

Date of visit: 1st December 2016

Enter and View Report: Nightingale House

10 Strafford Road, Twickenham, TW1 3AE

A private residential care home located in central Twickenham, situated near the River Thames and close to public transport. It has accommodation for 21 residents.

Healthwatch Richmond Enter and View authorised representatives:
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Introduction

Nightingale House is an adult residential home, owned by Mrs Sushma Nayar, at 10 Stafford Road, Twickenham, TW1 3AE. Mrs Rea Williams is the registered Manager and responsible for the services provided. At the time of the visit Nightingale House was registered with the Care Quality Commission (CQC) as a care home, without nursing provision, providing accommodation and personal care for up to 21 people. The premises are in the form of a large residential house with ordinary domestic facilities.

The home can be contacted on: (020) 8892 1854

Healthwatch Richmond is a registered charity that acts as an independent voice for people in the London Borough of Richmond upon Thames. It helps to shape, challenge and improve local health and social care services. Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch powers to request information from health and social care providers and receive a response within 20 days, and to enter and view premises that provide health and or adult social care services.

The reports of Healthwatch Richmond's Enter & View visits can be found on our website: www.healthwatchrichmond.co.uk or are available from the Healthwatch Richmond office, please contact us on: 020 8099 5335

Rationale

In 2016 Healthwatch Richmond began a new programme of visits to residential homes. In selecting Nightingale House we analysed a range of data available to us from the CQC, the Local Authority and community sources including if the home was due to have a CQC inspection or a Local Authority visit or whether these visits had occurred recently. This enabled Healthwatch Richmond to identify which homes to visit, aside from those with which there are ongoing concerns.

The selection of Nightingale House for visiting is described in the Rationale above. It was a home that Healthwatch Richmond had undertaken an Enter & View Visit to before, in December 2014. In that visit Healthwatch Richmond had suggested a number of improvements that needed to be made to the home, both in its accommodation and its management and they had undertaken to address these. The full Healthwatch Richmond Enter & View Report of this visit can be found on our website:

[Nightingale House Enter & View Report April 2015](#) or is available from the Healthwatch Richmond office, please contact us on: 020 8099 5335

The last Care Quality Commission inspection of Nightingale House took place on 13th June 2016 and the overall rating was given as GOOD. This inspection was undertaken because at the previous CQC Inspection of March 2015 they found that:

1. People were not adequately protected against receiving care or treatment that was inappropriate or unsafe because their needs and preferences had not been taken into account.
2. The registered Manager had not put in place safe moving & handling training for staff

3. The Manager did not have adequate systems in place to monitor and assess the quality of the service or to have regard to the views of people living in the home.

The home was requested to submit an action plan detailing improvements to be made, this had been completed and the CQC Inspection in June 2016 found that the relevant requirements were being met.

CQC LINK here: [CQC Overview](#), [CQC Inspection Summary July 16](#) & [CQC Inspection Report](#)

The Visit

An announced visit was arranged to commence on the 1st of December 2016. The visit was conducted by a team of 2 volunteers and one member of Healthwatch Richmond staff between 11:30 and 14:30.

A description of the visit is given within the methodology below and undertaken using Healthwatch Richmond's Residential Care Enter and View tool.

Following the publication of this report Healthwatch Richmond visited Nightingale House on the 20th of July to meeting the Manager and check on the progress that has occurred in over the six months since the this report was published.

Methodology

Enter and View representatives were authorised via Healthwatch Richmond's Appointment of Authorised Representatives for Enter & View Policy. This includes a written application, satisfactory references, an enhanced Disclosure and Barring Service (DBS) check, training in safeguarding adults and training in how to undertake Enter and View visits. The visit was planned in accordance with Healthwatch Richmond's Enter & View Policy and undertaken in the spirit of partnership and openness.

Healthwatch Richmond requested Nightingale House to provide the following information:

- Total numbers of staff and residents
- Management Structure
- Registration Details
- Any guidelines that Nightingale House had for visitors
- Complaints Policy & Procedures
- Any other information provided for residents and their families

Healthwatch Richmond visited the Manager prior to the Enter & View visit to discuss the arrangements and agree the date. Posters and leaflets for the visit were supplied to the home to advertise the Enter & View Visit to residents, staff, families and friends.

All the background information available on Nightingale House was drawn together by Healthwatch Richmond and made available to the team undertaking the visit. The team met prior to the visit to plan what areas of interest they would like to focus on during the visit. The aim was to gather the experiences of residents, their families and staff and to observe

how Nightingale House met the needs of its residents and, if appropriate, to make recommendations about anything that may be improved.

The areas for focus were:

- Residents' views on life at Nightingale House
- The views of residents' families and friends
- Staff's views on working at Nightingale House
- Support for residents in the home
- Improvements in the accommodation

Limitations

The report relates only to the specific visit by Healthwatch Richmond on the 1st of December 2016 and the report is not representative of all the service users, only those who contributed within the restricted time available.

Findings

During the visit the Healthwatch Richmond team spoke to 8 residents, 1 relative and 5 staff members as well as the Manager and Deputy Manager.

General

Nightingale House is a care home for up to 21 older people situated in central Twickenham. It provides residential accommodation and personal care for older people and there are currently 16 residents.

On arrival we were welcomed by the Manager and invited to sign the Visitor Book, details of the Healthwatch Visit were displayed in the entrance area. We were warmly welcomed generally by the staff and the residents, who were interested to talk to us about the home and themselves and their comments are included throughout this report.

Accommodation

The home was clean and bright and in a good state of repair and decoration, it was clear that improvements had been made to the décor since the previous Healthwatch Richmond Visit in December 2014. There is a well-kept garden at the front and rear of the property, which some residents told us they like to make use of. The entrance door was locked and entry and exit to the home required it to be opened by a member of staff, we observed how it would be very difficult for any of the residents to open the door unattended. The entrance was accessible for wheelchair users and people with impaired mobility via a wheelchair ramp, which was in place correctly at the front door.

On the ground floor there is a large communal lounge, which was bright, clean and spacious, with comfortable seating. It had an annexe at one end of the lounge that the Manager was keen to bring into more use and develop for social activities or 'quiet space'. We have been informed that the refurbishment is now being planned and will commence after other Fire Regulation works and redecorating and carpeting of rooms has been completed.

There was a noticeboard in the main hallway with general notices and policies pinned to it including their 'Charter of Rights and Philosophy of Care' and the Complaints Policy. Another notice board in the main lounge advertised activities and displayed the date and weather that

day. The home have informed us that they have now put up new noticeboards for staff, residents and relatives and they are working on a flow chart to display the Complaints Procedure in a different format. The Manager is currently replacing other signage in the home with bright, illustrated signs.

All the residents' rooms had photographs of themselves and their names clearly displayed on their door and each door was closed allowing for privacy. One resident was very happy for a Healthwatch Volunteer to talk to him in his room. The room was warm, clean and tidy and the décor was satisfactory, but it was very small with a small washbasin in the corner. The gentleman had plenty of room to display photographs of his family and plenty of space for personal belongings. The window looked out onto the garden, which he told us he liked to see. The home is now redecorating and refurbishing residents' rooms when they become vacant, including installing new windows, carpets and doors. All residents' room doors have recently been fitted with intumescent strips to prevent fumes and smoke entering.

The call bells went off several times during our visit and they were all answered promptly. However, the display which tells staff which room is buzzing is in the dining area and is not clearly visible for staff to identify which room is calling. It would be helpful for both staff and residents if this could be located to a more convenient position. The home has informed us that they are now investigating installing a secondary call system display.

There was a smell of cigarette smoke in the main corridor coming from the garden door exit and the atmosphere would benefit from the outside smoking area being moved further away from this door. The manager has informed us that they are taking action to remedy this.

Healthwatch Richmond consulted the Fire Safety Regulation Team for Richmond to discuss their most recent inspection of Nightingale House. We were informed that Nightingale House had been inspected in July 2016 and was issued with a Fire Safety Enforcement Order, which expires January 2017. We understand that actions have taken place or are in progress to complete the requirements of the enforcement order.

Management

The Manager present, Mrs Williams, had only been in post 8 weeks at the time of our visit, and she informed us that she was currently being registered with the CQC as the registered manager. We have had confirmation that this has now been completed. Nightingale House is part of a group of 4 homes run by Cheriton Care Homes, who provide management support to Nightingale House, including staff recruitment and vacancy cover. We were told by the Manager that she thought this was working well. The Manager was very open and transparent regarding some of the changes that she was hoping to make, these included staff training, new care plans and falls prevention strategies and she had made a start on these. In particular she was very keen to encourage senior staff to take more responsibility and leadership and for all the staff to develop their care related skills.

We were informed that there are normally 3 care staff on in the morning and the afternoon, together with the Manager and a senior staff member. At night time there are 2 waking staff and the Manager is on call. Senior staff are in charge at weekends and the Manager is on call. Senior carers have weekly meetings and staff meetings are now being held regularly and we understand they are being well attended.

Care Management

The Manager explained the care plan system they use to us and told us that she is keen to make some improvements to this and develop a new system for the care plans. The Manager has informed us that this is now underway, care plan updates are in progress and are a priority. She also informed us that relatives and residents are included in planning residents' needs.

However a relative we spoke to said that his mother had been a resident at the home since April 2016 and that he had not been consulted about her care or had any direct input into her care plan and had not been invited to any meetings. He also said he would like to receive feedback following the GP visits, but this had not happened to date. We would hope that the new Manager is able to address this concern as part of her initiative to update the care planning process.

The deputy Manager and senior staff carry out medicines administration and have completed competency assessments. Controlled drugs are locked away and 2 members of staff must administer and sign for these. They use the Medication Administration Records (MAR), medicines management scheme with input from a local pharmacy and the attached GPs.

A Healthwatch Richmond team member witnessed a resident at the top of the stairs, unaided and carrying a Zimmer frame. They considered that the resident was potentially going to attempt to come down the stairs and was at great risk of falling and immediately called for assistance. The Manager immediately went to assist the resident. This incident was followed up with Nightingale House and we were informed it had been recorded appropriately and remedial action taken to ensure this cannot happen again. We were informed that this resident does not normally attempt to use these stairs. The home is now leaving the door at the top of the stairs closed, this is on a heavy spring and residents are unlikely to be able to open it unassisted and there is a lift they can use to come downstairs. The home will consider, with the resident's family, moving them to the ground floor if a room becomes available. In addition they have fitted appropriate sensor mats to allow them to be alerted to the resident leaving their room.

Another resident had sustained bruising from slipping forward in a chair and banging their head and we were informed they had been to hospital for assessment and treatment and the incident was logged appropriately.

The Manager was aware of falls that had happened before her arrival and was very keen to take appropriate action to reduce the number occurring. We have been informed that she has introduced a range of preventative measures and that falls have reduced since their implementation. These include alarm mats, staff awareness training and reporting and improved documentation of falls.

One resident complained to a Healthwatch member that their eyes were sore and the carer informed us that they were waiting for their eye drops to arrive from the pharmacy, the resident was aware that they would be treated. We understood that the medication did arrive whilst we were there but did not observe them being administered.

Residents

The residents of Nightingale House were mainly in their 80s and 90s with a fairly evenly split ratio of females to males. Some of the residents have lived at the home for a long time, up to 10 years and they are a mix of self-funded and Local Authority funded residents. The residents looked well cared for and those spoken to were mainly happy with the care they were receiving.

Staff

On the day of the visit the Manager, the Deputy Manager, 3 care staff member, the hairdresser, the cleaner and the chef were present. There appeared to be sufficient staff on duty and we observed that the staff engaged well with the residents and spent time talking to them. The staff were all well-presented, in clean uniforms and all had their name badges on.

One of the staff told us they had worked at Nightingale House for 10 years and said that she thought that the “residents got good care and we can build up a relationship with them”. She also informed us that everyone was encouraged to be as mobile as possible.

A senior staff member told us that they had “been here 14 years”, that they were “happy there, you have to be happy to be able to help”. Regarding the management changes they said “things are getting better”.

The residents were generally very positive about the staff and amongst the comment were:

- “Staff look after you very well”
- “They are very caring and staff help me to dress
- “The staff are nice, it’s alright”

Staff Training

The Manager informed us that she has a Teaching Certificate and a Leadership in Dementia qualification and she intends to provide dementia training for the staff and gradually introduce further healthcare training for them e.g. in taking blood pressure and urine testing. External trainers had been providing training and in the last few months staff have received training in: Safeguarding, Fire Safety, Health and Safety, Moving and Handling and First Aid, including Emergency First Aid. A member of staff confirmed that they had just had Fire and Health & Safety training. The parent company, Cheriton Care Homes run a Healthcare Apprentices training programme for staff.

The Manager told us that she is working closely with the Princess Alice Hospice and the District Nurses to provide training on End of Life Care. It is an area of care she thought that staff are anxious about and need more support for, but they recognise that Nightingale House is the residents’ home and many may wish to die at the home. She intends to introduce a supportive model of care for both staff and residents.

One member of staff told us that with a slightly more challenging residents -“we go and talk and calm them down” and another said “There is always something to learn”.

Residents, Relatives and Staff Interactions

We observed good interaction between the staff and the residents, the staff appeared friendly, caring and conversant with the needs of the residents and spent plenty of time talking to them in the lounge and over meals. There was also a carer who facilitated two gentlemen sitting and chatting together about football, which they became very enthusiastic about.

Residents' comments included:

- A resident who had been there for nearly a year said "I am very happy here, they look after me well and are easy going, in a nice way. You know that you are welcome".
- Another said that they had been at the home a long time, but could not recall how long. They said "I am happy here, the food is okay and they look after me well. I like to get out and about, but not doing it at the moment."
- Another said she was happy, but was not able to give more information, because of her condition. Other comments included:
- "Nice staff, it's alright" Enjoys going out with relative
- "It's quite good I enjoy the regular music session
- "Staff look after you very well" and they were very caring and helped her to dress.

One resident appeared to be very anxious and told a member of the Healthwatch Team they were scared to go into the day room because of another resident. The Manager attended the resident and reassured them that they were safe. We discussed this incident further with the Manager and were given assurances about how any incidents or accidents are reported and managed now since her arrival. There are separate recording systems for incidents and accidents, staff have had appropriate training and the new system enables the manager to assess risks and frequency of events and to report on the actions she takes to address them.

A relative told us that he had viewed many residential homes, but particularly liked Nightingale House, as it was "less institutionalised than other homes".

Resident Involvement and Satisfaction

We were informed that there is a residents' meeting once a month (one was due the next week) and that there is a relatives' meeting every 6 months. The Manager was planning a Christmas social event to meet everyone and will then aim for 4 events per year. We were told that some relatives get involved and they get to know them well and she thought they were generally very caring.

The relative we spoke to told us he was not aware of any relative meetings and had not seen the "Philosophy of Care" leaflet or been given any information such as a pamphlet about the home. He thought a relative information packs would be very helpful. The home has informed us that the 'Residents Charter of Rights' and the 'Nightingale House Philosophy of Care' are now displayed in every resident's room.

There have been a number of management changes in the last year and we were told by a visitor that the changes had been unsettling for the staff. The current manager showed an awareness of the impact this had had on the staff and was working hard to create a good environment for the residents and the staff.

Activities

There is a full time Activity Co-ordinator but she was on sick leave at the time of our visit. We have been informed that she has now returned to work. She normally takes residents out individually to places locally, e.g. to the town centre for shopping and café visits as well as running activities in the home. The hairdresser told us that the residents had missed the Activities Co-ordinator and some residents told us how they enjoyed being with her. A relative told us that she was excellent and she had even arranged a trip to the opera, which he had attended. He said that “She is very dynamic and greatly missed.”

Currently other activities are being bought in, one is ‘Lines’ an activity for people with dementia. They also have visiting entertainers and staff members can take residents out shopping at quiet times.

The Manager was taking one resident out to an appointment and they told us they had a nice time together when they did this.

The hairdresser comes in twice a week and has visited for many years, however she sets up in the dining room which is perhaps not the best location and maybe the annexe in the lounge could be used for this, when the space is developed.

Mealtimes

Most residents seem to enjoy their lunch, one told us they thought the food “very good”, another said the “food was variable. We did observe a resident being offered an alternative meal who didn’t like the lunch that was being served. The staff spent time talking to the residents and assisting them during lunch.

The relative we spoke to also told us that they thought the food was satisfactory, but very bland and lacked choice. He said cultural differences in food tastes could be catered for better.

Local services

Residents receive GP care from the Acorn & York Medical Practices and we were told they are pleased with the care they receive from them.

A Community Psychiatric Nurse (CPN) was at the home visiting a resident when we arrived. The Manager told us that the CPN is supporting a resident with dementia who can frequently become angry and frustrated. She said the referral process for the CPN to visit was prompt and residents were reviewed within 2 weeks of the initial referral. Generally she found the Community Mental Health Team were supportive and responded quickly to residents’ needs.

The District Nursing Service is based at Whitton Corner and the Manager told us that the service they receive from them has been mixed, they often need chasing up to come and visit even when they have arranged an appointment for a resident.

Conclusions

Good Practice

There was a welcoming atmosphere in the home. We observed that good care was taking place for the residents and that there was evidence of good relationships and good communication between the staff and the residents.

The new Manager had only been in post for 8 weeks but displayed an enthusiasm and drive to make positive changes into the running of Nightingale House. Since her arrival a range of improvements have taken place both in the fabric of the home and in the working practices.

Outcomes

- Nightingale House should continue to update their care planning process and ensure residents and relatives are involved
- Nightingale House should continue to introduce measures to reduce the incidence of falls
- The Manager and owner should inform Healthwatch Richmond when the works to comply with the Fire Safety Enforcement Order are complete
- The Manager's plan for more regular Relatives Meetings should continue and every effort should be made to involve as many relatives as possible.
- All the notices should be produced in large print and should be bolder and brighter to attract attention.
- Nightingale House should inform us when they have completed the development of the lounge annexe area
- Nightingale House should carry on investigating a secondary call bell display
- Healthwatch Richmond will follow up the issue raised by Nightingale House of the District Nursing Team's failure to attend booked appointments.
- Healthwatch Richmond would welcome the opportunity to re-visit Nightingale House in six months' time

Follow up Visit

To find out more about the improvements that have taken place at Nightingale House since this Enter & View Visit please see the report of our visit on the 20th July 2017 on our website:

The full Healthwatch Richmond Enter & View Report of this visit can be found on our website: XXXXXX or it is available from the Healthwatch Richmond office, please contact us on: 020 8099 5335