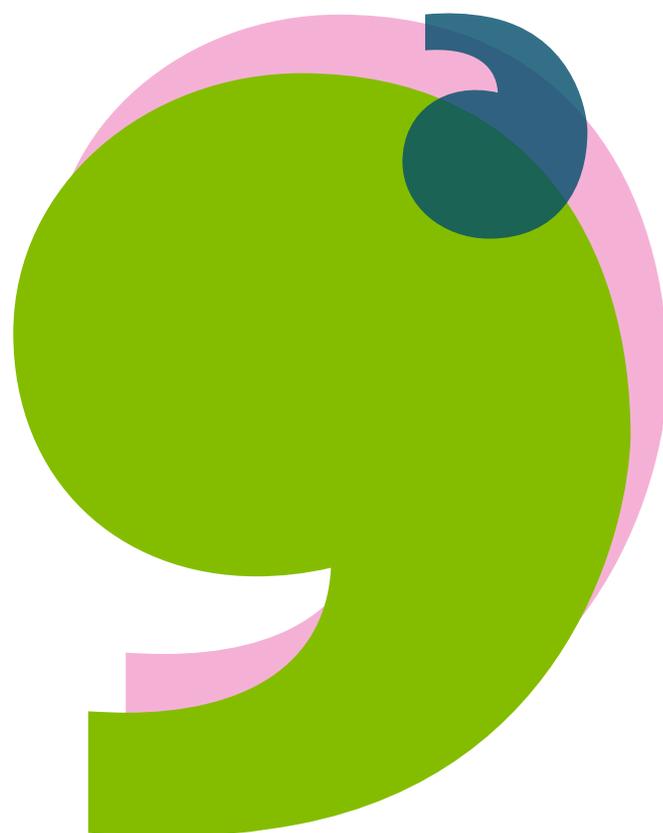




Enter and View report

Florence Nightingale Care Home

11 January 2019



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1 Introduction

1.1 Details of visit

Details of visit:

Service address	60 Village Street, Derby DE23 8SZ
Service provider	Entercare Ltd
CQC rating	Good (December 2017)
Date and time	11 January 2019, 9.30 am to 12.00 pm
Contact details	Healthwatch Derby, The Council House, Corporation Street, Derby DE1 2FS
Declaration of interest	There were no declarations of interest on this visit

1.2 Acknowledgements

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

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. It is not a representative portrayal of the experiences of all service users, visitors and staff, only an account of what was observed and contributed at the time.

2 What is Enter and View?

Part of the Local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch authorised 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 and nursing 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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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.

2.1 Purpose of visit

This visit was part of Healthwatch Derby's work around residential and nursing homes in the city, looking at the experiences of the residents, their visitors and the staff.

2.2 Strategic drivers

Residential and nursing homes are one of Healthwatch Derby's key priorities to ensure the services within the city are of adequate quality and meet the expectations of the service users and their families.



2.3 Methodology

Prior to the visit, the home is contacted in order to explain the purpose of Enter and View. Posters are then displayed advertising the visit and the opportunity for residents, staff and visitors to complete a survey. Therefore, this was an announced visit.

The visit consists of talking to the manager, tour of the facilities and resident interviews. Authorised representatives take advice from staff as to which residents should not be approached/are unable to give informed consent. They introduce Healthwatch Derby and Enter and View, gain their consent to take part and explain that they can withdraw at any time. They ask structured questions in an informal manner.

Visitor and staff surveys are left with freepost envelopes. The surveys include introduction, consent and withdrawal information, questions about their views and experiences and contact details for Healthwatch Derby and other relevant organisations.

A draft report and full anonymised survey results are sent to the home which then has 28 days to respond. The finalised report is sent to the CQC, Derby City Council, Southern Derbyshire and Hardwick Clinical Commissioning Groups and published on the Healthwatch Derby website.

2.4 Description of service

The purpose built Florence Nightingale Care Home is situated on the corner of a busy road on a bus route in and out of Derby city centre close to local amenities. The home is registered for 20 residents and had 17 residents at the time of the visit. All the rooms are single but are suitable for sharing and are all en-suite. The home caters for residents aged 65+ and has residents with dementia, learning disabilities, Down's syndrome, Alzheimer's, diabetes and those that are bedbound requiring a hoist. The gender split at the time of the visit was roughly 50/50.

All care staff hold level 2 or 3 certificates in Health and Social Care. Mandatory qualifications include Safeguarding, Deprivation of Liberties (DoLS), Infection Control, First Aid, Dementia Care, End of Life (EoL), COSSH and Falls Prevention. Some staff are multi-lingual although the residents at the time of the visit were all English speaking. Staff work a shift pattern which is a morning shift (7.30 am to 2.30 pm), an afternoon shift (2.30 to 9.30 pm) and a night shift. The morning and afternoon shifts have three care staff on duty respectively and two are on duty for the night shifts. The home also employs a cook, two cleaners, a part time administrator and one agency carer. The agency carer is repeatedly requested from the agency for consistent care.

At the time of the visit the management team was in the process of reviewing and renewing their organisational policies and procedures, care plans and risk

assessments. The changes that have been implemented are for improvement across the organisation and the manager informed Healthwatch Derby that the new ways of working will improve in time. For the members of staff that feel challenged by the new approaches, they are told to 'practice, practice, practice.'

All residents are registered at the Lister House surgery and a ward round is carried out every Wednesday. As the surgery is nearby, GP visits can be more frequent if necessary. Optometry appointments are carried out six-monthly by Visioncall and residents attend dental appointments as and when required at the Coleman Health Centre. Treat your Feet visits every six weeks to take care of the chiropody needs of some of the residents. Those that require NHS appointments are likely to wait three or four months. The home's minibus is generally used to transport patients to and from their scheduled appointments.

The home has its own hair salon with three visiting hairdressers for the female residents whilst the male residents have their hair shaved by staff.

Residents each have a file in the safe where money is kept. Should the residents need anything they ask and staff are willing to go and buy goods on their behalf. Toiletries are provided by the owner and in particular to those who do not have anyone else to provide their preferred items.

Mealtimes are encouraged to be sociable occasions at dining tables with other residents. Residents are encouraged to eat and drink whilst residents with dementia are encouraged to eat little and often and usually with known favourite foods. Fruit is readily available and a party tea is the usual choice for birthdays.

Breakfast: Flexible timewise - cereals, toast, porridge, bacon sandwiches

Tea trolley: 10.30 am, 3.00 pm and between 7.00 and 8.00 pm

Lunch: 12.00 to 12.30 pm - at least two choices or alternatives

Tea: 5.00 pm - two or three hot choices, buffet style at weekends

Supper: Cheese and biscuits, teacakes, malt loaf and last chance for hot drinks

Activities available for the residents inside and outside the home include bowling, chess, board games, quizzes and pampering days organised by the care staff.

Singers come in to entertain the residents on a monthly basis and the home has a minibus with wheelchair access for external activities. Carers will take residents out to external activities and to church, however a church representative does visit one resident weekly.



2.5 Summary of findings

- The Florence Nightingale Care Home appeared to be a caring and organised establishment on the day of the visit.
- The staff had a good rapport with the residents and were evident including them and engaging with them.
- The management team works closely with staff, residents and visitors for continuous improvement.

2.6 Results of visit

Environment

Behind the home is a small car park, two spaces of which are for disabled people and there are some undercover parking spaces. There is a bench just outside the back door and there is access to a small grassed area and pagoda up a ramp. There is a short fence to the ring road and the access to the car park is open. At the time of the visit the home felt light, bright and airy and windows were open throughout to let fresh air in.

Facilities

Ground floor

The reception area is a small space with two comfy chairs, a signing in book and forms available for visitors to complete with up to date details for record purposes. Entry to the main door is via a buzzer which can be heard on each of the three floors, there is CCTV throughout and all doors are coded to exit the building.

There is a half-tiled wet room incorporating a toilet, basin and offensive waste bin. Residents tend to have their own routines and towels and pads were at hand ready to use. The shower is dual height and there were red safety cords at different heights.

All corridors have handrails and there is a locked medicine cabinet containing oxygen. Along the handrails there were boxes of disposable gloves easily accessible and plentiful throughout. There were pictures on the walls in the corridors.

Bedrooms

All bedrooms are clean and presentable and on the door have a brass number and picture of the resident. All bedroom doors display a red, yellow or green dot; this acts as a traffic light system for the staff in case of emergency, guiding them as to how much help residents would need in an evacuation situation. Bedrooms are spacious and have a profiling bed, wardrobe, chest of drawers, bedside table and television. Residents can bring their own furniture if they wish and personalise



their rooms. The owner is reactive to requirements upon departure of a resident like redecorating if necessary and all rooms are deep-cleaned in these circumstances.

Middle floor

The middle floor is mainly bedrooms. There is also a small lounge with chairs, a dresser, lamp, mirror and several books that can be used for staff training or for private family time.

Top floor

There are three lots of stairs all with slide sheets so side evacuation can be carried out.

At one end of the top floor is a bathroom with weighing chair, a standing frame, electric bath and a red cord by both and a separate visitor/staff toilet. Toilet doors are labelled but no other rooms are. On the other end of the floor there is a sizeable lounge which incorporates the dining room. There is a communal main lounge and dining room and a private dining room for use upon request.

The lounge is an open area with a circle of chairs facing a large television and some other chairs set back. It is a bright room with lots of natural light, a large clock, pictures on the wall, and used as storage for wheelchairs, zimmers and board games. The dining room has five tables for four, some chairs on skis and on the day of the visit was decorated for a 100th birthday celebration with balloons and bunting.

Information

Signage on the building is clear and visible from the main road. A sign directs visitors to the front of the building to the main entrance and reception which is accessible via three steps. There is no signage about flat access. The reception area had leaflets provided by the Alzheimer's Society and there were lots of them. A suggestion box was in place however there were not any forms to complete at the time of the visit. A sign was visible in the window for the attention of all visitors to remind them to ensure a staff member has seen them out of the building. Visible in the reception area was also the CQC registration certificate, a CCTV warning sign, a no smoking sign and the food hygiene rating certificate. An informative sign for district nurses was also prominent to remind them to hand over any changes before leaving the home and a poster issued by Public Health England asking visitors to refrain from visiting if they feel unwell or if they have flu symptoms. There was a staff board with photos, names and job titles.



Residents

All residents looked clean and comfortable and engagement between them and staff was observed. Some residents were in the lounge watching television and not really engaging with each other whilst some generally prefer to stay in their rooms.

Staff

On the day of the visit, staff were interacting with the residents and a caring manner was evident. Carers wear navy blue uniform whilst domestic staff wear burgundy.

Visitors and relatives

At the time of the visit there were a few visitors with their relatives in the lounge and the atmosphere was pleasant due to the birthday celebrations that were underway.

2.7 Survey results

A total of eight surveys were completed.

Resident surveys

- I know the manager and find them easy to talk to.
2 out of 3 responses said strongly agree.
1 out of 3 responses said disagree.
- The staff have time to stop and chat with me.
1 out of 3 responses said strongly agree.
2 out of 3 responses said agree.
Respondent C: They are busy.
- The staff know what I need and what I like and don't like.
1 out of 2 responses said strongly agree.
1 out of 2 responses said agree.
- There is a range of activities that I can join in with including some of the things I used to enjoy before I lived here and going on trips.
2 out of 2 responses said agree.
Respondent C: I like skittles and got all of them down when we played this morning.
- There is a good choice of what to eat and when I eat.
1 out of 3 responses said strongly agree.

1 out of 3 responses said agree.

1 out of 3 responses said disagree.

Respondent B: I'm a big fruit eater and it is readily available.

- I have seen a dentist to check my teeth or an optometrist (optician) to check my eyes recently.

1 out of 3 responses said strongly agree.

2 out of 3 responses said agree.

Respondent C: I have false teeth and glasses, would be checked if I complained.

- My religion or culture is respected at this home.

1 out of 3 responses said strongly agree.

1 out of 3 responses said agree.

1 out of 3 responses said disagree.

Respondent B: I go to St Giles over the road.

- The home tries to find out and respond to my views and suggestions about how the home is run.

1 out of 3 responses said strongly agree.

2 out of 3 responses said agree.

Respondent B: They respond to requests.

Staff surveys

- I receive support from the manager and it is easy to talk to them when I want to ask a question or raise an issue.

4 out of 4 responses said strongly agree.

Respondent A: She supports me with all the information I need in order to do my job safely and within policies and procedures.

Respondent B: If something happens I speak freely and don't hesitate.

- I have the time and skills to properly care for the residents.

3 out of 4 responses said strongly agree.

1 out of 4 responses said agree.

Respondent B: I have got the skills to properly look after our residents. I have got 19 years of experience and have done all my training and courses.

- I have a good knowledge of each individual resident.

2 out of 4 responses said strongly agree.



2 out of 4 responses said agree.

Respondent D: I try and include myself as much as I can. I know general/basic information about each individual.

- The home offers a varied programme of activities and supports all residents to take part.

4 out of 4 responses said agree.

Respondent A: For those who like to do activities support is available, we always try to encourage the residents to participate in them.

Respondent D: Staff need to give more encouragement to residents to join in with daily activities.

- The home offers good quality and choice around food and mealtimes.

2 out of 4 responses said strongly agree.

2 out of 4 responses said agree.

Respondent C: Residents are always given a choice with eating and drinking and offered good quality food.

- All residents regularly see health professionals such as dentists and optometrists (opticians).

4 out of 4 responses said strongly agree.

Respondent D: Optician comes out regularly, doctor comes most days, dentist when needed.

- The home supports and respects residents' personal, cultural and lifestyle needs.

3 out of 4 responses said strongly agree.

1 out of 4 responses said agree.

Respondent A: The home is working within the residents' personal care plans which give us all the information about residents' needs. If we will support them for why they are and give them the care they like to have this will give them that wellbeing.

- The home tries to find out and use feedback and suggestions from residents, their family and staff about how the home is run.

2 out of 4 responses said strongly agree.

2 out of 4 responses said agree.

Respondent C: Questionnaires and suggestion forms are often given out to residents and their family to receive feedback.



Visitor surveys

- I know who the manager is and find them friendly and helpful.
1 out of 1 response said strongly agree.
- The staff in the home have the time and skills to care for my relative/friend.
1 out of 1 response said strongly agree.
Respondent A: My mother in law has been resident at the home for the past three and a half years and has received the love and care necessary to enjoy her later life.
- The staff have a good knowledge of my relative/friend.
1 out of 1 response said strongly agree.
- The home has a varied programme of activities and my relative/friend is helped enough to take part.
1 out of 1 response said agree.
- The home offers good quality and choice around food and mealtimes.
1 out of 1 response said agree.
- My relative/friend regularly sees a dentist and an optometrist (optician).
1 out of 1 response said agree.
- The home caters for my relative/friend's cultural, religious or lifestyle needs.
1 out of 1 response said agree.
- The home tries to find out and respond to my views and suggestions about how the home is run.
1 out of 1 response said agree.
Respondent A: During her (mother in law) time at the Florence Nightingale my wife and I have never felt the need to complain.

2.8 Evidence of best practice

- A Public Health England poster asking visitors to refrain from visiting if they feel unwell or if they have flu symptoms was prominently positioned at the front door.
- The medicine cabinet is kept locked due to the absence of nursing staff. This procedure makes all controlled drugs only accessible to those with authority.



- All bedroom doors display a red, yellow or green dot; this acts as a traffic light system for the staff in case of emergency, guiding them as to how much help residents would need in an evacuation situation.
- Fruit is readily available to all residents encouraging healthy eating and snacking.
- The latest CQC report is accessible in a labelled file in the reception area encouraging staff and visitors to take an interest in the current situation of the home and offer any suggestions for improvement to practice.

2.9 Recommendations

- Florence Nightingale Care Home should apply for the Derby City Bronze Dignity Award.
- A display of the day's menu and activities for the residents may encourage engaging socially with each other in the communal lounge.
- Clearer signage at the back of the building would inform any visitors that may struggle with the steps of the flat entrance on that side of the building.
- Labels on doors would make navigating the home easier for new residents, staff and visitors.
- Name badges for staff would benefit visitors, residents and peers and may contribute to a more personal level of service.
- Supplying forms for the suggestion box would encourage visitors to complete them to help improve all levels of service. This may also reinforce the open door policy that the home promotes.
- Red cords for the current alarm system in the downstairs wet room should be long enough for residents to reach. Cords from the old system should be removed to avoid confusion.
- Re-assessing the signing in procedure as there are two main entries and exits to the home would contribute towards a safer more efficient evacuation procedure. On the day of the visit, Healthwatch Derby authorised representatives entered the building via the car park and the flat access door and were not asked to sign in. As a staff member has to let all visitors in, the book could be moved between doors to ensure that all visitors sign in, alternatively, separate books could be kept by each entrance.



2.10 Service provider response

- We were very happy with the way the way the visit was conducted and were happy with your findings except for the part about the call bell being out of reach in the downstairs bathroom, that cord is part of the old system so is tied up out of the way. There is a cord that can be used and is in reach for the residents. (The observations and corresponding recommendation have been altered accordingly.)
- We have added forms for visitors to write comments on in the entrance.

