



Stockport Local Involvement Network

Marple Dale Hall Nursing Home, Marple

Care Home Visit

Tuesday 2nd March 2010

A report compiled by the Stockport Local
Involvement Network

LINK Support is provided by the LINK Support Team at Pebble Enterprises, Labyrinth House, 45
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What is the Stockport LINK?

The Stockport LINK is a network of groups and individuals from across Stockport coming together to ensure that health and social care services are planned and delivered to meet the needs of the people that use them.

The LINK will:

- **Find out what people like and dislike about health and social care in Stockport.**

We are always here to listen at the LINK Support Office, if you know of a wider health and social care issue in Stockport, let us know. The LINK is proactive in producing questionnaires and feedback forms that are circulated around the Stockport area for a wider balanced view.

- **Suggest ideas to help improve these services and consider specific issues of concern to the community.**

Because the LINK is made up of Stockport residents, these issues and the ideas to help tackle them are being formulated by you and people representing you. The LINK wants to hear about your experience of health and/or social care services in Stockport.

- **Visit premises in Stockport where care is provided or those providing care to Stockport residents.**

This is called Enter & View, and is undertaken by trained LINK members. Authorised LINK members can visit care premises to view the quality of care, write a report and feed back to both the organisation providing the care and the wider public.

- **Work with and influence those who make decisions about new services or existing services to help make them better.**

The LINK has the power to make statutory bodies listen; they are under an obligation to respond to LINK requests and reports within a given amount of time, meaning that the LINK can really make a difference.

- **Be flexible, providing many opportunities and different ways in which you can get involved.**

One of the great things about the LINK is that you can be as involved as much or as little as you like. From being a Core Group member, attending meetings, participating in Enter & View, participating in subgroups or you can simply choose to receive the Newsletter or provide us with your feedback. The choice is up to you.

Marple Dale Hall Nursing Home

Tuesday 2nd March 2010

Report from: Stockport LINK Enter & View Team

Visiting Members: Alan Watt, David Atkinson

Report to: LINK Core Group

Report Date: 24th March 2010

Subject: Informal Visit

Appendix: Star Ratings used by the Care Quality Commission

Introduction

The objective of the Marple Dale Hall Nursing Home is to provide residential and nursing care to people over 65 years of age and to service users of both sexes who are Young Physically Disabled or have Learning Disabilities. Additionally long term, short term and respite care is provided.

The home is owned by Barchester Healthcare Homes Ltd of Suite 201, The Chambers, Chelsea Harbour, London SW10 0XF. On a monthly basis, the Care Home is visited by a manager of the senior team of Barchester Healthcare, during which time the opportunity is taken to discuss all matters relating to the smooth and efficient running of the Care Home, this review includes the Home Manager, members of staff and senior members of the management team in the Home, as well as the service users.

The Care Quality Commission carried out a visit to the home in May 2009. The Commission gave the home 2 stars. For Star rating please see appendix 1. For a copy of the Inspection Report please visit

<http://www.cqc.org.uk/registered-services-directory/RSSearchDetail.asp?ID=0000071921&Type=CRH> or the LINK Support Team can forward you a copy by post.

The LINK Team were welcomed by the home manager General Manager Josh Adams who gave them an introduction about the home and a visit around the building. They also met with and had conversations of different lengths with the chaplain (who also works as a counsellor), a trainer, a number of carers, a number of nurses, some residents, some relatives and a cleaner.

No. of Resident Places: 86

No. of Places with nursing care: 86

Total no. of places: The home is registered to take 86 people

Purpose of the visit

The LINK would like to acquaint themselves with the manager and staff of the establishment to build an effective relationship between the home and the LINK and view the quality of care received within the home.

Building and accommodation

There was a slightly unusual winding public road to the site but easily found. The car park is clearly marked and there seemed plenty of other spaces closer to the individual blocks. The team were quickly directed to the main entrance which is a short walk away with electric sliding doors. There was a receptionist at the entrance and the team signed a visitor's book. The receptionist area for this complex is shared with the New Windsor Nursing Home another home owned by Barchester, also sharing a manager who is on the same site. The general manager's office was immediately off this entrance, also used by his secretary.

The home is split into three standard buildings constructed of brick with slate roofs.

The Balmoral Unit is a converted Sanatorium. At the moment, this has 25 nursing care residents and 13 residential residents but they have room for a total of 43. The Balmoral Unit has 9 staff in the morning and 7 staff in the evening. There are 4 night staff. The staff complement on any one shift must have a minimum of one registered general nurse.

The Main Hall is a two story nursing suite, comprising of 27 residents, but has room for 33. The Main Hall has 6 staff in the morning and 7 staff in the evening. There are 3 night staff. The staff must have a minimum of one complement registered general nurse.

Clarence House is a converted bungalow type-building, comprising of 3 single rooms, all of which have en suite facilities including showers. This part of the home has all nursing staff to cover patients with severe mental health problems and those following an accident / strokes etc. Clarence House must have minimum of 2 staff at all times.

The building was well decorated with plenty of interesting pictures and lots of chairs about. Residents are free to bring their own furniture and belongings. There are good sized lounges so that people could be together when appropriate and in smaller groups if they so wished. There are a variety of room shapes and sizes. Not all are en-suite but there is access to toilets, showers etc to those that are not. All areas are clean and smell fresh.

All rooms were free of dust. Some carpets had damage in one of two places but were well protected so as to eliminate risk to all using them. Brass was being polished on doors as we visited and clearly kept so. The cleaning team, which is made up of 8 housekeeping staff and 5 laundry staff have a cleaning plan and they fill in a log book. The cleaners we spoke to worked 30 hours.

There were good wide corridors and few obstructions. One block has two floor levels, the others single, except that there were some short flights of stairs, with each of these there was a suitable lift. At the top of the stairs there were also safety gates kept and observed as closed so as to reduce risk of anyone falling. There is a corridor in one building that is quite long which mostly affects nurses and carers but they admit it does keep them fit!

There is a general feeling of space, both for larger groups and smaller groupings. There are plenty of quiet places available and were being used including a private room available for visitors to meet with residents outside their bedrooms in at least one block. The team were advised that there was a non-denominational chapel. At least one block had a small kitchen area for residents and their visitors where drinks could be prepared.

The staff knew what to do in event of a fire and fire doors of residents rooms are kept closed. The Care Quality Commission had identified that not all the staff knew how to use extinguishers in their report, this issue has been addressed by internal fire training.

Resident Engagement

One disabled resident had her own garden plot and was working hard on the weeding while the team were visiting. The site is a real asset, an open view with plenty of space. Visitors wheeled residents around the grounds in the sunshine.

The home employs a full time activities manager and there are regular activities where attendance is optional. Weekly written lists are given to residents. There is mental and physical stimulation with a quiz, ball games, flower arranging etc. Trips to shops, cinemas and outings are arranged and the home has its own mini-bus. All residents are encouraged to get dressed during the day, use the facilities, especially the extensive grounds and eat in one of the dining rooms so they are not secluded in their rooms. However, residents are free to eat in their rooms if they so wish.

“There were positive features aplenty, but what struck me most was there seemed to be quite a lot of stimulation - both physical and mental, going on.” - Alan Watt, Lead representative.

The team were impressed by the general atmosphere. Residents' names were on doors, both staff and residents were addressed by name and there was a friendly relaxed atmosphere. The team felt free to talk to whomever they met without members of staff intervening. Staff seemed thoughtful and considerate when talking, helping residents or even moving their belongings. For example, teddy bears were carefully sat in wheelchairs when moving resident's belongings from one room to another.

It was noted that the general manager knows his residents and clearly spends time with them.

Staff

Staff are mainly of UK origin and English speakers, non-English staff are given day release to learn English. Residents and staff clearly recognised that staff were kept busy but the general impression was of good teamwork, including the team of cleaners. One call went off when the team were present and the nurses left immediately to check.

There is an in-house trainer, all new staff have an induction course and the carers are encouraged to do NVQ level 2&3. They have specialists in palliative and tissue care. Staff training seems to be taken seriously and the team were advised that the staff had access to a computer in special areas so as to fit in training online where possible. This is central at present but a facility is planned to be available in the separate blocks.

The team felt that the staff were very happy and committed and this starts at the top. There is a separate office for nurses and carers as well as somewhere they can make a drink and eat in all units. The only issue staff found a problem was the length of the corridor.

The general manager is available to talk to one evening a week for relatives from 5.00-8.00. Visitors are welcome at any time and the relatives the team spoke to were happy with the home and the care provided.

Quite a high proportion of residents needed nursing care which meant that for the visiting team talking to residents was difficult. Where discussion was possible there were some good responses about the care received.

Nutrition and dining

There was a large choice of food available and menus are published - an example of which are available in the home prospectus - and there is a summer and a winter

menu although choices are changed daily. There were a good range of biscuit types being offered as the team visited at tea time. Fruit is available in an open bowl in a central location in every lounge and is freely available to residents. Residents state their preference for their choice of food a day ahead but can change their mind. Staff help those who cannot feed themselves. The team were told new chefs have improved quality of food significantly within the last 18 months.

The dining rooms are attached or are part of the main lounges. The kitchen in the Balmoral suite has been refurbished recently and the food for the main hall is sent over on a hot trolley to a heated station where it is plated up.

The team got the impression of comfortable, smallish dining areas with plenty of space which is cleared between meals. A nutritionist visits to advise on diet.

General Support

The home specialises in palliative and tissue care and some respite care. The team were told that Stockport seems interested in developing some other shortened term care packages.

The whole site offers residential care, nursing care and there is one small unit for intensive special care for severely disabled people. The team met and talked to two carers and two residents. The residents had their own small garden which is easily accessible and used for growing vegetables.

All residents have a care plan and risk assessment when they come into the home and this is done in conjunction with the resident, the resident's family and a GP. This is reviewed every 6 months but can be reviewed weekly or monthly if necessary. Their weight is checked regularly. All medication is given out by a trained member of staff and kept in a secure place. If residents can self medicate a risk assessment is carried out and a medicine safe is put into their room and they are given a key. The laundry is in-house and clothes are tagged by family otherwise it is done by staff. The resident's money is administered by the family or office staff to be used for treats etc. Receipts are kept.

At least one nurse is trained for working with people with dementia. Long term residents who develop dementia are kept at the home for as long as possible.

Four members of staff are signed up as dignity in care champions and a copy of the Dignity Challenge is pinned up and laminated. There appeared to be good relationships between staff and residents.

Traditionally Marple Surgery covered the home but now a greater spread is being developed and encouraged. They now have 3 GPs from Marple Cottage Surgery and have also made use of Mastercall GP out of hours service. The home felt that the GPs do good work on bed sore treatments. There is some respite care offered but most residents are long term. Respite care is offered in one room, but if more is needed the home can be flexible.

Conclusion

The general atmosphere was friendly, happy and easy with helpful people. The residents were alert and interested.

Although part of a Barchester Healthcare Homes, the general manager - who has introduced many of what the team felt are improvements since the buyout - seems to have a good confident relationship with the group and as such feels free to take the initiatives he thinks fit. The team consider this a critically important issue, particularly in difficult economic times. He appears very enthusiastic. The staff all gave the impression of feeling part of a team taking pride in what they are doing.

The general manager seems keen and proud to show off his home to smaller groups of visitors and the team suggested they contact the LINK Support Team to find out about some of the LINK affiliated groups that might be interested in preparing "visiting groups".

The approach was to encourage complaints and suggestions to be made orally and handled quickly. There is a written complaints procedure clearly displayed and included in the home brochure. Written complaints seem to be responded to quickly but one member noted that the file does look thin which they took as an encouraging sign.

The administrator seems very busy with lots of paper on their desk.

The team got the impression that the care home was very upmarket with some expensive rooms. When raised with the general manager, he claimed that this was not his only target market. The senior nurse was unable to tell the team the proportion of self funded people as opposed to state funded so in attention given to residents there seemed no distinction.

The grounds are extensive and mainly well kept but there was some tidying up needed to be done from dead material left from the winter.

Recommendations

To The Home

1. The LINK recommends the homes work towards a gold standard in palliative care
2. The home to display a LINK poster and materials to give residents, families and carers an additional voice in adding value to local health & social care services.
3. The LINK and the home to keep in contact with any health & social care issues that may arise.

To The LINK

1. LINK Support to work with home to promote "*visiting groups*".
2. The LINK and the home to keep in contact with any health & social care issues that may arise.

The views in this report are of the collective team of Enter & View Representatives who visited Marple Dale and only apply to the day on which the visit was made.

Stockport LINK March 2010

Appendix 1 – Star Ratings Used by the Care Quality Commission

The Care Quality Commission is the independent regulator of health and social care in England. their aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

They regulate health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. And, they protect the rights of people detained under the Mental Health Act.

Following a key inspection of a service the Care Quality Commission publish a rating that describes the quality of care it provides.

The ratings scale is:

- 0 stars - poor
- 1 star - adequate
- 2 stars - good
- 3 stars – excellent

Inspection reports include a description of the outcomes that people using services should expect. They use the outcomes in the national minimum standards (NMS).

- When assessing the quality of care services the outcomes allow them to focus on the experiences of people who use services and what's important to them.
- They make judgments about the quality of services against each of the outcome areas. They then use these judgments to work out the overall quality rating for that service.

For more information about ratings or the national minimum standards please visit the Care Quality Commission website: www.cqc.org.uk

Or contact the Stockport LINK Support Team on 0161 477 8479