

# Enter and View Report



**Westgate House Nursing Home,  
Gayton, Northampton**

**September 2015**



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# Details of the Visit

Name and address of premises visited	Westgate House Nursing Home, Eastcote Road, Gayton, Northampton, NN7 3HQ
Name of service provider	Westgate House Ltd.
Type of service	Care home with nursing, privately owned, up to 44 resident
Specialisms	Caring for adults over 65 yrs Caring for adults under 65 yrs Residents with Dementia Residents with Mental Health needs
Date and time of visit	24 September 2015, 10am
HWN authorised representatives undertaking the visit	Mavis Benson and Lynda Moran
Support Staff	Jo Spenceley, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Sunley Conference Centre, Boughton Green Road, Northampton, NN2 7AL 01604 893636 enquiries@healthwatchnorthamptonshire.co.uk

## Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Westgate House Nursing Home for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

## 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.



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# About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy ([www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.



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- We will provide information and advice about health and social care services.
  - Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

## Enter and View

Part of the Healthwatch Northamptonshire programme is to carry out Enter and View visits. Healthwatch Northamptonshire 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 View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.



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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 need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate 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 visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life and experience and opinions of residents. Westgate House Nursing Home was selected as one of the homes to visit so that we could provide the commissioners with a lay perspective of the home.

## How the visit was conducted

The visit was an announced visit with the Manger being given three week's notice of the intended visit and advised of the names of the HWN volunteers that would be carrying out the visit. We sent letters, posters and leaflets to the home to inform residents, relatives (or other carers and visitors) and staff about our visit and Healthwatch Northamptonshire. We observed the condition of the premises, and interaction between the staff and residents and talked with three residents, one relative of a resident, and one member of staff (the head chef, in the owner's presence). We also spoke with one of the owners at the start of the visit and at the end to clarify any questions that had been raised.



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# Observations and findings

## About the home

- The home is owned and run by a family. It was opened 28 years ago.
- The home specialises in mental health needs and a large proportion of the residents have complex needs and can exhibit challenging behaviour.
- There are 40 residents and 75 staff. There are usually 3 nurses and 8 carers working per shift.
- The home has recently replaced the residents' beds and is researching improved monitoring equipment.

## General impressions of the home

- The home is a large house surrounded by gardens with secured gates. Some areas of the garden, particularly trees and shrubs close to the windows, needed cutting back.
- Some work is being undertaken to brighten up the rather dull corridors and communal areas, such as painting the 'front doors' to rooms along one corridor in bright colours.
- The atmosphere in the large communal area was busy with a number of staff interacting on a one to one basis or in small groups with the residents.
- There were no unpleasant smells and the noise level was reasonable considering the number of people in that area.
- There are no bars or rails along the walls to assist walking. The owner told us that this is because bars/rails encourage falling when a resident who is using them reaches a doorway or similar where there are no bars.
- The laminated floors are lifting in places possibly due to overuse of water and there are sticky areas where too much spray cleaner is used.

## Personal care and dignity of resident

- We spoke to three residents. One resident had been there for 12 years had their own very pleasant and spacious room. They complained that their washing had come back creased that day but said this was not always the case. They spend several hours a day in their room on oxygen but said they did go downstairs occasionally for the hairdresser and entertainments.
- A second resident had been there for 10 years and was seen in their room. They said their room was "lovely and the best room in the place". It was spacious and well furnished. They did mention concern that there were no locks on the doors.



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- The third resident was seen in the communal area and was seated in a special wheelchair with their legs raised. Care had been taken to preserve this resident's dignity with their clothing and covers though it was unclear why their feet were bare.

### Staff behaviour, attitudes and relationship with residents

- The staff seemed competent and caring. No residents we spoke to said anything to contradict this observation.

### Independence of residents and control over daily life

- Two of the residents we spoke to in their own rooms were able to demonstrate some control in their choice of actions - though one did complain about being 'forced' to eat food. The balance between the staff's task orientation and respect for autonomy of the residents was not clear.

### Activities for residents

- A hairdresser visits the home weekly.
- The owner and a resident both mentioned that there was musical entertainment.
- The owner also told us about trips to Macdonalds.
- One resident had enjoyed horse riding until they became too incapacitated to continue.
- We did not observe any planned or organised activities but there was small group and one to one interaction between staff and residents.
- The home has since informed us that they have activities on nearly every weekday, including:
  - Visits from a Motivational Therapist (from Motivation & Co., South Midlands) twice a week to carry out music therapy, quizzes and exercises (particularly useful for wheelchair bound residents). The Therapist is good at involving residents in various activities and scores residents so the home can measure participation levels over time.
  - An array of musicians and a sensory specialist who come into the home.

### Food and drink and meal times

- One resident we spoke to said they liked the food and sometimes there was a choice. Another told us that the food did taste good but that they were sometimes 'forced' to eat it.
- The head chef told us that there were no written menus as most residents would not read them and only about eight would be able to make a choice. They do have details of each person's likes and dislikes as well as their allergies. Many need to have their food blended. The head chef told us that



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there is always some choice available and meal times are flexible, particularly breakfast which runs from around 7.30 to 10.30. All food is locally sourced and freshly prepared where possible. Fresh cakes are baked daily and the soup is always homemade. Drinks including fortified milkshakes are always available.

### Relationship between the home and residents/relatives

- The owner told us that there is an open door policy for relatives and that there is a 'Friends' group.
- The one relative available for us to speak to had spent the morning thoroughly cleaning their partner's room. The resident was admitted just a week ago and their partner wanted to remove any "dirt/traces" of previous occupants. The relative told us that they found the staff "pleasant and kind".
- One resident told us that they were "very pleased" with the way they were looked after - especially by the owner.
- The owner's office wall had an Improvement Project on display, with targets including improved communications with residents/staff/relatives and monitoring of the level of improvements made.

### Staff satisfaction

- We were not able to speak to any staff independently.

### Other observations and comments from resident, staff and relatives

- There had been some difficulty in making telephone contact prior to the visit. Calls were not answered and answerphone messages were not responded to. This may be due to the manager being away. Perhaps a better system could be devised.

## Recommendations

1. Cutting back trees and bushes that are up against the windows to let in more light and paying more attention to the cleaning would help brighten the walkways and corridors.
2. More planned activities and choices to encourage independence and provide stimulation.



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3. Ensure that answerphone messages are responded to if no-one is available to answer the phone.

## Response from the home

“Thank you for your report. Your visit team made some useful suggestions on the day which we have acted upon (comments made about use of colour in the corridor we were decorating at the time).

Response to recommendations:

1. Bushes have been cut back and we will do so again in the Spring.
2. We have activities on nearly every week day. A therapist from Motivation & Co. come in twice a week to do music therapy, quizzes and exercise (particularly useful for residents who are wheelchair bound). We have an array of musicians and also have a sensory specialist come into the home. We endeavour to cater for individual requirements of our residents as they arise.
3. We do not have an answerphone system at the home but will install in the new year.”



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# Contact us

## Get in touch

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