



Enter and View – Orders of St John’s Care Trust – Hungerford House

Name and address of unit visited

Order of St John’s Care Trust Hungerford House
Beechfield Road
Corsham
Wiltshire
SN13 9DR

Day, Date and time of visit

Friday 27 July 2012
10.00 to 13.00

People undertaking visit

Anne Keat – WIN Vice Chair
Mary Wilson – WIN Core Group Member
Mary Rennie – WIN Support Officer – Older People

Contact details

Lucie Woodruff – WIN Officer
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Purpose of the service/unit

To familiarise the authorised representatives of the Wiltshire Involvement Network (“WIN”) with the day to day running of an Orders of St John’s Care Home. The information gained from this informal visit may go towards a programme of planned unannounced visits.

Reason for / purpose of visit

Business Plan

Return visit

Responding to Concern

other

Visit plan

What do you intend to do? Note specific things you might want to see or get information about and why?

On arrival, the WIN authorised representatives will make themselves known to the care home manager and identify themselves. They will then ask the care home manager a series of questions, followed by making an unaccompanied tour of the home. During this, the WIN team will make notes on what they observe, talk to a few residents and ask standard questions, making notes at the same time.

Expectations and preconceptions

The aim of the visit is to familiarise the WIN team with the day to day operation of an OSJCT care home.

About Hungerford House

Hungerford House is a residential care home for 48 older people (over 65), some with dementia. It also incorporates a popular Day Centre, accessed by 18 local people. Each resident has their own room, but only three have en suite facilities. Bathrooms are fully equipped with the necessary aids and are wheelchair accessible. Residents also have access to social areas such as comfortable lounges, the dining room and the well maintained gardens. The communal rooms have large windows, giving a light and airy environment. The home is currently undergoing refurbishment. Food is cooked on the premises. There is an on-site laundry.

Friendly, well trained and experienced staff are committed to helping residents lead independent and fulfilling lives, with the emphasis on what a resident can do, not what they can't.

During the visit

First impressions

On arrival at Hungerford House the building is obviously not new, but it looked attractive with colourful hanging baskets. It is situated in a residential area on the outskirts of Corsham, next to the Community Centre and a GP Surgery. It is signposted from the road and has its own car park with disabled bays available.

Reception

The reception area was accessed by a buzzer system on the door to allow entry, and all visitors are asked to sign in at reception. The WIN team's visit was expected and the team was welcomed. It was a busy time with deliveries, and people being dropped off at the Day Centre, where they were greeted by staff. The refurbishment programme was also in full swing.

Written information

What is publicly available? What was available prior to the visit? What was available during the visit?

Prior to the visit, information was accessed from the OSJCT's website, as was a copy of the Care Quality Commission's report dated March 2012. During the visit, the team was given a blank care plan, a sample menu, and a Newsletter for July 2012. A Comments/Suggestions card was available in the foyer. Information for residents was displayed on notice boards in the lounges.

Premises

The building gives a welcoming impression, with colourful flowers in pots that are well maintained. It is currently undergoing refurbishment and imaginative improvements have been made, such as trompe l'oeil wallpaper depicting seaside scenes, and the development of an area known as The Street, complete with a garden room, a hairdressing salon, a cinema and a Tea Shoppe. Although generally clean and airy (it was a hot day and windows and doors were open wide) there were some areas with a strong smell of urine. Some

carpets have been replaced and a carpet shampooer was being used. No air conditioning is installed but the refurbished areas all have ventilation units in the ceilings, and provision is being made in next year's budget for extra ventilation windows in the corridors.

Summary of visit and findings

What did you do? Who did you see and speak to - e.g. staff, patients other visitors. Include what you would have liked to have done but were not able to and why e.g. lack of time, things not occurring on that particular day.

The WIN team was welcomed by Ellie Watson, Home Manager, who showed them into her office and answered the following questions readily.

Can you supply a blank care plan?

A comprehensive pack was provided, incorporating a photograph of the resident, full personal details, a Do Not Resuscitate form, personal assessment (including a life story tool), a Dependency Assessment Tool, Accountability Record, Liaison Sheet and Care Plan, Observation Charts, six monthly review sheets and other documentation.

Can you supply a sample menu?

Yes. Meals are cooked on the premises in a kitchen which recently received a 5 star rating and are served at regular intervals throughout the day (a sample menu is attached detailing breakfast, lunch and tea arrangements on a four week rotation – this is posted on the notice boards). All dietary requirements are catered for: soft food, gluten free, vegetarian etc. Salads are always available. Meals are served at regular times but variations are possible, either as “instant alternatives” or by advance notice. Residents are offered snacks and drinks throughout the day. Relatives can eat with their family member at no charge. The chef has been in post for five years. Alcoholic drinks are also available.

How many residents are there?

48

How many are self funders and how many are funded through Wiltshire Council?

There are 14 self-funding residents - the remainder are funded by Wiltshire Council + one out of county funding.

Do you have a Doctor or/and nurse allocated to the home?

No. The majority of the residents are registered with a Corsham GP, though some residents prefer the surgery in Box. They are well supported by the community nurses. Physiotherapy can be accessed through community care.

What are the residents differing needs?

Some residents have dementia and other mental health problems. There is not much interaction with the local community. People tend to come into care later in life these days when they are less active, and this fact limits such involvement.

What percentage of residents are BME?

There are no residents of Afro-Caribbean or Indian descent at the moment. There is one Italian and one German. The majority of the staff are white British, with one Cuban, one Greek and two Polish people.

What is the staff to resident ratio?

Currently the ratio is 1 member of staff to 6 residents, though the aim is to increase this to 1:5 for dementia patients. There are 65 permanent members of staff.

What is staff turnover like?

The manager reported that she had a very good and consistent team of staff, some of whom had worked at Hungerford House for many years, so staff turnover was very low.

Do you have to use agency and bank staff?

Yes, at times to cover staff sickness. There is an active bank which is used for holiday cover. The permanent staff have a flexible approach. In the last 3 weeks, no agency staff had been used.

How many staff are on duty throughout the day?

Two shifts operate: 7.30 a.m. to 3 p.m. and 3 p.m. to 10 p.m. Each is staffed by the Head of Care plus 8 care staff (trained to NVQ2 level and identified by red epaulettes on their uniforms). Care Support Workers are also on duty, and at least 3 Housekeepers. Three days a week there will be 4 Housekeepers on duty. Staff undergoing NVQ training receive their normal rate of pay and are observed by NVQ Assessors in their working environment.

How many staff are on duty throughout the night?

There are 4 NVQ trained waking staff – this has been increased from the CQC minimum requirement of 3 because of the home’s layout and positioning of fire exits.

How many staff are on duty throughout the weekend?

The same as during the week, with the exception that there are fewer housekeepers.

Residents’ records – what is included, are they up-dated regularly, where are they kept and area residents able to access them if they wish?

Records are kept in the Care Office which has key pad access. The team was given an example of a records pack. Records are kept up to date. Residents, and those relatives who have been given appropriate authority (e.g. Power of Attorney), may access them.

How are adverse drug reactions monitored?

Some staff (e.g. Head of Care and night staff) are trained to administer medication and adverse reactions are monitored by staff observation. Any issues are reported to the patient’s GP. There are 3 drug trolleys.

What sort of training do staff receive?

There is an in-house Manual Handling trainer and in-house leads on dementia and infection control. A bereavement course is also offered.

How often do staff have appraisals or supervision?

Staff receive supervision on a quarterly basis.

Have you received complaints from residents in the last year? If so, how many?

A copy of the Complaints Policy is posted on notice boards and comment cards are available at the exit to the home. Not many complaints have been received. None of them related to staff. A change in the cash procedure for residents had been made as a result of a difficulty experienced by a relative living in Wales. A Residents’ Meeting takes place every three months and 1:1 meetings are offered to dementia patients. Dates are advertised on the notice boards.

What is the incidence of falls among residents?

The number of falls fluctuates and is low at the moment. An Incident Report is completed in the case of a fall. Measures taken to reduce the risk of falls include pressure pads which alert staff to someone getting out of bed, monitoring of fluid levels and the use of appropriate mobility aids.

Are residents offered a hearing test?

Residents who exhibit signs of a hearing loss are referred to their GP for an Audiology Clinic appointment.

Are residents able to go to bed at a time of their choosing?

Yes, and this is recorded on their care plan.

What arrangements are made for nail cutting?

The chiropodist visits every 6 weeks for all residents except those with diabetes or other medical conditions. Finger nails are cut by staff or family members. (AK suggested that it might be worthwhile contacting the Red Cross for volunteers to assist with this.)

What activities are offered?

There are two Activity Coordinators. Residents have access to a garden room, Wii and cinema. On the day of the WIN visit, residents were engaged in a variety of occupations, ranging from playing cards and dominoes to quizzes. Some are able to help in the garden with flowers and vegetables, where there are some raised beds. (Hungerford House had won the *Trust in Bloom* competition in June, in the Best Hanging Basket category.) Others have got involved with the decorating as part of the refurbishment programme. There is also a small kitchen for the use of residents and their visitors. A hairdressing salon is available on site. Church services are offered. The Newsletter for July 2012 has articles on the County wide Kurling Competition, the Summer Gardening Competition, the Flower and Vegetable and Crafts Show to be held in August and Music for Fun afternoons. Trips are also organised.

Bullet points of strengths and areas of improvement

Based upon what you found on the visit and with evidence e.g. examples of perceived good practice, good system, service, any key features that you would like to highlight. Try to ensure there is something in each area section.

Areas of Strengths

- The Home Manager appeared enthusiastic and motivated. Although Hungerford House is an older facility, as opposed to the newly built Athelstan House in Malmesbury, she insisted that they were not the “poor relations, but the strong competition”.
- The refurbishment programme has incorporated some imaginative touches, such as The Street and trompe l’oeil areas. The Tea Shoppe was being enhanced with attractively refurbished dressers. Low cost solutions were obviously considered and implemented.
- Current events were acknowledged, with Jubilee memorabilia and a London 2012 Olympics board. Newspapers are delivered to residents daily.
- There are 2 activity coordinators and a varied programme.

Areas of improvement

- The cleaning of the three toilets inspected needs improvement. An air vent in one was dirty, and there were algae on a pipe joint under a wash basin. The floors were sticky, and a smell of urine was noted in some areas. No cleaning record sheet was evident.
- Concern was expressed about the locks on the lavatory doors.
- En suite facilities should ideally be provided in all residents’ rooms.

Summary of findings

Overall, the authorised representatives were impressed by the home’s outlook and happy atmosphere. There seemed to be adequate numbers of staff on duty, and small groups of residents were engaging in activities ranging from dominoes, to word games, jigsaws and card games. Residents seemed relaxed, comfortable and contented. It was a hot day and some were enjoying ice-creams.

In response to questions put to residents and family members, the following points were made:

- There were not always enough members of staff around if a resident wanted to talk to someone.
- Two people complained that clothes had gone missing. One family member said that she now took all her relative’s washing home, including bed linen. One person said she had found her mother wearing someone else’s clothes.

- One resident said she “could not fault the staff – they listen to your concerns and act on them”.
- Another resident said “I couldn’t ask for a better place. I have my own room, good food and the staff are not nasty.” She also said she particularly appreciated being able to enjoy a bath again, as there was a hoist to make this possible.

Action Points (What to address, by whom and by when)

Item	Action	By whom	By when
Monitoring	MW suggested a follow up visit in 6 months’ time	WIN Authorised Representatives	End of January 2013

Suggested issues for the next visiting group to address –

use SMART process (Specific / Measurable / Achievable / Realistic / Timely)

- Cleaning of toilets – check cleaning record sheets are displayed and updated
- Urine smell problem – check if this has been resolved by cleaning / programme of refurbishment.

Comments from Local Group/ Governance Group

To include comment on visit, report actions and what will happen next e.g. modify work plan. How does this visit report stand against others? Are trends emerging? What are the main issues /concerns?

This report will be sent to Hungerford House to approve for accuracies. It will then be shared with Wiltshire Council and the Care Quality Commission. A copy will also be made public on the WIN website.

