

ENTER AND VIEW

Chaseview Nursing Home

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.

Tel: 0800 051 8371

enquiries@healthwatchstaffordshire.co.uk
www.healthwatchstaffordshire.co.uk

Provider Details

Name: Chaseview Nursing Home
Address: Water Street, Chase Terrace, Burntwood WS7 1AW
Service Type: Nursing Home
Date of Visit: 31st August 2017

Authorised Representatives

Name:	Jackie Owen	Role:	Author and Observer
Name:	William Henwood	Role:	Observer and co-author
Name:	Beverly Henderson	Role:	Observer
Name:	Jeanagh Punter	Role:	Observer

Purpose of Visit

Following a CQC visit in February 2017 this home was rated inadequate by CQC and placed in special measures. There were a number of concerns, including insufficient staffing, impacting on resident's safety, administration of medicines, lack of dignity for the residents, residents access to activities was limited because the activity co-ordinator was also fulfilling a care role, there were no arrangements to support people who were living with dementia to pick their meals by using visual aids

Following this further visit in May 2017, the home is now rated as 'requires improvement' and has been taken out of special measures, after a significant improvement in many areas. There are however some areas that still require improvement, safety, effectiveness and leadership.

Methodology to be used (Data):

Residents:

- Speak to residents/visitors about staff levels. Do they feel safe and cared for adequately.
- Speak to residents/visitors about decision making/involvement in care package/needs met etc.

- Speak to residents/visitors about activities, what activities are there, are the activities responsive to residents' needs/abilities/interests/hobbies?
- Speak to residents/visitors about activities in the community?
- Speak to residents about their experience/observation of how the service is led/managed. E.g. do staff appear to be supported and confident in their own work and their manager?
- How do residents interact with staff and vice versa?

Staff:

- Speak to staff about staffing levels/training/support.
- Speak to staff about involvement of them and the residents/family members in care choices and day to day choices and involvement in care.
- Speak to staff about what processes have been put in place to address issues raised by CQC report. E.g., staffing, training, activities, leadership etc.

Manager:

- Speak to manager about what, if any, improvements have been made to staffing levels. Are there still issues? What are they? What plans are in place to address any staffing issues?
- Speak to manager about what, if any, processes or plans are in place to improve activities both in and out of the premises and how are these being/to be achieved.
- What quality monitoring systems are now in place, who reviews these, how often, how are they actioned?

Physical Environment

External

Chaseview is a relatively modern purpose-built building in relatively good condition located on the main road in Burntwood. The entrance is off the main road in Water Street. External signage was good but parking limited. The front gardens were neatly laid out with paving and flower beds and gave an attractive aspect to the front of the home.

Internal

Entry to the home was via an intercom system leading into a lobby area with the admin office, hairdresser and small café area off. There were a variety of notices including the CQC rating and notice of a relative meeting to which all were welcome on the front door. The reception area was bright and cheerful with lots of photographs of residents doing activities, or on outings.

There were also lots of framed positive messages about 'kindness' and how this can be demonstrated with residents on the walls in the reception area along with a touchscreen for residents, relatives, visitors and professionals to record feedback on their observations from visiting the home. Visitors were encouraged to record their anonymous observations about staff interactions with residents as well as how staff treated visitors. There was a visitors' book and posters relating to ombudsman complaints, health and safety, equality and diversity, and the home's standards, statement of purpose, and philosophy. Elsewhere were posters and displays highlighting dignity, though we were told that the home does not currently have a dignity champion.

A keypad system is used to access all areas of the building including staircases. We were met initially by the new deputy manager but were shown around the home by the Activities Coordinator whilst the deputy was in a meeting. She explained that refurbishment was underway with some furniture being replaced and this was evident as we walked around.

All the lounges and dining rooms had good décor and lighting, and were well-furnished and equipped. Bedrooms appeared spacious and similarly well-furnished and equipped. Most of the residents bedrooms had memory boxes on the wall outside of the door with personal items that residents can identify from their past. Also on residents bedroom doors was a small sign reminding staff that the residents room was their home.

The home has its own laundry which appeared, from observation to be well organised.

Corridors had varied displays of pictures, including local historic views, together with some interesting tactile artworks which we were told are especially appreciated by some residents who live with dementia. Strategically placed hand sanitizers were observed. Although neither obstructed nor dirty, we did see some equipment and materials sitting in corridors, e.g. an empty wheelchair located by the lift, and a wheelchair and Zimmer frame left in the corridor. Although the home was generally clean, there were areas in need of a routine daily sweeping or vacuuming.

We were told that telephones, TV packages and wi-fi can be made available in bedrooms, but there is no wi-fi in the lounges.

The home has 2 lifts one of which was out of order as were 2 of the bathrooms on the ground floor.

There were 3 dining areas, two upstairs and 1 downstairs which were light and spacious with clearly displayed menus outside including a notice board with alternative options should residents not wish to eat what is on the menu.

Off the lounges on the ground floor was access to an enclosed garden area that had an array of seating areas and waist high raised planters that residents could use to plant flowers etc. We were informed that these were done in part by a group of young people who came into the home as part of a citizen partnership programme.

Resident Numbers

The home has capacity for 60 residents. These are accommodated on two floors. The upper floor is for people who require nursing and palliative care. The home currently has 47 occupants with a new resident due to arrive that day.

Staff Numbers

These were listed for us as:

Nurses: 1 mornings, afternoons and evenings; 1 or 2 at night

Carers: 13 mornings; 11 afternoons and evenings; 6 at night

Activity coordinators: 40 hours per week (of which 10 currently vacant)

Domestics: 3, mornings and afternoons

Catering: 3 mornings and afternoons; 2 evenings

Maintenance: 1, mornings and afternoons

Administration: 1, mornings and afternoons

Management: 2, covering mornings, afternoons and evenings

Our observation on the day of the visit was that there appeared enough staff on shift as was evidenced by the number of staff who were able to sit and interact with residents individually.

Agency Usage

The manager told us that during the recent period of uncertainty and change, several members of staff had left. The home had become, and currently remains, heavily reliant on agency staff, to the tune of about 180 day and 180 night hours per week. However, following recent recruitment, and if all appointments take effect, this will soon drop to 11 day and 88 night hours per week. The manager can recruit to 110-115% of establishment to allow for holidays and sickness, and she plans to reduce further the need for agency staff.

One agency is mainly used, but another provides some valued regularly-used carers.

One bank nurse is employed. There are no bank care staff.

Resident Experiences and Observations

We observed and spoke to a number of residents during our visit. Most of the residents we saw were well presented, some had been to the hairdresser, all seemed chatty and cheerful. We observed residents with individual staff members, and relatives. One resident was having their nails done in the lounge by a member of staff and another having their feet done in a side room. A resident spoken to told us that she had been in the home for 4 years and felt that the carers did a good job and treated her well. Others spoke about enjoying the activities the home offered and again spoke positively about the care received. Our observations were that staff interacted well with residents, seemed aware of their needs and preferences and delivered person centered respectful care. We saw no evidence of residents dignity being compromised throughout our visit.

On the first-floor residents were clearly frailer and poorly and were mainly nursed in bed. We did speak to a few residents in the lounge, one of whom was enjoying watching an Elvis film. They too seemed cheerful and happy as did the staff caring for them.

Regarding the management of medicines, the manager explained that medication is administered by nurses, nursing assistants and senior carers. The responsible staff are now cross-checking and double-signing each other's MAR sheets. All medication is counted out and any discrepancies are investigated immediately. Twice a week random checks are being conducted by the manager or deputy manager. The medication competencies of all relevant staff have recently been checked and have been renewed, even if this was not due.

Each resident's care plan is reviewed monthly by a nurse, nursing assistant or senior carer: one resident on each floor is looked at each day. Their DOLs and MCA status is reviewed at the same time. The documentation is audited six-monthly by management.

We were also told that regular residents' meetings take place, and that these provide an opportunity for residents to suggest ideas for activities in and outside the home.

We observed residents being provided with drinks via a drinks trolley and were told that drinks are provided in addition to meal times at 11.00am, 2.30 pm and 7pm. There were a good selection of hot and cold drinks available.

Activities

We spoke at length with the Activities Coordinator who works 30 hours per week. There is a 10-hour vacancy which the manager told us had recently been filled and the plan was to offer activities every day including weekends.

The AC told us of an array of activities available for residents both group and individuals including;

- A professional company do fitness 2x per month
- Monthly religious services
- Different choirs come into the home
- Visits by the local junior school
- Animal sanctuary
- Owl sanctuary
- Petting zoo
- Pet therapy
- Flower arranging
- Cake decorating
- Entertainment evenings
- Bingo
- Quizzes
- Individual activities such as hand and foot massage for less able residents

The AC kept a folder that was full of activity ideas, she told us she accessed the NAPA website for ideas. She was not aware of the work Healthwatch Staffordshire had done on activities in Care Homes and the manager was asked to share that with her.

We were told that a room had been identified and was in the process of being refurbished to provide a separate activity room so that some group activities could take place without these having to be in the communal lounges.

A main ethos of the home is to bring the outside world into the home and have it integrated into the community.

In addition we were informed that residents are encouraged to help around the house with things like table laying to maintain their independence.

We were told that though not many relatives are involved in the day to day running of the home, there are 3 volunteers who come in and help out as required.

A minibus is available for residents use but outings have been curtailed recently as the driver has been working different shifts. However we were told that this has now been resolved and the trips will start up again soon and include outings to places like garden centre's etc.

Family and Carer Experiences and Observations

A number of relatives were present during our visit and they seemed to be regular visitors to the home.

Relatives of a resident of 4 years living on the ground floor were spoken to. They live near to the home. They were aware of recent issues and problems in the home but did not feel this had affected the quality of care given to their loved one. They spoke highly of the staff and the standards of care provided. They could not think of any problems, but would be confident to approach the home's management if any arose.

Another relative spoken to raised the issue of the use of agency staff over a period of time and how unsettling this is for the residents who miss the continuity. All the relatives we spoke to were aware of the difficulties that the home had gone through but were hopeful that the new management team were able to turn the home around. None were critical of the care given to their relative.

Another relative told us that he came into the home most days. He stated that his mother had been in the home for 4 years and had been only 4 stone when she came in and had made great progress. His mother liked to read the newspaper and although he thought there were lots of activities for residents, his mother was very reluctant to join in though staff tried to encourage it.

He told us that she had been a florist in her career but would not join in the flower arranging activity the day before though she was not very approving of their efforts.

Catering Services

We saw menus with choices, together with allergen charts. Lunch was observed in ground floor dining room. The lamb main course and ice cream dessert looked attractive. A variety of fruit and juices were also on offer. Different types of crockery and utensils were used and these appeared tailored to the individual need and ability of residents. Although residents were wearing bibs, for some eating their meal was quite a messy business, but there were sufficient staff present to provide timely assistance for those who needed it.

We were told that, of the first-floor residents (who need nursing or palliative care), all but one currently has a monitored fluid-balance chart and of these, three people are currently receiving hydration sub-cutaneously.

Outside of the dining areas, the weeks menus were displayed and on a notice board on the wall were a list of food and drink options available if residents did not wish to eat from the days menu.

Staff Experiences and Observations

We observed staff interacting with residents whilst carrying out their role and this appeared to be easy relaxed and respectful. Staff seemed to know residents quite well despite the number of agency staff. We met a new member of staff who was on his first day and was looking forward to starting a new career as a social work student and a carer simultaneously.

We spoke to a couple of staff and asked them what difference they saw from a staffing point of view from when the home was placed in special measures to now. They both replied that the main difference was the manager and deputy manager, who were very supportive and had an open door policy. Once a month we were told that a 'Director' comes into the home and holds an 'open door session' for staff.

Other staff reiterated that morale had improved greatly since they had taken up their respective posts. One carer told us that she had just completed her level 3 award in care and was being encouraged and supported through the level 4 so hoped to be a unit leader one day. Current staffing shifts are between 8-12 hours per day.

We were informed that not all staff appreciated the new regime and some had opted to leave hence the high use of agency staff. Some of the staff are frustrated by the length of time it takes to appoint staff which is mainly held up by DBS checks.

Our overall impression was of a staff group that appeared to relate well to each other, their managers and interacted well with residents and their relatives. We did not observe anything other than respectful, cheerful and dignified care being delivered to residents.

Summary, Comments and Further Observations

It appeared from our visit, our observations and talking with staff, residents and relatives that the building blocks to becoming a 'good' home are being put in place. There is still work to be done to stabilise the staffing situation and reduce the level of agency workers but what came across clearly was the commitment to address these issues and aim to improve even further. Furthermore staff seemed very positive about the management system in place and felt it to be supportive and open.

An observation to note for action, was around data protection. As residents were taken to the dining room for lunch we wandered into the lounge which at this time was empty and found on the floor a number of folders with resident's names on them. These may have contained no personal data but equally but could have caused a breach of the Data Protection Act if they did as anyone could have looked in them.

The home, we were told was undergoing a partial refurbishment with some furniture being replaced over time. Whilst we did not find any major issues with the décor there were areas (including the carpet in the downstairs lounge which had a large spillage stain on it) would benefit from a greater attention to cleaning.

Overall we saw many positive aspects to the home in relation to the care that residents received and this was confirmed by what residents, relatives and staff told us.

Recommendations and Follow-Up Action

- Although there was a good and comprehensive programme of activities in place, the activity coordinator was not aware of the report that Staffordshire Healthwatch has produced on Activities in Care Homes and it is recommended that this is shared with her as it contains some very useful contacts and suggestions to go forward with.
- It is recommended that staff training or briefing on the Data Protection Act be undertaken so that staff are aware of the importance of keeping personal data secure at all times for the protection of both residents and themselves.
- Both the manager and deputy are relatively new in post and seem to have made a very positive impact in raising standards in the home within a few weeks. It would be useful to do a follow up visit in 6 months to see if this has been maintained and that staff, residents and relatives remain as positive about the home. In particular it would be useful to see if the staffing situation has stabilised and the use of agency workers dramatically reduced and that the impact of having additional activity hours and the minibus back in use has a positive impact for residents. If this is the case this home should be on course for a 'good' rating at the next CQC inspection.

Provider Feedback

Feedback on the visit was provided by the Home Manager as follows:-

When asked what they felt worked well about the way the Authorised Representatives carried out the Enter & View visit, the response was:

"We received good positive constructive feedback. Everyone was pleasant and friendly on the visit"

"I felt it all worked well. Healthwatch respected the dignity of our clients."

When asked if the Enter & View visit helped to identify areas for improvement, they advised:

“Yes it did, any negatives will be acted upon. Already we have recruited new staff into HCA positions and nursing and this is still ongoing”

Other comments:

“I am very pleased with this report and will do my upmost best to ensure hopefully in our next CQC inspection we have a good rating. Thank you for the feedback. Feedback has been shared with all.”

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.