



Enter & View visit

The Gables Nursing Home

5th November 2019

Your independent watchdog ensuring people's voices are at the heart of shaping health and care services in Leeds

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Summary

Healthwatch Leeds carried out a semi-unannounced Enter and View visit to The Gables Nursing Home on 5th November 2019. The visit was undertaken following feedback from members of the public who had highlighted areas of concern about the environment of the home. From both postal surveys and speaking to residents and relatives during our visit, we received 13 responses, from a total of 22 residents (or their relatives) currently living at the care home.

Key Findings

The people who gave their feedback spoke very highly of the care at The Gables with all 13 of the people we spoke to saying that they or their relative is well cared for and their dignity is respected. The vast majority of respondents (12 out of 13) said that staff were available when they needed them and 12 out of 13 rated their overall experience of the care home as either 'excellent' or 'good'. No-one rated it below 'OK'.

No cause for concern was raised regarding dental care at The Gables, but there is little clarity among residents and relatives as to what provision is available.

There were good levels of satisfaction with the amount and variety of activities on offer from the full time Activities Co-ordinator. People were generally aware of the activities on offer, and said they took place when they were supposed to.

The majority of people felt involved in their or their relative's care, saying they had a positive relationship with staff who would talk to them regularly about any changes to their care plan. People we spoke to also said they felt that they had the opportunity to share their views and opinions about how the care home is run either through residents and relatives' meetings, an annual survey or by talking to staff.

Although there was evidence that residents' communication needs were documented within their care plans, there didn't appear to be a mechanism to make the files of those residents 'highly visible' as required by the Accessible Information Standard. The home did however demonstrate good practice with the use of the 'This is Me'

form for residents transferring to hospital. We also observed some good examples of how information in the home was made accessible for residents with dementia.

We observed that some areas of the home had clearly not been refurbished for some time and we were told by the manager about the plans in place to improve The Gables' interior and assured that work was underway. There didn't however seem to be a structured longer-term refurbishment plan in place.

Key recommendations / messages

Based on our observations and the respondents' feedback, the majority of people were very happy with the care and support received at The Gables Nursing Home. However, there were a few issues highlighted and we have made suggestions for review and improvement in the following areas:

- Clearer communication with residents and their families about how oral health needs are met at the home.
- Better longer-term strategic planning of refurbishments to the care home
- Improving how the care home meets the requirements of the Accessible Information Standard

Please refer to Page 14 for full recommendations.

Background

The Gables Nursing Home is a care home situated in the Swinnow area of Leeds between Bramley and Pudsey, providing nursing, residential and dementia care for up to 23 adults aged 65 and over. The accommodation comprises mainly single rooms along with three two bed shared rooms.

At the time of the visit, there were 22 residents living at the home, the majority of whom had dementia.

Why we did it

As part of Healthwatch's role, we have a statutory right to Enter and View publicly funded NHS and adult social care services, in order to get the views of residents, patients, and their relatives, about the service.

We had received feedback from members of the public who had highlighted areas of concern about the environment of the home which they felt needed refurbishment. As a result of this a decision was made to carry out an Enter and View visit to the home.

What we did

This was a semi unannounced Enter and View visit, as we informed the home that we would be visiting at some point during a two-week period. We called the home the day before the visit to check there were no reasons why we could not visit that day and inform them that we would be visiting.

Prior to the visit we left surveys at the home to be posted out to all relatives. The surveys were put into envelopes and included a freepost envelope for returning to Healthwatch.

We visited the home for a two-and-a-half-hour period during the morning of 5th November 2019. A team of two volunteers and one Healthwatch staff member carried out the visit. We spoke to residents and relatives on the day and carried out observations around the home. We also spoke to the registered manager.

The survey and the observations focused on five key areas:

- Quality of care
- Activities
- Involvement of residents and carers
- Living environment
- How the Accessible Information Standard* had been implemented
 (*For more information about the Accessible Information Standard, please refer to Appendix 1)

We received a total of 13 responses to the survey of which 4 were from residents, 8 from relatives/friends and 1 was a joint response from a resident and relative together. Out of the 13 responses 8 were completed during the visit with relatives and residents and 5 were received by post after the visit.

The Enter and View Questionnaire that we used for this visit can be found in Appendix 2.

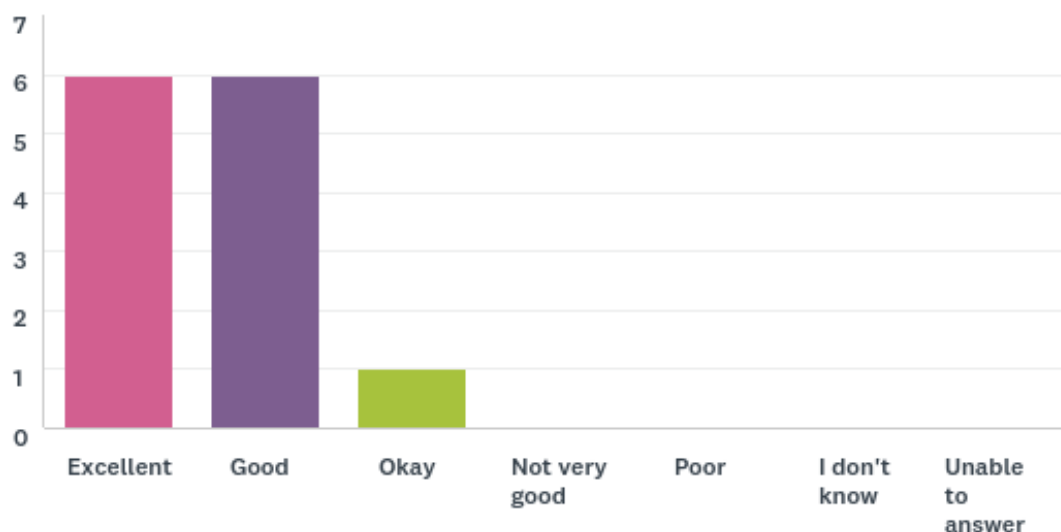
What we found

Overall experience of the care home

Residents and their relatives/friends were asked to rate their overall experience of the care home.

The majority of respondents (12 or 92%) rated it as either excellent or good with only one person rating it as ok.

How would you rate your overall experience in this care home?



Reasons given for these ratings were predominantly around the residents being well cared for and staff being there when residents needed them. One person commented on the quality of the food.

“Witnessed nothing other than constant attention during frequent visits.”

“I like it. The meals are spot on, get good choices. Cater for different diets eg diabetic, all food is home made.”

The one person who rated it as ‘Okay’ said they’d like to go outside more when the weather was nice.

Quality of care

Residents and their relatives were asked whether they felt they/their relative was well cared for, whether they felt their/their relative’s dignity was respected and how available they felt staff were. We also observed whether residents looked well cared for during our visit.

The evidence we gathered from residents and relatives strongly suggests The Gables consistently provides a good level of care.

All of the 13 people we spoke to said that they or their relative is well cared for at The Gables:

“I always see constant awareness of needs and care of residents”

“They all go out of their way to make [my relative] feel happy and comfortable”

“The size and layout of the home make it good. There is always staff around.”

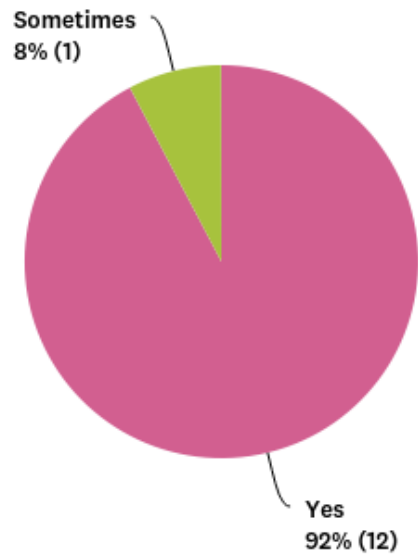
Similarly, all 13 agreed that residents’ dignity was respected:

“They are very caring and take my mother’s feelings into account and treat her with good respect”

“The staff always ask the residents for permission to do whatever it is they need to do. They always refer to them by the name they prefer.”

The vast majority (12 out of 13) also said that staff are available when needed (the remaining respondent said that they are “sometimes” available).

Are the staff available when you or your relative/friend need them?

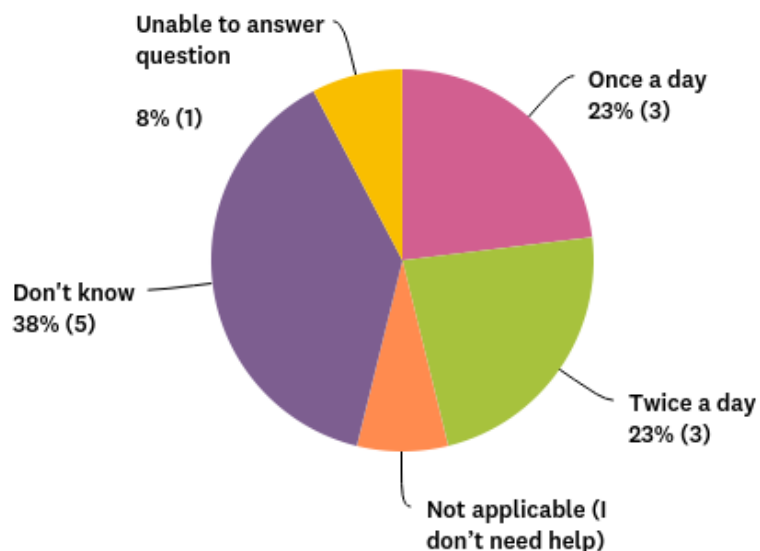


These findings were mirrored by our observations where we witnessed residents looking well cared for and plenty of staff available.

Residents and relatives were asked specifically about their oral hygiene care at The Gables, including whether staff help them brush their teeth if needed and whether they regularly see a dentist.

When asked how often care home staff help them or their relative to brush their teeth or keep their dentures clean, over half (7 people) said that they did not know, were unable to answer or that the question wasn't applicable to them. The remaining six told us that they were assisted once or twice a day.

How often do care home staff help you/your relative to brush teeth/keep dentures clean?



Eight respondents were not able to tell us when they or their relative last saw a dentist; four people said that their last dental appointment had been over a year ago; and only one said they had seen a dentist in the last six months. No respondents were able to tell us with certainty what arrangements were in place to help residents get dental check-ups; three (all of whom were relatives) said The Gables had not had a discussion with them about it.

We were told by the manager that the following arrangements are in place to look after residents' oral health:

- On admission, all residents are assessed using an oral assessment tool, following which a person centered oral hygiene care plan is put in place.
- All residents are registered with the Temple Dental Practice who previously visited the home to do check-ups. They have now stopped the home visits due to cuts in NHS funding for this service.
- If any resident need to see a dentist, the care home can make arrangements to take to them to a Community Dentist.

Activities

Residents and their relatives were asked whether they were happy with the amount and variety of activities on offer at the care home and whether the activities took place as planned.

The majority of respondents (10 out of 13, 77%) knew what activities were taking place at the care home. People said they found out about activities in a variety of ways such as being made aware by staff, the notice board in the reception area and through the residents and relatives' meetings. During our visit, we observed a weekly activities plan on the notice board with a good variety of both individual and one to one activities both morning and afternoon. There was also a monthly activities plan on a whiteboard, outlining activities for the whole month.

All of the people who were able to comment on the activities (6) said that they were happy with the amount and variety and had praise for the Activities Co-ordinator, who is employed full-time. They also said

activities took place every day when they were meant to. The remaining 7 respondents were either unable to answer, or it wasn't applicable to them because their relative didn't really participate.

People mentioned a variety of activities including, singing, music, garden parties, entertainers coming in, quizzes, games and arts and crafts. Some of the relatives of people with more advanced dementia mentioned how they would be engaged in sensory stimulation, or things like nail painting or having a book read to them. The manager told us that each resident has a social activities care plan detailing what they like to do.

" The residents have lots of fun. They do craft, ball games, board games, singalongs and many more things".

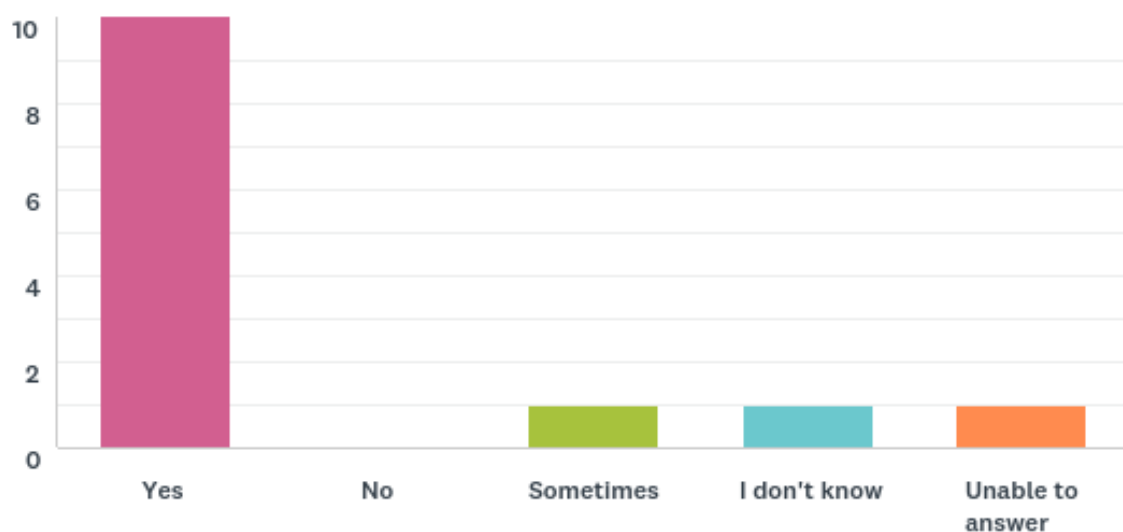
"My wife doesn't participate in the majority of activities. The main stuff they do to help her is provide sensory stimulation."

Involvement

Residents and their relatives were asked whether they felt involved in their care.

The vast majority of people (10 out of 13) felt involved in their or their relative's care. They said they had a positive relationship with both the care home manager and the nurse who would speak to them regularly about any changes in their relative's care. One person mentioned monthly care plan reviews.

Do you feel involved in your or your friend/relative's care?



“Everything to do with my husband's care is discussed with me first. I feel very involved with his care and I know my opinions are valued and asked for.”

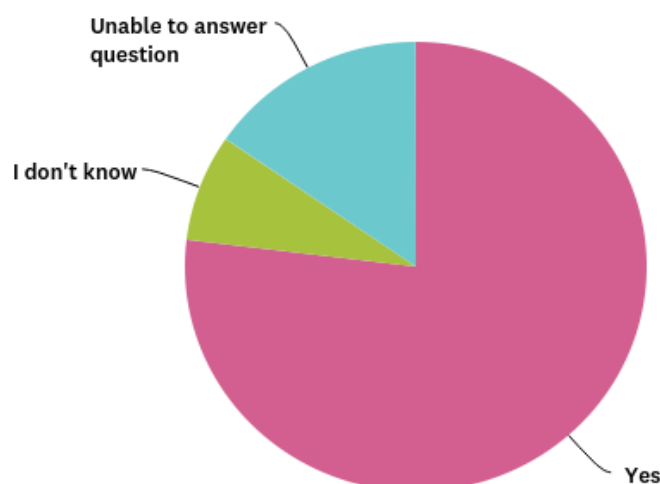
Residents and their relatives were asked whether they felt they had the opportunity to give views and opinions of how the care home is run, and whether they would know who to speak to if they had a problem or concern.

All of the people who were able to make an informed answer to the question, said they felt that they had the opportunity to share their views and opinions about how the care home is run. Most mentioned the monthly residents and relatives’ meetings and said that even if they weren’t able to attend, they can feed in their views on things and that a summary of what was discussed in the meetings was made available. Several people mentioned that they feel very able to make suggestions to staff outside of these meetings. During our visit, the manager also showed us the findings of the annual relatives’ survey which were on the noticeboard. He said that an annual survey is done with relatives to assess how happy they are with different aspects of the care home, the findings of which are used to create an action plan.

“The owners attend (relatives and residents’ meetings) and you have chance to have your say about anything. there was only two of us at the last one but it was good.”

“I can go and see the manager and staff ask us informally what we think of new ideas.”

Do you have the opportunity to give your views and opinions about how the care home is run?



Environment

Healthwatch's three Enter & View representatives made notes about what they could see, hear and smell during their visit to The Gables.

The Gables is not a purpose-built care home, it is a converted family home which places some restrictions on the layout. We observed that some areas of the home had clearly not been refurbished in some time and could do with redecoration, but that the space was clean, and the furniture was functional. The downstairs shower room was clearly in need of refurbishment and was also cluttered with laundry bins, but we were told that plans were in place to upgrade this soon. There seemed to be plenty of communal space and residents' artwork was seen on the walls.

We were told by the manager about the plans in place to improve The Gables' interior and assured that work was underway. He said that one bedroom a month is given a new sink and windows; a sensory room was due to be fitted in 6-8 weeks' time; and the shower room is due to be refurbished in 6-8 weeks. The manager explained that meetings were held with the home's owners every week to decide which improvements or repairs would be done next. He showed us a "Home Presentation Audit Tool" which was completed quarterly to flag up any refurbishment or repair needs relating to the building, which were then approved by the owners. There was no longer term timetable or costing plan in place for ongoing refurbishment work.

We observed that the atmosphere in The Gables was calm with comfortable noise levels and that a quiet space was provided for residents who wanted it. There were no pervasive odours.

We asked the manager various other questions about how The Gables operates and found out the following information:

- A GP visits once a week from the surgery over the road and sees any residents who require attention.
- The home uses no agency staff and seems to have low staff turnover.
- Fall prevention sensor mats were in place for residents at risk of falling.

Accessible Information Standard*

(*For more information about the Accessible Information Standard, please refer to Appendix 1)

We asked the manager what was in place to ensure that the care home was meeting its legal obligations under the Accessible Information Standard. During our visit, we also observed whether information was accessible to residents.

We were told by the manager that the pre-admission assessment for residents collects information about people's communication needs, and that this is incorporated into a person-centred care plan for communication. We were shown an example of a person's care plan folder where we could see their communication needs outlined in their Communication plan. The Communication Plan was clearly listed in the contents page. There wasn't however a system in place to ensure that a resident's recorded communication needs were 'highly visible'. In such a small care home with no agency staff, this didn't appear to be a big problem as the manager explained how information about residents is effectively shared with all staff. However, as it is a requirement by law, it is something that the care home should explore further.

We were told by the manager that all residents have a 'This is Me' form which has a section on communication needs. When residents are transferred to hospital, a copy of their 'This is Me' form always goes with them to ensure that their communication needs are shared with the hospital.

We observed the following signage which could be helpful for residents with dementia:

- A board detailing staff members' first names alongside their photo
- Residents' photos and names on their bedroom doors
- The food menu written on a white board and a large pictorial menu which is used to help residents select what they want to eat
- Monthly activities schedule and menu on whiteboards
- A weekly activities plan in large print.

Although the written food menu on the whiteboard was not very clear, the large pictorial menu was excellent, and a really useful way of communicating to people with dementia.

Our messages / recommendations

Based on our observations and the respondents' feedback, the majority of people were very happy with the care and support received at The Gables Nursing Home. However, we would like to make the following recommendations:

- Ensure that residents and/or their families are clear about how oral health needs are met at the home. This should include how residents' daily oral care needs are met and also arrangements for routine dental check-ups if required.
- Establish a longer-term written and costed refurbishment plan to show how cyclical refurbishments will take place on an ongoing basis, rather than an ad hoc process whereby repairs and refurbishments are identified as and when they need doing.
- Find a way of making the files or care plans of those residents with communications needs more 'highly visible' in line with the requirements of the Accessible Information Standard. This could be as simple as using a sticker system on the front or spine of files.

Service Provider Response

"I would like to say thank you for the visit and the report you produced. I am proud of my team, as we all work hard, and we feel from our heart that what we are doing for our elderly people is a great opportunity for all of us.

I have already made the action plan for the redecoration the home and work has been started on it."

Mohammad Mahboob, Manager of the Gables Nursing Home

Next Steps

The report will be shared with The Gables Nursing Home and Leeds City Council. We will agree with them the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented. We will undertake any follow up work required to ensure there are real changes made to the service so that it is a good experience for everyone.

The report will also be published on the Healthwatch Leeds website.

Thank You

This report has been written by Harriet Wright, Community Project worker at Healthwatch Leeds in collaboration with Healthwatch volunteer Anna Chippindale.

A big thank you to the volunteers, Anna Chippindale and Oliver Corrado who carried out this visit.

We would like to thank the manager and staff at the home for their welcome on the day and for the information they shared with us. We would also like to thank the residents and relatives for taking the time to speak with us on the day of our visit and for completing and returning the surveys to us.

Appendix 1 - Accessible Information Standard

The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

It is now the law for the NHS and adult social care services to comply with the Accessible Information Standard.

As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things.

They must:

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs in a set way.
3. Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met.
4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so.
5. Make sure that people get information in an accessible way and communication support if they need it.

Appendix 2 - Residents and relatives Questionnaire

healthwatch Leeds **The Gables Nursing Home: Questionnaire**

Healthwatch Leeds gathers information about people's experiences to try and improve services. We would like to hear about your experience of this care home.

Any information you share with us will be analysed and used anonymously in a report that will be shared with the care home provider and commissioner and will be made available to the public.

'Anonymously' means that we will not use any information that would identify you.

*** 1. I am**

a resident a friend/relative of a resident

Other (please specify)



*** 2. Do you feel that you or your relative/friend is well cared for at this home?**

- Yes I don't know
- No Unable to answer question
- Sometimes

Please tell us the reasons for your answer

*** 3. Do staff respect you or your relative/friend's dignity?**

- Yes I don't know
- No Unable to answer question
- Sometimes

For example, do staff respect privacy and knock on residents door before they come in? Do they close the door when providing personal care? Is their dignity maintained when toileting, changing, helping with eating and drinking etc? address them the way they prefer?

*** 4. Are the staff available when you or your relative/friend need them?**

- Yes I don't know
 No Unable to answer question
 Sometimes

Please tell us your reasons for selecting your answer

*** 5. How often do care home staff help you/your relative to brush teeth/keep dentures clean?**

- Once a day Not applicable (I don't need help)
 Twice a day Don't know
 Sometimes, but they don't remember to do it every day Unable to answer question
 Never

Any other comments about how the care home looks after your or your relative's oral hygiene

*** 6. When did you/your relative last see the dentist?**

- In the last 6 months Don't know/can't remember
- Over a year ago Unable to answer question

Comments about your/your relative's experience of seeing a dentist

*** 7. If you/your relative haven't seen a dentist in the last year, please give reasons why (tick as many as appropriate)**

- Didn't want to or need to The care home hasn't mentioned how this is possible
- There is no visiting dentist to the care home Not applicable/don't know if seen dentist in last year or not
- Can't find a dentist that I/my relative can get into easily Unable to answer question
- Can't afford it

Other reasons and comments



*** 8. Do you know what activities are taking place at the home?**

- Yes Not sure
 No Unable to answer question

If yes, please tell us how you are made aware of this.

*** 9. Are you happy with the amount and variety of activities on offer?**

- Yes not applicable
 No Unable to answer question
 Partly

Please explain why you chose your answer. What activities are on offer and do you enjoy them?

*** 10. Do activities take place when they are meant to?**

- Yes I'm not sure
 No Unable to answer question

If not, how often do they not happen and are residents told about them not taking place

Involvement



*** 11. Do you feel involved in your or your friend/relative's care?**

- Yes I don't know
 No Unable to answer question
 Sometimes

Please tell us more about your involvement in the care, e.g. are you given the opportunity to feed into their care plan? Do staff listen to your views and ideas about your friends/relatives care? Would you like to be involved more?

*** 12. Do you have the opportunity to give your views and opinions about how the care home is run?**

- Yes I don't know
 No Unable to answer question

If yes, how do you do this? (e.g. questionnaire, resident/relative's meetings etc.)

*** 13. If you had a problem or concern would you know who to speak to?**

- Yes I don't know
 No Unable to answer question

If yes, who would that be?

*** 14. How would you rate your overall experience in this care home?**

- Excellent Poor
 Good I don't know
 Okay Unable to answer question
 Not very good

What are the reasons for your rating?

15. Please tell us anything else you would like to add about the care home and the care that you or your relative/friend gets here? This can be good things or things you would like to change.



16. Name of enter and view rep doing this survey

- Oliver
- Anna
- Harriet