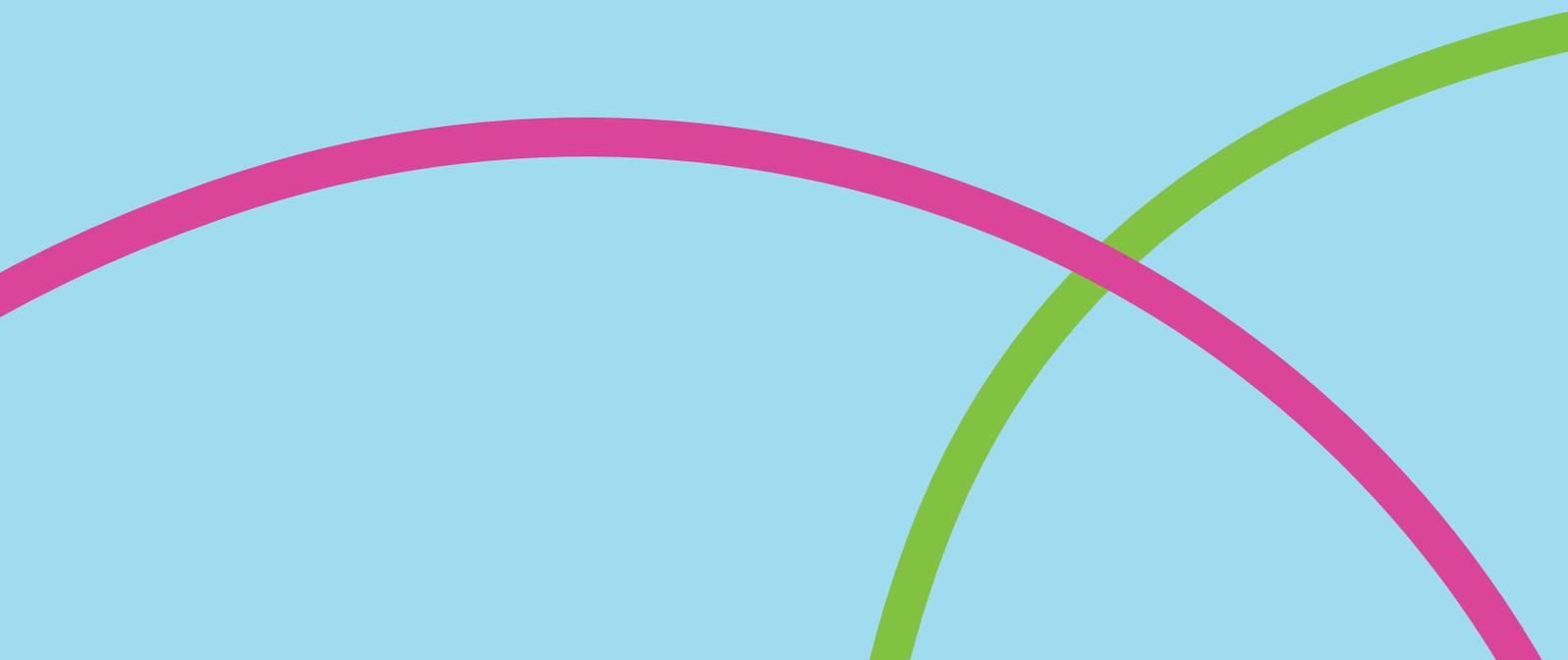


Enter and View report

Wentworth Court
Cheltenham

25 November 2022



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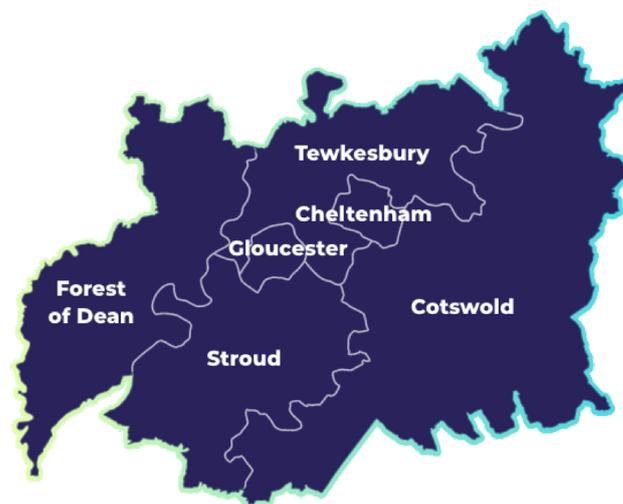
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About Healthwatch Gloucestershire

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

Wentworth Court, Cheltenham

Visit date: 25 November 2022

About the service

Wentworth Court is a purpose-built nursing home, and specialist unit, which provides accommodation for people living with dementia. It is owned and managed by First Cheltenham Care Ltd. The home can care for 65 residents. There is a general manager and a nurse manager (who is also the registered manager). Residents are either self-funding or publicly funded. Accommodation is provided on two floors, each with its own dining room and lounge. Residents have their own room with ensuite shower and toilet.

Purpose of the visit

This visit was part of our ongoing partnership working with Gloucestershire County Council to support quality monitoring of residential care homes in the county.

How the visit was conducted

Wentworth Court was advised that the visit would take place during November 2022; the specific date was not confirmed. Ahead of the visit the team considered the latest Care Quality Commission reports from February 2020 and May 2021 (Covid related inspection) and other available information to inform the visit.

The visit was carried out by six authorised representatives. The team spoke to the ten members of staff (including members of the management team), four residents and three relatives. During the visit information was collected from observations of residents during their day-to-day activities, including lunch, conversations with staff, residents, relatives and members of the management team, against a series of agreed questions. At the end of the visit there was a final team discussion to review and collate findings and provide initial feedback to the management team.

Authorised Representatives

- Elizabeth Price (Lead Authorised Representative)
- Helen Esfandiarinia (Healthwatch Gloucestershire staff member and Authorised Rep)
- Rachael Veitch (Healthwatch Gloucestershire staff member and Authorised Rep)
- Fred Ward
- Jane Taylor
- Maggie Pugh

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all residents/staff, only those who contributed. The visit did not include accessing any records. This report is written by a Healthwatch member of staff who is an 'Authorised Representative' and was part of the team that carried out the visit on behalf of Healthwatch Gloucestershire.

Visit overview

The visit was agreed with Gloucestershire County Council as part of our programme of quality monitoring. Wentworth Court was made aware that the visit would happen during November 2022. While they were not aware of the specific date, two phone calls had taken place ahead of the visit to enable them to understand the process and ask any questions.

The poster announcing that Healthwatch Gloucestershire would be undertaking a visit was displayed in a large number of locations across the home, together with some leaflets that explained who Healthwatch Gloucestershire is. Upon arrival access to the home was promptly given by the receptionist who alerted the general manager of our arrival. We were welcomed into the home and we discussed our plans for the visit: no restrictions were placed on access or who we could speak to.

The visiting team split into three pairs. The first pair spent time talking to the general manager and nurse manager, and undertaking observations on the ground floor. The second pair spent their time on the ground floor and spoke to residents, staff and relatives. The third pair spent their time on the first floor and spoke to residents and staff. The serving of lunch was observed on both floors. At the end of the visit the whole team met to share findings and observations and agreed the recommendations. These were then shared with the general manager and registered nurse manager.

At the time of our visit there were 62 residents.

Key findings

The following are the key findings from the visit and should be considered alongside the further information provided later in the report.

- The home and all staff were very welcoming and friendly. Staff had a good rapport with the residents.
- The home provides an attractive environment which is well lit and ventilated. It is currently under a refurbishment programme which is happening in phases. The refurbished rooms are very attractively furnished and this adds to the welcoming and homely feel of the home.
- There is an attractive garden with shaded seating areas. There are chickens and raised flowerbeds.
- There is a well-established, stable and motivated team of staff; all staff spoken to during the visit reported that they enjoy working at the home and feel well supported.
- New staff undertake a good induction programme and there is ongoing staff development and in-house training.
- The home is well equipped with appropriate storage for large equipment.
- There is a team of six staff who deliver the activities programme which offers a good variety of activities on a regular basis.
- Resident feedback found staff very helpful and that there was time for individual attention.
- Effective teamwork was observed during the visit that ensured the individual needs of residents were met.
- Visiting is available across seven days a week, and this takes place in the residents' own rooms rather than in communal areas (a Covid precaution).
- The atmosphere during the visit was calm, relaxed and 'unrushed'. The call bells were not continually ringing as staff attend promptly to residents' needs.

Recommendations

We would like the management to consider the following recommendations for improvement based on our observations and findings from the visit.

1. Consider undertaking a survey of families/relatives with regard to being able to visit in communal areas and relaxing the restrictions that were put in place as a result of Covid. This is in the context that residents are now able to go out, accompanied, into the wider community.
2. Provide consistent opportunities for relatives to be involved in the care planning for their family member and ensure that changes are communicated as soon as possible to benefit the care of residents and to be able to monitor effectiveness.
3. Establish opportunities to share the very good practice observed in the home with other similar facilities. This is with particular reference to how staff are valued, team ethos and training.

Observations and findings

Residents

- Residents receive the same nursing allowance regardless of how their care is funded.
- Residents are at different stages of their dementia journey and the home feels able to look after all residents regardless of their needs.
- Residents were mostly observed to be relaxed and enjoyed sharing stories and interests with staff and the visiting team.
- All residents seen during the visit were dressed appropriately.
- Residents are supported to move around the home as they wish; this was observed during the visit, and they did not appear to be anxious or agitated.
- End of life is managed in the home with the support of the Rapid Response service which is based locally.

There were some specific interactions with residents observed during the visit:

- A resident became distressed and this was managed in a calm and patient way by a number of staff.
- One resident was sitting in the reception area with her cat (soft toy); she appeared to be calm and relaxed and, at times, staff sat with her.
- One resident was sitting behind the reception desk with the receptionist. She appeared to be relaxed and happy.
- A resident was helped to the toilet. The resident was well supported by staff and appropriate equipment to the bathroom. Staff were encouraging and responsive to the resident

Activities for residents

There is a team of six staff to manage the activities programme. During the visit, those on shift, were observed on both floors of the home engaging with residents. The home has a minibus that is used to take residents out on a regular basis and relatives are able to take residents out on trips.

There are group activities planned for the residents:

- A weekly programme of activities which can include going out for shopping trips, football matches, Remembrance Day etc. Residents are able to access activities across the home and are not limited to the floor that they live on.
- There is a programme of events planned for the Christmas period available in the reception area. This included a range of activities taking place within the home or trips out of the home and the programme was available on the noticeboard.
- Different religious beliefs are catered for. Relatives or friends can take residents out to church and services are screened on the large screen in the atrium.
- The garden is used for a lot of activities and events. On the first floor there is some outdoor space that is used to grow tomatoes etc. in the summer.
- The home has established relationships in place with local groups and schools, and the general manager goes into schools to talk about dementia.

Residents are also supported on an individual basis to undertake activities:

- One resident likes to choose her own hair dye and this is facilitated by a trip to the shops.
- The activities team complete 'word clouds' with each resident that are put up in their rooms. These capture key information about the resident and are reviewed on a regular basis; this was observed during the visit.
- During the visit one resident requested to go shopping and this was facilitated.
- Staff were observed to be undertaking activities, such as completing a crossword, with residents.

Meals and food

Breakfast time is flexible; it starts when the first resident wants breakfast and ends when the last resident has eaten. This was observed at the start of the visit.

Snacks and drinks are available to residents outside of normal mealtimes.

There was a menu available in the reception area which indicated that there are three choices of meals at lunchtime (one of which is a lighter option).

Residents are encouraged to eat in the dining room so that they can socialise; if they don't want to they are able to eat in their own room and this was observed during the visit. During the lunch service residents were sat at tables or on chairs around the room and some interactions between residents were observed.

There were a number of staff supporting the serving of lunch. They worked as a team to manage the service in a calm way with everyone appearing to know what their role was. All staff wore plastic aprons.

Specific observations during the lunch service were:

- Residents were asked which choice of meal they would like.
- Some residents were wearing protective clothing while eating lunch.
- Residents were supported and encouraged where necessary. Individual requests were addressed, such as requests for condiments.
- Food appeared to be hot and looked appetising. Portion sizes appeared to be appropriate. Residents seemed to enjoy the food with plates being left empty.
- A drink was spilled during the service. This was dealt with immediately and calmly and a sign was used to indicate that the floor was wet.

Physical environment

The home is situated in a residential area and there is some limited parking available for visitors. All visitors have to sign in and out and wear a mask (these are available by the signing in book).

The external doors are kept locked and access to the different floors is managed via an access code. Where appropriate residents are given the code to support them to move around the home freely.

The reception area is welcoming with an open desk and sofa. The following information was available in the reception area:

- A staff board which included staff names and photos.
- The activities programme leading up to Christmas.
- A staff training board.
- A suggestions box for anonymous suggestions.
- Other more general information, for example information about the football World Cup.

Behind the reception area there is an atrium. This is a newly refurbished area and stands out as being particularly welcoming and attractive with a range of colourful artwork on the walls. It is well lit with skylights and perspex windows to internal corridors and has a range of comfortable seating. There is a piano, books, magazines, a radio and a large TV screen. The atrium is used to screen different religious services.

The residents' bedrooms are of a good size and, with the exception of one room, all had ensuite facilities. Residents are able to personalise their rooms with pictures, furniture, ornaments etc. All of the occupied rooms had the resident's name on the door. Some resident's rooms had safety gates across the entrance. We heard that this was to stop other residents entering rooms on an uninvited basis and was requested by relatives.

There are lounges on the ground and first floor and these include tables for residents to sit around. It was observed that the seating, in a couple of lounges, was around the edges of the rooms rather than in groups. We heard that every morning the seating is arranged in groups however this is quickly moved by residents.

The corridors around the home are wide enough to enable staff and residents to move around comfortably and there are alcoves available to store larger equipment. During the visit there were no obstructions observed in the corridors.

There is currently a programme of refurbishment being undertaken across the home. The rooms that have been completed have managed to meet clinical needs while maintaining a homely feel. The programme is continuing with communal areas, lounge/dining rooms, due to be completed next.

The garden is spacious with a variety of bushes and trees and offers a number of activity opportunities for the residents:

- Raised flowerbeds.
- Chickens and we heard that the residents love to feed them!
- A covered area with seating and tables.
- An arts and crafts shed.
- During the warmer seasons the garden is used to host events for the residents, with people and groups from outside the home attending.

Other more general observations were:

- There is a smoking area available outside.
- The home appeared to be tidy and well maintained.
- The home was light, airy and well ventilated.
- Across the home there are a number of different pictures/photos on all walls, including awards and certificates of recognition.
- The floor colours, handrails, doors and signage all contrast.
- There were some books available in the residents' lounges. Newspapers were observed in reception and were available to all.

Interactions

Without exception all staff were very friendly and welcoming to our team throughout the visit.

There were a large number of staff on shift on the day of the visit and they were observed to be very visible across all areas of the home. The interactions between staff and residents were observed to be gentle, calm and patient and were often beyond those required for the functional elements of delivering care. Gentle and appropriate humour was also observed.

There were limited interactions between residents observed.

Access to other services

Residents have access to a number of other services. Some of these are provided in-house with relevant providers coming into the home:

- Optician and dentist
- Chiropody – some staff are trained and this can be provided in-house.
- GP – allocated to the home and visits are alternated with the pharmacist on a weekly basis.
- Hairdresser – there is an in-house salon which is open on Wednesdays and Fridays with two hairdressers covering this.
- Aromatherapy and massage – this is provided on a regular basis in-house.
- In-house vaccinations – the qualified nursing team are trained to offer this when there is a doctor present in the home.

Alternatively, residents are supported to access services outside of the home:

- Optician and dentist
- Podiatrist – there is an independent centre in the local area and residents can be referred online.

Relatives

Visiting is available seven days a week. At present this takes place in resident's own rooms (as a Covid precaution). Visitor arrangements are reviewed monthly and have recently been adjusted following a review. No visitors are allowed during protected mealtimes.

Relatives are free to call or email the home with any questions or concerns they wish to raise; no appointment is required.

There is a closed Facebook page to keep relatives updated; there are posts every day and these include photos of residents engaging in activities etc.

There are a couple of residents who do not have any immediate family; they both have an advocate. Residents' wishes are respected in relation to visitors.

Relatives who live a long way away are encouraged to Skype residents to keep in touch.

Staff

On the day of the visit there were 28 staff on duty; this was a mixture of care staff (15-17), qualified nurses (four), members of the management team, housekeeping, reception staff and maintenance staff.

The home has received a lot of job applications through word of mouth. If they do need to advertise, they use Indeed or Facebook. Staff told us that they had applied as a result of word-of-mouth recommendations. A good proportion of the staff that were spoken to during the visit have worked at the home for a number of years. We were told that the home has not used agency staff since 2019.

It was observed that all staff (with the exception of the maintenance staff) wear the same uniform; we heard that this is to ensure that there is no hierarchy.

All staff wear a name badge that also includes their role.

Staff undertake most training in-house; this is paper-based or face-to-face and is externally assessed. Training is arranged to ensure that all staff are able to attend. A whole team approach is taken so that all staff are trained in areas such as moving and handling and therefore able to help residents as required. External training opportunities are listed six months in advance and includes dementia awareness, mental health, 'Behaviour that Challenges'.

There is an induction programme for new staff and this includes the opportunity to shadow staff. One member of staff was observed to be completing elements of the induction programme during the visit.

There is a weekly staff meeting and those who are unable to attend are updated in relation to what is discussed. The owner of the home encourages staff to be rewarded, for example, he will provide money for drinks and a meal out. There have been three pay rises in the last year.

The staff noticeboard had a number of posters relating to well-being and information about the funeral arrangements of residents who had passed away.

What people told us

Care home residents

During the visit the residents told us that “the staff are very helpful and they give us time” and that “the food is pretty good, lots of choice.”

Family and relatives

Staff

The relatives that were spoken to were generally happy with the staff and the care provided:

- “The home was wonderful in helping us move dad in.”
- “The manager was extremely helpful in explaining.”
- “The funding question has been a real challenge for us. The home was great in helping with negotiations with Social Services.”

Care provided

One relative felt that the number of falls experienced had ‘much reduced’.

Relatives reported that the consistency of staff enabled the staff to get to know the residents which supported the quality of care provided.

Relatives we spoke to recognised the balance between being involved as a carer versus being a family member, however felt that they were not always kept fully updated in relation to care planning/changes to medication.

Visiting arrangements

We heard from a relative that the restriction of visiting only being allowed in the resident’s room can be difficult and restrictive when a resident is reluctant to return to their room and that this can cause problems for the family. This was raised with the manager during the visit who advised that other residents may become distressed if a number of visitors are present as they could find this difficult.

Care home staff

General

Without exception all staff reported that they enjoyed working in the home:

- “I love working here, particularly helping the residents.”
- “I’m absolutely happy working here, the best care home I’ve been in.”
- “More than just work.”

Staffing and recruitment

There were no concerns raised by staff in relation to staffing levels:

- “Really well staffed here, good relationship between care and nursing staff, great team.”
- “The activities team is wonderful, so much goes on.”

From the General Manager: “I think I have the best staff in the county. They are caring people and don’t switch it on and off. They truly care.”

In relation to recruitment: “There are a lot of things you can teach, but you can’t teach empathy. You need a desire to work in this sector.” And in relation to agency staff: “It just doesn’t work with our clientele, residents need continuity and familiarity where possible.”

Provision of care

Staff reported that there was enough time for them to carry out all elements of their role and that they could undertake activities with residents.

Staff talked about a person-centred approach for residents: "I think this is one of the best residential homes for dementia residents around."

Staff talked about residents with compassion and clearly cared about the residents.

A current situation was described where a resident was at the end of their life. Their relative was being supported to stay with the resident in their room and the home was providing all meals and refreshments to the relative.

Support for staff

Without exception all staff who we spoke to felt very supported and consulted with and that they would feel able to raise concerns should they need to:

- "I have a very supportive manager."
- "Staff don't leave here because of work problems."
- "Feel supported all the way."
- "The manager is really dedicated and brilliant and I feel really valued."
- The manager's door 'is always open'.

We heard that the manager conducts staff surveys monthly, 'Rate my Day', to encourage staff to feedback how they are feeling about working in the home.

Staff told us that they are encouraged to take a break if they need to, for example, following a difficult interaction with a resident.

Staff told us that they are supported to meet their own needs, such as childcare responsibilities and adjustments to support health related issues.

Staff told us that there are a lot of training opportunities and that they appreciated this taking place in-house and on a face-to-face basis.

New staff felt that the induction was good.

Some staff described changing their minds in relation to career pathways as a result of working in the home (for example, wanting to undertake nurse training).

Acknowledgements

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

Provider response

First Cheltenham Care Ltd said: "It has been a pleasure to work with Healthwatch Gloucestershire who, from the moment they arrived, were sensitive to the feelings of our residents, some of who are very advanced with their dementia.

"We have taken on board all of their recommendations and are actively seeking a way to disseminate our philosophies and practices to other similar settings. At Wentworth Court we believe that reflective practice sessions are a way to improve on what and how we do things and already, as a team, we have analyzed the constructive comments received from the Healthwatch Gloucestershire team."

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