

## Enter & View visit to Worplesdon View Care Home

### **Service address:**

Worplesdon View, Archway Cottage, Worplesdon Road, Guildford GU3 3LQ

### **Service Provider:**

Worplesdon View, Barchester

### **Date and Time:**

Thursday 24<sup>th</sup> March 2016 at 10.00am to 12.30pm

### **Authorised Visitors:**

Graham Smith, Gareth Jones, Robert Hall

### **Contact Details:**

Healthwatch Surrey, The Annexe, The Lockwood Centre, Westfield Road, Guildford GU1 1RR

## Disclaimer

Please note that this report relates to findings observed on the specific date as above. The report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

## Purpose of the visit

- To engage with service users of the service to understand how their communication needs have been responded to
- Identify examples of good working practice related to the Accessible Information Standard and communication
- 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

- Implementation of the NHS Accessible Information Standard
- Seldom heard groups and the way in which they are supported to communicate are of particular interest to local Healthwatch

## Introduction

Worplesden View has capacity for 78 residents and on the day of the visit had 76 in residence with one resident in hospital and one vacancy.

The majority of residents are self-funders but it also has residents placed by local Commissioners

## Methodology

Approach a member of the management team before speaking to anyone at the service. Take advice on whether anyone using the service should not be approached due to their inability to give informed consent, or due to safety, privacy, dignity or medical reasons.

## Factual account of visit

Worplesden View is a care home owned by Barchester Healthcare and managed by Lynda Garner who has been the manager since the premises opened in 2012. It is a purpose built premises and is arranged over 3 floors. All rooms are en-suite and the 2<sup>nd</sup> floor is 'Memory Lane' and is exclusively for residents with dementia.

There is a large parking area to the front of the property but this extends around the side and to the rear. Access is via a large automatic sliding doors and the kerb has been lowered to allow easy access minimising the likelihood of trips and falls.

Upon entry to the premises there is a large open area where the reception desk is situated and there is a large café seating area where guests/visitors can wait. It is a calm welcoming environment which is clutter free and the reception desk is at a height which allows easy accessibility for anyone using a wheelchair to be able to communicate and not see it as a barrier. There is loop system installed throughout the building although there was no signage indicating that it was present (see recommendations).



Fire exits were clearly marked with the standard 'Green' Health and safety Signage. The floors are carpeted throughout and all corridors are wide and airy for easy movement. There was no evidence of any potential trip hazards as the floor was completely flat and smooth making manoeuvring of wheelchairs/hoists etc. easy.

There are picture boards on the wall for pictures identifying the staff. However there are no actual pictures at this time, Lynda is awaiting a photographer to come and take the photographs. This came about from one of the regular meetings that are held with the residents and families to address any perceived issues (**see recommendations**).

The floors are accessed by a lift but there are also stairs which can be utilised. The door to the stairs is operated by a key pad to ensure the safety of residents.

### Communication

Although all rooms have en-suite there are communal toilets for visitors/family/guests on each floor. These have signs on the door, both pictorial and words, but these are quite small and not particularly clear, in contrast the toilets on 'memory lane' are clearly signed with colourful signage and the doors are in contrasting colours to make it clear (**see recommendations**).

There is a list of the activities which are taking place at the home placed on notice boards on each floor, on 'Memory Lane' it was also in picture format together with words however it was difficult to read and see due to its size (A4). However it was good to see as was the fact that the television in one of the communal areas also had closed caption switched on so that it could be read as well as heard.

If a resident has need of an interpreter then the home will contact an appropriate agency to access that service.

On 'Memory Lane' each of the residents has a picture frame on their door with pictures of them at different stages in their lives to help them identify their room.

Each floor has a dining room where residents can have their meals or if they choose they are able to have their meals in their rooms. The menus are written, but the catering staff will bring out the meals to show to residents so that they can choose what they would like to eat. This is especially helpful on 'Memory lane'.



Volunteers spoke with 6 residents and they confirmed that Lynda Garner the manager had been out to see them prior to them becoming resident and completed a comprehensive assessment to ensure that the home could meet their needs. Lynda showed the authorised representatives a blank assessment form which was comprehensive and exhaustive covering all the residents' needs covering both physical, communication and mental welfare and included speaking with family/friends/carers/responsible person/professional and anyone else that was appropriate.

One resident had speech issues, started speech therapy, and was supported and encouraged by staff at the home. Stated that the staff had time and always gave them choice and respect. Also staff asked if they minded their communication need be shared with other agencies as appropriate.

We were also shown a residents file (no personal data seen) on the front sheet there is nothing to indicate a particular communication need. Barchester Healthcare are currently looking at a paperless system and having everything on computer Lynda will speak to Barchester Healthcare to feed back that this is a necessary requirement to ensure that the person's communication need is clear for all to see (**see recommendations**).

On arrival this assessment will be done again and updated as necessary. We observed a new resident arriving and Lynda together with her staff team welcomed the person and introduced themselves making them feel welcome.

Speaking with staff we were informed that there is a proper handover of information when the shift changes and any changes to the assessment the oncoming staff are made aware of and the changes have been noted in the residents file.

We observed that staff all spoke to residents in a friendly manner and took the time to stop and talk. Staff were observed to crouch down and talk to residents, so there was good eye contact made making the residents feel that they were being listened too. We observed the activities co-ordinator with residents on Memory Lane. She included everyone and spoke to them as individuals and had obviously taken the time to learn about them and mention something from their past.

Each floor has a nurses/carers station and the staff are allocated to each floor. The home does not use agency staff only use bank staff as this ensures that the staff know all the residents and can meet their needs. It also means that the manager is sure that the staff have had a proper induction and received all required training. There is an in-house trainer and training is constantly on going.

The home has a room which has been fitted out as a consulting room similar to a GP's consulting room in a surgery. It is used as a surgery and the local GP Practice (Fairlands) send a Doctor to the home once a week so that residents can book an appointment to see the Doctor. The Doctor has a link to the surgery so that they can access the patients' notes, this allows the Doctor to have the time to talk to the patient which will ensure a better outcome. If a resident needs to go the GP sooner then, that is facilitated by the home rather than waiting for the weekly visit.

It was clear based on our observations that all the residents were happy and felt that they were being looked after and cared for and listened too. All of the staff (from the maintenance to the clinical/nursing staff to the management team) are encouraged to engage with the residents and report any issues that arose. Staff spoke with pride about the home and enjoyed being able to engage fully with the residents. The department heads meet every morning with the Home Manager to discuss what has happened in the last 24hrs and what is going to be happening. It was obvious that staff are encouraged to speak freely and know that they are being listened too.

Our volunteers felt that there is without a doubt an ethos within the home that the resident's well-being always comes first.

### Summary of Findings

- Throughout the visit it was evident that all the staff treated all residents as individuals and engaged with them showing them dignity and respect. Staff took the time to always talk to the residents and it was obvious they knew who the residents were and took the time to communicate with them.
- We observed the activities co-ordinator on 'Memory Lane' with a group and she was making sure all were involved and spoke to each one individually throughout the session.
- All residents who were spoken to agreed, it was a nice pleasant environment and that a proper assessment of their needs including communication had been completed prior to coming into the home.
- Good signage was evident but there were some areas where there could be improvement.
- Staff spoken to all stated they had had a proper induction and they had received training in Effective Communication.
- There was excellent interaction between staff and residents and all staff were observed to be taking the time to communicate with residents, the residents spoken commented that the staff always seemed to have time for them and listened to them.

### Recommendations

1. Ensure that signage is put up indicating there is a hearing loop in the premises (Lynda the home manager spoke to her maintenance manager whilst we were still there to organise this)
2. As a result of the residents/family/representative meetings, Lynda already has it in hand to have the photographs of staff completed and the boards updated.
3. If and when the new computer system is in place to ensure that it is immediately apparent to all users that the record of the client they are dealing with is identified as having a communication issue.
4. Signage on the communal toilets to be made clearer and easier to read.
5. Promote the idea of the surgery room in other homes.

### Response from the Provider

There is a new Manager at Worplesden View, Neil Lancaster, and he has had a copy of this report and accepts the findings and recommendations and is liaising with Barchester Head Office.

Report reviewed and authorised by;

Robert Hall

Enter and View Co-ordinator, Healthwatch Surrey

