

Enter & View Visit Report

Name of Service: The Green Nursing Home

Service Address: 45 The Green, Hasland, Chesterfield S41 0LW

Date of Visit: Wednesday October 11th 2017

WHAT IS ENTER AND VIEW? Healthwatch Derbyshire (HWD) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, near Belper, Derbyshire DE56 0RN Tel: 01773 880786.

1. Visit Details

Service Provider: The Green Care Group

Time of Visit (From/To): 09:30 - 14:30hrs

Authorised Representatives (ARs):

1. Jackie Kirk
2. Shirley Cutts

Healthwatch Responsible Officer: David Weinrabe (Enter & View Officer)
Tel: 01773 880786 or Mobile: 07399 526673

2. Description & Nature of Service

The Green is a purpose built care home that opened 25 years ago. It provides nursing and residential care. The home has 36 bedrooms and at the time of our visit 32 were occupied.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement

6. Strategic Drivers

During 2017/2018, Healthwatch Derbyshire invited local health and social care organisations to nominate services where an Enter & View was considered suitable and would benefit both the service and the provider and/or commissioner of that service. All nominations for Enter & View are scrutinised through the Healthwatch Derbyshire Intelligence and Action Group (IIA) to determine whether an Enter & View appears appropriate and justified.

Hardwick CCG nominated a range of Care/Nursing Homes for Enter & View and this visit has been arranged as a consequence.

7. Introduction/Orientation to Service

On arrival ARs were met by the Home Manager Eluned Innes and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting where they were advised on any circumstances that they should be aware of and/or may reasonably restrict some aspects of their visit. These were outlined and acknowledged as being:

1. Some very unwell residents who had family with them in their rooms

ARs were also advised as to which other residents were most suitable to engage with and which staff might be available to talk to during the visit. An orientation tour was given and general introductions to residents and staff were made during the process. We were advised that we could meet with any residents in any of the communal areas or their rooms, and that the visitors present would be happy to talk to us.

8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

9. Summary of Key Findings

- The ARs interviewed 3 residents, 2 visitors and 6 members of staff.
- All the residents and visitors interviewed were very positive about the standard of care provided.
- The staff were very happy with the care that they provided and commented on how they all worked as a team.

10. Detailed Findings

10.1 Location, external appearance, ease of access, signage, parking

The Green is situated in the centre of Hasland and shops, a park and other amenities are close by. The home is clearly signed from the main road through Hasland.

The home is located on a main road but as the building is set back from the road itself, traffic cannot be heard within the building. There is a car park with a limited number of spaces at the front of the building. Additional parking is available on the roads nearby. Access is gained via a key pad system that has a door bell and the home entrance is wheelchair friendly. On entry there is a reception desk and the manager's office is located adjacent to this.

10.2 Initial impressions (from a visitor's perspective on entering the home)

The home was purpose built 25 years ago. The exterior is well maintained and the entrance hall is very spacious and welcoming. The ARs were asked to sign in and noticed that the latest CQC certificate was displayed as was a Healthwatch poster. There were no unpleasant odours and the decor was very pleasant and also very well maintained. The ARs were greeted warmly by all staff encountered during their initial induction tour.

10.3 Facilities for and involvement with family/friends

There are two lounges providing an abundance of seating. The main lounge is very large, bright and welcoming and is used by the majority of residents and their visitors. The dining room is accessed via this lounge and is also bright airy and welcoming. A smaller lounge can also be used for residents when family and friends visit with armchairs and a small dining table and chairs too. This room has access to the rear garden and looks onto the patio area. There is space for residents and their visitors to meet privately and visitors are also able to visit residents in their rooms.

Refreshments are always available to visitors and they are welcome to dine with the residents.

10.4 Internal physical environment

10.4.1 Décor, lighting, heating, furnishing & floor coverings

The home consists of 2 floors; the ground floor having communal areas including the dining room and two lounges plus bedrooms and bathrooms and the first floor accommodation consisting of bedrooms and bathrooms.

Throughout the home the décor is very pleasant, clean and homely. The standard of maintenance is managed by a dedicated handy man. A relative commented on the decor being changed frequently. All furniture and floor coverings were clean and in excellent condition. Communal and residents rooms that were viewed by the ARs were welcoming, light and airy and in excellent decorative order

There ambient temperature was very comfortable

10.4.2 Freshness, cleanliness/hygiene & cross infection measures

There were no unpleasant odours evident during the visit, everywhere was clean and fresh. There was evidence of cross infection measures being taken by the presence of hand gel disinfectant dispensers.

Both floors have communal bathrooms all of which were very clean and a number of them are due to be refurbished.

10.4.3 Suitability of design to meet needs of residents

Of the 36 bedrooms, four are double rooms but used for single occupancy. The resident's rooms are identified by their names and images but not actual photographs of the individual.

The building meets the needs of residents with mobility problems and there is a lift for access to and from the first floor. The corridors are wide to accommodate wheelchairs and walking frames and the communal areas are spacious facilitating ease of movement.

Of the 32 residents supported in the home some residents have early onset dementia or end stage dementia. The signage generally around the home within communal spaces and other facilities is clear and appropriate for the needs of the current residents.

10.5 Staff support skills & interaction

10.5.1 Staff appearance/presentation

The staff looked very smart and professional in their uniforms which helped to identify their roles. The ARs observed friendly, caring interaction from all members of staff not just those employed as carers.

10.5.2 Affording dignity and respect

The staff that the ARs observed behaved and responded in an appropriate manner to all residents and their visitors. Staff seemed aware of the capabilities of the residents and ensured that their needs were met with respect, privacy and dignity.

Visitors told the ARs that they are confident that their relative's needs are suitably identified and met.

10.5.3 Calm, empathic approach to care giving

The ARs observed staff in a variety of interactions with the residents and their visitors. It was noted that staff appropriately employed the use of touch when communicating with residents whether providing direct care or assisting with mobility.

10.5.4 Attentiveness and pace of care giving

The ARs observed how staff interacted with residents and paid attention to their needs in a warm, friendly and relaxed manner. The residents were all addressed as individuals by staff who appeared to know each of them well and their preferences.

10.5.5 Effective communications - alternative/augmentative systems and accessible information

The ARs observed that the menus in the dining room used both words and pictures to identify the options available. A Hearing loop is available for those residents with impaired hearing.

10.6 Residents' physical welfare

10.6.1 Appearance, dress & hygiene

All the residents, except those that were being cared for in bed, were dressed in their own preferred style and appeared to be well presented.

All bedrooms have washbasins and 8 rooms have en-suite facilities: either a shower or toilet. All the bathrooms are spacious being large enough to accommodate hoists comfortably. The bathroom design and décor did however make them appear rather 'clinical' although there were plants on the window ledges in two bathrooms which made them look more homely, inviting and restful.

10.6.2 Nutrition/mealtimes & hydrations

The communal dining room on the ground floor is very spacious. There are small tables that seat four and a larger table in the centre

All the tables had tablecloths and condiments with a copy of the week's menu displayed. All meals are prepared in the on-site kitchen. The cook visits each resident every morning to take their orders. Alternative options are always available.

Residents choose where they want to eat. The ARs observed lunch being served in the dining room. Some residents preferred to remain in their arm chairs in the lounges and lunch was served there for them. A small number of residents have their meals served in their rooms and the ARs observed how well presented their lunch appeared.

The ARs observed hot and cold drinks being offered to residents. One resident with complex dietary requirements told the AR, ***“they work very hard at pleasing me”*** another resident said, ***“I like going to the dining room and the choices we have each day”***

10.6.3 Support with general & specialist health needs

The ARs were informed by residents and visitors that doctors are called in when necessary as are specialist nurses and therapists. A visitor commented that, ***‘family are kept informed if serious but we are confident in the staff’***.

A chiropodist visits regularly.

10.6.4 Balance of activity & rest

The home provides a range of options for residents to remain in restful, relaxing environments enjoying more passive individual activities or to engage in more stimulating active pursuits (see 10.7.4).

A resident said that she gets a newspaper every day delivered by the local newsagent. There is also a regular visit by the local library.

One resident goes with friends each week to meet with people that she used to work with. This resident continues to pursue her hobby of knitting and teaches other residents and also school children too. The home enables visits by children from the local school.

There are also regular events such as coffee mornings for residents and visitors.

10.6.5 Ensuring comfort

The home has a warm friendly atmosphere. A member of staff described the home as, ***‘one big happy family, residents can approach anybody and staff know families’***.

All communal areas are furnished with comfortable and appropriate chairs and footstools. There is a hair salon and the hairdresser visits weekly. Residents are able to have regular manicures and hand massages.

10.6.6 Maximising mobility & sensory capacities

As indicated in previous sections (10.4.3, 10.5.5) the home is suitably designed to meet the needs of residents with mobility and/or hearing problems.

The large rear garden areas has recently been redesigned to incorporate wheelchair friendly pathways to the various seating areas.

10.7 Residents' social, emotional and cultural welfare

10.7.1 Personalisation & personal possessions

Residents and their families are encouraged to personalise their own rooms and the ARs saw plenty of evidence of this. The ARs observed items of furniture, paintings, photographs, ornaments, mobile telephones, televisions and radios in resident's rooms.

10.7.2 Choice, Control & Identity

The room doors do not usually have locks but the manager told the ARs that this can be arranged if there is a request.

A number of rooms have telephone points already in place but not all rooms, although the Manager stated that these could be fitted should they be required. Residents manage their own money if they are able to and one resident has a small safe to facilitate this.

10.7.3 Feeling safe and able to raise concerns/complaints

A resident spoke of feeling safe as, "*there is always someone there*". Residents and relatives meetings are held regularly and offer the opportunity for any concerns to be raised.

10.7.4 Structured and unstructured activities/stimulation

There is a full time Activity Coordinator employed. A programme offering a wide range of activities is displayed in the entrance hall. The ARs observed a group of residents singing together. They also observed residents being offered 'Word Search' pages to complete and a game of dominoes being arranged. Residents who are unable to leave their rooms are included, a resident spoke of someone coming to her room, "*to sing to her and another to play the fiddle*".

In addition to a programme of activities, residents are able to enjoy the recently re-modelled large garden at the rear of the building and trips to the local park and café.

10.7.5 Cultural, religious/spiritual needs

Representatives from the local Methodist and Baptist churches each visit the home on a monthly basis.

10.7.6 Gardens - maintenance & design/suitability for use/enjoyment

The extensive rear garden was recently redesigned and now provides residents with the opportunity to enjoy the outdoors and participate in outdoor activities.

There are a number of seating areas and a wide walkway provides easy access for the less mobile and wheelchair dependent residents. The ARs were told that the garden has been used recently for a party to celebrate the home's 25th birthday.

11. Additional Issues

11.1 Comparisons with previous Healthwatch Visit(s) Where Applicable

(completed by Enter & View Officer)

N/A

11.2 Comparisons with the most recent CQC report

(completed by Enter & View Officer)

The CQC last carried out an inspection to this home on 16th October 2015 and published their report on 18th January 2016. The rating attributed was, "Good" with all 5 sub-domains rated also as 'good'.

This Healthwatch report reflects the findings outlined in the CQC report with particular emphasis on the positive care experience and care delivery to residents.

11.3 Other observations/findings of note

(record anything here that is not central nor been referred to within the main report)

None

12. Elements of Observed/Reported Good Practice

- The relationship between staff, residents and visitors is friendly and supportive.
- Staff feel they work well as a team
- Menus in the dining room used both words and pictures
- The cook visits each resident every morning to take their meal orders
- Residents who are unable to leave their rooms are included in activities
- The home enables visits by children from the local school.
- The garden has incorporated wheelchair friendly pathways to the various seating areas.

13. Recommendations

- 13.1 To consider providing photographs of residents on their room doors and/or other personalised ways of identifying the door as being their own bedroom (10.4.3)
- 13.2 To advise of any plans to make all bedrooms fully en-suite (10.6.1)
- 13.3 To enable all bathrooms to be decorated in a less 'clinical' manner and increase the sense of it being a welcoming, enjoyable and relaxing place (10.6.1)

14. Service Provider Response

No	Recommendation	Response
13.1	To consider providing photographs of residents on their room doors and/or other personalised ways of identifying the door as being their own bedroom (10.4.3)	Residents are currently being asked if they would like to personalise their door frame and are being assisted to do so by the Activities Person. (Ongoing)
13.2	To advise of any plans to make all bedrooms fully en-suite (10.6.1)	Unfortunately, there are no plans to make all bedrooms en suite as the building could not facilitate such a transformation. However, we are refurbishing the bathrooms with the first due for completion by the end of November 2017, incorporating a state of the art Hi-Lo Gainsborough Bath.
13.3	To enable all bathrooms to be decorated in a less 'clinical' manner and increase the sense of it being a welcoming, enjoyable and relaxing place (10.6.1)	As the bathrooms are refurbished they will be dressed appropriately to create a more relaxed, homely feel. (Ongoing)