

NOVEMBER 2015

Healthwatch Richmond Enter and View Report Whitefarm Lodge

Address: Whitefarm Lodge Vicarage Road, Whitton, Twickenham, Middlesex, TW2 7BY

Date and time of visit: Thursday 20th August 2015, 11:00-16:00.

Authorised Representatives: Mike Derry, Keisha Forteau, Peter Hughes

Service provider: Care UK, Company Reg No. 1668247

Registered Manager: Shane Cosgrove

	Whitefarm Lodge is registered with the CQC as 'Accommodation for persons who require nursing or
Background	personal care, Dementia, Learning disabilities, Mental health conditions, Physical disabilities, Treatment of disease, disorder or injury, Caring for adults over 65 yrs.' Whitefarm Lodge was selected for review following a number of unsuccessful attempts to engage with the home in an informal capacity between February and August 2015. During this time it was the subject of local media attention regarding a serious safeguarding incident that had occurred in the home in February 2015. The combination of these factors escalated the home for a more immediate and formal enter and view visit.
Outcomes	 The home are now looking to replace the carpets on the top floor in the near future, have arranged deep cleaning and are trialling new products Management passed positive feedback on to staff involved in coordinating activities at the home
Further recommendations	 We recommend that Care UK share information with staff regarding contracts and pay related benefits We recommended that Care UK share their plans to support staff following the incident in February 2015 We recommend that Whitefarm Lodge consider increasing its activities budget to allow activities staff to carry out more of the events that residents enjoy

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Limitations

On the day of the visit the registered manager, Mr Cosgrove, was not present and a management interview was conducted with Mr Mayne, Support Manager for Whitefarm Lodge. Communication regarding this report has been sent to both Mr Mayne and Mr Cosgrove for comment.

Findings

Environment

The home has a small well-kept garden for residents to use, which residents told us they enjoyed using in the summer months. Spouses of residents at the home were able to rent spare rooms at the home for periods of time to enable them to be with their relatives over the Christmas period. One relative told us 'The home allows me to rent a room over Christmas, this means I wake up with my partner on Christmas morning every year'. There are several lounges on each floor. In one there were copies of the regular newsletter which the home publishes and in another poems and pictures created by residents. Formal meetings for residents and their relatives are held every month.

Windows were open in the communal areas, but corridors were not as well aired. The team found the cleanliness of the home to be immaculate on the day of the visit. Showers, bathrooms, toilets and residents' rooms were clean and well kept. We recommended the home seek to reduce the odour of urine on the top floor which was present on the day of the visit.

Outcome

Management told us they are now looking to replace the carpets on the top floor in the near future; have arranged deep cleaning and are trialling new products to reduce odours.

Activities

Activities in the home were described by one resident as 'the best thing about the home'. Whitefarm Lodge currently employ two full time activity coordinators. Staff at the home told us that there were a range of activities for residents at the home to get involved in. This was evidenced by a board displaying photos of residents' activities and excursions. Activities both inside and outside the home were varied. Photographs displayed in the home showed visits to Hampton Court, London Air Force Museum, sightseeing in London, Kneller Hall and theatre visits.

There are three scheduled activities during the day and a schedule of activities was visible in all dining rooms on the day of the visit. The team observed two activities in the downstairs communal room and in the dining room. Activities such as afternoon tea; quizzes; music; a visiting zoo of pets and arts and crafts, usually took place in the garden room. We were told that sometimes residents or relatives used this room for other purposes and that activities were carried out in a small room on the top floor of the home which had limited space. We were told by staff

that the residents and staff would benefit from having a designated space in which activities could be carried out. The home assured us that there were many areas for family members to use throughout the home and a range of other spaces available for activities. Staff told us that additional funds and resources would improve the quality of activities carried out inside the home.

Outcome

Praise from the team was passed to staff for providing an excellent range of activities at Whitefarm Lodge

Recommendation

We recommend that Whitefarm Lodge consider reviewing its activities budget to allow activities staff to carry out more of the events that residents enjoy

Staffing

Staffing levels

The team engaged with the majority of staff working during our visit. Most of those we spoke to told us that they wanted to see more staff working within the home. Some told us that they felt Whitefarm Lodge was currently understaffed due to sick and annual leave over the summer and that they were struggling to manage as a result.

Staff suggested that the home would benefit from more staff on each floor, especially on the morning shift. We were told that the limited number of staff on each floor reduced the amount of time that could be spent with residents. Staff told us 'There is little time for interacting with residents. There used to be more time for this but now staff don't really get the time.'

The agenda of an upcoming staff meeting was observed in the staff room. Staff had been encouraged to propose items for this meeting. One of the items proposed by staff for discussion at this meeting was staffing levels. Some staff told us that this was a negative factor of being employed at the home.

Low staffing levels were also raised as a concern by relatives.

Management and staff told us that over two residential floors, there were 2 care staff on each floor and a maximum of 3 team leaders to care for 25 residents.

Staff morale

A number of staff identified staffing levels and the level of wages as a negative factor for working at the home. Staff also noted that there was a disparity between staff contracts due to length of service. For those with less favourable terms and conditions this was a significant concern. We raised this concern with Care UK who told us 'The terms and conditions and the contracts for staff are standard for individual job roles and responsibilities. Enhancements are paid in recognition for achieving an NVQ. Staff are encouraged to feedback through the "over to you" annual employee survey, the results of which influence the organisational pay, rewards and benefits strategy.'

Several members of staff and management told us that they believed the recent conviction of a colleague had been a miscarriage of justice. Staff and management told us that they had felt the abuse had not taken place and that it was unfair that the conviction had been made without staff from the home being able to give evidence. Some members of staff told us that they worried about their own vulnerability to accusations of abuse and that allegations could lead to criminal records or being barred from working with vulnerable people in the future.

Management told us that they had taken appropriate employment action following the member of staff's conviction, but planned to support the carer to appeal the conviction. Management told us that following the incident in February 2015, they are 'making a conscious effort to reassure staff they are doing a good job, as morale is low'.

We asked Care UK to provide us with a statement outlining their official position on the incident in February 2015 including Care UK's plans to make the home safer and how they plan to address concerns that staff have about their vulnerability to the accusations of abuse at Whitefarm Lodge. Care UK told us 'part of the investigation into the incident identified that additional training was required for staff to support residents who exhibited a behaviour that challenged. The Care UK "fulfilling lives and behaviours" that challenge training was implemented. This included basic de-escalation techniques. Care UK's quality assurance team, dementia care team and regional support manager have been providing support to the home to embed training and learning.

Discussions with staff confirmed that they had received training to help them to deal with aggressive behaviour and better understand dementia. Staff were aware of the home's policies and procedures on what action they would take if they suspected abuse in the home.

Care UK also shared plans to address concerns that staff had at Whitefarm Lodge about their vulnerability to accusations of abuse. Care UK told us 'Care UK will continue to provide staff with training, supervision, support and monitor the delivery and standards of care and quality; taking immediate action for any poor care raised. Staff have specifically raised concerns about their vulnerability in relation to this incident, as well as their concerns regarding a relative's behaviour during visiting hours. As part of our duty towards our staff, we have informed the local authority of our intention together to best manage visiting times to ensure both our residents and staff are fully supported.'

Education, training and equipment

Management told us that staff were encouraged to study for professional qualifications such as NVQ's and were contractually obliged to complete mandatory e-learning. Staff were paid to complete modules outside of working hours and team leaders kept track of the progress care staff made through their modules. One staff member told us that on gaining employment with Whitefarm Lodge he/she did not have any qualifications, but had now gained qualifications including an NVQ level 2.

Management had also implemented a computer system which stores information on residents. This included photographs of any injuries and logs of Food and of mood and behaviour. Staff were encouraged to use this. On the day of the visit management showed us examples of how the system was used. We observed that staff had used the system a number of times on the day of the visit to log activities for residents.

Staff told us that they had most of the equipment they needed to carry out their role in the home, however, both staff and residents stated the home would benefit from new wheelchairs. Staff had asked for this to be added to the agenda of an upcoming staff meeting. One relative informed us that they had purchased a wheelchair for their relative, as the wheelchairs at the home were not adequate. The home told us that chairs available in the home are pooled and available for residents to access should the latter wish to have access to a wheelchair at all times for their personal use, they may purchase one privately.

Outcomes

The home told us additional wheelchairs were ordered at staffs' request and have since been delivered. The home has also shared with residents and relatives the criteria for obtaining wheelchairs from the NHS through the district wheelchair service

Staff/resident interaction

All residents that spoke to us were happy that their care needs were being met by staff. One resident told us that they 'really valued staff and the care they received'. The team observed a number of positive exchanges between residents and staff. Many of the latter had been in post for extended periods of time and this appeared to have a positive impact on staff and resident relationships and interaction.

Outcome

Our positive comments about staff and resident interaction were passed on to staff at our request.

Food

Catering staff told us that residents' choices were sent to the kitchen on a daily basis. The length of time that kitchen staff have been employed at Whitefarm Lodge meant that kitchen staff were aware of residents' preferences and catered to them. Preferences and allergies are recorded on a whiteboard in the Kitchen along with any other preferences for meals.

Residents and relatives that we spoke to told us that they did not get involved in planning meals but were happy with what was given to them and rated the food highly. The team observed residents and their visitors being offered refreshments during the visit. One resident told us he/she was 'very pleased that people came round and offered drinks during the day', they were happy with the frequency of this and commented 'I don't think the queen is treated this well!' A relative told us they were always offered a meal and refreshments whilst visiting and were made to feel welcome. Two members of the team were offered lunch and sampled the food with residents. The food was pleasant, looked and smelled appetising and was served hot.

A recent 5 star rating for hygiene was displayed at the entrance to the home. The kitchen was observed to be clean and well organised with separate areas for preparing different types of raw food. Staff were proud of their kitchen and their work.

Disclaimer

This report relates to the service viewed on the date of the visit only. It is also intended to be representative of the views of the patients and staff who met members of our Enter & View team on those dates, together with the views of relatives who spoke to us.