

# **Enter and View**

**Old Vicarage** 

May 22<sup>nd</sup> 2025

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# About Healthwatch Gloucestershire

Healthwatch Gloucestershire is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

# What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action. During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

### **Details of the visit**

Service visited	Old Vicarage
Visit date	May 22 <sup>nd</sup> 2025
About the service	Currently, the Care Home has capacity for 37 residents. It is operated by Craigdale Care Ltd and provides accommodation and offers care for frail older people (aged 65+). Old Vicarage is going through major expansion. The Registered Manager is Daria Koeller, who introduced the Care Home, facilitated our visit and received our recommendations.  The Home includes facilities for the older and residents with dementia, however, the aim is to increase age range to 50yrs+  Accommodation is provided on three floors. The ground floor provides for general care and offers a dining room, two lounges and an old bar. Laundry facilities are also provided.  There are currently 33 residents and 35 members of staff
Purpose of the visit	This visit was part of our ongoing partnership working with Gloucestershire County Council and the CQC to support quality monitoring of residential care homes in the county. These have been rated 'Good' by their last CQC inspection, however, inspections have not been conducted since pre-Covid times.
How the visit was conducted	The Manager was informed of the visit 10 working days before arrival. The date was unannounced, however the Manager was informed that the visit would occur within the period May 13th – June 11th 2025.
Authorised Representatives	Pete Harper (Lead), Lucy White, Fred Ward, Martin Leach

### Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by the Lead Enter and View 'Lead Representative' who carried out the visit on behalf of Healthwatch Gloucestershire.

### Visit overview

Length of Visit: 9:30am - 1:30pm.

9:30: Team introduction with Manager.

10:00: Pete Harper and Martin Leach in discussion with Manager. Fred Ward and Lucy White commenced visit.

10:30 - 1:30: All Team engaged in visit, working in pairs.

During this time we collected observations of residents and staff in communal areas, and one pair of visitors were invited into a number of residents bedrooms. Observations were made within the context of a typical day, including lunch and a regular activity (visit by children from local primary school). Interviews with staff and the manager and residents utilised a series of agreed questions.

The Team met twice during the visit and had a final meeting at the end of the visit to review and consolidate findings and prepare recommendations. Lucy White and Pete Harper then delivered preliminary recommendations to the Manager.

The Team interacted with, and interviewed, 6 members of staff, 12 residents and 1 relative.

# **Key findings**

### Information provided and observations

- Ethos of Care Home: Provide daily opportunities and special events both inside the home and in local community.
- Good relationships: Efficient network utilising GP, District Nurse and local Pharmacist, amongst others, for the benefit of residents. The manager told us that home works in a multi-disciplinary way to meet the needs of the residents, e.g. with District nurse, palliative team, catheter care and the GP visits every Monday.
- Restructuring: A new building is being constructed next to the Old Vicarage for residential care purposes. This expansion of facilities and capacity is being developed concurrently with the training of new staff. Training is sought from local organisations and where possible training packages that are tailored to Old Vicarage are utilised.

The building itself is old and bears signs of its age, although seems in generally reasonable repair. An extension is in progress which will ultimately provide extensive nursing capacity. This will also address the car parking limitations as outside areas are storing building materials and other currently inaccessible areas will form a new and enlarged car park. No plans were examined so there can be no comment on long term disabled or other parking provision.

Evidence suggests this is a secure home. This is important as only one resident has been assessed to have capacity. People are able to go out, escorted by staff. They have access to a minibus through another service provided by the same company, but they might be looking at getting their own. Trips they are looking to organise include garden centres but also a larger trip to Westonsuper-Mare.

Some of the residents received nursing care in bed. The Old Vicarage is reregistering their service to include people aged 50+ and the new extension will be registered to provide nursing care. They have a number of staff who are doing their qualifications to be able to step into these positions. The manager and area manager explained that they feel they have a good relationship with Adult Social Care in Gloucestershire and will aim to accommodate more complex individuals that have struggled to have their needs met through previous care packages.

Staff try to bring people down to communal areas where activities are put on. We observed this during our visit. The majority of residents were downstairs and some school children had come to visit. The home has an ongoing relationship with a school in the area and alternate the children coming in to the home and then residents going out to visit the school. The manager said they would like to explore opportunities with other schools as well.

Staff receive regular training from partners such as social services, Speech and Language Therapy (SALT) and dental hygiene. Other training includes Positive Behaviour Support, Dementia awareness training, mental health, Mental Capacity Act, manual handling, fire safety and pressure ulcer care. Most are refreshed on an annual basis using a mixture of in person and online sessions.

Regular clinical meetings are held with staff.

### Recommendations

### Parking, garden and disability access on ground Floor

Although we recognise the car park is being updated, as it is not known how long this will take, a temporary blue badge space could still be marked out.

While building work is being undertaken, temporary Health and Safety measures should still be applied e.g. a trip hazard was identified in the paved garden area.

On the ground floor access in the 'bar area' raises an issue, there are two junction boxes embedded in the floor but not flush with the surface. These are beside the door, which was propped open with a brick, these are obvious trip hazards and need attention.

### **Movement between floors**

There is a lift, old and small, claustrophobic colours, difficult to get a wheelchair and carer in. A new lift has been purchased and is awaiting installation. On the stairs between 1st and 2nd floors, the banister is only on one side of the stairs and this is not colour distinguishable.

### **Bathrooms and toilets**

Refurbishments on second floor were 'dementia friendly' and suitable for frail residents. In future refurbishments on first and ground floors bedrooms, consideration can be given to sink/bath taps – bigger taps for use and identification of hot/cold taps. Contrasting coloured toilet seats are also recommended to aid those experiencing dementia. Light switches also need to avoid white on white colouring.

### Information for residents (calendar and clock)

Information provided was of good quality. One improvement worthy of consideration is the addition of a calendar in the communal area. An easy format calendar would benefit residents, especially those living with dementia. Calendars, clearly stating day, date and month, would be beneficial. Also, the replacement of the clock with Roman numerals could improve residents'

experience. The manager took this on board and was amenable to these suggestions.

# Observations and findings

### **Arrival and reception**

- · Warm welcome from staff, who were aware of our visit and its purpose
- No designated Blue Badge parking
- Car parking space is being affected by building works but there are still ample spaces
- No sign on main front door
- Although there is an accessible entrance, this was closed off at the time of the visit. In order to gain access, it was necessary to first register at the main entrance and obtain the key/staff assistance. It was not clear how this could be managed by persons needing accessible access as the office entrance was inside the main lobby and access to the main lobby was unsuitable for wheelchairs etc.

### **Dementia friendly**

Whilst care had been taken to ensure the home was dementia friendly and accessible, and the home was good in many areas, certain issues were apparent. These are detailed in the recommendations.

### **Meals and activities**

Drink and refreshment are available when requested or required.

Menus provided, discussed and pictures used where necessary. Meals for the day were displayed pictorially and in writing on a corridor wall outside the kitchen. There were two options for main course at lunch and four for breakfast.

While Healthwatch volunteers were present, local primary school children visited and engaged in an indoor gardening project and engaged with the residents.

### **Information**

A separate display in the reception area listed the colour codings and requirements for each, for fire and evacuation. There was also evidence of events/activity - a music festival was advertised (although passed by the time of the visit).

### **Physical environment**

- Inside: Photos and first names of staff in entrance hall. Bright and clean throughout; no unpleasant aromas. Good presentation of information throughout.
- Dining room: Tables well laid out, space for people with mobility issues.
- Laundry room: Good standard
- Residents' rooms: Each bedroom door has signage, however not all were equally clear. Doors were labelled with a coding giving requirements for assistance and evacuation in the event of fire in this case a red banner denoting two assistants required in such an event. The door also had some pictorial labelling illustrating the patient's particular interests and a coded system for health condition and "do not resuscitate". One brown door has a bronze-coloured number, which may be difficult for some to read.
- It was noted that one resident's room opened directly onto the reception hall.

## What people told us

### **Care Home residents**

We were informed that only one resident had capacity, so we took a flexible approach to engagement, rather than ask prescribed questions. People seemed happy and some spoke about other things on their mind at the time, appearing relaxed and comfortable. Staff appeared to engage with residents in a natural way.

Resident discussions yielded limited information, as may be expected. Residents felt generally secure and cared for by staff.

- One interviewee felt bored and wished for greater levels of activity. She claimed she was only in the home to support her husband who was severely affected by a stroke.
- There was no issue with visitor access.

- At the time of our visit, a school visit was in progress, with several residents watching the children's activity. This was reported by one interviewee as being quite normal, and a regular occurrence along with visits from a handler with a retriever dog. Many enjoyed watching the children undertake activities and engaged happily with their young visitors. One resident declaring 'it is always delightful when the children visit'.
- One resident, who was part of a conversation with the manager and our volunteers about support, said to the manager 'if there is you and me, then I know everything will be alright'.

### Family and relatives

Only one visiting relative was interviewed. She reported:

- She was very happy that her mother was at this home, and that her mother, although dubious at first, was now settled after only a few weeks and very happy. The home had managed her mother's arrival well. Any concerns she may have can be raised directly with the care home manager. There had been a "health incident" shortly after her mother's arrival and the interviewee had been impressed by the staff response and management of the incident. She reported that she felt that she had remained a part of her mother's care team and was pleased with this.
- Trips outside the home are limited, however, this was acknowledged as a minor issue. Whilst activities for Residents are limited and do need some improvement, this is limited by staffing levels.
- The interviewee did comment on the limited space available within the lift provided. She reported that there was space for just a wheelchair and a singly care assistant (just!).
- There are no limitations on visiting or on participation by visitors in event or activities.
- Food choices are good two options for main meals and at least two for breakfast, and portion sizes more than adequate. Where any option is not suitable, then kitchen staff will provide a further, simple alternative (such as a sandwich). s can choose where and with whom they sit. The interviewees mother is diabetic and requires some dietary care which is given and receives regular visits from a burse monitoring her condition.
- Her relative "loves the people that work here" and receives all physical support she requires as and when it is needed. This is evidenced by her appearance whenever she visits her mother, who is always well presented. She has access to a hairdresser each week.
- The relative ended by saying the manager's ethos of 'being there for the people [residents]' was carried by the staff, also the relationships she had made with staff made her 'feel part of the team

### Care home staff

One care assistant stated she was very happy in her work, and had progressed from volunteer to paid employee, and presently undergoing further professional training. She is presently mentoring new nurses (see above). She showed her training records which appeared to be very comprehensive and covered many detailed aspects of her work e.g. treating bed sores etc. Training records were held for employees in a filing system within the main office and appeared to be properly recorded and signed off on completion.

Other members of the care staff commented it was 'a great team to work with'; 'I enjoy working here…I feel supported'; 'I have good relationships with the residents and the staff all work well together'

The Healthwatch volunteers spoke to the activities coordinator who is quite new in post. She spoke positively about developing relationships with the residents. She also provides 1-1 support to people in bedrooms e.g. using magazines to communicate and engage with a lady who is deaf and reading bible verses to a person who is very religious. She would like to explore more opportunities for different activities. Tries to include residents in this where she can.

## Acknowledgements

The Healthwatch Gloucestershire Enter and View team would like to thank the Directors, management and all staff and residents for a friendly welcome and unlimited access to the premises and activities.

## Provider response

Manager's Report: Response to Healthwatch Gloucestershire's Enter and View

Visit

Service: Old Vicarage residential care home

Date: 22 of May 2025

#### About the Service

The service operates primarily on the ground floor, which is designed to provide general care. This includes a dining room, two lounges, and a communal area that has been creatively transformed into a pub to support social engagement among residents.

#### Visit Overview

In addition to the enjoyable visit from local school children, we also held another regular activity during the visit – a monthly poetry reading session led by a local poet from Frampton-on-Severn. These sessions are not only well-received by residents but also serve as a means of promoting reminiscence and social interaction.

#### Observations and Actions Taken

### Accessibility and Safety Measures

A temporary Blue Badge parking space has been marked in the existing car park to assist visitors and residents during ongoing building works.





We have implemented health and safety measures throughout the premises, including signage clearly marking potential trip hazards.

In the communal pub area, we have improved safety by removing exposed junction boxes and installing a fire-safe doorstop for the bar door.

We have also provided signage up the driveway informing visitors about uneven surfaces.

#### Movement Between Floors

The staircase features a polished wooden banister on one side, which contrasts well against the white steps, aiding visibility.

The other side of the stairs houses a stair lift, limiting space for an additional handrail.

### Bathrooms and Toilets

We acknowledge and appreciate the feedback regarding the colour scheme on the second floor. As residents typically rely on staff for guidance to their rooms due to cognitive limitations, room numbering is less of a priority. Nevertheless, we will integrate contrasting colour schemes during our next refurbishment for improved visibility.

### Signage and Accessibility



A sign has been installed on the front door following Healthwatch's suggestion.

The accessible entrance remains operational and is regularly used by residents accessing the garden. However, for security and safeguarding reasons, the door remains closed and monitored. Visitors using this entrance are instructed to call the office for access and are accompanied into the premises. All visitors are required to sign in for fire safety and security compliance.

#### Resident Rooms and Environment

We are in the process of replacing all doors on the first floor as part of an ongoing refurbishment. This provides an opportunity to incorporate contrasting colour schemes to enhance visual orientation.

### Calendar and Clock

In response to resident needs, we have purchased and installed a dementiafriendly clock, supporting better time awareness and orientation.

### Meals and Activities

Activities continue to be inclusive and engaging. We emphasize family involvement, and there are multiple examples of this:

During the Healthwatch visit, a family member participated in the poetry session.

Another family regularly joins sessions led by Spangles, our singing and dancing duo.

We would have gladly provided more detailed evidence of such involvement if requested prior to the visit.

### Conclusion

We thank Healthwatch Gloucestershire for their observations and recommendations. We remain committed to continuous improvement, ensuring the highest standards of care, safety, and resident wellbeing. Our service values community involvement, staff responsiveness, and resident-centred care practices. All feedback is appreciated and will be incorporated into our ongoing service development.

Daria Koeller Registered manager

Old Vicarage care home 28.07.2025

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