

# Enter & View Visit

## Milton Ernest Hall Care Home 17th May 2019



Name and address of	Milton Ernest Hall Nursing Home
Care Home	Bedford Road
	Milton Ernest
	Bedford
	MK44 1RJ
Description of care	Older people, Physical disability, Sensory
/service provided	Impairment- Cancer Care, Palliative disability,
	Epilepsy, Auditory Impairment, Motor Neurone
	Disease, Multiple Sclerosis, Parkinson's Disease,
	Stroke, Visual Impairment, Speech Impairment,
	Convalescence, Respite Care.
Names of Authorised	Faiza Al-Abri & Linda Hiscott
Representatives	
Date of visit	17 <sup>th</sup> May 2018

<u>Contents</u>	<u>Page number</u>
Background & Summary	3
Welcoming	4
Safety & Activity	4-5
Training and Qualification	5
Privacy & Dignity	5-6
Dining & Housekeeping	6-7
Health Provision	7-8
Infection Control	8
Conclusion & Recommendations	9
Appendix 1 - Service user comments	10
Appendix 2 - Questionnaires	11-18
About Healthwatch Bedford Borough	19-20

#### Background

As part of the Healthwatch Bedford Borough's (HBB) work on reviewing access and the quality of health and social care services, an Enter and View visit to Milton Ernest Hall Nursing Home (MEH) was carried out on the 17th May 2019.

This visit was announced, HBB sent flyers and leaflets to MEH to be circulated to residents and their families prior to the visit.

MEH is a registered nursing home providing long term and respite care services to older people usually over the age of 65 with either physical disabilities (who can no longer stay in their existing accommodations) or Sensory impairment. The care and support services for residents also include Cancer Care, Palliative Care, Epilepsy, Auditory Impairment, Motor Neurone Disease, Multiple Sclerosis, Parkinson's disease, Stroke, Visual Impairment, Speech Impairment, Convalescence and Respite Care.

The Home can accommodate up to 29 residents in en-suite single occupancy rooms and also double rooms for couples only. When there are rooms available the home will offer respite care. End of life care is provided, MEH work closely with GPs and the hospital to deliver this efficiently. The majority of the residents are self-funding with 2 local authority funded residents at the time of the visit and 1 NHS funded resident under continuing healthcare (CHC).

MEH is not a specialist dementia home therefore does not accept residents with such requirements especially those who are still very active with behaviour issues, the grounds and the house location would not be appropriate to provide care for such residents and therefore the home would not be able to meet their needs.

In regard to hospital admissions, the home does not accept residents after 5pm on Fridays or the weekend as sufficient support to assist them would not be readily available.

Care plans are written when residents move into the home and reviewed regularly. The manager attends the first care review to ensure that the placement is going well and that the home can meet the resident's needs.

#### Summary

The visit began with an introductory discussion with senior staff about the style and nature of the care home and the care of its residents. It was also an opportunity for HBB to ask relevant questions, of which MEH staff kindly answered with confidence.

During the visit the opportunity was taken to review the provision of care holistically, including health, choice, meals, visitors, leisure and dignity. HBB walked around the home and spoke to residents and their families at random. Conversations covered the state of the home, the service being provided and any recommendations/suggestion that could be made about the service.

Questionnaires were used as a means of collecting data. The Questionnaires included both open-ended and closed-ended questions. Both provide quality comparable data which can be easily analysed.

Prior to speaking with the resident and asking them questions using the questionnaires residents were firstly asked for consent to speak to us.

Overall HBB found the home was exceptionally well run. With great reviews from residents and families.

#### **Welcoming**

HBB were received with a pleasant welcome to the home. There was a front reception desk which was manned by a member of staff during office hours. The receptionist greeted HBB staff and called for the appropriate persons to chaperon us into the building.

It was refreshing to notice a welcoming fresh aroma within the premises. There was a large notice board displayed in the communal area, which included staff pictures and weekly activities. The information contained on the main notice board was clear and concise.

The home is made up of 52 members of staff including; care staff, catering staff, laundry staff, housekeeping, activities coordinator, maintenance staff and bank staff. The home provides their own bank staff, however in particular circumstances may seek assistance from agency staff. There are 6 permanent nurses, a deputy manager and a general manager, who are both also qualified nurses.

The home informed us that they also work with students and offer work experience/placements. These staff members only work between 9-5.

#### Safety & Activity

The main entrance door included a buzzer doorbell which allows the staff to be aware of who is visiting the home, and will notify staff that someone is at the door when the reception is not manned. Upon arrival the reception staff prompted HBB to sign in and out using the GDPR compliant Data protection sign in book which is adhered to by all staff, family, and visitors alike. It was evident that the signing in procedure was being used proficiently as the entries were up to date. Throughout the home the doors had different pin codes of which only the staff knew.

There is no visiting restriction on family and friends of the residents.

There was a clear activity timetable that gave information about the activities that were scheduled to take place throughout the week.

Whilst speaking with some of the families of the residents they highlighted that the activity timetable is emailed to them along with the weekly newsletter. This is a very resourceful way of including and updating families.

MEH explained how they offer one to one activities to residents who cannot or choose not to join the group activities. This practice appears to be an inclusive way of meeting one of MEH objectives which states, "To deliver quality care based on the needs of Service Users".

Throughout the day the home appeared to have had sufficient numbers of suitable staff to keep people safe and meet their needs at all times with an appropriate shift rota allocating staff with tasks. MEH highlighted they do not have a standard shift pattern.

This enables the staff to be accountable for certain roles within the home which is integral in providing a quality service and to meet individual resident needs.

As a safety provision every bedroom in the home has a room call system. Call bells are fitted and used to call for assistance and as a means of catching attention. Call bells are also fitted in communal rooms/areas around the home and also toilets and bathrooms.

HBB staff observed residents throughout the home especially those who are very active using various different types of call bell devices including, alert bracelets, large remote call bells and call bell pendants that residents wear and carry around with them. Call bell devices are mainly for vulnerable people such as service users who are blind, at high risk of falls, memory issues and other assorted co-morbidities.

Residents were using various mobility aids such as wheelchairs, walking frames, hoists, and recliner bath tubs. HBB observed ramps and handrails throughout the building where needed. The corridors were empty and there was no evidence of equipment being stored inappropriately. Although the building is a grade 2 listed building it is accessible on all floors and the corridors are all wide enough for wheelchairs. There is a lift which is serviced regularly.

The home has a full automatic fire alarm system and an emergency lighting system is also installed.

#### Training and Qualifications

All staff prior to beginning employment at MEH are DBS checked. A suitable reference is also a requirement before starting work.

New employees are inducted to National Training Organisation standards within 12 weeks of employment and also complete a Level 2 Diploma within 2 years of appointment.

Staff all undergo a 4 day induction which is broken up into different tasks each of the days. The different days consists of, paperwork, online training, shadowing staff, followed by being shadowed and supported by staff for a minimum of one shift. Staff are also required to complete an in-house manual handling training before becoming active staff members. The deputy manager is a qualified manual handling trainer. Currently the induction period for new staff is 6 months.

All employees receive the annual training in health and safety matters such as moving and handling, fire awareness and procedures, adult protection issues, infection control and a range of other matters. The home highlighted that a registered nurse is on duty at all times.

The policies and information provided to HBB prior to the visit was clear and easy to read. HBB particularly liked the glossary of terms to aid understanding of these documents.

#### Privacy & Dignity

HBB spoke to a number of residents and families in regards to their privacy and their dignity. Residents were asked if they offered the option of locking their bedroom doors

when left unattended, they all happily answered yes, with many expressing that they are unbothered with locking their bedrooms. Residents were also asked if staff knocked on their bedroom doors before entering, residents and families happily answered yes, always. HBB staff observed MEH staff knocking on residents' doors before entering.

Residents were asked if they are given the option of a male or female carer. Some residents said yes whilst others said they were never given an option. However after seeking clarification from management, they assured us that male/female preference is noted at pre-admission assessment and in the care plan, care plans are regularly updated and such information is updated. Families are welcomed to read and add information to the care plans.

Such practice follows the homes code of conduct at MEH, which includes "promoting and upholding the privacy, dignity, rights, health and wellbeing of people who live and work in our homes".

Residents and families that spoke to HBB all expressed their happiness towards the staff. They highlighted that they feel well respected and praise the level of care shown by staff. When asked, what is their favourite thing about the home? Almost all of the residents HBB spoke to said "Staff". It was apparent that this was the case as HBB staff observed the positive interaction between staff and residents throughout the time they were at the home.

When residents want to get away there are a number of places that residents can meet with family and friends around the home if they wish to have some privacy. This includes a conservatory and a room called the library, this room appeared to have limited furniture and was being used for storage on the day HBB visited. HBB raised the storage issue with the home, they explained, that on the day in question it was being used as transit space as a delivery was expected and some equipment was waiting to be collected. HBB was told that this room was the most convenient place to store the deliveries, they also explained they do not stay there for longer than a day.

Medication is being stored in a safe and controlled place, out of reach of service users and only accessible to qualified staff. As well as the service users care plans and files. All daily logs and paper work are currently paper based but the home informed us that they are soon moving over to electronic patient records.

#### **Dining/Housekeeping**

In regards to meals, residents have a menu available with a choice of meals throughout the day. The residents all expressed their approval for the choice of food they are offered. The menu was placed on a menu stand by the dining room door for everyone to see, including families and visitors. Some residents who have difficulty feeding themselves are being assisted with one to one feeding in a polite and patient manor.

Menus are not picture based, HBB queried this with management, in which they explained that their residents have the appropriate capacity for picture-less menus.

Meal times are set but meals can be kept if residents are out. The home also provide a 'snack box' for residence. Residents reported that they are free to ask for something different to what is on the menu if they wish. Relatives and friends can join residents for meals however MEH prefers a notice to be given before meal time.

The dining room was neatly decorated, it was clean and organised.

Aside from meal times, resident said they were allowed to make their own drinks whenever they wanted but stated that they prefer to ask staff who kindly make it for them.

#### Health provision

Each of the residents are registered with their own GP practice.

The home have a positive working arrangement with the complex care team and can access community physicians and dietician when needed. The residents are registered with their own GP, currently using 5 different surgeries which can be an issue. The residents used to all be registered at one practise but the issue of GP lists closing has had an impact on this.

Residents also stated that they had not had a regular health check, but stated that if they felt unwell they spoke with the staff who supported them to get the help they needed.

The home does not have a visiting dental service at this time. Residents are now having to register with a local dentists accessing this service is proving challenging, residents reported they had not seen a dentist within the last year.

The home use a card system called 'Pocket Pals' for staff to carry around. The card includes essential information to help staff remember key material such as the ethos of the home, code of conducts, infection control and better care information in general. HBB were very impressed with this innovative system.

Currently the home does not have any residents who need an advocate but they stated they have had them in the past and stated that they were are to access this service when needed. The manager stated that the staff team meets 5 times a year, the meeting may be for the whole team or targeted at specific staff groups. There are regular meetings with residents and families.

The manager stated that currently they do not have any residents with any specific cultural needs but should this occur these would be included in the care plan and dealt with individually. HBB spoke to some of the residents regarding their religious or spiritual needs. Residents explained a vicar visits the home regularly and some of the residents attend communal services.

As well as religious needs, residents are also given the option to participate in activities. The home has a variety of activities that are scheduled daily.

An activities poster is on display weekly on walls all over the home, each resident gets a copy for their room at the beginning of each week. The homes newsletter is emailed to residents families at the beginning of every month.

Residents did not appear to know that they could ask about including different activities in the enrichment activities, however they said they were happy with what was on offer.

Activities include, classic film time, flower arranging, bingo, board games, baking, musicians who perform live, book club, tea and chat and an opportunity for animal petting. Animals visit with their owners and go around the home for residents to pet if

they wish. Currently there are no pets at the home, but they are welcome to visit if this is what residents would like.

Residents also have access to a large outside space and can walk from the home to the village if suitable. The home also supports and works with families making them feel welcomed. HBB spoke to one family member who informed us that she was able to hold her mother's 90th birthday party at the home.

#### Infection control

MEH complies with the legal requirements of the regulated activities that Majesticare Homes are registered to provide. Including health and safety regulations, control of substances hazardous to health, food safety and others.

As soon as you enter the home, on a large notice board there is various information including infection control policies. It was pleasing to notice hand gels were available in a number of locations throughout the home. This practice heavily reduces the risk of decontamination as well as complying with,

'The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance'.

According to the residents and families, cleaning rounds are regular and efficient, they expressed that their bedrooms were cleaned daily. Staff were observed wearing name badges and uniform. As well as minimising risks to residents it also displays good practice.

There were Laundry bags colour coded on the laundry trolleys. MEH informed us that that these are emptied regularly. Soiled clothes are handled appropriately and removed from the rooms, and taken to be laundered. The building has just renovated a brand new laundry room which is larger and more practical to carry out the laundry tasks.

Residents expressed their appreciation of the prompt return of their clothes from the laundry. They expressed occasional mix ups of clothes but also added it happens very rarely. Some relatives said they do some of the washing themselves. Management highlighted that MEH do not take the responsibility of naming new clothes however upon request and a one of payment MEH will happily name the clothes.

During the visit at no time were staff witnessed walking around in corridors or communal areas wearing gloves. In the sluice rooms there was appropriate disposal bags and equipment was stored appropriately. Disposables such as incontinence pads and bedpans are dealt with appropriately there didn't appear to be anything out of place.

The home has a large kitchen, before you enter there is a hanging area with white kitchen coats and aprons. It appeared very clean, the floor and work tops were spotless. There were colour coded chopping boards and utensils stored appropriately.

#### **Conclusion**

MEH Appears to be well run, with an exceptional team throughout the home. Residents and families were asked what they would change about the home, almost everyone said they wouldn't change anything. The home appears safe and calm "Very homely" expressed one resident.

Service users seem happy at the home, they expressed that they feel respected and are given a choice in the service of care. Such as, choice of activities, meal choices and whether or not to have snacks in-between meals. They all voiced that they feel comfortable to ask for a sandwich or snack at any time if they still felt hungry after meal times.

Families of the service users also said they felt comfortable at the home and welcomed every time they visited. This was demonstrated by them being offered meals or drinks when they showed up during meal times or tea and biscuits. They feel the home does their best to keep them updated regularly.

When seeking privacy with their visitors' residents expressed they feel comfortable to sit anywhere in the home including the communal area, dining area, library and conservatory even in the garden with or without visitors.

We are thankful to the staff and residents for welcoming us into the home and giving us their time. A special thanks and personal compliments go to all the staff at Milton Ernest Hall Care home for the excellent service they provide to patients and their adherence to ensuring residents needs are at the centre of their effort.

#### Recommendations

- All the residents seem to enjoy the library area, HBB would like the home to explore the possibility of introducing some new homely seating and resources for family and friendly activities when accessing this room.
- Sharing the card system 'Pocket Pals' with other homes would be very useful. HBB would like MEH to explore how they could undertake this.
- MEH should consider further ways of capturing residents and their families' views and involvement on introducing new and different activities.
- The loss of the visiting community dental service appears to have had an impact on resident's ability to access dentists. HBB will speak with commissioners about this and undertake some work to ascertain if this is an issue for MEH or a wider issue across Bedford borough. It would be helpful if MEH could maintain records of any future issues to help inform this process.

## Appendix 1 - Service User Comments

- "They look after you well"
  - o "Lovely walks"
- "A bit of life and singing"
  - "Feels homely"
- "Very accessible management team, Very responsive".
  - $\circ$  "Staff very caring".
    - "Very clean".
- "Lovely having the bird house I like to listen to the birds in the morning".
- "The décor of the home is lovely, nice lounge and dining rooms".



## **Appendices**

Appendix 2: Questionnaire

## **Residential Care Home Visit Questionnaire**

Name and address of care home	
Room number (if applicable)	
Name of the user of this service	
(optional)	
Names of Authorised Representatives	
Date of visit	

### Purpose of this Visit

The purpose of this visit is to obtain your views as a user of these services in terms of the quality and nature of care you receive. In carrying out visits, Healthwatch Bedford Borough may be able to validate the evidence that it may have already collected from, for example, other users, their carers and families, which can subsequently inform recommendations and be fed back to the provider organisation to take appropriate action to improve services if necessary.

#### Note to Authorise Representatives:

\*Please tick and make comments in the boxes provided as appropriate and check with the user throughout that their answers are accurately recorded.

## A. Provision of Care

1. Are you happy with the staff and do they treat you in a kind manner?

Always D Usually D Rarely D Never D

2. Are your wishes carried out in a private and dignified manner in respect of personal care, washing and bathing and help with dressing?

Always D Usually D Rarely D Never D

3. Do you have a say in who cares for your personal needs (e.g. male or female carers)?

Yes 🗆	No 🗆
4. How ofter	n is your room cleaned per week?
General co	mments/summary Section A

## B. Leisure activities

1 Are social events organised?

Always 🗆	Usually 🗆	Rarely 🗆	Never 🗆
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2. Are you involved in deciding what and when activities take place in the home?

Yes 🗆 No 🗆

## **General comments/summary Section B**

## C. Health provision

1. What do you do when you feel unwell?

2. Do you have access to a Dentist or Optician?

Yes D No D Not necessary D

3. Do you receive general health checks on a regular basis?

Yes  $\square$  No  $\square$ 

If so, please state how many times per year? \_\_\_\_\_

## **General comments/summary Section C**

#### D. Choice

1. Do you always get your own clothes back after they have been laundered? And how long do you have to wait?

Yes □	No $\square$ Not applicable (i.e. I do not use the laundrette) $\square$

2. Can you choose what time you go to bed and get up?

Always 🗆	Usually 🗆	Rarely □	Never 🗆

3. When you are unhappy with anything is there someone you can talk to in confidence?

Yes 🗆 No 🗆

4. Is the level of noise at the home acceptable?

Yes 🗆 No 🗆

5. Do you have any religious requirements?

Yes D No D – If your answer was no, please skip to section 'E'

If so, are you able to attend places of worship (e.g. Church, Mosque, Gurdwara etc.?)

Yes 🗆 No 🗆

General comments/summary Section D

## E. Privacy

1. Are you able to lock you room when you leave it unattended?

Yes 🗆 No 🗆

2. Do staff knock before entering your room?

Always 🗆	Usually 🗆	Rarely 🗆	Never 🗆

## User`s general comments

### F. Meals

1. Is there a good choice of food on the menu?

Yes 🗆 No 🗆

2. A) Do you need help to eat?

## Yes $\square$ No $\square$ – If your answer was no, please skip to question 4

b) If so, is assistance provided in a dignified manner?

Yes 🗆	No 🗆			

3 Do you have any special food requirements (e.g. allergies, religion based, diabetic etc.)?

Yes  $\square$  No  $\square$  – If your answer was no, please skip to question 5

If so, are these met to your satisfaction?

Yes □	No 🗆

4. Can you have, or make a snack or drink?

Yes □	No 🗆	

5. Is it possible to have meals or drinks other than at set times?

Yes 
No

6. Can you have breakfast in bed?

Yes □	No 🗆		
7. Can you ch	oose whether to go	to the communal area or stay in your roor	m?

Yes □ No 🗆

## **General comments/summary Section F**

#### G. Visitors

Can family and friends visit at any time? 1

Yes □	No 🗆
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2. Are there places where you can spend time in private with your friends/family?

Yes □ No 🗆

3 Are family and friends able to take you out on visits with them?

Yes 🗆 No 🗆

4 Are pets allowed in the care home?

Yes 🗆 No 🗆

17

5. If so, are you allowed to take them out for a walk?

Yes 🗆 No 🗆

**General comments/summary Section G** 

#### General

1. If you could make one change about the care home what would it be and why?

2. Name one thing good thing about the care home

3. Name one thing that you do not like about the home

Are there any other comments you would like to make about the service and care you receive that we have not asked about?

#### General concluding comments

## About Healthwatch Bedford Borough (HBB)

HBB is the independent consumer champion for the local community, influencing all local health and social care services.

HBB seeks to ensure that the views of the public and people who use health and social care services are taken into account.

## Our vision is that Healthwatch Bedford Borough will be:

- A critical friend in challenging service providers to ensure that their services are person-centred and responsive to local community needs.
- Seeking to empower all patients with confidence to make an informed choice about their health and social care needs.

#### Our Mission is that

Healthwatch Bedford Borough will consult, engage and empower the wider community in a fair, transparent and realistic way. It will:

- Provide positive influence and encourage improvements in local health and social care services, acting as a critical friend to service providers and establishing valid outcomes against which changes can be measured.
- Act as the voice of the public, providing a bridge between the commissioners and providers of Statutory Health and Social Care.

HBB is for everyone in the community - adults, young people and children. It is vital that HBB actively seeks the views from all sections of the community, particularly those who seldom have their voices heard to ensure that information gathered is representative of the local community that it serves.

#### HBB Board

This is the body responsible for overseeing the work of the organisation. The individual Directors are:

- Anne Bustin Chair
- Linda Hiscott
- Laurie Hurn
- Richard Winter
- Ashok Khandelwal
- Tracy Cowan Non-Executive Director

The Board meets on a regular monthly basis.

#### **Contact Information**

Healthwatch Bedford Borough 21 - 23 Gadsby Street Bedford MK40 3HP Office telephone: 01234 718018

Office email: enquiries@healthwatchbedfordborough.co.uk Website: <u>www.healthwatchbedfordborough.co.uk</u>

#### **HBB Staff**

Faiza Al-Abri- Service Development Officer. Emma Freda - Communications and Public Engagement Officer. Laurie Hurn - Manager and Company Secretary. Jennifer Foley - Signposting and Information Management Officer.

#### Important Note

HBB is a Community Interest Company (CIC). It is registered with Companies House as Company No 8385413.

The five Directors (Board) have an important position of trust and general company law imposes on them a range of duties and in ensuring that the CIC meets its statutory and other obligations.

The HBB strapline is as follows:

## "A strong voice for local people"

