



## Enter and View Visit



Place of Visit:	Sanford House Nursing Home
Service Provided:	Nursing Residential Care
Number of residents:	40
Service Address:	Danesfort Drive, Swanton Road, Dereham, Norfolk, NR19 2SD
Service Provider:	Sanford House Ltd
Date and time:	Tuesday, 5 September 2017 2 p.m. - 4.30 p.m.
Authorised Representatives:	Judith Bell and Carol Cordiner
Report Published on:	20 September 2017





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## About Us

We are the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

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.

This report relates to the visit on Tuesday 05 September 2017.

The visit also takes into consideration the fact that some of the residents spoken to may have a long-term illness or disability, including dementia, which will have an impact on the information that is provided.



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## What is Enter and View?

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see 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. 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 Views 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.

## Acknowledgement

Healthwatch Norfolk would like to thank the staff at Sanford House who spent time talking to us. Thank you also to the Manager of the home for helping us to arrange the visit.

We recognise that providers are often able to respond to us about any issues raised and we include their responses in the final report.



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## Summary of findings

This is what we found as a result of speaking with the staff at Sanford House Nursing Home.

- A wide variety of activities are offered to residents both in house and within the community. This is done on both a collective and individual basis
- Residents appeared clean and tidy in appearance
- The building is clean and has a pleasant garden in the middle of the building
- A choice of food is available
- Relatives spoke well of the home and when asked found it hard to say how they thought improvements could be made.



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## Purpose of the visit

We are carrying out a number of visits to care homes over the coming months to look at how the wellbeing of the residents is being catered for.

We will be looking at the environment and surroundings in the care home, the relationship between residents and staff and how residents are involved in decision-making about their activities and food choices.

We will speak to staff and residents about the meals they are served, the care they receive from the staff and the activities which are arranged for them both in the home and within the community.

We will also talk to family members and visitors if they are at the home when we visit.

## What we did

These visits are being carried out using our power to Enter and View. This is Healthwatch's legal right to visit places that provide publicly funded health or adult social care services, to see and hear how people experience those services. Each visit is carried out by a team of trained volunteer and staff Authorised Representatives.

Our focus is on the wellbeing of residents and to obtain an overview of the care they are receiving.

We selected the care homes to visit in liaison with the Care Quality Commission and Norfolk County Council and notified them of the visits.



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## Findings: Observations

When we entered the front door we were greeted politely and pleasantly by a member of the care staff, asked to sign in and met the Care Home Manager. The reception area was clean, bright and welcoming.

### Physical Environment

The home is a single story building in a square shape with a garden at its centre. There are two separate units the Carrick Unit which provides nursing care and the Shannon Unit which provides care for people with dementia. There were coded door locks to the outside of the Shannon Unit.



Some rooms opened onto the garden and others faced the outside of the building. The Manager was advised that these rooms were quite dark and furnishings have now been adjusted to take this into account, including curtain tie-backs.

We found the home clean, except for one bathroom (which may have just been used). There were no obstacles in the corridors and there were pictures and photographs on the walls.





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Some rooms had new curtains/bedspreads and chairs in matching materials, however, we felt that the bedspreads were ill fitting and made the rooms appear temporary and untidy.

There was a significant unpleasant odour when we first entered the Shannon Unit.

There were sufficient quiet areas for residents and for relatives to visit rather than sit in bedrooms. The lounge in the Shannon Unit was small, but the Manager said that there are plans to address this. The dining room in the Carrick Unit was bright and inviting. There was a problem with one of the sealed double glazed units, but we were told this was being addressed.



We did not view or ask to view any private areas such as residents' rooms, however, we did not feel that the rooms we viewed from the corridor were very "homely" and some lacked personal effects/touch.

One relative commented that he did not like the large stones that are beside the driveway and felt it would look better if they were removed.



## Meals and Nutrition

The Manager and Deputy Manager had good knowledge of diets. Dieticians and speech therapy are involved for more complex dietary needs. The relatives we spoke to praised the food and they could also eat there at a cost.



The Manager told us that there is a menu which follows a four-week rolling rota. Residents are encouraged to feed themselves whenever possible and are placed close by to others that are also able to feed themselves.

There is a choice of foods available for breakfast (Continental or Full Cooked English). There are also two choices of main meal for lunch and a hot or cold dessert, and several choices for the teatime meal. Pictorial menus were available for residents who needed this.

Finger foods are available as required as well as the ability to “graze” feed throughout the day in the Shannon Unit.

The Deputy Manager told us that the residents’ weights are monitored on a regular basis (monthly) and those residents whose weight is of some concern are weighed weekly.



## Activities

The home has two activity co-ordinators and there was evidence of many and varied activities.

Some residents were out on an excursion to Thursford on the day we visited. The home use a mini bus which is a shared resource with other homes in the group. Relatives are welcome to join the excursions and one resident told us of a visit to a garden centre that he shared with his wife which he felt had been hugely beneficial for her.

The relatives we spoke to said there were plenty of activities and even if the resident did not take an active part they could see the benefit of them being involved. The library service visits on a regular basis and there are visiting entertainers and live music. Other activities mentioned were reminiscence therapy sessions, flower arranging, invitation to local school Christmas party, fishing for one resident, pantomime, singers, dancers. There is also local community involvement, especially at Christmas.





Staff take time to find out about the residents' hobbies. There is a "wish tree" where residents can put a wish of something they have always wanted to do and even if the wish was not practically achievable, i.e. a visit to Austria, an alternative activity of an Austrian themed evening had been organised.



The wishes on the tree are converted into a different colour and marked to show when they have been achieved.

There was also a bereavement tree with photos of residents who had passed away. We were not so sure about this as it might be "too close" to home for some residents or relatives.



Staff told us that most residents do receive visitors but some residents do not receive any visits at all.



## Dignity and Privacy

All residents have individual en-suite rooms. There are “knock before entering” notices on some doors. Residents are able to stay in their rooms but this could lead to isolation, especially with any new residents. We did not establish whether residents are encouraged to socialise.

## Staffing and Resourcing

The Manager told us that there are 60 staff in total. In the morning there are two nurses (plus the Manager) on both units and eight carers; five on the nursing wing and three on the dementia wing. In the afternoons, this reduces to two nurses and seven carers and at night; one nurse and two carers each side.

In addition to this there are other 1:1 care hours for particular residents which they try to resource in-house before going to agency staff.

We noticed that quite a few staff did not have any ID, including the Care Home Manager which could confuse new residents/relatives.

The Deputy Manager felt valued and had been encouraged and supported to further her qualifications in management.

We saw a notice which gave times and dates of various staff meetings.

SANFORD HOUSE MEETINGS	
<b>CARERS MEETING</b> THURSDAY 28 <sup>TH</sup> SEPTEMBER 1.30PM	<b>NIGHT STAFF MEETING</b> THURSDAY 28 <sup>TH</sup> SEPTEMBER 7PM
<b>NURSES MEETING</b> THURSDAY 14 <sup>TH</sup> SEPTEMBER 1.30PM	
<b>DOMESTIC/LAUNDRY MEETING</b> FRIDAY 8 <sup>TH</sup> SEPTEMBER 11AM	<b>KITCHEN MEETING</b> THURSDAY 7 <sup>TH</sup> SEPTEMBER 1.30PM
<b>ACTIVITIES MEETING</b> MONDAY 11 <sup>TH</sup> SEPTEMBER 2017 11AM	
<b>HEALTH &amp; SAFETY/ HODS MEETING</b> THURSDAY 14 <sup>TH</sup> SEPTEMBER 1.30PM	



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## Ideas to take forward

Following our visit we made the following observations where we felt improvements could be made:

- Make residents rooms more “homely” with personal effects
- Address unpleasant odour in dementia unit
- Consider improving the look of the driveway

## Response from Sanford House

When residents are admitted to Sanford they are actively encouraged to bring in as many personal possessions as possible to make their room more homely. Obviously, this is very difficult if they have no relatives to help them with this.

The driveway at Sanford is kept tidy and we have regular contractors who cut the grass and keep the garden area weed free.

We are in the planning stage of having a new extension built, which will include redevelopment of the driveway and parking areas.

Every effort is made to eliminate odours throughout the home, however due to the nature of our residents this on occasions is not possible.

Joan Auton  
Home Manager



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## Contact us

**Write to us at:** Healthwatch Norfolk  
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