healthwatch Gloucestershire

Enter and View report

Nazareth House
Cheltenham

4 November 2022

Contents

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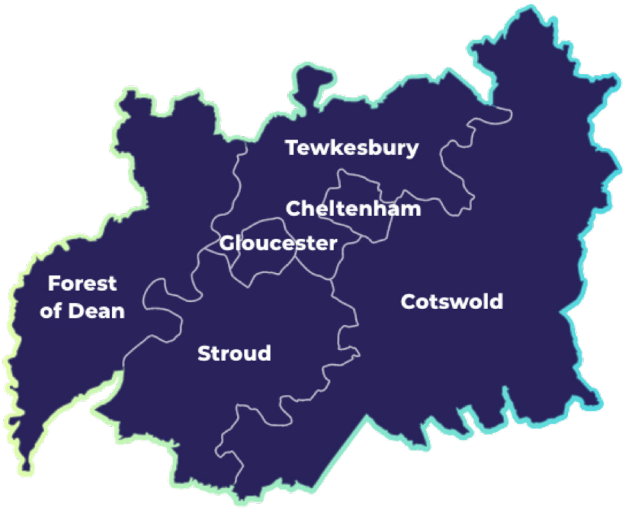
About Healthwatch Gloucestershire

Healthwatch Gloucestershire is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.



What is Enter and view?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited

Nazareth House, Cheltenham

Visit date: 4 November 2022

About the service

Nazareth House is a purpose-built residential care home which provides accommodation and personal care for older people. It is part of the Nazareth Care Charitable Trust and there are a number of residential homes across the UK. The facility includes a specialist unit for residents with types of dementia. The home can care for up to 63 clients and also offers respite care. Accommodation is provided on two floors, each with its own dining room and lounge. The ground floor is reserved for people with dementia, while the first floor caters for people who require support with their personal care. Residents have their own room with a toilet and sink and some rooms are ensuite.

Purpose of the visit

This visit was part of our ongoing partnership working with Gloucestershire County Council to support quality monitoring of residential care homes in the county.

How the visit was conducted

Nazareth House was advised that the visit would take place during November 2022; the specific date was not confirmed. Ahead of the visit the team considered the latest Care Quality Commission report (June 2022) and other available information to inform the visit. The visit was carried out by six authorised representatives. The team spoke to the six members of staff (this includes two agency workers and two members of the management team) and nine residents. During the visit information was collected from observations of residents in their day-to-day situations, including lunch, conversations with staff, residents, and members of the management team, against a series of agreed questions. At the end of the visit there was a final team discussion to review and collate findings and provide initial feedback to the management team.

Authorised Representatives

- Sarah Davies (Lead Authorised Representative)
- Helen Esfandiarinia (Healthwatch Gloucestershire staff member and Authorised Rep)
- Rachael Veitch (Healthwatch Gloucestershire staff member and Authorised Rep)
- Fred Ward
- Jane Taylor
- Jan Baldwin

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all residents/staff, only those who contributed. The visit did not include accessing any records. This report is written by a Healthwatch member of staff who is an 'Authorised Representative' and was part of the team that carried out the visit on behalf of Healthwatch Gloucestershire.

Visit overview

The visit was agreed with Gloucestershire County Council as part of our programme of quality monitoring. Nazareth House was made aware that the visit would happen during November 2022. While they were not aware of the specific date, a phone call had taken place ahead of the visit to enable them to understand the process and ask any questions.

The poster announcing that Healthwatch Gloucestershire would be undertaking a visit was displayed on the front entrance to the home. Upon arrival access to the home was promptly given by the receptionist. The manager was not available on the day of the visit (although she did join us remotely at the end of the day to hear our initial findings and recommendations). The interim deputy manager readily made himself available and gave an overview and tour of the home. We discussed our plans for the visit and no restrictions were placed on access or who we could speak to.

The visiting team split into three pairs. The first pair spent time talking to the interim deputy manager and on the first floor. The second pair spent their time on the dementia floor and spoke to residents and staff. The third pair spent their time on the first floor and spoke to residents and staff. Some of the lunch service was observed on both floors. It was not possible to observe an activity. At the end of the visit the whole team met to share findings and observations and agreed the recommendations. These were then shared with the interim deputy manager, the support manager and the manager (who joined remotely).

At the time of our visit there were 48 residents.

Key findings

The following are the key findings from the visit and should be considered alongside the further information provided later in the report.

- The home and staff were very welcoming for the duration of the visit. The interim deputy manager was particularly welcoming and made himself available across the whole visit.
- The home was clean, light and airy. The corridors and communal spaces were spacious. The home is undergoing some refurbishments and the areas that have been completed, for example the reception area, were particularly pleasant, well-furnished and comfortable.
- There are significant staffing challenges for the home with a reliance on agency staff to meet these challenges.
- Staff were happy to speak to us during the visit. Permanent staff described not always feeling valued or listened to.
- Some interactions between staff and residents were observed to be functional rather than meaningful.
- The activity co-ordinator post is currently vacant and therefore there isn't an activity programme available for residents.
- End of life is managed with dignity and respect.
- The chapel offers regular services and provides a valuable quiet space for residents and staff to use.
- The home is attached to a convent, and we heard that the nuns (six) regularly spend time with the residents; this was not observed during our visit. We also heard that the priest holds the chapel services.

Recommendations

We would like the management to consider the following recommendations for improvement based on our observations and findings from the visit.

1. To improve interactions between some staff and residents beyond those necessary to address residents' functional needs.
2. To consider how permanent staff feel valued. This should also include addressing concerns that are raised, feeding back to staff and ensuring that their experience is used appropriately.
3. Following the appointment of an activities coordinator, to prioritise the development of an activities program that takes into account the interests of residents.
4. To consider the layout of the two main lounges on the ground and first floor to encourage interactions between residents.
5. To ensure that relatives meetings and residents meetings are arranged in order that both sets of stakeholders have a forum to address concerns or issues.

Observations and findings

Staff

- An interim deputy manager has been brought in for a period of 12 weeks with a focus on relationship management, care planning, addressing staffing issues. There is also a crossover with the appointment of the new deputy manager (who at the time of the visit had been in post for two weeks).
- There are significant vacancies/gaps in the permanent workforce. We do recognise that staffing issues in the care sector are currently a challenge nationally.
- Permanent staff advised that they do not always feel valued or listened to and feel that they are having to provide additional support to agency staff.
- Staff messaging system (equivalent to WhatsApp) to keep staff up to date via staffs' own phone. Advised that there is no issue with staff being able to access this.
- Some individual staff have specific interests, such as tissue viability, medication, oral hygiene and are encouraged and supported to use and develop this.
- Staff were all wearing a uniform and were wearing ID badges. Some were observed to be wearing bracelets and fit-bits.
- Staff wear a 'do not disturb' tabard when undertaking a medication round; it was observed that this was worn by one member of staff on the dementia wing for the duration of the visit.

Staffing levels and use of agency workers

It was clear that staffing levels are a key challenge for the home with agency workers being used to ensure that shifts are appropriately covered. The following steps and measures are being/have been taken:

- Reduced the number of agencies being used.
- Block booking agency workers to ensure consistency.
- Ongoing recruitment via Indeed and the Facebook page for the home. An activities coordinator is due to start imminently (waiting for DBS clearance) and six carers from

India are due to start in the couple of weeks following the visit and they have been offered accommodation in the home.

- Some agency workers are becoming permanent members of staff.
- Agencies must be able to evidence that their workers have undergone relevant training such as manual handling, safeguarding, equality and diversity.
- Agency workers are able to access training that the home provides. On the day of the visit there was Accountability and Documentation training and agency workers had been invited to attend.
- Agency workers initially undertake a 'shadow' shift as part of their induction.

Activities for residents

- Due to the activities coordinator role being vacant there is no activity programme at present. A new activities coordinator has been appointed but has not yet started as DBS clearance is still outstanding.
- A Sister does come onto the floors to do quizzes and bingo with the residents. This wasn't observed during our visit.
- Staff are encouraged to involve residents in activities, for example, playing music and having a dance. This wasn't observed during our visit.
- There is a plan for the new activities coordinator to run residents' meetings to enable them to discuss any concerns/issues.
- Residents can move around and come and go from the home; they were observed doing this. If they leave the building, they are given an alarm pendant to wear. Often, they will just use the grounds of the home but are able to go off site should they wish to (unless it has been decided this is not safe and there is a Deprivation of Liberty order in place).
- Residents are able to use the chapel as they choose.

Meals and food

- All food is cooked on site.
- Residents are able to choose where they eat - in their room or in the dining room.
- Breakfast times are flexible between 8am–10am. It was observed that one resident came for breakfast at 10.45am and this was facilitated.
- Menus are produced daily for lunch and supper and made available on tables in the dining rooms.
- There are choices of main courses for lunch but not for starters or desserts and on the day of the visit soup was the starter for lunch and tea (albeit different flavours).
- Some residents were observed being supported with eating.
- Some staff made a point of talking to residents at lunchtime.
- The dining rooms are set up to encourage residents to sit in groups but they also had the option of sitting alone if they wanted to. Some residents were observed to be sitting in groups during lunch.
- Snacks and drinks are available for residents outside of normal meal times.

Access to other services

- Access to a GP is via two local practices who visit regularly.
- NHS podiatry and dental services come into the home (residents can also choose to access these privately either in or out of the home).
- Two optician providers come into the home at regular intervals.

- Prescriptions are managed electronically through one provider.
- Hairdressing is provided by the receptionist on her non-working days (this appears to be well received by the residents) or residents can access their own hairdresser on or off site.

Relatives

There were no relatives present at the time of the visit to speak to. We were advised by management that:

- Visiting times are open with no restrictions. If relatives wish to visit in the evening, they are requested to make the home aware of this.
- A lot of relatives live abroad. Zoom calls are facilitated to enable them to keep in touch with residents and there is accommodation available on site if they wish to visit.
- Relatives' meetings do not currently happen however there are plans for these to be re-introduced.
- We were told that relatives are happy to raise concerns and management aims to address these in a timely manner through informal and formal means.

Physical environment

- The home is situated in large grounds in a residential area.
- There is easy access and ample parking for visitors.
- There is a sheltered smoking area with seating available outside the home.
- External doors are kept locked and an alarm sounds if an external door is left open for too long.
- The reception area of the home is particularly welcoming with a small seating area and access to drinks/toilets.
- All visitors to the home have to sign in and out electronically and this information is available to management, so they know who is on site at all times.
- Access to the dementia wing is via access code only.
- During the visit there were no significantly unpleasant smells noticed.
- The home appeared to be tidy and well maintained.
- The home was light, airy and was a good temperature.
- The home was quiet and felt very peaceful.
- We were advised, and then observed, that residents are able to put things up on the walls in the communal areas, such as poems/quotes etc.
- There is a chapel on site that residents are able to access for regular services and otherwise as they wish. This was observed to be a very peaceful place for quiet time and contemplation which is accessible to those with mobility issues as well.
- Residents' rooms were well maintained and tidy, most rooms had somewhere for visitors to sit and there appeared to be adequate storage options for residents (wardrobe, chest of drawers etc.)
- Corridors were wide, enabling residents and staff to move around comfortably, including those using wheelchairs/walking frames.
- The lounges were large with plenty of seating available. It was noted that in the first floor lounge the chairs were pushed back to the sides of the room reducing the chance for residents to interact. Management advised that at the start of each day chairs are put into groups however these are moved by residents, or for residents upon request.

- On the dementia floor the chairs were turned towards the television which was observed to be set to a couple of different channels, including at one point a children's programme, during the visit.
- The dining rooms were large enough for residents to be able to move around and tables and chairs grouped to encourage interaction.
- There were other rooms available should residents want quiet time or to spend time with visitors.
- There was a lift available to move between floors and residents were able to use this as they wished.
- There were gates across the stairs, top and bottom.
- In the dementia wing the floor colours contrast with the walls, furniture and signage.
- Across the home light switches, toilet seats, flush handles and rails all contrast.
- A calendar and large clock face were observed on the first floor.
- Signage is clear across the home and at eye level.
- Resident's rooms all had first names on the door and residents appeared to be able to choose a picture or other detail to add to this.
- There were a variety of books, including large print, in the sitting room on the first floor however it was observed that this room was not easily accessible to residents. There did not appear to be books and newspapers readily available in other areas other than a resident's newspaper that was only observed in the reception area.
- Residents appeared to be appropriately dressed and well groomed. There was one exception with a resident on the dementia wing.

Interactions

- All staff were very friendly and welcoming to our team throughout the visit.
- Staff spoke fondly of the residents and management are promoting that this is their home.
- Interactions between staff and residents were mixed. There were examples of good interactions that were spontaneous in their nature and went beyond those required for the functional elements of providing care. However, there were also examples of interactions that just met the basic needs of tasks being carried out.
- At times, particularly on the dementia wing, it was observed that staff would stand around in a small group chatting with each other and not interacting with the residents.
- The call bell sounded frequently and appeared to be answered in a timely manner.
- Staff were observed, on both floors, helping residents with tasks such as personal care, eating and moving around.
- Residents were observed sitting/sleeping in chairs in the lounges with little interaction with staff or each other.

What people told us

Care home residents

General comments

Mostly residents told us that they were happy living in the home:

- "It is lovely here, one big happy family."
- "Staff are lovely."
- "Brilliant, we are left to do what we want, can get around and go where you want to."
- "I feel safe and comfortable here."

It was not possible to speak to the residents in the dementia wing; they did not appear to be distressed or unhappy.

Residents appeared to like having a choice as to how and where they spend their time: "it's a lovely chapel."

Activities

It has already been noted that there is no activities coordinator or activity programme at present. Residents told us:

- "We do nothing all day."
- "We don't get outings but we were promised these."
- "I don't know if there are any activities organised."

In relation to quizzes and bingo, one resident advised: "'I'm not into that."

"We used to have entertainment every week but not any more."

Residents advised that they had not been asked about any interests they may have or if there are any activities, they are interested in.

Some residents advised that they are happy to keep themselves to themselves and are happy with being able to go out into the grounds as they wish.

Being listened to

Most residents appeared to know who to speak to if they had any concerns. One resident said that they would not know who to speak to.

One resident commented: "We used to have meetings with staff but not anymore."

Food and mealtimes

There was some mixed feedback about the food. The positive comments were:

- "The food is quite good, not much choice though."
- "Meals are punctual and generally hot enough, the portions are fine."
- "The food is mostly good but sometimes over salted."
- "I've put on two stone since coming here; I'm trying to cut out puddings!"

The negative comments were:

- "It's a lovely home but the food is badly cooked."
- "The food is horrible, it all tastes the same."
- "There's enough but it is not hot enough, when I get my meal it is nearly cold."

In addition, residents reported that they could get snacks and drinks when needed, they were supported with their eating if they needed it, they could choose where to eat their food and that they 'sit in our groups'.

Staff

In the main the comments about the staff were positive but residents seemed to recognise that staff were busy when reflecting on interactions:

- "Staff are lovely… too busy to stop and chat."
- "The staff do their best but they're very busy."
- "The staff are caring and helpful."
- "The staff don't seem to have any time to talk to us."
- "Treated well by everyone."

No concerns were raised about the staff by residents during our visit.

Care provided

Residents did not raise any concern about the care provided to them and felt that help was available as required.

Some residents were aware of their own care plan and advised that they had been involved in agreeing this, while others were not able to comment or did not appear to know.

Family and relatives

As indicated above there were no relatives available to speak to during the course of our visit.

Care home staff

General/other comments

- "I have enough time to do the job."
- "I used to be downstairs and knew all the residents and their daily needs but up here I'm not very familiar with residents."
- "I like working here as I feel comfortable with the residents. We are like a real family."
- "I enjoy the residents, even the awkward ones, I see it as my job."

Staffing levels and issues

- "The turnover is high."
- "We have to cover more jobs as there are less staff and they are not so experienced."
- "The home needs more trained staff; it's a hard job but rewarding."

There was a feeling that there was a lack of permanent staff with experience.

An agency member of staff reported feeling well supported.

Activities

"I enjoy playing with the resident's downstairs." [dementia wing]

End of life care

We heard that this is managed, where possible, at the home with the input of hospice services and community teams etc.

The Father and Sisters (of the convent) will sit with residents as part of the end of life process.

We were told that as a mark of respect, and to help the staff come to terms with the loss, as the coffin leaves the home a 'guard of honour' is formed in reception.

"A lot of respect and spiritual support is given."

Support/raising concerns

A small number of staff were spoken to during the visit. Those who were spoken to appeared to know how to raise concerns/issues. However, we heard communication between management and staff could be improved:

- "Sometimes I don't feel respected."
- Sometimes 'they listened but don't seem to hear' and there appears to be limited action and 'no feedback': "I've given up reporting things."

An agency member of staff reported feeling well supported by management.

We heard from management that they are holding regular staff meetings to enable staff to discuss any concerns and undertake an exercise of 'stop, continue or start' to understand how different elements are working and what staff would like to introduce.

Acknowledgements

The Healthwatch Gloucestershire Enter and View team would like to thank the management and all staff and residents for a friendly welcome and unlimited access to the premises and activities.

Provider response

Nazareth Care said: "Thank you for your report. As a team we continue to move forward and look at ways in which we can improve outcomes for the people that we support. Our recruitment is ongoing and we have managed to recruit some experienced people in some key roles of the home, this will only enable us to continue to improve. We have already looked at the recommendations and have already started implementing these in the home where we can."

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