

# Enter & View

## Report

Manor House  
Nursing Home  
6th November 2019





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: Manor House Nursing Home  
Provider: Hyde Lea Nursing Homes Ltd.  
Address: Burton Manor Rd. Stafford ST18 0AT  
Service Type: Nursing Home including rehabilitation, Dementia and Mental Health Care, Physical disabilities and Eating disorders.  
Date of Visit: 6<sup>th</sup> November 2019

## **Authorised Representatives**

This visit was made by two Authorised Representatives of Healthwatch Staffordshire.

Margaret Pritchard

Bridget Stokell

## **Purpose of Visit**

Independent Age, a national charity, has 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 and staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

## **Physical Environment**

This home was previously visited by Healthwatch in 2016 and since then has undergone a change in management

### **External**

The building is situated just off the road, well signposted down a private drive. The original building is 200 years old but a large modern extension houses the mental health unit. A further building containing another forty rooms, a multifaith room and a staff crèche is nearing completion. There is adequate car parking with dedicated disabled bays but the secure unit car parking is not immediately visible. Pedestrian access to and from the secure car park is controlled by a key pad. The gardens are accessible to residents, securely fenced for the mental health unit. They are well maintained with seating. Access to the main entrance is by bell and intercom and there is visible CCTV.

### **Internal**

Visitors are required to sign in and are directed to reception just off the main entrance. The main building is old with narrow hallway and steep staircase but there is lift access to all floors. This area is well maintained, clean and well furnished. We were greeted promptly and well supported in our visit by the Manager and her staff once our credentials had been established.

There are 79 single rooms and 3 shared rooms. All rooms have an en suite toilet and hand basin, larger rooms in the newer mental health wing also have en suite shower rooms. All rooms are fitted with hoists and residents have access to a bath if wished. The home can cater for a maximum of 85 residents.

Corridors were generally clutter free although cleaning was taking place during our visit and cleaning and laundry trolleys were in use. We were assured that these were stored in locked cupboards when not in use.

Bedrooms in the older part of the building for nursing care residents were a little small but clean and homely. The corridors here had recently been decorated and the walls resurfaced to ensure that the building complied with all fire and health and safety regulations. The home was awaiting the electrician to complete the fixing of the power points in these corridors.

Access to the accommodation in the newer mental health wing was secure and involved a very short external walk between the 2 buildings. It is divided into three separate colour coded units on each of the 3 floors which were identical in layout so that if residents were required to move floors due to changing care needs their potential confusion was minimised. The rooms here were a little spartan compared with those in the nursing care building with minimal personal effects in evidence. The lounges in this wing also showed minimal evidence of activities for residents although the lounges were light, airy and had pleasant views.

In one of the nursing offices there were visible piles of patient files on a desk, but this was explained as a new filing cabinet had been delivered which the old files did not fit, with replacements expected shortly. These rooms (one on each floor) are kept locked at all times. In one of the corridors a fire door had been left open which was immediately closed by the Manager. The kitchens on each of the floors had notices stating that they must be locked when not in use; on one of the floors we observed that the door to the kitchen was wide open. Again, the door was closed by the manager and she did speak quietly to a member of staff.

In the older building where the residents required nursing care there was a large room divided into a dining room and a lounge/activity area. Residents were either seated at tables for lunch or in the lounge area seated in easy chairs to eat. Due to the Remembrance Day event the lounge seemed slightly disorganised and busy. The adjacent activity room was very cluttered with soft toys, craft equipment and files. It was explained that this due to the planned introduction of the staff crèche.

There is a rest room and kitchen available solely for staff use on the 3<sup>rd</sup> floor of the building. These rooms were basic and in need of redecoration. The manager informed us that these rooms would be upgraded in the future as staff were so important to the success of the home.

## **Resident Numbers**

Currently running around 95% occupancy, this fluctuates due to turnover of Discharge to Assess (D2A) beds.

## **Staff Numbers**

11 nurses, always at least 2 on every shift.

21 Care staff with 5 additional staff for D2A beds.

4 Activity staff who work 8.30 to 4.30 on weekdays

7 domestic staff and 5 maintenance and gardeners

4 catering staff

3 on site admin officers with a further 3 finance officers off site.

1 manager

## **Agency Usage**

The home uses a Birmingham Agency to supplement additional demands of D2A beds. The same agency staff are used each time and are therefore known to the home. Training and regulatory checks are undertaken by the Agency and evidenced to Manor House.

There are 4/6 bank staff used. Again these are regulars and are used to cover holidays etc.

## **Management**

**Quality Indicator 1: 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**

We were escorted around the home by the Manager who has been in post for the last year. She has an HR background and was proud to show us the revamped staff management policies and protocols she has introduced. We were provided with a copy of the Employee Handbook which is well written and comprehensive. Additionally we were shown individual training plans, the annual appraisal forms and the overall template of staff training needs for the whole site.

As we walked around the home the manager stopped to talk to staff and patients and appeared to know and be on good terms with all. She was able to talk to us about individual resident preferences.

## **Comments**

There was much good humour and laughter among both staff and residents which was a pleasure to see.

## 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

Training is run in house and delivered by an external accredited company, First Response training. Staff are encouraged to acquire NVQs and several have reached level 3. Their success is celebrated with framed photographs on display. There is an onsite training room but it was locked when visiting the staff facilities on the third floor of the old building.

We were able to speak to a newly recruited member of staff who described her induction process in a positive and forthright manner. We also spoke to one of the Activity co-coordinators, the Nurse Manager and several members of care staff. All of them were happy to chat about their role and showed a friendly, good natured relationship towards each other.

Staff felt that they had access to the Manager to voice concerns. We were shown the spreadsheet where all concerns and complaints from residents or relatives were recorded with resultant action.

#### Comments

Manor House showed evidence of well trained staff who feel well supported in caring for the residents.

### 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

We saw an example of patient records with details of history, medication and preferences and the handover process was described to us. We heard staff detailing food intake of a resident and all fluid/ bodily function charts are collated each evening. The plan over the next year is to have all patient records on a tablet which can be updated and referenced by staff as needed throughout the day.

#### Comments

All staff we spoke with and observed appeared to have good knowledge of residents' preferences and to be responsive to their differing needs.

## 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

We met with one of the Activity Coordinators who described the wide range of activities available to residents. The home has a minibus which is used to take residents to a local church hall for a luncheon club and on longer range trips to the seaside. Residents are also taken shopping.

There were jigsaws and games in the activity room and the central table was covered with poppy templates being painted by residents and staff for the Remembrance service to take place that weekend. We were also told that the home had a rolling programme of activities for residents which tended to be related to the seasons. Residents have a choice if they wish to participate and are asked what other things they would possibly like to do. We were told about a resident who had not seen the sea for 20 years, so an outing was arranged so that this could happen and we were shown a photo of a very happy woman by the sea. Some other examples we were told about and shown pictures of, were the craft fair where residents work was sold to fund outings, a summer barbeque, a bonfire night party and summer outings. There are plans in hand for the 100<sup>th</sup> birthday party for a resident which will take place shortly.

On the mental Health Unit there was less evidence of activities and hobbies although we were told they were available. Residents who did not have one to one staff attention appeared to have little to do. The lounge had the TV tuned to a radio station which provided a pleasant environment to the lounge.

### Comments

A good range of activities were available on the nursing care section. Perhaps more activities could be encouraged on the mental health unit to help stimulate residents, although we did observe a high level of one to one conversation between staff and patients in this unit.



## 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**

Our visit took place over the lunchtime period in the nursing care building and we observed lunch being served to residents. The food was hot and looked and smelt appetizing. Most plates were empty. One lady's food was cold as she was eating slowly. We were told that this patient refused help and became agitated if she wasn't left to eat at her own pace.

We were shown the seasonal autumn menu with a four week plan of menus. There was a choice of food each day and we saw a variety of food being served.

Residents on the mental health unit had brightly coloured crockery. We saw several residents being supported to eat in a very considerate way.

Residents ate at tables for four; some had their meals in chairs in the lounge. We saw facilities for staff to make drinks in the lounge and heard of the popularity of daily milkshakes!

#### **Comments**

The residents are offered a variety of suitable well prepared food and are supported to eat if necessary.

## 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 all residents are registered with the same local practice. The nurse practitioner from the practice visits weekly or more often if needed and can arrange for a doctor to visit if necessary. We saw two physiotherapists on site and were told that the home was considering employing their own physio in the future.

#### **Comments**

Residents appear to have adequate access to health care professionals.

## 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

Communication with many of the residents was limited but all appeared clean and well groomed. They appeared to be content and to have good relations with staff. We saw notes in residents' rooms reminding carers of specific preferences e.g. Please do not touch my hair. We were also told of a resident who would not wear jumpers and another who was frightened of being in the bath.

We did manage to talk to two residents at lunch who were frail but able to communicate. We asked if they liked the home and were they comfortable here. Both of them agreed they were comfortable, but one said she had only been here just over a week. They also said that the food was good but that the other lady at their lunch table could get a little bit tiring as she was rather loud and tended to dominate conversations and could break into song at the least provocation!

At the end of lunch in the dining room one of the male residents was escorted to the patio area for a cigarette assisted by a member of staff as this is his routine.

We saw examples of individual patient care plans and we saw the system in the laundry where residents clothing is kept in individual baskets to reduce the risk of loss.

Visits to the home from the local vicar are encouraged, the manager felt that none of the current residents express a religious preference but a multifaith room is planned for the new building.

We saw many interactions between residents and staff and all were positive.

We were told of two female residents who were friends and had asked to share a room after the death of a husband. The staff were able to arrange this with the use of a curtain for privacy when personal care was being given.

### Comments

Residents' individual needs and preferences appear to be catered for.

## **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**

We were only able to speak with one relative, a son who brought his father in most days to visit his mother. The staff knew them both well and provided them with lunch most days. The son said that he thought his mother was well cared for and happy.

The manager is always available to meet with relatives and showed us her complaints/concerns file with resulting actions. She believes in settling concerns as soon as possible but there is a complaints procedure if necessary. There is an annual open day for relatives who are also invited to social events.

### **Comments**

Feedback from staff and relatives is sought and used constructively.

## **Summary, Comments and Further Observations**

This facility appears to be well managed and provides a good standard of care for its residents. The staff appear to be well trained and well supported. The atmosphere in the home is positive and cheerful. The facility is well maintained.

The Healthwatch representatives were given a warm welcome and a great deal of time by the manager and staff at the home on a difficult day with building work in progress, a broken lift and a board meeting in the lounge.

We found a well-run facility with well cared for residents in a happy environment.

## **Recommendations and Follow-Up Action**

The only recommendation we would make would be to try and encourage the residents in the Mental Health unit to have some personal affects in their rooms and to encourage them to engage in more activities.

## Provider Feedback

*No feedback has been received at the time of publication*

### 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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