

Healthwatch Hackney Enter and View visit Mary Seacole Nursing Home

14 July 2015



Address	39 Nuttall Street London N1 5JS 020 7301 3180
Date of visit	Tuesday 14 July
Time of visit	10.30 am
Reps	Ida Scollos Christine Compagnonis Kevin Lester Pat Brown Amanda Elliot (HWH staff)
Responsible managers	Sheila Adam, Chief Nurse and Director of Governance - sheila.adam@homerton.nhs.uk Louise Egan, Head of Nursing Homerton University Hospital Trust Lousie.egan@homerton.nhs.uk
Registered manager	Matron Roy Tecson, 020 7301 3193

Reason for visit

A member of staff was prosecuted after a residents' family [secretly filmed the member of staff abusing their 92 year old mother in December 2013](#) . The CQC inspected the home in September 2013 prior to the incident. The report published in October 2013 showed the home to be compliant. The staff member was jailed for four months.

Background information

The CQC was due to inspect the nursing home during May or June 2015. The inspection had not taken place when Healthwatch Hackney visited the home on 14 July 2015. The 2013 CQC inspection report is available [here](#). Subsequently the CQC carried a further unannounced inspection on 1, 2 and 3 September 2015. The latest CQC report can be viewed [here](#).

Expression of thanks

Healthwatch Hackney would like to thank matron Roy Tescon, staff at Mary Seacole and Homerton Hospital's Head of Nursing Louise Eagan for welcoming our representatives and answering their questions. We would also like to thank the residents and carers who spoke to us during the visit.

Nursing home - Key facts

- 50 bed home with permanent nursing care for adults aged over 50 assessed as having a primary health care need
- Home is run and managed by Homerton University Hospital Trust
- The building is owned by Newlon Housing
- Many residents receive continuing health care funding
- Home has seven respite care beds
- Provision includes a seven bed regional neuro rehabilitation unit for people with acquired brain injury
- Accommodation and facilities are based in three 'houses' spread across three floors
- Each floor has a registered nurse in charge with a matron in overall charge
- Each resident has a private room with en suite bathrooms though most have assisted baths and showers in communal bathrooms
- 40 residents were resident at the home during our visit
- Many residents had some form of cognitive impairment
- The home uses volunteers recruited through Homerton Hospital
- There was significant safeguarding incident in 2013, resulting in prosecution of a care staff member
- The type of residents have changed over the years and the home is receiving more end of life patients
- The home holds a Friends of Mary Seacole meetings for families/carers to enable them to raise concerns and ask questions and provide feedback

Neuro-rehabilitation unit - key facts

- Seven bed, ground floor unit for people with acquired brain injury
- Opened in February 2015 and is running on a trial basis for year
- The service plans to apply for funding to continue the service
- Unit is very specialised with OT, physio and nurses on the ward
- It is a regional centre so receives referrals from other areas
- Rehab patients tend to be younger than the nursing home residents
- Provides transition step between hospital and home or adapted flats
- Unit supports patients to regain as much independence as possible
- Unit has gym equipment, therapy room, kitchen to practice and help patients gain confidence and be safe with utensils
- Floor and board games are available along with activities outside

Observations

Neuro-rehabilitation unit

- Small and friendly, patients seemed relaxed and comfortable
- Unit appears in need of repainting & brightening up
- Takes referral from out of borough raising concerns the unit may be used to generate funding at the expense of provision for local residents

Nursing home residents

- Few residents were able to engage in long interviews with our representatives due to their frailty and/or communication difficulties
- Most residents were in bed during the middle of the day during our visit
- No residents exhibited challenging behaviour during our visit. Staff advised us it was uncommon
- About three residents we met were ambulant
- Several residents were moved around in specialised chairs and wheelchairs

Environment

- The nursing home was very clean and smelled fresh throughout
- The home had a relaxed, calm feel
- Some rooms had chipped paint work and were in need of decoration/repainting
- There are plans to redecorate some of the rooms
- Residents who had regular visitors had more personalised, homely rooms than those with few/no visitors
- There was a pleasant outside terrace where residents can sit out but the open access also attracted a couple of street drinkers, making one resident anxious
- Most passers-by were medical staff. While we were sat out with residents, two street drinkers came to sit at the edge of the terrace. This bothered at least one resident
- The matron told us the open access garden helped to make residents feel part of the community as they could watch passers by but this needs to be balanced against the need to protect vulnerable residents.

Activities

- There was a ground floor activity room on the ground floor but little evidence of an organised activities programme in progress
- An activities programme was displayed in each bedroom
- A couple of residents were watching TV in the first floor lounge
- We were told the home was planning a reminiscence project and a summer barbeque for residents and their families
- The home's activities assistant is a former care assistant who is well liked by residents
- A few residents can be moved around the home in wheelchairs while others can only be moved around in specialist chairs
- Securing a specialist chair for some residents seemed to be a problem
- Some residents are taken out to the market on Fridays
- We felt residents who spend a lot of time in bed, especially those with few visitors, needed more interaction and more opportunities to sit out
- There not much evidence of the home making use of specialist outside agencies, for example Alzheimer's Society befrienders, to spend time with residents engaging them in appropriate ways
- There seemed to scope to introduce activities like music therapy, reminiscence and sensory activities
- It was unclear how often staff taken residents out into the garden as residents and volunteers indicated this hardly happened while staff said it happened regularly
- We interviewed some residents out on the garden terrace while they had tea and they seemed to enjoy the experience of being socialised and in the fresh air

Staffing

- Our representatives felt the home needed more staff, due to residents' complexity/frailty
- There are adequate staff for basic personal care but they were busy and not very visible
- Carrers are allocated a group of residents but each resident also has a name carer
- Nursing and care staff had to answer the front door, especially after 5pm, as well as carry out their caring duties
- On paper the nursing home appears to have the [minimum recommended](#) although there is no minimum legal requirement
- Staff/patient ratios are 1:5 during the day, 1:10 during the night shift
- During our visit a care assistant told us they typically cared for 10 residents on a day shift (one care assistant for ten residents)

- The staff skill mix is 30% nursing/70% care assistants - there is no recommended level of cover. In acute settings the ratio is 35% registered nurses/65% unregistered
- Family carers felt most staff were doing their best with available resources
- Our representatives are aware that working in a nursing home is emotionally demanding for staff due to the patients' high levels of need and dependency
- We felt there were insufficient staff to provide appropriate activities and stimulation to residents, especially those who spend a lot of time in bed

Management

- The nursing home matron was clearly liked and trusted by residents and families
- Two family carers told us they often raised issues directly with the matron when they were unhappy with the response of care workers
- Processes have changed since the 2013 safeguarding incident the main one being two staff have to be present when personal care is being carried out

Reception

- The lack of receptionist meant the doorbell buzzed frequently. This does not give a good impression to visitors and may be annoying for residents
- A carer told us access to the building can be difficult in the evening and family can spend a while in the street - often in bad weather, waiting to get in
- The Head of Nursing told us there funding would need to be sought for a receptionist. One funding stream could be to remove a nursing post which managers felt was inappropriate

Equipment

- We felt the home needed more modern equipment to enable the staff to safely assist the residents in and out of chairs, baths & WCs
- Hoists are used to transfer residents but staff said the modern hoist were easier to use/less labour intensive
- Only two hoists are the modern, state-of-the-art types which allow staff to weight residents at the same time
- Provision of specialist chairs in the rooms is an issue for some families who were keen for their loved ones to be able to sit up out of bed and be move around the building comfortably
- Two carers told us about difficulties arranging for their loved one to be provided with specialist chairs to enable them to sit out of bed for periods

Personal care and therapy

- Residents get at least one bath a week and a daily bed bath
- We spoke to two residents whose finger nails needed cutting/were dirty
- Another resident said he needed a chiropodist
- Access to a chiropodist seemed too restricted
- Chiropodists do not visit regularly. Each resident is referred individually
- A more preventative approach would improve residents' experiences

Healthcare/therapy

- Residents and carers appeared happy with the GP support provided by the neighbouring Lawson practice
- One resident said they wanted more access to physiotherapy

Communication with residents and families/carers

We reviewed minutes from the Friends of Mary Seacole meeting on 23 February. At that meeting, family carers raised the following issues:

- Ongoing problems with relatives entering and exiting the building after 5pm
- Requests for families to be told what activities their loved ones take part in
- Reluctance by some staff communicate important personal information about their relative, for example their weight
- Some care staff could be reluctant to call in medical staff if relatives felt their loved ones looked unwell
- Some relatives were concerned patients were not being showered regularly
- One family carer raised concerns about the fire evacuation process and more information on the what happened to bed bound residents when the alarm goes off
- Concerns about access to chiropody, physiotherapy and OT which each require a separate referral for residents each time they need access
- Whether patients can be taken out for short walks

Communication - Guide for Residents

- The 2009 Guide for Residents looks out of date and is not very user friendly
- The guide lacked clear contact details for families or residents who wish to make a formal complaint
- It did not include information about Healthwatch Hackney or PALS
- The paragraph on death at the home felt inappropriate
- It lacked welcoming message
- Some information was inaccurate, eg the guide refers to carpeted bedrooms which in fact have lino on the

Recommendations

Recommendation 1

Review staffing levels to reflect the vulnerability of residents and ensure there are sufficient staff to meet residents' individual wellbeing needs in addition their care needs which are being properly met

Recommendation 2

Ensure an appropriate activities programme is developed and implemented so residents are regularly provided with stimulation/activities suited to their needs/frailty, in addition to receiving care

Recommendation 3

Ensure staffing and equipment (eg: chairs and hoists) are adequate and available to enable residents to be able to sit out of bed, moved around out of their rooms more frequently and have more than one bath a week

Recommendation 4

Mary Seacole Nursing Home should consider and implement ways to improve the ambience and homeliness of rooms occupied by residents who have few/no visitors, through more supported volunteer/befriending with these residents or involving the local Alzheimer's Society

Recommendation 5

The home should work with the Alzheimer's Society to explore how to become a Dementia Friendly Community

Recommendation 6

The home is very clean but in need of redecoration and brightening up.

Recommendation 7

Raise greater awareness of the home's seven respite beds among carers including via City and Hackney Carers' Centre

Recommendation 8

Make the Mary Seacole brochure more welcoming and accessible to residents and their relatives by modernising the brochure, including contact detail for residents who wish to formally complain and adding a welcoming message: eg: 'Staff hope you will feel happy and cared for in your new home'

Recommendation 9

Revise the brochure to remove the paragraph about death in the home and consider signing up to the Dying Well Community Charter (being piloted in Hackney) and including this in the brochure

Recommendation 10

Include Healthwatch Hackney 'contact us' leaflets in Mary Seacole welcome packs, display its posters in on noticeboards and reference Healthwatch Hackney in the brochure itself

Recommendation 11

Volunteers should be supported to do more, for example make some bedrooms more homely, interact with patients and take them out in the garden, especially residents who have few visitors. There is a need for more volunteers of all ages and for all volunteers to have support and clear roles and ideas for positively engaging with residents and access to befriending and dementia training

Recommendation 12

Reconsideration should be given to providing reception cover at the nursing home for the benefit of residents, their families and staff. One interim solution is to provide senior staff with a mobile phone visitors can call when they need access

Recommendation 13

Conduct a staff skills audit to identify learning and development needs around communicating and engaging with residents

Interviews with residents and carers

Resident 1, older white British male

Resident 1 was quietly spoken and looked pale. He told us he was 'a bit forgetful'. He couldn't remember how long he had been in the nursing home. He had lived in sheltered housing before coming to the nursing home.

'I am very happy to be here. Not lonely. Happy here' He said he missed going out in the fresh air and would like to go out in the garden more often. Our representative interviewed resident 1 on the garden terrace with several other residents. He said he 'Didn't get out very often, maybe twice a week.' He said he would like to go out in a wheelchair more but did not have one. The matron said some residents were taken out in wheelchairs including in the garden.

Resident 1 said the food was 'okay' but sometimes he paid staff to get him a strong 'hot and spicy' take away. He wanted more physiotherapy. 'I used to have it but it stopped'. When asked about chiropody he said: 'My feet need seeing to. My toe's a bit rotten'. His fingernails were very long and there was dirt under his nails. He would like to see a chiropodist. Resident 1 greeted a doctor as he crossed the garden and said: 'He's a very nice man.' He said he would like more company & liked talking to people. He said other residents were 'confused' but all nice people. He said he had not met all the residents who lived at Mary Seacole. His family live out of London and visit sometimes. The priest and nun also visit. 'They are wonderful. I receive holy communion from them' Religion was 'very important' to him. He would like to go to church once a week. He said that the matron was 'very good'. He said he had not had a patient review. He said he would also like to see a dentist.

Family carer of resident 2, female, Black Caribbean, aged 68

Her cousin tries to visit at least once a month. The family keep a notebook with names and dates of visitors on top of a clothes drawer in her bedroom. Staff are aware of the book. Every time she has a visit they will write their name, date of visit, time and any other notes.

'It is good way of tracking her visitors and how often they come and if anything needs to mentioned to staff about her. We make sure she has regular visitors. B is having a bad day today. She looks very unwell. She has difficulty swallowing food so receives liquidised meals instead. She cannot hold conversations so I rely on facial expressions and hand touching to communicate with her. I know people visit her but I don't know who all of them are.'

The quality of care at the nursing home was 'good overall'. 'Staff are very friendly when I am here. The bed is always clean and well made. She looks comfortable in her room.'

The bathroom area was clean but the main bath/shower room was located in different area, because Resident 2 cannot care for herself and needs staff assistance.

She said they had made the bedroom look homely to make her feel comfortable and relaxed as familiarity is important. Staff encouraged family members to bring in in her personal belongings.

She said she was 'a little unsettled' by a sign on her cousin's bedroom wall which said she was only allowed to 'sit out' for two days in the week (being sat up out of bed). She had queried the sign with staff as she thought two days a week wasn't enough.

When asked how care could be improved, she reiterated her concern about her cousin not being able to 'sit out' for more than two days. She said she hoped that residents and patients were checked regularly, especially residents who are very quiet, cannot speak or communicate verbally. She worried they may be forgotten or not checked on as much because they're not as visible as other more vocal residents. She said staff were 'doing the best they can'. 'There are always plenty of people around.'

Resident 3, female, white, aged 89

Resident 3 had been at nursing home for one day only. She appeared confused. She was reserved and spoke in a whisper. She said working conditions for staff at the home were difficult though she was unable to expand on this. She said her room was clean but 'not as comfortable' as her previous room. When asked how she found the facilities, she stopped talking when a member of staff came out into the garden area. When the staff member was out of earshot, the question was repeated at this point she simply nodded. She liked breakfast. This resident pointed to two people (non-residents, possibly street drinkers) who were sat drinking cans of lager at the edge of the open access garden.

Carer, daughter resident 4, female, African Caribbean aged 80 plus

Her room was airy and cosy. Her daughter is closely involved in her mother's care. Her daughter spoke highly of the staff. She said the exercise charts on the wall (demonstrating shoulder internal rotations, elbow flexors, hip abductors stretch etc) were useful particularly with new or agency staff working with her mother. Our representatives didn't see exercise charts displayed in other rooms during our visit. 'My main issue is the tick sheet which lets the family know when their relatives were last seen, touched or move. I have a problem if it has not been

ticked since before the end of the new shift when workers take over at 8am. I have approached different staff members about this but there is always an excuse but I won't tolerate this. Some staff don't like to be told how to do their job. I always make a note and take it to the nurse in charge or the matron. This happens frequently, about once a week. I would also like a clear explanation about what is supposed to happen when the fire alarm goes off. Who checks on the residents? And if not, why not? And how long are they left behind closed doors until the fire brigade come.'

Carer of resident 5, 90 year old female, African Caribbean

'My mother was pushed into moving from The Lodge (continuing care ward). At The Lodge she was walking and getting about. When she was moved her in February there was no chair and she was supposed to have one. She can't stay in a wheelchair. They brought a chair which wasn't suitable so I made a noise and they sent one. No-one ever said: 'This is what she needs'. At the meeting to discuss the move [to Mary Seacole], the doctor only wanted to talk about resuscitation order. It is a nice home but the staffing levels are bad. I once found her incontinence pad had not been changed overnight when it needed to be. Another time she was in bed and only dressed on her top half. I complained to the care staff but the response wasn't good so I reported this to the nurse manager who apologised.'

Resident 6, 70+, Caribbean

Resident was cheerful. He said he lived on the ground floor. He liked the home and the staff. He said he respected staff and they respected him. He said he helped out on reception, answering the buzzer. He liked to go to the market. He was more mobile than most other residents we met.

Patient 1, neuro rehab unit, male

He used to work in a warehouse and this is the first time he's been ill. He was referred from the hospital as he lives on his own. He said the unit was good and the staff were friendly. They encouraged and supported him to get his hands working with daily activities and exercise which he enjoys. He likes to go in the garden. He said his room was comfortable and he was happy with the service.

Staff comments

Matron

Asked about the safeguarding incident in 2013, the Matron said: 'Staff are now more willing to report issues and concerns. The incident was a case of 'one bad apple' rather than reflective of any poor culture at the home. We brought in a new policy that there had to be two carer workers in the bedroom when personal care was being carried out.'

When asked about routines and activities he matron said: 'If a resident chooses to go to bed at 2am, that's their choice. We aim to create a relaxed homely environment for residents. He said his main concern was that residents were not isolated

Nursing assistant

He said he had worked at the home for 11 years. He works four days a week. He enjoys his job and finds it fulfilling as he likes being among residents and talking with them. He is also in charge of activities for the residents. He said staff took some residents to the local market Fridays and they enjoyed the outing. He said around 80% of the residents are of Caribbean heritage. Lunch takes place between 1 and 1.30pm. When asked how they dealt with challenging behaviours, he said they dealt with in different ways including dementia. He said there were no language barriers as everyone spoke English.

Homerton hospital volunteer

The volunteer works at the nursing home three hours a week. 'I would like to do more. Other places I volunteered, I was able to do more. I am a bit restricted.' She had volunteered at the home for a month. 'This is the first time since I have been volunteering that we have been out in the garden with residents.'

Healthcare assistant

The health care assistant told us looked after ten residents in the 'house'. 'The residents are never a problem. Sometimes it is the families who can be difficult.' The Matron and Head of nursing later explained that the care worker's comment reflected a recent experience with one particularly family carer who had been particularly difficult with staff and her comment did not reflect a general attitude to all families.

Action plan produced by Homerton Hospital in response to this Enter and View report

Mary Seacole Nursing Home - Action Plan: 4 February 2016

This plan was devised following a Healthwatch Hackney Enter and View visit on the 14 July 2015. The final draft of the report was received by the Trust on the 14 January 2016 and made several recommendations all of which are addressed in the action plan.

Recommendation	Action	Progress to date:	Timeframe for completion
<p>Review staffing levels to reflect the vulnerability of residents and ensure there are sufficient staff to meet the residents individual well being needs in addition to their care needs which are being properly met</p> <p>Current staffing levels: Day: 1 carer per 5.4 residents 1 RN per 14.3 residents</p> <p>Night: 1 carer per 11 residents 1 RN per 21.5 residents</p>	<p>Staffing numbers and skill mix at the home will be benchmarked against 4 nursing homes with resident profile comparable to that of MSNH</p> <p>Lead - Louise Egan</p>	<p>This action has been completed. 4 homes were contacted which had undergone a CQC inspection in 2015 and were rated “good”. All 4 homes demonstrated very similar staffing levels to the home</p> <p>Home 1: Day: 1 carer per 4 residents 1 RN per 16 residents Night: 1 carer per 8 residents 1 RN per 32 residents</p> <p>Home 2: Day: 1 carer per 4.5 residents 1 RN per 14 residents</p>	<p>Completed Jan 2016. The management team will continue to review the staffing levels on a day to day basis to ensure that the needs of the residents are met and when required increase the staffing levels to meet these needs.</p>

		<p>Night: 1 carer per 14 residents 1 RN per 28 residents</p> <p>Home 3: Day: 1 carer per 5 residents - early 1 carer per 8 residents - late 1 RN per 24 residents Night: 1 carer per 24 residents 1 RN per 24 residents</p> <p>Home 4: Day: 1 carer per 6 residents 1 RN per 18 residents Night: 1 carer per 9 residents 1 RN per 18 residents</p>	
Ensure an appropriate activities programme is developed and implemented so residents are regularly provided with stimulation/activities suited to their needs/frailty.	<p>To recruit to the substantive post To have a resident representative on the interview panel Once postholder in post to meet with the Lead Nurse and 2 - 3 resident representatives to review the role and the expectations Lead: Roy Tecson</p>	Post is currently advertised and interviews planned for early March 2016	Aim for postholder to be in post by early May (dependant on notice period required in if existing employment)
Ensure equipment is adequate and available to enable residents to sit out of bed and come out of their rooms if they request to.	To ensure all hoists are within working order and reported in a timely manner if requiring repair	All hoists are in working order and are maintained by medical electronics within HUH	Completed Jan 2016

	<p>To ensure that any additional equipment required by a resident is communicated with the commissioning support unit to obtain funding. Lead: Roy Tecson</p>		
<p>The home should work with the Alzheimers Society to explore how to become a Dementia Friendly Community</p> <p>To review how residents with no visitors can be supported via volunteering or befriending services</p>	<p>To implement the Dementia Strategy and become a recognized Dementia Friendly home</p> <p>To further explore the use of volunteers and local befriending services Lead: Roy Tecson and Emma Higgins</p>	<p>Lead Nurse (RT) has been awarded a Florence Nightingale Scholarship in Dementia Care</p> <p>Dementia Care lead Nurse (Emma Higgins) is working with the residents and nursing staff in raising the awareness of the dementia and full implementation of the “this is me booklet”</p> <p>Volunteers are currently within the home especially at meal times</p>	Partially completed - Jan 2016
<p>The home is very clean but in need of redecoration and brightening up</p>	<p>To obtain funding to implement a refurbishment programme Lead: Louise Egan</p>	<p>A schedule of works required has been provided to the Director of Estates and this has been rag rated in order of priority, funding is currently being sought to ensure the priority areas are addressed</p>	<p>Priority work to be completed by end of April 2016</p>
<p>Make the MSNH brochure more welcoming and accessible to</p>	<p>Revise the current literature provided to residents and carers</p>	<p>Leads to commence review and to circulate for comments to:</p>	<p>Review to be completed by end of May 2016</p>

residents and their relatives.	to make it more welcoming, information to be included on Healthwatch and how to make complaints Lead: Jenette Gilarty and Ignatius Gilarty	Relatives Staff Residents (if able to comment) Healthwatch	
Reconsideration should be given to providing reception cover out of hours	To review the reception cover and accessibility of staff when relatives wish to speak with a member of staff	Reception cover is now provided until 8pm x 3 days a week and from 1pm until 5pm at the weekends. Since Jan 2016 the nurse in charge for each floor carries a mobile phone if relatives need to speak with him/her and they are not visible. This was communicated and the number given to all relatives via a letter from the Divisional head of nursing.	Completed Jan 2016
Conduct a staff skills audit to identify learning and development needs around communicating and engaging with residents	To develop a care certificate/essential skills course to encompass experienced health care assistants All new health care assistants appointed to undertake Cavendish care certificate on commencement of post Lead: Roy Tecson and Jill Sluman	Bespoke essential skills care course being explored for the experienced health care assistants at MSNH All newly recruited health care assistants commencing Cavendish care certificate programme	Aim to have identified provider and agreed content of courses by mid March 2016 Completed Jan 2016 (but needs to be ongoing as and when new staff are recruited)