

# Norlands Nursing Home Enter and View Report

<b>Contact Details</b>	Monsall Road, Newton Heath, Manchester M40 8NQ
<b>Visit Date and Time</b>	05/09/2019 10am
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## Disclaimer

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 service users and staff, only an account of what was observed and contributed at the time.



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## About us

Healthwatch Manchester is the independent consumer champion for health and care. It was created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Manchester has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

## What is Enter & View?

Local Healthwatch representatives carry out Enter and View 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.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

## General information about the service

Name of the Care Home: Norlands Nursing Home

Type of Care: Care Home with Nursing

Number of Residents: 20

Description of Facility: Care Home with nursing - Privately Owned, Registered for a maximum of 21 Service Users. Registered Care Categories: Dementia • Learning Disability • Mental Health Condition • Old Age • Physical Disability • Sensory Impairment

Catchment area: City of Manchester

CQC Rating\*: Good. This has remained the same since the July 2019 inspection. **See the Care Quality Commission (CQC) website to see their latest report on this service.**

*\*Care Quality Commission is the independent regulator of health and adult social care in England.*

## Purpose of the visit

This venue was chosen as a site to visit as part of a planned programme of Enter & View activity for 2019. In addition to other indicators, concern was raised by a local resident in regards to care provided in the home.

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents.
- Speak to residents, family members and carers about their experience on the ward, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

## Executive summary of findings

Based on observations made during the visit, Norlands Nursing Home appeared to be a well-presented facility, pleasantly decorated with attention paid to accessibility and comfort. Some modernisation is reported as pending although the home is fit for purpose as is.

There were some concerns regarding residents' comfort throughout the day.

More effort needs to be made to keep residents occupied, active and stimulated in order to support and maintain their emotional and physical wellbeing.

Staff described a robust administration process, physical health and medical provision appeared to be well managed. There was evidence that transfer of care could be problematic but only due to external providers and that the Nursing Home had measures in place to mitigate this.

Overall, it is felt that a small number of changes would address all of these issues; Healthwatch Manchester's recommendations are included at the end of this report.

## Summary List of Indicators

Indicators for a good care home formed the basis of the observations and questions (based on the revised indicators from the Independent Age Report). A good care home should:

- Have a strong, visible management.
- Have staff with time and skills to do their jobs.
- Have good knowledge of each individual resident and how their needs may be changing.
- Offer a varied programme of activities.
- Offer quality, choice and flexibility around food and mealtimes.
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.
- Accommodate residents' personal, cultural and lifestyle needs.
- Be an open environment where feedback is actively sought and used.

## Methodology

This was an announced Enter and View visit. The facility was contacted in the weeks before the visit with notice of intent, though the manager was not given a date for the visit.

### Prior to the Enter and View taking place

A process of assessment for all care homes in Manchester has been developed by Healthwatch Manchester and is used to prioritise Enter & View visits. This matrix scoring system was used to give an overall rating of the service prior to the visit.

The system pulls together results from previous Enter and View reports, previous feedback from service users through Healthwatch Manchester's Feedback Centre, and other information about the service such as CQC inspection reports. A copy of the assessment is available on request from the Healthwatch Manchester Office.

All Enter and View representatives were fully trained in how to carry out an Enter and View visit. They were also checked through the Disclosure and Barring Service (DBS).

All Enter & View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

The provider was contacted to see if there were individuals who should not be approached or are unable to give informed consent and a comprehensive risk assessment was completed.

The visit was carried out over the course of two hours. The visit date and times are shown on the front cover of this report.

### During the visit

The visit consisted of a team of Healthwatch Manchester representatives who spent time talking to the staff and residents using an agreed set of questions. Two family members were spoken to together about the same resident.

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Manchester.

Authorised representatives spoke to a total of six residents and conducted short interviews about their experiences of the service using guided questionnaires. Three members of the staff team were also interviewed.

#### **Following the Enter and View Visit**

Immediately following the visit initial findings were fed back to the provider and other relevant parties in accordance with the Healthwatch Manchester escalation policy.

This report was produced following an extended period of 5 working days after the visit by agreement with the provider. An initial draft was circulated to the service provider to enable a response. The service provider was obliged to acknowledge and respond within 20 working days of receipt of the draft report. The response from the provider is included at the end of this report.

## **Enter and View Observations**

### **The external environment**

The grounds are in excellent condition, very attractive and appealing for residents and visitors.

The exterior is very clean; there is nothing visible that needs repair. There appears to be ample parking for the size of the home.

There are steps on one entrance; there also is a driveway that could be walked down if needed. There is emergency access for vehicles and residents could be evacuated in an emergency easily enough.

The bins are locked safely away. There is an absence of any broken equipment, although there is an aerial which appears to be dislodged and is on the floor. There is a hose available for gardening which is safely stored.

There are ramp areas but they are not particularly even, although residents would most likely be assisted in going down them.

Once a week the grounds are maintained by a gardener, there are continuous flowerbeds throughout the grounds.

There are no trip hazards, no sharp objects or bare wires.

At the back of the garden area there is a nice even lawn space, with no real danger of falls. There are poisonous flowers at the very back of the garden, but it would be very difficult for residents to reach them. There are security measures at the top of the garden area, ensuring safety.

On the other side of the building there is an even surface with no hazards. There is a smoking area and benches with no presented access issues.

This part of the building has an even walking surface that is well maintained.

### **The internal environment**

Staff were welcoming and signs were clearly displayed. The manager's details were displayed at the entrance and staff were wearing clear identification badges. There was clear information about infection control and hand sanitation was readily available. Methods of feedback could have been more prominent. The communal areas felt pleasant and the noise and temperature levels were satisfactory.

Security and fire procedures were evident and fire escapes were clearly labelled. However, when the fire alarm went off accidentally during our visit one fire door which was supposed to close automatically, became stuck on a rug. This could be a danger in such an event and was also a potential trip hazard. Other areas were relatively clear from trip hazards; however, some assistive aids were stored in public spaces and a duvet was seen hung over a bannister to dry which could also present a hazard.

Staff were observed assisting residents to get around the facility and reasonable adjustments had been made to ensure the care home was as accessible as possible, including the bathrooms, which were also noted to be single-sex. The menu was clearly displayed with images provided of the options available.



There was ample seating provided however, the busier common room was mostly occupied by residents meaning that visitors would need to sit in the dining room, quiet day room or the resident's room.

Slight concern was raised when a supply cupboard on the first floor appeared to be unlocked however, the items inside appeared to be of low risk. Other things to note were that a resident's mail had not been returned to him after it was left in the quiet room and one resident had fallen asleep with their head resting on the table and there did not appear to be any attempt by staff to make the resident more comfortable.

## **Findings from speaking with residents**

On the whole, residents we spoke to were happy with the level of service provided. They all had positive things to say about the staff, reporting that they are always helpful and they feel in safe hands. However, three out of the six residents we spoke to didn't know who the manager was and were unsure of what to do if they had a complaint.

Residents didn't seem aware of any activities available and a couple mentioned that they were not mobile and felt that would stop them from taking part in activities. One resident said they had been on trips into the garden, while another said they were able to read and play Sudoku.

They expressed positive feelings about the food and all said they enjoyed mealtimes. Two residents said that they were able to bring in their own food which would be cooked if they didn't want what was provided and were able to make their own sandwiches sometimes.

Staff were said to be respectful of their culture and if required they would be facilitated to practise their religion.

Residents regularly were able to see the required health professionals when needed.

All of the residents said they would recommend the home to others and that they were able to have a good night sleep.

## **Findings from speaking with friends and family**

Two family members were visiting one of the residents and agreed to speak together to a representative. The family members had been involved in the planning of the resident's recent move into the home and were pleased with preparations made by the management team. The care plan went well and they felt well engaged. They described an issue with discharge from hospital and were pleased that the home held the room for the duration.

They felt that they already knew several staff members by name and they found the manager friendly. They reported that staff seemed friendly, helpful and kind and observed that residents' needs were prioritised. The relatives felt that the resident was in safe hands at the home, that his medical conditions were being addressed and appropriate treatment was being provided for bed sores. They were happy with the level of staffing and observed that shift changes are smooth. They were unaware of the complaints procedure but were confident that they would be able to find it if needed. They were aware that a priest or minister visits the home to provide communion and were able to point to activities advertised on a display board, though the resident was not well enough to take part.

They felt that their relative's appetite had improved since coming to the home and they felt that the menu offered plenty of choice. Their relative had been booked in for a haircut and a chiropodist appointment.

The family members said that they would recommend this home to other people.

## **Findings from speaking to staff**

The manager provides a good level of support through supervision and team meetings as well as providing availability on an ad hoc basis where she is approachable with issues.

Staff reported a good level of job satisfaction through helping people and making a difference.

Enough time to care for residents and overtime was an option. Ongoing training is provided in subjects such as dementia awareness. Staff are kept up to date with activities and issues through regular staff meetings. Handovers between staff teams on shifts were reported as thorough and comprehensive.

Staff are familiarised with residents' life history, personality and health care needs through prior hospital visits, meeting the family of the resident, passports in their care plan and multidisciplinary references. The carers monitor changes in residents' tastes and health and care needs as a matter of course, through handovers and perform regular risk assessments. This, along with contact with residents GP if a reduction in weight, also detects any deterioration in a resident's health condition. Bristol stool charts were referred to and evidenced.

Falls and pressure sores reduction and prevention are achieved through pressure mats, customised mattresses and turning charts. Staff reported no barriers to consultation with other healthcare professionals such as GPs.

Staff reported a responsive environment regarding residents' specific care needs such as room sharing or dietary preference but no indication on how residents influenced social activities. Staff did report their own ability to influence the venue through their monthly staff meetings.

No staff provided suggestions on improvements.

Staff reported regular dental and optometry checks but didn't say how often these occurred.

There was a scheduled list of activities for residents, but this was described as a guide to activities which were tailored to request.

Residents were reported as encouraged to partake in social activities such as storytelling through carers sitting with them and encouraging them although this wasn't observed during the visit.

Residents were provided with food on-hand and as requested where needs be such as all-morning breakfast. Snacks were available and any resident not eating was noted and acted upon.

Residents are able to choose the time of day they ate but this was also needed to be timed with their medication and around other needs such as diabetes.

Cultural and religious needs were reported as being addressed through prayer times for practising Catholics and through the provision where required of kosher and halal food.

## Recommendations

As well as this information on where to go to give feedback or make a complaint could be more prominent and in larger print.

There needs to be clarity on the complaints system and how residents' voices are heard. We would like to see a recent example of how a resident raised an issue and this was acted upon.

There are listed activities on display but these are reported as a guide only. We recommend a comprehensive and tailored schedule of activities with a designated member of staff or other support staff to coordinate this.

Shared learning from other centres which care for people with dementia needs to be adopted by the Nursing Home. There are sources of information and guidance on how to keep people engaged and stimulated to maintain their health and wellbeing<sup>1</sup>.

Attention to residents needs to improve and be thorough ensuring no resident is left in a situation which may be physically harmful. If, as we saw, a resident is left asleep in an uncomfortable position this needs to be immediately dealt with.

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<sup>1</sup> [www.scie.org.uk/dementia/living-with-dementia/keeping-active/](http://www.scie.org.uk/dementia/living-with-dementia/keeping-active/)

## Response from service provider

I note in the section Following the Enter and View Visit that it states, Immediately following the visit initial findings were fed back to the provider, however, I recall asking if there was anything at all found, to which I was told by you're colleague that the only thing noted by him was a bedroom door that did not fully close, following the fire alarm being sounded. No other recommendations were discussed at this time.

An aerial that was lying on the floor awaiting being moved, this has now been removed.

All residents are supported by staff when they use the external area. Residents and staff do not go past the patio area where the said poisonous plants are. The said plants are growing over the border of Norlands from waste land and is not growing within the boundaries of Norlands. We have made provisions for the gardener to remove this.

When the fire alarm went off, a bedroom door was said not to fully close.

There are no rugs used as means of propping a door open.

Assistive aids said to be stored in public spaces, were due for inspection by the manager - this was the reason for the location of the equipment on the day of the visit. Walking aids have been removed from a ground floor bathroom and stored in another area.

Slight concern raised when a cupboard on the first floor appeared to be unlocked

The "Low risk" items inside were toiletries that staff were actively using when attending to the personal care of residents. It is considered that these toiletries are in a safe place whilst personal care is being attended to. The door is kept locked at all times, cutting off access to the said cupboard. None of our residents use the stairs independently, without the support of staff, therefore, the low risk items were out of reach of all residents. These toiletries were returned after use to the locked store.

Any post that arrives at Norlands for people who no longer use the service, is forwarded to the relevant address - please provide details of this letter, in order we can investigate further. Any post that is relevant for relatives to open, is collected on their visit to Norlands.

One resident had fallen asleep with their head resting on the table:

This person likes and chooses to remain at the table following eating their breakfast. This is because they feel "safe" and "comfortable" sitting there. Due to this persons emotional needs, they become extremely anxious and upset if they are actively disturbed or removed from this activity before they are ready to do so. A cushion is offered to the person for their comfort, however, a refusal is often made to use it because they like to rest their head on their arms. This person is checked regularly by the nursing and care staff on duty who are always in or passing through the area, and/where the nurses based. The person is assisted to move to another communal area when they are ready to do so. The comfort and safety of our residents is our priority.

Three out of six residents we spoke to did not know who the manager was:

Some of our residents are unable to identify staff by their rank/position. This is due to their health issues that may restrict them from having the skills to do so.

### Activities

The activities that are listed on display on a notice board are an accurate plan of what activity takes place at the scheduled time. The meaning of a "guide only", simply means,

that we work in a person centred manner, therefore, if a resident doesn't want to join in that particular activity, we will make provisions with another staff member to enable them to participate in their chosen activity. We actively engage with our residents in a variety of activities. We have photographic evidence of our residents taking part in activities. All residents are encouraged to take part in activities, to promote their emotional well-being, independence and inclusion, however, this is dependent on the persons health and well-being on the day. Over recent months, we have brought activities in from an external source, to hold pantomimes, they were, Mary Poppins, Aladdin and Cinderella. We supported our residents to celebrate St. Patricks day, where music was played and staff and residents dressed up, danced and sang to the music. The birthdays of our residents are celebrated with the provision of a party, party food, a celebration cake, decorations and music.

People are supported with their religion. A nun visits the service on a regular basis, where residents receive holy communion.

We have "pamper sessions" for our residents where they can choose to have a manicure and fingernails painted with nail varnish.

We will be reviewing the provision of activities with a person-centred approach, ensuring that this works for all of our residents.

Other activities include:

- Bingo
- Reminiscing
- Story telling
- Looking at past times memorabilia
- Quiz
- Sing a long to music
- Looking at photos
- 1-1 Interaction
- Out in the front garden - looking at flowers/Tree

We are currently reviewing resources for the provision of care for people who have dementia and will be considering external sources.

Our complaints poster will be reviewed in due course and made available in larger print.

Thank you for providing Norlands with this feedback.

## **Acknowledgements**

Healthwatch Manchester would like to thank the service provider, service users and staff for their contribution to the Enter and View programme.