Enter and View Report:  
Melford Court Nursing Home  

6th December 2016
Name and Address of Service visited:  
Melford Court Nursing Home  
Hall Street  
Long Melford  
Suffolk  
CO10 9JA

Name of Provider:  
BUPA Care Home Ltd

We visited this service on:  
Tuesday 6th December 2016.
Acknowledgements:
Healthwatch Suffolk (HWS) would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer:
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, it is an account of what was observed and contributed at the time.

What is Enter & View?
Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. These may be announced or unannounced.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and to make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch ‘Authorised Representatives’ (AR) to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but they can also occur when services have a good reputation – Healthwatch Suffolk wants to learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.
EXECUTIVE SUMMARY

The Enter and View team felt that the home did not present as homely, more as a hotel showing few signs of anyone living there. However, the building is bright clean and odour free.

The home is not dementia friendly and people with dementia would find it extremely difficult to cope within this environment.

At the time of the visit there were few signs of residents being engaged in any worthwhile activity.

Several recommendations have been made as a result of the visit:

Recommendation 1:
Attempts must be made to involve residents in day to day activities to enrich their lives and to give meaning to the day for example sensory and tactile activities; physical activities such as exercise, cookery classes; cognitive activities such as art, art appreciation to help stimulate residents, to a give a purpose and to promote choice and control. It is suggested that the Manager refers to the NICE guidelines on meaningful activity.

Recommendation 2:
It is suggested that the management team consider the environment and enrich it for residents with a dementia. It is understood from the management team that potential residents with dementia are not admitted to Melford Court however staff must be mindful of the changing requirements of residents with a degenerative disease such as Parkinson Disease.

Recommendation 3:
The gardener/handyman enjoys interacting with residents. The E&V team felt that a greenhouse/potting shed could improve the experience of some residents and they would be able to follow the progress of their involvement and derive some satisfaction from this.

Recommendation 4:
There are very few directional signs within the home and this needs to be rectified to enable residents and visitors to negotiate their way around the building more easily. Door signs should be brought into line with the NHS Accessible Information Standard.

Recommendation 5:
Some members of the E&V team felt that the temperature within the building was not warm enough for residents who appear to spend a lot of time sitting, perhaps this could be addressed.

Recommendation 6:
It was felt that the lighting in bathrooms and toilets could be improved to reduce shadows created by poor illumination.

Recommendation 7:
Notice boards with staff photographs and name could be displayed to assist residents and relatives to identify with the team.

Recommendation 8:
Some areas within the home had no alarm call system for staff or resident use. Some cords were found to be tied up at a higher level than is practical, this should be rectified immediately for health and safety reasons.
**Recommendation 9:**
It was noted that the electric cable to a food trolley was frayed and this was reported to the management for immediate attention. Are all electrical items regularly checked and PAT tested?

**Areas of Good Practice:**

1. The Enter and View team felt that the staff on duty at the time of the visit were dedicated to their work and treated the residents with care, dignity and respect.

2. The food presented to the residents was seen to be hot, plentiful and well presented.

3. The home is clean, well maintained and odour free.

4. Active engagement within the local community is to be commended, such as visits to the pub, the library and local shops. Visits to the home by members of the British Legion and a local school are also seen as good practice.

5. Hourly checks are made on residents who do not wish to leave their rooms and these are recorded at the time.
1. **Visit Conducted by:**

   Lead Authorised representative:
   • Bob Hawkes

   Authorised Representatives (AR):
   • Wendy Shephard
   • Sheila Warnes
   • Sue West
   • Helen Hollinworth

2. **Purpose of the visit:**

   2.1 To gather feedback from residents, their relatives and staff and to observe life at Melford Court.

   2.2 To establish what choices residents have in relation to their daily activities and involvement in care planning, food, and menu choices.

   2.3 To document how care staff communicate with the residents and their involvement in care planning.

   2.4 To gather information on staffing levels.

   2.5 To determine the extent of the implementation of the NHS Accessible Information Standard

3. **Methodology:**

   3.1 Interviews with the manager, staff residents and relatives.

   3.2 Examination of relevant documentation.

   3.3 Observation.

4. **Introduction:**

   4.1 The home is situated on the High Street of Long Melford, but despite the position on the high street it is not easy to locate due to poor signage, this is apparently because of restrictions placed on the home by the borough council regarding size and positioning of signs.

   4.2 The home does have car parking facilities but the team were not aware of this until after their arrival, this again was due to the lack of signs.

   4.3 The home is registered to take 43 residents but at present has only 20 in place due to an embargo by the CQC and County Council because of concerns regarding the quality of care.

   4.4 Of the 20 residents, 14 have nursing needs and 6 are residential accommodated over two floors.

   4.5 On arrival the E & V team were greeted by a member of staff at the reception desk and asked to sign the visitors book. The team was introduced to the manager and her colleague, the regional director.

   4.7 The manager informed the team that there had been a further inspection by the CQC in October 2016 only three days after her appointment to post, no indication had been given to the outcome of this inspection and the report has yet to be published.
4.11 There is a weekly and monthly activities programme on display. The manager and activities coordinator are encouraging all staff to join in with the activities to motivate residents.

4.12 There is a complaints procedure in place but the documentation has not been completed. In the past, the manager informed the team that this will change.

4.13 There is also a whistle blowing procedure in place which has been exercised recently with a complaint from the outgoing manager against the regional director. The team were informed that this has been resolved and the case closed, but again the paperwork is not complete and does not show total resolution.

4.14 The manager feels that the lack of residents is hindering the activities as there are insufficient able bodied people to join in and a broader mix of residents may encourage others involvement.

4.15 The manager stated that the question of the spiritual needs of the residents is being considered and is work in progress. The E&V team feel that this should clearly be a part of good care / person centred planning and not seen as a discreet activity in isolation.

4.16 Training is being offered to all members of staff via the internal training scheme and will be continued on an ‘as and when’ basis.

5. **Impressions**

5.1 All rooms have en-suite toilet and wash hand basin, with TV and radio. Residents can customise their room to their own taste with personal items such as pictures etc.

5.2 The home is not dementia friendly in any way. Signs are almost non-existent, all corridors are identical, doors are not distinguishable for purpose e.g. toilet and bathroom signs are too small and vague ‘WC on toilet doors but no picture of a toilet. Handrails blend in with wall décor and lighting is inadequate in some areas.

5.3 The team was informed that the home does not take in residents with a dementia. If a resident was to develop dementia whilst in the care of the home, they would be re-located to another home that could fulfil their care needs. The E&V team commented that this would not be good practice as people with dementia need continuity in their life. The team were later informed by another member of staff that there are already two residents in the home who are living with dementia and have been at Melford Court for several years.

5.4 The team spoke with a total of seven members of staff and four residents. The staff appeared to be dedicated to their work and their residents. Staff are keen to help improve the standards of the home but there was a sense of apprehension relating to how long the manager would remain with them as there had been a constant turnover of managers in the recent past. Staff do not think that the managers receive the level of support from higher management that they need. Staff were complimentary about the new manager and her efforts to bring the staff up to date with their training needs.

5.5 The team viewed four residents having lunch in the dining room, assisted if needed by two members.
of staff and a further two staff had their own meal at the same time.

5.6 The choice of lunch is made from a menu the previous evening by the residents. Most residents can read a menu but help is on hand for any resident with difficulties. The menu is in printed form with pictorial aids and is always accessible. Two residents said that they thought the quality of food had deteriorated over the last couple of months but the choice of food on the day of the visit was good. One of the residents told the team that ‘today’s chicken was lovely’.

5.7 The team thought that the food looked appetising and was hot, but the staff were not seen to offer residents the vegetables that were available. The assumption seemed to be that the residents would have some of everything. This was too much for some residents as food was being left.

5.8 The NHS Accessible Information Standard is not being implemented at all. Literature was left with the regional director to explain the standard.

5.9 It is noted, following discussion with the regional director that a lot of BUPA’s own processes cover parts of the standard and copies of these BUPA forms were given to the team and are with Healthwatch Suffolk for file reference.

5.10 The outside area is enclosed with opening gates and the gardens are sometimes used for summer events. The area however is not dementia friendly. There are no sensory areas or areas of special interest, there is a seating area but it is unclear whether the residents are encouraged to use this space for those active enough to participate

in a little light gardening. The introduction of a small greenhouse could encourage residents to grow flower seeds and vegetables to put on the tables or sell to visitors.

5.11 Unfortunately, there were no visitors on site for the team to talk to and the team felt that this may have been because the posters notifying visitors of the E&V visit were not displayed timely enough or prominently?

6. Findings (including NHS Accessibility Standard)

Staff:

6.1 The manager explained to the team that she has been in post for only two months and although some of the problems within the home were cured with quick fixes. Others areas were going to be work in progress for a while yet but she felt that she has the support of the staff and will be able to implement changes to improve the quality of care for the residents.

6.2 Plans are now in place to hold monthly staff meetings which will be minuted and all staff will have monthly supervision meetings which again will be minuted.

6.3 A key worker scheme is to be implemented.

6.4 Training is being offered to all members of staff via the internal training scheme and will be continued on an ‘as and when’ needed basis and ongoing training.

Choices:

6.5 All rooms have en-suite toilet and wash hand basin and have their own TV and radio and residents can customise their room to their own taste with personal items such as pictures etc.
6.6 There are several small areas around the home where residents can sit alone or with others or indeed work on an activity, but there was only 1 resident in the main lounge. Seating is mainly single chairs around the walls in the lounges.

6.7 The residents have a choice of where they would like to eat, it seems that most stay in their rooms and a few come to the dining room.

6.8 The choice of lunch is made from a menu given to residents the previous evening.

6.9 The team were told that there are always alternatives for residents that change their minds over their choice from the previous evening, they only have to ask, and drinks were served before and throughout the meal.

6.10 It was not possible to ascertain to what extent the daily routines of the less able residents took account of their past interests and hobbies. The team consider that this is where robust person centred / spiritual planning would help residents and staff, offering both sources of valuable information and points of reference in their interaction with one another.

**Care Planning:**

6.11 It was explained that a pre-admission assessment takes place prior to a decision about a resident moving to the home, and where appropriate, relatives are encouraged to participate in this.

6.12 The E&V team were informed that all care plans had been reviewed since the manager took up her post, that they are now reviewed monthly or when changes occur at which point staff, residents and relatives are invited to participate in the planning.

**Accessible information standard:**

The NHS Accessible Information Standard is not being implemented. Melford Court staff and management are not aware of the standard.
RECOMMENDATIONS

“...Some areas within the home had no alarm call system for staff or resident use...”

Recommendation 1: Attempts must be made to involve residents in day to day activities to enrich their lives and to give meaning to the day for example sensory and tactile activities; physical activities such as exercise, cookery classes; cognitive activities such as art, art appreciation to help stimulate residents, to give a purpose and to promote choice and control. It is suggested that the Manager refers to the NICE guidelines on meaningful activity.

Provider response: reference has been made to the NICE guidelines on meaningful activity and we appreciate your feedback. Management meet regularly with activities co-ordinators and the care team to discuss improvements and ways we can engage with residents to promote stimulation, give purpose and choice to a range of activities to be offered.

Recommendation 2: It is suggested that the management team consider the environment and enrich it for residents with a dementia. It is understood from the management team that potential residents with dementia are not admitted to Melford Court however staff must be mindful of the changing requirements of residents with a degenerative disease such as Parkinson Disease.

Provider response: As we discussed at our meeting Bupa will provide appropriate training in conjunction with resident needs as they develop. Melford Court is focused on improving the environment for dementia residents with training for our staff and with consideration for making improvements to our environment.

Recommendation 3: The gardener/handyman enjoys interacting with residents. The E&V team felt that a greenhouse/potting shed could improve the experience of some residents and they would be able to follow the progress of their involvement and derive some satisfaction from this.

Provider response: Thank you for this feedback it is valuable and is under consideration in preparation for the warmer weather.

Recommendation 4: There are very few directional signs within the home and this needs to be rectified to enable residents and visitors to negotiate their way around the building more easily. Door signs should be brought into line with the NHS Accessible Information Standard.

Provider response: Melford Court are in the process of reviewing the signage in the home.

Recommendation 5: Some members of the E&V team felt that the temperature within the building was not warm enough for residents who appear to spend a lot of time sitting, perhaps this could be addressed.

Provider response: We are monitoring the temperature within the home and including residents feedback to ensure an ambient temperature is maintained.

Recommendation 6: It was felt that the lighting in bathrooms and toilets could be improved to reduce shadows created by poor illumination.
Provider response: Our maintenance team are reviewing all lighting and again we are involving resident's opinions.

**Recommendation 7:**
Notice boards with staff photographs and name could be displayed to assist residents and relatives to identify with the team.

Provider response: An employee notice board with photos and names is close to being completed.

**Recommendation 8:**
Some areas within the home had no alarm call system for staff or resident use. Some cords were found to be tied up at a higher level than is practical, this should be rectified immediately for health and safety reasons.

Provider response: The maintenance team have reviewed all areas and all residents have access to the call alarm system. Access to the alarm system will be monitored by the maintenance team.

**Recommendation 9:**
It was noted that the electric cable to a food trolley was frayed and this was reported to the management for immediate attention. Are all electrical items regularly checked and PAT tested?

Provider response: All our electrical items are PAT tested annually and this is evidenced with a safety sticker which is dated when tested and when next due. The concern identified with the frayed lead to the heated trolley has been rectified.
AREA'S OF GOOD PRACTICE

“...Active engagement within the local community is to be commended...”

1. The Enter and View team felt that the staff on duty at the time of the visit were dedicated to their work and treated the residents with care, dignity and respect.

2. The food presented to the residents was seen to be hot, plentiful and pleasant to look at.

3. The home is clean, well maintained and odour free.

4. Active engagement within the local community is to be commended, such as visits to the pub, library and local shops in addition to the visits to the home by members of the British Legion and a local school.

5. Hourly checks are made on residents who do not wish to leave their rooms and these are recorded at the time.
Verbatim, provider comments are included within the text of the report.
If you require this report in an alternative format please contact us at the address above. We will be happy to help.

This Enter and View report is publicly available on our website and has been distributed to the Care Quality Commission, Suffolk County Council Adult Care Services Quality and Monitoring Team, Healthwatch England and other stakeholders including all Healthwatch Suffolk friends and members.

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