

Enter and View Report



**Symphony House Nursing Home,
Northampton**

March 2018



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Details of the visit

Name and address of premises visited	Symphony House Nursing Home
Name of service provider	Symphony House Nursing Home
Type of service	Nursing Home
Specialisms	Accommodation for persons who require nursing or personal care, Diagnostic and screening procedures, Physical disabilities, Treatment of disease, disorder or injury, Caring for adults over 65 yrs
Date and time of visit	19 March 2018 10 am - 12 noon
HWN authorised representatives undertaking the visit	Brian Burnett and Sharon Wood
Support Staff	Sonia Bray, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Portfolio Innovation Centre, Avenue Campus, St George's Avenue, Northampton, NN2 6JD enquiries@healthwatchnorthamptonshire.co.uk

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Symphony House for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

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



Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life, experience and opinions of residents, with a particular focus on activities, nutrition and hydration. Symphony House was selected as one of the homes to visit as they provide care to residents with a range of different needs.

How the visit was conducted

The visit was an announced visit, with the manager being given two week's notice of the intended visit. We sent letters, posters and leaflets to the home to inform residents, relatives (or other carers and visitors) and staff about our visit and Healthwatch Northamptonshire. We observed the condition of the premises, and interaction between the staff and residents. We spoke with staff members, including the manager and talked with three residents and one relative. We recorded our notes on paper and used a questionnaire to guide our conversation with one resident. We checked with the manager at the beginning of the visit who said there was no one we could not approach. We asked the residents if we could talk to them when we approached them, and we asked relatives if it was okay to take notes as we talked to them.



Observations and findings

Summary

Overall, responses from residents we met were very positive.

The home was very welcoming to the two Healthwatch Northamptonshire volunteers. Time was readily provided by the manager to give them information and an insight into the work of the home. They were free to interact with residents who were willing and able to talk to them. There was an open and friendly atmosphere.

It was clear from the residents we spoke to that they felt “at home” and at ease in the home. In addition, good, friendly relationships between residents and staff were observed. They indicated there was kind, caring and person-centred approach within the home.

Relatives and close friends were recognised as being important to both residents, and those close to them. They were encouraged to take part in the various social activities organised by the home, and it was clear this was appreciated.

There was also recognition that the home was part of the local community, and efforts made to involve them with an “open door” policy, by encouraging individual volunteering and links with local groups.

Whilst there was a friendly, informal atmosphere, it was clear there are the necessary systems in place for monitoring areas such as hydration, nutrition, cognition, etc. to ensure ongoing awareness of individual health and wellbeing issues.

About the home

Symphony House is a small nursing home with 25 residents. There are 33 staff members, nine of whom are part-time. This includes some qualified nursing staff, so this enables the home to offer 24 hour nursing cover. The manager is also a qualified nurse. There are three housekeepers. Many staff members have worked at the home for a number of years, so there is a very stable and established team.

All the residents have complex health needs and care varies from physical prompts to full physical care. Four of the residents are bed bound and none are independently mobile. The home has good links with Queensview Medical Centre, who undertake a weekly visit to the home and offer six monthly medical reviews as a minimum. Following the provision of specialist training, the home is now able to offer end of life care.



The manager felt there was confidence in the home as an appropriate setting for a person to be placed at the end of life. As a result referrals from organisations such as the Cynthia Spencer Hospice and local hospitals were received.

The home has a “Friends” organisation, which attracts support from the local community and a regular supply of volunteers.

General impressions of the home

Time was spent initially talking with the home manager who was very positive and demonstrated a good awareness of the residents’ needs. They explained that all the current residents had complex health needs and care varied from verbal prompts to full physical care. Use of the Gold Standard Framework (a training scheme for end of life care¹) ensures the health status of all residents is available to all staff, so they are able to respond to individual needs appropriately. Each resident has an individualised care plan. Where necessary, speech and language therapy assessments are requested. There is good awareness of the risks associated with poor nutrition and hydration.

From discussions with residents and relatives, it was clear there is a very person-centred culture within the home. The three residents who spoke with us were very positive about the staff, who they described as friendly, caring and supportive. There is a low staff turnover rate, so the team is well established with a good knowledge of the residents and their needs. One resident highlighted the good information they had received about the home prior to moving there.

One of the residents we spoke with was being visited by their son, who confirmed he was very happy with the home and its support.

Residents have a range of activities and events from which they can choose to participate. This includes occasional trips out and activities outside the home for those who are able to participate with support. There was an emergency call bell rung during the visit and we observed that the situation was dealt with quickly and calmly.

Activities for residents

The home produces a monthly diary of activities which can occasionally include trips out. There is entertainment on a regular basis and special days are recognised, e.g. St. Patrick’s Day was celebrated with a special lunch and entertainment from an organist. There are also motivation classes and special massage and therapy sessions organised.

The home also encourages residents to pursue their own individual hobbies and activities. Resident A told us that they enjoyed knitting, crocheting and music. They also have one relative who keeps in regular touch by telephone.

¹ Gold Standard Framework - www.goldstandardsframework.org.uk



There are opportunities to take part in the community within the home, e.g. an Easter service with hymns. Friends and relatives are welcomed to join in with these activities.

There are occasional trips out, but there was no evidence that individual residents have opportunities to go out with a member of staff and access local shops and other facilities in the area.

Residents also reported how they enjoyed meeting the Pets as Therapy (PAT) Dog, who visits on a regular basis.

Food, drink and meal times

Residents are able to choose where they sit in the dining room and some may eat in their own rooms if they prefer. Visitors who are present during meal times are welcome to stay and eat with their relative. There is no charge, although contributions may be made. Drinks are available at all times. The kitchen “never closes” and residents reported having access to warm drinks in the middle of the night. A digital fluid monitoring system is going to be put in place in the near future.

- Resident A told us they were happy with the food. They said the meals were good and they were very pleased to have lost a considerable amount of weight (1.5 stones) since their placement at the home. They said that both their nutrition and weight continue to be regularly monitored.
- Resident B described the food as “very good and served at the right temperature”.

We spent time talking to the cook, who showed us the meal planner system, which enables food and nutrition to be carefully monitored and specific needs identified in individual care plans where necessary. Specific likes and dislikes are recorded. The information provided enables the cook to produce a meal planner.

The home is able to meet the needs of residents with a wide range of feeding and nutrition needs, including tube feeding and tracheostomy, etc. Two thirds of the residents may need some level of help with feeding, so support is offered from the staff as necessary.

The home has received an award of 5 stars for food hygiene and a certificate is displayed in the entrance.

Care and dignity of residents

Two of the residents we talked to told us more about their experiences. They were very positive about living in the home.

- Resident A had a bedroom/sitting room with ensuite facilities in which they felt very comfortable, having been placed at the home following discharge from Northampton General Hospital. They could not name anything they would want changed.



- Resident B had a large sitting room and bedroom and was being visited by their son at the time of our visit. Resident B said they were very happy at the home, and the son, who was also present, confirmed he was happy and satisfied with the care and support offered to his relative.

Both residents also referred to the flexibility in accepting visitors at various times to suit individual circumstances and commitments, and how they were welcomed and encouraged to participate in activities and events organised by the home.

Staff behaviour, attitudes and relationship with residents

Residents described staff as “friendly, caring and supportive” and “very cheerful and helpful”. Without any prompting, they all also praised the home manager and described him as positive and very aware of residents’ needs.

Relationship between the home and residents/relatives

Resident B and their son stressed how staff members were friendly, caring and supportive to both residents and their families/close friends. They described the staff as cheerful and helpful. From discussions with the manager, it was clear that relatives and friends were welcome to both visit regularly and also take part in activities and events the home organised.

Staff satisfaction

There is a very low level of staff turnover, with many staff members in post for a number of years, which suggests good staff satisfaction.

Other observations and comments from residents, staff and relatives

One resident highlighted that they had received good information about the home prior to moving there. They also felt very comfortable in the home having been placed from Northampton General Hospital. They enjoyed their own activities of knitting, crocheting and music.

A resident who had a significant weight problem was extremely pleased with the help and support they received from the staff in helping them to find an appropriate diet and lose a considerable of weight.



Recommendation

The Healthwatch Northamptonshire volunteers who undertook this Enter and View visit made the following recommendation:

- Consideration to be given to the introduction of opportunities to enable residents to go out with a member of staff to access local shops and other facilities in the community.

Service provider response

“Thank you for providing your report relating to the Enter and View visit earlier this year. We believe this provides an accurate summary relating to the two main focus areas for the visit and appreciate the time spent to reflect the comments and views from our residents.

With regards to the recommendation made concerning introducing opportunities to enable residents to go out of the home with a staff member we believe that we already enable this according to residents’ needs, wishes and abilities.

The report and recommendation were discussed at our recent resident and family meeting and the feedback was that it was felt there were sufficient opportunities for residents to go out of the home to engage in the community, shops and activities.

The activity diary booklet produced by the home provides residents and their families with information about events and organised outings. The home does strive to help residents visit various places and activities within the local area and even facilitates the transport where necessary. Examples of these activities already organised and provided this year include, afternoon tea at Delapre Abbey, shows at the Deco theatre, Thornton Park, Barratts Club for buffet lunch, Garden Centre, Medical Centre tea for 70th Birthday of the NHS, shopping in town and ice creams at the Gallone’s Ice Cream Parlour.

In addition to this some residents do go out with their family members and the home ensures that they are safe and appropriately equipped. We welcome suggestions from residents and are always looking for events and activities local to the home.”

Darren Weeks, Registered Home Manager



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.



- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

Enter and View

Healthwatch Northamptonshire 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 View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had a Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch 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 safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate 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.



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