



Details of visit

Service address:

Holyhead Road, Wellington, Telford TF1 2EH

Service Provider:

Morris Care Ltd, Morris Care Centre (Wrekin Court, and Wellington Court)

Date and Time:

25th June, 2015 14:00-16:00 pm

Contact details:

Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, TELFORD, TF3 4HS

Acknowledgements

Healthwatch Telford and Wrekin would like to thank Morris Care Centre, Residents (service users), relatives/visitors and carers, and Morris Centre staff for their contribution to this visit and 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. Telford and Wrekin Healthwatch representatives carry out these visits to health and social care services to find out how the services 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 at premises such as hospitals, residential and

nursing 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 View visits 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 will inform their lead who will inform the service manager, potentially ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue regarding their employer, they

will be directed to the CQC, where they are protected by legislation if they raise a concern.

Purpose of the Visit

- To engage with residents as service users of Morris Care Centre to understand how dignity is being respected in the care home environments.
- To identify examples of good working practice
- To observe residents and relatives/visitors interaction with their surroundings and with staff.
- To capture residents, relatives/visitors' experiences and any concerns they may have or ideas or change.

Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings, responding to evaluations of feedback received from community engagements.
- Nursing and Care homes are a strategic focus of local, regional and national programmes of the CQC, PHE/NHS, local Councils, and Healthwatch organisations.

Methodology

This was an announced Enter and View visit.

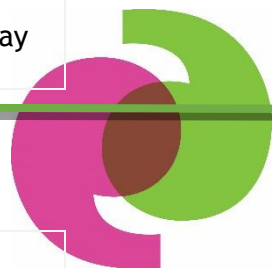
Four authorised representatives and two volunteers-in-training as observers were assigned to the visit. The team met with the Manager and the Clinical Nurse Manager before speaking to anyone in Centre, and took their advice on whether any residents or patients should not be approached owing to their inability to give informed consent or for medical or safety reasons. It should be remembered that Enter and View is an engagement tool performed by Healthwatch-trained lay-volunteers and is not an inspection.

The representatives explained to everyone they spoke to why they were there. They spoke to residents/patients and relatives/visitors in Wrekin Court and Wellington Court, and some staff. They were given explanatory Healthwatch leaflets when the representatives had finished speaking to them. A proportion of the visit was observational in order to gain an understanding of the layout and the facilities offered in the centre, and the interactions between staff, residents and patients, and visitors.

Summary of findings

At the time of our visit, the evidence is that Morris Care Centre was operating to a very good standard of care with regard to Dignity and Respect. The home has a warm and homely atmosphere and all staff were very welcoming.

- The residents, patients and relatives/visitors spoken to were very satisfied with



the care received and with their interaction with the staff.

- All the rooms seen had ensuite facilities, were very bright and clean and personalised with patient or resident's furnishings, pictures and ornaments relative to their length of stay. There was seating for visitors in each room, and wheelchair access was good.
- All residents seen were very well-groomed and appropriately dressed and appeared to be comfortable.
- Residents have a good menu choice and all food, including special dietary requirements such as pureed food, are catered for in-house.
- Residents are able to interact socially both within the home, and externally, according to their wishes and abilities and health condition.
- The use of the 'baby monitor' was an innovative solution to situations where resident use of the call buzzer was limited by physical capacity.
- Staff are caring and happy in their work, and receive training according to needs for which time is made available within their work time schedule.
- Rarely, individual resident / patient needs and those of their relatives have not received the good standards of care and attention (physio cover and response to relative concerns, lack of taste in pureed foods, resident who did not appear to receive needed attention) that is the norm for the home most of the time.



Results of Visit

A large converted building, Morris Care is set in spacious well maintained grounds with gardens, patio areas, large car park, and views of the woods (Ercal, the Wrekin Hill). There are 75 beds in total - the Wrekin Court wing providing 45 beds and nursing care for elderly and frail men and women for both long and short stay, as well as respite and palliative care. Wellington Court wing provides nursing care for a mix of elderly and young high-dependency (physical needs) patients in 30 beds. Within Wellington Court, an Enablement Unit has 10 rehabilitation beds/patients of which 5 are transient in nature - "Discharge to Assessment", and 5 "Rehabilitation". The beds are paid for by the NHS, and if circumstance require, they can be re-allocated. Patients may also come in for respite nursing, and are then discharged for home (3 patients were discharged on the day of our visit). Some patients are very poorly and are confined to their own room and bed. For most, the nursing and care focus is to make patients and residents more independent, and they are encouraged to be as independent as they can be

On our arrival, the entrance door was open as it was a warm sunny day, to allow some cooler fresh air in; this opens into an L-shaped communal lounge and reception area. The reception desk was manned and we signed in. There was a photo board with informal photos of many of the residents, and on the reception bench a listing of the activities and trips schedule, and other leaflets including plenty about Morris Care.

Environment and Facilities

Morris Care Wrekin Court resident accommodation occurs on 3 floors, with upper floors serviced by stairs and a lift. The main communal rooms - lounges and a dining room are on the ground floor. Opposite the Lounge at the main entrance is a small alcove room with books (*library?*) accessible to residents, and next to that a small "shop" with a small selection of items including personal toiletries. Close by is a 'Hair Salon' room, and further along the corridor, a large communal dining room - well lit, with plenty of space and arranged with small tables - each for small groups of residents.

Each floor and section in both Wrekin Court and Wellington Court have manned 'nurse's stations' where patient/resident care plans and care/nursing procedures are accessible to the staff and health care professionals. All resident/patient rooms have a call/alarm buzzer system which is also linked to the nurses' station, as well as an alarm carried by carers. Some systems require a carer to enter the callers' room to reset, while others switch to an emergency system after a few minutes which alerts any nearby staff. For those residents unable to physically access this system, a 'baby monitor' is set up in their room linked to the Nurses Station enabling them to call out for assistance.

In one wing, a safety bar was observed installed at the top of some stairs to prevent wheelchairs (particularly the motorised ones) from accidentally falling down stairs; notices reminded people to ensure the bar is lowered at all times after access.

Wrekin Court

The main lounge is well-lit with many windows, comfortably furnished and clean and have sufficient chairs of different types and sizes to meet resident/patient and visitor needs and mobility. Several residents were present in the lounge following the end of their lunch, and some were talking with their visitors. Each upper floor has a small communal sitting room with chairs, TV, and small kitchenette dining area - for drinks, etc.

We were shown a small unoccupied resident room - this would not provide sufficient space for any but the smallest items of resident furniture or possessions. It was however light and airy with built in cupboards and single bed. As well as ensuite facilities, each floor has separate toilets and bathrooms for shower or bath, with appropriate lifting aids some of which are stored away when not in use. Everyone has a TV in their room. We were invited by two residents into their rooms - these were slightly larger but still quite compact though sufficient for wheelchair access. One room visited on the ground floor had an access door out to patio which was wheel-chair accessible and had small enclosed lawn with bird feeders and flowers/plants in tubs - a sunny spot for the resident.

Wellington Court

This wing has quite a light and airy atmosphere, and the temperature was comfortable; it appeared very tidy, and clean smelling. The gardens were well kept, and there was a variety of stimulating colours in the plantings visible from inside the building. Doors were left open which gave a nice feeling of openness and freedom for residents to be able to go where they like. There were plenty of seating options outside with parasols available to provide shelter from the sun, and good wheelchair access to the outside and gardens/patio. We observed two lounge and small kitchenette dining area - for drinks, etc.

Manager Briefing

The Centre Manager (who has nursing training and experience, and had been at the home over 14 years) and Clinical Lead Nurse, gave a brief introduction about the Centre and answered our questions regarding the resident/patient care approaches, staffing, and training.

The staff group is diverse with a mixture of men and women staff members, and nursing and care staff organised in shifts. Wrekin Court has daytime shifts of 14 carers and a nurse on each floor, and Wellington Court has 20 carers and 2 nurses. The usual night team is 2 nurses for Wrekin Court, and 2 nurses for Wellington Court, with 3 carers for each. Sometimes staff work on a different floor or move between the 2 wings as needed. The number of staff on duty depends on the level of dependency and needs. There are dedicated members of staff for day shifts and night shifts, but there are

opportunities for overtime, and therefore staff could work days or nights. Some agency staff are used to support the service if a permanent member of staff is away at short notice. When they do use agency staff, a single provider is used who tries to provide the same carers and nurses to maintain consistency. Home management practices support good staff retention providing consistency of service, and most staff have been employed there for at least 5 years, with low staff attrition. There are a full complement of support teams - facilities/cleaning, maintenance and kitchen (meals cooked on site). A full Staff meeting is held every month.

Training provided to the staff includes in-house training. Staff are not Dementia specialist, however they all receive Dementia Awareness training. Before staff work with residents or patients with dementia, staff are placed on a 12 week probationary period during which time they watch DVDs on dementia and management, and have further mentoring. Training in medication, assessments, and some medical procedures and care topics as well as safeguarding, are provided both internally, some eLearning, and from other training providers- including company-provided, and SPIC, and qualification courses are also encouraged. Training is offered all the time, and scheduled around staff shifts.

Privacy, Dignity and Respect

Wrekin Court

We observed that doors to resident rooms were closed when nursing or care staff were giving personal or nursing care to people - to respect them and treat them with dignity.

The Activity coordinator was observed interacting with residents in the lounge - she had an encouraging and caring demeanour with the residents, calling them by name, and gently touching a Residents arm. She knelt on the floor to bring herself down closer to their eye level when talking with them. It was clear from their interactions that the residents were happy and were comfortable with the staff.

The relative of one resident described that a concern had been raised with the manager about special individual physiotherapy care needs for the Resident that had not been provided on a few occasions, and this had not been resolved to her or the resident's satisfaction. Three carers had been shown/mentored how to provide the required physio to prevent the resident suffering painful muscular cramps when that was not performed each day. On those occasions when none of those trained carers were on duty able to provide the physio, no arrangements were made to bring in or provide alternative suitably trained staff to do the physio exercises, with severely painful consequences for the resident.

At the end of the visit, we feed back to the manager about 2 issues we had heard about. We enquired about alternative arrangements when usual trained staff were unavailable for a specific individual's daily physio needs. We were told that it was not possible to ensure that the trained staff would always be available on the appropriate shift.

Wellington Court

A member of staff was observed knocking on the door to a resident's room and asking if it was okay to come in before entering, clearly respecting the residents' dignity and respect.

In the Enablement Unit one of the carers was observed engaging with a group of patients/residents to choose their menu options for the next day. The carer's demeanour was friendly, approachable and light hearted. The carer lowered themselves onto their knees whilst talking to each person to take their menu preference. The patients/residents were smiling and laughing with the staff member, and generally seemed really happy.

Another patient was observed calling out to staff requesting assistance for the toilet, but was not attended to straight away and had to wait a while before a staff member came to him. The nurse told him two people were needed to help him and went away. The resident repeated the request for toilet, and a carer simply returned with a drink beaker. The staff member did not assist him to drink despite his obvious difficulties handling the beaker, which he soon lost control of resulting in drink spilled down his front. Though the staff member brought tissues to help mop up the spill, the resident was still not assisted to the toilet. The patient was observed dozing in and out of sleep, and it was not clear whether his request for the toilet resulted from confusion, or whether he still had that need. Staff were not observed reassuring him, nor discussing his needs.

Choice, Independence, and Social Inclusion

Residents and patients were seen to make choices on many occasions. They can choose when they want to get up and get dressed, and when to go to bed, as well as to have a bath or shower. Residents/patients can have visitors at any time during the day, except meal times (unless joining the resident /patient for the meal, the home prefer people not to visit at these times). Visitors range from visiting once per week/twice per day, to once every 3 months or so. Most visitors are local, and if visitors live too far away, we were told that staff make up the gap in visits and potential for resident loneliness. Patients/residents can go out if they wish to, and if able they can go out on their own such as for walks, taking a taxi to the town centre, going to the either of the 2 local pubs, or to visit relatives or home. Those not able to go alone are able to go out with relatives or friends - some family members pick up residents for the day and take them out, or some may visit home for the afternoon.

Those residents and patients unable to go out who want something from the shops, can give members of staff a shopping list. (We were told that funds for this are managed for the residents by the Home, to ensure no issues arise from the resident losing money while in the home.)

A chaplain/vicar visits the home regularly, and communion is also offered periodically; special visits can be arranged. If able, residents can also go to their church of choice.

Wrekin Court

We were invited into two resident's rooms and it was clear they had personalised their rooms with small furniture items/belongings, as well as pictures and possessions - this made the rooms more homely.

One visitor of a resident told us she often wheeled her husband out for a walk and sometimes they went home, which is quite near-by.

Wellington Court

In the lounge, there were seven residents - all facing each other, and a few were socialising. There was no TV in this room, which may have encouraged the interactions we observed between the residents and greater socialising. Residents can choose when to be in their room (they all have a TV) and when in the communal lounge.

Personal Care

We observed that all residents and patients were clean and if dressed, clothes were neat and tidy, and they appeared comfortable. The home has a Hairdresser who visits every Friday at the in-house 'Salon' and a Barber also attends - these are very popular with the residents and frequently there is a queue.

A staff member described to us that if any resident leaves their bed at night and are prone to wandering, a bell alerts staff so they can ensure the resident does not come to

any harm.

Medical and health services are provided to residents and patients - a Wellington Medical Practice GP visits the home twice per week and when needed (*with named back up*) and the dentist is from Dawley Dentists Practice who offer a domiciliary service to the residents. An Optician service is also domiciliary, and when needed (spectacles are permanently labelled so that they do not get mixed up with those of another resident), and hearing tests are carried out at the local hospital. A regular, reliable, Chiropody service visits every 6 weeks (*has been visiting for over 14 years*), and if an earlier visit is needed this will be negotiate with Resident and family. On occasions, staff work with visiting community-based nurses for some respite clients, and a Community matron may come in to the Home to continue this consistency.

Meals

Meals are provided cooked onsite and special needs are catered for, such as “pureed meals” or peg fed. A menu is provided for residents to make their choices, ordered the day before and food is cooked fresh on the day. The menu offers breakfast, dinner - with choice of 2 starters, 2 main and a vegetarian choice, and choice of either daily dessert or from dessert trolley, and for supper a choice of 3 options. During the day drinks including tea/coffee and mid-afternoon, biscuits (sometimes cakes), and residents can have a snack and drink in the evening. Mini kitchens also provided drink-making facilities at other times and for visitors.

A member of staff from the food services team was observed talking with residents in a lounge to find out what they wanted for lunch and dinner the next day. He had a good informal chat with each, before he went through the menu choices with them. He asked one resident for her choice of food from the menu, and then asked when she would want to have her lunch, reminding her that she was going out the next day.

A resident who was in bed said she was not happy with the pureed meals she was now more recently receiving - “she did not like them”, and she was no longer able to have the foods she liked. Her favourite foods she was missing, were “cake and cream”. We also heard that there have been issues for some other residents and patients around difficulties in swallowing and their understanding and awareness of this, such as food they eat when they go out on trips. Later during the visit the manager indicated ongoing efforts to provide taste and variation for these residents, and mentioned availability of food stencils/templates for pureed food (carrots, lamb chops etc.). We were told that needs for pureed meals are reviewed with the Speech Therapists regularly, and the Home tries to accommodate these requirements in-house without buying-in meals (so they can mitigate risks of triggering resident allergies e.g. to wheat/nuts allergy).

Activities and Interests

We were told that activities are arranged for residents and patients by an Activities organiser who supports both wings. Examples include exercises, baking, and trips out. A mini bus is sometimes used - a visit to garden centre was mentioned. (We were told the Home had recognised the need to recruit a further staff member for Activities support, and this was in hand). We observed a full activities list on the reception desk in the ground floor lounge. A Wi-Fi connection is available, and is used by some of the residents. During our visit, some residents in the main communal lounge were engaged in making cupcakes - they said they did this quite often and they enjoyed the activity; they were waiting for the cakes to cool sufficiently so they could ice them.

In the Wellington Court wing, patients were left to do their activities on their own- we noticed people were engaged in making jigsaws, knitting, reading a newspaper, playing with a Rubik's Cube, and holding and stroking a cuddly soft toy. There was a radio switched on providing background sound; a large plasma TV mounted on the wall was

not switched on at that time.

We were told that there was a Relatives and Residents Meeting every 6 months, but there did not seem to be a firm date for the next meeting. We heard that family are able to have meetings with nurses or the manager when needed. All residents are also encouraged to provide feedback and a form is sometimes used to gauge if there are any concerns or ideas for improvement. These forms ask questions such as - 'Are you happy with the care you receive', 'Are you happy with meal choices', and the selection available etc. We enquired if there had been any complaints in the past, and in the last 13 years, we were told that there had been 1 complaint, and this was over 'Bread'.

Resident and Relative Feedback

One of the residents who had been at Morris Care for a few weeks stated they "absolutely loved being there". Another said, "It is a beautiful place. I really want to stop here. I settled straight away. The food is fantastic, and I even put weight on. The views from the windows are lovely"

Another resident (she was on 3-weeks respite care) only had praise for her experience there. She had "had a good stay so far, another week to go - staff are lovely, home lovely, food is good". She "felt like she is in a hotel" and she was very pleased to be visited by her son.

One resident had been a bit concerned about coming to Morris Care and didn't think they would like it. The first night they had a somewhat negative impression as "the food choices were not great". But decided this was the result of their arrival time - being late in the evening, rather than the typical day's food choices. "After the first night, I really felt settled in, and the food choices were excellent. The staff are compassionate and friendly and regularly checked on us and brought us cups of tea." Residents felt that the staff listened to them and spoke to them with respect and empathy, unlike "at the PRH where they talk AT you". The resident also stated "1st Class Service", "staff seemed to work well together, and it feels joined up". "Everyone seems to know what's what, and I feel care for".

Two visitors said they had visited their friend a number of times before, and thought she was well looked after. The resident's husband visited her daily and had not raised any concerns about her care. When asked if there was anything more that could be improved in the Home, another resident responded that there was "Nothing".

A visitor showed us into the room occupied by her husband - she was very pleased that he had been given a room on ground floor which had a door that opened to a small "private" garden patio and grassed area, where he liked to sit in his wheel chair on sunny warm days. He had a bird feeder fixed so he could observe this from his bed or when sitting outside. The relative lived nearby and came daily to visit, and sometimes took him for "walks" in a wheelchair, including to their home. The relative indicated that on the whole she was pleased with the care given, particularly by some of the staff

We talked to a resident who was in her bed and watching TV -she was not able to get up out of bed, and had difficulty talking. She indicated she was happy with the care staff gave her, but she was not happy with her food. She had recently been changed to taking "pureed" food for her meals, and she complained the pureed food was "tasteless" and "not nice" - the she did not like it and she was not happy. She said her favourite food was "cake with cream", but she had not had that for quite a while.

Three residents in the ground floor lounge spoke to us; they said they liked living at the home and that the staff were good. Though they could not remember too many of the different activities that they had been involved in, they were enjoying making cupcakes that day.

Staff

Staff and management were observed to have a calm and relaxed manner. Staff teams seem well integrated and we noticed a good relationships between staff and residents / patients, and between care staff, nurses and management. When asked, staff said they were happy working at the home and Morris Care looked after them quite well. Staff told us that any matters brought to the Manager's attention were listened to, and acted upon.

Two staff members told us it was good working at the home and there was a good relationship with management and in the teams, with other staff; some had been working there for a number of years. They stated there were regular meetings with the manager and they felt able to raise issues, or suggest improvements. One of the younger members of staff did say that she would like the opportunity to be able to work in other areas of the home. We asked a member of staff if there was anything they would change about the working conditions/environment, and the only things mentioned were:

1. Better access to external services such as Hydrotherapy.
2. Possibly rotating staff between departments to give everyone experience of these different areas.

Staff said they are “not just treated like carers, management listen to them”. Two staff members stated “There is a really relaxed atmosphere here. Lydia puts a lot of trust in the staff, but she is there for us if we need it” and, “I really enjoy working here”

We were told by a staff member at one of the upper floor “nurse stations” in Wrekin Court that training was good, and that shifts and the staff training schedule were managed to allow for the needed training - the staff member indicated that they had not experienced problems attending the training

Recommendations

1. Investigate suitable alternative arrangements for when trained staff are unable to meet individual resident physio needs. Consider using external trained health staff to ensure the individual is not caused unnecessary pain as a consequence of no session that day.
2. Conduct experimental “tasting” sessions (e.g. using herbs and spices?) with those residents who must take their food pureed, to establish their taste preferences.
3. Review the possibilities for extending available patient / resident services to include external services such as Hydrotherapy.
4. Consider the possibility of staff rotations between departments for those who wish to gain experience of different areas.
5. Ensure another activity coordinator or activities support worker is recruited so that residents and patients from both Wrekin Court and Wellington Court benefit from a greater variety of activities, hobbies, and trips, and can be supported when the coordinator is engaged elsewhere.

Service Provider response

No response has been received

