

# Enter & View Report:

**healthwatch**  
Trafford

## Faversham House Nursing Home

59 Church Road,  
Urmston,  
Manchester,  
Greater Manchester,  
M41 9EJ

Tel: 01617485998

Owner: Mrs R.Hind

Manager: Martyn Davies

Date of visit : 5<sup>th</sup> May 2017

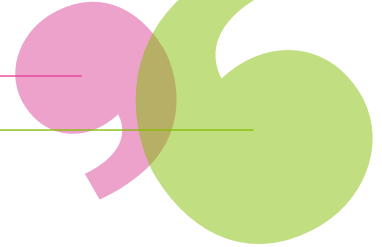
Date of publication : June 2017





## Contents

What is Enter & View? .....	3
Acknowledgements .....	3
Disclaimer .....	3
Executive Summary and Recommendations .....	4
Purpose of the Visit .....	5
Strategic Drivers .....	5
Methodology .....	6
Introduction .....	7
Profile of Faversham House .....	7
Management of the Home .....	8
Examples of best practice .....	10
Summary of relatives' responses to questionnaire (appendix 2) .....	10
APPENDIX 1 - Management questionnaire and responses .....	11
Pre-visit questionnaire for management of the provider organisation .....	11
APPENDIX 2 - Relatives questionnaire .....	18
Distribution .....	20
Contact details .....	20



## **What is Enter & View?**

Part of the local Healthwatch programme is to carry out Enter & View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and view visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.

## **Acknowledgements**

Healthwatch Trafford would like to thank the management, staff and residents of Faversham House Nursing Home for their contribution to the Enter & 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, only an account of what was observed and contributed at the time.



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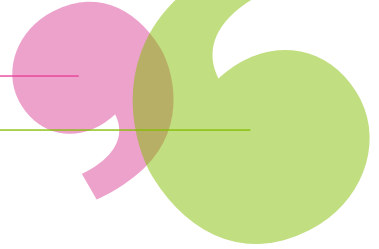
## **Executive Summary and Recommendations**

### Findings

- Faversham Nursing Home caters for a broad range of residents aged 40 years old and upwards and from all communities.
- There are many long-term residents
- All residents we listened to spoke of their satisfaction with the care they received
- The Home is welcoming and appears well staffed
- Staff are clearly happy at Faversham and this permeates the atmosphere providing good responsive interactions with the residents
- We found the Home to be well managed
- The Home has an open-door policy and visitors during our morning session were evident, all having signed the visitors book.

### Recommendations

- As evidenced in the executive summary, we could not find any specific recommendations over and above those described on page 20 (Examples of Best Practice).
- Of the six relative questionnaires completed, all rated the home very highly (see p10 and Appendix 2).



## Purpose of the Visit

The visit is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing and identifying best practice in the provision of care homes for vulnerable older people requiring social care or nursing care
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

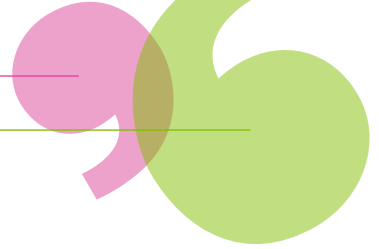
This E & V visit is taking place as part of a three year programme of visits to every nursing and residential home in Trafford which has publicly funded residents. This visit is undertaken by lay people who are trained and authorised representatives of Healthwatch who will report on the quality of care they perceive is provided on the day of the visit. This is not an inspection.

## Strategic Drivers

We are using any/all of the following criteria for the timing of our visit.

- Ageing population in Trafford requiring care homes
- 'Good practice' policy Healthwatch Trafford
- Length of time since the last CQC visit so that we are not placing an unfair burden on care home management and staff by having two visits in close proximity.
- Where any issues of concern are raised with Healthwatch either by a resident or their carer. Carers will complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch - as an independent body - will consider whether a visit is warranted.
- When invited by care homes to publicise good practice or points of learning.
- Care Quality Commission & partners 'dignity and wellbeing' strategy: [<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>]
- Changes in management of the home.

These visits are simply a snapshot in time but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.



## **Methodology**

This was an announced Enter and view visit.

Contact was made with the manager of Faversham House Nursing Home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

We sent a questionnaire to the management of the home and received responses prior to the visit (Appendix 1).

We sent a questionnaire to residents' family and carers for them to respond anonymously (see Appendix 2).

We looked at local intelligence including CQC reports.

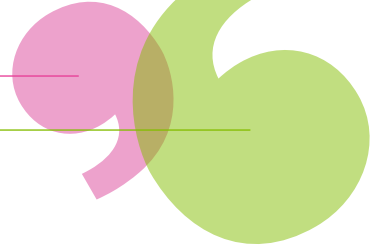
We were guided by staff on the residents we could approach to answer our questions. We had discussions with 8 residents and four members of staff.

*\*Permission to speak to residents was received from the Manager prior to any conversation taking place.*

## **Healthwatch Trafford Authorised Representatives**

Heather Fairfield

Sandra Griesbach



# The visit

## Introduction

Healthwatch Trafford visited Faversham House Nursing Home on the 5 May 2017. The authorised representatives undertaking this visit were Sandra Griesbach and Heather Fairfield.

Healthwatch Trafford undertake enter and view visits of any care home, GP surgery, hospital or other health or social care facility which is publicly funded either in part or in whole. These visits aim to paint a picture of residents and patients' experience and we hope that our reports will be used to inform the general public and potential users of service on what they can expect.

These visits are not inspections; they are a snapshot of what we observed on the day of the visit. As these visits are not inspections, we have framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer. We have also observed governance arrangements to see how the home is run and assessed whether we feel it meets standards that the public should expect.

Before our visit, we sent questionnaires out to the management of Faversham House and also to the residents' families/carers who were asked to anonymously provide their views. The questionnaire for management and the Manager's response is provided at Appendix 1 and the questionnaire for residents can be found at Appendix 2. The responses to Appendix 2 are summarised on page 4.

## Profile of Faversham House

Faversham House Nursing Home is registered to provide 20 beds to provide accommodation (mainly but not exclusively) in single rooms for residents who require nursing and personal care. If available there is one bed that can be used for respite.


The fees are £790 per week. Some residents are self-funders, some are continuing healthcare patients, others are placed by Social Services. Most of the residents are from Trafford, with the exception of one individual who is from central Manchester.

## General Observations

The Home was odour free. Although the Home is old, the décor was in good order, bathrooms had recently been updated to provide wet room facilities. The home is set in pleasant gardens and there is a conservatory that residents can use as well as two sitting rooms which are airy and spacious with high ceilings.

Most residents are situated on the ground floor. However, as well as the stairs there is a spacious lift.

We spoke to eight of the 19 residents in the Home. Everyone was happy with the quality of the food. There was easy access to drinks (hot or cold), fresh fruit, newspapers and books.



There were two or three choices at lunchtimes and cooked breakfasts were provided for those that wanted them. One resident described the food as ‘being as good as The Midland’. One long term resident said that ‘she was very comfortable, had everything she needed and had super food’. Another resident commented that the Home had ‘encouraged him to eat normally again’, having previously been unable to.

Residents commented on the ‘fantastic nurses’ and commended the Manager as ‘very good’. Visitors are encouraged to visit loved ones at any time during the day.

Residents commented on the range of activities they could access. Visiting coffee shops, going to the local theatre, visits to other towns and attending football matches were cited as enjoyable pastimes. An activities co-ordinator works pro-actively with all residents and had a good understanding of residents’ likes and dislikes.

Residents said they felt safe and secure, and were treated with dignity and respect. One resident who was sharing a room, expressed the hope that he could have a single room at some point in the future so that he could watch TV programmes and play the music he liked.

Each resident has a key worker who has the overview of their resident’s needs. Residents we spoke to knew who their key worker was. Residents are able to choose when they get up and when they go to bed. At nights, there are two-hourly checks by staff. There are two residents from BME communities but we did not meet them.

## **Profile of residents**

We witnessed residents with spinal injuries, those that needed catheterisation, those with acquired brain injury, residents with dementia and those that needed specialist feeding procedures. Most residents needed to be hoisted into wheelchairs and all needed help with personal functions. There are three residents at first floor level and they are bed-bound.

## **Management of the Home**

The following comments should be read in conjunction with Appendix 1 which was completed by the manager of the home prior to the visit. On the day of the visit the Home’s senior management team provided us with the information we requested quite readily.

There is no self-medication in the Home. All medications are administered by trained nurses.

Staff explained that there were some examples of challenging behaviours but nothing exceptional or of any concern.

The Home provides end of life care - there were notice boards devoted to what residents could access and examples of standards and best practice. There was also a large notice board at the entrance to the home with photographs of the staff, when they had started work at the home and pictures of the different uniforms which enables residents and their families to identify roles. The majority of staff have been at the Home for many years, as has the senior management team, and this appeared to Healthwatch Trafford to be one of





the reasons for the quality of care provided. There was only sparing use of bank staff and the normal staff were on call if needed.

If residents have pressure sores, then air mattresses are provided as are low-rise beds for residents prone to falls.

Residents have a choice of GP although, in practice, two GP surgeries see most residents. These practices were stated as being responsive to residents' needs. Residents were full of praise for their GP. Staff take the residents to the surgeries as there is no regular visiting schedule by GPs in the home.

Support is available from a range of practitioners - for example podiatrists, dietician, continence nurse. The only problem encountered was in relation to dentistry as arrangements need to be made to visit dental surgeries and this has implications for staff availability.

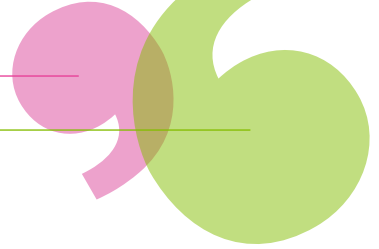
The Home had been introduced to the Trafford Clinical Commissioning Group's new innovative service the Trafford Coordination Centre [TCC] which helps provide advice and takes over responsibility when requested for ensuring effective co-ordination between services for those who have complex needs. The Home stated that this had taken some pressure off the management team. TCC had also visited the Home to introduce themselves and this personal contact had been welcomed.

A computer system (CareDoc) - which is used by management to help monitor the extra care being provided to residents - is used and we saw information which recorded instances when residents had fallen, been taken to A&E, presented at the GP etc. In relation to falls there had been none in the home for some time. The system was also used as part of staff handover and staff could leave messages on the system as appropriate. All Deprivation of Liberty assessments had been undertaken although there had been a lengthy delay for one resident who then required two back to back assessments as the 12-month limit for review had been exceeded.

The Home is strong in terms of training and supervision much of which is provided by the Manager. As well as catheterisation, the qualified staff can now do tracheostomies. The Care Certificate is encouraged and some staff have an NVQ3 with the Manager undertaking an NVQ5. There is annual moving and handling training also for all staff.

Advance Directives (which put into writing the resident's final wishes) are recorded on CareDoc as are family histories. There has also been dementia advisor training to provide a better understanding of how dementia affects individuals as well as an annual medication audit with an independent medication audit undertaken by Boots the Chemist.

Residents weights are taken regularly to ensure good nutrition/hydration.



## Examples of best practice

We felt that the personalised care provided to residents was of a high standard. Having a notice board which showed how long staff had worked at the Home provides both residents and their families with confidence knowing that good relationships were promoted.

During our visit, the senior nurse was called to a neighbouring but unrelated Home to ask for advice and we learned that this was common practice and one way in which learning could be spread.

On the CareDoc system, photographs of residents are posted against their details, providing easy recognition for anyone using the system.

## Healthwatch Trafford suggestions for extending good practice

<http://www.bbc.co.uk/rd/blog/2017-02-bbc-rem-arc-dementia-memories-archive>

- a programme to encourage reminiscence in people with dementia.

<https://www.carehome.co.uk/news/article.cfm/id/1574414/paper-armband-care-workers-malnutrition>.

-this is a paper armband, which can be routinely used to identify changes in nutrition or hydration.

## Summary of relatives' responses to questionnaire (appendix 2)

We had six response from relatives, all of which were very complimentary with no expressions of any concerns. All six responses rated the home as either nine or ten on a scale of one to ten.

Examples of comments received:

*"Top class care home. Couldn't ask for any more from the staff. All are very professional and caring at all times."*

*"My husband has just recently been transferred to Faversham House. All the staff have been very supportive at a very difficult time. They are friendly and treat all the residents with respect. The residents' needs are attended to quickly. The meals are appetising and the home is always clean."*



## **APPENDIX 1 - Management questionnaire and responses**

### **Pre-visit questionnaire for management of the provider organisation**

Q1. How do you facilitate your residents and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

Open door policy, resident's meetings four times a year, relative meetings yearly, satisfaction questionnaires, 'one for all box' located on the ground floor

Q2. Do volunteers come into the in the home? If so what type of activities do they do?

We have volunteers from both Church of England and Roman Catholic faiths come in weekly. We have had numerous volunteers over the years that act as a befriender for the residents. We are in the process of having two new volunteers come into the home. Volunteers usually take part in one to one time with the residents and also help on group outings

Q3. Do other organisations come into the home? If so who are they and what do they offer?

Religious organisations as mentioned above

Q4. Do residents have fresh fruit and vegetables on a daily basis`?

Yes and residents can specify not only what fruit and vegetables they want but literally any food or drink they want and this is ordered to specification



Q5. Are drinks available and within easy reach? Are drinking levels monitored and recorded in care plans where there are concerns?

Drinks are available 24 hours a day and again this is whatever the person wants. There is also a tea and coffee making facility for friends and families with fresh cakes made daily. Residents are on fluid monitoring charts if required and this is logged on CareDocs. It can also calculate how far away they are from their daily target.

Q6. Do you seek advice from nutritionists where there are concerns (residents losing weight or experiencing any level of pain)?

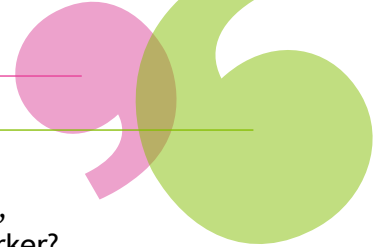
Yes. Our computer system, CareDocs remind staff of when a person needs to be weighed and this may be weekly, fortnightly or monthly. It also calculates their BMI and MUST score and also charts their weight over a time period. We have a close working relationship with both the community dietician and the community neuro dietician

Q7. How do you gauge that residents enjoy their food and drink?

Residents meetings, keyworker reviews, satisfaction surveys

Q8. Does a single GP practice cover the medical needs of the home or do residents retain their own family doctor?

Residents are able to retain their own GP or if they are admitted from out of area we always ask them or their advocate if they have a preference of which surgery they would like to be registered with.



Q9. Which healthcare professionals visit the home at your request e.g., chiropody/podiatry, physiotherapy, district nurse, dentist or social worker?

Social workers, Clinical Case Managers, Chiropodist, Dementia crisis team, nutritionist, physiotherapist, Dentist, Ear specialist nurse, occupational therapist, GP, speech and language therapist, Optician

Q10. If professionals do not come into the home, how do you access their services?

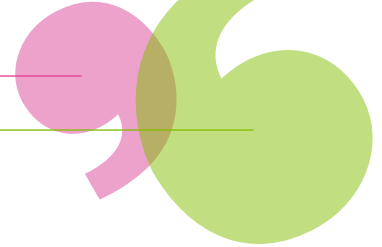
Most professionals do come into the home however sometimes we struggle to get the dentist in. If this is the case, we will arrange for the person to visit the dentist and the home will pay for one of the staff to escort them. The person has to pay transportation cost as well as any fees payable to the dentist.

Q11. Are residents likes and dislikes recorded in care plans?

Yes. All likes and dislikes in regards to food and drink, activities and routine are logged on CareDocs and is updated by the keyworker. A life story is also completed for residents and is updated annually.

Q12. Are residents encouraged to talk about their past lives and how do you encourage this? Examples might include local history books, old photographs or films.

We have a selection of old history books that residents can access. We also have theme days. In January, we had a 1940's theme day



Q13. Do residents have choice over what they wear each day?

Yes each day residents are encouraged to choose their own day wear and night wear

Q14. How do you cope with making reasonable adjustments in relation to residents with dementia, learning disability or other special needs such as autism or challenging behaviour?

By having high staffing levels, each staff having a nominated keyworker and named nurse, by having dedicated supernumerative staff (Holistic therapy Monday, Tuesday and Wednesday and Activities facilitator Thursday, Friday, Saturday and Sunday) we are able to provide one to one care where required.

Q15. How do you address the needs of people from minority ethnic groups or of different cultures and faiths?

We address this by looking at that person's individual needs and planning from this.

Q16. Do you have visiting faith leaders in the home?

Yes



Q17. Do you think about encouraging family and friends to think about having advance directives?

Yes, there is information about advanced directives outside room 7. Every resident is offered a chance to make a preferred priorities of care document and this is reviewed regularly

Q18. Do you invite the community to bring in pets?

Yes

Q19. Do you have regular meetings with residents' families?

Yes however these generally aren't attended. By having an open-door policy and the management making themselves available to friends and family whenever they want and for all residents families or loved ones to be invited to their care plan review (with the consent of the resident) we tend to meet with people regularly this way.

Q20. Do you take residents out into the community?

Yes, all the time. We have group outing monthly wherever possible residents also get the opportunity to go out one to one with staff. They often go to the pub, the cinema, shopping both in Urmston and the Trafford Centre with the activities facilitator



Q21. If a resident falls, what measures do you follow? Do you call a GP, the ambulance service or utilise other measures? Do you record falls in every care plan, however minor or major.?

Yes falls are logged in individual care plans and an incident form is completed to look at anything we can do to make things better/safer for that person or to look at trends. We have a quality markers board so we can audit any falls. We have only had one this year on the 31st of January when a person was at an outpatients appointment with their relative. We have invested in a number of low rise beds so these can be used for anyone at risk of falling if needed and specified in their individual falls risk assessment. Depending on the type of fall and any injuries sustained would determine what outside referral we do.

Q22. What preventative action do you utilise to prevent falls? Have you access to a falls advisor?

Tele care equipment where required. Low rise beds. We can request that people are referred to the falls clinic if required.

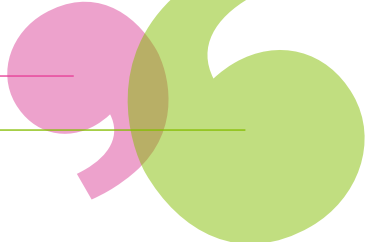
Q23. What, if any, feedback have you had from residents in the last three months which have resulted in change?

None that springs to mind.

Q24. How do you keep abreast of good practice? Examples might include e-learning packages, formal training, mentoring, staff appraisal?

Appraisals are completed yearly. Staff have supervision every 12 weeks where training and development is discussed. Not only mandatory training is discussed but also staff can access enhanced training if they have a specialist interest

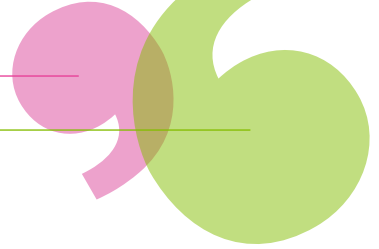




Q25. How do you prevent residents' feelings of loneliness or isolation?

Open visiting, regular outings, one to one time with staff

Q26. What are the practical everyday things that would help you to provide the best possible care for your residents? Please describe?



## APPENDIX 2 - Relatives' questionnaire

### 1. Do staff talk to you regularly about your loved one's:-

General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

### 2. Do you think that your loved one;-

Is happy with the care received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has plenty to occupy them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys their meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys the company of other residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is lonely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

### 3. Do you know whether:-

Staff know about the work or family interests of your loved one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Take them out into the community (shops/libraries, local events etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are they treated with kindness and compassion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

### 4. Are you:-

Consulted on changes needed to care plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
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Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)?

Yes

No

Don't know

**Please add in any other comments or observations you would like to make in the box below.**

**Would you recommend this home to anyone else?**

Yes

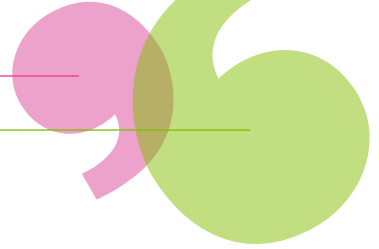
No

Maybe

**Overall, on a scale of 1 to 10, how would you rate this home?**

[with 1 being very poor and 10 being excellent]

out of 10



## Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

- Trafford Health and Overview Scrutiny Committee
- All Age Commissioning Team

Trafford Clinical Commissioning Group

Healthwatch England

Chief Nurse / Associate Director of Nursing for Trafford CCG

The provider visited

It will also be published online on the Healthwatch Trafford website ([www.healthwatchtrafford.co.uk](http://www.healthwatchtrafford.co.uk))

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