

Enter and View Report

FINAL

Name of Establishment:	St. Giles Nursing Home Tile Cross Road Tile Cross Birmingham B33 0LT
Date of Visit:	Friday 3 rd October 2014
Time of Visit:	12.00 pm
Purpose of Visit:	To ascertain patient, carer and user experience and observe service delivery
Healthwatch Authorised Representatives Involved:	Keith Hulins Barry Clewer
Healthwatch Staff Member(s) Involved:	Claire Lockey
Date of Report:	7 th November 2014
Disclaimer:	This report relates to findings observed on a specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed during the visit.



1. WHAT IS ENTER AND VIEW?

1.1 Enter and View is part of the local Healthwatch programme 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 Reps are intended to 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 CQC where they are protected by legislation if they raise a concern.

2. BACKGROUND

- 2.1 St. Giles Nursing Home can provide nursing care and accommodation to up to 66 adults over three floors of the building. The accommodation is for persons who require nursing or personal care, diagnostic and screening procedures are in place and they provide treatment of disease, disorder or injury.
- 2.2 Twenty four beds are blocked beds for patients admitted from hospital usually for a maximum of six weeks before onward placement to more permanent accommodation. Such admissions are normally from Heartlands Hospital and Solihull Hospital. Majority of patients are on Continuing Health Care Funding.
- 2.3 It was noted from the recent CQC that they visited the nursing home on 16th June 2014 as an unannounced visit. All standards were met with the exception of: Records judged by CQC as a minor impact on people who use the service, and had requested the service provider to take action. We were informed that they had carried out their Action Plans in respect of the CQC visit and this was now complete.
- 2.4 Our visit began at 12.00 pm so we did not observe the morning routines. Initially we spoke with the Registered Manager and two of the owners who then gave us a tour of the nursing home.

3. RESPECTING & INVOLVING PEOPLE WHO USE SERVICES

- 3.1 Our observations of staff interaction with residents throughout the nursing home; indicated that residents were treated with respect, dignity and choice were given to residents. We did not observe any exchange that was inappropriate.
- 3.2 The nursing home offers residents a range of in-house services such as: Hairdressing services on site and GP, Opticians, Dentist and Chiropodist make regular visits to the home. GP services are provided Church Rd Practice, Tile Cross and have used their services for the past five years, reported they are very pleased with the service. There is an out of hours triage service available.
- 3.3 The nursing home on several occasions has called emergency services and they have always received a good service. Whilst paramedics have never overruled a registered nurse on duty, they have experienced issues with paramedic attitudes however this has been addressed.
- 3.4 There is no restricted visiting times and it was noted that they accommodate couples where possible.
- 3.5 Meal options are very varied and special diets are catered for with a menu option available for residents. They are served during set times but can be requested throughout the day. The chef visits residents during meals times to check preferences. Residents on the third floor go to the second floor for meal times that are mostly mobile. We observed meal times and it was clear that residents were assisted where required, with their meals and drinks.
- 3.6 Resident clothes are labelled via a labelling machine if relatives do not do this upon their admission. Some relatives choose to their family member's clothes home to wash.

3. CARE & WELFARE OF PEOPLE WHO USE SERVICES

- 3.1 During our visit, we did not examine the care records of residents.
- 3.2 Every person is risk assessed on admission and as and when required routinely so their care plans are kept up to date.
- 3.3 During our visit we observed an activity in the main dining room with a singer. All residents who were not mobile were assisted by staff and put into a circle so they could all partake in the activity. All residents looked though they were enjoying the activity and where possible joined in.
- 3.4 Observed studs are situated on barristers for residents who have a visual impairment.
- 3.5 During our tour of the building we observed on one floor a number of boxes that were in the corridor. We brought this to the attention of the manager showing us around who explained a delivery had just taken place and boxes would be removed immediately.

4. SAFEGUARDING PEOPLE

- 4.1 At the time of our visit there were no residents on DOLs (Deprivation of Liberty Order) or subject to the Mental Health Capacity Act.
- 4.2 All staff members are fully trained in safeguarding and this is reviewed and updated regularly.

5. COMPOSITION OF STAFF AND TRAINING

x1 Registered Manager		x1 Deputy Manager (recently appointed)
Day Staff:	x10 Care Assistants	x3 Registered Nurses
Night Staff:	x2 Registered Nurses	x6 Care Assistants (can vary depending on the levels of care)

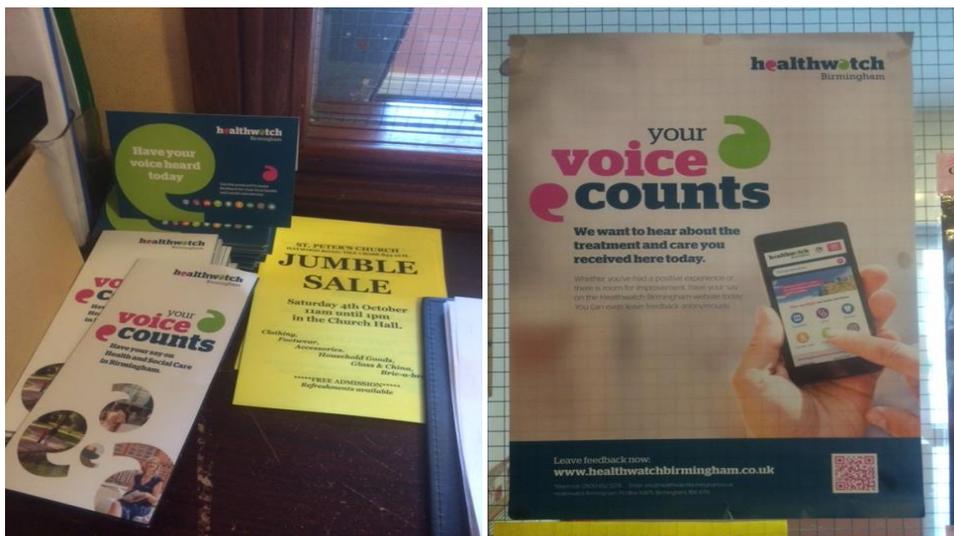
		needed for individual residents)
Other Staff:	Physiotherapists	Occupational Therapist
Onsite Activities Worker	GP visits daily	x2 Cooks
Chiropodist visits every four weeks	Hairdresser visits every week	Optician visits as and when required

- 5.1 Shifts are: 8.00 am - 2.30 pm, 2.30 pm until 9.00 pm and 9.00 pm - 8.00 am where all staff members undertake a handover before each shift.
- 5.2 Staff induction duration is two weeks and all staff undertakes full training for a further 13 weeks. Staff who struggle, can opt to complete a further 13 weeks training. Furthermore, distance learning courses can be undertaken by staff and this entails: end of life care and Dementia. Safeguarding procedures and whistle blowing procedures have been issued to staff.
- 5.3 At the time of our visit, there are no staffing vacancies however bank staff are used as and when necessary. They currently have a policy not to use agency staff.
- 5.4 Sickness levels are very good and currently only one member of staff off sick owing to recent surgery.

6. ASSESSING & MONITORING THE QUALITY OF SERVICE PROVISION

- 6.1 The quality of service provision as observed and as reported in our discussions with various residents and staff seemed to be very good.
- 6.2 It was noted that there are three lifts available within the home for patients who have mobility issues between each floor. All lifts are alarmed e.g. if a resident takes their hand from the control mechanism, an alarm will be raised.

- 6.3 It was observed that there is a smoking area outside in the grounds of the outdoor gardens. Smoking patches are provided to residents if required.
- 6.4 Staff take residents to the local shops when requested.
- 6.5 All rooms appeared spacious and some rooms had been newly refurbished with en-suite bathrooms. Where there is no en-suite bathroom, a shared bathroom is available.
- 6.6 Residents are able to make their own rooms personal bringing their own belongings and decorating the rooms how they like. It was clear individual choice was given to every resident.
- 6.5 During our visit Healthwatch Birmingham feedback forms and literature was visible at the reception area:



7. PATIENT, CARER & USER FEEDBACK

- 7.1 Resident meetings are held every six weeks and relative meetings have not been held recently but they are about to introduce a Matrons Forum.
- 7.2 During our visit we spoke to 6 residents, 6 relatives and various staff members:

- 7.2a Resident A - had been a resident in the home for two weeks, expecting to be there for a further four weeks, when he hopes to return to his own accommodation. Enjoys the range of meals and stated he was enjoying his stay at the home.
- 7.2b Resident B - had been at the home for ten months. The resident that the room and toilet area was clean, the standard of food was good and the menu system for ordering meals was valued. Felt they were being looked after very well and enjoyed their stay at the home.
- 7.2c Relative A - visited relative daily at the home for long periods and at times this had caused difficulties with the home as they sometimes stay at the home until 2am and 3am in the morning. There was an issue regarding using the washbasin and they was told not to by a member of staff. Subsequently, they had a meeting with the manager to resolve these issues and however it was decided that is not appropriate. Since this, he feels at times he is picked on by members of staff at times and felt staff, at times appeared under pressure. Healthwatch staff member brought this to the attention of the Registered Manager.
- 7.2d Resident C - stated the room and en-suite bathroom area were cleaned to a high standard. Resident is showered once a week and hoisted where necessary. Visits the hairdresser when required and would like to sit out of bed in a chair more often, hopes to return to her own home one day.
- 7.2e Resident D - Resident presents a very frail person who found communication, hearing and speaking difficult. However she was very positive about her stay.
- 7.2f Relative B - visits his wife daily and is happy with the service provided. He can access the kitchen facilities any time during their visit.
- 7.2g Resident E - resident is bed bound and was unable to communicate with us. However there were three relatives who advised us that they were all happy with the service being provided to their mother and all

staff did a great job. Their mother's hygiene is really good however they requested if she could have her washed and showered. With their permission, we raised this with the registered manager who reassured us this would be addressed.

7.2h Resident F - receives a good service and there is a good choice of menu for mealtimes. Had been at the home for 2 ½ years and felt all staff provided excellent care.

7.2i Relative C - felt the communication between her and staff was not very good. Her mother had recently been admitted to the nursing home and whilst they are providing her mother with very good care, they do not inform her if her mother runs out of toiletries and the communication could be better. With her permission, we raised this with the registered manager who agreed to address this.

7.3 Staff Member - had been at the nursing home for a long time. Enjoyed her job very much and feels there is a good team and managers are very supportive. Sometimes can get very attached to residents and would be good to have some bereavement services offered to staff. This was raised with the registered manager during our de-brief.

8. CONCLUDING COMMENTS

8.1 St. Giles Nursing Home is well managed and has a strong team with good morale. Registered Manager has been in post for a very long time and has recently recruited a Deputy Manager to commence in October.

8.2 It was apparent that residents are treated with dignity; respect and the nursing home are positively supported by the Registered Manager.

9. RECOMMENDATIONS

9.1 Bereavement support to be offered to staff.

10. ACKNOWLEDGEMENTS

10.1 Healthwatch Birmingham would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View conducted on this date.

11. FEEDBACK/COMMENTS FROM THE SERVICE PROVIDER

REGISTERED MANAGER / CARE MANAGER COMMENTS AND FEEDBACK

Please provide us with feedback on how well you felt the visit went and if there are any improvements we need to make: