



# **HEALTHWATCH HERTFORDSHIRE**

**Enter and View Follow Up Visit Report**

**Westgate House Care Centre**

**Intermediate Care Centre**

**Tower Road, Ware**

**Hertfordshire**

**SG12 7LP**

**Westgate Healthcare**

## Healthwatch Hertfordshire Enter and View

### Follow-Up Visit Report

**Premises visited:** Westgate House Care Centre  
**Date and Time of Visit:** Monday 20<sup>th</sup> April 2015 at 10.30am  
**Visit Conducted By:** Virginia Kirri-Songhurst (VKS)  
Tim Sims (TS)

#### **Purpose of the Visit:**

This is an unannounced follow-up visit, following concerns raised during a previous Enter and View visit on the 12 August 2014, and also to review the recommendations made by the Healthwatch assessors at that time.

The original visit was commissioned by Hertfordshire County Council (HCC) to specifically look at the individuals' quality of life in respect of environment, leisure and welfare and including digital inclusion, food and drink.

#### **1. FINDINGS**

**1.1 Compare to 2014 visit report 2.3.** The reception area was far less cluttered as the large vending machine had been removed. All seating is of the same height, without arm rests and is very low.

*The manager said that seating may need to be reviewed.*

**1.2 Compare to 2014 visit report 2.4.** We met the newly appointed Home Manager Nancy Currie (NC) and The Unit Care manager Lisa Donavon (LD). NC told us that staff recruitment is ongoing - we observed a banner on the gate outside the home advertising for care staff.

VKS was shown comprehensive staff training plans on the computer, which was up to date for most individual staff. NC expressed an interest in disability awareness training - VKS to provide reference.

*The manager commented that a training matrix has been in place for a number of years.*

LD showed VKS detailed care plans for the residents.

**1.3 Compare to 2014 visit report 2.5 & 3.5.2.** No individual menus were available - on the last visit individual menus were shown. We were told the same

as last time that a member of staff will go around all the residents every morning to choose the day's food selection. TS remarked on the lack of choice (2 choices of main course) to residents.

*The manager said that there is choice of two different main courses each day; Westgate House is currently recruiting a full time chef as currently there are 3 part time chefs. Once the new Chef has been recruited they will be meeting with residents to draw up new menus.*

LD told VKS that she believed that the chef can source any speciality food (e.g. halal and kosher) at short notice, which was an improvement to the last visit.

**1.4 Compare to 2014 visit report 2.6.** Nutrition, Infection Control and Dementia champions had been nominated and are currently undergoing training.

**1.5 Compare to 2014 visit report 2.7.** More delegated managerial responsibilities have been observed which was encouraging.

*The manager confirmed:*

*Westgate House have a Home Manager, Clinical Lead and a Unit Manager for each Unit who work together as a team in the day to day management of the Home.*

**1.6 Compare to 2014 visit report 2.9.** NC told us that they have implemented the Smile and the Reminiscence services but had not applied to the Sports Foundation partnership - VKS to supply reference.

We were told Residents meetings take place, however no minutes were publicly displayed. NC invited the assessors to attend one such meeting.

*The manager confirmed:*

*Residents meetings have been scheduled for the remainder of the year for each unit and this information is displayed on each floor. Minutes are held in the manager's office.*

**1.7 Compare to 2014 visit report 2.10.** It was observed that the door to the fire escape does not have a code pad and it is open to anyone and is a potential risk to wandering residents as is the "goods lift".

*The manager stated:*

*The safety of residents is risked assessed and if any risks are identified appropriate action is taken.*

**1.8 Compare to 2014 visit report 2.11.** The signing in book outside the Intermediate Care Unit has been removed. All visitors are required to sign in at the main reception.

On the day of our visit, there were workmen present, who had propped and left open the main keypad controlled door at the reception, without apparent challenge by Home's staff - this potentially could compromise patient safety.

*The manager said that workmen are booked in by either the receptionist or maintenance.*

**1.9 Compare to 2014 visit report 2.12.** NC told us that uniforms are being reviewed to make it easier for patients and visitors to distinguish qualified nursing staff.

**1.10 Compare to 2014 visit report 3.1.1.** The décor in the residents room remains dated. Some windows have a catch to keep them marginally open, however this is not consistent throughout the unit. There were numerous broken blinds and missing curtains. Unfortunately a new housing estate has been built at the back of the Home, resulting in the loss of privacy and dignity to the residents as they can see directly into their bedrooms.

*The manager said:*

*The Home is currently undergoing a refurbishment programme and the rooms currently either have curtains, blinds or both therefore resident's dignity is not compromised.*

**1.11 Compare to 2014 visit report 3.1.2.** No improvement to Lighting.

**1.12 Compare to 2014 visit report 3.1.3.** The three lounges in the main corridor had either torn or missing curtains. LD told VKS that they had fallen down as they were too long and heavy. The vinyl flooring was 'tacky'. We observed activities in two of the lounges. There was good mix of seating throughout. Most surfaces, high and low, were dusty. The piano in one activities room was out of tune. No new books/games/videos were noted from the last visit.

Our visit was on a particularly warm and sunny day, and without the curtains there was no shade in some areas and the windows could not be opened to give ventilation, resulting uncomfortable ambience (like in a green-house).

*The manager said that windows can be opened but are restricted in how far in line with regulations. Fans are available.*

The small lounge opposite the disused nurse's station in the long stay unit was unbearably hot. VKS asked LD if the windows could open. There was only one window that could be opened, which LD opened to discover it opened to the full length of her arm which is extremely dangerous as a person could potentially fall out.

**1.13 Compare to 2014 visit report 3.1.5.** No redecoration noted.

*The manager said that some redecoration had already commenced within the bedrooms and communal bathrooms and toilets.*

All of the calendars and the whiteboards in the day rooms were displaying incorrect day/date. LD told VKS that the lady in charge of this was not on duty that morning. It must be noted that we visited on a Monday and the day displayed was Saturday and in one Lounge Tuesday. It seems that no one could take the time to update the information within the areas that they were working in.

**1.14 Compare to 2014 visit report 3.1.6.** No improvement noted.

*The manager disagreed with this point as the Home has employed additional domestic staff and the cleanliness of the Home has vastly improved and they often receive comments that there are no odours present.*

**1.15 Compare to 2014 visit report 3.1.7.** Has further deteriorated since last visit. Missing cupboard doors and dust on all surfaces.

*The manager said this is part of the refurbishment programme and some improvements have already been made.*

**1.16 Compare to 2014 visit report 3.1.8.** No change.

**1.17 Compare to 2014 visit report 3.2.5.** No change.

**1.18 Compare to 2014 visit report 3.3.3.** All surfaces and equipment in the gym were very dusty, low surfaces being particularly worse.

**1.19 Compare to 2014 visit report 3.4.1.** No change noted.

**1.20 Compare to 2014 visit report 3.5.1.** Still no wet wipes and no washing facilities were seen to be offered to residents who have no capacity to do this themselves before lunch. LD told VKS that she would assume that the nursing staff attends to that, but no evidence of this was observed.

**1.21 Compare to 2014 visit report 3.5.3.** The dinner plates are now kept in the heated food trolley, however they are taken out on mass when food is served. The plate was not warm to the touch when checked by the assessor.

**1.22 Compare to 2014 visit report 3.5.4.** Some improvement noted.

**1.23 Compare to 2014 visit report 3.5.6.** No changes noted.

## **2. CONCLUSIONS**

2.1 This home is under new management. The Home Manager and the Unit Manager were very aware of the CQC reports and are currently working closely with HCC to improve the standards of care for the residents and the working environment for staff. They both appeared enthusiastic and very positive.

2.2 We found evidence from the interview of both the managers, residents (TS spoke with 8 residents) and the impression that we got throughout the visit, that many actions have already been implemented to improve staff education and training.

2.3 LD told VKS that she gives the staff their rotas a month in advance. VKS observed the rota in the staff room. This is a distinct improvement from our last visit.

2.4 On this visit, LD told us about the clear division of rehabilitation and long stay residents, as they have their separate areas within the unit, this had not been pointed out to us at our last visit when we were given the impression that all the residents were there for rehabilitation.

2.5 On this visit VKS observed a resident being fed by a member of staff, another resident nearby kept falling asleep and the member of staff had to stop feeding the lady to go over and wake the resident up. This happened twice. The second time the member of staff, instead of returning to continue to feed her charge started to tidy up the dining area. The member of staff should have notified another member of staff to attend the sleepy resident, and concentrated on feeding her patient without interruption. All this time the food is getting cold and shortly after the second interruption another member of staff took the plate away.

2.6 All the staff that we met and observed were pleasant, smiling, friendly and very helpful. We met the interim activity co-ordinator who was bubbly and enthusiastic; she was waiting the arrival of her replacement.

2.7 We felt confident that this was a caring environment and that the staff and residents have a very good relationship.

## **3. RECOMMENDATIONS**

3.1 Recommendations to 2014 visit report

3.2 Perhaps a third light meal choice for lunch and a second choice for supper.

3.3 All dates/days/ time displayed in resident areas to be updated on a daily basis by all staff working in that area. This should not fall on just one person as currently no one does it in her absence.

3.4 Wet wipes to be introduced daily at all mealtimes and staff to be actively involved in encouraging residents to wash their hands before meals.

3.5 Review staff training for assisting residents with eating.

3.6 Display activities by the week instead of by the day; use of pictorial notice boards.

3.7 Cleaning schedules to be displayed.

3.8 Redecoration in all resident areas.

*The manager commented that a programme is in place that will be over a period of time.*

3.9 All curtains and blinds in resident's rooms to be replaced to restore privacy and dignity as soon as possible.

*The manager said that many are in place.*

3.10 Varied height of seating in the reception area.

3.11 Introduction of Wi-Fi for residents, and improvement of leisure and entertainment facilities e.g. record, CD, cassette player, up to date videos/DVDs, tune the piano, use of local library to vary books, talking books. Consider the picture library.

3.12 Healthwatch Hertfordshire to revisit to see evidence of action plans and improvements.