



Enter and View Report:
Friars Hall Nursing Home

20 June 2016



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Name and Address of Service visited:

Friars Hall Nursing Home
Friars Rd,
Hadleigh,
Suffolk IP7 6DF

We visited this service on:

Monday 20th June 2016.

Name of Provider:

Mrs Lalitha Samuel

ACKNOWLEDGEMENTS, DISCLAIMER AND... WHAT IS ENTER AND VIEW?

Acknowledgements:

Healthwatch Suffolk (HWS) would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer:

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, it is an account of what was observed and contributed at the time.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. These may be announced or unannounced.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and to make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 'Authorised Representatives' (AR) 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 they can also occur when services have a good reputation - Healthwatch Suffolk wants to learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead

who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

EXECUTIVE SUMMARY

“..Delivering sympathetic and empathetic care to individuals..”

The E&V team found the general atmosphere in the home to be happy and calm. Residents were treated respectfully and as individuals.

A new manager and deputy manager had been appointed in March 2016. The E&V team observed strong leadership being established with changes in strategic planning, staff training and care delivery. Conversations with management, staff, residents and visitors to the home confirmed favourably the positive impact of the manager to enhance the residents' living experience. Staff were positive about the support given by management and the progress being made to provide an improved and efficient service to the residents.

Overall the E&V team's impression was of a home delivering sympathetic and empathetic care to individuals, with assistance given in an appropriate, discreet and timely way.

Recommendations: -

Recommendation 1: 'Engaged' signs on bedroom doors advising care in progress should be introduced.

improved lighting, corridors and doors painted in different colours to promote recognition and safe movement

Recommendation 2: Rearrangement of residents' chairs in sitting rooms and the provision of varying height chairs to meet resident's needs should be introduced.

Recommendation 3: To help towards achieving a good standard for dementia care the following recommendations are made:

- All signs should be consistent in design.
- All resident notices should be produced in at least 14-point font.
- Installation of grab rails in corridors should be addressed.
- Communal bathroom and toilet doors should be painted in a different colour to other doors
- Provision of a toolbox of sensory aids to help staff to communicate with residents with sensory loss.
- Décor should support the needs of those with dementia to enable them to orientate themselves and move around the home e.g. landmarks,

ENTER AND VIEW

“..Clean, well maintained environment..”

1. Visit Conducted by: Maggie Goddard Lead Authorised Representative (AR) Stella Morris AR Bob Hawkes AR		gravelled car park with adequate parking spaces.
2. Purpose of the visit: Observation of the care environment and the “lived experience” of the residents.	4.5	The approach to the entrance was via a ramp coated in an anti-slip surface with a full length hand rail leading to a large porch providing entry to the home via an intercom system. The system is linked to a manned reception desk in the main hallway in full view of the front door.
In particular, the E&V team were interested in knowing :	4.6	The team were asked to sign the visitors’ register.
• what choices residents had particularly in terms of their daily activities resident involvement in care planning, food/menu choices • how staff communicate with the residents to ensure that they participate fully in decision making • identification of good practice including practice relating to the NHS Accessibility Information Standard	5.	Impressions
3. Methodology: • Engagement with the manager, staff, residents and relatives • Examination of relevant documentation • Observation	5.1	First impressions of Friars Hall Nursing home were of a clean, well maintained environment with safeguards in place for residents with cognitive and physical impairment.
4. Introduction:	5.2	The E &V team were introduced to the owner and spent some time interviewing the manager and clinical lead (deputy manager) both of whom were appointed in March 2016. The manager and clinical lead are both registered nurses and were aware of the challenges that faced them. They are keen to improve the service delivered to the residents. The manager is currently working towards the Registered Manager Award (RMA) and is an NVQ assessor.
4.1 Friars Hall Nursing home is registered for 54 residents, there are currently 34 people in residence, who require nursing and personal care. The residents may also be living with dementia.	5.3	Provider response: The manager holds a higher diploma in the management of care services. She also has a BSc and Diploma in Dementia Care.
4.2 It is a large, older house with recent building extensions, the property also has pleasant secure gardens.		The owner and manager meet each morning to discuss any issues. The manager also compiles a comprehensive weekly report for the owner.
4.3 Approaching the nursing home, the E&V team noted there were clear signs from the road.		Provider response: The manager also meets daily with nursing staff for a formal information sharing.
4.4 A well maintained driveway led to a large	5.4	The E&V team were encouraged that the

manager had already established plans to achieve change. The team saw evidence of residents' care plans, staff rotas and on call arrangements. The team discussed the Complaints procedure and read minutes from residents' meetings. Much of what the E&V team saw and heard demonstrated that the new manager and deputy were paying rigorous attention to detail and implementing changes to improve the service and outcomes for residents.

- 5.5 The manager described the work undertaken regarding safeguarding and the outcomes achieved. Documentation of the Deprivation of Liberty Safeguards (DoLS) procedure was evidenced - there are currently five authorised and five outstanding safeguards in place.
- 5.6 Lasting Power of Attorney (LPA) documentation for each resident is in place.
- 5.7 Dependency profiles have been considered and extra staff appointed to provide appropriate numbers to deliver a safe service. There is a small bank of nursing and care staff which can be called on if dependency levels change.
- 5.8 Interviews with staff showed the management team has the full support of those working with them.
- 5.9 At the time of the visit, the management team and staff had no knowledge of the NHS Accessible Information Standard. The E & V team discussed the standard at some length with the manager and provided an easy read guide to the standard and details of further information available. It was noted on touring the home that much of the content of the Standard was already in place as a result of existing procedures and training; for example eye to eye contact and clear, unhurried communication both verbally, pictorially and written between staff and residents.

Provider response: the team at Friars Hall are working to put into practice the NHS Accessible Information Standard.

- 5.10 Some recommendations regarding signage, font sizes etc were made in order to comply with the Standard.

6. Findings

- 6.1 The E&V team found the general atmosphere in the home to be happy and calm. Residents were treated respectfully and as individuals. There are currently 34 residents.
- 6.2 Staff were positive about the support given by management and the progress being made to provide an efficient service to the residents.
- 6.3 The one relative with whom the E&V team spoke to, was satisfied with the care of their person and described the staff as "lovely" and found the management team approachable, helpful and supportive.
- 6.4 Residents are cared for on two floors - physically dependent residents have rooms on the first floor whilst those living with dementia are accommodated on the ground floor, allowing them freedom of movement. The gardens are easily and safely accessible.
- 6.5 The rooms are of varying sizes, some are for dual occupancy allowing married couples to share accommodation.
- 6.6 There are no 'engaged signs' informing others that care is in progress for the room doors, which the E&V team consider to be a drawback. The lack of these indicating signs does not uphold resident privacy and dignity.
- 6.7 Not all rooms have en suite facilities but there are adequate communal toilets and assisted bathroom facilities. All rooms have wash basins.
- 6.8 Whilst signage was present on bathroom and toilet doors it was not consistent and could be confusing for residents - the manager confirmed she would address the matter immediately.
- 6.9 There are several separate areas for sitting, dining, organised activities and quiet peaceful areas for residents. We observed that the chairs in the sitting and quiet areas were of a consistent height and placed around the outer walls of the rooms giving an institutional impression. All chairs had removable, washable seat covers.

- 6.10 One of the rooms has been converted to a hairdressing salon.
- 6.11 There is a lift within the premises for the use of residents and staff and two staircases, one of which has a chair lift from the entrance lobby to the first floor - this is now considered inefficient and awaiting removal. The entrance and staircase will then be redecorated to give a lighter, brighter feeling to the entrance.
- 6.12 In supporting residents living with dementia at the home, it was noted that there are several changes needed to achieve 'dementia friendly' status, regarding flooring, décor, lack of grab rails in any of the corridors, residents' notices etc.
- 6.13 During the team's observation of lunch, they noted each resident was involved in choosing what they would like to eat and drink. Residents needing assistance were given one to one help. Some relatives choose to assist their person at mealtimes and this is encouraged by staff.
- 6.14 Residents were involved in social activities of their choice which were appropriate to daily living - meal preparation, baking, gardening, various entertainments, etc.
- 6.15 The team spoke informally with carers, relatives, residents and interviewed four staff members with varying degrees of seniority - who were positive regarding the future of the home.
- 6.16 Staff had all received in-house mandatory training and MCA and DoLS training last year.
- 6.17 Of the four staff interviewed, one had achieved NVQ2, one NVQ3 and one NVQ4. All were satisfied with the training received and ongoing training and practical experience provided.
- 6.18 The present management team is keen to promote further training and encourage all staff to undertake NVQ training. The manager is promoting specialist roles for senior carers in areas such as Parkinson's disease and diabetes in order that information and knowledge is cascaded to all staff.
- 6.19 Regarding the NHS Accessible Information Standard, we observed that staff were working face to face with residents and communicating using hand gestures and the written word; there are no visual aids available for staff to use and this will be addressed as a matter of urgency by the manager.

Recommendations & Areas of Good Practice.

Recommendations:		Good practice:	
7.1	'Engaged' signs on bedroom doors advising care in progress should be introduced.	7.5	The team observed new, strong leadership being established with changes in strategic planning, staff training and care delivery already happening. Conversations with management, staff, residents and visitors to the home confirmed favourably the positive impact of the manager to enhance the residents' living experience.
7.2	Rearrangement of residents' chairs in sitting rooms and the provision of varying height chairs to meet resident's varying needs should be introduced.	7.6	Care is delivered in a calm, gentle and respectful manner with emphasis on individual need.
7.3	To help towards achieving a high standard of dementia care the following suggestions are made: - All signs should be consistent in design - All resident notices should be produced in at least 14-point font - Installation of grab rails in corridors should be addressed - Communal bathroom and toilet doors should be painted in a different colour to other doors - Provision of a toolbox of sensory aids to help staff to communicate with residents with sensory loss - Décor should support the needs of those with dementia to enable them to orientate themselves and move around the home e.g. landmarks, improved lighting, corridors and doors painted in different colours to promote recognition and safe movement	7.7	Some relatives choose to assist their person at mealtimes and this is encouraged by staff.
		7.8	Overall the team's impression was of a home delivering sympathetic and empathetic care to individuals, with assistance given in an appropriate, discreet and timely way.
		7.9	Residents who are cognitively able and their family are involved in care planning by expressing their preferences and opinions which are documented and updated.
7.4	The E&V team realise that some of these issues will take longer to resolve than others due to cost and the logistics of change but the team are confident that the manager is sincere in her intention to ultimately achieve an "outstanding" rating from the CQC.	7.10	Less cognitively able residents are involved in their care planning through careful observation and documentation by staff of the individual's reaction and response to delivery of care and by consulting with family regarding previous preferences and habits, again documented and updated.

PROVIDER FEEDBACK (ON RECEIPT OF DRAFT)

Verbatim, provider comments are included within the text of the report in red.
Please include an action plan if necessary which will also be included in the final report.

Please see the attached Action Plan received from the Friars Hall Manager. Additional comments are within the text of the report.

HERE TO HELP...

If you have a query about this report or would like to know more about Healthwatch Suffolk please contact us as below. We will be happy to help.

You can watch a short video about us via the following link:

www.healthwatchsuffolk.co.uk/about-us/

For information about how we made a difference in the year 2014/15, please download our annual report from:

<http://www.healthwatchsuffolk.co.uk/about-us/annual-reports-and-agm-resources/>

You can also contact us for a hard copy (limited availability) or watch our supporting video. Simply search for "Healthwatch Suffolk" on YouTube.

CONTACT US

Tel: 01449 703949

Email: info@healthwatchsuffolk.co.uk

Website: www.healthwatchsuffolk.co.uk

Write:

FREEPOST RTTY - CEUT - LCRH
14 Hill View Business Park,
Claydon
IP6 OAJ

If you require this report in an alternative format please contact us at the address above.

This Enter and View report is publicly available on our website and has been distributed to the Care Quality Commission, Suffolk County Council Adult Care Services Quality and Monitoring Team, Healthwatch England and other stakeholders including all Healthwatch Suffolk friends and members.

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Action Plan:

Action Point	Action to be taken	Date to be completed and person responsible
Engage signs on doors to support dignity and privacy	A quotation will be obtained and this will then be discussed with the owner to work through the best solution.	Home manager to liaise with the maintenance team
Chairs in lounge being against the wall. This has been an ongoing problem and the home manager continues to try and resolve this	Continued presence of the home manager to cascade her vision to the staff team. Clusters of chairs to be continually placed to improve the ambience. Photographic support to give staff ideas on how a room should be presented	Ongoing and under the jurisdiction of the home manager and clinical lead
NHS accessible information standard – this was not known by the staff team. On further investigations we have found several other colleagues across the care sector including the CCG were not aware of this.	All information will now be presented in 14 point format. The home will obtain a quotation to change all the signs to dementia friendly signs for consistency throughout the home. However until this quotation has been discussed with the owners it is not possible to say when this will be completed.	
Maintenance: • Grab rails • Change of décor • Bathroom doors painted	The home manager will discuss this with the owners but all decoration will form part of the broader maintenance programme of the home. Colour doors could also be considered but this would need to be planned with the maintenance department. The home would be happy to consider subtle but still clear colours rather than primary colours which can sometimes be off putting to residents. Grab rails have been discussed with the owners and I await their confirmation that this can go ahead	As the report stated some of this aspect could be cost prohibited at this time and we therefore plan to implement as much of this as we can in the next financial year 2016/2017