 to 1 basis.

A menu is provided to residents, this is kept on a notice board in the communal lounge/ diner.

Relatives and friends can generally visit when they like, there is no longer a requirement to undertake Lateral Flow Tests (LFTs).

When asked if residents were aware of how to raise a concern we were told yes and that some were aware of how to make a complaint which is reflected on surveys. Relatives are also aware.

Loneliness and isolation are minimised by staff engaging with the residents and encouraging them to take part. But if they choose to be more private then they have the right to choose and use that space. 1 to 1 allows consistent contact with each resident and shifts in moods, wants and needs can be identified.

As part of fall preventions there are a number of things on place, staff are trained and are asked to be aware, individual resident risk assessments are in place, there are epilepsy matts and staff receive training in fall prevention.

When asked if residents receive a 'welcome pack', the Manager said that there had not been an admission for some time, and they could locate evidence of a welcome/information pack



Findings

- No evidence of a welcome/information pack
- Lack of soft furnishings and a homely feel
- Would benefit from some additional cleaning in areas, sofas, flooring etc.
- Resident changes are kept in care plans and a communication book used at staff handovers
- There appears to be no formal/recorded resident or relative meetings
- The residents who took part generally felt cared for, safe and included and made their own choices
- Relatives have seen improvements since a new Manager has taken up the post
- One relative felt that opportunities for activities such as swimming is being held up by Local Authority/funding
- Some resident opportunities for activities and or exercise could be increased
- Some residents to visit the local 'Motivational Hub'



Recommendations

- Whilst there has not been a new resident admitted for some time, consider/develop a welcome/information pack that residents and relatives are involved with
- Ensure that all resident changes are reflected on care plans and are in sync with any communication books not just in communication book
- Assess what activities can be incorporated for residents to offer greater socialising opportunities, exercise and stimulus outside of the home
- Hold and record any resident and relative meetings with dates
- Where residents have needs related to culture such as Afro Caribbean hair, resident(s) should be able to access appropriate outlets and specialists to meet that personal care need. This may mean staff receive some training if appropriate
- Residents should continue and have increased opportunities to visit shops to increase stimulus, socialising and awareness opportunities
- Consider more use of outside garden area to rear with may be Astroturf and flowers to decorate and encourage nature
- Activities that include more exercise such as swimming and walking to local shops could take place/be increased



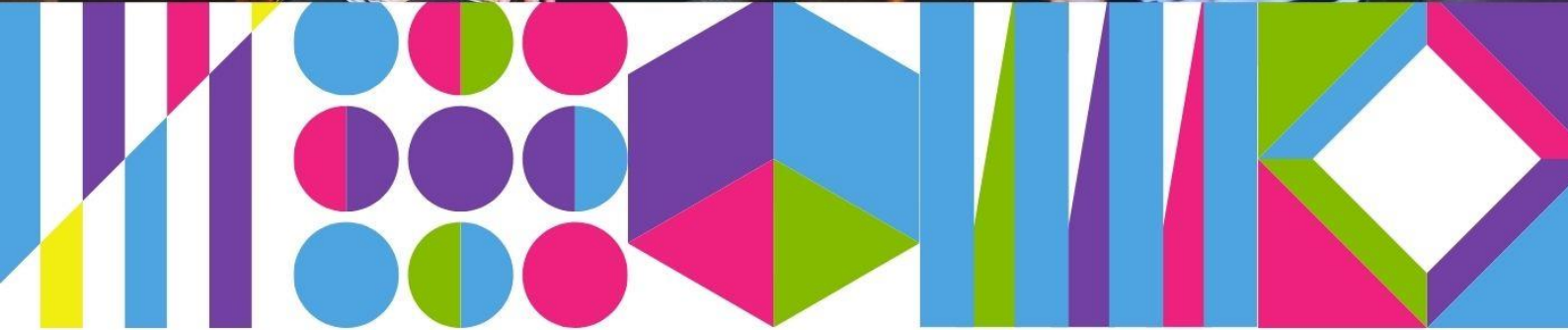
Service Providers Response

We forwarded a copy of the draft Enter and View report to the Manager of the service and received the below response.

I have gone through the draft report and just wanted to make some comments on some changes that have taken place since your visit on 31st August 2022. Since your Visit Resident meetings are taking place, and any suggestions are being reviewed, once reviewed this then goes onto the New "I said" "We did" board located in the dining room.

In regard to exercise sessions, we now have an external company come into the home once a month, to complete gentle exercise sessions with the residents that wish to participate.

I have also reviewed our cleaning products we use and these are being changed to a more sustainable cleaning chemical.



healthwatch Walsall

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