

Hawthorn Green - Enter and View Report

Service: Hawthorn Green Nursing Care Home

Provider: Sanctuary Care

Date / Time: 13th January 2015 / 10.30am -1.00pm

Healthwatch Tower Hamlets Members: Stephanie Clark; Lindsey William, Karin Bulik, Maria Azzouzi (Alzheimer's Society)

Healthwatch Tower Hamlets Staff: Shamsur Choudhury

Provider Lead Contact: Philip Smith (Care Manager)

Address: 82 Redman's Road, London E1 3GB

Purpose of visit

1. To ascertain feedback from Hawthorn Green Nursing Home residents on their experiences of living at the nursing care home. The discussions with residents aimed to gather their feedback on the following:
 - likes and dislikes about living at Hawthorn Green Nursing Home,
 - how they feel about the staff and how they treat them,
 - what activities they take part in and how they feel about these activities,
 - are their personal and social needs being met by the care home provider,
 - do they feel safe,
 - how involved they are in deciding on provisions at the care home,
 - if they like the food provided and if there are options for food and refreshments (if applicable)
2. To ask residents if they have any suggestions for improving Hawthorn Green Nursing Home services.

Information on the service

- Hawthorn Green is a nursing care home that provides care for older people that have advance level dementia (majority of patients); end of life care and older people with long term health needs (continual health care) that need nursing support on a day to day basis.
- Hawthorn Green is managed by Sanctuary Housing (open since 2001). The nursing home has 90 beds and there are 6 units (15 beds per unit) over 3 floors. Hawthorn Green has the capacity to take on clients (residents) from anywhere in the country (local authority funded or private fee paying) they are not restricted to only Tower Hamlets residents.
- Current residents age range from 60 to 90 years old and they all need extensive nursing support (high needs) to function on a daily basis i.e. personal care, medication support, support with eating, etc.
- Currently there are 80 residents at Hawthorn Green (10 empty beds at time of visit). Residents of Tower Hamlets are referred to Hawthorn Green by LBTH Social Services and Barts Health (Royal London Hospital). Hospices such as St Josephs also refer 'end of life care' residents.
- Hawthorn Green has a weekly activities programme for residents, activities include sing-along, exercise to music, arts and crafts, one to one activities such as massage

therapy (provided by Namaste Care). Age UK also visit residents to provide one to one interaction opportunities.

- Health professional are proactively involved with Hawthorn Green, local GPs (Jubilee Street Practice) visit every Tuesdays and Thursdays. Geriatrician comes once a month, regular visits are also made by Occupational Therapists and other professionals from the CMHT. A private Chiropody service is also offered.
- Family/carer visiting hours is operated on an open door policy (family can come whenever they want) and there is also a guest room provided for those who want to stay overnight.
- The management are encouraging residents to get involved with the running of the organisation for example they have recruited a 'Residents Rep', whose role is multifaceted i.e. speak to other residents to collect feedback, be on the interview panel for recruitment of new staff, speak to new residents when they first come in.
- Hawthorn Green employs 150 staff, including Nurses and Carers. Care Manager highlighted that staff retention is good and nursing staff are stable as they have been here for a long time.
- Members of staff have mandatory training as part of their induction, they include: Health and Safety, Safeguarding, First Aid and Dementia Awareness training. NVQ Level 2 Health and Social Care is also a standard qualification.

Observations of Enter and View Representatives

- At the time of the visit residents appeared relaxed and comfortable in the environment.
- The facilities were very clean, tidy and spacious.
- Resident's rooms were of a useable space that had a reasonable size window and provided basic furnishings i.e. bed, flat screen television, side table, cupboard and spare chairs for any guests.
- Staff appeared pro-active and friendly, attending to residents who appeared in need of attention.
- Representatives observed very good interaction of staff with residents: and they observed no member of staff sitting apart and disengaged from residents.
- Representative also witnessed a lady being taken out for a short walk with a member of staff (positive interaction opportunity).

Challenges

- It was very difficult to engage in conversation with the majority of residents and this was mainly due to the severity of their mental and physical health; they were either despondent or not able to communicate due to mental/speech issue.

Residents Comments/Feedback

Resident 1

He seemed unhappy living in the home and said '*staff are not friendly and did not provide help*', but when asked if the staff treated him with respect he said 'Yes'.

Male/ Late 60's/White British

Resident 2

From trying to generate a conversation and asking her questions she seemed despondent and unwilling, but when asked if she liked living in the home she said 'No'.

Female/ late 60's/ Italian

Resident 3

She finds the living here *'quite nice'* as she felt free to move about. She finds the residents friendly and that whenever she needs help the staff are there to assist her. She enjoys the food and the options that are provided. When asked about what activities she enjoyed she expressed her excitement for singing for shows, in reference to a singing event that happened last Christmas stating *'it was beautiful'*.

In regards to changing the service in any way she stated that she *'wouldn't'* want to change anything' and that she felt happy using the service.

Female/ Late 60's / Early 70's/ British

Resident 4

I've been here a month and I like everything here...happy with the food...I like chips and they give chips. If I press the buzzer they come quickly...the nurses always come and talk to me, like me some of them are also from Ghana. I like to listen to the radio and they have borrowed me one...I would like to have a TV in my room, my friend will be bringing my TV soon...so far I am happy here.

Male/ 80's/ Ghana

Resident 5

The staff here are good, they come when you want them to and they listen to your needs...maybe they could respond to the buzzer quicker...but if they are on the other side of the unit it can take them longer to respond. On the whole staff are friendly and I have a good relationship with them. The food here can be spicy, I don't like the way they cook here...they have made an effort to provide for my needs, the chef came and spoke to me about my preference...I would prefer more options on the menu...My room gets cleaned everyday and they support me with my personal needs...the doctor visits me twice a week..I am reasonably happy here, my needs are being met...a lady does come around to get me involved with activities...I don't get involved much I like to do my own thing.

Female/ 80's/ White British

Resident 6 (Resident and carer feedback)

I have been here 4 weeks, we have paid to come here...Mile End Hospital would have been a free option...we did not want to go to Mile End, had a bad experience in the past...here it's clean and lovely and you get well looked after. Mealtime is an issue, I need support with feeding and they come too late and the food gets cold...its longer than I expect.

Staff here are very good, they are attentive and come when you need them...in hospital you have to wait here you don't have to wait. When you ring the buzzer they come quick, usually they come quick, sometimes some people do take priority and in that case you might have to wait a bit.

Carer: As a visitor I can come here night and day, at hospital visiting hours are restricted. When I am here they make you feel like you're at home, the other day they offered me breakfast.

Resident: *being a vegetarian the menu is limited, they give me porridge and do their best to make me dishes ...I don't mind, I get to say what I want. The staff changes the sheets everyday and the room is kept clean.*

Carer: *I know when I am not here she is well cared for...she feels safe, the staff try to make you feel comfortable, overall I don't think you can get a better place then here, I would come here myself. The only downside is sometimes people don't understand what you are saying, maybe it's because so many different people of nationalities work here.*

Resident: Female/ 80's/ White British, Carer: Female/ 80's/ White British

Representative Feedback

There was a Chinese lady sitting upright in her chair, she did not speak any English and Healthwatch representatives were also told that dementia had limited her ability to communicate in her mother tongue as well. Her family visit once a week and they have left a list of Chinese language expressions recorded as approximations to the English pronunciation for the care staff to use. They included words such as *urine* and instructions/guidance such as '*sit down*' or '*stand up*'. **Representatives suggested that the family should be asked to add expressions such as for greetings and farewell, to aid social interaction.** Representatives got the impression that she was not happy and highly vulnerable, due to her linguistic isolation.

Feedback Summary (based on resident feedback and representative feedback and observations)

- There was generally very positive feedback from residents about Hawthorn Green, most of the residents we spoke to feel that the staff look after them well, also Healthwatch representatives overall impression was that residents seemed content and happy to be living there. One resident commented that she feels '*Staff here are very good, they are attentive and come when you need them*' and another said '*the nurses always come and talk to me*'. The only carer we spoke to also spoke very positively about Hawthorn Green, she mentioned that she feels at home when visiting her friend and she feels that you can't get a better place than Hawthorn Green and she would stay there herself.
- On observation residents also appeared to receive good health care (and integrated care) access. On one of the floors, few of the Healthwatch representatives encountered visiting health professionals conferring together. The Deputy Manager told them that the "altruistic" GPs from the Jubilee Street Practice visited once a week and conferred regularly with the visiting consultant geriatrician on their patients, representatives feel that this is commendable practice.
- One of the representative felt that some of the residents 'apparent well-being' were testimony to a good care regime with compassionate and capable staff.
- Representatives were informed that only a minority of residents participated in the structured programme of activities (maybe 10%), we were also informed that staff engaged residents in lots of additional informal activities in the lounges, and the place was frequently "buzzing". We were unable to verify this for ourselves, but our impression was that the atmosphere throughout the home was calm, relaxed and generally there was a good sense of well being among those residents we observed who were not bed bound.
- With the exception of the Chinese lady, we saw no evidence of behaviour indicating distress in other residents.

Recommendations/ Suggestions

- We would recommend that staff should prioritise residents that need support with feeding, and most importantly residents should not left waiting to the point that their food gets cold (please refer to patient 6).

Question for Management

- How does Sanctuary Housing expect to meet the needs of residents (on a daily basis) that are not able to communicate with staff due to language issues? And what protocol and support mechanism is there in place to overcome these potential barriers (especially in providing person centred care)?

Important Information for Management:

- We expect management to provide an **'Action Plan' (Response)** on the raised issues under the **'Recommendations and Suggestions' and Question for Management** headings. **(Please refer to page 6 for provider response to recommendations and questions)**
- Copies of this report will be circulated to LBTH Adult Social Care Commissioning Team, CQC and will also be available on Healthwatch Tower Hamlets website.

Healthwatch Tower Hamlets representatives and staff would like to thank Philip Smith (Care Manager) for making all the necessary arrangements in organising the visits and for helping us during our visits.

DISCLAIMER:

1. The observations made in this report relate only to the visit carried out at Hawthorn Green Court on the 13th January 2015, which lasted for a total of two and half hours.
2. This report is not representative of all the residents that live Hawthorn Green. It only represents the views of those who were able to contribute within the restricted time available.

Response from Sanctuary Care Management (in relation to recommendations in report)

Action Planning Following Healthwatch Visit on 13th January 2015 / 10.30am -1.00pm

Completed by: Philip Smith – Care Development Manager

Comments	Findings	By Whom	Timescale	Action	Completion Date
General Care	We would recommend that staff should prioritise residents that need support with feeding, and most importantly residents should not left waiting to the point that their food gets cold (please refer to patient 6).	Care staff	immediately	All hot food is temperature checked when the food arrives on the unit. Food is stored at the recommended temperature on the hot plate until it is served to the resident. Residents who have fluctuating ability are given time to feed themselves before staff intervening, as this promotes independence. We have a weekly residents meeting where issues regarding the food and the menu can be discussed and any issues are addressed immediately.	On-going.
General Care	How does Sanctuary Housing expect to meet the needs of residents (on a daily basis) that are not able to communicate with staff due to language issues? And what protocol and support mechanism is there in place to overcome these	Nursing and care staff	Immediately	We have many residents who have communication difficulties whether this is due to English not being their first language or from physical and mental health conditions which affect their ability to communicate. We use sign cards, non-verbal cues, use of interpreter for formal needs assessment, use of family for life histories, befriending service for those with other languages when available, show plates for food choice. Our keyworker system ensures that residents have a staff member whose primary functions is to know the life history of their resident. We also work closely with the OT from the Dementia Care Team who provides on-going support.	

	potential barriers (especially in providing person centred care)?				
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