

Enter and View Report



**Midland Care Home,
Wellingborough**

March 2018



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Details of the visit

Name and address of premises visited	Midland Care Home, 125-129 Midland Road, Wellingborough, Northamptonshire, NN8 1NB
Name of service provider	Hampton Healthcare Group
Type of service	Nursing home
Specialisms	Dementia, Eating Disorders, Mental Health Condition, No Medical Intervention, Old Age, Physical Disability, Sensory Impairment
Date and time of visit	15 March 2018, am
HWN authorised representatives undertaking the visit	Becky Calcraft and Sonia Bray
Support Staff	Sonia Bray, Senior Healthwatch Officer
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Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Midland Care Home 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. Midland Care Home 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. Due to unforeseen circumstances neither of the named Healthwatch Northamptonshire volunteers were able to attend so two Healthwatch Northamptonshire staff members carried out the visit instead. We observed the condition of the premises and interaction between the staff and residents. We spoke with 4 staff members, including the manager and talked with 2 residents and 1 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 resident if we could talk to them when we approached them, and we asked a relative if it was okay to take notes as we talked to them. We spoke with the manager and raised some of the concerns of the relative we had spoken to, with their consent.



Observations and findings

Summary

The home has a welcoming atmosphere and environment. It is in good decorative order and is light and bright with windows overlooking the gardens. We observed and spoke with staff who demonstrated a positive, caring and person-centred attitude to their work. The manager was very aware of the previous poor reputation of the home and stressed the commitment that he, the current owners and staff team had to deliver a high standard of care and ensure residents enjoyed a high quality of day to day living.

We met residents and staff in one to one and group situations doing jigsaws and chatting. There appeared to be easy, friendly relationships. Staff we spoke with demonstrated knowledge of individual residents and their likes and dislikes.

We saw evidence of one-to-one and group activities. There is a programme of activities, entertainment and outings and the closeness of the town centre is well utilised. It was suggested that residents be advised of events and invited along, as well as incorporating notes on activities on residents' notes, so relatives can see what they have been doing.

Individual dietary needs are met and the chef had a good knowledge of individual needs. The provision of 'show plates'¹ at meal times are a good idea.

The only negative response was from a family member who was unhappy about a lack of a personalised approach to her mother in areas such as giving her a plastic lidded cup, instead of her own china cup and not ensuring she had her dentures in.

Overall, responses from residents we met were very positive.

About the home

There are three floors, with a dining room and at least one lounge on each floor. The ground floor was used for people with fewer cognitive needs and also for entertainment. The first floor was predominantly for people with dementia. The second floor had 19 rooms with 'step-down beds'² for people discharged from both Kettering and Northampton General Hospitals. These places were funded by Nene Clinical Commissioning Group. We did not visit this floor.

¹ Show plates are plated up examples of meals on offer.

² Step-down bed is a term that is used for a facility where people are ready to be discharged from hospital but are not ready to return to live independently in their own home



There was a dedicated staff team for each floor, comprising of six care staff in the mornings and five in the afternoons, covering both care and activity/lifestyle support needs.

Residents were registered with the Redwell GP Surgery and a doctor visited the home each Friday. Residents were able to access a dental practice located a few doors away.

General impressions of the home

Our general impression was very positive. We initially spent time with the manager, who was open about the home being in a period of change with improvements being made and was encouraging of our visit. He accompanied us for part of the visit and introduced us to staff. All staff we encountered during the visit were welcoming and happy to engage with us. There was a good staff/resident ratio in the areas we visited.

There was a good standard of decoration throughout - the home is bright and airy with lots of pictures on walls in corridors of film stars, vintage cars etc. to generate interest and conversation. In each lounge the chairs were arranged in small groups to encourage interaction with windows overlooking the garden. One resident showed us their ground floor room, which they had personalised and were clearly pleased with. The corridors were reasonably wide. The garden looked tidy and accessible. We noted that in the toilet on the ground floor the seat was not clean and no toilet paper was available.

We were advised that relatives and carers are encouraged to get involved in activities such as the cheese and wine evening held the night before our visit and the monthly coffee mornings.

Activities for residents

We observed a good balance of group and one-to-one activities organised by activity co-ordinators. Some residents were doing jigsaws when we visited supported by an activity co-ordinator. We were advised there was an activity/events board and the activity team talked to residents about their areas of interest which could be incorporated into the activity programme. Activities are advertised on noticeboards on each floor.

There are three activity co-ordinators employed, who work across different floors and on different days but all are present on a Wednesday, giving capacity to offer trips out. The home has shared access to a minibus with another care home. The day before our visit a small group had gone to a local garden centre on a trip. Most residents need to use a wheelchair when outside the home due to mobility needs. Trips out were also offered for individuals.

One resident we spoke with was very positive about the activities - they enjoyed a recent visit from a singer/entertainer and they liked having their nails done.



Each resident has a separate activity folder to record what they do, as well as listing their preferences and interests, and any additional information gathered from family if necessary.

Food and drink and meal times

Fresh fruit is available on tables at all times. We saw hot drinks being offered - staff asked residents if they wanted a drink and a biscuit, and served appropriately. However, a relative we spoke with raised concerns about their mother not being given a drink in the china mug of her choice but instead being given a plastic, lidded cup, which they felt was not necessary or dignified. They were also concerned that their mother liked to drink cold iced water but this was not offered and she seemed thirsty.

Following our visit Healthwatch Northamptonshire received additional feedback from the relative raising concerns about their mother's weight loss. *The home told us that they responded promptly to address the relative's complaint and worked with the resident's GP to put a plan in place to ensure that weight and fluid intake would be monitored closely.*

The manager told us that there is a system for monitoring weight and fluid intake - this is done for all new admissions and is ongoing where there is a concern. The chef informed us of a recording system observed in the kitchen to ensure cultural and dietary needs are taken into account. Separate meals are prepared for a number of residents.

At main meal times residents can see two 'show plates', which are plated samples of the meals on offer - this enables people with dementia to exercise choice. If neither menu option is wanted, an alternative will be prepared. One resident we spoke to said that the food was good, they had no complaints, and if they wanted a bacon sandwich the staff would prepare one.

Care and dignity of residents

Residents were dressed appropriately. One relative told us that on occasions they had found that their relative was not wearing her dentures, which raises concerns about dignity. Additional feedback from the relative after the visit reported on concerns that their mother had had a fall. The relative said that there was a delay before they were informed and their mother had been left unattended. *The home informed us that the resident was found on the floor and a fall was not witnessed. An assessment was carried out, the relative was contacted and an ambulance called in a timely manner. The home confirmed that risk assessments were in place for the resident and that staffing levels were adequate at the time of the incident.*

A couple who are both residents have two adjacent rooms and the home has recently reconfigured the furniture so that both beds are in one room and the other room is used as a sitting room.



Staff behaviour, attitudes and relationship with residents

We saw people being treated respectfully and with kindness. We also saw chatter and laughter between residents and staff who were in a one-to-one activity session.



Recommendations

The service provider should:

1. Consult fully upon admission with relatives/carers to get as much information as possible, and keep communication open to gather more information so that residents' dignity and choice are observed.
2. Ensure that residents' weight is monitored and food and fluid intake is recorded accurately. This should be closely monitored and a plan should be made for adjustments if weight loss raises concerns.
3. Ensure that there is cross-referencing between care notes and activity files so that relatives are aware of what their loved ones have been doing on a daily basis.
4. Ensure staffing levels on the top floor are adequate and that there is consistency of staff in order for care to be personalised to the residents of that floor.

Service provider response

"I'm very glad to hear the positive feedback you have mentioned in your report. Given the long history and poor reputation of the home I'm proud to say that we have come a long way since we have taken over the home on 9th October 2017. We are looking forward to your next visit to us."

Rex Pudol, 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.



Contact us

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