Enter & view Report :

healthwatch Trafford

Shawe Lodge Nursing Home

Barton Road
Urmston
Manchester
M41 7NL

Tel: 0161 748 7165

Owner: Ampersand Care Limited

Manager: Mr Jorge Fernandez

Date of visit: 25th October 2017

Date of publication:

Contents

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 Lodge 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.

Executive Summary

Findings and Recommendations

Findings

- Shawe Lodge Nursing Home provides nursing care for up to 41 people living with dementia. The current Manager was appointed in June 2017. On the day of our visit there were 38 people living at the home.
- The home supports people with complex needs and acute challenging behaviour.
- Residents we observed on the day appeared protected and calm living at the home.
- We received nine completed relative questionnaires. Seven out of nine relatives informed us that they felt their loved ones living at Shawe Lodge were treated with kindness and compassion. See full results here: https://healthwatchtrafford.co.uk/wp-content/uploads/2017/11/Shawe-Lodge-October-responses.pdf
- During the visit, we observed no activities taking place.
- The Manager and staff were pleasant and approachable.
- Staff we spoke to felt supported by the Manager.
- The entrance to the home is clean and tidy with a spacious seating area. There is a signing-in book on arrival at the home. Two visitors were present during the morning session.
- Much of the interior décor of the home is need of a repaint
- The Manager stated that he always seeks relatives feedback.

Recommendations:

- Address issue of accessing accurate information from local GPs who visit residents at the home *[please see paragraph 3 on page 12 of this report]*.
- Suggest working with Falls Team to implement preventative measures.
- Manager to source training in Advance Directives[1] for all staff members working at the home.
- Continue to focus on improving staff retention, to help ensure continuity of care for residents.
- Review laundry process to ensure residents own clothes are returned to them.
- Review activities with possible focus on individual activities as well as group activities.
- Consider redecorating the interior of the home in dementia friendly colours. [*see footnote on page 10 of this report*]
- Manager to source dementia awareness training for all staff members.
- Consider placing memory boxes and residents' photographs on bedroom doors.

[1] Advance Directives – are things you can do to make sure others know how you would like to be cared for and which medical treatment(s) you would want to refuse, if you ae unable to communicate those decisions yourself. [see link to Age UK factsheet: https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs72_advance_decisions_advance_statements_and_living_wills_fcs.pdf

Consider adoption of the following 'good' practice initiatives:

- 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.
- https://www.nice.org.uk/guidance/ng48
    - a link to the National Institute for Health and Care Excellence [NICE] for 'Oral health for adults in care homes'
- https://www.nwcscnsenate.nhs.uk/strategic-clinical-network/our-networks/palliative-and-end-life-care/six-steps-sucess-end-life-care/
    - link to Six Steps to Success in End of Life Care free on-line resource developed by the North-West Coast Strategic Clinical Networks. The programmes aid to enhance End of Life Care through facilitating organisational change and supporting staff to develop their roles around End of Life Care.

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 Enter and View visit has taken place as part of a three-year programme of visits to every nursing and residential home in Trafford which has publicly funded residents. The 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 was not an inspection.

Strategic Drivers

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

- Ageing population in Trafford requiring care homes
- 'Good practice' policy Healthwatch Trafford
- Length of time since the last Care Quality Care [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. Resident's family/carers will be asked to 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.
- CQC and 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 Shawe Lodge 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 Manager 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 talked to two residents, we spoke to two visitors and ten members of staff.

Healthwatch Trafford Authorised Representatives

Jean Rose

Georgina Jameson

Catherine Barber

Marilyn Murray

The visit

Introduction

Healthwatch Trafford initially visited Shawe Lodge on 28th June 2017 to carry out an Enter and View visit. The visit was cancelled on arrival at the Home due to the Manager informing the Healthwatch Trafford team that the Local Authority had carried out an inspection of the Home the previous day. Healthwatch Trafford team elected to rescheduled the Enter and View visit for Autumn 2017.

Healthwatch Trafford visited Shawe Lodge Nursing Home on Wednesday 25th October 2017. The authorised representatives undertaking this visit were Jean Rose, Georgina Jameson, Catherine Barber and Healthwatch Trafford staff member Marilyn Murray.

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 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 the public should expect.

Before our visit, we sent questionnaires out to the management of Shawe Lodge and 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 Shawe Lodge Nursing Home

Shawe Lodge Nursing Home is privately-owned and is part of Ampersand Care Ltd. For more information please use the following link:
https://www.carehome.co.uk/carehome.cfm/searchazref/65432205610

Shawe Lodge Nursing Home is registered to deliver nursing care for up to 41 people who live with dementia and provides support for people with complex needs and challenging behaviour. On the day of the visit 38 people were living in the Home. Accommodation is provided on three floors. A designated unit is on the second floor that supports male only residents living with complex needs. Communal rooms are situated on all floors. The kitchen area and laundry area are located on the ground floor. All floors are accessible by a passenger lift, at the time of the visit one lift was not working and engineers had been called to repair it. All bedrooms are single rooms with access to toilet and washbasin facilities. There is an enclosed garden and a small parking area at the side of the building for a limited number cars.

General Observations

The home was odour free, clean and tidy and the ambience of the home appeared calm and unhurried. Access to the home is security coded, there is a door bell at the entrance to alert staff. Inside the foyer of the home there is a spacious seating area for visitors and a signing-in book for visitors. The main body of the building is accessed from the foyer through secure inner doors operated by staff. On entering the home and throughout the building there is sanitizing hand-gel available. On the walls of the foyer there are photographs of residents taking part in a variety of activities, there were no dates when the activities took place. We observed a noticeboard with information of a forthcoming event inviting residents' friends and family members to attend. There was one staff photograph board displayed on the ground floor corridor wall.

The interior décor of the building is in need of a repaint, there is an absence of dementia friendly colours [2]throughout the building. The Manager agreed that the home's décor needed a repaint. Most of the bedroom doors have the names of the occupants painted on them. The Manager acknowledged that those rooms with names missing were in the process of having them put on. The Enter and View team suggested memory boxes for bedroom doors to help people identify with their own room. The Manager informed us that this would not be possible as many of the residents at Shawe Lodge would pull them off doors or walls and throw them.

Handrails were located on the walls of corridors and all corridors were orderly and uncluttered. We noted that twiddle boards [*for more information please see web link: http://www.activitiestoshare.co.uk/sensory-tactile*] had been strategically placed on some corridors walls for residents to use, however, the Manager informed us that, *"the residents don't bother with them"*.

Signage to facilities such as WC/bathrooms were clearly visible displaying a corresponding picture of the facility. We observed one hoist in situ over the bath in the shared bathroom on the second floor of the home. Fire extinguishers were situated throughout the building.

Staff informed us that most residents are out of their rooms and encouraged to be in the communal areas of the home during the day. There is a large communal lounge on the ground floor, during the visit there were several residents sitting in the lounge. We witnessed one female resident walking around singing quietly to herself. Other residents were either dozing or sat quietly, we observed staff integrating gently with residents, we saw no signs of engagement from the majority residents in the ground floor communal lounge and no activities taking place. A television set was on in the background. Members of staff informed us that a music session for residents was planned for that afternoon and that these sessions take place twice a week at the home and all the residents enjoy the activity.

We noted that some residents had drinks on side tables and within easy reach of the individual, at the time of the visit we did not see any resident in the ground floor communal

[2] *Using colour that contrast with the background draws attention to key features. For example, it can be easier to locate and use switches and sockets, railings and handrails that are of contrasting colour, for more information see link:* http://dementia.stir.ac.uk/design/good-practice-guidelines/colour-and-contrast*]*

lounge drinking without the aid of a member of staff. Staff told us that all residents have access to drinks throughout the day and that staff monitor the liquid intake of each resident.

We observed two smaller lounges are situated on the first and second floor of the home for residents' use. At the time of our visits some residents were watching the television, some were sitting quietly, others were interacting with members of staff, there was board games and card games available for residents' use. All communal lounges have a small number of tables and chairs that could double up for activities or for meal times.

During our visit, we observed the kitchen and dining areas and found them clean and organised. There was a large menu board on the ground floor showing the meal options for that day. In the kitchen, there was a white board indicating any specialist diets or specific preparations required for individuals. The chef has been in post for nine months and informed us that he has been introducing various changes to menus enabling residents to have more variety and choice. At the time of the visit we observed the Chef preparing fresh fruit and vegetables.

The Manager informed us that it was difficult to get residents to sit and eat in the dining area as many prefer their meals in the communal lounges. He added that the dining area tends to be used by relatives when they come to visit residents to enable them all to eat together.

Profile of residents

Shawe Lodge Nursing Home provides nursing and residential care for up to 41 people who have dementia or/and challenging behaviour. The Manager of the home informed us that some residents have been moved to Shawe Lodge from other services or other homes who have been unable to meet the specific needs of the individual. The residents we observed were clean and dressed appropriately. A hairdresser visits the home once a week. Many of the residents we saw on the day appeared comfortable in their surroundings.

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 Manager provided us with the information we requested.

When we asked how residents and their families raise any concerns the Manager informed us that relatives are encouraged to give feedback and they are informed how they can escalate their concerns. The Manager informed us that he had recently sent out a survey to all residents' families and is waiting to receive their feedback. One relative did inform us that the home used to have monthly resident meetings but that none had taken place over the last two years. The Manager informed us that he has re-established the residents group meetings with the first one scheduled for the 4th November 2017.

Prior to our visit, we had asked what measures were taken if a resident has a fall. We were informed that all falls are recorded on incident forms and the necessary action taken [*please see questions 21 & 22 on page 7 on Appendix 1*].

We spoke to several care staff including one agency worker during the visit who told us that they enjoyed working with the residents at Shawe Lodge. When we asked about staff training, the Manager informed us that this was taking place *[please see question 24 on page 7 of on Appendix 1]*. The Manager informed us that Trafford Council has provided Shawe Lodge staff with Deprivation of Liberty Safeguards [DOLs][3] and safeguarding training.

We learnt from the Manager that there are five different GP practices currently attending residents at the home. The Manager informed us that he would ideally like to see just two GPs practices attending, however when he has tried to register residents at the same GP practice, GPs complained that this would be too many patients for them to take on.

The Manager would like to see more involvement from GPs and for GPs to provide a fax or email summary outlining the results of their visit to residents at the home with any medication or procedures that the individual requires. Currently the Manager receives information second-hand from GPs via nursing staff at the home.

The Manager informed us that Shawe Lodge does not have any dentist visiting the home to carry out routine oral health checks.

Throughout the visit we observed the Manager interacting pleasantly with residents and members of staff and appeared to have a good understanding of each person living and working at the home. At the time of our visit we observed two residents who required one-to-one care which was being provided. The staffing ratio particularly on the upper floors appeared to be adequate.

[3] ***Deprivation of Liberty Safeguards*** *(**DoLS**) provides protection for vulnerable people who are accommodated in hospitals or care homes in circumstances that amount to a deprivation of their liberty and who lack the capacity to consent to the care or treatment they need.*

Summary of relatives' responses to questionnaire (appendix 2)

We had nine responses from relatives, seven out of nine relatives told us that they felt that their loved ones were treated with kindness and compassion, the remaining two stated they didn't know.

Please note that all the comments below received from relatives and carers are verbatim.

Some of the positive comments we received:

"As my relative is in late stage of dementia he cannot communicate to current day, is unable to answer his feelings. He is unable to leave the home and would not if given the opportunity due to his hidden fears. The home is a very caring home due to residents' level of dementia, it is so hard to meet needs as many including my dad are disruptive".

"My relative is unable to converse and is restless day and night. Since admission has shown no signs of engaging in anything. All staff we've encountered have been very caring, attentive and reassuring to us. New changes to his one-to-one work patterns seem to provide better care for him and staff".

Other comments received from relatives:

"I vary my time and visits but I have never seen any sort of activity for residents. Having meals on knee's not at a table, hence lots of dirty clothes. Not given own clothes to wear no matter how many labels you sew on. Lot of agency staff so no continuity of care.

"The staff at the home are really caring, kind, supportive and look after all the residents really well. I couldn't fault them. The building and equipment, e.g. tables and chairs are very dated, scruffy and need replacing. The lighting in the building needs increasing. It's very dark and depressing. The setup is very institutionalised in the communal areas".

"I am not happy with this home neither are my family. I would like to move relative to a better home more suited to their needs in the near future".

From the nine responses received the average rating was six on scale one to ten.

https://healthwatchtrafford.co.uk/wp-content/uploads/2017/11/Shawe-Lodge-October-responses.pdf

Appendix – 1: Management questionnaire and responses

Please note that responses are listed as they were received and where blank no responses was received prior to the visit.

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?

Always request relatives feedback, informing that they can complain to the company, Manager, Local Authority and the Care Quality Care [CQC]

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

No volunteers

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

Local authority, Clinical Commissioning Group [CCG] Specsavers to do eye tests

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

No*

**The above 'no' by the Manager is inaccurate as we did observed the chef preparing fruit and vegetables for residents' meals on the day of the visit, but we did not ascertain if this happened every day.*

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

Yes. The residents have food and drink intake monitored.

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

We refer to the GP and dietitian when necessary.

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

If they accept the meal offered.

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

We work with five different GP Practices.

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

Social worker, chiropodist, physiotherapists, Community Psychiatric Nurse [CPN], Tissue viability Nurse [TVN]

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

Provide escort and taxi or ambulance when needed.

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

Yes, when possible, according with mental stage.

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.

Yes, when possible, according with mental stage.

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

Yes, when possible and according with mental stage.

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?

With trained staff, understanding body language, working closely with relatives when possible.

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

Not applicable

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

Yes.

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

Yes, it is my intention to involve GPs.

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

To visit with relatives, yes. But to stay, no.

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

My first one is booked for the 4th November 2017.

Q20. Do you take residents out into the community?

No.

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?

Call the GP, the ambulance if necessary, inform the relatives, fill incident report "Fall log" and update falls risk assessment.

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

Refer to Falls Team if GP agrees.

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

Residents survey issued two weeks ago, waiting for feedback.

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

Supervisions with staff, training, appraisals will start in December 2017.

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

All residents are on communal areas, activities, staff will visit and interact with residents inside bedrooms.

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

Manager carries out walk-around four times a day, senior staff monitors other members of staff.

APENDIX 2 – Relatives' questionnaire

1. Do staff talk to you regularly about your loved one's: -			
General Health?	[ ] Yes	[ ] No	[ ] Don't know
Bathing and personal care?	[ ] Yes	[ ] No	[ ] Don't know
Hobbies/interests?	[ ] Yes	[ ] No	[ ] Don't know
Medication?	[ ] Yes	[ ] No	[ ] Don't know

2. Do you think that your loved one; -			
Is happy with the care received?	[ ] Yes	[ ] No	[ ] Don't know
Has plenty to occupy them?	[ ] Yes	[ ] No	[ ] Don't know
Enjoys their meals?	[ ] Yes	[ ] No	[ ] Don't know
Enjoys the company of other residents?	[ ] Yes	[ ] No	[ ] Don't know
Is lonely?	[ ] Yes	[ ] No	[ ] Don't know

3. Do you know whether: -			
Staff know about the work or family interests of your loved one?	[ ] Yes	[ ] No	[ ] Don't know
Take them out into the community (shops/libraries, local events etc.)	[ ] Yes	[ ] No	[ ] Don't know
Are they treated with kindness and compassion?	[ ] Yes	[ ] No	[ ] Don't know

4. Are you: -			
Consulted on changes needed to care plans?	[ ] Yes	[ ] No	[ ] Don't know

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 (CCG)

Healthwatch England

Chief Nurse / Associate Director of Nursing Trafford CCG

The provider visited

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