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Enter and View

Nightingale

Care Home

October 2017

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1. Introduction

Home Visited

Name Nightingale Care Home
Address #1 Fourth Avenue
Address #2
Address #3 Edwinstowe
Town/city Mansfield
Postcode: NG21 9PH
Telephone: 01623 824480
Home run by: Midland Healthcare Limited

CQC Details

Date 25/04/2016
Rating Requires improvement

Visit details

An Enter and View Authorised Representative talked to relatives and visitors during the period 14th September 2017 - 4th October 2107.

On the 14th September 2017 there was a relatives' meeting held at Nightingale House Care Home to explain that the Care Home was at risk of closing down due to the poor care being given to residents.

The relatives were asked to feedback their views. 7 of the 17 residents were represented at this meeting.

As well as attending the residents and relatives meeting, our Authorised Representative interviewed a further 7 individuals during the following period. The residents represented by these visitors had no capacity to be interviewed themselves.

These interviews were carried out by telephone during w/c 25/9/17 & w/c 02/10/17.

The questionnaire used for the interview is included at the end of this report.

The following is a summary of the interviews with visitors made during the period of our visit.

It should be noted that this feedback was given after the relatives were told that the home was under threat of closure.

2. Summary of Interviews with Visitors

From the feedback that was given it is clear that the care given at the Home is very inconsistent. There were huge differences in the feedback given by the relatives about their relatives' experience of living there.

At the meeting on 14th September all but 1 relative said that they were generally happy with the care presently offered by the home. Some said that this had not been the case in the past but that care had improved considerably over the past 2 months.

These experiences contrasted strongly with the feedback from others, with over half of the interviewees rating the Home as poor or very poor overall.

A small number were very happy with the Home and spoke in very positive terms of the care given.

Whilst the feedback was inconsistent, there were a few consistent themes:

- The quality of the care given by the staff, the safety of the home & the quality of the food were all seen as relative strengths.
- The lack of communication and the lack of involvement in their relatives' care were both seen as relative weaknesses
- Increasing the level of stimulation and the numbers of staff available were constantly flagged as things that the relatives would most like to see improved
- Most people acknowledged that there had been a real improvement over the past 2 months.

Finally, many spoke about their concern about the potential closure of the Home. The Home's strongest assets are its location & history. It has been at the heart of a mining community for many years & has cared for many families in the village.

If residents are ultimately forced to move it was felt, by most relatives, that this would be a huge wrench for both the residents and their families.

2.1 Staff

The way the staff care for the residents is clearly a relative strength of the Home. Over half of the visitors felt that the staff were good at caring, with even higher ratings given for the dignity and respect that the carers showed the residents.

Nearly everybody mentioned certain individuals who were outstanding.

'There are staff who go way beyond the call of duty for my relative - he is always immaculate - they are always polite'

'I feel that they really know my relative'

'They are good at giving out drinks - especially in hot weather'

'She is so happy there - they take good care of her'

'She is never on her own - they make an effort to dress her nicely & she always smells nice'

'They are very good at treating them with respect and dignity - definitely a 5 out of 5'

'Some of the staff are lovely'

'It's always clean'

'I told the nurses what I wanted and they were excellent'

'I know the care plans aren't kept up to date but they do give the care - it's more than what is written down'

Concerns

Most people also mentioned that they had observed staff being impatient and rude to residents but that this was generally the exception rather than the rule.

Many people mentioned that the home felt understaffed

The quotes below again show that whilst the carers are a relative strength, there is still a long way for the Home to go to deliver a consistently good standard of care.

'My relative was left in bed with food left all over his face'

'It always smells of wee'

'Some staff get frustrated and will shout 'can't you see I am busy' rather than 'I will be with you in tick''

'The pads are not changed frequently, sometimes they are totally full - has got better in the last 2 months'

'Not enough staff to assist people - people are always wandering about unattended'

'It's the lack of staff, not the actual staff - they aren't poor - they are snowed under - they are so stressed and under pressure'

'They are running about like blue-arsed flies'

'Need more experienced/mature staff'

2.2 Safety and Protection of Residents

The safety offered within the home was also seen as a relative strength with everybody scoring this as satisfactory to very good. The building was seen as secure and the carers were seen as keeping the residents generally safe. However, again there was some inconsistent feedback.

'The building is very secure'

'They are very good at using the hoist'

Concerns

'They are inexperienced at moving people, sometimes skirts get lifted accidentally, they lift people under the arms & they shouldn't do that'

'Sometimes only 1 person using the hoist'

'Sometimes the residents are left with no one looking after them - the staff are smoking outside - often seem to go out together rather than leaving sufficient cover inside'

2.3 Communication and Involvement

These areas were consistently scored ok to poor, with a number of people scoring these areas as very poor.

Concerns

It was felt that the home made little effort to keep in touch with relatives either about the care of their relative or what was going on at the home. Those that scored it OK said that things had improved considerably over the past 2 months with things such as Doctors visits or hospital admissions now being regularly flagged.

Only 1 interviewee felt that the home was good at involving them in the care of their relative.

'They never call when he is ill or goes to hospital'

'I got told about the meeting on the day & couldn't get there - there was no feedback on what the outcome was'

'I get nothing from them about anything'

'There has been the odd occasion when I haven't been called but that is improving'

2.4 Response to Requests and Concerns

There was a very large variance to how people felt the home responded to their requests & complaints - with some feeling that the home was exceptionally quick at dealing with requests whilst others felt ignored.

'They are very good - whenever I have spoken up about something they have put it in place'

'I have never had to go further than Tracey as she has dealt with it'

Concerns

'I don't think it makes any difference when we complain to Tracey'

'Owner not responsive - said I would get a reply in 7 days and that was 60 days ago!'

2.5 Other Concerns

Stimulation:

Many people highlighted the lack of stimulation as the main thing that they wanted to improve. Whilst some acknowledged that there had been a recent improvement, no one felt that 3 days a week was sufficient.

‘Surely someone could come in once a week and sing old songs?’

‘They don’t seem to do any activities’

‘Why can’t they take them out on trips?’

‘They need more stimulation - they are just left’

‘It’s no good just sitting in a chair watching TV’

Leadership

A small number of interviewees spontaneously mentioned the lack of good leadership at the home. Further visitors flagged the fact that they had no knowledge of who the owner or the regional managers were and that they had never met them.

‘Never seen the owner’

‘The manager seems very laid back - she says she will sort things out & then doesn’t do anything’

‘We have never been given access to the owner & Andrew looks the other way when he is in, he does not engage with visitors’

3. 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 Nottinghamshire 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.

4. Our Approach

Nottinghamshire has over 300 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
 -
- 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 Nightingale Care Home.

Nightingale Care 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 September 2017, the Healthwatch a Nottinghamshire Enter and View representative visited Nightingale Care Home, Edwinstowe, Nottinghamshire, a nursing and residential home which is part of Midland Healthcare Limited.

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 by residents from those who visit them, with a view to providing some evidence-based recommendations that would support the improvement of the service.

We are grateful to Nightingale Care Home for being supportive of our visit. We would like to thank all the people who spoke to our Authorised Representative

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 Nightingale Care 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 Nightingale Care Home. For this visit, our project team was made up of one member of our volunteer team from Healthwatch Nottingham and Healthwatch Nottinghamshire.

Our Authorised Representative on this occasion was **Fiona Pearson**

5. Who are Healthwatch Nottinghamshire?

Healthwatch Nottinghamshire 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 963 5179

 www.healthwatchnottinghamshire.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.

6. Appendix 1: List of Questions Asked

Resident Details

Relationship to resident

Current length of stay/resident since

All interviewees were asked to use a five star scale where one is very poor, 2 is poor, 3 is ok/satisfactory, 4 is good, and 5 is very good to rate their answers to the following questions:

6.1 Overall experience of living here

Why do you say that? What are the good things about living here? Why? What are the not so good things about living here? Why? E.g. activities to do, going out, choosing what to do or what to eat.

6.2 How caring are the staff?

Why? Example? How do you know they care? How do they show it?

6.3 To what extent do the staff treat residents with dignity and respect?

Why? Example? Privacy for personal care? Privacy for communication?

6.4 How safe and protected do you feel residents are in the home?

Why? Examples?

6.5 How well does the home involve residents in decisions about their care?

Why? Examples?

Your experience as a visitor

6.6 How well does the home involve you in decisions about the care of the resident you visit?

Why? Examples? How often do staff consult with you about this? Is it easy to access their care notes/record? What impact does it have on you?

6.7 How well does the home communicate with you?

Why? Examples? How do they communicate?

6.8 How well does the home respond to your requests and/or concerns?

Why? Examples?

6.9 If you ever needed to, would you feel confident to make a complaint about the home?

Why do you say this? How would you do this? Have you made a complaint before? How?

To finish

6.10 What do you like best about the home?

Why?

6.11 What do you like least about the home?

Why?

6.12 If you could make any changes to the home and living here, what would you change and why?

6.13 Interviewer notes/observations

To help ensure that everyone has equal access to and experiences of local health and social care services we need to collect additional demographic information about the interviewee. Answering these questions is voluntary.

We also try to gather how is the care of the resident you visited paid for?

Funded by local authority

Self-funded

Don't know

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