healthwatch Enfield

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Enter & View Report

Stamford Nursing Centre 9 December 2014

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Premises name	Stamford Nursing Centre
Premises address	21 Watermill Lane, Upper Edmonton, N18 1SH
Date of visit	Tuesday 9 December 2014

Contents

Purpose of Visit

Healthwatch Enfield Enter and View Authorised Representatives have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

This was an announced Enter and View visit as part of a planned strategy to look at a range of care and residential homes within the London Borough of Enfield to obtain a good idea of the quality of care provided. We are particularly interested in the interface between health and social care, and want to find out whether care home residents are receiving a good service from local health providers.

The most recent Care Quality Commission (CQC) inspection of Stamford Nursing Centre, dated August 2014, found that the nursing home did not reach the required standard for "Safeguarding people who use services from abuse". It met all the other standards which were inspected.

Healthwatch Enfield chose to visit this nursing home because it is the largest nursing home in the borough and has a very high proportion of local authority funded placements. In addition to the safeguarding issue highlighted by the CQC, we had also heard informally that there had been some concerns in previous years about the level of care provided in this nursing home. We wanted to see for ourselves what the care is like in Stamford Nursing Centre which is home to some of the most vulnerable people in the borough.

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Executive Summary

We were very impressed by our visit to Stamford Nursing Centre.

From our observations and conversations, we gained the impression that care at Stamford Nursing Centre is of a high standard and genuinely person-centred. Staff appear to know all the residents very well and care is delivered in a personalised way, based on individual needs and preferences. The accommodation is well-designed for people with dementia and/or other disabilities. Residents are offered a good choice of activities designed to help them maintain their physical and cognitive skills. There are good working relationships with local health care services. Management and leadership is good, and staff are well-trained and professional.

We observed many aspects of good care at Stamford Nursing Centre, which we feel should be recognised as examples of good practice that other local care and nursing homes should aspire to. We have therefore drawn up a list of "Good practice recommendations" for other local providers to consider.

Recommendations for the management of Stamford Nursing Centre

1. *<u>Bilingual volunteers:</u> given the difficulty in recruiting staff whose language skills match those of residents we recommend that the home considers recruiting bilingual volunteers from the local community, to befriend and converse with residents in their mother tongue. Volunteers who speak the same language and understand the culture of particular residents could help with mutual understanding and in reducing the likelihood of residents feeling isolated. (See also recommendation 7 below.)*
   Response from Stamford management: The home has multicultural staff who come from all over the globe and are able to understand the residents. We have presently two volunteers who come into the home to assist both the staff and the residents.

2. *<u>Choice of food:</u> we recommend that consideration is given to expanding the standard menu so as to include a greater variety of food from different cultures on a more frequent basis. Residents and relatives could be asked to suggest different foods which they and others might enjoy.*
   Response from Stamford management: The chef provides more variety of food to the residents with the help from the staff and family members.

3. *<u>Arrangements for serving food:</u> we recommend that if possible residents should not be taken to the dining room too early; efforts should be made to ensure that food is served at the optimum temperature, whether in the communal rooms or individual bedrooms.*
   Response from Stamford management: The qualified nurses have been asked to supervise the carers during meal time to ensure that their nutritional needs are met. Staff have been asked to serve residents their meals in their various rooms of choice until they are ready to come out into the communal area. Person-centred care must be respected.

4. *<u>Hot drinks</u>: we recommend that residents' individual preferences should be taken into account when serving tea and coffee (eg how hot, how strong, how much milk and sugar etc).*
   Response from Stamford management: Individual preferences are considered to ensure that hot drinks such as tea, coffee are taken into account when serving resident. Additional kettles have been purchased for the purpose.

5. *<u>Photos of staff</u>: we recommend that there should be larger photos of staff on display in each unit, with their names and job titles clearly displayed.*
   Response from Stamford management: An A3 board has been purchased to display staff photos and job titles. Broomfield has already been completed. Oakwood and Woodside will be completed by 27 February 2015.

6. *<u>Overnight stays for relatives</u>: we recommend that a folding bed or reclining chair is provided for relatives staying overnight when the resident is gravely ill or approaching the end of life.*
   Response from Stamford management: A quote has been obtained from an approved procurement outlet to purchase two folding beds for relatives staying overnight.

7. *Volunteer involvement: we recommend that efforts are made to recruit more volunteers, perhaps with the help of the Enfield Volunteer Centre, and to expand the scope of the activities volunteers are involved in. For example, volunteers might be able to engage residents in conversation if they do not wish to take part in a planned activity, and to help facilitate conversation between residents who are sitting in the lounge together or waiting for their meals. Relatives of current or former residents might be interested in becoming volunteers.*
   Response from Stamford management: See response to number 1 above.

8. *Feedback on hospital services: we recommend that the home should adopt a procedure whereby residents and their relatives are asked about their experience on each occasion that they use hospital inpatient or outpatient services so that any issues can be picked up and acted on immediately.*
   Response from Stamford management: The home always asks relatives about their experiences in hospital and any unresolved issues are picked up and dealt with.

9. *Chairs in lounges: we recommend that chairs in the lounges are arranged in clusters, so as to facilitate conversation, except when an exercise session is taking place.*
   Response from Stamford management: The chairs in the various lounges are not institutionally arranged.

10. *Television: we recommend that the television is switched off completely during mealtimes to reduce distraction and enhance the possibility of interaction between residents.*
    Response from Stamford management: Staff are being made aware that protected meal time is being observed at all times, especially television is switched off completely to reduce distraction.

11. *Sensory impairment: we recommend that the needs of people with impaired vision or hearing, and those who are experiencing problems processing visual or aural information, should be taken into account in order to create a comfortable environment for residents.*
    Response from Stamford management: Person-centred care is always encouraged, including residents with special needs who are being referred to the appropriate specialist therapy.

12. *CQC Inspection reports: Bupa should ensure that the most recent CQC inspection report is available on the home's website.*
    Response from Stamford management: The most recent CQC report is now available on the home website.

Good practice recommendations for other local care and nursing homes

We observed many aspects of good care at Stamford Nursing Centre, which we feel should be recognised as examples of good practice that other local care and nursing homes should aspire to. We have therefore drawn up a list of "Good practice recommendations" for other local providers to consider.

We recommend that all local care and nursing homes:

1. *adopt the principles and practice of person-centred care and ensure that all residents are treated as individuals.*
2. *adopt measures to support residents who are wakeful at night, by encouraging night staff to keep them company and ensuring that snacks are available at all times.*
3. *make it possible for residents to interact with animals as this has been shown to enhance feelings of wellbeing.*
4. *encourage residents to pursue their own creative interests and contribute to the social and cultural life of the home in their own individual way.*
5. *adopt the policy of admitting no more than one new resident per day, to ensure that new residents and their relatives are given adequate information and reassurance.*
6. *wherever possible, adopt the practice of having a designated GP, who visits on a weekly basis, and can access patient records and print prescriptions while on the premises.*
7. *aim to develop a close working relationship with staff at the local hospital or hospitals.*
8. *adopt the practice of working closely with the local hospital Discharge team, and inviting relatives to visit the home prior to the patient's discharge.*
9. *adopt a policy of not accepting admissions after 5pm.*
10. *apply for Gold Standards Framework accreditation for end of life care.*
11. *adopt the policy of drawing all temporary staff from one agency to ensure as much continuity of care as possible.*
12. *consider adopting a policy of rotating staff between day and night shifts to ensure that all get the chance to attend training and other opportunities for professional development.*
13. *ensure that all staff receive thorough training in person-centred care for people with dementia. This should include some classroom-based training in addition to any online elements. Ancillary staff such as catering, cleaning and maintenance staff should also receive dementia awareness training, including how to communicate with people with dementia. Regular refresher courses should also be provided.*

Good practice recommendations for partner organisations

We recommend that all local health providers make efforts to develop collaborative working practices with local care and nursing homes, along the lines demonstrated at Stamford Nursing Centre. For example:

- *GP practices which serve the residents of local care homes should aim to visit on a regular basis and, wherever possible, to have access to patient records and the ability to print prescriptions on site.*
- *Hospital teams including A & E, elderly care and discharge teams in particular, should work closely with local care homes to ensure continuity of care for residents, and timely and appropriate discharge.*

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The Enter and View team

The Healthwatch Enfield Authorised Representatives who took part in the visit were Elisabeth Herschan, Gillian Edwards, Lorna Reith and Lucy Whitman (team leader).

General Information

Stamford Nursing Centre is part of the Bupa Care Home chain and is a purpose-built home situated in Watermill Lane, a side road, close to the North Middlesex University Hospital and the North Circular Road. The three storey centre was built in the 1990s and a new housing estate has recently been developed in the surrounding area. The home has a total of 90 beds. There are 27 beds on the ground floor (Oakwood Unit); 30 on the first floor (Broomfield Unit); and 33 on the second floor (Woodside Unit), which is dedicated to people with dementia. During our visit we focused on the Woodside and Broomfield units.

Enfield Clinical Commissioning Group (CCG) retains 4 beds and Haringey CCG retains 5 beds at the home as 'step-down' accommodation for those needing to be discharged from hospital. Some people who arrive as 'step-down' patients eventually become permanent residents. We were told the nursing home is normally full and on the day of our visit a new resident was expected. Eighty-five out of 90 residents are local authority funded.

The Registered Provider is Bupa Care Homes (ANS) Limited, who took over the care home approximately seven years ago. A number of the staff have worked at Stamford for some years but the senior team are fairly new. The manager is Kobe Kwateng, who is a registered Nurse and came to Stamford as deputy manager in 2011 and was confirmed as manager in 2013. He has worked for Bupa for seven years.

Methodology

During our visit, the team of four Enter and View Authorised Representatives made observations, and engaged in conversation with residents, relatives and staff focusing on the following five key areas:

1. Personal choice and control
2. Communication and relationships
3. Access to good healthcare
4. The environment
5. Staffing issues

During our visit we spoke with Kobe Kwateng the manager, Joyce Chisanga the deputy manager, Modupe Olanrewaju the manager of Broomfield Unit, two other members of staff, seven residents and one relative in Woodside Unit and two residents in Broomfield. All the residents we spoke to in Woodside Unit appeared to have advanced dementia; some appeared to be experiencing an 'alternative reality' and it was difficult to elicit many comments from them on the care provided in the nursing home. However, the residents appeared to be reasonably relaxed and all but one who we approached were willing to talk to us.

This report has been compiled from the notes made by team members during the visit, and the conclusions and recommendations agreed amongst the team after the visit. The recommendations also appear in boxes at the appropriate point in the report, close to the relevant pieces of evidence.

A draft of this report was sent to the manager of Stamford Nursing Centre to be checked for factual accuracy and for an opportunity to respond to the recommendations prior to publishing. We have included his response to individual recommendations on pages 3 to 4. The manager stated that 'The recommendations made were acknowledged and most of them have already been actioned.'

This report will be sent to interested parties (including Bupa Care Services, the Care Quality Commission, Enfield Clinical Commissioning Group, Haringey Clinical Commissioning Group, and the London Boroughs of Enfield and Haringey) and will be published on the Healthwatch Enfield website.

Acknowledgements

Healthwatch Enfield would like to thank the people who we met at Stamford Nursing Centre, including the management team, staff, residents and relatives, who welcomed us warmly and whose contributions have been valuable.

Disclaimer

This report relates to the service viewed on the date of the visit only, and is intended to be representative of the views of the residents, visitors and staff who met members of the Enter & View team on that date.

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Key area 1: Personal Choice and Control

Person-centred care

From our observations and conversations, we gained the impression that care at Stamford Nursing Centre is genuinely person-centred. Staff appeared to know all the residents very well and to take an interest in them as people. It appears that care is delivered in a personalised way, based on individual needs and preferences.

Individual care and support plans

We were able to examine a resident's care and support plan which was up to date and detailed. There was a full record of the resident's medical and care needs, information about likes and dislikes and, importantly, how this resident communicates, as he is no longer able to speak clearly.

We did not see an advance care plan but we were informed that this is normally done soon after admission, along with recording a DNAR (Do not attempt resuscitation) statement if applicable.

The home has a 'resident of the day' arrangement whereby each individual has an in-depth review once a month, with family or friends involved as appropriate, where their care plan and overall wellbeing are reviewed. Each care worker is a key worker for four residents, and their job is to check on the welfare of that resident, link with their family, check their room and clothing needs etc.

Staff told us that relatives are normally included on a regular basis in discussions about residents' care. Two managers referred to conversations with relatives about end of life care planning.

Personal histories

We were impressed that the deputy manager addressed all residents who we encountered in the corridors by name. She appeared to know them all personally, and was aware of their medical needs, likes and dislikes etc. The deputy manager explained that they record what the resident tells them about their personal history, but also check with relatives, as residents might be confused. Other staff were also observed to address residents by name and appeared to be aware of their personal history.

We saw that outside each resident's bedroom on Woodside Unit there was a photo of the resident and a brief biographical paragraph eg name, date of birth, former occupation, special interests etc, as well as a memory box containing photos of significant people or other memorabilia relating to the occupant of the room.

We were told that all residents' birthdays are celebrated. On the day of our visit the manager attended the funeral of a resident who had recently died.

Good practice recommendation1

We recommend that all care and nursing homes adopt the principles and practice of person-centred care and ensure that all residents are treated as individuals.

Support for residents with disabilities

All the residents have significant impairments and the home appeared to be able to meet their individual needs. We observed members of staff watching out for residents and providing physical support where required eg a helping hand or arm, and on one occasion a wheelchair. Several of the residents in the Woodside lounge were stretched out on reclining chairs, and each had a blanket over them. The lift and corridors are wide enough for residents who use wheelchairs or mobility scooters to move about the home with ease, and we saw that special equipment (eg for bathing) was available. (See also pp. 20-22 on the environment)

Cultural and spiritual needs and preferences

The majority of residents appeared to be of white English origin, with quite a large number of African-Caribbean origin, and a smaller number from other ethnic groups such as Greek or Turkish. A minority of staff appeared to be of white English origin, with a large number apparently African. The staff we spoke to all had a good command of English. A number of staff can speak a second language but there was limited overlap with languages spoken by residents. The unit manager told us that she speaks the same language as one of the residents, and we were told of a Greek-speaking administrative staff member who helps out. We were told that signs had been put up in one resident's room with commonly used words (food, drink, toilet) in the resident's own language and in English to aid staff.

Recommendation 1 for Stamford Nursing Centre

Bilingual volunteers: given the difficulty in recruiting staff whose language skills match those of residents we would recommend that the home considers recruiting bilingual volunteers from the local community, to befriend and converse with residents in their mother tongue. Volunteers who speak the same language and understand the culture of particular residents could help with mutual understanding and in reducing the likelihood of residents feeling isolated.

We were told by the deputy manager that representatives of different churches and other faith groups visit regularly; there was a Christian prayer meeting or service taking place while we were there.

(See also p.10 re Choice of food and drink.)

Choice and control of daily schedule

Managers told us that residents can follow their own personal schedule, including being awake at night if that suits them; staff on night duty will sit with those residents who are up or assist them if they need food. There is a 'nite bite' scheme which means residents can have a snack at any time between 6.30pm and 6.30am (eg a sandwich, hot chocolate, biscuits, beans on toast etc). Should a resident wish to sleep late in the morning, breakfast is served when they awake. Meals can be taken in the dining room or in the lounge. Staff appear to accept that some residents do not want to eat and drink at set times, or indeed to eat communally and are willing to accommodate this.

Good practice recommendation 2

We recommend that all care and nursing homes adopt measures to support residents who are wakeful at night, by encouraging night staff to keep them company and ensuring that snacks are available at all times.

Choice of food and drink

We were told that all food is cooked fresh on the premises in the kitchen on the ground floor, and then delivered to the dining rooms in each unit. We were told by several staff that on admission a resident's dietary needs and preferences are noted and the chef goes to see them (this was also recorded in the care plan we viewed).

The sample menus we saw seemed to show a rather traditional English cuisine, which surprised us given the ethnic mix amongst the residents. No alternatives (eg a vegetarian alternative) were printed on the menu, but we were assured that the chef would prepare meals to meet individual requirements. We were told that all the meat used is Halal, and separate arrangements would be made for residents requiring Kosher or vegetarian dishes.

We were told that residents can eat their meals in the dining room, the lounge or their own room. In Woodside Unit we observed that residents were brought into the dining room and helped to sit at the tables at least fifteen minutes before the lunch was served, and had to wait with nothing to do. As there was also quite a long wait between the first course (soup) being served and the main course, several residents were encouraged to eat some fruit in between. There were four staff including one of the activities organisers assisting with the meal. Some were eating without help, and some were being helped to eat. One relative was present and was feeding their family member with soft food.

None of the residents who we spoke to expressed any particular enthusiasm for the food. One said "It's ok." Another indicated that they weren't very impressed with the food. We noticed that two residents in Broomfield had not eaten all their main courses. Another Broomfield resident who was eating in their room told us that both their soup and main course were quite cold when they received them.

Recommendation 2 for Stamford Nursing Centre

<u>Choice of food</u>: we recommend that consideration could be given to expanding the standard menu so as to include a greater variety of food from different cultures on a more frequent basis. Residents and relatives could be asked to suggest different foods which they and others might enjoy.

Recommendation 3 for Stamford Nursing Centre

<u>Arrangements for serving food</u>: we recommend that if possible residents should not be taken to the dining room too early; efforts should be made to ensure that food is served at the optimum temperature, whether in the communal rooms or individual bedrooms.

In Woodside Unit, we observed cups of tea being handed out to all the residents in the lounge after the exercise session. However, all the tea looked the same (ie very milky), and residents' individual preferences did not seem to have been taken into account. One resident showed us her tea, with a look of disapproval, suggesting that it had not been served in the way she liked it. Tea and coffee which do not match people's preferences are not likely to be enjoyed and may be left unfinished. Although this may seem a trivial point, it can make a big difference to people's enjoyment of the day and feeling of wellbeing, as well as to their overall intake of fluids.

Recommendation 4 for Stamford Nursing Centre

Hot drinks: we recommend that residents' individual preferences should be taken into account when serving tea and coffee (eg how hot, how strong, how much milk and sugar etc).

We asked about alcohol and were told this was ok unless it interfered with the resident's medication.

Choice of planned activities

It was clear to us that efforts are made to provide interesting and enjoyable activities to help residents maintain their physical and cognitive skills. There is a team of six activity organisers and the activities programme displayed on the walls appeared to be varied, and included quite a lot of planned exercise sessions. There were lots of photos of residents engaged in activities. The activities staff work at weekends as well as during the week.

In Broomfield Unit we ascertained from one resident who had limited ability to speak that they had taken part in an art session in the morning.

In Woodside Unit, we observed an activity organiser facilitating a chair-based exercise session with music and a large ball and a balloon to be thrown between residents. The organiser was smiling, friendly and energetic, addressed residents by name and succeeded in creating a happy atmosphere amongst some of the residents. However, not all residents were joining in and some residents appeared to be a bit fed up.

One resident told us "I feel good," and said, "We have a choice. It's nice for people to do something for themselves – it makes them feel better. Self-help – it's good for them."

We spoke with one resident who did not seem to enjoy the activity. This person could not speak very coherently but kept pointing rather disdainfully to the other residents who were more severely disabled, and seemed frustrated that there were not more people to relate to and interact with. This resident said they were "stuck here".

Another resident who was sitting in the lounge with their eyes shut during and after the activity told us they wanted to shut their eyes and be quiet, and said that their head feels funny.

There were clearly different needs and abilities amongst the residents who were in the lounge during the exercise session, and it is hard to know whether the activities could be arranged any differently in order to meet all the residents' different needs more closely. It may be that volunteers could help out by giving individual attention to those who do not wish or are unable to take part in group activities. (See recommendation 7 on p.16.)

The home organises a variety of outings and there were photos on display of a range of outings from the past two years (eg Spurs ground, pub lunch, North Middlesex Hospital restaurant, Bletchley Park, seaside, summer fair and a planned trip to see the Christmas lights). Family members sometimes help with outings. Health care assistants are paid extra if they take part in outings in their own time.

Most activities in the care home are free, but a charge is made for hairdressing, chiropody and some outings. We were told that residents have individual accounts that their personal money is paid into. Costs, like hairdressing or an outing, will be paid for from this. If the money is low the home will call a relative and they can top it up.

Residents are not allowed to bring their own pets to live with them. The home has a caged bird in the first floor lounge and we were told that a volunteer brings dogs and cats into the home on a weekly basis.

Large photos in the corridors showed residents holding a variety of reptiles brought in as part of a special programme. Most residents in the photos appeared to be thrilled to be in contact with these animals.

Good practice recommendation 3

We recommend that all care and nursing homes make it possible for residents to interact with animals as this has been shown to enhance feelings of wellbeing.

Meaningful occupation when not taking part in planned activities

Staff indicated that they were aware that some residents 'like their own space' or 'like to keep themselves to themselves'.

We were told that all residents have a television in their bedrooms so they can watch television programmes of their choice at any time of night or day.

One resident told us they enjoy watching the television in their room quite a lot of the time. We were told of another resident who does not speak English whose relatives bring in DVDs in their mother tongue.

We were told that residents from the different units sometimes visit the other units in order to take part in activities or visit friends. We saw that at least three different Christmas carol sessions, due to take place on different dates in different areas of the home, were advertised on the notice boards and in the lift.

We noted that one resident in Broomfield Unit had a large number of DVDs stacked neatly on two bookshelves in his room. He told us that he runs a film club on Saturdays and Sundays in the 'theatre' room. He chooses a film and other residents from all three units come along to watch it. There are usually about 15 residents at each film showing.

Good practice recommendation 4
We recommend that all care and nursing homes encourage residents to pursue their own creative interests and contribute to the social and cultural life of the home in their own individual way.

There is a garden where residents can sit and/or take part in gardening activities, but the location of the home means there are no shops or parks within walking distance.

We were told that two of the residents smoke. They can smoke in the garden and are accompanied there as required.

Key area 2: Communication and Relationships

Communicating with residents who may have dementia
Staff appeared to have a good understanding of how to relate to and communicate with people with dementia or other communication difficulties. This seemed to confirm that the dementia training they had received was appropriate and effective. (See Good Practice Recommendation 13 p.25.)

Relationships between residents and staff

All the staff we spoke to came across as kind and compassionate. Staff members appeared to have good relationships with the residents, to know them well, and to be able to relate to them in a relaxed way. We observed staff addressing residents by name, greeting them warmly, talking to them courteously, and helping them in a kindly way, both when they were with them in the dining room and lounge, and when they encountered them in the corridor. On several occasions we observed residents reaching out to staff to hold their hands; staff responded kindly and appropriately. Staff did not appear to be too rushed as they went about their work, and seemed able to maintain their focus on the residents' needs. None of the residents we encountered displayed any apparent signs of fear or distress, which suggested to us that they felt safe and at ease.

Managers had instigated procedures which very clearly put the needs of residents first. For example, the deputy manager told us there was a policy of admitting no

more than one new resident per day, so that staff could give the new resident and their relatives good quality attention and time to reassure them and explain things.

Good Practice Recommendation 5

We recommend that all care and nursing homes adopt the policy of admitting no more than one new resident per day, to ensure that new residents and their relatives are given adequate information and reassurance.

When a resident in the dining room told a staff member her television (in her bedroom) was broken, the staff member said she would "put this in the book" to report it to the maintenance team. This staff member complimented more than one resident who had had her hair done that day. She also noticed that a resident who was wearing slippers on bare feet had very dry, cracked looking heels, and needed moisturising cream to be applied. These were examples of a staff member responding to and relating to individual residents in a person-centred way.

We observed a member of staff, who was feeding one resident in the lounge, gently reminding another resident that she was not in bed, and saying she should be careful not to slip off her reclining chair. Shortly afterwards she and another member of staff quickly and gently sat the resident up to prevent her from slipping to the floor.

The members of staff that we observed appeared to work well together well to support residents.

One resident who appeared to be out of touch with reality was nevertheless able to tell us that he liked the home "very much."

We saw a display of staff photos in the corridor in one of the units. We all felt that this display was inadequate. The photos were small and as many did not have accompanying names it was difficult to distinguish one member of staff from another. As many of the residents are effectively non-verbal, or may not be able to remember the names of staff, it is important that they should be able to point to a photo if they wanted to raise a concern, including a safeguarding issue, about an individual staff member. Larger photos with 'softer' expressions and names and titles in large fonts would help identification, aid communication between residents, staff and relatives, and give a more welcoming and positive impression.

Recommendation 5 for Stamford Nursing Centre

<u>Photos of staff</u>: we recommend that there should be larger photos of staff on display in each unit, with their names and job titles clearly displayed.

Response to challenging behaviour

We asked the deputy manager how the nursing home staff cope when a resident displays 'challenging behaviour'. She mentioned a dementia refresher course she

had attended, and explained some of the strategies they use, which showed that the staff have a clearly considered and professional approach. The impression we gained was that staff are encouraged to empathise with the resident and give them time and space.

One of the managers told us that certain residents resist attempts to provide personal care. In these cases, several staff will work together, and will press the emergency button to summon additional help if necessary. Deprivation of Liberty Safeguarding (DoLS) orders have been applied for where necessary.

Interaction between residents

We were told that residents who are bedbound and/or are being PEG-fed are encouraged to come out of their rooms as much as possible to join in the social life of the nursing home.

We did not observe much conversation between residents. Those sitting in threes and fours at the dining tables in Woodside ward both before and during their lunch were sitting in silence. They were given a choice as to who to sit with, or to sit on their own if they preferred. One woman came in after the others and greeted another resident very warmly, asked how she was and sat near her. They both smiled and told each other they loved each other. We did not observe staff facilitating conversation between the residents. However most of this observation took place either during the scheduled exercise session or just before and during lunch when staff were busy and residents were preoccupied with eating. Volunteers might be able to help facilitate conversations. (See recommendation 7 on p.16.)

Involvement of relatives and relationship between relatives and care home staff

We were told by the managers that relatives can visit at any time during the day. We spoke to one relative who was assisting their family member to eat lunch. This relative confirmed that they and their family could visit at any time. They said that they did not have any concerns about the care in the nursing home, but that if anything was worrying them, they could talk to any member of staff, or the manager or deputy manager, and they were confident that management would respond in a positive way and try to solve any problems. They commented that they felt the care in the home had improved since the present manager and deputy manager had been in post.

We were told that relatives are invited to take part in activities and outings.

We asked what provision is made for relatives to stay if the resident is seriously ill or dying and we were told they can stay in the resident's bedroom or in the lounge and staff ensure they get food and drink. No bed is provided for relatives who are staying overnight.

Recommendation 6 for Stamford Nursing Centre

Overnight stays for relatives: we recommend that a folding bed or reclining chair is provided for relatives staying overnight when the resident is gravely ill or approaching the end of life.

Response to residents' and relatives' concerns

We were told that the manager operates an 'open door' policy for residents and relatives to raise any concerns they may have. We saw a notice in the hallway explaining how to raise concerns. Bupa arranges for an independent company to carry out annual satisfaction surveys of residents and relatives. We were told that the 2014 survey has recently been carried out and the home is awaiting the results.

We asked about an issue around security which had been raised in an earlier survey and the manager explained this related to some youths gathering in the car park area. CCTV had been installed and we were told residents were no longer worried.

Records are kept of concerns, complaints and suggestions from residents and relatives, and of the outcomes arising. The manager showed us the folder which holds complaints and suggestions, and provided an example of a complaint from a relative about the siting of the TV and radio in a resident's room which had been resolved.

Involvement of volunteers

We were told that there are currently four volunteers involved. (This has since been corrected to two volunteers.) They help with activities such as outings.

Recommendation 7 for Stamford Nursing Centre

Volunteer involvement: we recommend that efforts are made to recruit more volunteers, perhaps with the help of the Enfield Volunteer Centre, and to expand the scope of the activities volunteers are involved in. For example, volunteers might be able to engage residents in conversation if they do not wish to take part in a planned activity, and to help facilitate conversation between residents who are sitting in the lounge together or waiting for their meals. Relatives of current or former residents might be interested in becoming volunteers.

Key area 3: Access to Good Healthcare

Overall the home appeared to work well with partner health organisations.

General health and wellbeing

All the residents we saw had a clean and tidy appearance. Their hair and nails looked well maintained. The home was warm – but not overly hot. The care plan

we saw had details of how to look after the resident's dentures and contained a record of specific incidents such as epileptic fits and falls. A regular review of medication was also recorded on the care plan. We were also shown the nursing home's incident book and were given the folder to read through. This seemed to be in order.

Hydration and eating

Staff appeared well briefed on their responsibility to encourage residents to eat and drink, and we observed several instances of this being done. Staff assisting in the dining room were observed to be checking up on residents who did not eat all their food. Those residents requiring help with eating were treated in a manner which seemed appropriate and dignified. There appeared to be sufficient staff to carry this out and no sense that residents were being rushed. Soft food is provided for residents with swallowing problems. All residents in the dining room were offered napkins or pinafores before they ate to keep their clothes clean.

Many of the residents had drinks on tables next to them. Colourful plastic beakers were provided for water at lunch time in the dining room and a jug of juice was observed on the bedside table in a resident's room. Three residents sitting at a table in the dining room, waiting for lunch to be served, had cups of tea. Residents were also observed being given tea after an exercise session.

There appeared to be plenty of food available day and night – both at meal times and at other times. We saw details of food preferences and dietary requirements recorded in a resident's care plan. We were told by the deputy manager that all residents are observed for a week after admission to assess whether there are any concerns about eating and nutrition; those identified as needing support with eating have this recorded in their care plan, and their weight and nutritional intake is regularly checked and recorded; she assured us that if a resident showed signs of not eating as well as usual this would be picked up promptly and they would be monitored until there were no further concerns.

The Broomfield unit manager told us that dieticians come from Enfield Community Services and are responsive and helpful.

Access to GP and pharmacy services

We were told that all residents are registered to the Somerset Gardens GP practice (just over the borough boundary in Haringey). We were informed that the practice has a designated GP for the home who visits every Wednesday and is highly regarded by staff. We were informed that the GP has set up a computer in the nursing home, enabling direct access to patient electronic records and the ability to print prescriptions. The home reported no problems with local pharmacy services.

Good Practice Recommendation 6

We recommend that wherever possible, all care and nursing homes adopt the practice of having a designated GP, who visits on a weekly basis, and can access patient records and print prescriptions while on the premises.

Generally the staff told us that they were satisfied with the out of hours service provided by Barndoc but we were given an example where the home had been unable to speak to anyone at Barndoc following the death of a resident at the home on a Saturday.

Access to dentists, opticians, audiology, footcare etc

We were told that residents have regular eye tests; opticians and dentists come on site to see residents but a GP referral is needed for audiology. Chiropody services visit to attend to those who are entitled to free NHS treatment.

The manager told us that residents are always accompanied when outside appointments are required. Transport is also needed for all external visits, including to the North Middlesex Hospital. Staff reported that patient transport worked reasonably well though there could be delays which were stressful for residents and also put staff at the home under pressure if colleagues were away for long periods acting as escorts.

Specialist nursing services

The Care Home Assessment and Treatment (CHAT) team provided by Enfield Community Services was praised by managers, who said it had made a positive contribution. In addition to highly experienced senior nurses who offer training and advice as well as specialist nursing care if required, the CHAT team also includes consultant geriatricians based at North Middlesex Hospital who are able to see patients both in the nursing home and at the hospital if they are admitted. This means there is good continuity of care for residents.

There was also appreciation of the support from the Tissue Viability Nurse Specialist.

Admission to and discharge from hospital

Staff said they are committed to reducing hospital admissions as they are aware of the inherent problems with elderly people being admitted to hospital. If hospital admission is unavoidable, summary information is sent with the resident.

There appears to be a close working relationship between the nursing home and the North Middlesex Hospital (NMUH). This was confirmed by the deputy manager, who referred to many of the staff in different teams at NMUH (eg surgical, stepdown, care of the elderly wards, discharge team etc) by name. Managers said they were keen to develop even closer working relationships with NMUH but staff changes at the hospital had hindered this. Some nursing home staff do agency work at the NMUH which helps them keep up their nursing skills and also assists with building good links.

Good practice recommendation 7

We recommend that all care and nursing homes should aim to develop a close working relationship with staff at the local hospital or hospitals.

The deputy manager told us they have good links with the Discharge team at NMUH. An example given of close working to help with smooth discharge, is that

relatives of a patient who is not an existing resident of the nursing home may be invited to view the home in advance, to alleviate any concerns they might have before their family member is discharged.

Good Practice Recommendation 8

We recommend that all care and nursing homes should adopt the practice of working closely with the local hospital Discharge team, and inviting relatives to visit the home prior to the patient's discharge.

It is the policy of the nursing home not to admit any new residents after 5pm, as they have found by experience that if a resident is admitted in the evening, and there is anything missing – for example, the discharge letter from the hospital, or a supply of essential medication – this cannot be put right until the following day.

Good Practice Recommendation 9

We recommend that all care and nursing homes adopt a policy of not accepting admissions after 5pm.

We were told of one instance where a resident had received poor care at the A&E at NMUH. A relative described to us how a few months ago her family member had been taken to A&E, where they had had to wait more than six hours. This resident needs pureed food, and no food was available. The relative also said that although the resident was admitted to a ward for a stay of several days the hospital was not able to provide suitable continence pads and at one point offered a baby's fabric nappy instead. This relative had not complained to the hospital or told the nursing home staff about the bad experience at NMUH.

Recommendation 8 for Stamford Nursing Centre

Feedback on hospital services: we recommend that the home should adopt a procedure whereby residents and their relatives are asked about their experience on each occasion that they use hospital inpatient or outpatient services so that any issues can be picked up and acted on immediately.

Access to social worker support

The unit manager told us that social workers do visit though it was felt that because they didn't know the resident as well as staff at the home this could lead to differences when judging a resident's capacity.

End of life care

The home said they have good links with the Community Palliative Care Team and value their input. We were told that discussions on end of life care are actively promoted so that residents' wishes can be recorded and arrangements put in

place. However, we heard that in some cases relatives are reluctant to engage in conversations with nursing home staff when a resident is approaching the end of life, and insist on talking to a doctor instead.

Although some members of staff have previously been trained to use syringe drivers (used to administer a controlled amount of painkillers or other medication when a patient is approaching the end of life), currently these staff would require a refresher course should a patient need this process to be implemented.

The nursing home is currently going through the process to achieve Gold Standards Framework accreditation for end of life care.[1]

Good practice recommendation 10

We recommend that all care and nursing homes apply for Gold Standards Framework accreditation for end of life care.

Good practice recommendations for partner organisations

We recommend that all local health providers make efforts to develop collaborative working practices with local care and nursing homes, along the lines demonstrated at Stamford Nursing Centre. For example:

- GP practices which serve the residents of local care homes should aim to visit on a regular basis and, wherever possible, to have access to patient records and the ability to print prescriptions on site.

- Hospital teams including A & E, elderly care and discharge teams in particular, should work closely with local care homes to ensure continuity of care for residents, and timely and appropriate discharge.

Key area 4: The Environment

The nursing home was purpose-built about twenty years ago. We found it to be clean and bright throughout, well-lit, and in reasonable decorative condition. On the day of our visit there were many Christmas decorations and Christmas trees throughout the whole home which gave a jolly and festive atmosphere.

Communal areas

We were impressed by the care which has been taken to make a special feature of the corridors throughout the nursing home. The corridors have clearly been

[1] See http://www.goldstandardsframework.org.uk . North London Hospice is a regional Gold Standards Framework (GSF) centre offering the 'GSF in Care Homes' training programme. http://www.northlondonhospice.org/education/gold-standards-framework/ .

designed to celebrate the life of the home and to stimulate conversation and pleasant memories. There are many beautiful framed photos of residents taking part in different activities with evident enthusiasm, some themed displays (eg football, London) and many notices and announcements of future activities.

Clear efforts have been made to provide good signage in Woodside Unit to meet the needs of people with dementia eg pictorial signs on toilet doors. However, we did notice that the fonts used on room signs, on the notice boards and on menus are generally quite small, and could be challenging for residents or visitors with visual impairments, and those who are limited in their ability to understand written English. The use of larger font sizes and bigger illustrations (such as photos of what goes on inside) on communal areas would make the building more user-friendly.

There are several different communal rooms in each unit, which gives residents a choice of where to spend their time when they are not in their bedrooms.

In the two large lounges in Woodside and Broomfield Units, we observed that all the chairs were arranged with their backs to the wall. This was appropriate for the duration of the exercise session which was taking place in Woodside Unit. For general purposes, however, this arrangement creates a rather 'institutional' atmosphere which does not feel cosy, and may make it harder for residents to converse with each other.

Recommendation 9 for Stamford Nursing Centre

Chairs in lounges: we recommend that chairs in the lounges are arranged in clusters, so as to facilitate conversation, except when an exercise session is taking place.

We observed that the lounge in Broomfield unit smelt musty and unpleasant. We were told there were plans to remove the carpet.

The dining rooms are arranged 'cabaret style', with round tables seating four people at a time, which can enhance opportunities for conversation, and we saw residents sitting in the dining area, both during the morning and at lunchtime. The Woodside dining room, in the morning, seemed to be a quiet space. On the top floor we observed a small nook off the corridor with two armchairs where people can have a quiet conversation if they so choose.

We noted that the music in the lounge for the exercise session was loud and went on long after the exercise session had finished. The same tune seemed to be repeated on a loop. We also noticed that the television was on quite loud in the dining room in Woodside Unit during lunch; this was no doubt intended to ensure that everyone could hear it, but it could also make it hard for people with hearing problems to have conversations. In fact, throughout the whole lunch period, no one was paying the television any attention, and it did not appear to add to the comfort of the residents waiting for or eating their lunch. Background noise and flickering images of this kind may make it harder for people with dementia to process what is going on around them, and inhibit concentration and conversation.

Recommendation 10 for Stamford Nursing Centre

Television: we recommend that the television is switched off completely during mealtimes to reduce distraction and enhance the possibility of interaction between residents.

One room in Woodside Unit has been converted into a sensory room, with pleasant aromas, special lighting features and running water. Although this may create a relaxing environment for some residents, people experiencing visual or perceptual problems might find the light show in the sensory room disturbing. At least one of the Christmas trees in the nursing home had flashing lights, which again could be disturbing for people with dementia who are experiencing perceptual problems.

Recommendation 11 for Stamford Nursing Centre

Sensory impairment: we recommend that the needs of people with impaired vision or hearing, and those who are experiencing problems processing visual or aural information, should be taken into account in order to create a comfortable environment for residents.

Bedrooms

We were able to go into or look inside two or three bedrooms in each of Woodside and Broomfield units. The bedrooms varied in size. One was small and would have been cramped had the occupant been a wheelchair user. Another had room enough to accommodate a mobility scooter and two bookcases without looking cramped. These bedrooms were furnished appropriately, with cheerful fabrics in some cases, and all bedrooms have televisions. Most of the furniture we saw was of standard issue, but we were told that residents can bring some items of furniture and personal ornaments if they so choose. In one bedroom we observed a large number of personal items displayed on and around a bookcase.

We saw that the window in one of the bedrooms we went into looked straight out on to the busy North Circular Road, and that there was noise from the traffic.

Each bedroom has an en suite toilet and washbasin, and we understand that some also have an en suite shower although we did not see this.

There is a communal bathroom on each floor and we looked into one of these bathrooms, which was spacious, and had a soft seat lift to help residents in and out of the bath, which looked preferable to an old-style hoist.

There are two garden areas but due to the weather we didn't go out. Residents may go into the garden when they wish, including if they wish to smoke. We could see seating in one of the areas and we also saw photos of residents taking part in a growing project outdoors.

Key Area 5: Staffing Issues

There is a manager and a deputy manager for the whole nursing home, and a manager for each of the three units; we were told that all the managers are registered nurses. We were informed that the management team is supported by a regional Bupa manager who provides 24/7 support over thirteen homes (with a relief manager). There is also a quality manager. If the home's manager is on leave the deputy can call on the regional manager for support. Bupa head office provides payroll, website, training, frameworks for quality assurance, performance monitoring, and annual surveys of staff, residents and relatives. We asked the Manager about the absence of the most recent CQC report (August 2014) from the Home's website and he responded that responsibility for the website lay with Bupa's IT department.

Recommendation 12 for Stamford Nursing Centre

CQC Inspection reports: Bupa should ensure that the most recent CQC inspection report is available on the home's website.

Management told us they "feel supported" by Bupa. Both the manager and deputy manager attend meetings with their peers from other Bupa homes where they can exchange experiences and ideas for how to meet challenges.

Leadership

We were impressed by the management staff and their knowledge and attitude. They came across as energetic, imaginative and compassionate and had a 'can do' approach which, with ongoing support and encouragement, could become a beacon for other homes. All the staff we spoke to were complimentary about the manager, stating he was "not afraid to roll up his sleeves" if a job needed to be done. He was described as a "well good mentor". Staff were very positive about the improvements which had taken place since he came into post. We heard similar comments from a relative we spoke to. One of the care workers we spoke to had been with him to the funeral of a resident on the day we visited.

We learnt that it is normal practice for staff to attend residents' funerals and there is support for staff who may be distressed at losing someone they've been close to.

The manager told us that the results of the Bupa staff satisfaction survey showed 90% staff satisfaction at the home, and, when prompted, seemed to indicate that this rating compared favourably with other Bupa homes.

We were reassured to hear from staff that they knew how to escalate any concerns they had, including those about other staff, and the importance of keeping records. We were given an example of a safeguarding concern relating to a visitor which appeared to have been handled appropriately.

There are fortnightly team meetings where issues can be addressed and staff told us they felt confident in raising concerns. All the staff we spoke to were happy in their work and had a positive and professional approach.

Staff cover

The manager told us that there are 90 staff in all, with 70 permanent staff and usually about 20 Bupa bank staff, including many 'regulars'. He said that there used to be quite a high turnover of staff, but this has now settled down. Using Bupa bank staff to cover temporary needs ensures that many of the temporary staff are familiar with this nursing home and its residents, as well as ensuring all staff are trained to the same high standard. This also offers flexibility to staff who are not able to commit to full-time or permanent employment but prefer to work regularly in one establishment.

Good practice recommendation 11

We recommend that all care and nursing homes adopt the policy of drawing all temporary staff from one agency to ensure as much continuity of care as possible.

We were told that shift patterns are 8am-2pm, 2pm to 8pm and 8pm to 8am, with many staff working a double shift from 8am to 8pm. The daytime ratio for each unit is two registered nurses and four care workers. Daytime there will be one nurse who is designated as the lead – picking up issues and liaising with official visitors.

We were concerned to learn that there appeared to be no allocated time for handovers and asked staff about this: all told us they were happy with the arrangement and that full handovers do take place.

We were told that overnight staffing is one registered nurse and two care workers per unit with one of the nurses being designated the on-call manager for the whole home. All night staff are waking staff and expected to attend to residents who might be up and about. The manager told us that staff are rotated between day and night shifts as otherwise there was a danger that night staff would get deskilled and out of date as development opportunities only take place during the day.

Good Practice Recommendation 12

We recommend that all care and nursing homes consider adopting a policy of rotating staff between day and night shifts to ensure that all get the chance to attend training and other opportunities for professional development.

We were informed that five pagers are issued each day – four to care workers and one to a manager. If a resident calls for help then all pagers go off and it is up to

the staff member who responds to turn off the bell. The manager can monitor that this is done.

Staff supervision and training

We were shown records of staff supervision and appraisals and were told that clinical supervision is undertaken. We asked about staff who might not be up to the job and the manager told us about a nurse who had been dismissed some time ago. We also heard how staff were mentored if poor practice was identified. It appears that Bupa is able to support with HR.

We were shown staff training records which appeared up to date. Most training is arranged and provided by Bupa who have a dedicated trainer, responsible for three North London homes, who runs a full programme of essential training. This includes mandatory training (eg health and safety, fire safety, moving and handling, safeguarding vulnerable adults etc), as well as end of life care, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), care of people with learning disabilities, and 'Person First, Dementia Second' training. The latter was developed by Bupa in association with the University of Bradford Dementia Group. The manager told us that all staff (including cleaners, caterers and Bupa bank staff) are required to undertake this course. Clinical training is provided by the deputy manager on site. As mentioned above (p.20), staff are receiving training so that the nursing home can be accredited by the Gold Standards Framework for End of Life Care.

Good practice recommendation 13
We recommend that all care and nursing homes ensure that all staff receive thorough training in person-centred care for people with dementia. This should include some classroom-based training in addition to any online elements. Ancillary staff such as catering, cleaning and maintenance staff should also receive dementia awareness training. Regular refresher courses should be provided.

We were told that staff can also request specific training and a session on care for people with diabetes had been arranged off site. There is a dedicated training room at the home and most of the training is a mixture of classroom-based and online. There are central records of staff training and the manager told us he sent weekly reports to BUPA head office.

The care worker we spoke to told us she had undergone safeguarding, moving and handling, and fire training in the past six months.

Conclusion

From our observations and our conversations with residents, relatives, staff and management we concluded that care at Stamford Nursing Centre is of a high standard. We hope that other local care and nursing homes can benefit from considering the recommendations which we have drawn up based on the good practice we observed here.

What is Healthwatch Enfield?

Healthwatch Enfield is an independent organisation which exists to represent patients and service users. Our job is to make sure local people's voices are heard by those who design and deliver services. We are part of a national network of Healthwatch organisations.

What does Healthwatch Enfield do?

- Healthwatch Enfield is here to help secure improvements to services such as GP practices, dentists, opticians, pharmacies, hospitals, care homes and day centres.
- We work on behalf of the local community, children, young people and adults.
- We provide information about the health and social care system.
- We collect the views and experiences of local people about health and care services; what works well and what needs to be improved.
- We have formal powers called 'Enter and View' so we can go and see for ourselves how adult health and social care services are working.
- We have a place on bodies like the Health and Wellbeing Board and we attend the Clinical Commissioning Group. This enables us to influence the way services are planned, commissioned and delivered.
- We work with local Healthwatch organisations in neighbouring boroughs because their residents share some services with Enfield residents.
- We pass on information and recommendations to Healthwatch England, to the local Council and the Care Quality Commission.

Further information about Healthwatch Enfield can be found on our website: www.healthwatchenfield.co.uk

Healthwatch Enfield
311 Fore Street
London N9 0PZ

Email: info@healthwatchenfield.co.uk; Phone: 020 8373 6283

Healthwatch Enfield is registered as a Community Interest Company no 08484607 under the name of Enfield Consumers of Care & Health Organisation CIC.

What is Enter and View?

Healthwatch Enfield has the authority to carry out **Enter and View** visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007.

Enter and View is part of our wider duty to find out what people's experiences of local health and social care services are, and use our influence to bring about improvements in those services. We can hold local providers to account by reporting on services and making recommendations.

Further information about Enter and View is available on our website: http://www.healthwatchenfield.co.uk/enter-and-view