



Enter and View Report Three Bridges Nursing Home

Visit: 9th March 2016

Report published: 5th April 2016

List of Contents

Background	Page 3
• What is Healthwatch Warrington?	Page 3
• What is Enter and View?	Page 3
• Disclaimer	Page 3
• Acknowledgements	Page 4
• Background and Purpose of the visits	Page 4
Details of the Visit	Page 4
• Location	Page 4
• Date/Time	Page 4
• Panel Members	Page 4
• Provider Service Staff	Page 4
• Details of the Service	Page 4
Results of the Visit	Page 5
Recommendations	Page 16
• Distribution List	Page 17
• Appendices	Page 18

Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington 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* (E&V) 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 Warrington 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 dates 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

Healthwatch Warrington would like to thank the staff, in particular the Deputy Manager, Angela Baxter for taking the time to show the team round and answering questions.

Background and Purpose of the visits

Healthwatch Warrington was requested by Warrington Council Adult Social Services to conduct the visit as the home has a new owner - Orchard Care Homes.

Details of the Visit

Location

Three Bridges Nursing Home, Nook Lane, Latchford, Warrington, WA4 1NT

Date/Time

The visit took place on 9th March 2016 at 10:30 am and finished at 12:45 pm

Panel Members

Catherine Bamber- Healthwatch Warrington, Enter and View Panel Member

Hilary Mercer - Healthwatch Warrington, Enter and View Panel Member

Chris Upham - Healthwatch Warrington, Enter and View Panel Member

Provider Service Staff

Angela Baxter, Deputy Manager

Details of the Service

Three Bridges is a purpose built care home which has capacity for 54 residents all on one level. One room is a double in which a married couple stay and the remainder are single occupancy rooms. The residents are mainly older people and many have dementia. Their ages range from early 60's to mid 90's and they are in the main, female. At the time of our visit there were 46 residents.

Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

Observations from the Visit

First impressions

The home is a modern building situated in an area of mixed housing, some very old terraced properties, some social housing properties and some newly built affordable housing. It is in a fairly quiet road, not far from the Manchester Ship Canal.

It is well signed and there is an adequate car park, several spaces were available. A large sign identified the home but the sign had not been updated with the new owners. It appears to be a fairly modern building and is well laid out with a large garden around the building. Sadly, most of the garden is not well tended and is uneven and therefore not suitable for residents to walk in. There is however, a good sized courtyard with a few flower tubs in which residents can spend some time in decent weather.

There were plant pots outside the brightly painted red front doors giving a welcoming impression.

The reception area is clean, bright, welcoming and importantly, smells clean. There are several notice boards with a host of information on them, which in the main would be of use to visitors. There were many cards up with positive comments from family and friends about the home.

The staff were welcoming and cheerful, they were visible through glass windows in all units, able to watch visitors coming and going as well as keeping a watchful eye on residents' movements

Contractors working in the building had some of their equipment in the entrance hall giving it a slightly messy look.

Access

Access to the building is controlled with a keypad lock and an intercom. Staff enter by tapping in a code and visitors have to press a buzzer to be allowed access.

All visitors have to sign in and out in a register at reception. An easy chair was situated next to the signing in book. Visitors were asked to avoid visiting at meal times.

Staffing & Leadership

The home has recently been taken over by Orchard Care. A resident and family meeting was recently held prior to Orchard taking over the running of the home which all the families were invited to. Many attended to hear of the future plans and the meeting appears to have been well received by families who are clearly always kept in the loop with information about the home and the care it provides. Unfortunately no representative from Orchard Homes was able to attend due to a clash of dates.

Valerie Marston, the Manager, was not there at the time of our visit but the visiting team were warmly welcomed and assisted by Angela Baxter, her Deputy.

The manager and deputy have worked together for many years in other establishments and have a good working relationship. They took over the running of this home 2 years ago after Warrington Borough Council had served notice on the previous owners that no new placements would be funded until services improved. The recent CQC report finds the home to be "good" in every area and thus demonstrates the positive progress that has been made.

Angela, the deputy, a registered nurse, has a very hands-on approach and spends much of her working day with staff and residents in the units. She had moved from general nursing to care home work some years ago and had been at Three Bridges for four years.

In total there are 62 staff comprising of a manager, a deputy manager, 2 unit managers, 7 nurses, 7 senior carers, 26 care assistants, 8 domestic staff, one administrator, one housekeeper, two activity co-ordinators, a chef, an assistant cook, 3 kitchen assistants and a maintenance man.

Some staff were spoken to by the visiting team, who said they enjoyed their work and that it was a happy place to work. Some members of staff had been there for ten years or so. Staff retention is good. Staff have regular supervision sessions every two months with an annual appraisal.

Whenever there is a need to recruit staff it is done through an agency, although that may well change now that the home has been taken over by Orchard Care Homes. They generally look for staff who have been trained to NVQ level 2 or 3 but are prepared to take on individuals without qualifications who show the right attitude and are prepared to gain the necessary qualifications. All staff are required to have DBS checks.

There are monthly staff meetings at which everyone is encouraged to have their say and every couple of months there is a senior staff meeting, although consultation with all staff is an on-going daily routine. All staff are aware of whistle blowing procedures.

The home is split into two separate units Nursing/Residential and EMI (elderly mentally infirm). Both units have their own manager and staff are split between the two units.

It is clear that several years ago the home was in a bad state. It was not well run and not kept in good repair. However in recent years there have been many improvements and there is great optimism that the new owners will be taking it on to the next level. The management team are passionate about care levels and cleanliness and that is clearly reflected in the recent CQC report which indicated Good in all categories.

Activities & Leisure

The visiting team had the opportunity to talk with many of the residents and did not hear one single adverse comment. They all commented on how nice and friendly the staff were and that they were well looked after and well fed.

There is a notice board in the reception area which is full of thank you cards from family members. One lady had commented that her mother, who had recently died, had spent the last four years of her life in the home and absolutely loved the place. All of the cards were expressing similar complimentary messages.

Clearly there is a friendly relationship between the staff and the residents.

There is a hairdressing room which visiting professionals use. Local clergy also attend frequently and at times on request. There is a religious element in the weekly activities programme on a Sunday.

Families are encouraged to complete feed-back forms and several of these appear on the Orchard Care Homes web site.

There are two recently appointed activity co-ordinators (one is currently off sick) employed to arrange activities for residents who are encouraged to take part. Some decline to get involved whilst others enjoy light exercise, cards, dominoes and watching films and listening to music. It must be quite difficult to ensure adequate activity given the age range and abilities of the residents, but they certainly try.

There was a weekly activity plan on the wall in both units (same headings). There were no activities taking place at the time of the visit. Whilst both residents and staff referred to dominoes and watching the television, other activities advertised were not mentioned. There was an activity room and a quiet room which unfortunately often smelt of cigarette smoke as one of the residents smoked outside the door in a wheelchair.

Two residents stayed in their rooms at their request, one of these had lived at the home for 11 years and was very happy there. She preferred to remain in bed

because she said she found it uncomfortable to sit in the specially adapted wheelchair that had been provided by the wheelchair service even though the staff told us the therapists had been back to review it. The visiting team wondered if a static recliner type chair set up in her room might encourage her to agree to get out of bed for short periods and maybe join in some of the activities, however we were unsure if there was enough space in the room to allow this. She had enjoyed a George Formby afternoon about a year ago but according to staff was reluctant to leave her room where she listened to the radio. Her room was decorated with lots of family photographs of her many grandchildren and she had little soft toys from her sister on her bed.

There are restful large murals on one wall of each lounge and many interesting pictures too along the corridors, however though nice to look at the wall pictures and murals are not dynamic and do not always lead into a conversation about the picture and what is going on in it.

There was a bird in a cage in the EMI unit. There is also a visiting dog who comes in with their owner.

One resident who was an ex engineer has a bowl of nuts, screws, building blocks and so on that he enjoyed building with, the EMI unit also had half a dozen twiddle muffs that could be used to help settle agitated or restless residents.

The home has a large area of grass with a path all the way around it which unfortunately is too uneven for the residents to walk around. There is an enclosed area off the residential unit which does have a small patio and some suitable pathways but again a large area is taken up by grass. Some discussion has apparently taken place between the staff and the new owners about making an enclosed area off the EMI unit to allow the residents to get outside and maybe do a little gardening if appropriate and the staff are hopeful this may be realised.

Administration

There are no restrictions on when families and friends can visit but they are encouraged to avoid meal times if possible.

The door is kept locked but there is an effective buzzer system to gain access and a register for recording visitors details upon entry and exit.

Care plans are evaluated monthly by the senior care and nurses. All the care plans will have to be re-written and transferred into a new format for the new owners.

There were some challenges mentioned

- complying with the DOLs policy and not being in breach of CQC regulations due to slow turnaround of paperwork by the Local Authority
- Accessing the Care Home Support Team via the Single Point of Access even though this “is a service which provides dedicated support, advice, training and education to all nursing and residential care homes located within Warrington Boundaries, ensuring quality, equity and appropriateness of care”.

Cleanliness

The standard of cleanliness throughout the home was good. There were no seriously unpleasant odours. Most of the bathrooms need refurbishment and only one on the mixed unit had a useable bath. Some bathrooms were out of use altogether. The visiting team were told that the company plan to upgrade the bathrooms to create wet shower rooms and more suitable baths.

The furniture in the residents' lounges was institutional but appropriate. It was noticeable that several residents had the use of mobile arm chairs or reclining chairs, in which they could be moved, in safety and comfort, from room to room. The home has recently employed a caretaker, who is undertaking the current redecoration.

There is an adequately sized laundry within the premises and two members of staff to take care of all the laundry needs. There appears to be a good working system whereby each resident has a basket in the laundry room into which their clean clothing is put before being returned to their rooms. All individual clothing is labelled by the families, but in the event of that not being done staff attend to it.

The residents appeared to be wearing clean and tidy clothing. There have been some issues of clothing being returned to the wrong rooms and the manager has asked staff to be extra vigilant.

There are hand sanitising units situated throughout the home.

Management of Medicines

There is one Doctor (Doctor Miller) who visits every week and he represents a cluster of local doctors. If staff have need for medical advice or assistance between visits they can informally contact Karen Evans from the Care Home Support Team or go formally to the Single Point of Access to be directed to the most appropriate service.

All medication is only issued by nurses or senior carers, but there are plans to train all staff in the administration of drugs.

Food and Refreshments

All food preferences are recorded as part of the resident assessments which are completed for all new residents. This includes any issues with swallowing. These are amended from time to time to ensure that residents are getting an adequate diet which is to their liking.

There are two dining rooms where main meals are served, but several residents eat in their rooms. There is always a choice of starters and main meals and individual preferences are collected the day before and given to the catering staff. There is flexibility in the event that a resident did not like either choice. Staff assist residents in making choices but there is not a pictorial menu available.

Snacks and hot and cold drinks are available throughout the day and a light supper is served in the evening.

Residents who the team spoke to, all commented that they liked the food. One lady said she liked a “bacon butty” and had one every morning.

Smoking

Smoking is discouraged and at the moment there are only two residents who smoke. One is capable of going outside in the courtyard for a smoke whilst the other needs staff assistance to get there. There is a smoking cabin in the courtyard for residents but this is seldom used as it is further from the door. Staff who smoke use the same area. Sometimes the smoke blows back into the activities room if the smoker is close to the building.

Privacy & Dignity

The units are mixed sex. Bedrooms do not have ensuite bathrooms.

The residents are mainly all white British, there is one resident with a European first tongue who has good English but who sometimes calls out in her native language. Angela feel the staff know her well and can interpret her needs though she herself doesn't always and has to ask for help from the other staff on occasions.

Staff were asked how they found out a residents likes and dislikes if there were communication issues, the senior care said she always spoke to relatives were possible, it was suggested they might find the "this is me " document useful. The visiting team are not sure how much residents are and will be involved in their care plans due to the changes in paperwork that were being planned with the change in ownership, however the eleven individuals spoken to said they felt very happy with their care.

One member of staff on the Residential/Nursing unit said she liked to talk to the residents but time didn't always allow her to do so but she did when she could. The Senior Care on the EMI Unit was extremely enthusiastic, she knew a lot about the residents past social history and used this during her day to help orientate/settle residents.

The staff knew how residents like to be addressed, however the names on the bedroom doors were their formal names not their preferred name which might cause some confusion. On the EMI unit there was often a photo of the person outside their room, one lady had a photo of her and her husband on their wedding

day, another lady with memory problems didn't recognise herself and it was suggested a photo of her in her younger days may be easier for her to recognise.

One resident had recently died and the home had spoken to the family about the hearse driving past on the way to the church or crematorium so the staff could pay their respects, this happened on our visit and is a regular occurrence if the relatives/Next of kin want this to happen which summed up the family atmosphere picked up on in the home.

Safety & Security

An attempt had been made to highlight various doors, for example, the toilets and the hairdressers, but it didn't appear to be consistent.

One lady said she "felt safe" since moving there.

All the residents in the EMI Unit have a Deprivation of Liberty Safeguards (DoLS) in place. Angela felt it was sometimes difficult to get the paperwork back from the Local Authority in a timely manner regarding this. The visiting team were however informed that there were no major safeguarding concerns.

There was some discussion over how different sort of complaints/issues are handled, it was clear "big" issues would be escalated up to the manager. The visiting team asked if a record was kept of smaller incidents and issues so any trends could be identified and Angela said she felt this was something they should consider in the future as they would not be documented in the residents file or reported to management as things stood.

Much of the flooring in the home has been replaced with wooden flooring, some bedrooms now have a slightly raised threshold which could cause a problem for anyone using a wheeled frame or trolley to assist them to mobilise. This could be a trip hazard.

It was noted by the visiting team that several residents were sitting at the dining table in wheelchairs without cushions which could pose a pressure problem should the resident be unable to alter their position or ask staff for help.

Staff Training

Orchard Care Homes do their own training and there is a training room on the premises which is used by visiting trainers. Staff are also required to do E learning via a specialised computer application. This is closely monitored by supervisors to ensure staff keep up to date with their training requirements.

Policies and procedures are all kept in folders and readily available to access by staff and visitors. Each week a particular policy is highlighted and staff are expected to familiarise themselves with it. They are required to sign a register to state that they have read and understood the policy.

Staff are aware of the provisions of the Mental Health Act and the deprivation of liberty requirements.

All new staff have an induction covering mandatory training while they are waiting for their DBS check including moving and handling. All new staff have to have NVQ2 or 3 or have life experience of caring and be working towards the NVQ.

E-learning was provided by the previous owners and the new owners are also going to use their own package on an ongoing basis, Orchard also have in-house trainers as well for face to face training. Staff meetings are held monthly, the home has a policy of the “month/week” which staff have to read and sign to say they have read. This is ongoing as there are over 150 policies in place.

The manager and her deputy are supported by Orchard Care’s area manager (Shaun) and the home has access to a dedicated nurse from the care home support team via Single Point of Access (SPA).

Staff have also visited the *Forget Me Not Ward* at Warrington hospital and have or are accessing some training there.

Summary

A visiting team member expressed the thought that they would have no anxiety if a member of their own family was resident at Three Bridges. It is a modern pleasantly decorated home for a large number of individuals. There is a friendly atmosphere and residents and staff appear to enjoy good relationships.

One of the visiting team spoke with 11 residents (2 gentleman one of whom was wheeling himself along the corridor and 9 ladies, one in her own room, one in the lounge and the rest in the dining room). None had anything negative to report about their care, all enjoyed living at The Three Bridges, and they said it was a happy place and the staff were lovely, *“give it a good write up”, “yes I would recommend it”*.

The visiting team also spoke with several staff members including one of the senior carers on the EMI unit, as well as meeting the Deputy Manager, all liked their jobs and the happy working environment. The home seem to have caring staff with a lot of enthusiasm for their work while acknowledging it could be challenging at times.

Recommendations

1. The updating of care plans is seen as a clear priority. Any necessary training in a new system is undertaken as soon as possible to facilitate this
2. A system of monitoring complaints is introduced urgently. This is to include “minor” complaints. This will enable all managers to identify and resolve any recurrent problems
3. It would be helpful for the home to have a training brochure or on-line document for staff which detailed the available training and indicated what was required and when
4. The upgrade of bathrooms and wet rooms is an urgent requirement as is the removal of thresholds at the bedroom doors to reduce trip risks
5. We would recommend that the full range of the activities programme should be honoured, with the residents being consulted and positively encouraged to participate. Clearly, the programme should be changed in response to resident feedback. Furthermore, there should be more attention given to the needs of residents within the EMI unit
6. We would suggest that every effort be made to acquire a more suitable wheelchair and/or the use of a mobile reclining armchair that would enable the bedbound resident to get out of bed and engage a little more with activities outside her bedroom. The situation of the other bedbound resident should be similarly reassessed
7. Currently the outside area is underutilised as it is not fit for purpose. It is unsafe for the residents to use. This is a missed opportunity to provide fresh air and outside activities for example, walking and gardening. To bring it up to standard is quite a task but consideration should be made to bring at least part of it into regular use
8. The home actively develop the use of “This is Me” or similar documents providing brief personal profiles
9. Staff use wheelchair pressure cushions for residents that need them to help avoid pressure issues

Distribution List

This report has been distributed to the following:

- *Warrington Council, Adult Social Services*
- *Warrington CCG*
- *Care Quality Commission*
- *Healthwatch England*

Appendices

Appendix A

Healthwatch final draft comments from Three Bridges Care Home

Some information is factually incorrect: The correct information is as follows:

Details of the service

We have 53 rooms

One is a double but is occupied by one person.

We do have a married couple but they are next door to each other in separate rooms.

Access

We do not have in intercom.

Staffing and leadership

The orchard representative did not attend as he had to go to an urgent meeting at another home and apologies were given to the families at the meeting. They were also told that if they wanted to speak to him that was fine, they could call him for an urgent issue or he would meet them separately at the home. Val told them this at the meeting.

Angela moved from general nursing to care home work 4 years ago and had been at Three bridges for 2 years.

There are approx. 52 staff.

Both units have a unit Manager

Page 8: The resident who smokes outside the activity door, only does so when there are no other residents in there.

Page 9: The lady who stays in bed has been measured for a chair of her own but still refuses to sit in it. She has capacity to make this decision. Therefore we respect her wishes to remain in bed.

Page 10: We comply with the DOLS policy are not in breach of CQC regulations. All residents who lack capacity have a DOLS application already into Warrington.

Cleanliness

Some bathrooms will be refurbished into other rooms or wet rooms and are on Orchard Capex plan.

There are enough bathrooms to service Residents.

Management of medicines

Only senior staff will be trained to administer medicines.

Smoking

We do not discourage smoking it is the resident's choice. Staff have a different smoking area away from the building.

Security and Safety

All staff are aware of safeguarding procedures and whistleblowing. They have read and signed the policy.

All complaints are logged, some are resolved straight away as per policy and would be documented as a meeting with a family member. All complaints are dealt with as per policy.

Page 14: All Residents who have a pressure mattress have a pressure cushion. All pressure aids are checked daily and monthly. Not all residents need a pressure cushion as they do not sit in a wheelchair all day. They transfer from easy chair to wheelchair and vice versa for pressure relief.

All Residents have a pressure risk assessment in their file, reviewed monthly for changes.

Staff Training

Orchard E learning will be in place in April 2016. Depending on their role, they will be allocated specific training courses with timescales which will be monitored by the Manager/Deputy. If failing to complete allocated training they will be supervised.

All new care staff who have never worked in care before will have to do the new Care Certificate training.

Page 15: the forget me not ward do not provide training. We can access some training from the psychiatric nurse who works there but is based at Hollins Park.

Val Marston
Home Manager
Three Bridges.

