

Visit Draft Report

SERVICE PROVIDER DETAILS

Name: HC- One

Premises visited: Maple Court Nursing Home, Rotherwood Drive, Stafford

Date of Visit: 15th January 2016

Time of visit: 11am

Home Manager: Mrs Terri Brindley

NAME OF AUTHORISED REPRESENTATIVES:

1. Michael Allen
2. Isabel Ford

What is Enter and View?

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The local Authority safeguarding team will also be informed.

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1. PURPOSE OF VISIT

Put in a small paragraph about why the visit was undertaken

- To check on reported lack of communication to relatives regarding the wellbeing of the residents
- Staffing levels
- Check on whether there is effective leadership

RECOMMENDATIONS

Please use bullet points for the recommendations and if needed any reasoning behind the recommendations.

NO recommendations have been made by the Authorised Representatives.

SUMMARY OF FINDINGS (PLEASE INCLUDE A DESCRIPTION OF THE PROVIDER)

Following some observation by the Authorised Representatives it appeared that the staff were speaking with a relative regarding the admission of his wife, this was observed to be handled with empathy and sensitivity. The Authorised Representatives were informed that if an incident occurred then relatives would be informed as soon as possible as per protocols in place.

The home was observed to be adequately staffed at the time of the visit.

The manager was confident in her staff and advised that they were all aware of current procedures within the home. She was covering two homes as registered manager but had a deputy that was mainly based at Maple Court.

Commented [SB1]: It would be helpful here if they had recorded the number of residents and number of staff on duty at the time of the visit.

Commented [SB2]: Some evidence of how this is checked would have been helpful here too ie. is this audited via training records, induction checklist, etc.

OBSERVATION AND FINDINGS

These should be summarised under the following headings:

SECTION 1: PHYSICAL ENVIRONMENT (include evidence & approach used)

The premises appear to be adequate, suited to their purpose, clean and attractive.

SECTION 2: STAFF (include evidence & approach used)
(PLEASE INCLUDE STAFF FEEDBACK/ STORIES AND/OR COMMENTS)

Staffing levels

There seemed to be an adequate hierarchy of accepted command. A good resident supply of registered nurses were supported by care staff. Each member of staff is encouraged to train to a higher grade, tangible time and effort was devoted to this. A “bank” member of staff and known agency worker were also given in-house training and E-tuition was provided free of charge. Further face to face training for certain areas was compulsory and arrangements were in place for this to be available to members of staff on a local basis so that time was not wasted on unnecessary travel.

The system recognised that staff had to be flexible in their approach towards need and there was evidence of support from staff to volunteer cover when required, even if not requested. This was attractive to staff and management.

The Authorised Representatives spoke with the manager regarding the provider’s protocols for dealing with injuries however caused. These were robust and comprehensive and covered adequately all the possible scenarios that presented. No omissions appeared to be obvious and the manager was confident that the staff were fully cognisant with the relevant procedures. There was written evidence of this being the case.

There was a good system of Doctor Call out, the Doctor was the resident’s own assigned GP. The provider did not have control over the GP’s response time.

Relatives are informed as soon as possible as part of the accepted protocol. Injured residents are accompanied to hospital if necessary until admission to the hospital is completed.

SECTION 3. SERVICE USER EXPERIENCE
(include evidence & approach used)
(PLEASE INCLUDE SERVICE USER STORIES/ COMMENTS IN THIS SECTION)

There appeared to be adequate staffing at the time of the visit to the home. All residents appeared contented although none were spoken with on the visit.

Commented [SB3]: What does ‘tangible time’ mean. Does this mean that they are allowed to take a number of days for training which are paid for, for example?

Commented [SB4]: Why was this attractive to staff – are incentives offered?

Commented [SB5]: Would this include reference to safeguarding procedures, reports, etc.

Commented [SB6]: Do we know what the evidence was eg. training records?

Commented [SB7]: Did they ascertain what the protocol is?

Commented [SB8]: Again, any detail on this ie. number of residents, number/grade of staff on duty at the time of the visit?

SECTION 4. RELATIVE/ CARERS EXPERIENCE

(include evidence & approach used)

(PLEASE INCLUDE ANY FEEDBACK OR COMMENTS FROM RELATIVES/ CARERS IN THIS SECTION SHOULD THEY BE AVAILABLE TO TALK TO YOU)

The Authorised Representatives observed preparation with a concerned relative regarding the admission of his wife. This was handled sensitively and patiently. Good pre-admission assessment had been carried out and every effort appeared to be made to give him assurance.

Commented [SB9]: What was the evidence of this?

SECTION 5. ANY FURTHER OBSERVATIONS

(include evidence & approach used)

(THIS SECTION IS FOR YOU TO NOTE ANY FURTHER OBSERVATIONS OR EVIDENCE THAT YOU MAY THINK IS RELEVANT)

At present Terri Brindley is the Registered Manager for Maple Lodge and Maple Court. She has a deputy who is mainly based at Maple Court. She will remain in post while researching a suitable replacement which may take some time. She is not being pushed to rush this matter by the regional board of management. The present situation appears to run smoothly.

SECTION 6. ANY FOLLOW UP ACTION REQUIRED?

PLEASE ADD ANY FOLLOW UP ACTION THAT MAY REQUIRED (E.G. VISIT, CALL TO THE PROVIDER ETC)

At this time a follow up visit is not required.

SECTION 7. DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

Acknowledgements

Healthwatch Staffordshire would like to thank the service provider, service users, staff and visitors for their contribution to the Enter and View Programme.

DISTRIBUTION LIST

This report will be shared with the following organisations/agencies

- Healthwatch England
- Care Quality Commission
- Adult Safeguarding (SCC)
- Quality Assurance Team (SCC)
- Commissioners
- Any other relevant parties

SECTION 8: PROVIDER RESPONSE AND INTENDED ACTIONS

Providers opportunity to respond to what has been reported and any intended actions where recommendations have been made