

Details of visit

Service address:

The Cottage Christian Nursing Home.
Granville Road, Newport, Shropshire TF10
7EQ

Service Provider:

Coverage Care Services

Date and Time:

28th October 2015

Contact details:

Healthwatch Telford and Wrekin, Meeting Point House,
Southwater Square, TELFORD, TF3 4HS

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - Coverage Care & Cottage Christian Nursing Home, service users, relatives/visitors and carers, and staff for their contribution to the Enter and View Programme.

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.

Enter and View?



Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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 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 CQC where they are protected by legislation if they raise a concern.

Purpose of the Visit

- To engage with residents as service users of Cottage Christian Nursing Home to understand how dignity is being respected in the care environment.
- To capture their experiences and those of relatives/visitors, and any ideas they may have for change.
- Observe residents and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good working practice.

Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings.
- The visit may also be in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons, and requests.
- Care homes / hospital wards / GP Surgeries are a strategic focus of regional and national programmes of the CQC, PHE / NHS, local Councils, and Healthwatch organisations.

Methodology

This was an announced Enter and View visit.

Three authorised representatives were assigned to the visit. They met with a member of management before speaking to anyone in the nursing home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

The representatives explained to everyone they spoke to why they were there. They spoke with 7 residents, and 2 relatives/visitors/carers present with the residents at the time, to ask them about their views and experiences of the care services.

We spoke with 7 staff, management and other professionals present to hear about their contributions to the service provided; quality of care, safety, dignity and respect, and acknowledging residents' and families' wishes. During the visit we would also observe the delivery of the service. Observations are gathered while walking around the home (public/communal areas) to gain an understanding of how the care home actually works and how the residents engage with staff members and the home's facilities. A guidance list of dignity and respect topics was prepared to support the observational activities.

When the representatives finish speaking to staff, residents who received the services, family members and visitors/carers, they thank them for their comments and time.

Summary of findings

At the time of our visit, the evidence is that the home was operating to a good standard of care with regard to Dignity and Respect.

- We saw staff showing respect to residents, and we saw no evidence of dignity not being respected.
- Staff told us that the manager had an open door policy if they had any concerns; we were told that relatives also came to the management if they have any concerns.
- Residents have a choice of meals from the menu; residents with special dietary requirements were catered for.
- Since the latest CQC visit the staffing levels had increased so that residents needing more care received it.
- We observed staff taking the time to speak with residents and making sure they were comfortable.
- The home had a recently refurbished quiet room which was tucked away from the main corridor; this could be used for residents or family members when the need arose.



Findings

The Cottage Christian Nursing Home specialises in a range of nursing packages including Huntington's Disease, Motor Neurone Disease, cancer care, MS, Muscular Dystrophy, Parkinson's Stroke and Visual Impairment, physical disabilities, dementia and palliative care. Before residents came into the home they were visited at home for assessment by the manager, and the family was welcome to visit the home before the resident took up residence. Some residents came straight from hospital, they were fast-tracked by social workers before entering the home. The CCG currently pays for 2 rooms for respite care. On the upper floor tucked away from the main corridor was a refurbished Quiet Room; this was used by residents or family members who wanted quiet time. Sometimes it was used for relatives who wanted to talk to a staff member.

All 40 rooms were en-suite; there were 15 rooms downstairs and 25 rooms upstairs. Residents could bring small personal items for their rooms; the rooms were bright and spacious and on the outside of the door was the resident's name. Residents could shower daily, and were offered the option to take a bath once a week. The shower chair had wheels so that it could be used to transfer the resident from their room to the assisted bath/ shower. Residents could choose when they got up, and when they went to bed; some frail residents were only up for a short time. Residents had a choice of what to wear; all clothes were named, and if labels came off they were renamed in the laundry.

Residents and Relatives meetings held every 8 weeks have been poorly attended in the past; but the residents and relatives could raise their concerns and offer their compliments at any time to the management.

Several residents were just finishing their breakfast on our arrival, the residents commented that we had just missed the regular time for breakfast. The dining room

had a conservatory that was bright and roomy. Some residents were assisted by carers with their meal. From the conservatory we observed the patio and garden furniture. There were several bird tables outside; the residents loved to watch the birds feeding, and squirrels often visited too. We were told that some residents had their beds facing the window so they could watch the wildlife.

Residents could bring in their own beds but the home did provide 'profiling beds' for comfort and nursing. There were 4 assisted bath/ shower rooms and each resident had a bath once a week.

The hairdresser came in weekly for the residents wanting to use the service, also a chiropodist, optician and dentist visited the home. For residents with hearing loss they were referred to the nearby Cottage Care Centre. Doctors visited the home from 2 practices, Linden Hall and Wellington Road. A duty doctor from either practice would attend if an emergency arose.

Activities

The home was decorated for Halloween, the residents seemed to like it and a family member commented about how nice it looked. In the lounge a resident was having her nails manicured, she seemed to be enjoying the experience and she was chatting away to the carer; there was a bit of laughter going on. During our visit we noticed on the notice board there was a list of activities for the month which included the Gnosall Singers, Reminiscence, Communion, Bingo/ Quiz, Pamper Day and Exercise (to name a few). We also spotted the home's monthly newsletter; it included a Halloween word search, a diary for October activities, and general information. A dog, a horse and the 'Exotic Zoo' had also visited the residents; baby Meerkats were also very popular, and the residents said they really loved the animals coming in. Some residents played bowls and skittles, and we also noticed hula hoops.

Staff

During our initial talk with the deputy manager we were informed that the home had recruited some new staff following the latest CQC report. Before carers could work in the home they did their initial training at Shrewsbury, then they shadowed an experienced carer. New staff followed the recently introduced Diploma in Caring; this revised method had more initial training and provided a deeper knowledge of caring. The home followed a three shift pattern which involved 19 carers and 5 nurses; additionally there were kitchen, laundry, housekeeping and maintenance staff.

We observed staff knocking on residents' doors before entering their rooms.

We were told that Sixth Formers from the local High School visited the home and chatted with the residents.

Staff told us that it felt good to work there and that they were well supported by management. If they had any concerns they were free to discuss the issues with the management team. They also said they were encouraged to carry on with their ongoing training; a new member of staff was being shadowed by an experienced staff member and said that she was enjoying her work so far.

We observed staff running a bath for a resident whilst checking with the resident on the things she wanted taking to the bathroom. Other staff were utilising the hoists provided to enable residents to have a shower. Although we noticed the hoists in the corridor they didn't obstruct residents' passage. When two members of staff went on their break together into the staff room, it still left sufficient staff on duty for the residents' needs.

Residents and Family Members

We spoke with 7 residents and 2 family members. Residents we spoke with told us staff were kind and thoughtful and they felt safe. Relatives said the staff were good, they spent time talking with the residents, and nothing was too much trouble for them. Residents told us they liked listening to music and we observed this in a lounge. The carer put a CD on and some residents were humming along to the music, but another didn't like the choice, so it was changed to an upbeat CD that seemed to please them all. We noticed that residents in their room were generally enjoying listening to music more than watching TV.

End of Life Care

Cottage Christian Nursing Home was working towards obtaining the Gold Standard in 'End of Life care', and the deputy manager seemed to have a good understanding of what the standard entailed. We were told that all nursing staff were fully trained in giving palliative care medication. Medication for each resident was held at the home to avoid delays. Members of the Outreach Team from the Severn Hospice visited the home regularly to support residents with terminal cancer.

Additional Findings

The home had recently taken part in the 'Pink Campaign' and had raised money for this cause; they had a 'Donate your Bra' container.

Each resident had a daily Care File which was kept with them - this information detailed residents' daily routine and it also included fluid intake. The actual Care Plans were updated at the end of the shift; these were kept separately and locked away.

Recommendations

1. The installation of local Wi-Fi may benefit some residents to keep in touch with family members on Skype, email etc.

Service Provider response

"Thank you for the Enter and View Report - there are no inaccuracies.

Action: We are in the process of making Wi-Fi accessible to all. This should be complete by Jan/Feb 2016"