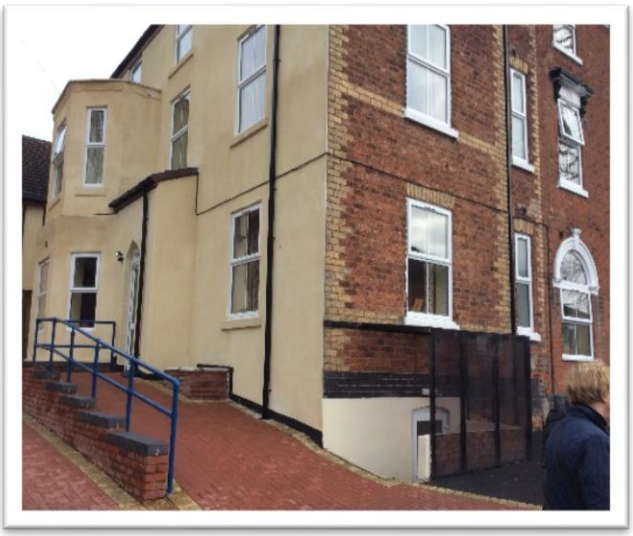
ENTER AND VIEW VISIT

Orchard House Nursing Home



ENTER AND VIEW VISIT REPORT

Orchard House Nursing Home: Wolverhampton

What is Healthwatch Wolverhampton?

Healthwatch Wolverhampton was established in April 2013 as the new independent consumer champion created to gather and represent the views of our community. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

What we do?

Healthwatch Wolverhampton took over the role of Wolverhampton Local Involvement Network (LINk) and also represents the views of people who use services, carers and the public to the people who commission, plan and provide services. Healthwatch provides a signposting service for people who are unsure where to go for help. Healthwatch can also report concerns about the quality of health care to Healthwatch England, and the Care Quality Commission so as to take action.

Our Mission

Our mission is to be the local independent consumer champion that enables individuals and community groups to influence the planning and provision of all local health and social care services Wolverhampton.

Our FREE Information and Signposting service can help you navigate Wolverhampton's complicated health and social care system to ensure you can find and access the services that are available for you. Call us 0800 470 1944 (freephone) or email info@healthwatchwolverhampton.co.uk

Our Values

- We will be visible and accessible
- We will be credible, trusted and independent
- We will be inclusive and embrace diversity reflecting the diverse needs of local people
- We will work collaboratively
- Our work will be evidence based
- And we will be influential and bold

Enter & View

In order to enable Healthwatch Wolverhampton to gather the information it needs about services, there are times when it is appropriate for trained Healthwatch Volunteers to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Wolverhampton to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View Report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The reports may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda

- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning
- Spreading-the-word about local Healthwatch.

Name and address of premises visited	Orchard House Nursing Home 16-18 Riley Crescent, Penn, Wolverhampton WV3 7DS
Proprietor	Mrs Narinder Anita Kaur
Purpose of the premises / service	Mental Health and Nursing Care
Lead contact	Mr Chris Greaves
Date and time of visits	24 November 2015
Authorised representatives undertaking the visit	Sandra Jones (Lead) Navin Foolchand Sheila Gill
Healthwatch Support Team	Tracy Cresswell

Disclaimer

This report relates only to the specific visit and does not claim to be representative of all service users, only of those who contributed within the restricted time available.

Purpose of the Visit to Orchard House Nursing Home

Healthwatch Wolverhampton receive feedback in respect to care in Nursing and residential settings which include both compliments as well as concerns. Recently Healthwatch received complaints in respect to a number of issues principally these were around communication between the Home and relatives of residents and the overall care being given by some staff members to residents. In addition, the most recent Care Quality Commission (CQC) inspection identified that a number of areas required improvement.

Aim and objectives

- To observe patients receiving care
- To discuss communications between the Home and relatives of residents
- To review arrangements at meal times.
- To consider response to recent CQC inspection.

Method

The Enter and View team met prior to the visit to receive a briefing on recent concerns and background to the Home. It was decided that the Enter and View representatives would undertake formal conversation with staff using a prompt sheet rather than a formal questionnaire. The team also recognised that any discussion with residents would be dependent upon their capacity to respond to questions and also any conversation with relatives could only happen if available. A Healthwatch staff member accompanied the team on the visit.

Upon arrival at the Home the team pressed the doorbell to gain entry, the door was opened by one of the care assistants. The HWW lead person explained the purpose of the visit and asked to see the Manager. At the same time in the foyer area another member of staff was with a resident in a wheelchair preparing to accompany them to the hospital. This member of staff stated in a very brusque manner that neither the proprietor nor the manager were on site that day and that we would have to make an appointment to see them. The HWW lead explained that we had the authority to carry out an unannounced visit and asked to see the person in charge. The staff member

went off and informed the person in charge that the HWW wished to speak with them, upon their return the team was asked to wait a few minutes.

Meanwhile, the resident in the wheelchair had been chatting to team members saying she was anxious about going to hospital for a test. She said that she had not known that she had the appointment as she had expected to go to the hairdressers. It was a cold day and the team observed that the resident did not have a coat on. As the staff member wheeled the resident out to the waiting taxi, she unceremoniously removed the resident's handbag and gave it to another member of staff to put away, telling the resident it was best not to take it, rather than respectfully asking her to leave it behind.

A few minutes after this event the Quality Manager (Chris Greaves) arrived in reception. The Healthwatch team introduced themselves showing ID badges. At this point two members of the team were accompanied by a qualified nurse to tour the home. The remaining members went into the quiet room with the Quality Manager where the visit letter was shared and discussion took place on the reason for the visit, the Quality Manager confirmed he had a knowledge of Healthwatch. During this time whilst the room was designated as a quiet room there was no signage; as a result a number of interruptions occurred with individuals coming into the room.

This report contains the outcomes from the discussions held and the observations made by the Enter and View team.

Background Information

Orchard House is located in South West Wolverhampton area and is registered for Nursing Care. It is a large nursing home with 72 beds. Of these beds 62 are allocated to individuals who have mental health needs or have been diagnosed with dementia. A summary of the services it provides is detailed below; -

- Care, assistance and nursing – 24 hours a day
- Ongoing assessment and monitoring of needs by Qualified Nursing Staff
- Blood pressure and weight monitoring
- Medical management, from reminders to administration

- Assistance with bathing, dressing and hygiene
- Individual Service Plans
- Physical assistance
- Comprehensive continence programme

Our Findings

General

Upon arrival the team were directed to speak with the Quality Manager. Through discussion with the Quality Manager, along with the observations by the team the following information was gleaned: -

- With respect to car parking there is a good sized car park at the side of the nursing home, and the entrance to the home is well signposted.

- With respect to the layout of the building following observations were made:

    - On the outside of the building the team were able to see a CCTV system
    - The building has an internal buzzer system for residents to attract staff attention during the visit the buzzer was activated on several occasion which was understandable given the size of the home
    - The large communal areas have very clinical impersonal feel with few pictures on the walls
    - The two large communal areas have high chairs for residents with TV and radio facilities in both
    - There are a number of quiet rooms available for residents
    - There is large conservatory which leads to the patio and nearby garden
    - The building is two storey with 3 key operated lifts
    - 35 residents are located on each floor
    - All bedrooms are single with en-suite in addition there is a sluice room and key padded bathrooms
    - Toilets within the building are not gender specific
    - There was a large laundry room on site with industrial machines and dryers with dedicated staff, the team were informed that all resident clothing is labelled prior to use

- The team was able to view three bedrooms – all of which were locked the team were told that only a few residents have their own room key and that doors locked upon closing. All rooms were alarmed. One of the rooms viewed had a strong smell of urine.

- If a resident lost a key, then a staff member would look at the key log and if this happened again a review would take place

- Residents are able to have telephone conversations where visits are not possible

- Within the Administration Block hairdressing facilities exist and a hairdresser attends weekly each Tuesday, at the time of the visit two residents were being attended to

- The team were informed that fire checks are undertaken every Thursday and fire drills are conducted but there was no timetable and a number of staff members are designated as marshals

- Residents are able to bring their own furniture depending on size. With respect to electrical items and jewellery this can be locked in the office

- It was observed that on two of the information boards incorrect dates were displayed

- The home has a website but it is not used to communicate or share information with visitors. However, a member of staff did state that in the future consideration would be given to use emails and texts to communicate information to relatives

Care Planning and Management of Residents

- The Home currently have 15 residents who are subject to the Mental Health Act

- All residents have care plans which are reviewed on average every six months with invites being sent to relatives to attend the review

- If any resident has a fall or injury that needs attention including attending hospital, relatives will be informed immediately and where appropriate accompany the resident

- No residents self-medicate nurses administer all medication

- Residents are weighed either monthly or weekly if there are issues around weight loss. The Quality Manager informed the team that he was currently carrying out an audit in respect to weight loss records

- Some residents have challenging behaviours and therefore require one to one care whilst others are managed with 15 minute observations

- Staff will manage any minor health needs for example changing dressings the team observed this taking place in one of the quiet rooms

- The recent outbreak of sickness had taken over two weeks to clear leading to some residents being barrier nursed in their room so as to contain the outbreak

- During this period effort was made to contact resident's relatives who visited regularly by telephone to inform them of the home's closure, however due to the

number of residents this proved a challenge, however a notice was placed on the entrance to the home.

- The closure had to be extended due to a number of residents not following hygiene procedures such as washing hands and remaining isolated when being unwell thus spreading bacteria

- The home received considerable support from the Community Infection Control team who were able to review resident's medication in respect to the illness outbreak and identify lessons that could be learnt.

- Some relatives did come to the home and deliver items for residents without coming into the building

- The main GP attached to the home is Lea Road Surgery, and should other GPs not attend to their patients then they will be referred to Lea Road

- During the time that the team was at the home (between 10.20 a.m. and 12.00 p.m.) they did not observe or hear residents being offered or given drinks, however the Home informed the team that there is a daily routine.

- Lunch is served in the dining room with two sittings. Care Assistants help residents along with observing eating behaviours of residents

- The team were informed that most of the residents are not able to feed themselves and therefore the sittings can last up to two hours

- Meals are prepared on site with a variety and choice of food being available for e.g. vegetarian/Asian/diabetic/halal. Soft and blended food is also provided. Staff working long days are also able to share the meals

Staffing

- On the day of the visit the staffing was as follows
  - 4 Registered Nurses
  - 1 Student Nurse (on a overseas programme)
  - 18 Healthcare Assistant (HA) morning shift
  - 22 HA evening shift

- The staff numbers on the day appeared to be adequate

- The home currently does not use agency staff, if a staff member is absent then cover will be provided from those staff who are on stand by

- All Nurses are responsible for one group of residents

- During the night shifts all residents are checked at 30 minute intervals

- Staff meetings and handovers are used to inform staff on matters affecting residents. Nurses will also send emails to Managers detailing key issues

- All staff are required to use incident forms to record any incident that takes place with residents

- Staffing levels are reviewed on a monthly basis and will change depending on the needs of residents

- All staff receive mandatory training including safeguarding, Multi Agency Public Protection Arrangements (MAPPA), infection control and Dementia Awareness, trainers come in and deliver sessions, a session was held within the last month

- The home has recently seen an increase in staff turnover which is thought to be due to the demanding needs of residents

- A relative of a resident who visits twice a week spoke with a member of the team, saying she was happy with her husband's care but did mention that there is a large turnover of 'young girls' (care assistants) however she was complimentary of the Senior Care Assistant

Activities

- On the day the two communal lounges were very loud due to interaction between staff and residents and no activities were observed
- In the smaller lounge area residents are able to sit wherever they wish
- The home has 2 Activity Co-ordinators and is currently considering to recruit a third
- The staff (including activity co-ordinators) will also escort residents to doctors and hospital appointments
- There is a computer room in the administration block which some residents use
- The Quality Manager stated that the home was trialing a new device for those residents that have one to one care, so that nurses can monitor what activities they are able to engage in
- The home also has individuals coming to the home to provide entertainment

Safeguarding Complaints Compliments, etc.

- The Quality Manager said that the home had done a lot of work with CQC and the Safeguarding team. The home takes residents that other homes would not. He further stated that they do not seek to move difficult residents on but try and find strategies to deal with the situation
- A member of staff stated that they challenge levels of funding received for residents as well as organisational practices, so as to get the necessary support for residents
- Due to the home having a number resident with mental health issues it means from time to time a resident may take a dislike to someone, where this is witnessed the incident is reported as a safeguarding concern and referred to 101

contact number

- In light of resident groups in the home safeguarding concerns are regularly raised even though they may not all reach the threshold
- The CCG have put in place the specific types of medication to be given to residents that home staff are not skilled to give e.g. end of life management. Their own staff are trained but do not have the opportunity to put the training into practice for particular types of care. The home has procedures in place and agreement with district nurses.
- The Home has a very small box at the entrance for compliments, complaints, etc.
- The Senior Nurse said that every complaint received, even anonymous ones are dealt with by the proprietor or registered manager. The Quality Manager would most likely carry out the investigation and put together a response. A holding letter may need to be sent whilst the investigation is taking place, depending on the complexity of the issues raised.
- Staff are able to whistle blow where necessary.
- New staff who need support from colleagues who have been there longer may report something they have witnessed by using an incident form.

Conclusion

This is a very large home, which cares for some very challenging residents, but it is well run and the senior staff the team spoke to were very experienced and knowledgeable in caring for and meeting the particular needs of the residents

On the morning of the visit there were no activities taking place and no music being played to distract from the sounds being made by some of the residents.

Some of the younger healthcare assistants appeared to be nervous and lacked confidence in the way they were interacting with some of the residents who were wondering about.

Recommendations

In light of the discussions held with the Quality Manager, staff and the observations made by the team, the following recommendations are made:

- Orchard House should consider the colour scheme and decor of the large communal areas to be made more Dementia friendly, there is plenty of research to draw upon to look into what constitutes a dementia friendly environment

- Consider having a comments/suggestion box in a more prominent position within the entrance lobby

.

- Review the process for communicating with relatives should any changes to visiting times are deemed necessary

- Remind staff of the need to be respectful and treat residents with dignity at all times.

- Ensure that staff receive visitors warmly especially when they present themselves at the reception area.

Response to Recommendations Received from Establishment - Ruth Butler - Manager

In response to the issue of the home being more dementia friendly, the Unit is designed to be low stimulus and changes are in accordance with the service users in the home at that time.

SUPPLEMENTARY FEEDBACK FROM THE PROVIDER

In recognition of the work undertaken during an enter and view, we provide the opportunity and welcome any additional comments from the Provider post visit.

Supplementary information received in relation to Orchard House can be seen below:

After which,

- Healthwatch will submit the report to the Provider.
- Healthwatch will submit the report to CQC.
- Healthwatch will submit the report to the Health & Wellbeing Board.
- Healthwatch will publish the report on its website and submit to Healthwatch England in the public interest.

And where applicable a report will also be shared directly with:

- Local Authority
- Other Local Healthwatch
- Quality Surveillance Group (QSG)
- Health Overview and Scrutiny Committee (HOSC)
- Partners in the Third Sector

Healthwatch Wolverhampton
Regent House
Bath Avenue
Wolverhampton
WV1 4EG
0800 470 1944 (freephone)

Acknowledgements

Healthwatch Wolverhampton would like to Thank:

- Orchard House Staff
- Sandra Jones, Navin Foolchand and Sheila Gill our Authorised Representatives.

Orchard House Nursing Home

Page 1	POLICY No	- 251

OBSERVATION POLICY

Version 1.0 Updated : 9th September 2015

This Policy summarises the arrangements in place within the Home for observation(s) of our service users. Our aim is to support staff with clear guidance of observation levels, their use and function and to evaluate their effectiveness in meeting service users' needs

Desired Outcomes

- To maintain safety and wellbeing of all service users, visitors and staff
- To monitor and assess service user's well-being or ill-being to enable effective care management, staff record the service users condition in relation to the need.
- To promote and respect service users independence, autonomy, personal choices and preferences, this is balanced against their well-being and safety without causing unnecessary deprivation of liberty
- To uphold service users dignity and privacy whilst balancing risks, but not being risk averse
- To promote liberty, exploration and mobility

Observation levels

Level 1

General Awareness No specific instructions (from either a care plan or nurse in charge of shift) regarding frequency or the observation level is set. Where staff are instructed to be extra vigilant and made aware that a specific need or risk is current.

i.e. In handover the nurse informs staff that a service user is out of the home and is expected back at 1800hrs that they are unaccompanied by staff and have no mobile phone with them.

i.e. That a service user is intolerant of high noise levels, sudden bangs or other service user's screams or shouting and is likely to fight or flight behaviours, but is currently settled at the time of handover.

i.e. A service user is refusing to eat or drink and is diabetic; they also have a catheter in situ.

Level 2

Intermittent Observation Specific instructions (from either a care plan or nurse in charge of shift) have been set that state a frequency of observations/checks to be done on a named service user. Staff will be informed of the desired frequency which can range from once a day to every 10 minutes.

i.e. 10 minute checks for a service user who has been unwell, has stabilised but may become ill again.

i.e. Hourly checks for a service user who might be at risk of absconding/leaving the building and who is known to be at unacceptable level of risk of harm.

i.e 15 minute checks for a service user who is settled but is liable to mood swings and behaviours which may raise the risks to them, or distress themselves or others

i.e. Hourly checks that a service user is safe, breathing normally and their condition (physical and mental state) this is currently done at night for several service users.

Level 3

Constant visual observation at a distance Staff are instructed to visually observe at all times but done at a distance (and usually with skill without the service user being aware). This can be very intrusive and severely impacts on a service users rights to privacy, but as a best interests judgment is necessary for that individuals wellbeing and safety, also that of others.

There is usually a known risk and a need to intervene quickly. Close proximity to this service user may well be known to trigger aggression or stress for that service user, particularly for service users

i.e. Earlier a service user has been restrained using MAPPA and has been released as risk/threats are reduced and tension reduction is evident. The service user may wish to wander through the home near other vulnerable service users but no specific threat is being made.

i.e A service user has poor mobility and their mobility/balance/gait is unpredictable, staff need to intervene quickly where they are able to prevent falls, sit the service user down, steady their balance, guide them away from trip hazards if one develops.

i.e.Two service users who are known to react by attacking each other are in the same room but are calm and settled and seated away from each other but have the ability to mobilise near each other at will.

Level 4

One to One- Constant visual Observation with close proximity This is the highest level of observation and severely affects service user's freedoms and rights and should be carried out under direct instruction from the nurse in charge. As level 3 but within arm's length of the service user. In rare circumstances more than one member of staff may be required, such as 2:1.

i.e. MAPPA situations.

i.e. Shadowing a service user who will fall without assistance due to poor mobility and confusion, whilst staff may intervene and prevent some falls it must not be expected that it is possible to stop all falls.

i.e. Dealing with first aid situations, where service users may be seriously ill, have had an accident and may have a fracture but are unaware or will try to walk causing further damage

Points to consider:-

- Staff need to feedback information as to the service users current condition, so that amendments to care or the level of observation and its effectiveness can be reviewed. Staff will need to record in writing that they have carried out observations with the exception of general awareness (level 1). Set forms are available, ie night checks forms.

- Staff may record the service users physical state, their mental state, their emotional and cognitive or spiritual wellbeing. Signs and symptoms of illness. The service user's frame of reference (the problem as the service users see's it). Staff are to record with accuracy and as soon after the events as possible, urgent changes to wellbeing or risks, need to be reported immediately to the NIC.

- Staff are also expected to intervene as circumstances develop where they are competent to do so.

- Often whilst staff are checking a service user's status or where they are spending some time with constant visual observation, this renders staff an opportunity to engage with the service user and develop a meaningful and regular rapport as well as offering assistance or an opportunity for the service user to feel cared for as opposed to just being monitored.

- service users often realise and notice more than we give them credit for, and good observation not only facilitates good assessment of the service users mental and physical state it offers the above mentioned opportunity to engage in a therapeutic way, to offer a person centred approach and offer a quality experience for the service user.

- With the wrong approach the care home can easily be mistaken for that of custodial environment, with the right approach it can be a warm caring and safe place, which we are proud to be a part of.

- Those service users who are funded 1:1 does not necessarily mean they are monitored at a higher level all of the time. The observations are reassessed to respond to the situation and recorded.

i.e. A service user maybe level 4 when awake and sitting/lying, but with other factors in place such as low bed, bed rail x 1 or 2, bumpers xl or 2, crash mats, when asleep can be re graded to 15 minute observations - level 2.

Observation needs to reflect flexibility to ensure a deprivation does not occur and the least restrictive option is always explored. 1:1 Funding is secured when level 2

and level 3 observation is used regularly at the least to keep a service user safe as staff need to be available to achieve. Staff records are used as evidence for this care with in super visions as an agenda item and also competency observation tool to maintain safe practice.

Observation charts which can be the Night check charts for those on 1:1 at night only — will record when the service user is awake(tick) asleep (cross) this can then be followed by the relevant observation level - indicating the number. Observation charts for the day time can be similar.

- General awareness — level 1 are covered by an hourly head count which is allocated to a member of staff to do on every shift and the form completed to say this has been done

Read by Staff: Print and Sign Name:	Date .