



ENTER AND VIEW

St. Mary's Nursing Home, Stone

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.

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Provider Details

Name: St. Mary's Nursing Home
Address: Margaret Street, Stone, Staffordshire ST15 8EJ
Service Type: Nursing Home
Date of Visit: 13th November 2017

Authorised Representatives

Name: Glenys Robinson
Name: Sandy Turner

Purpose of Visit

To follow up concerns raised in the CQC inspection of January 2017 when the service was rated overall as 'requires improvement'.

The focus of this visit is to observe if residents are cared for in a thoughtful and respectful way and to enquire if medications are stored, given and recorded safely.

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 staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

St. Mary's Nursing home is a purpose built Home, there is a car park at the rear of the property and adequate restricted street parking.

The building is well sign posted.

Internal

There is a bell on the front door which is visible from the Reception desk in the entrance hall, there is also an admin office to the right with a window so visitors can be seen from here should the reception desk be temporarily unmanned. There is a 'signing in' book.

There is no CCTV inside or outside the building.

The inside is nicely decorated and the soft furnishings are in good condition.

There is no odour in the building.

All corridors are clutter free.

There are three floors at St. Mary's. The ground floor has the main entrance hall, reception desk, admin office, Managers office, small library, kitchen, dining room, conservatory and 5 residential bedrooms. The reception desk is open from 9.00 am to 9.00 pm.

The middle floor has 20 residential bedrooms and the top floor 27.

There is a very nice Conservatory looking over the pleasant gardens plus a Courtyard area.

Resident Numbers

There are 58 single bedrooms and the present occupancy is 53 of which 14 are male. 43 of the rooms are ensuite.

Staff Numbers

There are always 2 registered nurses on the middle and top floors during the day time plus eight carers in the morning and six carers in the afternoon. During the night there is 1 registered nurse on the middle and top floors plus two carers on each floor.

There is a full time Activity coordinator.

There are 2 housekeepers who rotate shifts plus two other members of the domestic team on each floor. Housekeeping staff have their own office.

There are two people in charge of the Laundry.

There is one full time maintenance person.

There is a full time administrator plus a receptionist. The reception desk is open from 9.00am to 9pm

Agency Usage

Agency staff is used and where possible the same staff each time to ensure continuity and familiarisation for the residents.

Resident Experiences and Observations

Residents are asked each day what they would like to wear and staff assist with dressing. Bedtime is optional staff being aware of individual needs.

We observed that residents have named baskets on the shelves in the Laundry.

When personal care is taking place a notice is attached to the bedroom door which we observed on our visit. Care staff always knock before entering rooms and we saw evidence of this. There had been an issue in the CQC report over staff not always displaying thoughtful and respectful behavior to residents, and we were advised that this was identified and dealt with accordingly and the problem no longer arises. We observed staff talking with residents in a friendly but respectful manner and calling them by their chosen name - Miss X, Mrs X or Christian name.

We walked around the three floors at St. Mary's and all residents looked well cared for and were appropriately dressed. There is a hairdressing room and the hairdresser comes in three days a week.

There are two GP Surgeries in Stone and these are both used when needed. Should a resident need to be hospitalised and there is no relative available, a member of staff would always accompany and stay with them.

This Home was originally for Catholic residents and run by Nuns (one of whom incidentally is now a resident there) but this is no longer the case - although there are two Sisters on the staff and two others who work there voluntarily. All religions are now welcomed and Priests of various faiths visit regularly. There is a Chapel within the Home and the main lounge has an Alter which can be used for large religious gatherings.

Family and Carer Experiences and Observations

There is open visiting and a choice of using either the residents' bedrooms or lounge areas for the visit. There are relative meetings held but we were advised that it is hit and miss as to how many attend. Relatives are contacted by email and in an emergency relatives would be contacted by telephone. We were advised that Relatives are involved in Care planning along with all other necessary agencies. There were no relatives present on our visit to speak to.

Activities

There is a full time Activity coordinator and a fund raising committee and care staff assist in group sessions. While we were there residents and carers were in the main lounge throwing rings over small cones. Other activities include crafts, drawing, games, bingo etc. Outings are arranged and a mini bus hired for this purpose. Spa days are held for both ladies and gentlemen.

The Home caters for special events and there is a 100th birthday coming up soon when there will be banners, balloons, cake and champagne

Catering Services

The kitchen has a 5* Hygiene rating. There is a head chef plus a team of chefs and kitchen assistants. One member of staff we spoke to had been in post 19 years. In addition to the main kitchen there is a kitchenette on each floor that is used for snacks and drinks for the residents.

The menus are on a four week rota and clearly displayed on a white board. There is a choice of two hot meals each mealtime and should a resident want something different then the kitchen will prepare that for them.

The dining room was set for lunch when we visited with nicely coloured table clothes, drinking glasses, a vase of flowers and a menu with both written word and illustrations on each table.

Staff are aware of individual dietary needs and are trained to assist in feeding if necessary. Nutrition and liquid intake is monitored where necessary.

Staff Experiences and Observations

We spoke to one young lady who was working her first shift and she seemed very happy and was being mentored by a more senior member of the domestic staff.

We were advised that training for staff is done 'in house' using the Red Crier Package and when workbooks are completed they go to an external verifier for marking. The Manager keeps the training matrix. We were shown a list of the training covered.

External trainers are used for such things as Syringe Driver and Catheter training.

Staff have their own staff room with individual lockers for personal items and a nice quiet area for taking their breaks.

There are monthly meetings for all staff.

Many of the staff have been in post for a number of years and feel that the changes under the new management structure have been very positive.

Summary, Comments and Further Observations

We were advised that the Home has had a recent Infection control inspection and scored 97%.

CQC had flagged up a problem with safe distribution of medication - we were advised that this was investigated and the outcome being a member of staff was dismissed. We were further advised that there is now a robust method of administering and monitoring medication. The Manager also noted that there was an issue with the Pharmacy used and changed this to alleviate the problem. To ensure that should a resident require a prescribed medication to start immediately - eg. antibiotics - then the GP or Nurse Practitioner would write the Prescription out there and then a member of staff would source it locally rather than using the electronic method which inevitably means there could be a delay.

There is an air of quiet and peace all over St. Mary's, with all members of staff smiling, acknowledging anyone passing by and quietly getting on with their tasks.

The Manager and her Deputy were welcoming and very open with us.

Recommendations and Follow-Up Action

We do not see the necessity for a follow up visit, unless an issue should arise.

Provider Feedback

No feedback was received from the provider.

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.