



Stockport Local Involvement Network

New Windsor Nursing Home, Marple

Care Home Visit

Wednesday 3rd March 2010

A report compiled by the Stockport Local
Involvement Network

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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.

New Windsor Nursing Home, Marple

Wednesday 3rd March 2010

Report from:	Stockport LINK Enter & View Team
Visiting Members:	David Atkinson, Joyce Drummond, Jean Mycock and Sheelagh Peel
Report Date:	8 th April 2010
Subject:	Informal Visit
Appendix i:	Star Ratings used by the Care Quality Commission
Appendix ii:	Home entertainment schedule
Appendix iii:	Example menu

Introduction

New Windsor Nursing Home provides residential and nursing care to people 65 years of age and over, service users who are Young Physically Disabled or have Learning Disabilities of both sexes 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 September 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=0000071925&Type=CRH> or the LINK Support Team can forward you a copy by post.

The LINK Team were met by a receptionist and then welcomed by the home manager General Manager Josh Adams who gave them an introduction about the home and a visit around the building.

No. of Resident Places: 26 younger adults with physical disabilities, mental health problems & learning disabilities and up to 37 older residents.

No. of Places with nursing care: All.

Total no. of places: The home is registered to take 63 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

The visitor access to the building is very good with no steps or curbs and an automatic sliding door for both visitors and residents. There is a visitors book to sign both on the way in and out. There is ample parking. The New Windsor provides 24 hour nursing care, personal care and accommodation for up to 26 younger adults with physical disabilities and up to 37 older people. A long driveway leads to the car park and the home has accessible gardens and patio areas, which are bordered by woodlands and open countryside. The area is quiet and residential, with local bus services and shops fairly close by. The home is approximately half a mile away from Rose Hill railway station in Marple.

The building is purpose built with 2 floors; brick built halls and a slate roof. There are residential downstairs rooms and some have patio doors. All downstairs rooms are sun facing and all rooms have good views. The corridors are bright and there are tasteful pictures on the walls.

The home consists of a ground floor and a first floor, and other than the administration area they are the mirror image of each other. Both are staffed in the same way, each floor has a unit manager who is a registered general nurse and a team consisting of a minimum of one more nurse and a number of NVQ qualified carers. The younger residents are on the ground floor and the older residents on the first floor, there are separate nursing stations and a small kitchen for the staff on each floor as well as plenty of storage space.

All rooms are attractive, well cared for and looked after. Residents can bring some of their own belongings if they wish and are given the opportunity to fill rooms with personal possessions. This could be seen as clutter but gives each residents room a homely feel. All rooms are well equipped with en-suite and wet room showers and all residents have panic alarms.

The overall cleanliness is very good the cleaners have a cleaning plan and fill in a log every day. There was a slight unpleasant smell around the ground floor bathroom and also on the upper floor portable hoist.

Access is good in all the rooms and corridors and there are lifts between floors. Some residents have electric wheelchairs so they can move around easily. There is a wooden slated bridge straight out into the grounds for residents on the first floor or lifts can be used down to the ground floor. One member of the team felt that this could bring health and safety problems in the future so should be carefully monitored.

There are small lounges on both levels for residents who want quiet time or want to spend time with their family. There is a main lounge on each floor and a dining room.

No issues were found around health & safety. Residents have alarms that alert the nursing station if needed. The fire drill is well rehearsed and as the building is built into a bank, residents can exit the second floor by the wheelchair accessible bridge. Residents who need oxygen had notices on their doors.

Resident Engagement

There is an entertainment manager employed full time. The team were provided with a copy of the entertainment schedule (Appendix 2). The home has its own mini-bus and arranged trips to shops, pubs, cinema and canal boat rides on *Horizon*. One resident organises her own trips to Stockport to shop using the *Ring & Ride* bus. Residents are encouraged to enjoy the extensive grounds and during summer they have a fete. There are photographs around the home of activities and the residents can use any one of the small lounges for parties.

Visitors and relatives are welcome at any time, the team spoke to some of the residents relatives who reported they were very happy with the home and the care provided. The home has its own chapel and employs its own chaplain who is also a counsellor. The chapel can be used for different religions. The home has a suggestion box.

The home manager, Josh Adams said he would like to purchase a caravan so some of the residents could go away on holiday for a few days. He suggested holidays four at a time but it will come down to finance.

“One resident spoken to has her cat in the home with its own cat-flap to her room. She is in a wheelchair but very active. She decorated her own room and the wall outside with drawings of butterflies, birds and flowers. She also has her own small aquarium.”

One resident spoken to has her cat in the home with its own cat-flap to her room. She is in a wheelchair but very active. She decorated her own room and the wall outside with drawings of butterflies, birds and flowers. She also has her own small aquarium. She also has a washing machine in her room to do her own clothes. The team were impressed with the level of personalised care the residents received and felt it reflected the staff's commitment to helping residents keep their independence as long as possible.

Staff

There are 4 nurses and 13 carers for the morning, 2 nurses and 12 carers for the afternoon and 2 nurses and 5 carers in the night shift. Most staff are female and there is one male nurse. Staff are of mixed ages, work mainly full time and are a mixture of English, Polish and Philippians. There are staff who specialise in mental health as well as physical health. There are opportunities for staff to develop with a training programme.

There are currently 58 residents in the home. There are 59 single rooms and 2 double rooms available. One of the rooms is kept for respite care. The gender make up of residents is around 70% female 30% male.

The in-house trainer is called Allison Stirling and all new staff have an induction course. All the nurses are registered general nurses and carers are encouraged to take the NVQ level 2&3. The home specialises in palliative and tissue care. Most of the long term staff were trained at Stepping Hill Hospital.

The team felt that the staff are very happy and committed and that this starts at the top with the manager.

Nutrition and dining

Fresh fruit is available in a bowl for all to take at any time in every lounge. The home has 1 chef and 2 assistant chefs. The team did not enter the kitchen as food was being prepared but were offered the opportunity to look through the glass in the door and thought the kitchen practice was good.

The residents the team spoke to were very happy to be in the home and with the food they get.

The dining rooms are attached to the lounges and a menu is available - a copy of which was given to the team (Appendix 3). Choices for food are made the day before but changes can be made if required. There is a winter menu and a summer menu and it changes daily. Breakfast is available over a long period of time to allow

flexibility for when a resident wants to get up. The menus are clearly available outside each dining room. Meals can be served in the resident's rooms but they are encouraged to mix.

The home consults a dietician but it is done in conjunction with a GP. The staff were keen to stress the importance of the residents' diets. Residents with specific dietary needs are well known by and catered for by the staff. The kitchen is on the ground floor but serves food to all residents. There are small kitchens on each floor where resident's families can go and make a drink for themselves or the resident outside of normal meal times. All nursing staff and senior carers are trained in feeding in PEG (Percutaneous Endoscopic Gastronomy - feeding tubes).

General Support

The home offers services for young physically disabled people, nursing care, residential care and respite & short stay care. The home can cater for early & late stage dementia and would endeavour to look after late stage dementia which had developed in a resident, it does not take residents with dementia otherwise.

Every resident spoken to by the team were happy with their care. All staff are on first name terms with residents and have staff have name badges on. All residents have a care plan and risk assessment carried out when they come to the home and this is done in conjunction with residents, their families and their GP. This is reviewed every 6 months but checked weekly or monthly if necessary. All residents are weighed regularly.

All medication is given out by a member of trained staff and is kept in a secure place. If residents can self medicate, a risk assessment is made a medicine safe is put into their room and the resident is given a key. The laundry is done in the home and all clothes are labelled. The residents are encouraged to dress themselves.

The home has had difficulty with accessing GPs to see their residents. Each resident can have their own GP, but in practice if they don't live in Marple, GPs often will not travel. Even GPs based in Marple Bridge, 2 miles away have refused to visit. The home has access to 3 GPs from Marple Surgery and Dr. Wells from Marple Cottage Surgery who attend the home for their registered patients. If required, the home also uses Mastercall GP out of hours service.

One problem the house found was that because the grounds of the home slope those in wheelchairs had problems with losing control of their wheelchairs. A fence was put up to rectify this problem.

The team felt that the home does a good job on the treatment of bed sores and MRSA which the home said some patients come back from hospital with.

The home is aware of the Dignity in Care Campaign and 4 members of staff are dignity champions, one of which is the general manager, Josh Adams. Some staff attended the Dignity in Care event at the Town Hall earlier in the year. The home offered short stay/respice care but only allocate 1 room. If another room is wanted and available, it will be offered.

Where abuse is concerned staff are more aware of resident to resident abuse and must always be alert to carers or visitors abusing residents. Training is given to staff around abuse.

No residents have severe hearing difficulties and hearing aid wearers let staff know about batteries and audiologists do visit the home. The team felt it would be helpful if staff understood individual level of hearing loss, for example if a resident can't hear the difference in pitch between male and female residents or staff.

Conclusion

The atmosphere is of a very positive and happy place. The big windows are a great asset as they let a lot of light into the home. The manager is very enthusiastic and very receptive to new ideas to improve the care and outcomes for everybody.

The only poor features of the home were small. The administrative staff seemed very busy with lots of paper on their desk. There were some boxes near the entrance that looked untidy but did not restrict access. The team were shown around an empty room that had been cleaned for respice care and felt that the handle to the door still needed cleaning and the en-suite was marred.

“The representatives were very approachable and shared their views of the service freely. It was refreshing to talk to people on how services could be improved upon” - Josh Adams, General Manager

The manager said that he would like more local people to volunteer at the home, visit the home and maybe train to drive the mini-bus. The home would be happy to pay for any training required.

The grounds are extensive and generally well kept. The team felt that the site was beautiful and very rural. Some of the patio gardens had dead plant matter that

needed removing. One resident was gardening from her wheelchair with adapted garden tools.

Recommendations

To The Home

1. 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.
2. The home to display the names of their dignity in care champions.
3. The home demonstrate its monitoring of the wooden slated bridge for health and safety
4. The LINK and the home to keep in contact with any health & social care issues that may arise.
5. The home to look into a staff training session by an audiologist on a simple way to detect hearing problems in residents and understanding the differences in pitch if not already in their training course already.

To The LINK

1. LINK to look into problems with accessing GPs – liaise with Stockport Managed Care/Local Medical Council.
2. The LINK will send the home a questionnaire on discharge procedures.
3. 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 New Windsor and only apply to the day on which the visit was made.

Stockport LINK April 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

Appendix 2 – Home entertainment schedule



**Windsor
Weekly Diary Sheet
For The Week of 1st March**

<p>Monday 1st March</p> 	<p>ALL the fours Bingo with Dominik – Fox & Hound Lounge at 2.30p.m.</p> 
<p>Tuesday 2nd March</p> 	<p><u>Hair dressing with Bev all day in the Acorn Lounge</u></p> <p><u>Sing Along with Dominik – Willow Lounge at 2.30p.m</u></p> 
<p>Wednesday 3rd March</p> <p><i>Happy Birthday To Elizabeth Green</i></p>	<p><u>Gentle exercise with Dominik- Willow Lounge at 11.00a.m.</u></p> <p><u>Hyde – Shopping afternoon!! If interested see Dominik</u></p>
<p>Thursday 4th March</p> 	<p>Quiz afternoon with Dominik – Fox & Hound Lounge at 2.30p.m.</p> <p><u>Movie evening to be set up by Dominik- Willow Lounge at 6.30p.m.</u></p>
<p>Friday 5th March</p> 	<p><u>MAGIC SHOW</u></p> <p><u>Fox & Hound Lounge at 3.00p.m.</u></p> 
<p><u>ANY ISSUES, PROBLEMS OR SUGGESTIONS PLEASE USE BOXES PROVIDED AND/OR SEE SOCIAL LIFE TEAM.</u></p>	

Appendix 3 – Example menu

Today's menu

Monday

Luncheon

Homemade soup of the day

Bacon and lentil

Or

Melon coulis or grapefruit

oOo

Sausage casserole

Served with mixed roast vegetables

And seasoned mashed potato

oOo

Steamed chocolate sponge

Served with chocolate sauce

Or

A selection of sweets from the sweet trolley

Your choice of yoghurt or ice cream

oOo

Fresh tea and coffee, cheese and biscuit

These dishes are available should any daily meals not be to your liking.
Your Chef will be happy to cater for any special requests.

Monday 12