# Enter and View Report

# 'What Good Looks Like'

## 1. Visit Details

**Premises visited:** Dent House Nursing Home, 30 Chesterfield Road, Matlock, Derbyshire DE4 3DQ.

**Purpose of the service**: Dent House Nursing Home specifically caters for the long term residential care of adults with severe learning disabilities. It is a privately owned Nursing Home operated by Caritas Services Ltd, First House, Altrincham Road, Sale, Wilmslow, Cheshire SK9 4JE

**Date and time of visit**: 3rd February 2014 between 11:30pm-13:30am.

**Authorised Representatives**: Lesley Surman (LS) and John Beavis (JB).

**Contact Details:** Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Near Belper, Derbyshire DE56 0RN Tel: 01773 880786

## 2. Acknowledgements

We wish to thank the staff of Dent House who made us feel very welcome and who gave of their valuable time. They enabled us to gain a fair understanding of how the home operates and the changes currently taking place.

## 3. Disclaimer

Please note that this report relates to findings found on the specific date and time specified above. It is not representative of all service users and staff only those who contributed within the restricted time available.

## 4. Purpose of the Visit

Healthwatch Derbyshire wants to ensure that everyone who lives in Derbyshire, including those who live in a care home, get the opportunity to engage with Healthwatch to have their say about the health and social care services they are receiving.

For the purpose of this visit, Healthwatch Derbyshire wanted to observe 'What good looks like' within a care home setting.

Dent House was randomly selected, alongside 9 other Care Homes who had been awarded the Derbyshire County Council Bronze Dignity Award.

The purpose of the visit was to:-

- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.

## 5. Methodology

This was an announced Enter and View visit.

Authorised Representatives conducted short interviews with some of the staff of each care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and their families' wishes and staff training were explored.

Authorised Representatives also approached residents at each of the care homes to informally ask them about their experiences of the home, and where appropriate, other topics such are accessing health care services from the care home may also have been explored, to help with our wider engagement work.

A large proportion of the visit was also observational, involving the Authorised Representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service receivers engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

The visit was approximately 1 ½ - 2 hours in duration.

## 6. Findings

### Staffing

The Manager was newly appointed (August 2103), as was the Deputy Manager (October 2013). Staff turnover was stated as low.

It was stated that each resident has two Key Workers assigned to them who identify with the residents their individual needs and preferences.

The home employs 7 registered nurses (including the Manager and Deputy Manager) and 12 Care Assistants. They told us that they were about to recruit another 3 Care Assistants.

The home operates a 12 hour shift pattern from 8 to 8. During the day there is typically one qualified Nurse and four Care Assistants on duty in addition to the Management. On a night shift there will be one trained Nurse and one Care Assistant on duty.

### Talking to Staff Members

We were told that since August 2013, under the new management, staff were beginning to feel more empowered to work autonomously and as valued members of the team whose contributions were appreciated. One example for this was, a staff nurse we spoke to had devised new assessment records which had not only been adopted within the home but have also been introduced into the company's other homes.

We were told of a case where a key worker had helped a resident write a complaint against a member of the care staff. The complaint was investigated using the formal complaints procedure and Company HQ supported that process. The member of staff is no longer employed by them.

Staff told us that they liked working at the home and that they would have a relative live there if their needs required this specialist care.

One staff nurse showed us her personal portfolio of professional training/update which showed considerable evidence of continuing professional development. Each member of staff has their

own file. Staff are at liberty to ask to attend specific training events and the Company HQ arranges this along with the mandatory training/updates.

Both managers stated that the Company HQ was interested and provided a good level of support when called upon. They told us that finances for justified needs was not a contentious issue.

Staff appeared very caring and understanding of people with these complex needs; they were enthusiastic and committed to making the life of residents as good as it could be.

Staff appeared unperturbed by our presence and those we talked with were helpful, warm and friendly. Discussions were open and friendly, and we were shown everything that we asked to see. Staff dressed to support a home environment.

An event was recounted to us by the Manager, where a risk reduction plan/procedure had been prepared to support a resident attending a funeral with someone other than a staff member. The plan was not used and as a result risk was not reduced as it could have been. This experience has led to a new communication procedure being introduced involving a comprehensive verbal briefing with reference to the written plan being given to those accompanying a resident outside the home.

**Promotion of Privacy and Dignity**

A weekly meeting is held between residents and their key worker. Each resident has a series of action plans (see below in complex needs records).

Each resident has their own bedroom complete with TV and most rooms have en suite facilities. Residents can and do have their own bedroom furniture installed if they so wish. Evidence of this was seen.

Residents assessed as high risk or with particular risks are accommodated on the ground floor. Residents with communication difficulties are able to get the individual attention they need due to the high staff/resident ratio. There was evidence of several communication methods in use such as picture and word charts. Residents decide when they want to get up and go to bed.

There was a 'Future Events' board and a 'Menu of Activities' board evident in one of the living rooms. They included a games night and a movie night once a week. None of these activities were ongoing at the time of our visit.

JB was shown around by one of the care workers and was able to see that the bedrooms, bathrooms and toilets visited were immaculately clean. One of the bedrooms was in the process of being re-decorated.

Residents go out accompanied by a member of staff to enjoy particular local activities and day trips for social inclusion. We saw evidence of the following which occur regularly:-

One resident goes running on a regular basis on his own. He rings to get picked up if he doesn't feel up to running home, on other occasions he will get the bus. He generally runs in the afternoon/evening and the chef and he negotiate his afternoon/evening dietary needs.

Another resident told us that he was going to McDonalds in Chesterfield for his tea and that he does this weekly. He is accompanied.

Whilst we were there, another resident was getting restless and recognised that he needed to get out and go to the park. This was actioned quickly and efficiently.

The home confirmed that they operate an open door policy for relatives who are also invited to share suggestions for improvements/activities.

We were told that residents can exercise choice over the meal they have made from the ingredients available that day and we heard one resident discussing what he was going to eat. Some residents have particular dietary likes, such as fish for example, and these are accommodated.

Residents are encouraged to attend two monthly house meetings. We were shown the summaries of some of these. More regularly information is gained in weekly one to one meetings between residents and key worker or during less formal interactions.

The Deputy Manager suggested that she would like to see residents involved in the recruitment of new staff.

**Complex Need Records and Risk Assessment**

The home appeared to have comprehensive systems in this respect but they told us that they are still working to improve their strategy for managing complex needs and risk assessment. Each resident has:-

- A health action plan including appointments, meetings and care revision dates.
- A daily care plan with nurses' notes, risk assessments and clinical data.
- A person centered plan identifying what is important for the resident
- Daily food record.
- Paper and electronic records are kept and the electronic system allows for easy access to a comprehensive data review. We were shown evidence of these.
- Staff receive training from MAYBO in Conflict Resolution and Physical Intervention. Nurses rarely need to exercise these skills as the triggers that raise stress in individual residents are generally known by the nurses. However, where Conflict Resolution and Physical Intervention are required a record is kept in the Incident Book on "Air Forms" which are mailed to the Company HQ and copied to the resident's Care Plan.
- It was volunteered that further work needs to be done to improve record keeping (to improve the paper trail).

**Availability of Specialist Medical Support**

The home stated that they enjoy good support from the local GP Practice, doctors often attend the home on the same day as the request is made. Alternatively, a practice nurse may attend or a telephone consultation may be had.

Subject to GP referral, the home gets very good support from the Ash Green hospital in Chesterfield on mental health issues.

**Residents and their Relations**

Whilst we met some of the residents it was not possible, in the main, to have any meaningful discussion about their experiences because of their disabilities. We did not have sufficient time to develop knowledge of the residents and their communication needs, nor were we skilled in communicating with people who have learning disabilities, therefore the visit focused mainly on discussion with the staff and observing what we could of staff/resident interactions and home activities.

Residents demonstrated affection for members of staff. The residents we met appeared happy and 'at home'. We did not get an opportunity to meet any relatives.

**Exterior**

The exterior of the building was very well presented. It had a very homely and welcoming feel. The home was easily found. Security was in evidence with the door being kept locked.

**Internal Environment**

The first and overriding general impression of the home is that, whilst it is very busy, it is 'home' for the residents and all is under control.

The home has capacity for 10 residents. At the time of the visit there were 9 in residence with an age range of 19 – 67. There was an emphasis on this being the resident's home and although on occasion a resident will move on to independent supported living, the majority will live their full life at the home. If necessary community care support is accessed so that residents can be nursed in the home as they would have had they been living independently.

The home is in need of refurbishment/redecorating and is due for renovation and possible extension. We were told that a program for upgrade has been made and there was evidence of some upgrade going on.

There is a dining room and kitchen accessible to residents; support is provided. All common rooms are equipped with TV and some have DVD players.

## 7. Summary of Findings

Whilst the accommodation is old and would benefit from upgrading it is geared and run to accommodate residents with specific needs and is homely and meets its purpose.

The dignity principles are visibly addressed. Promoting and maintaining dignity is a priority.

Staff are enthusiastic in their work and could be seen to deliver care with compassion. They are listened to, and new ways of working are taken into consideration.

Staff training and personal development appears to be given a high priority.

There was evidence that resident's individual needs and wishes are taken into consideration and accommodated.

## 8. Recommendations

This report reflects the good practice that we observed.

As recognised already by Dent House, we recommend you:-

- Continue to develop work on improving record keeping enhancing the paper trail and transparency.
- Continue to implement the verbal briefing of risk assessment reduction plans prior to a resident going out.
- Test out residents' involvement in the recruitment of new staff.
- Realise the refurbishment project.

## 9. Response from Margaret Williams, Deputy Nurse Manager

We found the whole experience quite enlightening and appreciate the feedback.

The Authorised Representatives were very polite, courteous and above all appeared genuinely interested in their roles. One of them did appear a little wary although it was his first visit therefore quite understandable.

The inspection was quite thorough. It would have been beneficial to have views from a relative's point of view although on the particular day this was not possible.

As a company we appreciate inspections especially with feedback. Sometimes we can feel quite isolated and it is good to receive positive remarks.

We have taken on board the recommendation with regard to involvement of residents in staff recruitment. We have recently employed two new care support workers with the inclusion of a resident on the interview panel, this was a success and will continue.