

Turfcote Care Home with Nursing

Enter and View Report

Contact Details:

Helmshore Road,
Haslingden,
Rossendale,
BB4 4DP

Staff Met During Visit:

Elizabeth Ford Irwin, Manager, Michelle Southern, Floor Supervisor,
and members of the care staff team.

Date and Time of Visit:

11th February 2016 10.30am

Healthwatch Lancashire Authorised Representatives:

Linda Brown (Lead)
Michele Chapman
Julie Downs
Becky Willshaw
Carolyn Stuart (volunteer)

Introduction

This was an announced Enter and View visit undertaken by Authorised Representatives from Healthwatch Lancashire who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services.

This visit was arranged as part of Healthwatch Lancashire's winter schedule. The aim is to observe services, consider how services may be improved and disseminate good practice. The team of trained Enter and View Representatives record their observations along with feedback from residents, staff and, where possible, residents' families or friends.

The team compile a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the facility for validation of the facts. Any response from the manager is included with the final version of the report which is published on the Healthwatch Lancashire website at www.healthwatchlancashire.co.uk



DISCLAIMER

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

General Information

Turfcote Care Home with Nursing is privately owned by Marshmead Limited. Turfcote has places for 76 residents with 6 vacancies at the time of our visit. According to the website the home accommodates the needs of dementia, mental health condition, old age, physical disability and younger adults.

The home has two units. Grane View provides nursing and personal care for up to 30 people who have mental ill-health and Tor View provides general nursing care for up to 46 people.

Specialist categories include: Alzheimers, Huntington's Disease, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Orthopaedic, Parkinson's Disease, stroke and visual impairment.

Acknowledgements

Healthwatch Lancashire would like to thank the Manager, Liz Irwin, and Floor Supervisor; Michelle Southern, together with staff, residents and visitors at Turfcote Care Home with Nursing for being so welcoming to us and for taking part in the visit.

Methodology

The Enter and View team visited Turfcote Care Home with Nursing on the 11th February 2016.

We had the opportunity to speak to thirteen residents, where possible, structuring our conversations around a questionnaire covering four themes (Environment, Care, Nutrition and Activities) designed to gather information concerning residents overall experience of living at the home.

In addition, we spoke to five staff, and one relative. The team also recorded their own observations on the environment and facilities available.

These observations were scored on a scale of 1 to 5:

1 = Poor, 2 = Below Average, 3 = Average, 4 = Good, 5 = Very Good.



Enter & View Observations

Pre Visit

The team evaluated several areas prior to our visit including the informative value of the brochure and website together with the manner of response to any telephone enquiries.

There was an informative brochure downloadable from the website and our initial telephone contacts were answered by the Manager and were received positively, in a warm and friendly manner.

The pre visit was scored as 5/5

Location

The home is on a bus route with local shops close by. The home was clearly sign posted and there were sufficient car parking spaces with disabled access to the building in the form of a ramp.

The location was scored as 5/5

External Environment

On arrival the team considered whether the external environment was pleasant, welcoming to visitors and if residents had the facilities to sit outside, when appropriate. The team found the external environment to be very welcoming with pleasant grounds and views to the front of the property. The front of the building was undergoing some roof maintenance evidenced by scaffolding. The exterior of the building appeared to be well maintained and planters and small shrubs looked attractive to compliment the benches and stone tables for residents to sit out in better weather. There was an enclosed garden and small patio area to the side and rear of the building, accessed from the Dementia Unit. This included a sensory garden with one seat and some items of interest including a wall decoration. There was a more comfortably furnished enclosed patio area to the rear of the dementia unit, but during the winter months this is unusable due to wet leaves and moss making the path unsafe. We were informed that this is jet washed later in the year in readiness

for the warmer weather. The front of the home was secure and on arrival the door was answered promptly.

The external environment was scored as 4/5

Internal Environment - First Impressions

On arrival we were attended to in a timely manner. The Manager introduced herself but had forgotten we were coming and had an important meeting arranged. We were warmly welcomed with a cup of tea and a brief chat with the Manager. We were then shown around by the Floor Supervisor, whose duties include the supervision of apprentices and co-ordination of some social activities. The initial entrance area was being painted and some refurbishment was being undertaken in the reception area. At first it was difficult to determine where the reception area was and as there were no seating, we were taken into the residents lounge and dining area.

The internal environment - first impressions was scored as 4/5

Reception

The entrance hall was generally welcoming and a visitors' book was in use at the front door but we were not asked to sign in.

It was difficult to score the reception area as we were told that due to decoration the notice boards had been taken down therefore there was no informative notice board or identification of staff members. It was difficult to determine where this would have been on view to residents and relatives as the reception hatch was on a very narrow corridor.

There was no available seating in the downstairs reception areas other than the residents lounge and dining room.

The reception area was scored as 1/5

Corridors and Bathrooms

The team was shown around both the dementia unit and the care and nursing unit. It was found that the corridors on some areas were adequately lit but the downstairs corridor was rather dark. Due to the age of the building some areas were in need of attention and doors, walls and paint work had been damaged through wear and tear. We were told that the home is continually being refreshed but due to its size once completed it was usually time to start again.

The labyrinth of corridors were wide enough for wheel chairs or walking aids and had handrails on the walls. Seating was situated on some corridors to allow places of rest for residents when walking to other areas.

It was noted that some of the carpeting on the corridors were in need of cleaning but the flooring was safe and unworn except for the area to the front of the kitchen which was in need of replacing. No discernible odours were noted. Signposting on the nursing and care unit was adequate for residents without dementia with bedrooms identified with a name plate and number. However due to the size of the home and long corridors that looked very similar, navigation could be difficult for some residents.

Bathrooms were identified with a name plate. There were a large number of public bathrooms, a few wet rooms and toilets throughout the home which on the whole were clean with the majority having soap, paper towels and toilet rolls. However, it was noted that the toilet nearest to reception did not have paper towels for the duration of our visit. The upstairs disabled toilet did not have a toilet roll holder with the toilet roll placed on a shelf in front of the toilet, which would require the resident to lean forward to get it. A further toilet did not have any soap for hand washing. It was observed that a number of the bathrooms had wet floors following use but only one wet floor sign had been used.

It was also noted that a number of bathrooms were in a poor state of decoration, but adaptations appeared appropriate. One wet room had been adapted to allow the hairdresser to use the sink but did not really capitalise on the opportunity for a sociable hairdressing experience with the

seating positioned next to the toilet.

On the dementia unit the bathrooms and toilets were clean but were not dementia friendly with no contrasting rails and toilet seats and all the toilet doors were white. The sign posting was pictorial but bedroom doors were not personalised for easy identification, it was pointed out that residents could personalise their own rooms. We were told that residents bedroom doors were kept locked during the day.

The corridors and bathroom areas were scored 3/5

Lounges, Dining and other Public Areas

The home is a very large old building with all the upper floor consisting of bedrooms and bathrooms. The three main lounges are situated on the ground floor with residents having to come downstairs to access a lounge area. We were told that a lot of residents spend time in their own room if they prefer or are not well enough to sit in the lounges or public areas. It was noted that the lounges were very homely; benefiting from the character of the building, with comfortable seating, tables, ornaments and soft furnishings. However, the large lounge felt quite cool with the radiators cold to touch, one resident told a representative that she was cold. The rest of the public areas felt adequately heated. There are a number of toilets and bathrooms on the ground floor and additional bedrooms.

It was noted that public areas were clean and clutter free with no discernible odour. The lounges appeared to have adequate seating with large TVs on in two of the lounges; it was unclear if people were actually watching them but they did not impede on conversation. Residents could have their own TV in their room if required. A smaller lounge was used by staff for meetings and for residents who may want to be quieter. We were told that the home has a dedicated training room that can also be used by other care homes for meetings and training purposes.

A large wall of books was seen in one of the main lounges but we were told that residents did not often read them. It was noted that many of the

books were in small print and did not appear to have any visual books or large print, however the Manager told us that they do have the Talking Books Service if residents want to use it.

The dining areas were pleasant but did not appear have enough seating for the majority of residents if they wished to dine at the tables.

Grane View

The dementia unit is divided up into two areas made up of two lounge-dining rooms connected by a corridor; one area was beach themed; complete with walls displaying beach huts on the corridor and a 'view from a cruise ship' in the lounge-dining room and the other lounge-dining area had a cinema theme, with large framed movie star photographs. It was noted that the lighting in both units was dull. It was observed that the dementia lounge had some homely touches but the seating appeared rather institutionalised making it less homely. There did not appear to be enough dining room seating for all of the residents.

There were no menu boards in the dementia unit but residents were shown two meal choices. It was noted on a white board that a particular resident did not like certain foods. During our visit lunch was being served out of a large heated hostess trolley so residents could see the food being served. We were told that residents who were on a soft diet were given their meal first whilst staying seated in their chairs so that they could be assisted by staff if required.

In addition to the two lounges there was a lovely 'Garden Room', which opened up onto the sensory garden and was decorated accordingly with homely furniture and tables. The bathroom next to the garden room was kept locked.

We were told that residents could choose which lounge they wanted to go in on the dementia unit. A discernible odour was noted on this unit. We were told that the carpet in the dementia unit was due to be changed.

The lounges, dining and other public areas were scored 3.5/5

Observations of Resident and Staff Interactions

The Enter and View team observed the interaction between staff and residents, staff numbers, response times and the quality of person centred care offered.

It was observed on Tor View, that a lot of staff were on duty, but as many of the residents stayed in their rooms they were kept very busy. A constant stream of call bells was noted, a mixed response from residents was gathered about waiting for call bells to be answered.

Staff were seen interacting with residents when involved in their care and they appeared to talk to residents kindly and with respect. Staff did refer to residents by name and on the whole maintained residents' dignity when moving and handling. However, it was noted by a representative that two carers were talking to each other about a resident when walking him down the corridor rather than including him in the discussion. It was also observed that the handling of the resident was inappropriate to the lifting and handling guidelines.

There appeared to be very little interaction between residents and staff other than when one to one duties were being carried out, but this was difficult to observe due to the size and spread of the staff and residents. Residents spoke well of the care they received by staff.

It was noted that staff wore uniforms but not all staff wore name badges.

Interaction on the dementia unit was mixed, with some staff interacted with residents. A carer was observed standing over a seated resident whilst assisting them to eat lunch with no interaction taking place, whereas another carer was seated and talking to the resident as they assisted them.

The Manager obviously knew the residents on the dementia unit by name and was aware of their health needs.

On Tor View an Authorised Representative spoke to a resident in a wheel chair who had been seated at the dining table for lunch at 11.30 am but lunch was not served until 12.30 pm.

We were told by the Manager that there is no dedicated activities coordinator and that staff are expected to do activities with residents. Some activities such as, bingo, music to movement, nail care and pampering are organised by Michelle, the Floor Supervisor, three times a week. A single notice is placed on a notice board next to one of the lounges informing of the weeks activities. There was no specific activities schedule. We were told that “they all love bingo”, but a resident we spoke to said she didn’t like it but joined in as there was nothing else to do. Entertainment is arranged every few months and on special occasions where residents can choose to join in or not.

It was unclear as to what social activities are undertaken by residents in the dementia unit as there was no activities notice board.

Resident and staff interactions were scored 3/5

Overall the Enter and View Project Officers rated the environment and facilities as 3.6/5

Additional Information

The Manager told us that:

- There are several dementia champions within the care home including the Manager.
- The home is currently providing rehabilitation hospital beds for Airedale General Hospital where patients can continue their treatment for 6-8 weeks with the support of Occupational and Physiotherapists. A Nurse Practitioner also visits the rehabilitation residents.
- The home uses Skype Tele-medicine which allows for residents to be seen and assessed through skype by a medical practitioner at the hospital, where possible a trip to the hospital can be avoided.
- There are four cleaners on every shift, one per floor plus housekeeping apprentices.
- The home has a dedicated laundry service.

Environment

Summary of responses:

- Most respondents were happy with their rooms.
- Most respondents felt they had privacy in their own rooms.
- Most respondents thought the home was pleasant and clean.
- Most respondents told us there was a quiet lounge available for them to use.
- Two thirds of respondents told us there was a garden where they could sit out but another third were unsure if they could sit out.

Quotes from residents:

“I don’t go out into the garden because it is too uncomfortable in a wheelchair.”

“I am waiting for chair raisers as I find it difficult to get out of the chair.”

“My room is small.”

“The ceiling fell down in our room narrowly missing my wife. The room is being repaired but this has taken a few weeks.”

“Staff don’t always knock on my door they sometimes just walk in.”

“It is nice and homely.”

“I think the home is pleasant and clean.”

“I’m not sure if you can use the other lounges.”

Care

Summary of responses:

- Most respondents felt they are treated with dignity and respect.
- Most respondents said they could talk to a member of staff if they had any concerns.
- All respondents told us they felt safe.
- Some respondents told us that call bells and requests for help were answered in a timely manner. A few respondents told us that they were not answered in a timely manner and a few said they were most of the time.
- Half of respondents told us they have a choice about when they get up and go to bed. Some residents said they mostly did, either in the morning or at night. A few residents said they did not have a choice.

Quotes from residents:

“You could not get better staff.”

“Staff sometimes respond quickly to the call bell.”

“I have complained about the time it takes to respond to call bells. It has taken up to an hour on occasions.”

“I feel that there is a shortage of staff with the NHS patients getting more time than the residents.”

“I asked for my nails to be cut about a week ago but they still haven’t been done.”

“It takes a while for staff to respond usually 10-15min, but on one occasion it took well over an hour.”

“The staff are really good, they do more than they have to.”

“When you go to bed you have a choice but not in the morning.”

“I was put in a cold bath but it was an accident.”

Food and Nutrition

Summary of responses:

- Most respondents were happy or mostly happy with the food at Turfcote but some respondents were not happy with the food provided.
- Most respondents told us they had a choice of menu but some residents were unsure about whether there was a choice or not.
- All respondents said they always had drinks available to them.
- Some respondents told us they were able to choose where they ate their meals - in the dining room or in their own rooms, but many were unsure.

Quotes from residents:

“The food is mostly good but sometimes I don’t like it.”

“I usually eat in the dining room as I don’t want to eat in my room. Some people do.”

“The food is better than the hospital.”

“There is no fresh fruit available.”

“Sometimes the food tastes off. I have been told to just ask and I can have something else if necessary.”

“The food could be better.”

“I don’t know the meal choices unless the staff tell me, which they sometimes do.”

“My relative is on a soft diet because of difficulty swallowing. But has been given the wrong things like crisps, and ham sandwiches.”

“The food is good but the portions are small. There is not much of a choice.”

“The staff come round the day before to ask your menu choice.”

Activities

Summary of responses:

- Almost all respondents found the staff helpful and friendly.
- All respondents told us they could have visitors at any time.
- Most respondents said there were not activities and outings available for them to take part in.
- Half of respondents told us that they were supported to pursue their own interests but half said they were not supported to do so.

Quotes from residents:

“There are not many outings, I would like to do more activities.”

“I’ve joined in bingo once as there are no other activities offered.”

“I would join in activities if they did some.”

“There has not been regular activities, not even bingo now.”

“I have not had any activities offered to join in or to pursue my own interests.”

“I like to listen to the rugby match in my room.”

“I play bingo sometimes but it’s not really my cup of tea.”

“I do my own activities like knitting and patchwork.”

Relatives and Friends Views

Summary of responses:

One relative completed the 'Friends and Family' questionnaire. (Due to the small number of responses it was difficult to give a balanced view).

- The respondent said that the service generally was very good.
- The respondent told us that her relative was not well enough to make friends at the service and was only in a short term nursing bed.
- The respondent thought that their relative felt safe at the service.
- The respondent did not feel that they are kept informed about their relative or involved in their care planning.
- The respondent had not been told or knew what the arrangements were for their relative in the event of an emergency.
- The respondent did not feel encouraged to get involved at the home. They were unsure if they could eat with their loved one as they had never been invited to, but felt they would be allowed to because "they are all so good". Tea making facilities were available for visitors to use.
- The respondent was not altogether satisfied with the level of support their relative receives from other local health services such as the GP, and integrated therapies.
- The respondent would recommend this service to others.

Quotes from residents:

"I am not kept informed about progress. I have to ask for information and to see the care plan."

"My relative was assessed for continuing care by staff that did not know them well or what they were capable of, consequently, the application was turned down."

"My relative was assessed for a more suitable chair by the Occupational Therapist but it is now two weeks since that request was made. This chair is not comfortable."

"I don't know a thing about their care plan."

"The staff are all so patient."

Staff Views

Summary of staff responses:

We had an opportunity to speak to five members of care staff.

- Almost all staff said there were enough staff when on duty.
- All staff felt supported to carry out person centred care.
- All staff thought they had enough training to enable them to carry out their duties well.
- All staff reported being happy working at the home.
- All staff would be happy to recommend this home to a close relative.

Quotes from staff:

“The other staff are lovely.”

“There is a really good standard of care, the residents are well looked after.”

“There are personalised care plans.”

“I am really happy working here and I am happy with the way I am treated.”

“I am very happy working here and have been here a long time.”

Response from provider

The Registered Manager was given the opportunity to respond to the findings in this report prior to its publication. The Manager said she had shared it with the provider and no response was offered.

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Lancashire

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