

Enter and View Visit Report

The Priory Nursing and Residential Home

Visit date: 10th May 2019

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Springhill, Wellington, Telford, Shropshire TF1 3NA

Contents

About Healthwatch Telford & Wrekin (HWT&W).....	3
What is Enter & View?.....	3
Details of the Visit.....	4
Purpose of Visit	4
Context of the Visit.....	5
What we were looking at	6
What we did	6
What we found out	7
Additional Findings	14
Summary of Findings	14
Recommendations	15
Service Provider Response.....	16
Acknowledgements	17

Terminology and Acronyms

HCA: Health Care Assistant

DBS: Disclosure Barring-service



About Healthwatch Telford & Wrekin (HWT&W)

Healthwatch Telford & Wrekin is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping, delivering/receiving and improving services. We address inequalities in health and social care to help make sure everyone in Telford and Wrekin (T&W) gets the services they need.

There are local Healthwatch across the country as well as a national body - Healthwatch England (HWE).

What is Enter & View?

Healthwatch Telford & Wrekin gathers people’s experiences of health and social care services and there are times when it is appropriate for Healthwatch to see and hear for ourselves how services are being provided. These visits are called ‘Enter and View’, and can be ‘announced’, ‘partially announced’ or ‘unannounced’. ‘Partially announced’ visits mean the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to local Healthwatch in the **Health and Care Social Act 2012**.

Enter & View visits are carried out by a team of specially trained and DBS-checked staff and/or volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit. They make observations and collect people’s views and opinions anonymously and produce and publish a report.

Enter & View visits are not an inspection, and always have a ‘purpose’.



Details of the Visit

Visit Details:	
Service	The Priory Nursing and Residential Home
Provider	Purity Nursing LTD
Date and Time of visit	Friday 10 th May 2019 - 2.30pm to 6pm
Visit Team	2 x HWT&W Enter & View Authorised Representatives (ARs) and 2 x Authorised Representatives "In-Training" (T-ARs)
Service contact details	Name: Claire Haywood Address: Springhill, Wellington, Telford, Shropshire TF1 3NA Phone: 01952 242535

Purpose of Visit

How residents' experience care and find out specifically about how dignity, respect, quality of life and independence is being maintained and supported in the person's care. The Enter and View Visit also aims to see how 'activity-based' care supports people to continue to be as active and independent as possible, and how care for those with Dementia is provided & the surrounding environment itself.

We want to hear about resident experiences and those of any relatives and visitors present, and we will observe the residents engaging with the staff and their surroundings. We want to identify examples of good practices and hear about any ideas the residents or staff may have for change.

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 users of the service and staff, only an account of what was observed and contributed at the time.



Context of the Visit

In August 2017 Healthwatch England published a report: ‘**What’s it like to live in a care home?**’ Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes. These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people’s experiences with their own observations to produce visit reports. These were shared with the providers, the public, CQC and Healthwatch England. Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. Healthwatch England identified that a good care home should:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents’ personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

As part of the engagement programme Healthwatch Telford & Wrekin will visit Care Homes in the borough, and those elsewhere in the county where funding support is provided by Telford & Wrekin Council Adult Social Care. Individual visit reports will be published on each home visited. Over-arching theme reports will be published focusing on person-centred care and the quality of life experienced by residents, relating to their dignity and respect and exploring topics such as activity-based care, access to health professionals, and living with dementia.

The Priory Nursing and Residential Home in Telford & Wrekin is currently rated ‘Requires Improvement’ by the Care Quality Commission (CQC) following two visits in December 2018.

The visit to The Priory Nursing and Residential Home was a **partially announced** visit.



What we were looking at

The focus of this visit is to find out if the residents of The Priory Nursing and Residential Home are happy living in the home. We want to learn about:

- the environment - supporting dementia, accessibility, and activity
- the experiences of people living with dementia
- supporting people to continue to be as active and independent as possible
- choices available to people
- food and drink
- staffing levels and staff training
- relatives' views on how care and support is provided

What we did

We held a meeting with the senior management team and then attempted an Enter and View visit earlier this year. This visit did not go according to plan and we cancelled the visit as we were informed the Care Quality Commission were due to make contact on the day and due to other unforeseen circumstances. In April 2019, we held a manager meeting to gather information about the home and then conducted the visit in May 2019. When we arrived at the home, after signing-in, we were taken by staff to the manager/senior on duty. At the time of our visit, the manager was holding a staff meeting in the lounge, we were invited to join but declined. Our questions about the home were answered during the initial briefing which was held before our visit so we can spend more time talking to residents, relatives and staff. We took advice on whether any residents should not be approached due to safety or medical reasons, or any issues regarding ability to give informed consent. The manager asked for a member of staff to show us around and introduced us to the residents and staff. The manager then joined us in the main lounge before we spoke to people. Staff were very welcoming.



We went to speak with any residents present in the home who were willing to talk to us and any visitors and relatives. We spoke to residents in the lounge and were invited to speak to other residents in their rooms. The manager/a staff member knocked on the resident's bedroom door and asked if they would be happy to speak to us.

We spoke to eight (8) residents in total, two (2) relatives and visitors, and three (3) staff.

We invited people to leave us any comments using our feedback forms, but we received no replies. However, people can still leave us any comments visiting our website at www.healthwatchtelfordandwrekin.co.uk

What we found out

About the Home



The home comprises a mixture of an original converted residential building with modern extensions. On a previous visit, the driveway was in a poor state and uneven but has since been repaired. Although still not perfect, it now allows safe access to and from the premises. The manager informed us that it will be finished late June 2019. The first layers to the drive was put down but delayed due to cold weather. Lights are

to be installed covering driveway for safety and security. At one end of the home, next to a resident lounge is a garden area with patio area, flower beds and pathways - this is used mostly in the summer and during nicer weather.

We were told a work plan is in place for refurbishing and improvements for the home - inside and out, with needs prioritised. The reception area and certain areas of the home had recently been repainted and the home has a clean and fresh feel thanks to the pale green paint chosen by the residents. The once dark and unappealing lounge had also been transformed by a change of paintwork and furnishings and is now a light and airy room where residents can socialise, enjoy activities or watch TV.

The entrance door was signposted and was controlled by a door entry system which leads 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 two (2) communal lounges which we found clean, tidy and warm. One lounge was bright and cheerful. There was a large clock in each of the lounge rooms, but the date shown on the calendar next to each of the clocks was incorrect and it would be difficult for someone with a visual impairment to read because the months the fonts were highly patterned. A yellow background with large black print, although less visually pleasing, may prove a more practical option. Alternatively, separating themed pictures from the font - to enable the font to be easily interpreted but enabling residents to choose themed images for the given months.



In one of the lounges had a large proportion of residents during the afternoon, this may have been due to the availability of space during renovations within the home. However, the sound of the television dominated one of the lounge rooms, and whilst this volume may have been necessary for some, along with other background noise in the room, it made holding a conversation difficult for others.

This is a busy home, and residents were heard to press their buzzers for assistance on a regular basis. On at least 4 - 5 occasions the buzzer was not responded to in a timely enough manner, and it switched to an emergency tone. This raised the question of whether there were enough staff to meet the care needs of residents. However, no concerns were raised by the residents who were spoken to. Other residents also told our Enter and View Representatives that the staff are also helpful, and that they have plenty of food and the food is always nice at the home.

Another resident who had lived at the home for a few years, said that the staff looked after them well, helped them to feel safe and that they liked the staff as, "they talk to me".

The home will be renaming areas of the home, and the names chosen by residents and relatives was Wrekin and Springhill.

Views of the residents

Dignity and quality of life respected in person-centred care

Most people we spoke too were positive about the care and support they received at the home. Residents and relatives informed us they are offered choices and felt involved.



During our visit our team walked past a bathroom door. The door was slightly ajar although we could not see anything, we could hear the member of staff and resident talking. We passed this on to the manager who will remind staff about ensuring bathroom doors are closed to protect resident privacy and dignity.

However, we heard from a resident who told us they were 'left on a bedpan for an hour as staff forgot about them' and then started to laugh. We asked the resident to confirm what they said to us again and we passed this on the manager to investigate this incident further and take the appropriate action. Service providers are duty bound to report incidents to Telford and Wrekin Council Safeguarding team. We discussed the resident comment during a meeting. The manager was asked to provide us with an update. We received a reply from the manager on 25th May 2019 '*the service users' documentation was checked, and they used the bedpan twice within the hour. This issue that was raised during your visit was discussed with the next of kin who agreed that there had been no reportable incident.*'



We were told that the home holds regular meetings with residents and relatives to make improvements to the home. Additionally, there is a suggestions box within the home for people to add comments in, however it was observed that this box was high up on a side cabinet in one of the lounges. This may prove difficult for some residents and relatives to put suggestions in.

A relative who agreed to speak to us, was very happy with the home. Their relative had been living at the Priory due to an emergency. We heard how their relative is happy living at the home and safe and would let them know if they were unhappy. Their relatives' bedroom is clean, tidy and looked personalised. Staff help supporting their relative with appearances and often paint their relatives' nails, and hair is done. We heard how staff support their relative to get ready to go out at specific times and always looked "nice". Staff have changed and the relative felt some younger carers may not understand their relative's needs.

One resident said that they were grateful that staff knocked on her door before they enter, and they talk to her during personal care - as it "makes me feel respected".

Residents said:

"I like living at the home and staff will come to me when I press the call bell", "the staff come straight away".

'I get on well with the staff. In fact, when I feel low in the morning, when staff have been in, it brightens my day up.'

'I can have a laugh with the staff here.'

A Relative said:

'staff are very welcoming, friendly and talk appropriately.'

Choices and preferences, including meals, personal care, activities, and meals

Residents appeared happy that their care needs were met, and they were encouraged to maintain their independence, for example, one resident told us that they 'dressed herself and made her own bed'.

Many residents stated that the food was good, and they were given choices. The food offered is good and staff always give them options to choose from for food. They can get more food and drink if they wanted too. However, they had enough to eat and drink at the time of our visit.



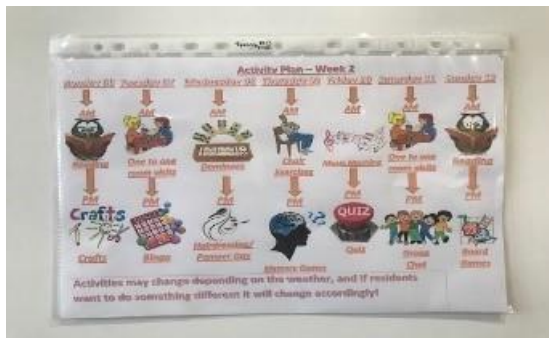
Residents said:

‘They like living at the home and liked the food.’

‘Food is improving, at one time it was poor.’

‘I have plenty of food and the food is always nice here.’

We spoke to relatives during our visit. We heard how their mum ‘had lost a lot of weight but since living at the home they have gained a healthy weight. Meal portion sizes are good.’



The home has weekly activity plans. The home activities coordinator was also on site to support activities. Other residents were watching TV at the time of our visit and one resident said “I wanted to go outside but they don’t let me” - we informed the manager of the person comment. Another resident informed us they had sat in the lounge chair for a few hours watching TV.

We asked residents if anything can be improved here and replied, that they “would like to go out a bit more”. Staff had told us that they have set up good links with local shops and cafés, and that they have and are able to take residents out where possible.

We were informed during our manager briefing that activities are dementia friendly and given a copy of the plan for 1st April 2019 to 7th April 2019. During our visit, we observed several residents at a table, with health and social care student from a local college, taking part in an activity. Although, the residents were not taking part in the planned activity for the afternoon, they told us that they were enjoying socialising with one another. This showed us that they were able to choose what activities they wanted to take part in.

One part of the lounge was being used for activities, as noted previously three residents appeared to be participating on this occasion with a student from a local college. A visiting relative in the same room was unaware that there is a daily programme of activities and was also unaware that there were activities happening at that time. Although we did find posters publicising a daily programme.

Representatives found that the Activities Coordinator is very enthusiastic and keen to encourage participation. Although, Activities Coordinator has only been in post since November, they appear to be fully aware of individual likes and dislikes, and barriers which need to be overcome so that residents are able to participate. Including; any barriers that someone may face if they are living with a disability, living with dementia, and/or a sensory impairment. For example, magnifying

sheets are available for visually impaired residents who want to participate in Bingo.

The relationship built up with the local Morrisons Store allows residents to visit their café in safety, and to eat food which meets their dietary needs. The Activities Coordinator is also in the process of forging other links with the local community, including pre-school children.

The manager informed us the home organises regularly Residents and Relatives meetings. The last meeting took place on 7th May 2019 and we had been provided with copies of minutes.

Experience of care meeting the needs of those living with dementia

The home does not support residents with advanced dementia but people who are end of life with dementia are supported. However, the home has no 'EMI'. We observed several rooms with a sign and symbol on several doors. All residents living with dementia at the home will have a dementia care plan.



Representatives noted that signage was used throughout the home to communal areas which consisted of both words and images. Additionally, bedroom doors had personalised signs, with room numbers and images, which the resident had either chosen themselves or was influenced by their own interests. This puts residents care needs first, through reducing anxiety and disorientation as well as creating bright personalised designs. Additionally, staff told us that residents were actively involved in designing and planning renovations within parts of the home. Having a space which is comfortable and inviting can also be welcoming and reassuring for residents, including those living with dementia.

Staff receive appropriate induction training - this includes Skills for Care, Care Certificate and NVQ level 2 in Care. Care staff also told us that they spend time reading and reviewing person-centred care plans, particularly when there is a new admission, by which staff are able to acknowledge and meet identified care needs - including likes, dislikes and personal preferences of the individual.

Representatives found this was a good example of care staff meeting the needs of residents including those with dementia.

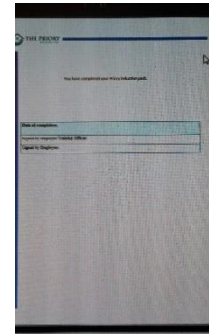
Staffing levels and training for staff

On the managers briefing, we had been informed of the number of staff employed within the home (One (1) Registered Manager; One (1) Deputy/Care Service



Manager (clinical based supervision); One (1) Training Officer (Induction and reviews); Seven (7) Registered Nurses; Four (4) Nurse Supports; Twenty-eight (28) Health Care Assistants (HCA), Five (5) Housekeepers and four (4) Kitchen staff. There are two (2) day teams with eight (8) HCA's, two (2) Nurse Supports and one (1) Nurse on each team. There are two (2) night teams with four (4) HCAs and one (1) Nurse on each team.

We heard how people are recruited and the checks management make to ensure people are safe (DBS, references). The management like to recruit staff who already hold an NVQ level 2 In Care but if not, staff are to complete Care Certificate and then go on to NVQ level 2 in Care award. Each person will have an induction booklet which has been created by the team to support induction. The home has a training room away from the main building. There is a move away from on-line training to face-to-face. Registered Nurses undertake drug calculation test with 100% pass rate required.



At the time of our visit the home had Thirty-two (32) residents, supported by seven (7) Health Care Assistants; two (2) Nurses; one (1) Nurse Support; one (1) Activity Coordinator on shift. The manager and owner were also present at the time of our visit. We had not informed the home of the date and timing of our visit. It was reported to the team that they were “understaffed” by some staff and residents we spoke to. One resident told us that there had been very few members of staff on at a time, including day and night shifts. However, they also told representatives that this was no longer a regular occurrence.

On the visit, we noted that there were few staff detailed on the notice board. New staff have not been photographed and added to this board. It is important that the residents and staff have a good rapport, some of which needs to be built up over time, so hopefully any issues with staff retention will be successfully addressed and the use of Agency staff kept to a minimum.

We found all staff did not have name badges on them, and this would make it difficult for residents and visitors to identify staff. The manager is aware and pointed out they have recently discussed the design of name badges and all staff will receive one very soon.

We spoke to a member of the Care Team who was pleased with the level of training and support they had been given. They stated that staff ‘would come in 15 minutes early to receive a handover from the Nurse and Senior Carer.’ It is hoped that this will alleviate some of the issues experienced by people where there were significant break downs in communication between Nursing and Care staff.

Upon visiting residents upstairs, we found no staff support at the time of our visit to that area.

Observations

The home had CCTV in a corridor in ground floor corridor and if a resident walked out of their bedroom then they will be recorded. The manager of the home pointed out that residents signed a consent form on arrival at the home and the manager will forward a blank copy for records.

During the visit the authorised representatives observed interactions between staff and residents and looked at the physical environment.

A commode which had not been emptied and had started to smell was seen in one of the resident's rooms. This was on the upper floor, and during the visit there were no care staff were seen in this part of the building (apart from staff which had showed the Enter and View Representatives around).

We noticed an unpleasant odour in one of the hallways, and we discussed with the manager and owner. At the time of our visit, new mattresses had been delivered and staff were in the process of changing old mattress on beds. Old mattresses were then being stored, before being disposed of outside; this could have led to the odour.

It was also noted that in the afternoon during the visit, some residents in the lounge had empty plates sat in front of them from dinner, and spilled food on their persons. When we returned to the lounge later on in the visit staff were tidying away plates and helping residents by removing any spilled food.

Staff interactions with the residents



Whilst giving a tour of the building it was noted the member of staff would often speak with residents who were in their rooms and checked on their care needs.

It was noted that there were relatively few staff detailed on the notice board. When staff have left new staff have not to date been photographed and added to this board.

It is important that the residents and staff have a good rapport, some of which needs to be built up over time, so hopefully any issues with staff retention will be successfully addressed and the use of Agency staff kept to a minimum.

We did hear from a resident with visual impairment, that staff do not come to her, so they found it hard to hear what they say.



The environment of the home

Home improvement are underway and new radiator covers where being installed. We pointed out the dangers from the radiators, some of which were very hot and did not have covers and some had loose covers - as they were in the process of being fixed. It can be difficult to get the correct balance in communal rooms such as the lounge, but some appeared very hot. Whilst it is acknowledged that elderly and sedentary residents may feel the cold, the room thermometer read 25 degrees, which may be overpowering for some. The risks of the radiators which had not yet had the cover fixed were discussed with the owner. The owner was aware of this, and whilst the team were present, ensured that the heaters in the corridors that were not covered, were switched off. A maintenance engineer was on site carrying out work on the radiators at the time and the owner contacted them to address our concerns. The local authority and Clinical Commissioning Group has been made aware of the planned work (the manager gave the team names of contacts for confirmation purposes).



Additionally, equipment was found within corridors and hallways of the home, which may cause a hazard to residents and staff. We also pointed this out to the manager.

Additional Findings

A relative had been involved in a recent review with the local council and a staff from the home. We asked if they are aware of the home complaints procedure, but they couldn't remember. However, if they did have any issue then they would speak to a member of staff or go to the reception and complain.

The manager shared additional information about the recent Care Quality Commission (CQC) visit and rating is now "Requires Improvement".

Summary of Findings

- Although the Priory is clearly in a state of flux, large scale investment considering the needs of the residents has resulted in an establishment which is showing clear signs of improvement. Overall, people had a positive experience with staff and service provided.
- Radiators covers are being replaced throughout the home, however, some radiators where found to be very hot.
- We have heard 'how staff morale has improved, and staff are feeling more positive about support from new management team and training offered'. Residents and staff should benefit from improved training facilities and a move away from on-line training package to face to face.

- Management talk to residents and relatives about the home daily or through resident and relative meetings. People felt involved.
- While more work needed, the home continues to make good progress and is currently rated as 'requires improvement' (Dec 2018) by Care Quality Commission.
- Peoples dietary needs are catered for and people felt they have enough food and fluids. Choices are offered to residents and we heard how the food has much improved.
- Activities are provided at the home, residents need, and preferences are considered. Some residents did want to do more activities and we passed this on the manager to explore further.
- Processes for supporting compliments, complaints and suggestions are in place but need to easily accessible to all. Complaints policy was not widely known with people, although the people we spoke would complain to staff on duty or management.

Recommendations

- Ensure that all radiator covers are installed and fitted securely. Those not covered should be turned off as a precaution to reduce potential injury, and temperatures to be monitored.
- Ensure corridors are kept clear of equipment and other obstacles.
- Investigate a comment raised by a resident over a bedpan and to take appropriate action.
- Remind staff about ensuring bathroom doors are closed to protect resident's privacy and dignity.
- Ensure areas of the home are free from unpleasant odours.
- Maintain an activity programme and ensuring people are given choices.
- Remind staff respond to resident's communication needs.
- Remind staff about the call-system and to take appropriate actions required.
- Remind people about compliments, complaints and suggestions procedures.
- Provide staff with ID badges to be worn so that residents and relatives can identify staff.



Service Provider Response

Healthwatch Telford & Wrekin received the following response to this Enter & View visit and report from the manager of The Priory Nursing and Residential Home in May 2019.

The manager has also provided the following information in response to our recommendations:

1. All radiators now have covers fitted.
2. A new storeroom has been provided for equipment. Storage is limited but this is stored away from corridors where it may present a potential hazard.
3. The comment raised regarding the use of a bedpan was investigated and not substantiated.
4. There is an odour control system in place and on walk around the service is checked for adverse odours.
5. There are notices placed on bathrooms doors reminding people for them to be closed at all times.
6. New activities programme in place with more being added such as a holistic therapist who now works with us 1 day a week.
7. The call system is now monitored by the management team and if the bell goes to emergency a senior member of staff will attend.
8. We have a complaint procedure in place and a suggestions box in reception. We actively encourage visitors and relatives to speak to the manager. The manager's office is now in reception and the manager has an open-door policy.
9. An ID management system has been purchased so we can produce ID badges on site. These are being rolled out over the next 2 weeks.



Acknowledgements

Healthwatch Telford & Wrekin would like to thank the residents and staff of The Priory Nursing and Residential Home for their contribution to the visit and our Enter & View programme.

Get in Touch

Please contact Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Telford & Wrekin or received elsewhere by people living in Telford & Wrekin.

We gather comments anonymously and share them with the public, service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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