



HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Westgate House Care Centre

Tower Road, Ware

Hertfordshire

SG12 7LP

Westgate Healthcare Limited

Healthwatch Hertfordshire Enter and View Visit Report

Premises visited: Westgate House Care Centre

Date and Time of Visit: Tuesday 21th November 2017 at 10.30am

Visit Conducted By: Virginia Kirri-Songhurst (VKS), Tim Sims (TS), Keith Shepherd (KS), Sally Gale (SG)

Acknowledgements:

We wish to thank the staff, residents, family members, and other visitors, for welcoming us on this unannounced visit, for showing us around the Home, and giving us their views on the Home, enabling us to shape this report.

Given that the visit date was unannounced we appreciate the efforts made by all staff to respond to our requirements. We would also like to thank the manager for her hospitality, time and patience throughout our visit.

Purpose of the Visit:

To look at the individual's quality of life in respect of environment, leisure and services, digital inclusion and food and drink.

To see if NICE guidelines 1 and 2 of Quality Standard 50: Mental Wellbeing of Older People in Care Homes 2013 are being considered by providers.

QS50 states:

1. Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their families, friends and carers have opportunities to be involved in activities with them when the older person wishes.
2. Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are, for example, this can include helping people to maintain their relationships with family, friends and carers.

Methodology:

Healthwatch Hertfordshire (HWH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to

provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to ‘Enter and View’ health and social care premises to see and hear for themselves how services are provided.

This is a revisit following a previous visit in 2015 and is an announced / unannounced visit. This means that the care home is informed that the visit will take place within a specific time frame but not which date the team is visiting.

East and North Hertfordshire Clinical Commissioning Group (ENHCCG) is aware of this planned piece of work and will receive the report and recommendations from our visit. The report will also be shared with the Care Quality Commission, Hertfordshire County Council and Hertfordshire Care Providers Association and will be published on our website www.healthwatchhertfordshire.co.uk.

Disclaimer

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available) .

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The home was originally visited in 2015 by Healthwatch Hertfordshire. The purpose of the revisit was to see what improvements have been made since then.

MONITORS CONCLUSIONS

The Home Manager and the Unit Managers were very aware of the Care Quality Commission reports and are currently working closely to improve the standards of care and the environment for the residents and the working environment for staff. The manager appeared enthusiastic and very positive.

We found evidence from talking with the manager, residents and relatives and the impression that we got throughout the visit, that many actions have already been implemented to improve staff education and training, although some thought that they were understaffed at times.

Refurbishment is in progress. The extensive investment programme will result in major improvements to the fabric of the building. This investment, aligned to sustaining the positive culture at Westgate House, reflected here, will enhance the quality of life provided to those living at the Home.

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

In respect of the dementia unit:

This purpose-built unit meets all of the key features of good provision for those living with dementia. The atmosphere is warm and welcoming.

Attention to detail in meeting individual needs, safety and dignity, is evident.

The unit is managed well, with compassionate and committed staff. Staffing levels, and presence, at the time of our visit were good, with evidence of loyalty, support for training, and professionalism in care.

Whilst the opportunities for organised levels of activity are very limited, we observed high levels of interaction between staff and residents.

Parts of the unit have undergone significant refurbishment, and more is planned. That will enable the management to address a number of issues :-

- a. More creativity and colour in corridors
- b. Improved signage and stronger themes in corridors to aid navigation
- c. Ensure that activity and common space is released by improving storage arrangements
- d. Upgrading the 'beach room'

Please also see our recommendations in section 6

1. INTRODUCTION

The Home, built in 2006, is registered for 109 residents, for nursing care, intermediate care, palliative care and has a dedicated dementia unit.

Currently there are 90 residents. The dementia unit has capacity for 35 persons living with dementia. Currently there are 30 places occupied.

Staffing is stable, with a 1:5 staff/resident ratio, except for the dementia unit where the ratio is 1:4. The home is also working in partnership with both the Lister Hospital (Stevenage) and the Princess Alexandra Hospital (Harlow).

The manager, Nancy Currie, has been in post for three years, and will shortly be joined by a Deputy (4th December 2017). Nancy has led a major programme of change at the Home, which is ongoing. Refurbishment of the building is part of that change, and this is in progress, with some areas completed.

The Home is a significant site located within a largely residential area. There is a bus stop nearby, but the Home is some way from Ware Town Centre, and related transport links. On- site parking is limited. Two of the HwH volunteers parked in nearby residential streets for this visit.

The home is not sign posted from the road.

2. FIRST IMPRESSIONS

Externally the building appeared to be in good repair. There is external lighting and CCTV. The car park is of a moderate size and has spaces marked for blue badge holders. Unfortunately a van was blocking the drop down kerb.

The door was locked and we buzzed to gain entrance. The receptionist was very welcoming and asked us to sign in after we identified ourselves.

The reception area is bright and welcoming. All seating is of the same height, without arm rests and is very low.

We met the Home Manager Nancy Currie (NC) who welcomed us warmly and enthusiastically. We were shown to the Lavender Lounge, the refurbished dining

room, on the first floor. NC told us about the current state of the home and the refurbishment plans which had been ongoing for the past two years. There are plans for a Cinema room and a Pub themed room and total refurbishment of the bedrooms. The picture on the website is not one of the rooms at Westgate.

The home is spread over three floors; The ground floor is a dedicated unit for dementia, the first floor for rehabilitation and the second floor for a mixture of nursing and respite.

We split up into two groups. VKS and TS to the 2nd floor Poppy unit; KS and SG to the ground floor dementia unit.

3. POPPY UNIT (Nursing)

3.1 Environment

The unit was well lit and looked clean. Cleaning was in progress at the time of our visit. It mainly smelt fresh. As we walked around, we observed and were very impressed by the imposing artwork on display. (There is no carpet in the corridors, only some remains within some of the rooms)

The resident's name was on their individual room doors. There was good signage on toilet and bathroom doors, but there is no directional signage to find your way around the unit. This is quite confusing because the corridors are continuous around the unit.

There is a large staff room, a servery, and a multi-faith room, plus a gym and Occupational Therapy kitchen on Bluebell Unit First Floor.

The bathrooms and toilets were clean. However the sanitary wear was all white. This could cause confusion, as the seat could be indistinguishable from the toilet, to those with visual impairments. Some of the alarm cords did not reach the floor. Several of the toilet paper holders were broken.

We were told by the member of care staff that the residents did not like to use the bath, preferring to shower. They are offered a shower once a week, but can shower more frequently if they wished. All rooms have an ensuite toilet and hand wash basin.

The bathroom with the bath is not used any more, and is now used for general storage.

We looked into some of the empty rooms. They were clean and bright. The furniture was in good condition. However the décor was very dated - the photograph on the Westgate website is not taken at this home. It is hoped that after refurbishment the décor will be co-ordinated and modern. We asked NC if

the resident could chose the décor of their room; NC informed us that residents may bring a duvet cover and curtains if they wished, but the wall colour will be cream. The rooms will be colour co-ordinated as part of the refurbishment plan. There is a plan to change the carpeted flooring to wood effect. At the moment the carpets are patterned, thus not dementia friendly. There are no carpets on Dementia Unit; carpet remains in some of the individual rooms.

The windows are restricted in opening. However two that were tried would not stay open without some sort of prop, which affects ventilation in the rooms.

There is central light and a wall light above the bed, but neither is very bright. One resident said that it was difficult to read in the room in the evening.

None of the windows had net-curtains. There is a housing estate at the back of the Home, resulting in the loss of privacy and dignity to the residents as they can be seen in their bedrooms if stood by the window.

As we walked around the unit we observed that many of the resident's doors were open and the majority of the residents were asleep with their televisions blaring out. Most TVs had the same channel as did the one in the activities room. This resulted in a constant echo as the sound resonates around the unit. A member of staff whom VKS met in the corridor also commented about this.

There were hazard warning signs on the doors of those residents receiving oxygen therapy. There are pressure relieving devices e.g. air mattresses, floatation cushions in use. Some residents have cot sides (bed rails) to prevent them falling out of bed. There is a very comprehensive skin care protocol to prevent pressure sores. All staff have been trained and are aware of this.

Some of the residents looked very poorly and we were told by NC that many of these patients were on the End of Life Pathway.

Out of the 20 nursing beds, 12 were in use for Palliative/Nursing Care on the day of the visit. Other beds are used for occasional respite, which includes residents from the hospices. Dolphin House Surgery GPs oversees the care of residents, Mondays to Friday. The community Pharmacist visits regularly, as does the dietitian and the Speech & Language Therapists.

There is an Occupational Therapist, Physiotherapist, and two Therapy Assistants working in a well-equipped Gym. There are plenty of wheelchairs and walking aids available for those residents who need them.

All the staff were smartly dressed and wore name badges. There were photographs of staff displayed outside the nursing office, but this is not in a prominent place for all to see. The staff were very friendly and eager to help us.

Currently there are no champions except for Infection Control. Dementia champions have been nominated and are currently undergoing training. Westgate House is a member of the Hertfordshire Care Providers Association. The staff we spoke to were happy with their training and the support given to them.

3.2 Food

In the servery there was a large white board detailing the nutritional needs of each resident e.g. high protein, diabetic, pureed and soft food and also identifies those who need encouragement with nutrition. We witnessed the mid-morning drinks round.

There are menus on the dining tables and on a blackboard on the wall, but no individual menus were available. There were no picture menus. We were told that a member of staff will go around all the residents every morning to choose the day's food selection. There was only 2 choices of main course for the residents, however residents commented that if they did not want either choice they could instead have an omelette, sandwich or baked potato.

We observed the food service at 12.30, which coincided with the drug round. This was done by the Sister. There is one Registered General Nurse on each shift. On the day, there were five staff to assist 20 residents to eat. When staff were asked how long does it takes to feed everyone, they replied "A very long time". There were four residents eating in the dining room.

No wet wipes and no washing facilities were seen to be offered to residents before lunch.

We observed staff assisting residents with their meals in their rooms.

The food is cooked on the premises by the resident chef. Food is available 24 hours a day on request. The manager said that she believed that the chef can source any speciality food (e.g. halal and kosher) at short notice.

We observed friends/relatives of the residents (who come daily) helping feed their loved ones. One lady we spoke to, said that she takes four busses to get to the home every day to help her husband.

We spoke to six residents and two with their wives. All were pleased with the home and felt well looked after, though three thought there was a shortage of staff.

3.3 Leisure and Services

There is an activities co-ordinator working in the unit. However many residents on this floor are unable to participate. It appears that the main form of entertainment for bedbound residents is the TV. We did not see evidence of any sensory stimulation. There are books and puzzles available for those able to use them.

On the day of our visit, some of the residents had been taken out to the local pub for lunch. Due to this we did not see a true representation of activities for residents on this unit.

There is an activities schedule offering quizzes, talks, art and cookery sessions, and more.

Wi-Fi was said to be patchy throughout the building. The manager told us there were hotspots. One resident has and uses a personal I-Pad. There is no co-ordinated activities that utilise digital media.

The few residents we saw mobilising around the unit, were appropriately dressed in day clothes.

There are quarterly residents/relatives and staff meetings although we did not see any minutes, though these are held on the Units and the Manager has a copy also. Apparently residents can influence changes such as to the menu and activities. There is a noticeboard outside the unit, not accessible to the residents, but accessible to visitors with information about lasting power of attorney and a residents meeting. We did not observe a residents notice board within the unit. A newsletter has been introduced to inform staff and residents of current events, we did not see one.

The home does not own its own transport (e.g. minibus). We were told there were good support from local community transport services.

The home has applied to join The National Activity Providers Association (NAPPA).

We observed a training session taking place for staff and shown staff training plans on the computer, which were up to date for most individual staff.

4. FIRST FLOOR UNIT

This unit caters for those residents who come for respite and rehabilitation as well as long term residential.

The unit is also undergoing refurbishment which has started in some of the communal areas already. There is an attractive dining room and lounge area. An

art gallery has been set up in what used to be a small lounge. The residents paint pictures and they are on sale to the public; some have been sold already.

As with the second floor, there are no directional signs to get you around. We saw residents mobilising in the corridors, doing puzzles and watching television.

As it was close to lunch time many were coming into the dining room. The food looked appetising and people were given the choice by showing them the food on offer.

Bathrooms and toilets were in good order and the unit smelt clean, cleaning was in progress.

The staff appeared happy and were interacting with the residents. One visitor brought a little dog with her to visit.

We did not observe this unit in detail as we have visited twice before.

We all met in a lounge area and the manager showed us the plans for the refurbishment and answered all of our questions regarding things we had seen and heard.

It was noticed as we left the building that the fire escape door adjacent to the entrance had been left open and unattended by workmen. This could have been a risk for any opportunist to gain access without being seen by the receptionist.

5. GROUND FLOOR DEMENTIA UNIT

5.1 Environment

The unit is suitably designed to follow dementia care best practise. This is evident through security, staffing levels, flooring, décor, and the general layout, to include an enclosed garden area.

The circular design enables people to move freely and safely within the unit. Improved signage would assist visitors.

Some of the refurbishment is completed and we were able to witness lunch being served in the new 'restaurant/café' area for example. This is a clean, bright and nicely set out area comprising capacity for 16 or so people to dine. (note that approximately half of the persons living with dementia in this unit dine in the lounge area where high levels of staff support are required, often 1:1)

Corridor areas and individual rooms are to be redecorated as part of the programme.

We did not enter individual rooms, though many doors were open and we were able

to see well-kept rooms, with personal affects present. Each room had a memory box outside, though these were quite small, consisting mainly of photographs.

Areas had 'themes' though more could be done to enhance this during refurbishment, to enhance creativity, colour and signage.

The staff desk/office is well located within the unit. The staff name and photograph board facing into the main corridor is currently being revised - and on the day of our visit only showed three staff photographs.

Staff were all wearing uniforms, including two agency staff. One Care Assistant had no visible name badge.

We spoke to several staff, including Care Assistants and one of the agency workers. All spoke highly of the management of the Home, support for training and the overall environment. One member of staff told us that she regularly works more than her contracted hours because 'I like being there'. An agency Care Assistant told us that she always asks to work in this Home when there is a need for agency support.

Relationships between staff and residents appeared as very caring and very responsive to individual needs. Staff we spoke to enjoyed their work and regarded the Home as a good place to be.

Our impression of the unit was one of a caring environment whereby persons living with dementia were enjoying a quality of life consistent with their individual needs. It was clear from our observations that in addition to the 'general offer' bespoke individual support is very much part of the ethos. Examples are set out below.

- a) Individual, and regularly updated written profiles are provided to all staff to ensure that individual needs are met in relation to care, diet, activities and other preferences.
- b) One to one support in moving around the corridors, playing table based games in the lounge, and dining support.
- c) In one bedroom we saw that the bed had been relocated in a way that enabled the occupant to see directly outside when sitting up.
- d) Jackie, who manages this unit, spent a lot of time with us and demonstrated a very good understanding of individual needs, and how those needs change over time, citing several cases.

The corridors are clean and clutter free.

As with other parts of the Home there is a shortage of storage space. One of the

activity rooms is currently storing furniture/beds, and is currently out of use for activity purposes.

Doors for toilets, storage, and bath/shower rooms are clearly marked by colour and have large signs and pictures on them.

Many private and cosy areas with outside views are available throughout the unit, and we saw these being used.

Our visit was conducted on a cold day with nobody seen in the garden. However, the garden area looked well kept, and well provided for with shade and seating, clear pathways. Access to and from the garden is available at several locations and is largely unrestricted.

There is no restriction on how many times a week a bath may be taken.

In keeping with the nature of this provision residents do not have their own lockable cabinets. Any valuables are kept centrally.

We were told that there are quarterly meetings with residents and their family members or other friends. Jackie advised us that about a dozen persons living in the unit have regular visitors. Of the remainder some have occasional visits, and three no visitors at all.

5.2 Leisure and Services

Attempts have been made to integrate activities across the Home. However, given the wide range of care and stimulation needs at the Home this has not been successful in general terms.

Those living within the unit therefore have their own activities, which is predominantly 1:1. The main exception to this is the Art Therapy sessions. These are open to all. A staff member, Roman, is a keen artist, and runs these sessions, which produce art for the Westgate House Art Gallery, and are also available for purchase. Proceeds help fund other activities.

We were told by staff that the Garden is used for whole Home activities too, such as the summer BBQ. We saw a large picture frame with many photographs of such events.

Most, if not all do not venture outside of the Home.

We saw some low level 1:1 activity in the main lounge, involving light exercise, and board game or play activity. The TV was on showing an old musical film. In other areas we noticed that music was often playing. It felt comforting and unobtrusive.

Hairdressing is available on two days a week.

Involving residents in the planning of activities is not possible. Staff, through experience with individuals, and speaking to visitors (individually or at quarterly meetings) strive to maintain a stimulating environment.

We visited a 'beach room' which was safe, though not particularly tidy or stimulating. No persons with dementia were in the room. We were told that this room is part of the ongoing refurbishment programme.

As stated earlier one of the main common rooms is currently used for storage. We would hope to see that rectified as part of the programme in order to release that space.

We were told in the generic introduction that the Home has good links to the regional college (including students studying in the care sector), local churches and with the local primary school. The extent to which that community connection specifically applies to the dementia unit was not evident in our discussions.

We noted that the Head of Activities for the Home (Shannon) was a finalist at this year's Great British Care Awards for her work.

5.3 Food and Drink

Residents do have a say in food provided, but this is through their visitors rather than directly. Staff take pride in accommodating individual needs and preferences /dislikes are recorded on individual profiles.

All food is prepared on site, and is served simultaneously across all units.

The food in the café was served hot from trolleys brought from the kitchen. Two main course options were available. Whilst some pre- selection is possible, sufficient amounts of food are presented across the options to allow choice 'at the time'. We saw staff showing the food options to residents and helping them to choose.

Two residents were being supported by family members (who spoke well of the Home and of the catering). All were receiving observation, and immediate support as

required. The area was well staffed, had a positive atmosphere and was managed with dignity.

We had a food tasting session towards the end of the lunch period, sampling all dishes, and found the food to be of a good standard to our tastes. Even though this was late in the session the food that needed to be hot was still hot.

Residents can choose either the café or the lounge. The latter is predominantly for those with more severe physical needs, and requiring more intense help.

The numbers using each facility were fairly equal. Meals can be taken in bedrooms though this is not encouraged unless there are sound care reasons for example. Having said that we met one resident who preferred to eat in her room - and that was accommodated by the staff.

That person also receives a breakfast prepared for her needs (bacon and eggs every morning in her room) .

A wide range of soft drinks in jugs were visible and available at both locations.

6. RECOMMENDATIONS

6.1 Notice board for residents/relatives within Poppy unit to be in a prominent accessible place including the staff photo identification board.

6.2 Appropriately themed signage to help direct visitors around the unit (Poppy).

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

6.4 Sensory stimulation for those who are bed bound. Use of light catching mobiles above bed, colour changing lamps etc.

6.5 Use of large type faced pictorial notice and activity boards.

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

6.7 Consider having large faced clocks in all rooms displaying the date and day.

6.8 Introduction of Wi-Fi for residents, and use of local library to vary books, talking books etc.

6.9 Making a drop down curb outside entrance to avoid the existing one being blocked by visitors to the Centre.

Dementia Unit only:


6.10 During planned refurbishment consider strengthening the theme based approach to the circular corridor, to make the environment more vibrant, and to aid navigation.

6.11 Have a clearer, more structured, approach to activity planning in order to offer the best possible stimulation.

6.12 Explore opportunities to strengthen links with the local community and local services (such as schools)

6.13 Use the refurbishment programme to maximise the use of common areas with creativity and equipment. (In part this requires a storage solution).

Please see the action plan on the next page provided by
Westgate House to the Healthwatch Hertfordshire
recommendations.

WESTGATE HOUSE	ENTER AND VIEW VISIT ACTION PLAN	FEBRUARY 2018			
Date	Area to be Addressed	Action	Deadline	By Whom	Home Manager Update
07/02/2018 Healthwatch	6.1 Notice board for residents/relatives within Poppy unit to be in a prominent accessible place including the staff photo identification board.	Notice Boards on each Unit. These are being updated. Measurements obtained and order being placed.	07/03/2018	Maintenance	
	6.2 Appropriately themed signage to help direct visitors around the unit (Poppy).	This has been forwarded to Head Office as signage to be included as part of the refurbishment programme.	31/03/2018	Director	
	6.3 Wet wipes to be introduced daily at all mealtimes and staff to be actively involved in encouraging residents to wash their hands before meals.	These are available. Staff to be reminded at daily huddles to remind/support residents to follow infection control and promote good handwashing.	07/03/2018	Unit Managers	

	6.4 Sensory stimulation for those who are bed bound. Use of light catching mobiles above bed, colour changing lamps etc.	Activity Team member has had support from Dementia Mapper and has introduced 1:1 sensory stimulation, i.e. Namaste. The use of light mobiles etc. will be reviewed on an individual basis and provided where required. We are fundraising for the magic carpet which is mobile and can be taken to residents rooms for 1 to 1 sensory stimulation. This will be purchased in the first 6 months of the year as the company will match the fundraising. First demo took place 6 th February and the response from the residents was very positive.	07/03/2018	Activity Team	
			31/07/2018	Westgate House and Head Office	
	6.5 Use of large type faced pictorial	Home Manager to review this with Activity Team	07/03/2018	HM & Activity Team	

	notice and activity boards.				
	6.6 Perhaps a third light meal choice for lunch and a second choice for supper.	Menus currently being reviewed with Chef so will include this discussion with Catering Team and residents.	31/03/2018	HM, Chef, Residents	
	6.7 Consider having large faced clocks in all rooms displaying the date and day.	This has been forwarded to Head Office to be included as part of the refurbishment programme	31/03/2018	Director	
	6.8 Introduction of Wi-Fi for residents, and use of local library to vary books, talking books etc.	Wi-Fi is available throughout the Home in designated areas. Local library used to visit but this service has been cut. We will advertise where talking books can be sourced	07/03/2018	Activity Team	
	6.9 Making a drop down curb outside entrance to avoid the existing one	This recommendation has been forwarded to the Maintenance	31/03/2018	Maintenance	

	being blocked by visitors to the Centre.	depart to be incorporated within schedule of works.			
	<p>DEMENTIA UNIT</p> <p>During planned refurbishment consider strengthening the theme based approach to the circular corridor, to make the environment more vibrant, and to aid navigation.</p> <p>6.11 Have a clearer, more structured, approach to activity planning in order to offer the best possible stimulation.</p> <p>6.12 Explore opportunities to strengthen links with the local community and local services (such as schools)</p> <p>6.13 Use the refurbishment</p>	<p>This has been passed to Head Office to be included as part of the overall refurbishment project</p> <p>See 6.4 above</p> <p>The Home has good links with the community and we will continue to build on these.</p> <p>This is part of the refurbishment</p>	<p>31/07/2018</p> <p>31/03/2018</p>	<p>Director</p> <p>HM, Housekeeping Maintenance</p>	

	programme to maximise the use of common areas with creativity and equipment. (In part this requires a storage solution).	project thinking together with HM, Housekeeping & Maintenance reviewing storage facilities and capabilities.			
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