

Enter and View Report



**Turn Furlong Specialist Care
Centre,
Kingsthorpe, Northampton
July 2015**



Contents

Contents	2
Details of the Visit	3
Acknowledgements	3
Disclaimer	3
About Healthwatch Northamptonshire	4
Enter and View	5
Purpose of visit	6
How the visit was conducted	6
Observations and findings	7
General impressions of the home	7
Personal care and dignity of resident	7
Staff behaviour, attitudes and relationship with residents	8
Independence of residents and control over daily life	8
Activities for residents	8
Food and drink and meal times	9
Relationship between the home and residents/relatives	9
Staff satisfaction	10
Other observations and comments from resident, staff and relatives	10
Recommendations	11
Response from Turn Furlong Specialist Care Centre	12
Contact us	13



Details of the Visit

Name and address of premises visited	Turn Furlong Specialist Care Centre Off Rookery Lane Kingsthorpe Northampton NN2 8BZ
Name of service provider	Shaw Healthcare Group Limited
Type of service	Short stay, intermediate and respite care services for older people, NHS hospital admission avoidance
Specialisms	Respite for older people, including those living with dementia, rehabilitation, physical disability, day care
Date and time of visit	28 July 2015, 2-4.30pm
HWN authorised representatives undertaking the visit	John Rawlings and Brian Burnett
Support Staff	Jo Spenceley, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Lakeside House, Bedford Road, Northampton, NN4 7HD 0300 002 0010 enquiries@healthwatchnorthamptonshire.co.uk

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Turn Furlong for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

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 service users and staff, only an account of what was observed and contributed at the time.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy (www.healthwatchnorthamptonshire.co.uk) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will



research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.

- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

Enter and View

Part of the Healthwatch Northamptonshire programme is to carry out Enter and View visits. Healthwatch Northamptonshire representatives 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 allows local Healthwatch authorised representatives 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, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.



Healthwatch Enter and View visits 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 Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate 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.

Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to Social Care funded accommodation in Northamptonshire to ascertain the quality of life and experience and opinions of residents. Turn Furlong was selected as one of two homes to visit to pilot a new methodology. We also wanted to visit Turn Furlong as we had received concerns about some aspects of the care and management from a member of the public in January 2015.

This report relates only to this specific visit and feedback we have received directly to the office during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

How the visit was conducted

The visit was an announced visit with the manager being given four weeks' notice. We sent letters, posters and leaflets to the home to inform residents, relatives (or equivalent) and staff about our visit and Healthwatch Northamptonshire. We observed the condition of the premises, and interaction between the staff and residents and talked with two residents, four family members and members of staff. We also spoke with the manager at the start of the visit and at the end to clarify any questions that had been raised.



Observations and findings

General impressions of the home

- The building is around ten years old and was in very good condition
- The care home was large, bright, airy and well-decorated
- The building was spacious and divided into four units, each with their own dining room and lounge
- The impression of the home was generally of a calm nature and it had a good atmosphere as no unpleasant smells
- The reception area was welcoming, the receptionist gave a nice greeting and staff were easily identifiable
- Safety appeared to be a high priority
- Some residents are able to use the garden area, provided staff are informed
- The unit for Dementia sufferers is secured with security key pads
- For those in the home for day care and respite care, there appeared to be good arrangements for leaving, often with relatives
- There was a very high standard of cleanliness and hygiene within the centre, with the main kitchen being exceptionally clean and lacking in strong food smells
- The skilful design of the building and the discrete presence or withdrawal of staff when visitors attended, presented a warm and caring atmosphere.

Personal care and dignity of resident

- Residents were able to meet with staff and discuss their care as needed, which was reviewed regularly
- All residents were well dressed and thought that help with care and washing (if needed) was very good and said that practical assistance was available if needed
- Residents spoken to explained that they had never felt embarrassed or uncomfortable
- A hairdressing salon and manicuring service are available at the centre
- A Chiropodist visits the centre every 3 to 4 weeks delivering treatment and advice to any and all of the service users that require it
- All healthcare needs are well met, including Physiotherapy or Occupational Therapy and medicines
- GP services are available by the appropriate GP for each resident



-
- Dental care has not been required as of yet
 - Things may be bought if the residents need them
 - The relatives answer's reflected the positive answers given by residents the interviewed

Staff behaviour, attitudes and relationship with residents

- All contact between staff and residents appeared to be good and appropriate, friendly and caring
- Great care was taken in contacts with residents and permission was sought if there was a need to touch or handle residents
- Privacy was very clearly respected
- Staff responded quickly to needs and had time to care and would knock and wait for an answer before entering any of the rooms
- Preferred names were used and staff spoke to residents in a normal manner
- Staff made regular checks and responded promptly when needed, and each resident had a named care worker
- Staff also respect the role of the residents' family members, were caring and kind and knew the families well and encourage them to visit. There were no problems with giving the families information and involving them as much as possible, and they felt listened to
- Staff seem to be genuinely interested in the relatives' past lives

Independence of residents and control over daily life

- Privacy was well respected, all residents have their own en-suite rooms or apartments and help is given if needed, with staff asking before they do so
- There have been no issues about residents wearing their own clothes, or maintaining their independence and individuality
- There was a high level of respect and dignity at the care centre, as residents were given choices over what they do or where they sit or spend their time
- Privacy was well respected and residents were able to make their own choices about what to do and when
- Resident's own rooms or apartments provided good privacy for the residents
- Visitors had free access and were able to choose where to meet

Activities for residents

- Activities were evident for day and respite residents, such as the use of a small pool table and games. For others, activities were very much done on an individual basis



-
- The residents spoken to were watching a western film on television which they seemed to enjoy, and seemed to be a main activity
 - Residents could eat with others in the same unit if they liked. These arrangements were more acceptable than in the large dining room for all residents in the Centre
 - Residents were able to use the cooking facilities to prepare their own food or drinks, although this was more restricted in the higher dependency unit
 - Staff were able to spend a good amount of time with residents and were interested in their past lives
 - Relatives were consulted on the activities and their interests and could join in any of the activities if they wanted to
 - An elderly resident with dementia was in a sitting room with their family. The room was furnished in 1930s style(?) with a wall covered in film star photos. Support and conversation with relatives was obviously an important part of their treatment.

Food and drink and meal times

- The quality and amount of food given seemed to be very good
- Residents enjoyed the food and could eat in the dining room or in their own room and have choice
- Special dietary needs were catered for and respected and there was sufficient food of good quality
- The cook clearly took pride in her kitchen and the food quality
- There was a good access to food and drinks, with drinks and snacks available
- All rooms and apartments had their own individual small kitchen facilities, and others had access to kitchen areas within the unit
- Meals were good and varied, and relatives were able to make a drink or get a snack whilst visiting

Relationship between the home and residents/relatives

- Both residents were very positive about the Centre, happy and cheerful, felt they were well looked after and well fed. Neither could think of anything they would change
- They were given information about the Centre before admission but did not know if the Centre had an information booklet for residents and relatives
- There was a brochure, recently reprinted, but it only contained one sheet of information and needed additions.
- They did understand the information given and seemed clear about the purpose of being there and were consulted about changes



-
- Neither had any concerns and felt confident about who to speak to if they had an issue or question
 - Cleanliness was good in all areas and they were very pleased with own rooms
 - The relatives all liked the Centre and could not think of any improvements
 - All felt they were involved in the admission process and how it was managed
 - Relatives said they would recommend the Centre to friends and relatives

Staff satisfaction

- Staff provided very positive comments about the home and were happy with the care given
- All staff seemed content with the leadership shown by the Manager
- All those spoken to said they were content with the team and each allotted role
- One employee said that Turn Furlong was the best organised home they had worked in
- Each team knew their role and, when necessary, worked well within other teams
- Staff, at all levels, appeared to be confident and positive

Other observations and comments from resident, staff and relatives

- In the very clean kitchen, catering staff explained their purchasing and monitoring of foodstuffs policy
- Users and relatives were seen leaving the home's day centre. Positive and cheerful chatter was taking place as the group left the building
- As with the short-stay residents, there was much evidence of family visits, consisting of both adults and children
- A recently appointed employee said they had first worked at Turn Furlong as an agency worker, then on the bank before being offered a full-time position. They explained their role within a three-resident unit area:
 - At the start of the day each resident was assisted to bathe and dress if necessary
 - One carer was assigned per resident to escort them to a small dining area
 - The staff team was made up of four carers, one to each resident and a fourth in the dining area
 - As the day progressed, the staff monitored and encouraged their allotted residents
 - The staff work 6 or 12 hour shifts
- Staff conduct towards residents was cheerful and courteous
- One resident wandering off was cheerfully asked where they were going. On replying that they didn't know, they were given appropriate direction



-
- On observation, good relaxed relations existed between staff and residents
 - We were told that the home has on-site moving and handling training carried out by in-house trainers. All new starters to the home are given moving and handling theory training, and are not permitted to do any movement and handling until they have been given their practical training and a certificate is issued to prove their competency. With two trainers based at Turn Furlong full time this training is completed promptly and all staff are monitored and undertake yearly updates with additional pop-up sessions in-between to promote any new learning.

Recommendations

1. It would be helpful if more printed information on the Centre could be available, and it is recognised that this is being addressed. Information is given by the Care Management Team but it is unclear how this is co-ordinated and whether this is always effective. The Manager is working on a Service Information Pack and a Service User Guide is provided for residents. There is a Complaints Policy on display in the Foyer.
2. It was felt that a larger range of activities could be beneficial for residents as there was not much specific evidence of activities that take place. (*See response from Turn Furlong below.*)
3. Staff may need reminding that personal matters should be discussed with residents privately.
4. Smaller food portions may be more appropriate for some residents and could encourage eating.
5. The home could encourage staff members to sign up as ‘Dignity Champions’¹ and ‘Dementia Friends’² and ‘Dementia Champions’ to further ensure compassionate and person-centred care.

¹ www.dignityincare.org.uk/Dignity-Champions/Becoming_a_Dignity_Champion/

² www.dementiafriends.org.uk



Response from Turn Furlong Specialist Care Centre

We received the following response from the Manager of Turn Furlong Specialist Care Centre regarding our recommendation for a larger range of activities:

“Please be mindful that this is not Residential Care - our people stay here from 7 days to 6 weeks in total. Our NHS Service Users are often not well enough to participate in structured activities. Most of our places are taken up by frail elderly people undergoing an intense programme of rehabilitation. All day, every day that they are in the centre they are participating in assessments and re-ablement in order to promote a prompt and successful return to their own homes. With a constant demand on the Service Users to practice walking, climbing in and out of bed, climbing steps, managing a stair lift, their own washing and dressing, to practice with administering their own medication, using a zimmer frame or other walking aid, managing to cook and make themselves a hot drink and food, this can be very tiring. There is also always going to be people who do not want to leave their room, who do not want to socialise and who would rather be left on their own in their room - that should and IS respected. Every Wednesday morning we have a Service Users exercise class run by the physiotherapist which is very well attended. The centre does house a day centre where activities take place 6 days a week, in addition the activity centre staff do outreach from the day centre around the home. We also have paid musicians and entertainers in every week and 2 PAT³ dogs that attend every week. The hairdressers is also a hive of activity and excitement every Tuesday and is always full and busy. Around the home board games, cards and puzzles are left out for anyone to use, and staff when not engaging in personal care sit and interact with the Service Users.”

³ Pets As Therapy dogs - www.petsastherapy.org



Contact us

Address: Healthwatch Northamptonshire
3rd Floor, Lakeside House
Bedford Road
Northampton
NN4 7HD

Phone number: 0300 002 0010

Text message: 07951 419331

Email: enquiries@healthwatchnorthamptonshire.co.uk

Website: www.healthwatchnorthamptonshire.co.uk

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch Northamptonshire 2016

