

Update on Hugh Myddelton House Nursing Home May 2017

Healthwatch Enfield carried out an Enter & View visit to Hugh Myddelton House Nursing Home, Southgate N14 5QR, in February 2015. The report of our visit is available here:

http://www.healthwatchenfield.co.uk/sites/default/files/healthwatch_enfield_enter_and_view_report_hugh_myddelton_house.pdf

In March 2017, we wrote to the management requesting an update on progress in regard to the recommendations we had made in this report. We learned that the registered manager had recently resigned and that a new manager was being recruited. In the meantime, a manager from another Barchester home, Ms Lili Cocue, had been temporarily seconded for three days per week to manage the home, with the support of the deputy manager. On 1 May, Ms Cocue sent us the update given below. We have also been informed that the new manager, Mr Sam Antwi-Marful is now in post, and he has been in touch to introduce himself.

The recommendations which we made in our 2015 report appear below, followed by the responses we received from Ms Cocue in May 2017.

Recommendation 1. Provision of activities: we recommend that renewed efforts are made to appoint an additional properly qualified or experienced full-time activities coordinator as a matter of urgency. Varied and high quality activities should be available seven days a week. The activities coordinators should aim to devise activities to meet the differing needs of residents including younger residents and those who are bedbound. Activities coordinators should not be asked to do personal shopping on behalf of residents. Greater use should be made of volunteers to help with outings and other tasks.

Update from management May 2017: We have two activity coordinators, each covering 3 days a week. Unfortunately, one of these coordinators resigned a week ago and we are carrying out interviews to cover this position. Regarding residents' shopping, we allocate named nurses and key workers to all our residents. They are supporting residents with all their needs, including shopping if required. One of our activities coordinators is also supporting our residents. She is organising trips around the area. We have a minibus available for this.

Recommendation 2. Use of internet for residents: we recommend that full use is made of the opportunities provided by the installation of wifi and the new Ipad, to offer less mobile residents the chance to take part in interesting internet-enabled activities.

Update from management May 2017: Free Wifi is provided in the home. The company has provided each home with a tablet for residents' use.

Recommendation 3. Opportunities for physical exercise: we recommend that more systematic opportunities should be provided for residents to take part in appropriate physical exercise.

Update from management May 2017: The two activities coordinators are involving residents in physical activities. There are photos around the building with all activities organised and a TV in reception displaying photos.

Recommendation 4. Opportunities for going out: we recommend that more opportunities are provided for residents to go out on both formal outings and informal trips to the local amenities. It may be necessary to recruit volunteers to assist with taking residents out.

Update from management May 2017: Weekly outings are organised by the activity coordinators to local amenities.

Recommendation 5. Photos of staff: we recommend that good quality photos of all staff are displayed on each floor, with their names and job titles clearly written in a large font.

Update from management May 2017: Boards with staff photos are displayed in all the units. A board with staff on duty names is displayed in each unit on a daily basis.

Recommendation 6. Accessibility of call bells: we recommend that staff should ensure that call bells are always plugged in and left within easy reach of residents. Additional electric sockets or adaptors may be needed to make sure all necessary electrical equipment can be plugged in at all times. TV remote controls should also always be left within reach.

Update from management May 2017: All residents have access to call bells and remote controls. Nurses and carers are making sure they are in reach. The manager and deputy manager are able to print a daily report.

Recommendation 7. Communications skills training: we recommend that all staff receive additional training in advanced communication skills, such as communicating effectively with people who may have dementia or brain damage, and/or impaired sight or hearing. This training should be delivered in a classroom setting with opportunities for reflection and discussion, rather than an online format.

Update from management May 2017: Effective communication training is part of the induction for each member of staff as well as Dementia level 1 training. The Home recently went through Barchester's 10-60-6 Dementia programme¹ and staff are awaiting their accreditation.

Recommendation 8. Equality and diversity training: we recommend that all staff receive expert training in equality and diversity, so that they can explore the challenges and advantages of working in a multicultural organisation, and can discuss sensitive issues in a safe and non-threatening environment.

Update from management May 2017: Equality and Diversity training is also

¹ <https://www.barchester.com/types-care/106006>

delivered by the Regional Trainer as part of the Induction programme for each member of staff.

Recommendation 9. Manual handling training: we recommend that all staff receive additional training in manual handling, with an emphasis on techniques for managing situations with residents who are particularly frail in addition to having a condition such as dementia, which may increase the possibility that they will be resistant to receiving personal care.

Update from management May 2017: Moving and Handling is a Mandatory training module and is delivered during Induction. Nurses on duty make regular supervisions with staff on duty and regional trainers carry out regular observations on the floor.

Recommendation 10. Overnight stays for relatives: we recommend that a folding bed or reclining chair is provided for relatives staying overnight when the resident is gravely ill or approaching the end of life.

Update from management May 2017: Reclining chairs are available in all units.

Recommendation 11. Volunteer involvement: we recommend that greater efforts are made to recruit suitable volunteers, perhaps with the help of the Enfield Volunteer Centre, and to offer a range of activities for volunteers to get involved in. For example, volunteers might be able to engage residents in conversation or board games if they are bed-bound, or to help facilitate conversation between residents who are sitting in the lounge together or waiting for their meals. Volunteers might be able to help residents develop their IT skills. Volunteers could help with shopping for residents, and could also assist staff to take residents out on formal or informal trips. Relatives of current or former residents might be interested in becoming volunteers.

Update from management May 2017: One of our activities coordinators is trying to involve the local community in the home and recruit volunteers. She invited people from the local community for an open day in June. She has also sourced a local person who comes around with a dog for pet therapy on a weekly basis. We also have the support of the families.

Recommendation 12. Access to mental health services: we recommend that the manager and staff review the emotional wellbeing of all the residents on a regular basis, and ask the GP to consider making a referral to mental health services for any resident whose mental health appears to be deteriorating.

Update from management May 2017: the local Mental Health Team is involved and review all residents regularly or as required. The wellbeing tool is used in Memory Lane Unit and is going to be cascaded in Younger Physical Disabilities Unit.

Recommendation 13. Hygiene: we recommend that cleaning procedures are reviewed and urgent action is taken to ensure that any malodours are dealt with promptly.

Update from management May 2017: No malodour was noticeable in the home during the month I supported the home. Cleaning schedules are in place for the

housekeeping team and they are checked monthly by the manager. Monthly audits are carried out.

Recommendation 14. Signs and notices: we recommend that all signs and notices are written in a large clear font and placed where they can easily be seen by residents who are seated in wheelchairs.

Update from management May 2017: All signs displayed are in accordance with the company policies and procedures which comply with the Health and Safety regulation.

Recommendation 15. Seats for visitors: we recommend that some folding chairs and cushions are purchased and stored centrally for relatives to use when they visit.

Update from management May 2017: New chairs and armchairs have been purchased in the home. Small lounges are available for relatives and residents to use on their visits.

Recommendation 16. Care home providers meetings: We recommend that the manager attend meetings of the Care Home Providers network hosted by Enfield council, to which all local care home managers are invited. At these meetings she will be able to network with other local care home managers and receive information about support provided by the council.

Update from management May 2017: The new manager will be encouraged to take part in all the Providers Meetings. The Regional Director offers support to the home manager. Other teams are available within the company: Hospitality, Care Specialist, Clinical support Nurse, Health and Safety, Internal Regulation, Property Services, Learning and Development, Business Manager.

Recommendation 17. Staff holidays: we recommend that care is taken to ensure that staff holidays are spread throughout the year more evenly.

Update from management May 2017: A new system was developed in the company and three-monthly reports are sent to the manager to have better control over the staff holidays. All staff wages are reviewed in October every year. Minimum wage was increased on 1st April 2017.

Recommendation 18. Night staffing: we recommend that night staff should be supervised more closely by senior staff, and that consideration should be given to having a manager on duty on the premises at all times.

Update from management May 2017: They were no recent complaints regarding night staff. While I was supporting the home, I came early in the morning to meet with night staff. The Regional Director comes early to meet night staff as well.

Recommendation 19. Team building: we recommend that night staff should sometimes be rotated with day staff to ensure that the staff team is well-integrated and that the whole workforce benefits from all opportunities for personal and organisational development, including team meetings, staff social events and training sessions.

Update from management May 2017: The new general manager will be informed

to have regular meetings with night staff and to make sure they are invited to all the social events. They are taking part in all the training organised in the home.

Recommendation 20. Gold Standards Framework: Providing good end of life care is an essential part of the work of a nursing home. We strongly recommend that the home should restart the process for accreditation by the Gold Standards Framework.

Update from management May 2017: I will inform the new manager to review and restart the accreditation process for Gold Standard Framework. At the moment, the home has the support of the GP, CHAT team² and Local Palliative care team.

Comments from Healthwatch Enfield

We are pleased to see from the update provided that the management of Hugh Myddelton House has made efforts to implement our recommendations.

However, we wish to note the following concerns:

Firstly, we are concerned to find that the frequent turnover of managers and activities organisers - which residents and relatives told us they were not happy about when we visited two years ago - has continued up to the present date.

Secondly, given the frail condition of the residents in this nursing home, we recommend that physical exercise activities should be delivered by a person who has had appropriate training, such as a qualified physiotherapist.

Finally, we note that the most recent Care Quality Commission report of this service rated the nursing home as “requires improvement”. This report, published in November 2016, is available here:

http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2594685132.pdf.

This report found that “there were insufficient numbers of staff on duty at all times to meet people’s needs,” and that “people were either left in bed or wheelchairs for extended periods of time.” The CQC reported that “There was an activities programme in place, although many people remained in their bedrooms and were not always supported to access communal areas or engage in activities as staff were engaged with care tasks.” Concerns about staffing levels are a persistent theme running through CQC reports over the past six years.

² The CHAT Team (Care Home Assessment and Treatment Team), which is part of Enfield Community Services, was set up to provide additional support to nursing and care homes, with input from community matrons, with the aim of reducing unnecessary hospital admissions. See: <http://www.beh-mht.nhs.uk/news-and-events/Care-Homes-Assessment-Team-shortlisted-for-double-Nursing-Times-Awards>

We understand that the new manager will be working to address the matters raised in the CQC report and that the CQC will monitor progress in response to the actions identified.

We are grateful to the management of Hugh Myddelton House for providing this update.