



Enter and View Report

Norfolk House Residential Care Home

Visit: 12th January 2015

Report published: 23rd February 2015

Background

What is Healthwatch Wigan?

Healthwatch Wigan helps the citizens and communities of Wigan Borough to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* visits. Local Healthwatch representatives, who are trained volunteers, 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Wigan has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific date set out below. This report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Acknowledgements

Given that an unannounced visit is inevitably disruptive to a normal day the team would like to record their appreciation of the hospitality and time provided by the owner, Mrs Premila Jingree, Gemma Grant, Registered Manager and the staff at Norfolk House. They were most helpful and accommodating, particularly as we learnt on the day of our visit that the CQC had again visited Norfolk House the previous Thursday. Some of the information provided below was provided by the staff. We were not able to verify all the information provided

due to the length of our visit but we had no reason to believe that any information was not provided to the best of their knowledge.

Background and Purpose of the visits

This was a planned unannounced visit, partly prompted by a discussion with the Wigan Council Quality Assurance Team, to assess the services provided to residents around mealtime at both homes. To obtain an accurate reflection of what was happening, it was agreed by Enter and View panel members that the visits should be simultaneous, and unannounced. As it turned out the team were misinformed regarding the evening meal time as it had just finished at both homes when we arrived at 17.00hrs

The visit followed several visits by the CQC in the past 18 months (and coincidentally another visit to Norfolk House just prior to ours).

Details of the Visits

Location

The visit took place at Norfolk House Residential Care Home in Springfield.

Date/Time

The visit took place on Tuesday 12th January between 17.00 and 18.15

Panel Members

- Diane Kay (Healthwatch Enter & View Panel Member and Lead)
- Ann McCartney (Healthwatch Enter & View Panel Member)
- Lisa Kirby (Healthwatch Enter & View Panel Member)
- Martin Broom (Healthwatch Director, Enter & View Panel Member (Chair))

Provider Service Staff

- Ms Gemma Grant (Duty Manager)
- Other staff on duty

Norfolk House

Details of the Service

Norfolk House is registered as a residential care home, providing care to adults over the age of 65. The home is registered for 18 residents, and currently has 15. The team was informed

by the Duty manager that there are no registered nurses employed at the home. Norfolk House is a large house, in a residential area of Wigan, converted into a care home.

Dining at Norfolk House

- The arrangements for breakfast are flexible, meaning residents may sleep until they wish to get up, and breakfast would still be provided. Lunch is 12pm, and dinner is 4pm. Residents can request drinks and snacks at any time, but refreshments are offered every two hours in any case.
- Breakfast and dinner is cooked in house, whilst lunch is provided, pre-cooked and delivered hot, by Wigan hospital.
- There were two adjoining dining rooms - one had a large oval or round table, and the other room had smaller individual tables for residents who want to sit alone.
- The breakfast menu (which we didn't see), was, according to the Duty Manager, whatever residents fancied. The lunch menu (copy obtained), provided by Wigan hospital, is a 4 weekly, changing menu with 2 choices each day and a dessert. The dinner menu (copy obtained) is a 2 weekly, changing menu, however, it is described and printed as a 4 weekly menu.

Result of Visit

Observations from the Tour - The Environment

To the front of Norfolk House, there was an ample parking area and a ramp approaching the main door. The outside appeared in good order, however it was almost dark on arrival. The outside lighting was very poor and does not adequately light the car park or the ramped access area. When we left it was completely dark and the car park at the front was unlit and surrounded by high bushes which made it a very gloomy and impossible to see where we were stepping.

We had to be buzzed in by a member of staff and once through the main door there was a small lobby, with another door (glass) that was opened for us by the same member of staff. There was a signing in book which we weren't asked to fill in, but we did do anyway. The lead introduced us and asked if we could speak with the Duty Manager. When the Duty Manager arrived, the lead explained the purpose of the visit and the Duty Manager explained

that she was in the middle of administering medication so requested we wait in the lounge until she had finished.

On entering Norfolk House, we commented on how warm it was inside. The hall immediately after the main door had a large noticeboard, with details of activities residents could enjoy such as chair aerobics, film afternoon and memory lane discussions which was encouraging. We are not sure as to how actively the residents participate with these. There was also a colourful photo montage of residents enjoying various events at the home in 2014. Apart from this montage, we didn't notice any other personal photos in communal areas. Signs for the toilets included the use of pictures/symbols. The hall was quite cramped and the decor was in need of update. On the glass door leading to the main entrance/exit, was a sign asking residents not to leave the building without informing a member of staff, and we saw a resident attempting to leave as we were waiting for the Duty Manager.

The lounge was in 2 parts, having a large area with windows where a gentleman was asleep in a high backed chair, with a plate of food on a side table in front of him. There was a large TV which was playing quite loudly, and it was noted there were still Christmas decorations hanging from the ceiling. High backed chairs were positioned very close to each other, around the outside of the room, and there were various activities to be seen, for example a bean bag throwing game. The lounge was a little cluttered with chairs and furniture, however it wasn't unwelcoming. The lounges and dining room walls had framed prints of 'old master' style landscapes.

The home was very warm, the main communal areas appeared clean. The home appeared to be in good repair with no signs of damp or smells and no cracks in the plaster work. Some of the rooms were in need of redecoration, but in general it felt welcoming. There is a small conservatory to the rear, not in use in winter due to lack of heating, and a large patio area with garden furniture for the residents use in summer.

Upstairs, the landing was a cramped area with little room for manoeuvre and the safety gate was particularly difficult to negotiate due to it being the width of the landing space. This area was in need of redecoration and cleaning. One bedroom door was particularly in need of cleaning.

Of the four bedrooms we saw, one had carpet the others had laminate flooring. They were small, and the furniture was very basic. The space could be described as dull due to the lighting although we did not see one we were told that relatives could decorate the bedrooms to the residents' requirements. The bedrooms we saw all contained personal items and had a hand basin in.

The toilets and bathrooms were basic, but clean and tidy

The staff office was extremely untidy and cluttered.

Observations from the Tour - The Dining Experience

Unfortunately we arrived too late to observe the meal at dinner. The kitchen was dated, but serviceable and appeared to be clean and tidy. There were two freezers containing Tesco foodstuff, and a small fridge which had basics such as milk, yoghurt type desserts and butter. There was an abundant supply of cake and biscuit snacks in a cupboard. We did see that the meal was sausage and chips which looked to be reasonably cooked if a little unappetising. This meal is not on the advertised menu and it is unclear as to why it was served that night.

Although unable to observe the mealtime, we did speak to staff and details of those conversations can be found in the findings section.

Observations from the Tour - Comments by Residents and Relatives

There were no relatives present during our visit to Norfolk House. Generally, the residents we saw, and those residents who were able to communicate either in words or body-language appeared to be content. The residents appeared clean, gentlemen shaved, the ladies hair brushed, and dressed in their own clothes. The clothes were clean and coordinated, one gentleman always wore a shirt, tie and suit. They appeared to be in good spirits and some of them greeted us with firm handshakes as they come in to the lounge where we were waiting. They were happy to chat to us as we waited. One resident commented that although the food was not as good as 'home made' he was happy with the choice that was available. He said the staff 'were impeccable and always willing to help'.

Findings relating to the purpose of the visit

Our findings are inevitably affected by the team not actually seeing a meal time in progress. However, the staff and Duty Manager were helpful and set time aside to discuss the home in general, and in particular mealtimes.

Breakfast: 8.30am. Although there is a set time for breakfast, which is 8.30am, residents can and do sleep in and if this did happen, they could request something after breakfast had finished, and it would be provided. We were informed that residents could have their breakfast in bed if they wished. Although there was a choice of porridge, cereals or toast & jam, we were told 'it's nearly always porridge'. When asked if residents could have a cooked

breakfast, the Duty Manager said this could be arranged if necessary, however it appears that this is not given to residents as a breakfast choice.

Lunch: 12pm. We were given slightly differing information; residents choose their lunch meal 'in advance', and also that they choose it at breakfast. We were also told they were asked immediately before lunch time 'literally 15 minutes before' just in case anyone had changed their mind. Because the lunch is provided pre-cooked from Wigan hospital, (a 4 weekly menu with 2 savoury options plus dessert) sometimes the options changed due to circumstances at the hospital, which would affect the choices available to the residents. From this information, it isn't clear how long beforehand residents are choosing their options, but we were assured that if for any reason a resident changed their mind, another option would be made available from the home's kitchen.

Dinner: 4pm. A 4 weekly menu was seen, and this meal is prepared on site, in the home's kitchen. When we looked more closely at the menu, it is in fact a 2 weekly changing menu. This menu appeared to lack details of vegetable choice. Lunch is classed as the 'main' meal of the day, so dinner options are lighter. Soup and sandwiches and one other option are offered each day for dinner, although during our visit, the dinner was sausages and chips (which wasn't on the menu for that particular day). The gentleman who was asleep in the lounge, with his meal on a table in front of him, would, we were told, be offered something else when he woke up. He would usually request egg on toast or something like that.

Supper: 7.30/8pm approx- toast & crumpets will be offered by staff who go around with a trolley.

For the most part, people are able to choose what food they would like, but if there is any doubt or if a resident was unable to choose due to, for example, dementia, notes in residents' files contains information on likes and dislikes, and family and friends are consulted if there are any concerns.

There isn't a system of recording that people have the food they ordered as staff are confident they can manage this aspect, due to the small number of residents. However, a staff member told us they keep a 'flow chart' system to ensure residents are taking enough food and drink. Drinks are recorded in residents' files and a member of staff reported the residents usually have good appetites, so any concerns with loss of appetite would be picked up on by staff. Also, concerns would be noted on staff handover sheets to flag up any residents who may need encouragement to eat. The Duty Manager told us a dietician provides input around the nutrition of 2 residents, that residents are weighed monthly and any changes in weight would be highlighted. A loss of 2lbs in weight would normally trigger

action by the staff, which would include more frequent weighing. A resident who is unable to weight bear has bicep measurement taken instead.

Fruit is available to residents and it is found in the kitchen, so if residents would like fruit, they have to ask for it.

Drinks and snacks are provided every 2 hours but if residents want anything in between this will always be provided. Water and juice is provided in residents' rooms.

Generally, residents eat together in the dining room, but 1 resident stayed in their room by choice for the dinner on our day of visit.

The majority of residents are able to eat independently and can communicate their needs regarding eating and drinking. If anyone did need any help, staff would assist cutting food up, feeding etc.

The home has 2 residents who are diabetic, and appropriate meals are provided - both by the home and the hospital who provide lunch.

There are no staff employed specifically for catering. We were told that meals provided on site are prepared by a member of staff who has a food hygiene certificate and that they all 'muck in'.

Food wouldn't be re-heated, except for soup perhaps, and if food went cold, a resident could have something else prepared if they wished.

Family and friends are very welcome to join residents at mealtimes, but this doesn't usually happen as it often seen as an appropriate time to leave, causing the least distress to their loved one. The home always arranges special evenings/activities for residents celebrating their birthdays as well as Halloween, Christmas etc. Birthday buffets are a regular occurrence, which prove popular.

Residents don't have any input in food preparation, but a couple of residents do help setting the table and preparing the dining room.

Further findings

On arrival at Norfolk House, we were asked to wait for 10-15 minutes whilst the Duty Manager finished giving out meds. Shortly before the Duty Manager became free to meet with us, a member of staff arrived. We have concerns that until this employee arrived, there was only the Duty manager and one member of staff present, and during that time, the Duty Manager had prepared the dinner (sausage & chips). Whilst the Duty Manager told us 'it was only a case of putting them in the oven', we feel this level of staffing was too low. We were further advised that there were initially 3 staff present, but one had had to accompany a resident to hospital, and the employee who arrived at 5.15pm had been asked to come in to cover for the colleague at the hospital.

The Duty Manager told us that she had prepared dinner that evening as she had her 'Food Hygiene' qualification. However, we are not entirely sure which staff have this qualification. Staffing levels (we were given a copy of the rota) are: Days - 4 staff, Afternoons: - 3 staff, Nights: 2 waking staff. The rota for w/c 12.1.15, which we were given a copy of, shows only 3 staff on Saturday and Sunday, and no manager, which we find concerning. The rota doesn't identify the roles of the staff on duty so it is impossible to know who the person in charge is at any particular time.

Considering there are no dedicated catering staff, we feel these staffing levels are low.

Recommendations

- *The lighting at the front of the home should be addressed to improve security and safety.*
- *We didn't see a name plate at the entrance, identifying the home, so this might be something to consider.*
- *Catering staff should be appointed, or an extra member of staff should be added to the rota to enable consistency at mealtimes.*
- *Fruit should be available, in view, so that residents can see it and be able to access it easily.*
- *Resources to help residents choose or decide what they would like to eat for example photos of the different meals.*
- *A survey to be undertaken for residents, family & friends around food.*
- *Weighing chair for residents who can't weight bear.*
- *Decor needs updating in all areas, especially hall, stairs and landing, but the lounge seemed bright and more modern.*
- *Tidy the office space.*
- *More rigorous security when allowing access to visitors i.e. signing in/out book*
- *Brighter, more personalised bedrooms if residents want them*

Further Actions

The panel will be recommending a further visit in the future to observe a mealtime in operation and to see if the recommendations have been acted upon.

Distribution List

This report has been distributed to the following:

- Norfolk House Care Home

- Wigan Borough CCG
- Adult Social Services Wigan Council
- Care Quality Commission
- Healthwatch England

Appendices

Appendix 1

Response from Wigan Council Provider Management Team

Wigan Councils Provider Management Team would like to extend their thanks to the Enter and View team at Healthwatch for their visit to Norfolk House. Your observations and findings are welcomed by the team.

Norfolk Hs is one of a small number of privately owned residential care homes in the Borough and is situated in a converted detached house in a good residential area. It is home to a relatively small number of people and some of the previous customer feedback we have had has been that people have chosen the home because of its homely, traditional feel. Some of the comments about the environment in your report are fair and I think reflect the challenge the provider has to maintain an older property that is occupied by a larger group of people than it would have ever been intended for.

It is reassuring to know that the team noted evidence, in the form of photos in the entrance hall, of residents taking part in activities at the home and I think it is fair comment that residents could also have personal photos on display around the home that could spark those natural conversations between residents and staff about residents family, friends and lifetime achievements and interests.

It is a shame that the team weren't able to observe the evening meal and it would seem to suggest that the serving of mealtimes is quite regimented. Although there were examples given in the report of residents being able to get a meal at other times, the Council will welcome from the provider ideas about how, as a small care home, they could offer more flexibility and choice in the serving times of regular meals.

In relation to your findings about staffing levels, although it is to be commended that a staff member accompanied a resident to hospital, as this then left the home with only two staff (including the manager) the pros and cons of the decision to release staff to go to hospital needs to be questioned as this could have left other residents at risk.

I am sure the owner and manager of Norfolk House will seek to act swiftly on the recommendations made by your visit and will welcome the opportunity to invite Healthwatch back to the home. The Councils Quality Performance officers will support and advise the

home, particularly on the specific recommendations you make, so that our ambition for all care home providers, regardless of size and accommodation type, to achieve excellent standards of care for all residents is achieved.

Appendix 2

The response from the provider:

OUR RESPONSE

Office: We do apologise for the state of the office at the time of your visit. The daily pressures of work, deliveries, emergencies, reviewing of care plans and other daily duties within a care home sometimes makes it not so easy maintaining a tidy office at all times. But we would work towards this.

Lighting at the front: There is flood lighting at the front of the home which lights up the whole car park. We suspect that on the day of your visit, there was a malfunctioning or it might have been switched off.

Staffing issues: Considering the size of the home, where 18 residents are cared for, the number of staff on duty as reflected are sufficient to attend to the needs of residents. The number of staff required on the floor at weekends is 3 staff at all times which is adequate. Out of the 3 staff, there is always a designated person who is in charge although it might not have been reflected on the rota. We would from now, include this on the rota. There is always a member of management on call to assist in emergencies at any given time. Rotas are made based on assessments of the needs of residents.

Fruit in view: Although it would be good to keep fruit in view of residents, this might be an issue because we have a mixed clientele of EMI and residential, some who pick on things indiscriminately. This might be difficult to control, or keep an eye on which may lead to health and safety issues. Fruits are kept in view in the kitchen.

Resources to aid choice of food: At the moment, menu choices are displayed on a white board in the dining room from which residents make a choice of food they prefer before meals are served. However, we want to introduce images of a variety of food on flash cards which will aid residents' choice of food. We are also at the point of revising our

menu. We provide alternative choices to suit each resident's taste whenever it's necessary. Residents have always enjoyed their meals.

Food Survey by families: This is already in place. A questionnaire survey is regularly sent out to families and friends who also eat with us and residents at parties and special events like birthdays. Results collected from the food surveys are on file and contain very good comments. Nothing negative has been mentioned. Our next family and friends residence meeting is on the 9th of February.

Weighing chair: Weighing chair may not be necessary because a different method is used where biceps are measured. This is a method which is acceptable by the dietician and CQC.

Decor: There were plans already made to renew the decor on some parts of the building. For instance, we are repainting the hall way, the entrance and other identified areas of the building. We carry out audits on every aspect of the home and from time to time redo our decor based on our findings where and when necessary. We have recently redecorated the big dining room and the small dining room, the conservatory and some bedrooms.

Security: We have a signing in book but we will as suggested, instruct staff to reinforce security procedures by ensuring that all visitors sign in and out. We have coded doors which disallows any entry or exit without staff assistance.

Brighter and more personalised bedrooms: We encourage residents to bring in personal items they value and would love to use as decoration and as memorable pieces. We also involve residents in the process of redecorating by finding out their choice of colour or taste which we try to meet.

Appendix 3

The letter sent out by the Chair of Healthwatch Wigan via the Quality team advising of the Enter and View process.

Dear Home Owner,

HEALTHWATCH WIGAN "ENTER & VIEW" VISIT PROGRAMME

Firstly may I introduce myself, I am Rt. Hon. Sir Ian McCartney, Chairman of Healthwatch Wigan and member of the Wigan Adult Safeguarding Board and the Wigan Health and Wellbeing Board in addition I represent all Greater Manchester Healthwatch Organisations on the Gt. Manchester Health and Wellbeing Board.

I am writing to advise you that our Chief Executive Mr. Dave Nunns and my fellow Directors will be activating our Healthwatch powers under the Health and Social Care Act 2012, to carry out visits to premises where health and social care services are funded from the public purse. These include NHS Trusts & Foundation Trusts, Local Authorities, GPs, Dentists, Opticians, Community Pharmacists, persons who own or control premises where ophthalmic and pharmaceutical services are provided from, Bodies or Institutions which are contracted by Local Authorities and or the NHS to provide health or care services such as Adult Social Care Homes and Day Care Centres and services provided under the powers of the Mental Health Act.

Healthwatch Wigan is NOT an Inspector or Regulator of Premises, services, or staff. We are trained and DBS checked volunteers who are able to offer a layperson's perspective in collecting the views of patients, clients, staff and families to assist organisations bring about service improvement.

We have a very close working relationship with the following organisations:

- (1) Wigan Council Quality Surveillance Team members and the Director.
- (2) Wigan Borough Clinical Commissioning Group Quality Surveillance Group.
- (3) Care Quality Commission Area Teams for Primary Medical Services, Hospital and Social Care and the 2 National Heads of Inspection.
- (4) Greater Manchester West Coroner and her Coroner's Officers
- (5) Wigan Adult Safeguarding Board and the Safeguarding Children Board

In addition members of the public, councillors, Members of Parliament and Community Groups do from time to time raise specific issues with us. For example if the matter raised was deemed by us to be a safeguarding issue we would immediately inform the Wigan Borough Central Duty Team, otherwise we may decide to use our Enter and View powers to

investigate the issue.

We have spent some considerable time in recruiting and training a diverse group of local volunteers some of whom have been already participating in hospital PLACE visits in Wroughtington, Wigan and Leigh, which WWL Acute Foundation Trust have expressed delight in the practical ideas provided by the "PLACE" volunteers.

This letter does not mean you will be visited by us in the next few days, however it does indicate that your establishment(s) could be visited as part of our varied programme of Enter and View activities. If or when one of our teams visit we will have a clear purpose, we will treat all people including staff with dignity and respect. We will be courteous at all times and be as unobtrusive as possible.

We will inform all particularly staff of what we are doing at each stage of the visit, we will never exhibit discriminatory behaviour, respecting differences and diversity. We will at all times respect individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about safety and wellbeing of a service user or if the person consents to the sharing of a specific piece of information.

In our relations with the commissioners and regulators we operate amongst our Staff, Directors and Volunteers a Duty of Care and a Duty of Candour in ensuring that the rights and needs of people receiving health and social care services are provided with respect and dignity. I can assure you and your management team and staff that our Enter and View teams will be in possession of the right skills and personal qualities to work collaboratively with your staff team if we ever decide to visit your facilities.

To help ensure the smooth running of any visit we may make to a site, it would be most helpful if you could brief your staff - particularly duty managers - as to the information contained in this letter and the possibility that they may receive a visit sometime.

If having read this letter and you wish further information on Healthwatch Wigan, please do not hesitate to contact us or even pop in, we would be delighted to meet you.

Yours sincerely



Ian McCartney

