

'Enter and View' Report

Vicarage Farm Nursing Home

139 Vicarage Farm Road, Hounslow, Middlesex, TW5 0AA



Healthwatch Hounslow

15th August 2017

Service visited:	Vicarage Farm Nursing Home (VF)
Address:	139 Vicarage Farm Road, Hounslow, Middlesex, TW5 0AA
Care Home Manager:	Zena Chan
Date and time of visit:	Tuesday 15 th August 2017, 10am – 2pm
Status of visit:	Announced
Healthwatch Hounslow 'Enter and View' Authorised Representatives:	Kieron Cotter, Oyinkan Adesiyun, Thais Curia and Mystica Burrige
Lead Authorised Representatives:	Mystica Burrige
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Healthwatch Hounslow (HWH) has the power to 'Enter and View' services in the borough of Hounslow. 'Enter and View' visits are conducted by teams of trained 'Enter and View' Authorised Representatives.

Purpose of the visit

The Health and Social Care Act allows HWH 'Enter and View' Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first hand.

'Enter and View' visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with the HWH Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) and Hounslow Council's Safeguarding Team.

On this occasion, four 'Enter and View' Authorised Representatives (two HWH volunteers and two HWH staff members) attended the visit. The Authorised Representatives spoke to staff and visitors. Recommendations have been made on how to improve the service and good practice has been highlighted.

HWH had liaised with the CQC, Clinical Commissioning Group (CCG) and the Local Authorities (LA) to create an 'Enter and View' Programme. A number of health and social care providers were selected to be visited. There wasn't a particular reason for visiting VF, the visit was part of HWH's remit.

Acknowledgements

'Enter and View' Authorised Representatives: Kieron Cotter, Oyinkan Adesiyun, Thais Curia and Mystica Burridge.

Thanks to Zena Chan (Care Home Manager), staff and visitors.

Background

Vicarage Farm Nursing Home (VF) is a residential and nursing home. The home has 58 residential rooms which are currently fully occupied. The home has a waiting list for rooms. There are 42 rooms with ensuite facilities. Each floor also has its own bathroom with baths and showers. The ground floor has 7 rooms for residents and 18 rooms allocated for elderly residents. The 1st floor (top floor) has 33 rooms allocated to residents with various degrees of dementia, with 7 rooms reserved for residents who have a high dependency requirement.

Currently resident's care fees start at £950 per month and is dependant of the care that the home must provide.

Some of the residents have dementia and some have health needs which require nursing care. The home has registered care categories for dementia, mental health conditions, old age, physical disabilities and sensory impairments. At the time of our visit there were 57 people living at the home. The home is managed and run by Astoria Healthcare Limited, a private organisation. The organisation does not have any other services.

The care home is laid out on two levels. There are three residential areas:

- Frail Elderly Unit – 18 beds
- High Dependency Unit – 7 beds
- Dementia Unit – 33 beds

The minimum age is 65 with the exception of one resident who is 49 years old. VF is currently building a new unit (15 beds) for younger adults (40 years and above) with mental health needs. There are plans to extend the home with building 15 residents rooms for younger persons who have mental health needs.

The recovery services will be to get them back into the community, if possible. This will be in a separate building. The home is situated away from the main road and has private parking facilities for 15+ vehicles.

Referrals are received from Hounslow CCG, social services, and care home selection. Relatives or prospective residents can arrive at any time to see the care home. A full assessment is carried out. A GP referral letter or consultant report for dementia will be required. There will be a 6-week cooling off period on either side.

Observations about VF

Reception

The reception area was well-lit, bright and spacious. There was a notice board specifically for relatives with relevant information. Certificates were displayed clearly and information was available for various services.

Bedrooms

Resident's had their pictures on bedroom doors. There is a private room for each resident. Most rooms have a toilet – only 4 rooms don't.

Lounge

2 lounges upstairs and 1 downstairs. 1 Healthcare Assistant (HCA) is always present with residents in the lounges. Sensory lights had been installed in the lounge which the resident's families fundraised for.

Garden

There are 2 gardens. The smaller garden is being turned into a sensory garden with edible plants which residents will be able to pick and eat. Water fountain was present. There was a very calming and relaxing atmosphere. There was lots of light and greenery.

Information displayed

Information was displayed openly and clearly. Minutes from residential meetings were available at the entrance for relatives to pick up.

Dining area

Dining areas kept locked when not in use and tidied up.

Odours/environment

No obvious malodour present/noticed.

Appearance of residents

Residents appeared clean. There were very few residents in their rooms – most were out and about in corridors or in the lounge doing activities. There seemed to be enough staff around. The clinical lead seemed to know about all the residents – walking around, they were able to identify different residents and their needs.

Staff members

There are:

- 10 Nurses + Clinical Lead
- 50 Care Staff
- 2.5 Activity Staff (1 part-time – 2 days per week) and additional activity coordinators recruited
- Kitchen Staff: Chef, Catering Manager and Kitchen Assistants
- Domestic Staff: Housekeeper and 6 Assistants
- Laundry Staff
- Administrator

There is a 6 months probationary period. We were told that 12 weeks was too short to get all training done and fully assess staff capability. Staff stay in one area of the care home to build up relationships with residents. The staff work a two-shift system, 08:00 – 20:00 and 20:00 – 08:00.

Annual appraisal carried out by direct supervisor:

- Care staff appraised by staff nurses
- Staff nurses appraised by clinical lead
- Housekeeping staff appraised by housekeeper
- Clinical lead and administrator appraised by manager

Disciplinary procedures are carried out internally by the manager. If a full disciplinary is necessary, it is carried out by the company director (Mr Jasjeett Datt). Recruitment is carried out on 'Indeed' and 'JobCentre'. If it isn't possible to recruit suitable candidates by these means, they use SYK recruitment. There are no agency staff employed. The staff are multilingual – Urdu, Hindi, Spanish, Gurjari speakers on staff. Staff appear to enjoy their jobs.

Meetings

Staff meetings take place once every 2 – 3 months. Health & safety meetings take place once every 3 months. Relatives meetings take place once every 3 months.

Training

6 weeks of shadowing for new staff takes place. Progress to working by themselves determined on a case-by-case basis. There are two trained trainers in manual handling in the staff team – clinical lead and another trainer. Internal and external training takes place. Training is completed online and face-to-face but mostly the latter.

Food

The menu is changed monthly on a 4 weekly cycle. All dietary needs catered for. All food is made from scratch in the kitchen. Residents are given a choice in what they choose to eat – even if it is not on the menu, they may be able to get their chosen meal prepared by the kitchen. Takeaways – following risk assessments, relatives are asked to sign that it is okay. Then relatives may bring in takeaways for residents. If residents request takeaways themselves, and they have the cash, they can request a member of staff to get it for them.

Resident's Independence

On observation, residents in the dementia unit could walk around their area of the care home. Residents can leave the care home accompanied by relatives or members of staff following a risk assessment. Residents are not woken up or made to leave their rooms. They can pick their own clothes. Rooms can be decorated to residents' wishes – i.e. furniture, pictures from home.

Activities

There are two activity coordinators on site daily – 1 activity coordinator at weekends. Daily activities include arts and crafts, painting, and cake making take place. Morning armchair exercises also take place. Other activities include day trips – Urban Zoo, Picnics, and Christmas Lights (relatives involved – asked to come along for the day). 'Beach day' takes place in the garden. For international day there is a steel band and barbeque. Hairdresser visits take place regularly.

Manager

Kieron Cotter (KC) and Oyinkan Adesiyon (OA) spoke with Zena Chan (ZC) – Care Home Manager about the service delivery.

The current manager ZC is a RGN (Registered General Nurse) and has been the manager for the past 5 years. ZC has been engaged in nursing for the past 50+ years.

Accommodation

ZC said referrals are received either from private enquiries, CCG or Social Services. Acceptance of a new resident can be made directly from a relative who do not need appointments to be shown around the home. Although any enquiries made, relatives are asked not to visit the home before 9.30am as residents are being dressed and given breakfast. If the relative is interested in occupying a room then the manager will visit the new residents' home with their respective relative. Further enquiries will be carried out at the residents current GP.

Finance

Self-funding will be discussed with the relative. Other referrals will be discussed with Social services. All new residents have a 6-week period to confirm their permanent status within the home. They are under no obligation to stay in the home. Upon admission residents are permitted to bring into the home any wall mounted pictures, their own armchair and T.V. The acceptance of live animals' cats/dogs is not permitted.

Personal care

All residents are allowed to go to bed at any time. However, those that are able are encouraged to get up in the mornings and not to remain in their beds.

Meal times

Meal times are; Breakfast – 9:30, Tea – 10:30, Lunch – 12:30, Tea – 15:00, Supper – 17:50, snacks and hot drinks are available in the early evening. All religious and cultural dietary needs are catered for. All religious festivals are celebrated and religious leaders from Christian and Sikh communities hold services at care home. Only one Muslim resident – accompanied to mosque by relatives.

Visiting

Visiting of residents by relatives is encouraged but they are requested not to visit before 9.30am. A relative can take a resident out of the home but only after an assessment is carried out. There are no language difficulties at the home, staff are able to speak a variety of languages – Hindu, Punjabi, Polish, Spanish and English. All religious festivals are celebrated. Every 2 weeks the local priest visits the home and once a month the local mosque make a visit.

Catering

All resident's dietary needs are catered for, vegetarian, glucose, types of meat etc. There is a choice of menus each day which are displayed on the lunch tables and on notice boards. Should a resident wish to have a take-away delivered. this is permitted and the cost must be met by the resident.

Social

The home does not at present have their own mini bus. However, they are considering purchasing one. Any outside visits that need a mini bus is hired from the LBH. Outside visits to Osterley House and the local Urban Farm are organised.

Security

All doors are lock coded. The upstairs lift requires a key to operate. All the garden areas are securely fenced in. Fire drills are held weekly. The home has carried out a mock evacuation drill with the aid of the local emergency services. The home has arrangement with Heston Village Hall as an evacuation centre. The home has also prepared evacuation boxes which contain biscuits, tea, coffee, blankets, incontinence pads etc.

Communication

Any complaint made by a relative will be investigated by the home manager. The home possesses a complaint's book.

Hygiene

The home keeps a bathing book to record when a resident is bathed. The home employ's its own domestic cleaning staff.

Medication

Each of the residents have their own care plan folder which records daily activities and medication given. The home has engaged with a local GP surgery to weekly visits to the home. The GP surgery is also on a 24/7 callout. Medication is administered by the RGN's with the assistance of a care worker. Any injuries or falls are recorded and if necessary the GP or an ambulance is called. The fall is recorded in an accident register and in the residents care plan. Any injury sustained by a resident is notified to their respective relatives. Where a resident is in palliative care, a relative is permitted to remain in the resident's rooms and an arm chair is provided. If there is a spare room this can be used by the relative for an overnight stay.

Administration

A care audit is carried out each month by the clinical lead. The manager has just introduced an 11-page inspection check list form, where all matters concerning the home from repairs to additional equipment needs are recorded. This is then discussed at the end of a 3-month period. This form has been shown to the CQC (Care Quality Commission). Each year the relatives are asked to complete a satisfaction survey regarding the care given to their respective residents. The home has a very good retention of staff and there is open transparency between managers and staff.

Audits/Checks

Audits are carried out monthly by the clinical lead. New audit tool assesses health and safety of entire home. It identifies any changes necessary. It is filled in on a 3-monthly basis. The tool ensures that issues are actioned, and who by.

Views collected

Views are included in the annual relatives report and discussed at staff and relative meetings.

Complaints procedure

There is a complaints book. Verbal complaints (slight issues) are not recorded but written ones are recorded. All complaints are investigated.

Activities

Identified through conversations with residents. There is a 4-week activity calendar. At the time of visit there were 2 activity coordinators on site. Residents take part in card making and quizzes. ZC said there are 1:1 activities if some residents are unwilling to take part in group activities. Activity coordinators or care staff will go into the room and read to the resident or have a conversation.

Winter pressure

Hospital admissions rate is not high. Currently 3 residents in hospital. Understanding that care homes are continuation of care received in hospitals and the staff are highly trained. There is a timely discharge service. New clients are not admitted on Fridays unless they can be there before 11am because of GP registration.

Interviews with staff

Kieron Cotter (KC) and Oyinkan Adesiyon (OA) spoke with SG – RGN.

SG started work as a care worker in 2010 for 12 months then took a nursing degree for 3 years and returned to the home as an RGN. SG has been a RGN at the home for the past 30 months. Her current shift is 8:00 – 20:00 for 5 days a week. SG confirmed the handover procedure's before and after her shift. SG also makes entries into a communication book regarding various conversations she and her care workers have with residents. Also, SG maintains a daily diary of activities and events and makes entries into the GPs folder regarding any medical issues, e.g. sores etc. SG confirmed the procedure previously mentioned regarding resident injuries and falls. Where a resident incurs a cut or bruising, this is recorded onto the resident's body mapping record. SG confirms that staff meeting occur every 2 – 3 months. SG also attends the relative's meetings.

Mystica Burridge (MB) and Thais Curia (TC) spoke with the activity coordinator.

P has been working there for a year and half. P said some of the positive aspects of their role is speaking with residents. P speaks Punjabi with residents whose first language may not be English. P said when they first started they didn't have many experiences with dealing with residents who had dementia and/or stroke. However, they said their work was 'soul satisfying' and they go home 'very happy'.

P said some of the activities that they do with residents are sing-a-longs, arm chair exercises, playing music and puzzles/board games. They also have pampering days which involve manicures and massages for hands and feet. P showed pictures of residents carrying out their activities. P said that they recently held a birthday party for a resident who turned 100 years old. The Hounslow mayor visited the home for the occasion.

P said that they had received training like all of the other staff – safeguarding, manual handling etc. P said they only assist residents with walking and not with handling/hoisting. They also help out with feeding some of the residents.

P said they have staff and management meetings. They also attend the relative meeting. P said they sometimes ask relatives if they are able to volunteer to take residents to places. P said for Christmas, they took the residents out. P said the one of the local schools visit the residents every year and give presents and play games with the residents. Primary schools visit the home during

the Easter. They have an Easter egg hunt that takes place in the home. There is a church service that takes place every last Thursday of the month. There are Sikh volunteers who visit the Sikh residents. P said they are quite involved with the family members and sees regular visitors of residents in the high dependency dementia unit. P said those family members visit every day and take part in quizzes/general knowledge quizzes.

P said that they have a hairdresser who comes in when needed. P said there are 3 activity coordinators including herself. There is a new activity coordinator who started recently and is full-time. The second activity coordinator will be a full time and will be starting from the 21st of August.

P said that they felt that they received good support from management. P said that she had learnt a lot from management including how to treat residents with dignity. P said that this is the resident's home and they should feel comfortable and be independent.

MB and TC spoke with a full-time HCA – M.

M said that they had been working at the home for 2 years. M said that they enjoy their role and they have a good staff team. During the induction process they shadowed a staff member for 1 week. Training took place for 6 months. This included food and hygiene, fire safety and safeguarding. They felt that the management provided good support and said the shift patterns were good. M said as he is based in high dependency unit some of the residents can be aggressive and spit as well.

MB and TC spoke with the clinical lead who had been working at the home for 5 years.

R said that they had been at a big home previously. Now they oversee both floors of the home. They also oversee the residents, care workers and nurses. They deal with any issues, medication, emergencies, staff rotas and recruitment. R said they have a CCG Pharmacist who visits them bi-monthly and carry out audits every 3 months. R said they check the medication monthly and so far haven't had any drug errors. R said the high dependency unit is highly staffed.

Audits

They carry a number of audits out which include check-in weight (referral to multi-disciplinary teams), COT side bed check, care plans, antibiotic etc. Fall audits take place end of every month. R said every 2 – 3 months there is a fall, especially in the high dependency unit. They identify why the fall happened. R said on one occasion a resident fell because they had a UTI (Urinary Tract Infection).

Views collected

R said views are recorded at the relative meetings which take place bi-monthly.

Relationship with staff

R reported a good rapport with staff. R said issues are dealt with immediately. R said some of the issues that arise are staff members who don't want to work with each other. R said they try to resolve differences however residents are the number one priority. R said they have a low staff turnover and currently have no agency staff. They are able to cover absences and are overstaffed.

Complaints procedure

R said all complaints are recorded. Complaints are dealt within 24 – 48 hours. When staff receive compliments they are informed. We saw a compliments book in which relatives had left messages for staff.

Training

R said that they look at what training staff need. R said there is a probationary period in which they try and support the staff as much as they can by allowing them to shadow other staff for a month. If they are not capable of performing the tasks then they will not be kept on.

Recruitment

R said that they do the recruitment themselves by advertising, interviewing and selecting candidates. All staff require a DBS and references.

Winter pressure

R said they have a good relationship with West Middlesex University Hospital (WMUH). They have a supportive GP who visits twice a week and more for certain residents depending on their condition. R said during the winter period, their heaters are always on and during the summer sometimes they don't have enough fans. R said that they have liaised with the owners and will be looking into getting a cooling system for the home.

R said they don't take new residents after 5pm from the hospital. R said that residents are likely to become confused and some don't have medication in place. R said on one occasion a nurse at WMUH did not provide discharge notes and told R they were too busy. R complained to the hospital as they can't take new residents on without discharge notes. R said they don't take admissions during the weekend and new residents are taken on Monday – Friday.

Patient Passport

R said that they are aware of Patient Passport and R is currently working on a care plan at glance. This will give medical professionals and staff a quick overview of the resident.

Joint working

R said there needs to be more joint working but many commissioners have high expectations but provide little funding. R said the provider of the home is very good but the commissioners need raise the wages of care workers.

Recommendations

It should be noted that 'Enter and View' Authorised Representatives met with residents. However residents were not in the state to speak with 'Enter and View' Authorised Representatives as they found it difficult to communicate. All the residents encountered at the time of the visit appeared to be very frail and elderly and affected by dementia. They also did not seem to have the capacity to respond to the 'Enter and View' team. As lay members without relevant experience of relating with dementia patients, it was not appropriate to approach dementia patients and start conversations about service provision and their experience of being a resident.

- Our visit demonstrated good practice and high level of care and support that other providers could benefit and learn from.
- As we prearrange our visit if management could arrange for relatives and carers to be present at the visit.

Conclusion

Overall the home was clean and tidy with no unusual odours. The rooms were all clean and tidy and beds were made. The home was adequately warm. All the staff were in uniforms wearing ID badges. The garden areas were very well kept and the garden in the centre of the home had a peaceful waterfall.

Overall, positive feedback was received from the staff members at VF. Management and staff were welcoming. There was a positive atmosphere and it appeared that residents were looked after. Staff commented that management was generally supportive. Good practice has been observed in the home and has been highlighted in our report.

The report will be published on the HWH website – www.healthwtachhounslow.co.uk and will be disseminated to the provider, commissioners and the public.

Disclaimer

This report is a representative sample of the views of the staff members that Healthwatch Hounslow spoke to within the time frame. This does not represent the views of all the relatives and staff members at VF. The observations made in this report only relate to the visit carried out on the 15th August 2017.

