

healthwatch

Nottingham

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Nottinghamshire



Enter and View

Carisbrooke

Nursing Home

July 2017

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1. Introduction

Home Visited

Name Carisbrooke Nursing Home
Address #1 22 Carisbrooke Drive
Address #2
Address #3 Mapperley Park
Town/city Nottingham
Postcode: NG3 5DS
Telephone: 0115 960 5724

CQC Details

Date 24/08/2016
Rating **Requires improvement**

Visit details

Enter and View Authorised Representatives were onsite at the home for the following period:

27/07/2017 - 28/07/2017

Representatives spoke to 2 of the 4 visitors. This represents 50% of visitors during the period of our visit.

We were mindful of issues with consent and capacity when speaking with residents with dementia. There were 17 residents in total with 4 residents (24%) having the capacity to be involved directly. Representatives spoke to 3 of the 4 residents which represents (75%) of those capable.

Observations were made throughout this time of staff interacting with other residents.

Due to the limited number of interactions with both residents and visitors which has impacted on our ability to ensure anonymity, we are, in this case unable to provide our usual fully comprehensive report.

However, the following is a summary of observations made during the period of our visit.

2. Summary of Observations

It is disappointing that we were unable to talk with enough family members at the home to get sufficient data to be able to produce our usual in depth analysis. The home were given letters to distribute asking families to get in touch with us either face to face on the day we visited or to contact us directly. There was evidence the home did this but with obvious little success. This supports the statement of the home manager that few family members attend meetings /open days at the home.

It was noted that there were no major areas of concern apparent which corroborates the feedback received from the people we spoke to.

There was general happiness with the kindness and care shown at the home with safety and security scoring very high with both visitors and residents.

No-one highlighted any areas of the environment that they would like to see changed.

2.1 Staff

The staff turnover is low perhaps, in part, due to the low number of residents contributing to a more manageable workload.

It was noted that staff were not distracted from focussing on caring for residents by the need to maintain records of their work.

The residents appear to receive a lot of attention with care, activities and outings.

Staff appear friendly, kind and attentive to residents with a lot of one to one care.

2.2 Impressions of Building

The building and grounds appeared well maintained. The main entrance involved climbing some steep steps, it was assumed a step-free access door was available elsewhere.

The building was old but efforts had been made to provide adequate space for residents in the lounges, dining area and for the staff to work effectively. Notices were clear and up to date.

All residents had their own bedroom with a name card including their photo on the door. Good practice observed was, to alert others, staff turned over this notice when they were in the room and the resident needed privacy.

The front garden was well maintained but it was unclear if residents were encouraged to sit out there.

Concerns

- The front door was locked by a simple Yale lock, which during our visit we found was sometimes latched open. In visits to other homes we noted that a locking system with key pad was more typical and provided a higher level of security.
- There was a 'musty' smell in the common areas of the building during the morning. Perhaps greater efforts could be made to improve ventilation to address this issue.

2.3 Activity Co-ordinator (morning)

The activity co-ordinator was highly motivated and enthusiastic. She worked through a weekly plan of activities (on notice board). She also wrote a regular newsletter (again on noticeboard) and arranged meetings for families (last was July 24th).

She had a number of imaginative ideas, including getting one resident who had had a strong interest in gardening to feel and smell cut flowers. She had produced many things herself to try and involve the residents. (Scrapbooks and tactile items such as touch bags, jigsaws and art activities).

The present group of residents did not seem interested in 'group' activities but it was obvious that the co-ordinator tried to spend time with each resident 'one on one' during the morning. Her costs for materials were covered by raffles she arranged twice a year.

A plus point of the morning that we observed, was that the other carers got involved in helping with activities with residents as they had time available. This often meant that three or four residents were being encouraged to take part in activities. There was an obvious effective level of 'team working' from the carers who knew the residents well and what each were going to try to do.

This was all carried out in peaceful, quiet atmosphere.

2.4 Evening Meal

Twelve of the 17 residents sat in the dining and lounge areas for the evening meal. Three carers were with the group and one other plus the nurse appeared during the serving of the meal to help with giving assistance to residents.

Meals for those in their rooms were served after this group had finished with carers then moving to help with this second group.

The meal was not rushed, carers were sensitive to a resident who at first refused to eat or drink but who was encouraged to have a hot drink, although this took significant time.

All residents were offered choice of food and the helpings were quite large. Carers took time to help a number of residents eat their meal getting them to eat a significant amount. 'Second helpings' were also offered.

Again the carers worked as an efficient team, but in a quiet way. This led to a very relaxed peaceful atmosphere during the meal.

Although we only saw the carers' team working on the day we visited, they all appeared very professional and dealt with difficult situations with great sensitivity.

3. Response from Care Home

The management accepted our report.

4. What is Enter and View?

Enter and View is a power given to local Healthwatch through the Health and Social Care Act 2012. It enables Authorised Representatives of local Healthwatch to go into health and social care premises to see and hear for themselves how services are provided and to collect the views of service users at the point of service delivery. Service providers must allow our authorised representatives entry so long as it doesn't affect their provision of care or the privacy and dignity of people using their service.

Healthwatch Nottingham has this power across the whole remit of health and social care services (with the exception of social care services for children under 18) within the city. As residential care facilities are not open to the public, they may not be open to scrutiny as readily as other health and social care services. Using our Enter and View power within residential care facilities could potentially identify services in need of support to improve resident and visitor experience, and therefore provide us with the opportunity to influence quality for people who are likely to be vulnerable and seldom-heard when it comes to expressing their experiences and views of health and social care services.

5. Our Approach

Nottingham has approximately 80 residential care facilities. To identify a suitable residential care facility to undertake an Enter and View exercise, the following steps were taken:

- All residential care facilities with an overall CQC rating of “Requires Improvement” were shortlisted. Any residential care facilities with an overall rating of “Good” or “Outstanding” were excluded because we felt that we were unlikely to identify any problems relating to service user experience. We also excluded any services with an overall rating of “Inadequate” as we felt that these services would already be subject to ongoing scrutiny from the CQC and local authority.
- We searched our database of service experiences for anything shared regarding care homes that may inform our decision. Experiences held on our database were collected through four main channels:
 - Direct methods including Healthwatch engagement activities, our website, telephone and email.
 - Through our online monitoring system which collects evidence from Twitter, blogs and news sites.
 - Care Opinion, although this data has only been collected since May 2015.
 - Information sharing
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- We liaised with CQC care home inspectors who shared intelligence with us about the three shortlisted homes and based on this, decided to focus on Carisbrooke Nursing Home.

Carisbrooke Nursing Home was notified of our intention to visit four weeks before the visit. The Enter and View lead met with the care home manager to discuss the Enter and View process, to answer any questions and agree how to make the best use of the visits.

During July 2017, the Healthwatch Nottingham Enter and View team visited Carisbrooke Nursing Home, Mapperley Park, Nottinghamshire, a nursing and residential home which is part of Carisbrooke Healthcare Limited. The home (at the time of visit) had a total of 17 residents.

This home had been inspected by the CQC and has a “requires improvement” rating under the caring domain. The objective of this visit was to gather information about experiences of the home and the care that is received from service users and those who visit them, with a view to providing some evidence-based recommendations that would support the improvement of the service.

We were mindful that there would be issues with consent and capacity when speaking with residents with dementia, and we were guided by the care home to residents who would be able to communicate with us. In light of this, our main focus was to speak to as many visitors as possible, including visiting professionals. In total we spoke to 3 residents, 2 visitors and made several observations (of any occasions where staff were interacting with residents).

We are grateful to Carisbrooke Nursing Home for being supportive of our visit.

The Project Team

All members of the project team are Enter and View Authorised Representatives. These individuals went through a formal selection process, including the taking up of references, a Disclosure and Barring Service (DBS) check and an interview with a panel of Healthwatch staff. All received training over two days, which covered the role of an Enter and View Authorised Representative and how that would fit in with our rolling programme of visits into care homes, confidentiality, safeguarding, equality and diversity and Dementia Friends awareness.

In addition to the Enter and View Authorised Representative training, all staff and volunteers in the Enter and View project team attended a training session regarding this visit specifically. The session covered the aims and objectives of the visit, contextual information about Carisbrooke Nursing Home and a review of data collection tools and how to use these. We wanted to prepare our team as much as possible for when they attended Carisbrooke Nursing Home. For this visit, our project team was made up of one member of staff from Healthwatch Nottingham and Healthwatch Nottinghamshire, and three volunteers.

We would like to thank all the residents and visitors who spent time talking to our project team. We would also like to thank the volunteers who carried out this visit:

Phil Thomas

Ann Giles

Lucy Cooper

6. Who are Healthwatch Nottingham?

Healthwatch Nottingham is an independent organisation that helps people get the best from local health and social care services. We want to hear about your experiences, whether they are good or bad.

We use this information to bring about changes in how services are designed and delivered, to make them better for everyone.

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved.

Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say by:



0115 859 9510



www.healthwatchnottingham.co.uk



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1. Join our mailing list

We produce regular newsletters that feature important national health and social care news, as well as updates on local services, consultations and events.

You can sign up to our mailing list by contacting the office by phone, email or by visiting our website.

2. Become a Healthwatch volunteer

We need enthusiastic volunteers from around the County to promote the Healthwatch message, to feed information to and from groups, and help us collect people's experiences. We also need specialist volunteers to help us to assess services through Enter and View and other projects.

Interested? Get in touch and we'll let you know what roles are currently available and what to do next.

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