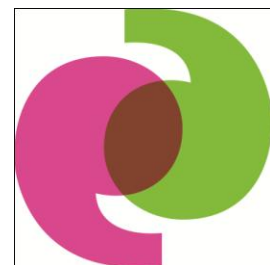


Details of visit**Service address:****379 Earl Marshall Road****Service Provider:****Westbourne House Nursing Home****Date and Time:****21st May 2015****Authorised****Representatives:****Chris Sterry, Penny Lewis, Mike Smith, Ryan Stuchbury and Nicholas Bennett****Contact details:****Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW****Acknowledgements**

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

**What is Enter and View?**

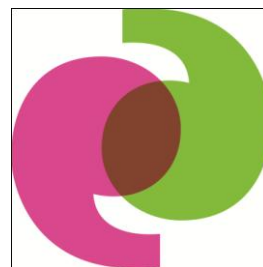
Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

The visit is part of an ongoing planned series of visits to residential homes looking at the care provided. As part of our work with the Health and Wellbeing Board, we will be asking a specific set of questions about dignity, to find out whether people's dignity and privacy is respected. Specifically we looked to find out whether the care provided meets people's needs, whether people's needs and wishes are respected. We also wished to discover what people and their families think about the services that are provided and to find out how the home connects with the wider environment.

This list is not exclusive. We do gather other information that adds to this list and aim to identify examples of good working practice.



Strategic drivers

- To continue with a planned series of Enter and View to residential settings started by the former Sheffield LINK
- To ask particular sets of questions about dignity, oral health and dementia.

Methodology

This was an announced Enter and View visit. Leaflets were displayed around the home and in communal areas prior to our visit, and residents and relatives were alerted to our visit by staff.

Westbourne House Nursing Home is a 71 bedded home, with 2 double rooms (which are used for respite care when not required by couples). It offers residential and nursing care, and has a unit for EMI nursing care. It currently has 48 residents, most of whom require nursing care. The managers expressed the view that the reason for the empty nursing beds was the tight criteria for funding currently in place.

We had the following discussions:

- an introductory discussion with the Manager, the Deputy Manager, and the Operational Manager for Palms Row Health Care (the home's owners, who operate 3 homes in Sheffield)
- Discussions with
 - other staff (8 members in total, including domestics, housekeeper, nursing staff and care assistants)



- Discussion with 9 residents
- Comments from 5 relatives

Semi structured interview questions were prepared before the visit. We were advised by staff as to individuals who were able/ suitable to be approached.

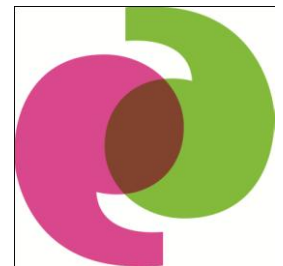
We observed the interaction between staff and residents, and the public and communal areas in the home.

Our findings were briefly discussed with the Manager before leaving.

Summary of findings

Residents, relatives and staff expressed great satisfaction with the care provided. Of particular note was

- the warm and caring attitude of staff, and their attitude to supporting the health of residents
- the passion of management for the service as a whole, and their concern that the current funding arrangements were hampering the potential of the sector to relieve 'blockages' in the acute sector, their ability to provide the level of care they desired, and to pay staff adequately to ensure retention.



Given the general condition of residents, particular attention was given to End of Life care. This, and the range and diversity of the programme of activities for residents, was seen to be a strength.

We found sound staff training, care planning, use of other healthcare agencies, and good connection with the wider locality.

Results of visit.

The General Environment

The home is generally in good repair, inside and out. Corridor walls were covered with photos /montages of residents and their activities.

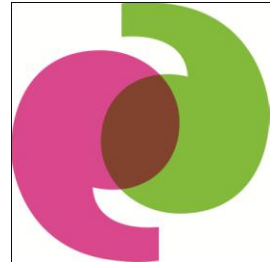
Rooms were clean and bright, most had 'en suite' (wash basin and toilet) facilities, and were personalised to the resident.

There was a pleasant outside sitting area to the front of the building (also used as a smoking area) , and a garden to the rear. The latter was used by residents, but could be developed further to provide stimulation and activity for residents. We understand that plans for this development are under way.

Management of Care

Potential residents are assessed by nursing staff (in person, and by examination of health records) before admission, in order to ensure suitability and to develop relevant care plans. Medical input is provided by two local GPs, who have an active interest in care of the elderly, and were praised by staff for their accessibility and expertise. They visit twice weekly, and also when required. Care plans are reviewed regularly, in consultation with District Nurses, the GPs, and nursing staff.

- Access to other care professionals: there is good access to District Nurses, who do the reassessments of residents on request if their health deteriorates. There is access to occupational therapists, dentists and a dental hygienist, podiatrists, and opticians. Residents are referred by the GP to Speech and Language and physiotherapists.
- The managers were full of praise for the GP practice which looks after the home. This only started with the LES scheme and is much better than the previous arrangements.



Residents' hydration and weight are regularly monitored. Two relatives made special mention of the effort put in by staff to promote food and liquid intake. One described an occasion watching how his wife had been repeatedly coaxed by different members of staff to eat: "she was deteriorating in hospital, but here they really work at it".

A man who was visiting his wife made a point of speaking to us to tell us how happy his wife was in the home and that he felt the care was excellent.

End of Life Care

As the home has many poorly residents, often with end-stage dementia and Alzheimer's, there is a particular focus on End of Life Care. Advanced Decision-making (a 'Death and Dying' plan) is strongly supported (if wanted by the resident) at an early stage, in conjunction with the GP and relatives. St Luke's Hospice provides a rolling programme of training for staff. Residents' care plans at this stage are under constant review, with particular attention to pain relief. We observed a member of staff spotting silent discomfort in a resident, questioning the resident, and pain relief being given within a few minutes.

Dignity and Respect

Given the severity of some residents' conditions, the home had an overall atmosphere of safety, warmth, and friendliness, and staff talked with respect of some residents' qualities. The home's routines appear to flex to the individual's needs: breakfasting, sleeping and rising times, visiting etc are under individuals' control.

The home has a Dignity Champion, and the rolling training programme includes Dignity training.

Staff

Staffing levels ensure there is always nursing staff available, the manager and the deputy providing 24 hour 'on call' cover.

There was a core of long term staff, several having been there since the home opened 25 years ago, and generally a low turnover. This is very good for maintaining stability for residents (as highlighted in the N.I.C.E. guidelines for Care Homes). Agency nursing staff are used occasionally, and are usually known to the core staff.

We felt there was sound induction training (described by the manager and confirmed by staff), and a rolling programme of up-dating training. This included: Health and Safety, Moving and Handling, First aid, Fire, Deprivation of Liberty (DOLs), infection control, Mental Capacity Act.

Systems for supervision are in place, with 2- and 6- weekly reviews for new starters.

Staff reported liking their work - "I wouldn't have stayed for 10 years if I didn't like it .

Interactions between staff and residents

We observed relaxed and warm interactions between staff and residents. Residents sang the praises of staff: "absolutely marvellous", "you get a lot of love", "it's like a family". One relative reported how "highly delighted" he was with the staff.

Food

The main meal of the day is at lunch time and this was observed in the large ground floor dining room. Menu choices are taken in advance. A roast chicken and vegetables meal seemed to be very well received. There was lots of help available from staff, and a few relatives, for those residents who needed it. We were informed that quite a lot of residents prefer to take their meals in their rooms but they are encouraged to come to the dining room as the social interaction is beneficial.

There are tea breaks in the morning and afternoon, and beverages are available ad lib.

Recreational / social Activities

There is a designated activities co-ordinator who in May had organised trips out to Weston Park Museum, the dementia cafe and St. Cuthbert's Church (a minibus is hired). Entertainers regularly visit and, to celebrate the Eurovision Song Contest, a singer was coming at 2pm on the day of our visit. Lists of activities for the month are displayed on notice boards. The activities co-ordinator reads to some residents on a one-to-one basis.

Both residents' sitting rooms on the ground floor had TV, radio/CD player and some books. A relative reported that her elderly mother had settled in well, liked the home, was very happy, and participates in the in-house activities.

Recommendations

That the home continues to develop its excellent programme of activities, including the development of the outside space.

Service Provider Response

It was a pleasure to read the comments from residents, relatives and staff.

Westbourne ethos has always been mutual respect and dignity for each other.

We value each other and respect everybody's contribution.

We make every effort to improve the lives of our residents maintaining valuable links with the community churches and voluntary organisations as well as continuing our activity programme within the home to ensure everybody has the opportunity for humour and stimulation.

We continually improve policy and practice and work closely with other agencies and we are grateful for their support.

