

Enter and View Report



**St John's Residential Care Home,
Northampton**

July 2015



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Details of the visit

Name and address of premises visited	St John's Residential Care Home, Wellingborough Road, Weston Favell, Northampton, NN3 3JF
Name of service provider	St John's Home
Type of service	Residential and nursing home
Specialisms	Caring for adults over 65 years old
Date and time of visit	28 July 2015, 10.30am
HWN authorised representatives undertaking the visit	Val Dumbleton and John Rawlings
Support Staff	Jo Spenceley, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Sunley Conference Centre, Boughton Green Road, Northampton, NN2 7AL 01604 893636 enquiries@healthwatchnorthamptonshire.co.uk

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of St John's Residential Care Home for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy (www.healthwatchnorthamptonshire.co.uk) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.



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- We will provide information and advice about health and social care services.
 - Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

Enter and View

Part of the Healthwatch Northamptonshire programme is to carry out Enter and View visits. Healthwatch Northamptonshire representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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 Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire 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. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, 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.



Healthwatch 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 safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life and experience and opinions of residents. St John's Residential Care Home was selected as one of the homes to visit as we had heard concerns from a member of the public in October 2014 about aspects of the care of their relative received up to July 2014, in particularly end of life care. The relative felt that the residents care was not properly managed and their concerns were not listened to.

How the visit was conducted

The visit was an announced visit with the Manager being given six weeks' notice of the intended visit and advised of the names of the HWN volunteers that would be carrying out the visit. We sent letters, posters and leaflets to the home to inform residents, relatives (or other carers and visitors) and staff about our visit and Healthwatch Northamptonshire. We observed the condition of the premises, and interaction between the staff and residents and talked with five residents and members of staff. We also spoke with the manager at the start of the visit and at the end to clarify any questions that had been raised. Prior to the visit we received two phone calls to the Healthwatch Northamptonshire office from relatives of residents giving feedback.



Observations and findings

About the home

- St John's Residential Home is owned by a charitable trust and the building has been on the same land since 1138. It was originally built for the sick and needy for military use, it became a maternity hospital during the war and in the 1960's became a residential home.
- The home has space for 50 residents and averages around 45.
- The home is not registered for dementia residents, however there may be one or two residents who develop some degree of dementia whilst they are there.
- Staff are led by a manager and deputy who are both registered nurses.
- Some senior carers have NVQ level 4-5 and other carers have level 2.
- All staff are Disclosure and Barring Service (DBS) checked.
- All staff are trained with a care certificate and all mandatory training is done in house, with an update every year. There is no electronic training.
- All staff have had safeguarding training, including gardeners and kitchen staff.
- Staff have recently been trained in pressure sore prevention.
- Safety issues seemed to be taken seriously by the home.
- There are six volunteers who are all DBS checked.
- A handover is carried out by the senior staff three times a day. All carers are included in the handover and it is written down and computerised.
- Staff meetings take place every four weeks and all staff attend, including gardeners and kitchen staff. Carers, kitchen staff and gardeners all have their own individual team meetings once a month.
- A senior planning meeting takes place twice a year.
- All residents have a care plan which is planned by the staff and relatives and all residents have their own individual notes folders.

General impressions of the home

- We received a warm and friendly reception. The manager knew we were coming and was very welcoming and helpful.
- The corridor was a busy thoroughfare for residents and staff, with lots of notices about what was going on in the way of activities.
- The home felt like a 'home from home' rather than being too formal.



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- The area looked as though it could have done with a lick of paint, but we were told by the Manager they do have a rolling programme of decorating and maintenance of the building.
 - The building, including the rooms and bathrooms, were very clean and there were no odours.
 - The en-suit bathrooms all had showers, toilet and hand wash basins, and were generally very clean and spacious. Each shower has a call button and a shower chair if required.
 - The staff wore uniforms, although there was not any indication on the wall as to who was who.

Personal care and dignity of resident

- A number of residents are independent and all choose the clothes they wear.
- All the residents we saw were dressed appropriately.
- All of the residents we spoke to agreed that their privacy and dignity was respected. They said they were called by their chosen names and that staff always knocked before entering their rooms.
- The residents we spoke to said they liked the rooms and said they had a call bell handy.
- There is a hairdresser that comes into the home, a chiropodist that visits six times a year, and a mobile optician but no visiting NHS dentist.
- A GP from Beech Avenue Surgery comes in and does a round every Monday.
- The home has a medical room and the medication trolley is kept there. There is also a cupboard where controlled drugs are locked away. A senior member of staff issues the medication and wears a tabard that identifies them as doing this role.
- A medication round is carried out four times a day and the medication system is inspected twice a year by a pharmacy. There is a Monitored Dosage System (MDS - medication storage devices designed to simplify the administration of solid oral dose medication) in place with Boots, which is signed for.
- One of the relatives who contacted the HWN office thought that communication between shift staff (from shift to shift) about medical treatment and happenings was not very good. They thought there was not enough liaising.
- The relative also told us that allegedly an elderly resident once thought that some white tablets that were spilt onto a shiny blue carpet were sweets and was about to pass them on to other residents. The relative was very concerned about this.
- The laundry and ironing is done on the premises.



Staff behaviour, attitudes and relationship with residents

- The residents we spoke to said that the staff speak very nicely to them.
- A few of the residents we spoke to did not know who their key worker was although we did see a list of key workers in the office.
- We did not observe any problems with the interaction between staff and residents.

Independence of residents and control over daily life

- All residents are encouraged to be independent and a few go out on their own - on scooters or by bus.
- They also take charge of their own affairs or their relatives do.
- The home will hold a maximum of £100 for each resident in an individual account. An audit is done once a month.
- Residents can also hold their own money.
- Staff will also buy things for the residents.
- The residents we spoke to said that they do make suggestions for food sometimes.

Activities for residents

- There is a large activities room, which doubles up as a communal room with a large TV and various games, etc. that residents can play.
- Many of the residents use their rooms for watching television and reading. This may be in part because there appeared to be only one communal room where everything happened.
- There is a list of activities pinned up on the notice board inviting all the residents, they include:
 - exercises with games
 - friendship hour
 - music and movement
 - singing
 - football
 - interesting talks
 - quizzes
- The residents said they do not get bored and after exercising are “glowing all over”.
- There is a chapel on the premises, which is used for services and funerals. Church services (including Evensong and Holy Communion) are mostly carried out in the activities room as more residents attend.



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- There are also several courtyards where residents can sit outside and enjoy the gardens.

Food and drink and meal times

- There is a cook on the premises and the home employs a qualified dietician who reviews all residents' diets on a monthly basis.
- The residents have three cooked meals a day, plus a coffee and tea time.
- One resident asked that the evening drink be given later in the evening as they felt it was too early.
- The staff and also relatives feed residents when necessary. Each room has a water jug, which is refilled frequently, and there are water dispensers in the dining room and on the upper floor.
- There are two dining rooms where most of the residents have their meals, the dining rooms are nicely decorated and colour co-ordinated and have a friendly atmosphere. One of the staff thought it could do with a little TLC.
- All the dining rooms have a call button.
- There is also a sweet trolley that a volunteer takes around on a Wednesday.
- All residents have the choice of a sherry before dinner.

Relationship between the home and residents/relatives

- We spoke to a group of five residents as they were coming in for lunch. All of them said they were very happy with the staff and how they were being treated.
- Residents generally liked the home and thought it was "the best". They praised the home and the staff and were very happy. There was not anything that they disliked anything they felt needed changing.
- Residents who do not have relatives visiting have made friends with others residents and enjoy their company.
- There is a relatives meeting twice a year and a residents meeting every six weeks, which residents are encouraged to attend. These meetings have an agenda and minutes.
- All the residents we spoke to understood the information they were given about the home, and some, but not all attend the residents meetings.
- The residents have a welcome pack, which both relatives and residents are encouraged to read.
- Complaints are encouraged and if verbal, a resolution will be found.
- Formal written complaints are investigated and responded to within the 28 days.



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- There are the usual ‘moans and groans’ from staff or residents, for which a resolution is found straight away.

Staff satisfaction

- The staff we spoke to thought that the home is a happy environment.
- Most staff have been there many years.
- They would like to see the staff being paid more.
- The staff feel the home works well but would like to be more involved in decisions regarding any changes.
- All the staff we spoke to were very happy working at the home.

Other observations and comments from resident, staff and relatives

- There were some very real concerns regarding admitting residents to Northampton General Hospital (NGH) and also about discharge from hospital. When a resident is admitted to hospital the home sends a resume of the residents medical history, however the hospital always ring the home for information saying that none went in with the resident when that is not the case - it appears to get lost on the way.
- The home also has difficulty getting information regarding the residents from NGH as NGH say they are not a relative, so no information is forthcoming. On occasions elderly residents have been discharged at 9pm without any follow up.
- We asked the home about safety issues in regards to fire. There is a fire policy which all staff are aware of and are trained to the protocol. All residents are assessed as to how mobile they are and each has a sticker on the door of their room describing what help is required to get the resident out in case of a fire, this is recorded both in the residents notes and in the fire log.
- Fire equipment is tested weekly and there is a fire drill three to four times a year led by a member of staff.
- The building has chain fire curtains in the roof space, all residents’ room doors are fire resistant and automatically close if there is a fire, and the whole of the home is zoned so they can see automatically which zone the fire is in on a board in the office.



Recommendations

1. The home would like consent for information to be shared with them from NGH. Perhaps a system could be proposed and discussed with NGH and relatives
2. The home should make sure all residents know who their key worker is and what they are there for.
3. The homes should ensure that senior staff are included in discussions around any changes that are made.
4. The home should review the communication between shift staff (from shift to shift) about medical treatment and other information to ensure it is of a high standard.
5. The home may need to review how medication is dispensed to prevent tablets being spilt on the floor and picked up by other residents.
6. The home could consider giving the evening drinks to residents a little later.
7. The home could encourage staff members to sign up as ‘Dignity Champions’¹ to ensure continuation of the compassionate and person-centred care we heard about.

¹ www.dignityincare.org.uk/Dignity-Champions/Becoming_a_Dignity_Champion/



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