



Enter and View visit report

Poplars Nursing Home

9th February 2016

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Acknowledgments

Healthwatch Sandwell would like to thank the management of The Poplars Nursing Home, staff, residents and visitors for their contribution to our Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on the specific date of our visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Visiting Team

The team of authorised representatives carrying out this visit were John Clothier, Brenda Jones, Percy Eamus and Glenn Jones. They were accompanied by our staff Support Officer Paul Higgitt.

Purpose of the visit

- A programme to examine the delivery and quality of care provided at Residential and Nursing homes in Sandwell
- To engage with service users of care homes and understand how dignity is being respected in a care home environment
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings. Capture the experience of residents and relatives and any ideas they may have for change.

Methodology

The visit was announced on the morning of the 8th February with the visit taking place at 10am on the 9th February.

Whilst our team were in possession of the latest Care Quality Commission (CQC) Inspection report, we were not basing our visit on the content of this report.

The Poplars Nursing Home provides residential nursing care to predominantly elderly people over 65's with some respite care also made available. The home accommodates a number of residents with varying degrees of Dementia. The Poplars also provides palliative care in conjunction with the Palliative Care Team.

The home currently accommodates 35 number of residents.

On arrival at the home we were greeted by Mrs Shehmar (one of three directors of the home), the Manager Caroline Crawford and Thomas Long (Manager of the sister home in Edgbaston and area Manager for the company).

We were initially taken to the new annexe which is in the process of being completed. The new development will provide 10 new bedrooms with the capacity to house a further 5 which will be high dependency rooms.

We were impressed by the quality of the new development and the equipment that is being installed such as the specialist baths.

The new development was bright, spacious and had a modern but homely feel. We were shown around 3 sections which had been completed, Orchard, Lavender and Primrose suites. We were also shown around the new Sun room which will be another communal area within the home which had a good spacious feel and well designed,

A leaning difficulties, mental health and challenging behaviour unit is also in the process of being completed. This unit will specialise in supporting residents who have dementia / suffering from challenging behaviour.

We were also given a tour of the existing part of the home. First observations were the home was busy and clean and well maintained. We also observed the maintenance technician who is employed by the home to carry out daily maintenance work. There is also an on-site hair dressing salon for residents.

Majority of the residents living at The Poplars were residents of Sandwell.

Friends and family members were given the opportunity to put their views forward regarding the level of care. Anonymous questionnaires were made available at the home with self-addressed envelopes. We received 3 completed questionnaires. These were generally positive but one had concerns about delays in addressing queries.

Summary of findings

At the time of our visit, the evidence we observed:

- That Poplars Nursing Home is providing a good level of care to its residents.
- The Directors are investing significantly in the development of new annexes giving a good opportunity to provide additional nursing care and dedicated care to residents experiencing challenging behaviors.
- There is a good variety of staff and management skills and expertise through the team with hands on support and skills development provided by the Directors.
- Safeguarding procedures were evident and staff understood their roles in safeguarding residents.
- The current method of taking on new residents means that without being able to assess them personally means that they can admit people with challenging behaviour and other problems. The difficulty of caring for these people and the difficulty in transferring people to more suitable accommodation does raise safeguarding issues. They try to address this by tailoring advice from The Manager of their residential home in Edgbaston, but this cannot address fully all the safeguarding issues.

The home has responded stating that they do assess new residents personally but a situation arose as a result of incomplete information being provided to them during an assessment.

- One of the homes main issues when taking over the home from the previous owners was that care plans were not being completed. They now complete them within 6 hours of admission and review the care plans and risk assessments monthly. There is a laminated sheet detailing all moving and handling issues which is on the door of the resident's room.
- All residents seem happy with the quality and the variety of food and meals on offer.
- Relatives were encouraged to be involvement in decision making. The home has held 2 open meetings with relatives which occur at 3 to 6 month intervals. At the first meeting 4 relatives attended and at the second one 2 attended. When another relative was asked why they did not attend it was because they were happy with their care.

Additional findings

- Residents felt safe and secure in the home.
- The home was warm and rooms were warm, individually temperature controlled.
- Relatives and families are encouraged to be involved in key decisions regarding an individual's care plan.

Recommendations

The CCG are in the process of reviewing primary care provision to nursing homes (in particular GP access) and the home needs to contact them to ask them to inform when a new process is in place and what this will be. The home has been trying to rectify this situation.

In the meantime, the home needs to find a practice which will respond to requests for residents with acute medical problems to be seen. Re-establishment of the 'retainer' for regular review will need to await changes put forward by the CCG.

Keeping residents minds and body's as active as possible is essential. We would recommend a more comprehensive variety of physical and mentally stimulating activities.

We are aware that there is a great deal of building work being undertaken but we would recommend that the front entrance sign is replaced with the details of the homes new ownership.

Concerns were raised about the system where the home are requested by the local authority to take on new residents without staff from the home being able to undertake assessments. This seemed to be a particular problem within Birmingham with the 'Sproc.Net' system. The home has not acceded to these requests.

The Manager of the home was concerned about the process and we recommend that they take all measures to continue to assess potential new residents personally.

We recommend that the home explores alternative methods of engaging with relatives of residents in care.

Service Provider response

"We found the Healthwatch inspection to be comprehensive and in depth, with several knowledgeable individuals conducting the inspection simultaneously, ensuring that they could cover many areas in the time that they were there. We are glad that their experiences were positive when they visited and have found that their reviews of facts contained within the report, upon our response to the draft copy, were fair and swift. We look forward to working with Healthwatch again in the future."

Results of Visit

Residents

On the day of our visits we talked to residents in the communal areas, they were happy to talk to us freely and most seemed happy with their care.

Residents were being cared for in a polite and dignified manner. Majority of the residents that we saw were resting in the communal area of the home.

We were able to ask some residents if they liked living at The Poplars. Those that we asked did like living there.

Staff

The staff that we spoke to told us that they felt that staffing levels were satisfactory. The present staffing levels reflect the numbers needed once the new development is completed. There are 45 Care Workers employed by the home 2 early, 9 morning, 7 afternoon and 4 nights.

We were informed that bank staff were able to cover due to absences. They also used some staff from the home in Edgbaston.

Staff are provided with multiple training opportunities in the first months of their employment and mandatory training is ongoing. This can be on job training or through workbooks and knowledge papers provided through Redcrier Training Solutions who provide a wide range of training courses in care to the home. They also use Training the Trainers courses.

Of the staff we spoke to we were informed that they were well supported to ensure that they had the skills and knowledge to carry out the care required and to the appropriate standards.

The home has a matrix for reviewing training and all training has an expiry date on this. The home plans to hold weekly staff meetings.

During our visit we were able to talk to a number of staff to gather their experiences of working at the home.

We interviewed a Senior Carer who had been working at The Poplars for more than 9 and half years. She found the home to be well run and that the hours have been flexible around her personal commitments.

We asked about regular supervisions in which we were informed were in place along with a clear hierarchy of the complaints procedure.

There is also support in place if needed where residents have passed away and staff require someone to talk to.

We were also able to talk to a Care Assistant who had worked at The Poplars for 11 years and was happy with her role. She also said that the level of care offered was really good, she was also able to explain practices around weighing patients, DoLS procedures and safeguarding residents. She was aware of all necessary procedures and said that she was happy with staffing levels.

As part of our visit we also talked to the Staff Nurse who had been in position for 3 months and was responsible for medication and controls. We were able to visit the medication room which was securely locked, whilst we observed controlled drugs being lock securely and we were informed of the procedure for signing off medication.

The Staff Nurse also explained how care plans are reviewed and that risk assessments are carried out for new care plans within 6 hours. She had also recently undergone refresher training in manual handling, infection control and DoLS (Deprivation of Liberty and Safeguards).

Staff also told us that a number of improvements had been made since the new manager took up post and stated their positivity for her role and work in bringing about change.

Environment

We were informed that there is a detailed fire evacuation policy in which staff are clear about their roles in any fire or evacuation scenario. All doors were fitted with automatic closing mechanisms. We also noted that fire evacuation sheets were available.

All corridors were clear of obstructions and fire exits were clearly marked and visible. The home is well maintained and clean whilst residents we observed seem comfortable in their environments. There were no signs of residents being in distress.

There were photographs of the residents on their individual doors which helped both staff but most importantly residents and in particular those with dementia.

Residents were also encouraged to bring in personal items and small pieces of furniture to make their residence feel more associated to their home.

Interaction between Residents and Staff

We observed staff talking to residents in a calm and caring manner showing dignity and respect. We observed a staff member helping a residents in a caring manner talking and chatting whilst moving residents around.

Promotion of Privacy, Dignity and Respect

We observed many of the resident's individual doors being wide open. We were told by staff that this was down to choice of the residents.

All residents observed in the communal areas were dressed in day attire. Staff were interacting with residents on a one to one basis and having friendly chats or helping with care needs where necessary.

One of the staff is also the Dignity and Safeguarding Champion who encourages and trains staff in relation to respect and privacy of residents.

Involvement in Key Decisions

Relatives were regularly kept up to date with the health and condition of residents. Family members were also encouraged to be involved in care decisions, and in relation to end of life decisions.

We spoke to a relative whose father had been in the home for some time and seemed very happy with the level of care. If there were any concerns the relative noted that the Manager was always there to discuss any issues.

Assessments of Needs, Care Planning

We were informed of concerns regarding Smethwick Medical Practice. GP's at this surgery only giving telephone advice and refusing to attend in person.

The home had previously had a financial retainer arrangement to help ensure GP's from Smethwick Medical Practice attended the home for 6 monthly or 12 monthly checkups and to provide acute care to resident's.

However we were informed that the cost of this retainer has been increased fivefold and that the home felt that they were unable to meet this increased cost. Therefore the regular visits ceased, but all but three residents are still registered with this practice. During the last year the home has tried unsuccessfully to find another medical practice to take on the role of regular checkups for residents.

With a large number of residents suffering from dementia there have been numerous times when some residents have refused treatment or medication. In such circumstances there is a coordinated approach to monitor the condition of the residents and look at establishing other positive ways for residents to take medication.

The showering and bathing schedule was explained to us. 5 residents a day were given a shower but a quarter didn't want one, so residents were given a bed bath.

During our visits we were also shown a number of bedside chart folders for each resident. These includes files on fluid intake, 2 hourly position charts, safety checks, hygiene sheets, call bell and bowel charts.

We were also informed that the home has recently had an informal external inspection in a similar style to that undertaken by CQC. This inspection was arranged by the home itself and was unannounced. The results were positive and the home passed the inspection in relation to its provision.

Some of the residents have applied and have successfully accessed CHC funding. The home has found this beneficial as the home has been able to apply additional direct support to the individual.

We observed evidence that the home had quality assurance and risk management requirements in place.

One resident that we spoke to indicated that sometimes she has to wait a little while to go to the toilet as 3 staff members or required. Our impression was however overall good and we did not see any level of unhappiness.

We were also informed that residents received medication on time and in a manner they wanted. People's medicine were only administered by staff who had the authorisation to do this. The home also works in partnership with Quantum Pharmacy who provide resident medication.

Concerns/Complaint Procedure

The staff discuss complaints at hand over. There is also a manager's book where any complaints to the staff can be recorded.

Food & Fluids

On our visit we met the main Chef along with an Assistant Chef. Many of the residents are on specific dietary care and nutritional charts we highlighted. Depending on the complexity of a residents nutritional needs food may be soft, moist, pureed or thickened in the interest of resident's needs. There is however choice daily and the menu is changed on a regular basis.

We observed notices in the kitchen highlighting various checks required on food temperatures in fridges and freezers.

We also observed that fluids were available in rooms and in some of the communal areas.

Residents are encouraged to take fluids where required.

We were informed that the home had invested in moulds in which foods which had to be pureed could be shaped into more aesthetically pleasing meals. This process has gone down very well with residents. Residents were also given direct support to aid eating if necessary.

The home also has a 5 Star rated Scores on the Doors for Food Hygiene.

Catering staff have also started to introduce more variety in terms of cultural food in particularly Afro Caribbean menus and Asian cuisine.

Activities

The Poplars has very recently employed an Activities Coordinator with the sole purpose of engaging residents in meaningful and stimulating activities.

There are current gentle exercise activities and a regular pianist as part of the existing programme of activity.

In discussion with the new Activities Coordinator they had come up with new ideas for activities. Some of these would need to be aligned with available budgets / resources. There was also discussion around the home fundraising to increase resources for additional activities.

We would however recommend that more clear and visual displays of weekly activities are made available. Existing locations where current temporary displays are located are good. We observed residents participating in cake making activities whilst we were there.

To ensure both mental and physical stimulation for residents we would recommend a thorough and detailed activity programme.

Final Note

We did not examine the accounts of the home or the Company. They have assured us that the Company is financially sound with a business plan to ensure future financial stability.

What is Enter and View

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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 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.