



Details of visit

Service address:
Service Provider:

The Priory Nursing Home
Purity Nursing Ltd, The Priory Nursing
Home, Springhill, Wellington, TF1 3NA.

Date and Time:
Contact details:

Thursday 6th April, 2017. 10:00am
Healthwatch Telford and Wrekin, Meeting Point House,
Southwater Square, TELFORD, TF3 4HS

Publication Date:

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - The Priory Nursing Home, residents, relatives/visitors, 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.



What is 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 from those who use the services 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 intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and serious concerns may result in 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 The Priory Nursing Home to understand how their dignity is being respected in the residential nursing home environment, and how those living with dementia are supported to have the best life that they can.
- 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, and the Dementia Programme.
- The visit is also 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 / national programmes of the CQC, PHE / NHS, local Councils, and Healthwatch organisations.



Methodology

This was an announced Enter and View visit.

3 authorised representatives were assigned to the visit. The visit Lead Representative met with the home's Clinical Manager before the visit, to understand how the nursing home was organised to deliver the nursing and personal care services, and how those residents living with dementia are supported. The Lead Representative took advice from the clinical manager on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. Our visit was an announced visit and a poster informed visitors and relatives about when we would visit and invited them to share their experiences of care at the home.

During the visit, the representatives explained to those they spoke to why they were there and asked residents for their consent to talk with them about their experiences of the home. Representatives talked with 10 residents. Representatives also talked to the 3 staff, management and other professionals

present to hear about their contributions to the service provided - quality of care, safety, being treated with dignity and respect, and acknowledging resident and families' wishes. During the visit, representatives would observe the delivery of the service to gain an understanding of how care was actually delivered, and how the residents engaged with staff members and the home's facilities. These observations were gathered while walking around the premises (public/communal areas) A guidance-list of dignity, respect, and dementia topics was used to aid the observational activities.

Summary of findings

- Residents were happy, felt they were supported and well cared for, and said that staff were kind and caring.
- Residents were supported to be as independent as they wished, and could exercise choices - including in meals, where they have these, and the activities they participate in.
- A varied programme of activities and events are provided and supported by the Activities coordinator, and with the help and support of other staff and volunteers, both group and 1 to 1 activities and events, within the home and going out from the home (including joining a local walking group), and entertainers who visit the home.
- On one occasion, an incorrect handling method was observed. This was raised with the Nursing Lead Manager who indicated she would ensure correct procedures would be reviewed with the recently trained care staff, and refreshed as needed.
- The manager and other staff indicated a plan of improvements was being implemented within the home, and in the garden. Residents were very happy with the result of room and communal area redecorations. There are plans for the garden to have more raised flower beds for residents to enjoy the plants and being outside, and may encourage some to be involved in gardening.
- Staff told us they liked working at the home, there was good team spirit, they received training, and felt supported by management.



Results of Visit

The Priory Nursing Home Environment

The home comprises a mixture of an original converted residential building with modern extensions. The outside drive way and car park was uneven and awaiting repair. At one end at the side, next to one of the resident lounges was a garden area with flower beds and pathways - this is used mostly in the summer in the nice weather. We were told a work plan is in place for refurbishing and improvements for the home - inside and out, with needs prioritised. An electrician was present during our visit as this work had been prioritised. The

reception area had recently been repainted. A need to replace some carpets was an acknowledged change required. We were told the home was planning to add raised flower beds in the summer, and continue with further work.

The entrance door was signposted and was controlled by a door entry system which lead into a reception area where visitors are required to sign in. There was a stand with various information leaflets mainly for relatives and visitors, which included examples of the activities which take place or are planned. We were greeted and made to feel welcome by the staff - who were smiling and friendly, and ready to help if needed.

There are 2 communal lounges which we found clean, tidy and warm. One lounge was bright and cheerful, and had resident craft work on the walls, the result of some of the 'activities' work (tree picture) - supporting residents reminiscing and memories. There was a television on in one corner, though not all residents were watching. A door from this lounge led out to a garden area. In the other communal room - which had tables and chairs, was also used for meals and some of the activities, residents were seated in comfortable chairs. The residents were listening to the radio; sometimes for a change they have 'sensory therapy' videos playing.

Resident Feedback

Residents we spoke to were happy and well cared for. Those of the residents who could converse, told us that they found the staff kind and caring, and they felt supported by the staff. Residents said the care workers 'are great - they work hard'. Residents commented that they felt they could express their wishes, though some with dementia who were affected by memory difficulties were unable to remember that those choices and preferences had been actioned. All residents we spoke to who could respond, told us that they felt safe in the home.

Several residents confirmed that staff check on residents regularly, and when passing would look through the open door and ask if they are "ok", or wave to them with a smile. One resident said that sometimes during the night she 'doesn't like to bother them'. Another reflected that though a while back they sometimes had issues with the call bell and having to wait for response, now staff were much better at responding, and they did not have those issues any more.

Some residents told us they liked (or even loved!) their rooms and they were comfortable. We were invited by one resident to see their room and we were told that the décor was "lovely". The resident had had to move rooms recently and the pictures on the walls were not personal ones. However, once in the new room the resident loved it and had not wanted to move out. Following discussions with staff, the resident was pleased it was agreed that they could stay in that new room.

Some residents told us they liked to be as independent as possible. One resident described that they made their own bed each morning and it was important to them, though if staff offered to help they let them. she particularly likes reading and writing.

Residents told us they could have hot drinks as often as they wanted, and drinks of their preferred squash, water and juices are readily available from their room. Another resident drinking a mug of milky tea commented she would prefer the tea to be stronger, but she had not mentioned this to the staff at the time.

Residents who spoke to us told us they were encouraged to make choices for their meals, and many told us the food was good. Some residents had forgotten that they could ask for a different-sized portion, and some were confused about or had forgotten what they had eaten. We were told that those who 'preferred pudding might have a larger portion'; one resident agreed they had a 'good appetite and loved lots of vegetables'.

We asked residents about activities and what they did during the day. Several residents told us they joined in Bingo, and some mentioned doing puzzles and some craft activities. Several mentioned they liked listening to the radio, one resident liked to read books and write, and another told us they enjoy watching thrillers on TV with intrigue and murder, as well as 'soaps' and nature programmes. One resident indicated that they loved to garden, and thought they would like to do this at the Home. Another resident told us they had had their hair done by a visiting hairdresser - who comes once a week, and several residents agreed this was a popular event for them. One resident reminisced on going fishing and bowling in the past - before they moved into the home. Some residents told us that there was a Residents meeting each month; a few could not remember what happened at the meeting and one thought there was not enough communication.

Observations

In the lounge, some residents were seated and had been given 'assistance devices/call-bells' to use to prompt staff attention. All residents appeared clean, tidy, and content. Beside each were drinks on a table or trolley all within easy reach of the resident. One resident was wrapped up in a blanket because she was feeling cold, though the heating was on and the room was warm. Another resident was putting shapes in to a grid and appeared content, and smiled at the representative.

Staff were observed addressing residents by name, and often bringing their faces down to the right level when talking with residents. Several were observed in conversation with the residents and they clearly knew the resident well. Two volunteers were observed assisting with activities in the quiet lounge area. Around the home in the corridors, we saw posters advertising activities and events that were planned to entertain, interest and stimulate the residents. A varied programme of activities and events was listed on a schedule, including visiting entertainers, knitting (once a week), and Bingo. Residents also undertake visits and trips out of the home to follow their interest. Posters advertised special celebration events such as Easter, and other anniversaries (for reminiscing). On the walls of the corridors and the quiet lounge was evidence of various resident craft activities, and reminiscing. As well as group activities, the Activities co-ordinator, volunteers and staff also undertake some 1-to-1 activities with residents.

Residents are encouraged by staff to do things for themselves and supporting standing/walking aids were seen provided close-by for the residents for when needed this assistance. We also observed staff using hoists and lifting aids for helping some residents sitting or standing. During the visit, we did see one occasion when an incorrect technique was used. This was raised at the time, and shared with the Nurse Lead at the end of the visit, who indicated a re-check of the recently trained staff would be undertaken promptly, and individual training refreshed as needed.

Staff and Lead Nurse Manager Feedback

The Clinical Lead Nurse indicated that the home was now more focused on nursing support, rather than primarily care support as in the past. A high proportion (over 50%) are living with dementia with different levels of dementia impact, and many residents have more 'physical symptoms' so mental capabilities are generally better. Only 3 residents at the time did not need nursing care; the rest require more nursing care than just personal care.

Care staffing is organised with a clinical lead nurse, and business manager, and other nursing and care staff, and a compliment of supporting staff for maintenance, cooking and cleaning, as well as volunteers. Care and nursing staff are organised in shifts with 1 nurse, 1 nurse support, 1 senior carer and 8 carers during the day shift, and at night - 1 nurse and 4 carers are on duty. There are 3 nurses. We were told that there were currently no male carers, however the home was trying to recruit some. If staff are away or ill, there is a preference to phone existing staff to request their help is needed as they are familiar with, and to, the residents. Exceptionally an Agency is used, but for consistency and familiarity the same agency is used, and usually the same agency staff (carer or nurse) as they know the home and are familiar to the residents.

New staff receive induction training about the CQC, and about 'moving and handling'. An assigned staff member covers training in all care aspects around the home, and the staff member is also responsible for quality assurance for the care activities. Staff undertake care-related NVQs up to Level 5, and staff training is regularly topped-up or updated supported by practice reminders. There are several Dementia Champions among the staff, with one senior staff member now starting Level 3 training. One staff member has specific responsibility for Continence Pads for which additional training is given. We were also told about a very popular Activities coordinator, but were unable to speak to her as she was away on holiday. All staff meet monthly with the managers; the nurses also met together weekly.

Nurses on shift are responsible for doing the medication (trolley) - there are notices indicating they should not be interrupted while doing this. Red tabards were used to indicate the staff member is specifically engaged in this but these are currently being replaced. Senior staff, Health Care Assistants and the Nurse Lead Manager were all wearing name badges; volunteers and other staff did not appear to do so. We were told that there are currently 2 residents who 'persistently fall'; they have a 'seat alert' that is activated when the resident gets up, so staff can come quickly to give assistance to prevent falls. Those residents who need 'walking frames' or a wheelchair are provided with them as

needed, and supported to do so. We were told that residents get up for the day, though 2 chose to stay lying in bed all day where they like to listen to the radio.

Residents can have breakfast in bed if they wish, and can have their meals either in their room, or in either of the 2 'lounges', though they are encouraged to go to the dining room/lounge. Food choices are initially discussed with the residents the day before, and at least two choices are offered for each meal course with portion sizes offered.

We were told that residents are registered with Wellington Medical Practice and that the home nursing staff must 'phone on the day' if a visit of a doctor is needed; a doctor usually comes (eventually). The home has a good relationship with the Wellington Medical Centre Pharmacy who deliver. A chiropodist visits those with diabetes for feet and toe care, and can be requested for others. Dental services are provided by a practice in Madeley - residents must be taken to the dental surgery for treatment. A hairdresser comes in weekly, and Wednesday of each week is 'pamper day'.

We were told that some residents see some family members daily, while others monthly. For some residents, family take them out of the home for short trips - shops, café/tea rooms or other activities. Residents may go out with their relatives, and are usually offered some food on their return if wanted. When needed, a nurse can accompany a resident to the local supermarket (Morrisons) so they can purchase plants and other items they may need or want. For other residents where the family are not local, the activity coordinator, volunteers, and all staff will try to ensure these residents have some individual time with them, as well as encouragement to be involved in activities with others in line with their choices, for social interaction and stimulation. We were told there is usually a good turn-out for the various activities organised by the Activities coordinator to which all residents are invited to join in, though many do like to listen to the radio. Mostly the activities take place in the second lounge/dining room which has a more active, busier atmosphere. In the lounge, sensory videos (therapy videos with pictures such as swimming fish, and with gentle music) may be played on the TV. Links had been established with "Wellington Walkers", and we were told that residents can, if they wish, go for walks with the group accompanied by a carer.

Relatives and residents can raise concerns and complaints with the managers or nurses - either care-related with the Care Home manager, or nursing-related with the Clinical Lead Nurse. A notice about this is posted on many doors through-out the home

We talked with a few staff who, though busy, were relaxed and friendly and did not appear too rushed in their work. Staff said they enjoyed working at the home, they felt they were trained and well supported in their roles, and that there was a good team atmosphere.

Recommendations

1. Review resident 'moving and handling' techniques with recently trained care staff, and provide a refresh on the safe methods as needed with individuals.
2. Continue the planned work in the garden to help encourage residents to enjoy being outside when the weather is warmer, and to provide additional pleasant views for the residents from their windows.

Service Provider response

The business manager responded that the report was "a fair reflection of the service we offer at The Priory".

The manager also noted that a new raised bed had been placed in front of the Home (at the top of the entrance drive/parking area) which can be seen by residents, and recently, new carpets had been laid on the ground floor.