

Enter And View

Report
The Cottage Nursing Home

Carried out 29th March 2018



Local voices
improving local
health and social care



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Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall Authorised Representatives, will carry out these visits to health and social care premises to find out how they are being run, and make recommendations where there are areas for improvement.

The Health and Social Care Act, allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises. 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 Walsall 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 Walsall safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.



Provider Details

Name: Cottage Nursing Home

Address: 57/58 Blakenall Heath

Bloxwich

West Midlands

WS3 1HS

Service Type: Care home with nursing: Dementia and old age

Home Capacity: 33

Date of Visit: 29/3/18

Authorised Representatives

Name: Ross Nicklin

Role: Healthwatch Walsall Advisory Board

Name: Simona Zetu

Role: Volunteer observer

Name: karam Kaur

Role: Volunteer observer

Purpose of Visit

To observe the physical environment of the home and the interactions of staff and residents

- To listen to, observe and capture the experiences of service delivery from the residents and relatives
- The reason for the announced visit was that the last CQC inspection report dated 23rd June 2017 stated that the Cottage was rated as good also, the home was recently highly commended in the Walsall NHS SPACE program awards 2018

Physical Environment

External

The exterior of the building was well maintained although given its proximity to the road car parking was difficult and congested. This could present difficulties for visiting physically disabled individuals. There is no CCTV to the exterior of the building. Entry to the home was via a bell.

Internal

Visitors are requested to sign in; however, consideration should be given by management/owners to providing a visitor/contractor signing in book which both meets legislative requirements and imparts the relevant health and

safety information at the point of signing. This would include a tear off identification pass facilitating and indicating authorisation to be on site.

The reception area displayed the obligatory documentation. This included the employer's liability insurance, the fire plan in the event of an emergency and the current CQC registration/rating. The office is immediately adjacent to the reception.

Once through reception there is a treatment room which is locked where medicines are kept, a large communal lounge/dining area, kitchen and assisted bathroom.

The resident rooms are arranged over 2 floors with the upper one accessed by lift and stairwells. Both of the floors are decorated to a good standard although some of the older decor areas are due a facelift, so we understand.

The large communal lounge on the ground floor has a TV/DVD. In addition, there is a nursing station affording close proximity to those residents using the lounge during the day. There is also a dining area which is adjacent to the kitchen, although we did observe a number of residents choosing to take their meals at their chairs using side tables.

This lounge acts as the main focal point for residents and it was encouraging to see that a large number of residents were actively making use of its facilities and activities as provided. In addition, relatives also use this area to visit in the event the resident is not in their own room.

Furniture and soft furnishings were plentiful and mainly in good condition, albeit there was a mix of newer and older more tired pieces, especially in heavy traffic areas. As the home is in the process of refurbishment perhaps some of these items could be replaced. These were arranged sympathetically to encourage interaction between residents which we saw in abundance during our visit.

The garden is accessed from the downstairs lounge and whilst this is adequate its landscaping could make it difficult for some residents to access easily. There also did not appear to be many sensory aids in the garden area.

On the upper floor there is another, smaller communal lounge which is primarily used as a sensory lounge. In here there is also a hairdresser's station and a vending machine.

As part of the sensory experience for residents, fibre optics are used as stimulation and can be transported to individual rooms via a trolley. There are assisted bathrooms and wet room which are to a good standard and contain the obligatory lifting equipment.

All of the communal areas, including the corridors, are bright, clean and free from clutter, therefore reducing the risk of trips and falls for residents.

We did not carry out any interviews in resident rooms although we were shown a typical number during our tour of the facilities They appeared to be clean and well appointed

Resident Numbers

Capacity is 33 with 21 single rooms and 6 shared room.

Staff Numbers

There are presently 42, including 1 management, 1 maintenance, 3 domestics, 1 administration, 2 activity coordinators and 4 catering. The remainder are nurses, (9) and carers, arranged over day and night cover. Typically, this is 6 carers and 2 nurses during the day, 4 plus 1 in the afternoon and 2 plus 1 during the night.

Agency Usage

We were told that agency staff are only used 2 or 3 times per annum and Home tries to use the same agency.

Resident Experiences and Observations

We managed to speak to 3 residents who were able to share their experiences. The feedback received from individuals was positive as they told us that their personal choices in respect of dress, food and drink and personal care were respected. Indeed, all of the residents' appearances such as hair, clothes, nails, etc., that we spoke to were clean and in good order.

We were told that residents felt able to speak readily to staff regarding their individual needs and that they were responsive to their requests. One resident was able to tell us that staff always seek permission before providing care.

All of the residents we spoke to felt safe and free from risk. They were aware there was scope to raise concerns or complaints with staff and at least one resident told us that they knew how to do this. The residents appeared to be well looked after.

We were told there were regular visits from healthcare professionals such as the GP, chiropodist, optician, etc., although residents are also supported to take these services outside the home if this is their preference whether individually, with relatives or a staff member. One resident told us that dentist visits for example are arranged anytime to suit them.

The residents we spoke to confirmed that they were treated with dignity and respect. However, one resident told us that they would like more room which we understood to mean space in the communal lounge. We do take on board the physical restrictions of the infrastructure and at the time of our visit the lounge was being used positively by many residents undertaking activities etc and therefore was very busy.

To confirm this, there was positive feedback regarding the interaction of the staff with residents. We were told that the staff were polite and used resident first names in conversations.

Residents generally seemed to be aware of the range of activities available to them and one told us it was their own choice regarding participation.

At least one resident told us that call bells were easy to reach and they knew how to use them.

The residents we spoke to were happy with the meals and drinks provided both in terms of quality and choice of menu. There is also a flexibility as to where meals are taken with an emphasis on communal dining in the lounge area. At the time of our visit we saw meals being served which looked to be of a high standard.

Family and Carer Experiences and Observations

We were able to speak to 2 family members on the day of our visit. Both of them had very positive feedback of their experiences of the home. They were made to feel welcome and able to visit at any time. They felt they were kept informed regarding the relative at all times and constantly involved in the care process.

Another, told us that they chose the home for their relative following it's rating having researched alternatives on the internet. They told us it was extremely difficult to find a home that accommodated couples which the Cottage does. Relatives also said they were impressed with the activities as provided by the staff, the variety and quality of the food and felt that their relative was safe and treated with respect at all times.

They told us that the dignity of their relative was always observed and staff used resident first names. This relative was also very complimentary regarding the staff support and felt that there was always enough on duty.

Activities

The home places great emphasis on providing a varied and proactive program of activities through two dedicated coordinators. At the time of our visit there were a number of Easter bonnets in the lounge which residents had made.

Each resident has their own profile around which activities are planned. One resident who had suffered a stroke was now receiving help to carry out activities with his unaffected hand therefore ensuring his ongoing inclusion.

There are reflex and sensory groups as well as visiting entertainment and planned Outings.

In addition, special events such as birthdays are celebrated. Memory boxes are also utilised.

Clearly, engaging residents is a very high priority for the home and activities are person centred.

Catering Services

The current food hygiene rating is 5 which is excellent. The residents we spoke to were happy with both the quality and variety of meals provided. Kitchen preparation areas were clean and food storage was adequate, however some of the equipment looked a bit tired.

There is a choice of menu which is changed every 3 weeks. There is an understanding of nutritional and hydration requirements and we saw soft/ puréed meals being provided.

Monthly weight checks are undertaken; a dietician is involved in the meal planning Process.

Meals can be taken either at the designated meal time or at resident request and residents can eat in their rooms.

We were told that residents often ask for favourite meals which are provided.

Staff Experiences and Observations

On the day of our visit we managed to speak to 4 staff members, including the home manager, carer, activities coordinator and chef.

There is a good emphasis on staff training and they are able to progress their roles and acquire new skills accordingly. We were told that there is a training matrix to cover all employees. Training is carried out either by external trainers or internally by management and in tandem with the local health authority. One staff member told us that they felt motivated and that staff morale was good.

Care plans, which are developed from pre-assessment are used to monitor resident preferences and changing health and wellbeing needs. Staff handovers are the conduit to report or communicate any concerns to management and relatives. The home uses a 'resident of the day' system which follows an individual throughout the whole care process with all relevant staff providing important feedback at every stage of the process.

This then allows for the care plan to be updated. We were told by management that staff are knowledgeable of the Mental Capacity Act and also DOLS procedures. Recruitment carries a high priority to include DBS and identity checks, former references and a focus on NVQ accreditation.

We were also informed that often work experience individuals do support staff numbers.

One carer told us that there is an open culture in which staff concerns can be raised and that management are very supportive of this process. They also told us that they felt supported in their role and to undertake additional training.

There isn't a high turnover of staff and most of the numbers have worked at the home for some time. Management assume a high level of visibility within the home.

We were told by management that there is a quality assurance system in place. The manager and deputy were responsible for carrying out mandatory audits of the system.

We were told that complaints and concerns are documented and followed up with remedial actions put in place. We were also told by management that they encourage and facilitate visits by healthcare professionals into the home. Various GP surgeries are used for the residents.

We observed a number of staff and resident interactions during our visit. Staff used first names when speaking to residents and addressed them in a caring and friendly manner.

We were told that medications are effectively controlled by nurses and given as Prescribed, one local pharmacy is used.

Summary, Comments and Further Observations

The feedback received was mostly positive and the staff are striving to provide a high standard of care for the residents. The staff and management are endeavouring to put the residents at the centre of the service provision and there is a strong sense of community.

In particular the home's approach to engaging residents through activities should be praised.

We thank the residents, relatives, staff, management and owners for their co-operation and contributions during our visit.

Recommendations and Follow Up Action:

- Tear off identification pass facilitating and indicating authorisation for visitors and contractors to be on site
- Consider utilisation of a designated quiet area/space for residents
- Revisit in the future following planned refurbishment
- Consider reorganising car parking to facilitate less congestion for all users

Provider Feedback

Thank you for your feedback and recommendations.

We will take this on board and have already made changes for visitors/contractors.

We understand that the downstairs lounge can become quite busy at times and activities staff will encourage utilizing the upstairs lounge for those who would like to use it for quieter activities, such as music, reading or films.

We also use the upstairs lounge for residents coffee, chat and get together as well as jigsaws and games and family parties as well as sensory mornings.

We will try and improve car parking, which can be a problem in the mornings.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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