

Enter & view Report:

healthwatch
Trafford

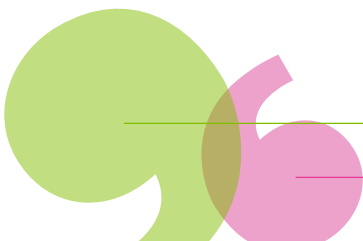
Shawe House
Nursing Home
January 2017





Contents

What is Enter & View?	3
Acknowledgements.....	3
Disclaimer	3
Details of the visit.....	4
Executive Summary	5
Purpose of the Visit	5
Strategic Drivers	6
Methodology.....	6
Introduction	7
Observations	7
Residents and Families' Views.....	8
Wellbeing	8
Care.....	8
Daily routine.....	10
Safety & Environment.....	10
Fundamentals	11
Inclusion.....	11
Is there anything you would change?	11
Recommendations:	12
Appendix - 1: Predefined Questions Whilst on Visit	13
Appendix - 2: Questions answered by the Manager of Shawe House Nursing Home prior to the Enter and View visit.....	14
Distribution.....	17
Contact details.....	17





What is Enter & View?

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

Healthwatch Enter and 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 Shawe House 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.



Details of the visit

Purpose of the visit

Review of Care Home provision in Trafford

Service Address

Shawe House

Penny Bridge Lane, Flixton, Manchester M41 5DX

Service provider

Shawe House Nursing Home Limited

Date and time of visit

Saturday 28th January 2017 - 10.00am -1.00pm

Authorised representatives

Sandra Griesbach and Patricia Lees

Contact details

Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG



Executive Summary

Shawe House is situated in a secluded residential location in Flixton and is a privately owned large Victorian residential house. The home has been in existence as a care home for 20 years and has been extended over time to specialise in providing care and support for people living with mid-to-advanced dementia. We were informed by the Manager that an extension for 14 more rooms is currently going through the Planning process. The outcome of this Enter and View is positive. The authorised representatives leading this visit felt that standard of care administered by staff at Shawe House is good. However, the corridors of the home are narrow with little natural light, when wheelchairs or the cleaning trolley need to use the corridors there is a necessity to wait until it has been cleared before entering. The Enter and View team found the home's décor and design shabby. Where locks have been removed from doors to address a Care Quality Commission [CQC] requirement¹ this has left a large hole on doors.

The Enter and View representatives observed:

- That residents appeared safe in their surroundings.
- That staff are attentive to the needs of the residents.
- That to promote social inclusion, the home provides communal lounges with communal tables for eating meals.
- That there is a secure environment with staff on-site 24 hours a day, seven days per week.

On the day of the visit the Manager of the home was extremely helpful in supplying information to the Enter and View team. We were given the freedom and permission to speak to people and go anywhere within the communal areas of the home.

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 & 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

¹ Please see the Shawe House CQC inspection report from December 2016:
http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2969491624.pdf



Strategic Drivers

- Ageing population in Trafford requiring care homes
- ‘Good practice’ policy Healthwatch Trafford
- Care Quality Commission & partners ‘dignity and wellbeing’ strategy, which states that:

‘People using services are treated with respect and dignity at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people’s dignity and treats them with respect at all times. This includes making sure that people have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in their local community’. [<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>]

Methodology

This was an announced Enter and View visit.

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

Some predetermined questions were available to the Enter and Visit team carrying out the visit and these can be found in Appendix 1. Answers to questions that we posed to the Manager prior to the visit can be found at Appendix 2. We have included the Manager’s responses corresponding to the feedback in the body of the report. It was agreed with the Manager that the visit would last approximately two to three hours.

We had the discussions with the following:

- One family visitor* [the Enter and View team were unable to speak to residents due to their absence of mental capacity]
- Management and staff

**Permission to speak to residents/visitors was received from individuals prior to any conversation taking place.*



The visit

Introduction


Shawe House is a 33 bedded nursing home located in the Flixton area of Trafford. The home provides accommodation and nursing care for up to a maximum of 33 older people and accommodation is provided over two floors. Shawe house specialises in providing care and support to older people living with mid-to-late stage dementia. At the time of our visit there were 32 residents currently being accommodated in 22 single bedrooms and six shared bedrooms.

All residents at Shawe House require support to manage their nursing and care needs, many residents appeared to be at the advanced stage of dementia. During our visit, we observed residents with very challenging behaviour and staff being constantly watchful on where residents were situated. Staff are on-site 24 hours to provide care and support. The Manager informed us that the staff work a three-day working a week consisting of a 13-hour shift followed by four days leave. We were informed by the Manager that the 13-hours shift does allow a certain amount of staff consistency for residents as staff members are seen by the residents for long periods of time during the working week.

Currently the staff rota consists of six Registered General Nurses [RGNs] on day time duty and two RGNs on night time duty who are supported by nine care staff workers. The Manager stated that the qualified staff are a mix of Registered General and Registered Mental Health Nurses. To cover staff absences and sickness at Shawe House the Manager told us that the home uses one Agency to provide staff cover [named], who provide good up to date care training for their employees. The home also employs chefs, kitchen assistants, housekeeping staff, a caretaker and an activities coordinator.

Observations

Shawe House is set in its own grounds and is accessed down a narrow lane off the main Flixton road. It has a good-sized car park at the entrance of the building with signage to the main entrance of the home. There are two communal lounges, one with glass patio doors leading out into a self-contained garden area accessed via a ramp and steps. The Manager informed us that the garden can be used in the warmer months although many of the residents are not comfortable with open spaces. The communal lounges have comfortable seating arranged around the room, small and communal tables for eating meals [residents are not forced to eat at dining tables] and there are extra chairs for visitors and staff to sit. In one lounge, there is a large television on the wall. There appears to be adequate room for wheelchairs, the communal lounges are light and operational and the floor space appeared uncluttered and there was no evidence of rubbish or dirty linen seen lying around. On entering the building there is a variety of information available and we witnessed photographs of the staff displayed on the wall. The notice board included a request for visitors to bring in some cookery or home type magazines for the activity coordinator. On the day of the visit we saw that there were many residents in the corridors, some walking and one man sleeping on a settee, however the ambience of the home appeared calm.



We did not see signage to rooms but evidenced the names of residents in large letters on bedrooms and there was visual information, such as pictures of baths on the communal bathrooms. Corridors at the home are very narrow, a large hoist is kept on corridor for frequent use but stored to one side.

The Enter and View team observed that all staff wore a discrete uniform [blue, navy and lilac tops to identify the different job roles and black trouser] and clip on badges to avoid injury if grabbed.

At the time of the visit the Enter and View team considered Shawe House to be a busy, caring, safe environment for the residents who live there. The Enter and View observed that the behaviour of many of residents is very challenging and we observed staff having to be constantly vigilant toward residents.

Residents and Families' Views

Wellbeing

On the day of the visit we spoke to a relative [wife] who informed us that the home has an activity coordinator that works with residents individually and arranges social events, such as musical session which most of the residents seem to enjoy. The relative stated that her husband is very content and has been living at Shawe House since July 2016; he had previously been in another home but they both prefer Shawe House adding that it is:

“Fantastic!”

The relative informed us that she visits her husband from 9.45am to 1.00pm every day except Sundays [as access to public transport is more difficult on Sunday]. She informed us that she is able to bring in treats and staff are happy with the arrangement. She told us:

“He [husband] walks about the home; thinks he’s going to work. The staff allow him to walk around, he is content with that”.


The relative added that she had to organise a new GP for her husband as the family home is in Stretford outside the zoning area of the original GP practice. A GP from the Flixton area [named] now attends her husband and she had been informed that the GP is very happy with her husband’s progress and that she can phone the GP at any time if she has any concerns.

Care

We observed call bells within reach in rooms, however, during the visit we noticed that most residents would shout for attention. We observed washing facilities in rooms, we were informed that all residents require assistance for personal hygiene routines. We observed that mirrors in the communal lounges have been removed to prevent anxiety to patients.

When asked about the care that the relative’s husband is receiving, his wife said:

“Care, cleanliness, meals are all excellent. I have no complaints. Staff are great with him and me.’ ‘Staff are always there for you”.



She told us that if her husband needs a doctor, the home arranges it all and will even go to hospital with him if she is not available. She stated:

“He is always washed and dressed in the morning when I arrive. I sometimes shave him. He is safe in the home”.

“I have a good relationship with staff, they meet his needs. You can ask them anything, they are always there, available to help”.

When we asked about respecting her husband’s wishes and dignity, she replied:

“The staff respect all his wants and there is a curtain they pull around in his room [a shared room] when he needs some privacy”.

We were informed by management that arrangements are in place with five GP practices who look after the health of all the residents.


During the visit the Manager informed us that she is in the process of ensuring all Care Plans are up-to-date with an accurate record of care being provided. She added that because of the severity of residents’ mental condition, all 32 residents require a Deprivation of Liberty [DoLs] registration and a high proportion of applications are currently awaiting certification by Trafford Local Authority. We were told that professionals and family members have been involved in the Best Interest Decisions needed for all residents to enable them a quality of life in Shawe House Nursing Home. These decisions range from the type of food, medication [and how it is taken], dress, health and hygiene and knowing what residents’ previous likes and dislikes are.

The Manager informed us that a resident may be unwilling to take prescribed medication and Shawe House health professionals together with family and the resident’s doctor will collectively agree that in certain instances medication may be hidden in food if necessary. Although residents are mostly not able to make a preferred choice about menus, if it is not liked by them they push it away and staff will seek an alternative.

We were informed by the Manager that most residents, unless poorly, are transferred from bedrooms into the communal areas during the day and residents are allowed to move about, if able to do so safely. The Manager informed us that many of the residents are at the severe end stage in their dementia and many constantly walk the corridors as part of their condition. All residents on the day of our visit, whether walking about or immobile, were in the presence of staff who kept watch. We witnessed one-to-one care for two residents in the lounges, seated with carers.

The Manager informed us that residents are monitored daily to combat pressure injury on vulnerable tissue and air flow beds are used if a breakdown occurs. Wedges, low rise beds and crash mats are utilized to reduce falls for residents. The Manager informed us that three residents are currently being monitored with pressure sores and one of those residents is being ‘turned’ by staff.

The Manager stated that ‘End of Life’ care is provided in consultation with family and health professionals. The Enter and View team told the Manager of ‘Good practice’ in place at another care home in the Trafford area that puts a butterfly transfer on to the door of the resident at the end of their life indicating that consideration is needed by staff and visitors. The Manager liked this idea and would consider implementing this at Shawe House.



On the day of the visit the Enter and View team felt that the Shawe House is well led and that the Manager has placed the welfare of residents at the centre of the services being provided at the home.

We were informed that induction training is provided on employment, with legislative and update training scheduled as necessary. Recently seven new members of staff started work at the home, however, three have since left following their initial training period having realised the job was not for them. The Manager informed us that there are members of staff who have been working at Shawe House for number of years.

When we asked if visitors and family have concerns how do they feedback to management we were informed by the Manager that she has an 'open door' policy and that relatives and visitors can call in and discuss all concerns and that concerns are documented. We were informed that regular monthly relatives' meetings take place.

Daily routine

When we asked the same relative visiting her husband about his medication she stated:

"My husband has his medication throughout the day and always gets it on time".

When we asked her about her husband's meals and drinks at the home she said:

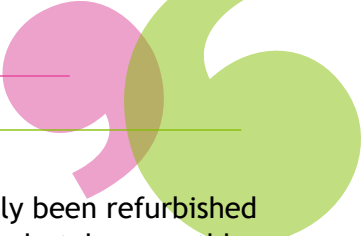
"There is always a choice, they can have what they want, there is an alternative if they don't like it'. 'There are always plenty of drinks, you only have to ask if you want something different.' 'He enjoys his meals".

We saw large protective aprons being provided and attached to residents at lunchtime and that residents can sit in an easy chair or at the dining table for their meals, whichever the resident or relative chooses.

The Manager informed us that some residents have to be Percutaneous Endoscopic Gastrostomy [PEG] fed in situ requiring specialist diets. A member of the Speech and Language Therapy [SaLT] team in consultation with Shawe House staff, the resident's GP and family help to determine a healthy diet for the resident. This will have included whether food can be eaten directly or whether a mashed or liquid diet is prescribed and will identify whether allergies or medication will be adversely affected.

Safety & Environment

Entry to the home is via a locked front door with fob entry for staff. The Manager told us that she, or in her absence her deputy will answer the door for visitors when the opportunity is taken to talk to visitors about residents if necessary. The Enter and View team observed a security grill on an outside emergency exit leading to a ramp. Locks have now been removed from all bedroom doors to comply with a recent CQC ruling that bedroom doors must not be locked with residents inside. This decision has resulted in a resident who has to remain in the bedroom now needing one-to-one care to ensure that other residents do not enter the room: [Please see the Shawe House CQC inspection report from December 2016: http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2969491624.pdf]



The Enter and View team observed the lift at the home that has recently been refurbished and is operational. The Manager informed us that deep cleans are now undertaken monthly, or sooner if necessary. We observed resident records in locked filing cupboards in lounges enabling staff to access residents' records quickly when needed as most residents spend their daytime in the lounges.

The Manager told us that relatives aired their feelings at any or all meetings. At a meeting recently the dispute over the locked bedroom door at night [see CQC 2016 report, <http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>], requested by relative for her mother, had now been resolved by providing one-to-one nursing staff to sit with the mother during the day, additional funding had been received for the service.

To enable us to gather further information on how safe residents felt at the home we asked the lady who was visiting her husband if she thought her husband felt safe at Shawe House, she provided us with the following comments:

“He feels safe. His door is not locked at night and if he wanted something he would shout. There is always a member of staff in the corridor near the bedrooms upstairs at night”.

“He feels quite safe in the home, there is always someone to help him”.

Fundamentals

We asked the family visitor if her husband received a shower or bath when he wants. She told us that that residents can have a shower or bath when they want, or if needed but always with the help of carers. We asked about the laundry of clothes the relative told us that the laundry is done on the premises and that her husband always got his own clothes back after washing.

Inclusion

Management informed us that the home has an activity coordinator who works with residents individually and is responsible for arranging social events such as musical session which most residents appear to enjoy. The family visitor we spoke to on the day told us that her husband enjoyed singing and dancing and will listen to the music in the afternoon if it's on television. She added that the home was great for entertainment and her husband enjoys it all.

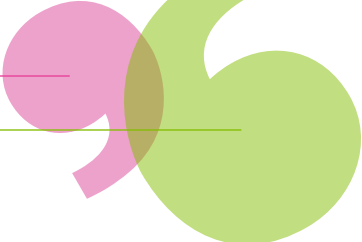
We were informed that a hairdresser visits the home weekly and that a podiatrist attends every six to eight weeks.

End of life care is provided in consultation with family and health professionals.

Is there anything you would change?

When we asked this question, the Manager stated:

“Yes, that a way should be found of providing a admin record keeper and release the front-line staff to provide the care for which they are trained”.



When we asked the same question to the relative visiting her husband she told us:

“I wouldn't change anything, she added, agency staff don't always know how to respond to these residents. It needs a special kind of person and tender loving care. But I can't find fault with the regular staff”.

Recommendations:

- Formalising the monthly Residents' Meetings and posting notes from the meetings on the notice board will provide opportunity to communicate with all families and not just those who attend. This will allow Shawe House to raise issues with families that could benefit all residents as well as inform relatives of future developments.
- Consider a programme of redecoration to improve the shabby appearance of the home and make it more welcoming to residents and visitors.
- Work with the Agency providing relief staff to Shawe House to ensure a greater understanding of how to respond and care for dementia residents.
- Good practice; Placing a butterfly transfer on to the door of a resident at the end of their life, indicating consideration needed by staff and visitors.



Appendix - 1: Predefined Questions Whilst on Visit

- **Wellbeing** - Are you happy here, what do you like best? Is there something you don't like?
- **Care** - Could you tell me about how the staff care for you? (Friendly? Helpful? Treat you with dignity?) If you have a problem, do you know how to ask for help?
- **Daily routine** - Does a regular carer help you to start the day? Can you tell me about your meals? (where do you have them & what are they like?) If you need medication, who gives it to you and when?
- **Safety & Environment** - How safe do you feel? Are you able to move about the home yourself?
- **Fundamentals** - Are you able to bathe when you want? What happens when clothes need washing? Can you have visitors when you want?
- **Inclusion** - What activities are available at the home? Can you go out by yourself?
- **Is there anything you would change?**
- **Further comments** - is there anything else you'd like us to know about?



Appendix - 2: Questions answered by the Manager of Shawe House Nursing Home prior to the Enter and View visit

Service Provider: Shawe House Nursing Home Limited

Address: Penny bridge Lane, Flixton, Manchester, M41 5DX

Manager: Mrs Sheila Woolridge

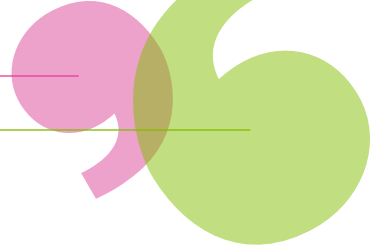
Date and time: 10.00am to 1.00pm Saturday 28th January 2017

Authorised representatives: Sandra Griesbach and Patricia Lees

Questions for Management	Response
<p>1.Night time staff cover:</p> <p><i>How do they deal with residents who need the toilet during this period?</i></p> <p><i>What happens if someone is taken ill and a member of staff has to attend for any length of time?</i></p>	<p>Most residents are doubly incontinent. The few that are not will wake and ask for the toilet.</p>
<p>2. Day time staff cover:</p>	<p>Staff work to the needs of the resident dependent on the continence issues.</p>

Questions for Management	Response
<p>3. Infection control</p> <p><i>How is this maintained i.e. with visitors and amongst staff</i></p>	<p>All staff and visitors have access to hand gel and there is a staff hand washing sink in separate room.</p>
<p>4. Are security and fire procedures evident?</p> <p><i>Are escape routes clearly indicated?</i></p>	<p>Front door is fob access only by staff</p>
<p>5. What actions does the home take to reduce falls/pressure ulcers?</p>	<p>Regular monitoring of pressure relief. All residents have pressure relief throughout the day. Falls are monitored.</p>
<p>6. If visitors and family have concerns how do they feedback to Management</p>	<p>Managers door is open they [family and visitors] will call in and discuss all concerns. This is documented, regular monthly meeting take place.</p>

Questions for Management	Response
<i>What is the home's procedure for gathering residents /family and carers concerns or comments and what is the homes following procedure?</i>	
7. How often do you carry out a family and carers review?	Monthly
8. Discharge from hospitals <i>What happens if management consider residents not able to return to home.</i> <i>Does the home have any concerns around discharge of their residents from hospital settings?</i>	Depending if needs have changed.
9. How many residents would have the capacity to answer our questions?	None have the capacity.
10. How do you get feedback from your residents that find it difficult to communicate?	



Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council

Healthwatch England

Trafford Health Scrutiny Committee

It will also be published online on the Healthwatch Trafford website
(www.healthwatchtrafford.co.uk)

 **0300 999 0303**

 **07480 615 478**

 **info@healthwatchtrafford.co.uk**

 **@healthwatchtraf**

 **Healthwatchtrafford.co.uk**



Floor 5, Sale Point

126-150 Washway Road

Sale, M33 6AG

healthwatch
Trafford