

## Visit Final Report

### SERVICE PROVIDER DETAILS

**Name:** BrighterKind

**Premises visited:** Springfield House Nursing Home

**Date of Visit:** 4<sup>th</sup> May

**Time of visit:** 10.40-12.40

**Home Manager:** Mrs Stephanie Grainger-Hyland

### NAME OF AUTHORISED REPRESENTATIVES:

1. Harold Finch
2. Judy Bell

### 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 there is a concern raised about 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.

## **1. PURPOSE OF VISIT**

*Put in a small paragraph about why the visit was undertaken*

Concern had been expressed that residents were not being given the opportunity to exercise choice in relation to food and clothing.

## **RECOMMENDATIONS**

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

- a.) Ensure that when the menu choices deviate from those on the prepared menu these are made available by being written in a manner legible to residents on the board in the dining room.
- b.) Provide a board in or near the entrance hall where staff pictures are displayed which also identifies the staffing structure.
- c.) Ensure that excess personal care equipment is not stored in a bathroom used by residents.

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

## **OBSERVATION AND FINDINGS**

*These should be summarised under the following headings:*

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

From the signage in the car park it was difficult to differentiate between the residential care home and the separate nursing home. Once the nursing home visitors' entrance was identified the door bell was answered promptly and politely by a member of staff.

The reception area was bright and nicely decorated. The walls were wallpapered in a tasteful grey/white pattern, there was a decorative clock on the wall, there was a board on which the day's printed menu choices should have been displayed and there were a variety of leaflets available giving details of the home. Hand sanitising gel was available, but discreetly displayed and the visitors' book was clearly displayed.

There was no staff board showing photographs of the staff and the staffing structure. The staff wore different kinds of uniform according to their roles although there was no explanation of this although it was ascertained by questioning the staff.

There were no strong unpleasant odours discernible on entering the premises.

Although we were told by the Registered Manager that there was a shortage of storage space, the corridors were free of equipment and clutter. One resident was observed to navigate the corridors in a chair on wheels (not a wheelchair) without hindrance.

One of the bathrooms for the residents contained a number of surplus large personal care items, i.e. a wheelchair, boxes, a chair and a commode. These made the bathroom look cluttered.

All areas of the home appeared to be very clean. The floors were predominantly covered in carpet apart from the bright, well furnished dining area and areas devoted to personal care. The general state of decoration was good although there was predominantly neutral colour painted wall colour scheme. At least one resident had a bedroom painted in colours of her choice.

The external environment appeared very well maintained. The lawns were neatly cut and the flower beds were neat and weed-free. External furniture, e.g. benches & chairs, was in a good state of repair and were free from plant debris and bird droppings. The car park had a good tarmac surface.

The internal environment gave the appearance of good maintenance, although the predominant of painted walls as opposed to wallpaper gave a slightly stark

appearance in some areas. We were told that there is an ongoing rolling programme of maintenance and re-decoration. This was in evidence in one wing of the home and on the lower ground floor where a residents' hairdressing area is being upgraded.

**SECTION 2: STAFF (include evidence & approach used)**

*(PLEASE INCLUDE STAFF FEEDBACK/ STORIES AND/OR COMMENTS)*

All the staff that we met including the Registered Manager, Nurse, Care Staff, Chief Chef, Hostesses, Maintenance Officer, Hotel Services Manager, Housekeeper and Domestic staff were exceptionally friendly and welcoming. They were keen to talk about their work and to express a positive view of employment at Springfield House.

The authorised representatives were impressed by the number and range of staff on duty. We observed the following staff on duty: several carers, a nurse, at least two hostesses, domestic cleaners, a hotel services manager, a chief chef and at least one other member of the catering staff, a housekeeper, two members of the maintenance staff and the Registered Manager. The Registered Manager informed us that no agency staff are used but bank staff who know the residents are used to cover absences.

The comments made by staff regarding how happy they are working at Springfield House support the impression that staff feel there is adequate cover on their shifts.

The nursing home and residential care home have an on-site full-time trainer on the staff. The Registered Manager reported that this staff member provides 1:1 training for all staff in both the nursing home and the adjacent residential care home. A member of the on-site maintenance team provides training in areas such as fire safety. We were told that other on-site training is also provided, e.g. by 'Cube Learning' (NVQ Courses) and by the supernumerary Deputy Manager/Nurse Supervisor. No records of training were scrutinised and we did not ascertain the specific training provided for use of equipment.

**SECTION 3. SERVICE USER EXPERIENCE**

**(include evidence & approach used)**

*(PLEASE INCLUDE SERVICE USER STORIES/ COMMENTS IN THIS SECTION)*

Although no individual residents were spoken to, staff were observed to interact with residents in a positive and friendly manner. They showed patience and spoke to them in a positive, but clear manner. Several staff members, including a member of the maintenance staff, said that they really enjoyed interacting with the patients. The Registered Manager reported that a member of the maintenance staff gives of his own time because he enjoys the work on behalf of the residents so much.

Residents are provided with a choice of food at each meal. The chief chef reported that at breakfast a choice of cereal, porridge, yoghurt and fruit is given. Residents are provided with a cooked breakfast if they choose this.

The chief chef reported that menus are provided on a four-week rotational basis. Residents' preferences, e.g. for fish and chips every Friday, are observed.

The facility to display the menu choice for the midday and evening meals is provided on a board in the entrance hall. The Registered Manager reported that residents would be asked to give their lunch time choices in the morning. This would be relayed to the kitchen in order to provide the catering staff with a rough guide to the proportion of food to cook. We were told that residents would then be provided with a further choice at lunch time so that they could change their mind if they so wished.

On the day of the visit, the menu on the board in the entrance hall related to the previous day. The Registered Manager confirmed that the menu for the day should have been in place on the display board by 10 a.m. but this was not the case. We were told that the lunch time choice of food was also displayed on a handwritten chalk board in the dining room and on individual menus displayed on the dining room tables. We observed that the choices were written on the chalk board in the dining room. However, idiosyncratic handwriting and poor spelling made this very difficult to read – even by the authorised representatives. No printed menus were available on the tables.

The chief chef explained that it had been impossible to display the menus as the supplier had been unable to provide the correct meat in order to prepare the meal as identified on the agreed menu. An alternative meal had, therefore, been prepared which was not shown on the pre-printed menu. She stated that it would have been confusing for the residents and carers to have had incorrect information displayed.

Residents are given the option of eating outside in good weather. This usually follows an outside activity. The Registered manager is required by Brighterkind to provide a monthly return of the number of residents who go outside.

Residents were observed to be offered a choice of drinks by the 'hostesses'. A range of cold drinks and juices were available in a newly installed hydration station in the dining room. This means that hostesses are able to access drinks for residents as needed without having to disturb the catering staff.

The chief chef identified that a choice of a cold or a hot option is given for each evening meal. Residents are not required to make a choice in advance for this.

The Registered Manager reported that all special diets are catered for. This includes those for diabetics, those requiring fortified food for weight gain and those

liquidised or mashed food. Food was observed being prepared in this way for the mid-day meal.

The weight of residents is monitored on a monthly basis or, where there is an assessed special alert concerning weight, this is done on a weekly basis. This information is then included in the care plan and communicated with the catering staff so that appropriate action can be taken.

The home now employs a group of workers known as 'hostesses' between the hours of 10 a.m. and 4 p.m. The role of the hostess is purely to ensure that all residents receive sufficient hydration and to help them with eating and drinking. The hostesses have a background as care assistants.

The home operates a system whereby a 'flash meeting' is held every day at 11.30 a.m. This provides all staff on duty with the opportunity to meet together with a manager to communicate any concerns that they may have regarding any issues concerning the residents or the environment. For example, if a carer is concerned that a resident is losing weight, this will be communicated to a chef to ensure that fortified food is made available immediately.

In relation to personal care, the Resident Manager reported that where residents have the capacity to make a choice about whether to have a shower or a bath, this choice is offered. Where capacity is lacking, staff determine this information from relatives about what individuals enjoyed prior to entry to the home. Where extreme frailty exists, residents are provided with a wash in bed to avoid pain and suffering.

Residents are registered with a number of different local GPs. If they have previously been resident in the area residents are able to keep their previous GP. If they have been resident in an area further away, they, or their relatives, are provided with a choice of GPs with whom they can be registered.

Residents who are smokers have the option of smoking outside in the grounds. Smoking is strictly prohibited in the home.

Residents can choose to drink alcohol, if this is provided by relatives.

The Authorised Representatives did not have the opportunity of asking residents about their choice of clothing. However, all appeared well dressed with clothing appropriate to the conditions. Individually marked trays for residents' personal clean clothing were observed in the 'clean' laundry area.

The nursing home and adjacent residential home have a dedicated full-time Activities Co-ordinator. She was on sick leave on the day of the visit. The activities available each day are displayed via pictures on a large board in the corridor. It appeared that residents made the choice about which activities they wanted to take part in via communication with their carers. The Registered Manager

identified that on days when the Co-ordinator is away, the carers assume responsibility for providing activities on a 1:1 basis e.g. hand massage etc.

The residents appeared to be neat, clean and tidy. Their hair was well looked after and the Registered Manager reported that a hairdresser attended twice per week. A dedicated hair dressing salon for residents is currently being refurbished in the lower ground floor area.

There appeared to be appropriate storage of personal care items within residents' rooms. The dignity of residents was not observed to be compromised in any way.

The activities board identified that a religious service, presumably Christian, was held once a week. Residents are able to choose whether or not to take part in this.

The hostesses and carers encourage residents to maintain independence skills as befits individual needs.

The registered manager reported that she is required by Brighterkind to file a return identifying the number of times the emergency bell is activated by residents and the proportion that receive a response within 2 minutes.

#### **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)*

No Carers or relatives were seen on this visit.

#### **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)*

Springfield House Nursing Home appeared to be a well-managed and well run home. It appeared to offer the residents a very good level of care. The staff appeared to be highly committed to the home and its residents and to be well motivated and trained. On the basis of the observations made on this visit, the Authorised Representatives did not have any concerns about the level of choice available to residents nor any other serious issues. It appears very much that the question of choice was historical or even vexatious. Although this visit was to the Nursing Home, we anticipate that the same level of care exists in the Residential Home. We would recommend that no further visits are necessary.



**SECTION 6. ANY FOLLOW UP ACTION REQUIRED?**

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

No further visits 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.

## SECTION 8: PROVIDER RESPONSE AND INTENDED ACTIONS

### DISTRIBUTION LIST

This report will be shared with the following organisations/agencies

- Healthwatch England
- Care Quality Commission
- Staffordshire County Council (Safeguarding, Quality Assurance)
- Commissioners
- Any other relevant parties