healthwatch Staffordshire

Enter & View

Report

The Heathers Nursing Home

June 2018

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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.

Provider Details

Name: The Heathers Nursing Home

Provider: Indigo Care Services Ltd., also known as Orchard Care Homes

Address: Gorsemoor Road, Cannock, Staffordshire, WS12 3HR

Service Type: Nursing home

Date of Visit: 12th June 2018

Authorised Representatives

This visit was made by four Authorised Representatives of Healthwatch Staffordshire, two of whom were newly qualified and shadowing two more experienced ARs.

Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should…

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- 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 the 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 and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

The Heathers is a relatively modern purpose-built home of two storeys, built with traditional materials. The exterior of the building looked well-maintained.

Signage at the entrance was visible from Gorsemoor Road. There is a large car park at the front of the building. A nearby area with a fountain, fish pond and some planting, was potentially decorative, but at the time of the visit was in need of attention.

There is a south-facing back garden area for use by residents, accessed from the ground floor lounge, by a door which was locked when we visited. This garden is securely fenced around, and has seating and tables, a pagoda and ceramics, albeit next to a noisy main road. Its paving and equipment were clearly in need of improvement.

Both the front and back gardens were acknowledged as being in need of renovation and we were told that the local Lions Club would be starting significant repairs and improvement works in a fortnight's time, which is to be welcomed. We were also told that the home has recently procured the services of a part-time maintenance man, who should in future keep these areas tidy and weed free.

Internal

The front door was secure. Relatives have a code to gain accesss and staff codes were also in use. There was a signing in book for visitors with a clock next to this (unfortunately showing the wrong time).

The reception area was bright and cheerful, with armchairs and a number of boards and notices, including: a five-star hygiene rating for food (dated 9 December 2016), the most recent CQC inspection report, a service user guide, and an activities plan for the week. This stated that on the day of our visit there should be reminiscence and table top activities although we did not see these happening.

There was an area on the wall where post was placed for collection by residents. This was replicated upstairs for residents who require additional help and support.

A display board and a photograph album showed residents engaging in activities. We did not enquire about consents from residents or relatives for these to be on display.

The ground floor is allocated to residents who need general nursing, while the first floor is for people living with dementia. Four first floor rooms are not in a locked area – we were told that potential residents for these rooms are carefully selected and risk-assessed.

All bedrooms are now for single occupancy (some had previously been shared and are therefore of very generous proportions). We observed that bedroom doors bear the resident's name, names and one or more pictures of the resident and/or a significant other – such as a dog. We were shown examples of rooms where residents have brought items of their own furniture.

Bedroom doors on the first floor also have knockers and post-boxes – like a proper front door. There are also memory boxes (though some of these were empty). Some first-floor doors have removable bar or stable-door barriers. We were told that their use, which is risk-assessed and recorded, is primarily to ensure the safety of bed-bound residents while avoiding need for closed doors and the consequent risk of isolation. There are record sheets in each room indicating when people come in and visit, though these should be dated. There were also sheets logging the administration of medicines. Each bedroom had an R1 door guard in place.

On the first floor there was a History Board with pictures and writing. The writing was probably more suitable for visitors as the print covered a laminated A4 sheet. Additional large print key words might have helped the residents as well. Throughout this floor there were additional items from the past that would have helped stimulate the memory of the residents, including a shop-front with sweets inside.

A quiet lounge was furnished and equipped in 1950s style with a 'period' ambience, reminiscence board and cupboard. Much appropriate artwork (such as period film, music and advertising posters), and other memory prompts, were observed in corridors and communal rooms.

The main bathrooms and wet rooms were well equipped with homely items included, such as an ornamental lighthouse.

All the furnishings, equipment and décor seen were in good condition and all areas had good natural and artificial light. No odours were detected in any area.

The laundry seemed to be run efficiently and had a range of industrial machines. The laundry operative was experienced and showed enthusiasm for her job. There were named containers for each resident and clean washing folded inside ready for collection.

Resident Numbers

39 out of 47 registered beds were occupied on the day of our visit, all in single rooms. The Manager explained that several factors were felt to lie behind the current level of vacancies: there had been a high turnover of residents during the recent severe winter; dementia beds are proving hard to fill due to referrals of people exhibiting more challenging behaviour or late stage dementia than the home is staffed or equipped to accommodate; and the findings of the last CQC inspection may also have had an adverse impact.

Staff Numbers

The home's current staffing establishment was listed for us as being:

Nurses: mornings 2, afternoons and evenings 2, nights 2

Carers: mornings 8, afternoons and evenings 7, nights 4

Activity Coordinator: mornings and afternoons 1 (Monday to Friday)

Domestics: mornings and afternoons 2

Maintenance: 1 (all day Monday and Wednesday plus Friday afternoons)

Administration: 1

Management: 1

Catering: mornings and afternoons 2

The manager told us that she can recruit to 120% of establishment to ensure cover for holidays, sickness etc.

Agency Usage

The manager told us that while she only uses agency workers as a last resort, they are currently covering a vacant day care post, a long term vacant night care post, and a long-term sickness day care position. A single agency is used as often as possible.

Bank staff are used, these currently being 1 carer and 1 nurse daytimes, and 2 night carers

Management

Management – A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Our findings

The manager was welcoming and helpful to us and appeared to have a good relationship with the staff.

She told us of her daily walk-around, talking to residents and observing practice, including the timeliness of response to call alarms in residents' rooms (the log listing the previous 24 hours is checked and the shortest and longest waiting time is monitored). She also makes a monthly unannounced visit at night to check that all is well with staff and residents.

The staff who we met spoke highly of the manager and her leadership.

Comments

The impression gained was of management and a workforce who had worked together well for some time.

Staff Experiences and Observations

Quality Indicator 2 – Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

The staff we met with during our visit were very friendly and willing to speak about their experiences. They demonstrated a high degree of sensitivity towards the residents and are demonstrably in a position to offer a high degree of care. There appeared to be sufficient staff on duty to meet the needs of residents in a timely manner.

Throughout our visit the staff appeared relaxed and cheerful. This friendly and relaxed atmosphere was encouraged by management and it had a noticeable positive effect on residents. A nurse told us that she thought that the care staff are of a high standard, offer exceptional care and as a group they are a stable workforce.

While the overall number of staff has not altered, shift patterns have been changed since the most recent CQC inspection. Care staff had been doing 3 shifts on and 3 off but this left them tired and unwilling to cover other shifts. New rotas are proving fairer and more satisfactory. We were told that a monthly 'dependency tool' is now being used to determine the overall number of staff hours needed, and with increasing levels of dependency among the residents, it may be that a need for additional staff will be indicated.

Staff participate in E-learning courses provided by Orchard Care Homes to develop their knowledge and skills. The manager showed us the home's training matrix on computer and on paper. The former produces exception reports if the level of mandatory training achieved is below 90% - on the day of our visit the figure was 82%.

Mandatory and statutory training are done in staff's own time, either at home or using two computers that are available at the home. Letters are sent to staff reminding them to keep their training up to date and that failure to comply could result in sanctions. This was confirmed to us by a staff member who said that at every stage the progress of staff is monitored and if sections have not been completed, staff are advised to undertake the backlog of training as soon as possible. If it is not done the sanction of suspension and ultimately dismissal is available.

In relation to training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS), staff are given leaflets to read and there are notices to staff to read about these two areas of training. This training is also done online.

It was, however, acknowledged that E learning does not suit everyone. At times a trainer comes into the home to carry out practical activities.

For supervision, there is a daily 'staff member of the day' meeting. Staff numbers mean that these are on a 2 to 3 month cycle for individual employees. There are trained day staff meetings every 3 months and general meetings every 6 months. Night staff have 1:1 meetings with the manager and can also attend a drop-in meeting on Thursday mornings. The manager's monthly night visits provide another point of contact.

Clinical governance meetings with the nurses also take place, at which lessons from other care homes are shared and learned from.

Comments

At the time of our visit there appeared to be sufficient staff to deliver care and support in a timely, caring and individualised fashion, but we noted the use of a dependency tool to keep the situation under review.

Quality Indicator 3 – Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Our findings

From our observations, we concluded that staff appeared to have a good knowledge of residents and their individual needs, and a good understanding of residents which was demonstrated in the way they spoke to them or gave assistance. An example was a carer seen holding the hand of a resident with dementia while talking to them.

A nurse told us that when a new resident is being considered for admission, she visits the prospective resident to complete a full life history and to determine the criteria for admission. This means that at the point of admission the staff have a wide knowledge about the person and their likes and dislikes. The resident's relatives are also contacted and spoken with at length in order to complete their relative's care plan.

We were informed that when a new resident is admitted, there is a check list which shows their capacity across six areas. On weekdays there is a daily 'resident of the day' on each floor which means that each resident is reviewed monthly. We were told that DOLS capacity assessment checklists have now been done, but we noted that mental capacity and DOLS are not reviewed at the same time as care, and we suggested that doing this could make the system more robust and efficient.

The manager explained arrangements for continuity of knowledge and of care, whereby there is a formal handover (written and verbal) between shifts, as well as daily record sheets.

We were told that one resident was having problems with her skin and that, in consultation with her GP, her washing was being done separately for a four-week trial period with different products to see if this would help.

Residents also benefit from flexible bed times.

There is currently one open safeguarding case concerning issues between two male residents.

Comments

The arrangements for gaining and then maintaining knowledge about individual residents pre- and post-admission appeared satisfactory.

Activities

Quality Indicator 4 - Activities – Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Our findings

The Activities Coordinator has worked at The Heathers for 15 years and prior to that worked in a similar capacity. She spends 35 hours per week (Monday to Friday) on activities, and additionally works early mornings to assist residents with breakfast.

She has a budget of £150 a month for activities and can supplement this from a residents' comforts fund made up of bequests and money raised at events.

She spoke very enthusiastically about her role, and described the variety of activities which she organizes, including exotic music, flannel art, basket painting, painting residents' nails and massage. At a recent baking session with some residents, some of the rock buns turned into biscuits (but were tasty nonetheless).

Many activities take place in the lounge but if this is not possible she visits residents in their own room if they need or prefer them delivered in this manner. A therapy dog visits once a week on a Friday and visitors pets are encouraged in the home. In the reception area there were two guinea pigs that can be petted by guests and visitors.

The Activity Coordinator also organises fun and fund-raising events to include families of the residents, such as a Summer Fayre, and at Halloween and Christmas. The home also celebrates all Bank Holidays and has themed days which we were told the residents greatly enjoy.

Some activities are provided at weekends by care staff, if they have the time. Games and magazines are available. On Saturdays they have a film afternoon and on Sundays Songs of Praise is on the television.

In the first-floor lounge for residents who live with dementia we saw various items available including dolls and a crib, and one resident had a book on her lap that she was looking at.

The Coordinator also told us that a collage of pictures identifying famous stars from the past in one hallway was an ideal way of enabling residents to maintain a visual contact with their past.

We were told that residents are regularly taken out for shopping expeditions, though this requires the use of wheelchairs. Some residents have poor eye sight and have arthritis thus limiting their ability to fully engage with some activities.

The Manager told us that she would like to see more 1:1 activities drawing on and relevant to residents' individual life histories. She felt that the proposed suggestions box might help in this regard.

A copy of Staffordshire Healthwatch's 'Living not Existing' leaflet was given to the manager.

Comments

While a wide range of activities is offered, some greater stimulation at weekends and more reflective of individual resident's life stories and interests would be desirable.

Catering Services

Quality Indicator 5 - Catering – Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

Our findings

To help maintain independence, there were hot and cold and hot drinks in the ground floor dining room for the residents to help themselves to. It was pleasing to see that the cold water was flavoured with fresh lemon slices. Sherry was available for residents to drink in the afternoon and fruit was also available.

The kitchen and catering facilities appeared to be clean and efficient, and the kitchen staff were on friendly terms with the residents – and with us.

In the ground-floor dining room, there were tablecloths on the tables and we were told that usually there would be flowers as well. The room was pleasant and well furnished. On the wall were pictures of the food that is available and a menu which rotates four-weekly. The pictures and range of food were also in a file for residents and visitors to look at. The menu was very well presented, laminated and clean. In addition, there was a large poster stating how the home seeks to deliver an excellent dining experience before, during and after the meal. A 'protected mealtimes' notice to visitors was also observed.

We were advised that special dietary requirements, including gluten free, are dealt with appropriately, although currently there are no residents requiring gluten-free meals.

In the lounge on the first floor used by residents who live with dementia, feeding cups were available. In one area of the room were dining tables for some, while others had their food on a side table. Napkins or bibs were used, and residents were assisted to use hand wipes before eating.

The residents on the first floor began their lunch time meal fifteen minutes earlier than those downstairs; we were told this is because most of them need help with feeding.

The upstairs dining room appeared to have sufficient staff to give residents the attention required. Lunch was served to all residents in a timely manner and also taken on trays to individual rooms as required.

Residents were given assistance where needed. One resident was seen to put his cutlery on the floor three times, but each time a member of staff noticed this and brought him a clean set. The same gentleman wasn't eating and refused help, but after a little encouragement he moved to another dining table and then ate his meal.

All the food served at lunch time looked appetising and well-presented. We observed care staff feeding residents and then wiping their hands with hygienic paper towels. Their care and attention paid to the mealtime was of a very high standard. The staff demonstrated great patience and residents were not rushed in any way.

We were told by the manager that residents are weighed at least monthly and the results kept on a spreadsheet. Upon analysis a dietician can be called upon if needed, but in all cases the cook is involved to help plan meals. There are regular set rounds for offering drinks, and cold drinks are always available. Dietary lists and plans (which were observed) are shared with the cook. Fluid balance charts are used when indicated to be necessary. Hourly checks on residents who by necessity or choice stay in their own rooms include monitoring of (and when necessary administration of) hydration.

Comments

We observed the kind of 'excellent dining experience' aspired to on a dining room poster.

Resident Experiences and Observations

Quality Indicator 6 – Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Our findings

We were told that one local GP covers the whole home. Residents can retain their own doctor after admission, but few choose to do so. The GP or an Advanced Nurse Practitioner visits the home weekly, and at other times if needed.

Access to local NHS dental services was acknowledged to be an area of difficulty. Cannock Hospital provides an urgent service, but no preventative service is currently available to residents.

The home uses Visioncare for eye care and spectacles. Residents can use their own ophthalmology/optician service if they wish to.

It was explained to us that an NHS Community Chiropodist visits the home, but only once every 12 weeks. The resultant problems were exemplified by a family visitor who told us of an issue with her father's big toe and the length of time he had waited to see a chiropodist. He has been in the home since Easter and she has now resorted to arranging for his own chiropodist to attend. However, a private chiropodist (which is a chargeable extra) visits more often, care staff undertake routine nail care, and beauty students from Cannock College sometimes assist.

Residents are always escorted to hospital and medical appointments if no family member is available (though they usually are, and this is preferred). The home does not have its own transport, and neither voluntary transport for the disabled nor wheelchair accessible taxis are readily available. Some local facilities are, however, within walking or wheelchair distance for some residents.

In the event of hospitalisation by ambulance, a staff member accompanies the resident and Orchard Care then reimburses the worker for their return taxi fare.

One of the nurses on duty explained to us that the drugs trolley is always in her care and sight as she or other nurses prescribe residents' medications. This is done in the dining rooms rather than in the resident's own room. When not in use, the trolley is locked and stored in a locked room. The nursing staff also oversee special dietary requirement plans for residents.

We were told that a hairdresser attends the home once a week and uses a room set aside for this purpose.

We observed both lounges. In the downstairs (general nursing) lounge, 11 residents were sitting, and books and CDs were available, Smooth radio was playing, and one resident was watching television. There were personal items on the side tables beside some residents. One of two clocks showed the wrong time.

When one resident was being hoisted out of her seat to be showered, the carers showed her respect, although the blanket to cover her legs was allowed to ride up further than it should have done and no attempt was made to cover her.

In the first-floor lounge (for residents who live with dementia), we saw a lively and happy atmosphere. Music was playing and there were moving lights against the wall. The date was written on a white board. Drinks in feeding cups were available.

In respect of a resident who is bed-bound and requires hourly checks, we observed that while the times of checks had been recorded, the sheets were not dated.

Comments

The timeliness and frequency of services available from the NHS professions allied to medicine are currently unsatisfactory.

Quality Indicator 7 – Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Our findings

All the residents seen appeared to be of White European heritage.

Regarding facilities for religious observance, the manager told us that St. John's, Heath Hayes, (Church of England) conduct a monthly service at the home and a priest from Our Lady of Lourdes, Hednesford, (Roman Catholic) visits home to give communion. The latter was confirmed by a visiting family member who said that her father was able to attend Mass when the local Catholic priest visited. She said that it was nice that because she was visiting at the time, the manager had invited her to attend with him.

Comments

We were not made aware of any specific cultural or lifestyle needs in relation to individual residents.

Family and Carer Experiences and Observations

Quality Indicator 8 – The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

The manager told us that residents/relatives meeting are held 6-monthly. The most recent was in March, attended by 1 resident and 7 family members. Issues raised included: offering a greater choice of snacks outside meal times; facilities for relatives to make drinks independently of staff (now in place and observed by us), and provision of lockable boxes for valuables in residents' wardrobes (now available, though we were told that take-up so far has been low).

A suggestions box for residents and family members is also to be introduced.

The provider's Head Office sends regular thematic satisfaction surveys, monthly through the year. These lead to action plans and "you said, we did" reports.

Orchard Care operates a corporate complaints procedure, though we were told that most representations are made verbally and followed up on the spot. Relatives of residents are given the Head Office telephone number.

Summary, Comments and Further Observations

We found a home which offered high standards of facilities and care.

Most of the findings of the most recent CQC inspection had been, or were being, acted on.

Recommendations and Follow-Up Action

A future visit might look further at

- the extent to which activities are offered across 7 days per week and are aligned to the individual interests and life stories of residents.
- How support is given to staff who find e-learning difficult to undertake and then to apply and embed in their working practices.

Provider Feedback

Healthwatch has not received feedback from The Heathers

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.

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