Enter and View – Longbridge Deverill House (Equality Care Limited)

Name and address of unit visited

Longbridge Deverill House Church Street Longbridge Deverill Warminster BA12 7DJ

Day, Date and time of visit

Thursday 10 January 2013 : 10.00 a.m. to 13.00 p.m.

People undertaking visit

Anne Keat – WIN Vice Chair Mary Johns – WIN Member Mary Rennie – WIN Support Officer – Older People

Contact details

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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 Equality Care Limited care home. The information gained from this unannounced visit will be the subject of a report to be submitted to the Care Quality Commission (CQC) and Wiltshire Council. The care home had been subject to some adverse reports by the CQC (improvements were required with four essential standards) but at its last inspection in September 2012 these concerns had been addressed to the CQC's satisfaction and the home was found to be compliant with all the essential standards.

Reason for / purpose of visit

Business Plan		Return visit	
Responding to Concern	X	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 introduce themselves to the care home manager. 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 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 the care home.

About Longbridge Deverill House

Longbridge Deverill House is a residential care home registered for twenty seven older people. It is run by Equality Care Limited, which also runs homes in Trowbridge. The directors of Equality Care Limited are Mrs Lucy Wilcox and Mr and Mrs Stickney. The home is housed in an old Rectory with beautiful mature gardens. Each resident has their own room, with en suite facilities. Rooms are located over two floors, with two lifts, and all have a nurse call system, telephone and TV points. Some ground floor rooms have access to a small patio. Residents also have access to social areas such as comfortable lounges, the dining room and the well maintained gardens. Food is cooked on the premises. There is an on-site laundry. The home does not have its own transport so relies on public transport and taxis.

During the visit

First impressions

On arrival at Longbridge Deverill House, the immediate impression was of a building site as a 60 bed home is currently being constructed at the rear of the property and heavy machinery was on site. Thirty beds will be allocated as general nursing, and thirty as dementia nursing. The new facility is scheduled to open the end of January 2013. That aside, the property is an attractive old rectory, situated in a rural location in Longbridge Deverill village, Warminster (3 miles away) being the closest town. It is signposted from the road and has its own car park.

Reception

The reception area was accessed by a buzzer system on the door and all visitors are asked to sign in at reception. The WIN team's visit was unannounced. The team was greeted by the Deputy Manager. It was a busy time, with the building programme behind the property in full swing and deliveries being made.

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 Equality Care Limited's website, as was a copy of the Care Quality Commission's Compliance Review dated September 2012. During the visit, the team was given a blank care plan and an incident form. A sample menu and other documentation requested were provided after the visit, including a copy of the Complaints Policy.

Premises

The building gives a homely impression, with well-maintained gardens. However, it was built as a Victorian vicarage and so the staff have to work within these constraints.

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 greeted by Emma Vowell, Deputy Manager, who showed them into the Care Staff Station (very small and cramped) and answered the team's questions readily. A member of staff doing a drugs round, wearing a tabard stating "Drug Round – do not disturb", was reviewing records.

Can you supply a blank care plan?
A one-sheet care plan was provided which listed name, date of birth, GP's name, Identified Area, Resident Objective, Risk Assessment tools Linked to Care Plan, evaluation time frame and monthly evaluation dates. On the reverse was space for detailing the care plan. The care plan also includes space for the signature of the resident or their advocate and an area to identify evidence base for the care plan, based on best practice.

How many residents are there?
At the time of the visit, there were 19 residents and two empty rooms. Residents range in age from 72 to 97. Some have additional needs resulting from frailty, confusion, mild dementia or other mental health issues.

How many are self-funders and how many are funded through Wiltshire Council?
There are twelve self-funding residents – five are funded by Wiltshire Council, one by Dorset Council and one by Hampshire Council.

Do you have a Doctor or/and nurse allocated to the home?
No. Residents have a choice of GPs. The majority are registered with GPs in Warminster: the Avenue Surgery or Smallbrook Surgery. Dr Stevens from the Avenue Surgery holds a surgery at the home every Wednesday, and is available at other times to see residents. GPs from Smallbrook Surgery attend at a resident's or the home's request. The home is well supported by the community nurses.

What are the residents' differing needs?
Residents range in age from 72 to late 90s. Some residents have early signs of dementia, and other mental health problems. One has Huntingdon's Disease. Some require full personal care and prompting. Some have health needs which can affect their perception of the care they require. Staff receive on-going training in communication skills.

What percentage of residents are BME?
There are no residents of Afro-Caribbean or Indian descent at the moment. The majority of the staff are white British, with one BME staff member who has been in post for over 4 years.

What is the staff to resident ratio?
Currently the ratio is 1 member of staff to 5 residents. Each resident has a key worker plus two or three key members of staff (including night staff) assigned to their care, for continuity. There are 36 permanent members of staff.

What is staff turnover like?
Since the Deputy Manager has been in post (April 2012) staff turnover has been low and for acceptable reasons (2 army wives had moved, 2 staff members had left to go to university and 1 other young member of staff had also left).

Do you have to use agency and bank staff?
The team was told that agency staff are not used as the home is fortunate in having an excellent team of bank staff and the permanent staff have a flexible approach to cover.

How many staff are on duty throughout the day?
There are 4 care staff on duty each morning and each afternoon, plus the Manager and her Deputy. Kitchen and cleaning staff are also on duty. There is also a maintenance person and a training coordinator between the hours of 8 a.m. and 4 p.m., Monday to Friday.

How many staff are on duty throughout the night?
There are two care staff on duty at night, plus 1 who sleeps over.

How many staff are on duty throughout the weekend?
The same as during the week. The home's managers also make spot checks at

the weekend to monitor performance.

Residents' records – what is included, are they up-dated regularly, where are they kept and are residents able to access them if they wish?
Records are kept in the Care Staff Station in a locked filing cabinet. After a pre-admission assessment, records are kept up to date – a daily notes cardex system is used. Formal reviews occur at 4 weeks after admission (or earlier, depending on circumstances) and at least every 6 months thereafter. The records include the care plan (which is subject to on-going review), risk assessments, a photo ID sheet, personal profile and Map of Life, and End of Life Care wishes. Residents, and those relatives who have been given appropriate authority (e.g. Power of Attorney), may access them. Copies of care plans are not kept in the resident's room for reasons of security and confidentiality.

How are adverse drug reactions monitored?
Staff closely monitor for medication side effects through observation and verbal questioning, and this is documented in care notes. In the event of an adverse drug reaction, staff follow the home's medicines management policy. Staff liaise closely with the GP / Pharmacist to discuss any concerns and to seek advice.

What sort of training do staff receive?
Staff are trained at NVQ/QCF levels 2, 3 and 4. They are paid at their usual rates while undergoing mandatory and other continuing professional development training, which may occur on or off site. Induction training is given when new staff are appointed. Manual handling training is given annually, and when new equipment is installed. Continence training has been provided by Salisbury Hospital (residents' continence needs are assessed by Warminster Community Hospital). Some staff have attended End of Life Care training at Dorothy House Hospice. There are in-house clinical leads on Infection Control, Falls, and Dementia. Training on Dementia and Challenging Behaviour is planned for January 2013. The home's commitment to staff training and development is further demonstrated by its accreditation with *Investors In People.*

How often do staff have appraisals or supervision?
Staff have annual appraisals and management aims to carry out supervisions every six to eight weeks.

Have you received complaints from residents in the last year? If so, how many?
The home strives to have an open culture when issues can be raised and discussed by residents and their relatives. A Feedback Form is being developed for use rather than a Complaints Form. A copy of the Complaints Policy is attached.

What is the incidence of falls among residents?
There is an average of four falls a month. Incidents and near misses are recorded and reviewed by Management on a daily basis.

Are residents offered a hearing test?
All residents are offered an annual hearing and vision test. Currently, there are some difficulties with a particular hi-tech aid but these are being addressed with the resident's family. Routine servicing of NHS hearing aids is available locally at Warminster Hospital.

Are residents able to go to bed at a time of their choosing?
All residents are supported to get up and to go to bed as they choose – there are no set times. This information is reflected in the resident's care plan.

What arrangements are made for nail cutting?
Care staff support residents with the cutting of fingernails. The foot practitioner visits regularly to cut toenails.

Can you supply a sample menu?
Yes. Meals are cooked on the premises and are served at regular intervals throughout the day in a pleasant dining room overlooking the garden (a sample menu is attached detailing lunch and supper arrangements for week 1 of a four weekly rotation – this is posted in the Reception Area). All dietary requirements are catered for: soft food, gluten free, vegetarian, easy swallowing etc. Meals are served at regular times but variations are possible. Residents are offered snacks and drinks throughout the day. The MUST (Malnutrition Universal Screening Tool) is used to assess and monitor residents' nutritional needs, and appropriate feeding aids are available, personal to the user. Hydration is monitored and recorded.

Residents are asked each morning what they would like for breakfast and this is cooked to order.

In fine weather, tea can be served in the garden.

What activities are offered?

An Activities Coordinator has just been appointed and on the day of the WIN visit, some residents were engaged in completing a crossword with her. Others were relaxing in a separate lounge with a television, but they were spaced out and not interacting, but some residents choose not to sit near others. The Activities Coordinator is developing an annual programme of activities, including themed months, taking residents' life style plans into account. Outings are also arranged. Unfortunately, the Christmas meal outing had to be postponed until January due to an outbreak of norovirus.

An annual activities plan was displayed on the notice board in reception, giving an overview for the year.

Massages are available weekly. Tai chi and movement therapy is arranged monthly. The local vicar also visits each month.

Broadband is available.

Residents have access to a beautiful old garden with a raised bed which was much appreciated by one resident spoken to. There were also chickens and ducks, and a home cat.

A hairdresser comes to the home regularly, and two residents are visited by their own hairdressers.

For some residents, there is little interaction with the local community due to their age or state of health. A couple of residents are very active in the community, going out for lunch and shopping on a weekly basis.

The Deputy Manager said that the community is invited into the home. There are links with a local school which attends to sing for the residents.

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 Deputy Manager appeared enthusiastic, motivated and up to date with current best practice in the residential care of older people e.g. MUST tool for nutrition, pain assessment using verbal and non-verbal communication. She is on the liaison committee with the Royal United Hospital in Bath. She had joined the staff aged 18 as a Care Assistant, then left to do a degree at the University of the West of England. She had been in post since April 2012. The previous registered manager had left in September 2012.
- From the Deputy Manager's comments, it seemed that efforts had been made to address the concerns raised in recent CQC reports (consent to care and treatment, safe and appropriate care, medication and reporting of major events). However, the WIN team did request any written evidence of change as the CQC had reviewed this and judged the home to be compliant with the essential standards.

Areas of improvement

- The home was not purpose built as a care home and its age and condition inevitably put some constraints on its operation e.g. other than the very cramped Care Staff Station, we did not see a room which could be used for confidential discussions with residents and their families. (We were subsequently told that confidential discussions can take place in the dining room when not in use, or in a room originally allocated as a bedroom, no longer in use.)
- The team would ideally have liked to have been able to talk to visitors to gauge their impressions of the care their relatives receive at Longbridge Deverill, but at the time of the visit only one relative was present and she was busy with a member of staff, so this was not possible.
- The team would also have liked to have seen an occupied bedroom (with the resident's consent) and the kitchen. One team member felt that the bedroom the team did see was not big enough to manoeuvre a hoist and

other equipment should the need arise. (The Deputy Manager has subsequently responded that the majority of residents are fully mobile and do not require the use of a hoist or large equipment. For those residents who require stand aids / hoists, their rooms are of a size to accommodate the appropriate equipment.)

- The team felt that the sample menu was rather basic and lacked some common vegetables e.g. leeks, parsnips, swede and courgettes. Pasta and rice did not appear to be offered as a change from potatoes. (We have subsequently been advised that menus are currently under review and new menus will start at beginning of March 2013.)
- The team did not see any jugs of fluid available in the communal rooms. The Deputy Manager has responded to this concern by advising that there is always a supply of cold drinks readily available to residents in resident areas. They are usually kept on the dining room table but were removed to the side to allow the lifestyle coordinator to complete an activity with the residents.

Summary of findings

- Overall, the WIN team were impressed by the home's outlook and homely atmosphere. There seemed to be adequate numbers of staff on duty. Residents seemed relaxed, comfortable and contented. One said: "I love it here."
- However, the team did not request sight of any written evidence e.g. completed care plan showing outcomes and on-going reviews; record of incidents and any reporting to CQC, or preventative measures taken.
- The team was invited to join a staff tour of the impressive new 60 bed facility. This will accommodate two groups of fifteen residents on each of two floors. The top floor would be reserved for patients with dementia. However, it was felt that the transition to the new environment will take careful management from the operational as well as the human point of view e.g. occupancy, staffing levels, training, new residents, moving residents from the existing care home.

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

Item	Action	By whom	By when
Management of the move to new Dementia Unit	Further visit	CQC / Healthwatch	2013

Suggested issues for the next visiting group to address –

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

Review of the move to the new Dementia Unit. We are told that the move will be staggered and residents will be supported by family members and their key workers. Residents' rooms will be prepared with their personal belongings.

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 has been reviewed for factual accuracy by the Deputy Manager at Longbridge Deverill House. It will now be shared with Wiltshire Council and the Care Quality Commission. A copy will also be made public on the WIN website.