

ENTER AND VIEW

Silverdale Nursing Home

Follow Up visit

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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Provider Details

Name: Silverdale Nursing Home
Address: Newcastle Street, Silverdale, Newcastle, Staffs ST5 6PQ
Service Type: Nursing Home
Date of Visit: 21st August 2017

Authorised Representatives

Name: Glenys Robinson Role: Author and Observer
Name: Sandy Turner Role: Author and Observer
Name: Barbara Jackson Role: Observer

Purpose of Visit

The purpose of the visit by Healthwatch Staffordshire was to check on progress and to ascertain whether the Home has continued to maintain improvement in its levels of service to residents, their family members and staff.

The methodology to be used is:

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence, including the ability to make choices about their daily lives
- Talk to residents about staffing levels and whether they feel safe with the level of care provided
- Talk to relatives, if they are available, to ask if they are happy with the care provided to their relatives and whether they are aware of and feel able to report any concerns or complaints
- Speak to staff about training, staff turnover and support staffing levels
- Observe interaction at all levels between residents, staff, manager and visitors

Physical Environment

External

The Home is situated on a main road, there is limited car parking within the grounds.

Entrance to the building is clearly marked, the outer door was open and the inner door was opened by the Manager using a key, it is believed that they are having key pad locks fitted in the near future. A doorbell signalled our arrival.

The outside of the building is still shabby and desperately in need of renovating and painting.

The gardens are still unkempt although the rear one is now accessible to the residents, the Manager told us that they are having a group of Beavers to come and tidy it up and plant things. There is no major work to be done just a lengthy weeding and patio cleaning session.

They have purchased a large shed to house gardening implements etc.

There is no CCTV.

Internal

There is a Reception desk in the hallway and a 'signing in' book for visitors.

There is evidence that some decorating has been done with the walls freshly painted. New colourful, dementia friendly, door skins have been fitted to the bedrooms doors, unfortunately these have already become damaged by wheelchairs and hoists catching them, a covering across the bottom half may have prevented this.

There are no pictures on the walls in most corridors and apart from numbers on doors the home looked quite sparse and unhomely, and a lack of names or pictures on the doors could make it difficult for some residents to identify their bedroom. This will hopefully be rectified when the decorating is completed. The Manager informed us that each room would have a white board with information past and present for each resident. The Manager showed us cushion covers which had recently been purchased.

New flooring has been installed.

The corridors are mostly free from clutter and appear clean.

There was no odour problem.

Resident Numbers

The Home is now up to capacity with the 27 places filled, one resident is in hospital at the moment. The home is no longer in special measures and has filled up gradually and then recently 4 residents were admitted from a local home which has closed, which took the home to maximum capacity.

There are three double rooms, the remaining are singles. The Manager told us most of the rooms are ensuite, we were unable to verify this as all bedroom doors, apart from one where a gentleman was having 'one to one' care and room 19 were shut.

Staff Numbers

Nurses: 2 during the day

Carers: 9 -10 per shift during the day

During the night: 1 Nurse and 5 Carers

Activity Coordinators: 1 working three days per week.

Domestic: Using Bank staff

Maintenance: 1 covering the three Homes in the group as before.

Administration: 1

Catering: 2 qualified chefs

We were advised that staff numbers have been increased to ensure adequate staffing now that the home is full. We were advised that five additional staff have been recruited and are awaiting DBS checks and they are hoping to employ a further five in the near future.

The Home Manager was employed by the Company to work at another home, but was recently asked to transfer to Silverdale Nursing Home. The Manager works full time. The home does not currently have a Deputy Manager.

Agency Usage

Agency staff are used, especially now due to staff holidays and the time before the newly recruited staff start. The same Agency is used each time for continuity, trying to get staff who have previously worked at the home.

Resident Experiences and Observations

Residents are asked what they would like to wear each day, there is a choice of food.

We noted two hoists, one of which had a flat battery.

The Manager assured us that residents and relatives all have input to the Careplans.

We were only able to see two bedrooms, we were a little concerned that in Room 19 there were three dirty cups and we noted that the call bell appeared to only be accessible if the resident was in bed. All the residents bar one were in the lounge area.

Several care staff were visible in the lounge assisting people with their mid-morning drinks and biscuits.

We were only able to speak with one of the residents, who was receiving one to one care (24 hours) in his room. The resident seemed to be happy with both the food and care he was receiving. The room had been personalised with many photographs and pictures. The resident is an avid reader and had many books and was reading one of the books to the care assistant who was attending. The resident told us that they go to the lounge and garden areas when they wished.

We were assured that no member of staff would enter a bedroom without first knocking.

Care plans include a form which accompanies a resident if they need to go to hospital for treatment. Original DNAR's (Do not attempt resuscitation) are also sent with them and the Manager personally checks to ensure that these are returned with the residents on their return to the home. Ambulances are booked for all routine hospital admissions and care staff accompany residents if family members are not available.

Residents are mostly served by their own GP's.

There are body maps for patches and charts for the administration of creams, there is a Medication audit system and staff are trained to use this.

The Manager told us that she is currently reviewing all residents' care plans in order to make them more personalized and ensure that care needs are all identified. The Manager felt she knew the residents well enough to do this and believes that this will be beneficial to both residents and staff. Care plans are being updated on the computer system and are kept in the nursing office so that staff have access to them at all times.

Nurses are able to access the computer system to amend care plans as necessary and the typed care plans are clearer for the staff. We were advised that relatives are involved in care planning.

We were advised that staff have a handover sheet which is updated for each shift.

Family and Carer Experiences and Observations

There were no relatives to speak to when we were at the Home.

There is 'any time' visiting and the Manager has an 'open door' policy to her office. There are 3 monthly relative meetings and we were advised the previously relatives had not been attending, although 6 attended the last one and the Manager is hoping that the meeting will be more popular in the future. A Newsletter is published monthly which advertises the date of the next meeting.

Relatives are in possession of Complaints sheet should they wish to use them.

Activities

The Activity Coordinator works 3 days per week and care staff assist with activities on days when she is not present. The Activity Coordinators books the entertainment herself.

The Activity coordinator also acts as the Hairdresser at Silverdale and residents are able to book an appointment with her for hair, nails etc. We did see into the hairdressing room which is currently being used as a storage facility for a shower chair, slings and had a cushion in the sink.

There is no specific budget for activities, but requests for materials are made as they need them.

The Home has joined a scheme whereby they hire a minibus for two days per month and will be able to arrange outings for the residents.

We were advised that the staff plan to take residents to a new dementia friendly show at Crewe Theatre.

Catering Services

There are now 2 qualified chefs. The kitchen has a 4* hygiene rating and we were advised that they are working towards achieving a 5* rating.

There are 2 hot choices on the menu and this is changed on a 4 weekly basis. The Manager is hoping to review the menus with the chefs as soon as possible.

There is a white board listing special requirements and staff are made aware of any special dietary needs of the residents.

The Manager advised us that they are hoping to purchase more picture menu cards to assist people with dementia to choose the food that they would like.

Staff Experiences and Observations

We were made welcome by the staff and offered a drink.

Staff members we spoke with were very positive about the home's future and seemed happy and content. Most of the staff we spoke to were fairly new to the home.

All staff training is provided by external trainers and a training matrix is in place. We were advised that all staff have now completed a B Tech Award in Dementia. One resident has bolus feeds so the Abbot nurse came into the home to train the nurses. All staff have individual folders with their training recorded in them.

Nutrition and liquid monitoring records are updated by staff.

There appeared to be enough staff on duty whilst we were there, all residents apart from the one on 24 hour monitoring were in the lounge, we were unable to ascertain whether or not they had the choice of staying in their bedrooms if they wanted to.

We were advised that the home is waiting for Social Services to complete DoLs (Deprivation of Liberty) assessments and that copies of all referrals applications are kept by the Manager.

The Manager was open about all Safeguarding incidents advising that she had made two referrals.

Summary, Comments and Further Observations

When we arrived at Silverdale they were in the middle of a crisis with one of the residents who had become physically and verbally aggressive, the staff were awaiting an urgent assessment on this resident. The Manager was very welcoming nevertheless, although she needed to keep an eye on what was happening due to this ongoing incident. She had been in post since April. She had not previously heard of Healthwatch.

Very recently a local care home was closed and all of Silverdale's empty beds were filled by nursing residents from there, hence the use of so many Agency staff until they have trained their own new recruits.

It was refreshing to see that our previous recommendation to clear clutter from the corridors had been done, although disappointing to see two wheelchairs stored in the Sensory room and the hairdressing room being used for storage. The Manager advised us that new sensory equipment is being purchased and that the room will be brought back into use as soon as possible.

On one of the corridors there were disposable gloves available although we did not see a dispenser for aprons.

The outside area would benefit from the gardens being weeded and generally tidying up so the residents could enjoy them.

Medications are now provided by a new pharmacy and the Home advises that they consider they receive a better service than previously. We were advised that the home now has a new system for the administration of medicines. Stocks are entered on to the MAR (Medicine Administration Record) sheets which enable staff to identify when stocks are running low. Staff enter the amount required on the repeat prescription requests. All staff administering medications have been trained to use this system by the local pharmacy. The Manager advised us that she is auditing the administration of medicines.

There are body maps for patches and charts for the administration of creams, there is a Medication audit system and staff are trained to use this

Recommendations and Follow-Up Action

We discussed our findings with the Home Manager who noted our comments and said that she would act on them where possible.

We recommend the following:

The garden should be cleared of all weeds and more sensory flowers and shrubs planted so that people living in the home could benefit from a stimulating area.

The patio areas should be pressure washed and garden furniture purchased so that residents and visits would have nice areas to sit and enjoy each others company.

A protocol should be put in place to advise staff of the correct procedures should fridge temperatures be found to be outside the acceptable range.

Bedroom doors should be personalized to assist residents to identify their room. The doors should also be fitted with protective plates to prevent further damage. Group supervision should be held to discuss this issue with staff.

Corridors should be decorated with pictures to make them more homely.

The sensory room should be brought back into use as soon as possible and the hairdressing room should not be used as a store room and cleared of excess clutter.

A further visit in three to six months to see if improvements have been made.

Provider Feedback

TO BE FILLED IN BY HEALTHWATCH ONCE FEEDBACK RECEIVED

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.