

**Details of visit**
Service address:

Myford House Nursing Home, Woodlands Lane, Horsehay, Telford, Shropshire, TF4 3QF

Service Provider:

Redwood Healthcare Ltd, Myford House.

Date and Time:

17th August 2015, 13:30pm

Contact details:

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

Acknowledgements

Healthwatch Telford and Wrekin would like to thank Myford House Nursing Home residents (service users), visitors 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 of the visit.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Telford and Wrekin Healthwatch representatives carry out these visits to health and social care services to find out from the service users and their carers how the services are being run, and make recommendations where there are suggestions 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 at 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 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 involves a risk they will inform their lead who will inform the service manager, potentially ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue regarding 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 ask residents of Myford House Nursing Home about their opinions of living in the home, including the care they received, the food, and the activities and interests they enjoy, how staff respect their dignity and support independence. To ask any relatives/visitors about their experiences and observations.
- To observe the interactions between staff and residents, and residents and their surroundings.
- To speak to staff about their care of the residents, the support they received in caring for people with dementia and their training for this.



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 responding to evaluations of feedback received from the community.
- Nursing and Care homes are a strategic focus of local, regional and national programmes of the CQC, PHE/NHS, local Councils, and Healthwatch organisations.

Methodology

This was an announced Enter and View visit.

Two authorised representatives were assigned to the visit, with two other volunteers in training, to further enhance their experience. The representatives met with the Manager and Chief Operations Officer for a short information overview before speaking to anyone in Myford House Nursing Home, and took the manager's and staff advice on any residents who would not have capacity to give informed consent to share their experiences with us, or should not be approached for medical or safety reasons. It should be remembered that Enter and View is an engagement tool performed by Healthwatch-trained lay-volunteers, and is not an inspection.

Explanatory Healthwatch leaflets had been sent to the Home before the visit, and these had been made available and distributed, and notices displayed. The representatives explained to everyone they spoke to why they were there, and spoke to several residents and staff in Myford House. As the team went about the Home to gain an understanding of the layout and the facilities offered, and to talk to residents, staff and visitors, they also observed the facilities and activities as well as interactions between staff, and residents and any visiting relatives/visitors.

When the representatives had finished speaking with residents, staff and visitors, they then gathered to review the key observations and feedback received. The team then

spoke briefly with the manager to share early summary key findings and explained the next step of the process. This report relates only to this specific visit (a snap shot of time) and it's not representative of views of all residents/ relatives/ visitors and staff, only of those who contributed within the time available. The representatives wish to thank all for their time, feedback, and support received on this visit.

Summary of findings

At the time of our visit, there were some concerns about the standard of care with regard to respect and dignity in Myford House.

- Residents told us they were happy and warm and the regular staff were good; the relatives agreed.
- Activities were provided for residents to participate in, though some found the 'music' too loud. Some Residents who wanted assistance with more physical activity were not aware of anything on offer. **[Service Provider Response: there are weekly Falls Prevention activities which provide gentle movement. These were listed on the two white boards in the home.]**
- Concerns were raised by residents and relatives about the staffing levels for resident care, and the use of agency staff particularly in those areas of higher dementia residents where lack of familiarity can further their confusion.
- Concerns also related staffing levels included response to "call bells/alarms" and delays responding to calls for assistance, lack of time available or encouragement for staff to have conversations with residents, and about cleanliness in some areas.

Results of Visit

Myford House Nursing Home is a converted old building with modern purpose-built extensions providing residential accommodation for people who require nursing and personal care, catering for the frail adults over 65 years and those with dementia. Short stay, convalescence, and respite care are also on offer. The older part of the home is a 3-storey property with a small number of rooms which can shared (though are not presently), and in the more recent buildings are the majority of resident rooms. The Home can accommodate 57 residents in total, with 51 individual rooms, of which 28 rooms have en-suite facilities. The home has a number of communal rooms including two ground-floor lounges which are also used for dining and activities, and a sitting area on the first floor.

On arrival the team were met by the manager who introduced the team briefly to the operation of the Home. The team split and groups were guided by manager and Chief Operations Officer to talk with residents in different parts of the Home.

Accommodation and Surroundings

No plan of the wings of the building in the Entrance Hall to guide relatives or visitors was noticed by the team. **[Service Provider response: there was a picture above the Fire Panel]**. The team found the layout confusing and disorienting and did not notice obvious directional signs, or 'colour queues' to help **[Service Provider response: each**

area of lower floor has directional signs stating the name of units and room numbers which can be found on that unit - there were located next to the murals]. In general, the floors and carpets seemed clean and the corridors and rooms well decorated. Verses are painted on corridor walls, as well as nature motifs (countryside, branches, leaves) and pictures broke the monotony of the corridors.

One of the Communal lounge rooms had a book shelf and books, as well as videos, CDs, a radio/CD Player, a TV, and an organ. It was not clear what library arrangements there were or whether the books were used.

Individual resident rooms were particularly well signed with name and picture. There was varying levels of personalisation in resident rooms. Residents could decorate their rooms to suit if they wished, and could bring their own furniture and make rooms their own and personal. There seemed to be adequate walking frames and tables adjacent to chairs. Toilet areas observed also seemed clean

There is a call system in each resident room. This electronically registers when a carer visits the room - each visit is logged for later checking by the manager and senior staff, but we were told that length of time spent with the resident is not logged. **[Service Provider response: the electronic logging is a system used only at night. The nature of the call is recorded such as personal care. This information can be downloaded and analysed on a daily basis. Any urgent or emergency situation is also sent across to the "Operations Team" to provide assistance, support or follow-up as required. During the day and night, carers notes record every entry and reason for such (supplemented by the re-positioning, food and fluid charts which are in place as needs determine). Therefore, there remains in place a system for recording visits to rooms.]**

Personal Care, Dignity & Respect

On arrival, one resident appeared unkempt and was wearing pyjamas. A staff member told us they had great difficulty persuading him to shower each week, and that it was his choice not to have his hair and beard trimmed. The impression gained by the team was of residents either in bed or sitting/sleeping in lounges, with two or three walking the corridors. **[Service Provider Response: we assume this refers to the specialist dementia unit, and not the unit seen on arrival into the home]**

The manager knocked on a residents' door and spoke to them using their name and engaged them with some conversation as we were shown around the home. We did not observe many other interactions between staff and residents during our visit - the staff were mostly rushing about or busy in resident rooms with closed doors. A few staff were observed with residents - on those occasions they informed the residents what they (staff) were doing and why. In a few cases witnessed by visit team members, staff appeared to be 'talking at residents', rather than engaging in conversation. **[Service Provider Response: this is a subjective observation: the team did not see communications plans nor ask about individual needs - we feel these comments are inappropriate and misleading.]**

One resident we talked to said the home was "ok, with good food". She was "happy and warm and she thought the staff were good. Nothing could be better - she had a good window outlook and could see birds". We spoke to another resident who was receiving respite care. She said the staff were all kind to her, but she felt that there were not enough carers.

We observed responses to call system during our visit; the alarm seemed to be going off a lot and some responses seemed to take some time to answer. One call was responded to by two carers within 2 minutes and was a personal care issue, and the other was

discovered to be a resident who was asleep and may have rolled onto the alarm. Resident and relative comments indicated prompt responding was not always the case.

One resident described an incident a few weeks previously when she had been taken to her room by a carer but the resident had then been left without the oxygen machine being re-connected as she needed. The carer did not return and no one responded to the call bell until the resident finally panicked and went out onto the first floor landing and called out for help. Eventually after 30 minutes, a Carer came and reinstated the oxygen, telling the resident that staff had been attending an emergency. We talked to the Manager about the incident and she confirmed this happened but said the resident was not in any danger from being off the oxygen machine for the length of time involved. The resident was later offered a ground floor room, and had been moved since the incident.

We also talked with another resident in her room. She had painful foot (bunion) which limited her mobility but she could walk about her room though it was very painful and it was a problem putting shoes/slippers on her foot. She believed nothing could be done about this. She did not use a TV or radio, as these had not been in her life before coming to the Home, and she did not like or need them, but she missed talking with people. She said she did not get involved in most of the activities organised.

A doctor visits for a surgery on Wednesdays for reviews and non-urgent referrals for the residents.

Meals & Food

The manager explained that the meal system was being changed, and ready-prepared meals were brought in for the resident meals and these met nutrition requirements. At the time of the visit it was too early to confirm how successful these were. [\[Service Provider response: These meals include texture modified meals, which retain their natural appearance after cooking \(e.g. fish is shaped like fish, carrots like carrots\); this ensures that all meals for those requiring a modified diet are prepared to the correct constancy and have a guaranteed nutritional value.\]](#)

Relatives told us they had complained about the food on the previous day - one meal was undercooked and cold, and the puddings on the menu were unavailable. The manager told us they were aware of this problem and that the cook was to undergo further training in the preparation and heating of the new meals.

Activity, Exercise and Social Interaction.

During our visit the Activity coordinator was playing music CDs in the communal lounge (loudly). "Name that Tune" activity was going on during visit. It was noticeably very loud and to the team the activity appeared to be forced upon some of the residents who did not seem to be involved or wanting to be involved, and appearance of awareness of what was going on for some of the residents was uncertain. Several residents with more severe levels of dementia were seated during the day in this larger lounge where the activity was being conducted. We were told by the manager and chief operations manager that they planned to use the smaller lounge for these residents in the future as some were also loudly vocal some of the time; they hoped this would encourage more of the other mobile residents to use the main lounge (leading from the entrance Hallway)

One activity board had been cleaned and there was little indication what activities were arranged, however on the entrance Hallway notice board used also for staff notices and staff meetings, there was an activities listing that included:

Crossword Challenge	Garden Club	Arts and Crafts (Painting on Canvas)
Name that Tune	Rotary Club	Coffee and Cake Club
Library Club	Church	Play your Cards

A discussion on VJ Day

There was no mention of any “exercise or other physical activities” on offer (no ‘Chair exercise’, ‘Safe Walking’, ‘Falls Awareness/Prevention’, or ‘Dancing’). **[Note earlier Service Provider Response: There are weekly Falls Prevention activities which provide gentle movement. These were listed on the two white boards in the home.]**

The garden area seen appeared limited and on an incline and appeared to be unsuitable for residents with mobility issues, and this was the only garden area seen by the team. The team were concerned at the level of involvement possible for some residents in the “Garden Club”. **[Service Provider response: The rear of the home has a level garden with raised beds, and a garden which is accessible via a sloped pathway allowing ready access to this for those with impaired mobility or those in wheelchairs. These areas can be accessed from the lower floors, by stairs or lift.]**

One resident we spoke to said she said liked sitting and having her meals in the second quieter lounge “as it was quiet”. She had her alarm with her in case of need for assistance. She was quite happy in there as the large main lounge was too noisy with some residents calling out loudly, and she found it too loud when the music was playing or the activities were on. The resident commented that she missed doing any exercise. She had been more mobile in the past. She had been in hospital and there she was encouraged and supported by a Physiotherapist to do some exercise and do walking; when she returned to the Home she could walk about unaided. Now she did little walking and could not do this unaided - her legs were swollen because of inactivity, and she had to raise her legs when seated. She had asked for more exercise (like the physio) but nothing had not been provided.

Most of the other residents we talked to did not have any awareness of any physical activities on offer and did not know if physiotherapy could be provided. **[See Service Provider Response on “Falls Prevention Programme which takes place weekly.]**

Activities outside of the home appeared to be organised by families of the residents, and they were free to come and go as they liked if accompanied. Residents were also able to go out to health and other appointments or visits as they requested and scheduled with staff. We were told that ‘Away Days’ and ‘days out’ were introduced, but none of the residents we spoke to could describe any. We did not get any feedback from residents on asking about opportunities for individuals to go shopping, or if they went out with staff to visit cafes, pubs or restaurants. **[Service Provider response: residents do have opportunities to go out such as shopping, to local café’s, banks, and a Frank Sinatra Tribute Band as an example.]**

A resident said she thought mostly staff were too busy to spend time talking with her, and not many of the other residents could maintain a conversation with her. She had a mobile phone to talk with her daughter, but needed staff help to dial the right number (the manager did this after our chat). The resident was aware that some visitors came to the home and seemed to remember children visiting from a school. She liked watching out of her window over the neighbouring countryside and a footpath, and liked to watch the people there

Relatives Feedback

Resident visitors could attend as and when they wanted, and could stay for however long they liked. They seemed to know the regular staff, but not all due to a large number of agency staff in and out from time to time. Staff were identifiable by their uniforms.

Two relatives mentioned a Head Carer who they described as very popular and who had made many improvements, but the staff member had now left the Home. All residents and relatives we spoke to also described how good the activities coordinator worked, and she was well liked, but it was not made clear how the post was covered in her absence. **[Service Provider Response: The activities coordinator works full time]**

One main concern raised by residents and visitors alike were the staffing levels, especially on the weekends and evenings. (Though there seemed to be a lot of staff on duty moving about during our visit, but not visibly doing anything). Relatives we spoke to expressed concerns that staffing levels were not adequate for the level of care required at the home. Relatives told us sometimes there was a long wait before a staff member responded to a resident call bell. During evenings and weekends it can be a long time before the front door bell is answered. Concern was also expressed at the small amount of time spent interacting with residents. The relatives said that relatives and visitors often “help out” by keeping watch on some residents and helping them with drinks. Relatives also pointed out that generally there were not regular Carers attending the first floor unit, and the unfamiliarity confuses the residents. We were told that rooms are serviced by two carers and a nurse, but they also supported downstairs too. **[Service Provider response: There are a minimum of two staff plus nurse assigned to the first floor dementia unit. In the home overall are 2 nurses and at least 8 carers during the day. This is evidenced by rotas available.]**

Standards of tidiness and cleanliness especially on the first floor were criticised by some relatives we spoke to; there were poor standards of hygiene - both of the residents, and also generally. One wing in particular had a strong smell of stale urine. Feedback from resident’s family members said this is an on-going concern. Portable toilets were being left not emptied for long periods of time was noted by some resident families present, which they believed increased risks of infections. Relatives thought the standard of tidiness and cleanliness was better than usual on the day of our visit.

Relatives said the Manager did respond to complaints when these things were pointed out, and some improvements were made, but relatives commented that standards soon slipped back again after time.

Another relative expressed concerns that resident rooms were being entered by mobile residents who had dementia, and that personal belongings were then missing or had been damaged. This was also confirmed by one of the residents who had lost items of jewellery and personal mementos on two occasions. The Manager told us they were addressing this problem by extra staff vigilance, and by installing wooden safety gates (as used to prevent children on stairs) in the doorways of some rooms. Residents were encouraged to close their room doors when they were not in the room.

A team member was introduced to a resident’s partner who was visiting. Overall he was happy about the home. He explained he had bought in cutlery for his wife to help her eat more easily - he said the Home’s knife and forks were not easy to use and the spoons were too big. **[Service Provider response: note that a range of sizes of cutlery are available]**. The relative indicated that access was not always that easy, and sometimes he would have to wait outside for long periods of time waiting for someone to allow entry. The relative said he used to let people in that he knew were regular visitors, but was not allowed to do this anymore. He was very pleased he could bring in his dog from home as this helps with memories and recognition. **[Service Provider Response: This practice was ceased as relatives would let people in who they believed**

to be relatives. Access to the external door codes is limited to staff in the home to prevent a security breach e.g. a resident leaving who would not be safe unaccompanied, or a person being let in who was not a relative or friend and may be there for other purposes.]

The team also talked with another couple about life in the Home. We were told that the resident could still walk when first entering the Home (2 years ago), but the resident is now bed ridden and unable to walk, including unable to get up and go to the toilet. He said was a bit hard to determine what the food was on some occasions. He helped his wife when he was there to ensure she had eaten some food. The resident did not have the capacity to talk with the team but the relative said that he was happy with the care she received in the home.

We were told that a Residents/Family Group meeting was held every 6-7 weeks. A family member was wanting to talk about some concerns with the manager during our visit.

Staffing & Staff Feedback

We were told that every member of staff has an induction, NVQ and dementia awareness training so that all staff are able to work with residents who have dementia. A dementia specialist nurse provides on the job training.

The manager told us that each month a resident was given a special day - when their room was deep cleaned, they had 'special attention' and they were pampered.

[Service Provider response: The home operates a Resident of the Day system. On each day one or two residents are "Resident of the Day", and their room is deep cleaned, care files completed, and special activity (as stated). This each resident receives each month].

We were also told that there were plans to move the more vocal residents with dementia into the smaller communal room, and make the larger communal lounge more appealing to the other residents.

Other than management, staff did not engage much with team during visit - this was unusual compared to our other visit experiences. Staff did not seem to want to stop and engage in conversation.

Recommendations

1. Ensure adequate staffing are provisioned for resident Care, and consider the importance of needs for 'familiarity' for those residents with dementia including the agency staff used. **[Service Provider response: Please see earlier comments on staffing levels.]**
2. Remind staff about prompt responding to resident call bells and calls for assistance, and the importance of this. Act on observations from monitoring, and identify and resolve persistent problems.
3. Remind staff about answering the Front Entrance door-bell so that visitors, returning residents, and 'deliveries' can access building appropriately and within a reasonable time, and are not left outside without any response for long periods of time. **[Service Provider response: staff have been reminded of this, however residents needs are given priority by staff, and during peak times there may be short delays in responding.]**

4. Ensure there are adequate staffing levels for cleaning, and this is done appropriately between the times when residents' rooms receive the periodic deep clean. **[Service Provider response:** The home utilises a minimum of 133 hours per week for housekeeping, which is spread across the seven-day week. This equates to a minimum of 19 hours per day. Bedrooms, bathrooms, and communal areas are cleaned at least daily (some areas of high risk such as toilets receive more frequent cleaning. Cleaning schedules show this level of cleaning. We believe this is adequate to meet the needs of the service.)]
5. Ensure staff are periodically reminded about the importance of how and how frequently they interact with all of the residents, avoiding "talking over/at" the residents, and encourage staff to include more conversation time and engagement time with residents. Re-emphasis this in the regular staff re-training, and in induction training, as well as with the Agencies who provide the temporary staff.
6. Ensure there are smaller- sized cutlery to suit the varied needs and capabilities of the residents. **[Service Provider Response:** as previously stated, cutlery is available in a range of sizes.]
7. Encourage residents to capture and share their life experiences with local school children - a project maybe? **[Service Provider response:** Life history information is completed with the activities or other staff, and stored with the care file. This supports the development of individual care plans.]

Service Provider response

We welcome the opportunity for our residents and staff to meet with external bodies and share their experiences. We are always looking to enhance the experience of those people who reside in the home and are committed to a programme of on-going improvement.