

## ENTER AND VIEW

### Conifers Nursing Home

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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 Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

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## ***Provider Details***

**Name:** Conifers Nursing Home  
Central England Healthcare (Great Wyrley)

**Address:** 16-18 Johns Lane, Great Wyrley, Staffordshire, WS6 6BY

**Service Type:** Nursing home - Caring for adults over 65 years

**Date of Visit:** 28 November 2017

## ***Authorised Representatives***

**Name:** William Henwood  
**Role:** Author and Observer

**Name:** Robin Bentley  
**Role:** Observer

## ***Purpose of Visit***

Following a CQC inspection in March 2017, although there were some areas of good practice highlighted, there were some areas that required improvements:

- Quality checks and feedback from residents were not linked to improvement drive.
- Care was task focussed and rushed
- People living with dementia were not offered choices
- Capacity assessments were in place but were generic and it was unclear how decisions had been reached.

Healthwatch Staffordshire would like to see if improvements to the service have been made and that these have made a positive difference to the experience of the residents, relatives and staff of Conifers Nursing Home.

The methodology to be used is to:

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints
- Speak to staff about training, turnover, support staffing levels
- Observe interaction at all levels between residents, staff manager, and visitors

And in particular:

- How quality checks and feedback from residents inform improvements
- How far care is now personalized rather than task based (and/or hurried)
- How people living with dementia are enabled to exercise choice
- Progress on individualized mental capacity assessments and evidence of how decisions are reached

## ***Physical Environment***

### ***External***

The home was easily accessible from a clearly marked out entrance with a glass fronted security door for good observation of callers. There is a door bell and intercom system.

The gardens front, rear and side are well maintained with rockery and covering plants. It was evident from observation that the external features of the home were maintained to a high standard. A courtyard area was locked off and we were told that this the paving had become uneven and was awaiting repaving.

## ***Internal***

The home does not use CCTV.

The ground floor was well decorated, furnished and lit, maintained to a good standard of cleanliness and recently re-decorated. One quiet area room had a computer with an accessible large-character keyboard for the use by residents. A slight odour was detected in one lounge. Keypads secure doors to rooms not accessed by residents. The keypad on the door to the linen room was found to be faulty but the maintenance operative immediately sent to correct this.

We observed some equipment being stored in alcoves off corridors, but this did not appear to be causing any obstruction or risk.

The home has a hairdressing salon, and a hairdresser visits twice-weekly.

We were shown the locked cabinets in which residents' records are securely stored.

The first floor was adequate, but some areas and corridors looked tired and in need of refreshment. The Manager described to us a rolling programme to address this recognized deficit, both in communal areas and in bedrooms as they fall vacant.

## ***Resident numbers***

The home is registered for 40 residents, in 36 single and 2 shared rooms. On the day of the visit there were 37 occupied rooms. Those which were seen were well furnished and had en-suite facilities. Two rooms are set aside for respite emergency care.

## ***Staff numbers***

The home's staffing comprises

- 1 Manager
- 1 Deputy Manager
- 2 Nurses working the morning shift and 1 in the afternoon and 1 at night.
- 8 Carers working in the mornings, 6 in the afternoon and 3 through the night.
- 1 Cook and 4 Catering staff
- 1 Activity Co-coordinator
- 1 Maintenance operative
- 1 Administrator who also has responsibility at another home in Wolverhampton

## ***Turnover***

The Manager has recently recruited 7 more staff (care and cleaning), a 7% increase for the establishment.

Since the CQC report commented on task-focused and rushed care, an additional carer has been employed for early mornings. This has freed up time for more personalized care before lunch. There is a recognition, however, that more still needs to be done to ensure that staff feel empowered to take the time to deliver person-centred care to all residents at all times, rather than simply being seen to be busy undertaking tasks.

## ***Agency usage***

There is currently a regular use of agency staff amounting to 22 hours per week. Continuity is achieved by using the same Agency.

## ***Resident experiences and observations***

3 residents and members of their families were spoken to. The overall impression gained was that “Conifers Nursing Home is a caring environment and the staff cannot do enough for you”. They felt that staff had a good understanding of person-centred approach to residents. We were told that residents are always told the name of the person attending to them on all occasions.

Residents spoken with were happy with the care they were given.

All residents have a Care Plan tailored to their needs and a family history is obtained at the time of admission and updated on a continuing basis.

There are procedures in force in case of residents falling, and they are recorded in an incident book in addition to arranging precautionary visits to Accident and Emergency departments.

The manager informed us that all residents now have individual Mental Capacity Act assessments, which have been undertaken with the resident, family, GP and Carers. The difficulties arising from residents who have fluctuating capacity are recognized. Training by the company’s trainer is to be supplemented by external input which is being sourced. We did not, however, detect complete confidence on the staff’s capacity to undertake regular reviews. Similarly, while care plans are reviewed monthly, a need for more timely re-writes was acknowledged.

The manager told us that a new camera had recently been purchased and that this will be used to produce pictures to assist residents with dementia to exercise greater choice. Examples given included photographs of food to facilitate menu choices, and pictures of faces with varying expressions to elicit moods and feelings.

## ***Activities***

The Activities Coordinator told us that she has been continuously employed at the Conifers Nursing home for 25 years, though she plans to retire in 2018. She works from 8.30am to 2.00pm each day five days a week. She arrives at work at 7.15 am to undertake paperwork to enable her to start work as appropriate. The Manager told us that the Activity Co-coordinator does not work at weekends, but she continues to attend on some occasional weekends, and there are 3 volunteers who help her with activities and who also assist Carers at weekends to offer some form of activities.

While the proprietor's Operations Manager and the home's Manager saw no need to employ a second Activities Co-coordinator, having a future coordinator who works 10.00am - 4.00pm with some extra input at weekends was described as desirable.

## ***Family and Carer experiences and observations***

Family members are made welcome by all staff and kept informed about any developments in terms of health and welfare. They are able to sit in the resident's room and visiting is not restricted.

The daughter of a longstanding resident described a homely and welcoming atmosphere in the home, with good and approachable nurses and carers. The only issue she could recall was when an agency worker who did not know her mother had administered medication in a way that her mother found distressing. This had been reported and the worker had not been seen again. The daughter said she would feel comfortable and have no hesitation in raising any problems with the home's manager.

One family member was unhappy about not having a copy of the accident report that occurred when her mother fell and bumped her head. The Manager explained that this enquiry was not yet completed, and that the residents daughter would be kept informed of developments. We were unable to ascertain the exact procedure followed by the home for informing relatives about such incidents.

An issue regarding door guards in residents' rooms was raised by one family member who complained her mother's guard was not working. We were given to understand that residents are expected to buy their own door guards.

## ***Catering services***

There is a regular cook at the home. She informed us of the variety of meals on offer to residents and showed us a flow chart of meals for the month. There is a procedure for giving residents the opportunity of choosing their meals on the day of preparation. This is available for those residents who have experienced difficulty in remembering what was available. We were told that this reduces waste and increases residents' satisfaction with their meals.

We did not observe residents having their lunch, but their dining room surroundings were laid out in order that they could, if they wanted to, converse with other residents on 4-place dining tables.

## ***Staff experiences and observations***

All staff spoken to were supportive of the home's management. They felt they had sufficient time to undertake their regular and daily tasks and "loved working in such a positive environment". They felt they had sufficient time to devote to the care of the residents.

The Manager told us of recent quality improvements in management and supervision.

All but 3 members of staff have now had individual appraisals. Regular supervision, including group supervision, is now in place. The outcomes from this have included identification of a need for more external training on issues such as safeguarding and the Mental Capacity Act (MCA). Another positive development has been improved links to and written communication with 5 local GP practices.

## ***Summary***

Conifers Nursing Home has taken some direct actions in order to make improvements following the CQC report published in April 2017.

A new manager is in place which is important for the smooth running of the home and providing consistent leadership. It is hoped that quality checks and feedback from residents will now be able to be given consideration to make improvements which will benefit the residents and staff. Staff appraisals and regular supervision should be helpful in making continuing improvements to the quality of care given.

They have increased the staff levels by 7 % and importantly added an extra member of care staff to the early mornings to allow staff not to be so rushed and have the potential of delivering person-centred care and not be so task focused. The acknowledgement that they may be able to make further ongoing improvements in this area is a positive.

Likewise, with regard to being able to give people living with dementia more choice, the purchase of the camera to allow for visual prompts to be made in areas such as menu choice and communications is a positive step and will hopefully contribute to improvements in this area.

The advice of the manager that all residents now have individual Mental Capacity Act assessments completed and that extra staff training is being sourced in this area again shows that the management has taken some appropriate steps to improve this area that was highlighted in the CQC report.

The residents and relatives that we were able to speak to were happy with care received and made positive comments about the staff.

## ***Recommendations and Follow-up Action***

A future visit could usefully look at:

- The range and effectiveness of activities available to residents at the home, in particular during afternoons and at weekends
- Whether care and MCA/DOLS reviews are undertaken regularly and in a timely fashion
- The impact of additional training on the quality of care

### **Provider Feedback**

No feedback has been received from the provider.

#### **DISCLAIMER**

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.*