

Healthwatch Cheshire West Enter and View Report	
Enter and View Visit to	Kingscourt Nursing Home Newton Lane, Hoole, Chester CH2 3RB
Date	4 <sup>th</sup> June 2015
Authorised Representatives	Chris Banfi, Lynda Kenny and Val Pasley.
Staff Present	Sue Jones - Acting Manager and Gill Mort, Senior Nurse ( <i>deputy manager</i> ).
Background	Kingscourt is part of the Springcare group and benefits from a number of services provided by the organisation. The home is advertised as a 37 bed nursing home over three floors with one lift and 23 rooms en-suite ( <i>manager was unable to confirm this</i> ). At the time of visit there were two residential vacancies. All residents have been assessed as requiring nursing care and the home is able to support people with a range of quite challenging needs. Kingscourt does not specialise in dementia, and offers respite care only if a bed is available. The home is close to all the community facilities of Hoole, Chester, and is next door to the Park Medical Centre doctors' surgery. Representatives were told that Sue Jones acts as a relief manager for Springcare Homes and has been in charge at Kingscourt since April 2015.
Overall Impression	A clean and well presented home which has recently had some updating (lounges), however the decor is a little bland and bare in places such as the corridors which seemed, in the upper two floors, a little narrow. The Home Manager is on long term sick leave and there have been several changes in management which have presented some problems, however, everyone we spoke to was very positive about the impact Sue has had since taking over.
Any ideas or suggestions for improving service?	<ul style="list-style-type: none"> <li>• Stabilise the management of the home to avoid disruption and consolidate the changes which have been introduced including the improvement in staff morale.</li> <li>• Look for an alternative relocation of the call system or install one which isn't so loud and intrusive into the lounge and residents' rooms. Also in light of resident and relative comments, review response times to call bells.</li> <li>• Activities Board to be replaced, as planned, with a wall displaying the programme and photos.</li> <li>• Share good practice of the activity co-ordinator so cover can be provided in her absence.</li> <li>• Monitor and review the effectiveness of training care staff to administer medication.</li> <li>• Ensure the new maintenance man has training from the present one to ensure continuity.</li> <li>• Monitor the temperature of meals taken in residents' rooms.</li> <li>• Repair downstairs toilet so that residents can access this during meal times.</li> </ul>

## Environment

The home is clean and pleasant with no odours. There have been some recent updates in decoration and furniture and the manager confirmed she has had no problems in obtaining funding for these improvements. Some decoration took place at night to avoid disruption to residents. The maintenance man told us rooms are redecorated as they become available. He confirmed that if materials are needed quickly he is able to purchase them promptly. He told us things have improved since Sue had taken over.

Sue said, ***“When I came I did a snagging list... must be most of the way through now.”***

Staff confirmed that Sue had made significant improvements and had raised staff morale. They hoped that these improvements would be retained when Sue moved on.

There is one small lift for three floors and we wondered if this is a problem accessing different floors at times.

There is a small attractive garden with furniture and pots planted up by the residents' Gardening club. The manager acknowledged that outside space is limited.

Sue told us she had only had one complaint about an untidy room which was remedied immediately. The senior cleaner told us that, ***“Each room is deep cleaned every month.”***

There is a small reception area where we observed a suggestion box and we were shown a folder for complaints. Information for residents and relatives is clearly visible in the entrance area. Personal evacuation files and \*RNHA record book was up to date. The activities planner and photos had been removed to make way for a new 'wall' to display this information. There is a very loud buzzer alarm system which can be heard in the lounge area and, according to a visitor, can also be heard inside a resident's room. We found this intrusive and comments were made that the noise is irritating for both residents and relatives/visitors and gives the impression that staff are not responding to the call system promptly.

(\*Registered Nursing Home Association)

## Health and Wellbeing

**Staffing** - The home provides 24 hour nursing care and is staffed by two nurses and six carers in the morning; one nurse and five carers in the afternoon and one nurse and three carers at night.

The temporary Relief Manager, Sue Jones, is also the on-call manager at night: as she lives in Wem, Shropshire, Representatives asked if this presented a problem. Sue said that most issues could be dealt with by 'phone. She informed us that the 'registered fit person' for the home was the owner of the Springcare Group.

The home also employs two chefs to prepare meals, all of which, we were told, are prepared freshly on site. Also employed are an activity co-ordinator, (working Monday to Friday) and several laundry and cleaning staff.

Springcare employ a podiatrist and a physiotherapist who provide treatment for all the homes in the group. We were informed that there is a 'bank' (owned by a sister company, 'Paramount Care') to provide staff in cases of a shortfall - so agency staff are not used.

**Training** - We were informed that some new 'Senior Medication' carers are about to undergo training in order to handle drugs and medication; the aim being to free-up Nurses' time. Staff undergoing this training will have an NVQ Level three.

Gill, the senior nurse, expressed a concern that they were losing a nurse and also concerns about difficulty in recruiting a new nurse. She also appeared apprehensive that non-nursing staff are to be trained to administer medication.

The training is recognised and accredited.

Medication is kept in a locked trolley for distribution.

New staff undergo two days' induction training at Head Office and have a 'buddy' with them during their first two weeks. Staff would be undertaking a new, twelve week programme of learning, culminating in a Care Certificate. Sue said that someone from Springcare Human Resources would be

coming shortly to start this training.

Training, such as induction and the new twelve week Care Certificate is provided by a Head Office Trainer. Sue was critical of the amount of paperwork required for the certificate. Colleges are involved in other qualifications but Sue was unable to be specific about this aspect of training.

**Care Planning** - Sue told us that she has introduced a system she calls "Resident of the Week". This is to focus on each resident and carry out an in-depth and thorough review to ensure the needs of the resident are being met. We were told that there was a monthly audit of care plans with four care plans audited each month.

Residents had individual fluid balance charts, and there was evidence of drinks in Residents' rooms. Representatives understand that GPs from the neighbouring surgery visit weekly and any other time if required.

A nurse was observed encouraging a resident in a gentle and friendly way to take her medication. She waited patiently until the tablets were taken. A nurse told us that if she had any concerns about drugs or procedures she could call the duty doctor. She told us she felt supported by other nurses and management and she enjoyed her job.

The maintenance man said he does weekly fire checks and this was confirmed by records. He showed us evacuation equipment which is checked regularly but did express concerns about evacuation mattresses with regard to moving and handling and resident safety.

**Food** - Menus are provided on tables in the dining room and there is a 'protected dining' system so that mealtimes are not interrupted. Representatives understand that special diets are provided for those that need them and a meeting was due to be held in the near future to get residents' feedback on food. Relatives are also canvassed regularly about food choice ideas.

The dining room is small and a somewhat awkward shape but each table seemed to have a dedicated carer. The dining room cannot accommodate all 37 Residents at once but many residents chose to eat in their own rooms: A Carer commented, "*We have a lot of feeds here!*"

One Representative was concerned as a particular resident had commented that, he had experienced difficulty accessing the toilet during lunch, "*As Carers were 'stretched' during this period.*"

Representatives noticed that the toilet near the dining room was not working.

Residents can either have breakfast in their own rooms or in the dining room, with their main meal at 1.45pm and a lighter afternoon tea. Again, Residents can stay in their own rooms for hot meal, but one resident commented, "*Food was sometimes cold when it was brought up from the ground floor kitchen.*"

One Representative noticed a Resident struggling with a regular tea cup because he was having difficulty with grip.

### Activities and Community Links

The Home employs a full time Activity Co-ordinator (AC), who described to Representatives a typical plan for activities for the week. She explained that she spends the mornings on 'one to one' sessions supporting residents on whatever they enjoy e.g. reading the paper or taking short, local walks. In the afternoon she organizes a number of activities that include: flower arranging; a gardening club; karaoke; 'remembering' (going through old photographs, etc.) and bingo. Entertainers come in and the home has the use of the company minibus every Friday (there is no regular driver). When we first arrived we met AC taking a resident out to nearby shops to purchase cakes for an afternoon meeting. Relatives seem regularly involved in activities at Kingscourt and examples include taking residents to the nearby bowling green.

The activities planner had been taken down in preparation for a wall to display activities and photos. AC showed us files of photos showing residents enjoying trips out e.g. to the zoo and special events in

the home e.g. Halloween.

AC welcomes the monthly meetings with other activity co-ordinators which gives her an opportunity to benefit from sharing ideas. She commented that the role can be isolating and that she welcomed any additional support. It is unclear who covers when the AC is absent: Sue said that ,[she] ***“Had seen some relatives doing the bingo when Simone was off.”***

Sue leaves all aspects of activities to AC as she explained she is new to the job and, ***“Has other priorities.”***

She wasn't able to tell us of any community links apart from visits by Church representatives of varying faiths.

Relatives are active and involved in activities, helping on outings and as mentioned Bingo when Simone was off. Sue had arranged a meeting with relatives and residents to discuss food and care.

Hairdressing is available to Residents at various prices.

### Feedback

A resident told us that the atmosphere, staff, food and activities are all good. However, one resident said that he had experienced difficulties in getting help - to get him to the toilet on time - and therefore, tended to, ***“Keep to my room!”***

A visitor told us that her friend says there is plenty of food and there is choice. Most of the staff are, ***“Lovely... but the home needs to do something about the buzzer which is next to her friend's room and is very annoying.”***

A relative of a resident commented that staff were a little slow in responding to call bells, but felt this was because the staff were stretched.

### Additional Comments

- A member of the cleaning staff commented that there had been a lot of changes in management but that the atmosphere had improved greatly, and she felt happy to go to Sue to discuss any problems she might have.
- A senior health care assistant commented that both Gill and Sue were very approachable and supportive.
- A staff member told us she was pleased with the training and that, in spite of her dyslexia, she was encouraged to get her NVQ 3.

#### ***Follow up visit notes:***

***On a follow up visit made by Representatives several days later, the wall to display activities had been painted in preparation for the planner and photos and a plan for the previous week was on the table in the entrance. The representative was given a copy of the plan for the next three weeks which was in the process of being typed up.***

### Feedback from Provider of Service

***We were happy with the arrangements prior to the visit.***

***In answer to the suggestions made in this report:***

- ***The home manager has now returned from sick leave.***
- ***The call bell system cannot be relocated and the volume during the day cannot be adjusted - the volume is automatically decreased overnight.***
- ***Activities board as noted during visit is in process.***
- ***Cover for activities coordinator is not supplied as a matter of course, however, activities are outsourced and booked to cover shortfalls.***
- ***Senior Nursing Assistant role is being initiated and will be monitored.***
- ***The maintenance man will receive full training into his new role once recruited.***
- ***The returning Manager is looking into sourcing an appropriate solution. (meal temperature).***
- ***Downstairs toilet repaired later that same day***

***Thank you to Chris, Lynda and Val for their patience during their visit.***