



Norton Lodge Care Home

Runcorn

12th September 2018

Enter & View report



ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank the management, staff and residents of Norton Lodge Care Home for their time and consideration during our visit.

WHAT IS ENTER & VIEW

People who use health and social care services, their carers' and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers' and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

VISIT DETAILS

Centre Details	
Name of care centre:	Norton Lodge Care Home
Address:	18 Norton Village Runcorn Cheshire WA7 6QA
Telephone number:	01928 714792
Email address:	managernortonlodge@chessmail.co.uk
Name of registered provider(s):	Norton Lodge Limited
Name of registered manager (if applicable)	Teresa Scott
Type of registration:	Residential
Number of places registered:	30

The Enter and View visit was conducted on 12 September 2018 from 10.15am to 12.15pm

The Healthwatch Halton Enter and View Team were:

- Irene Bramwell
- Jane Pritchard
- Sue Ellison

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

SUMMARY

Norton Lodge Care Home is situated in a quiet residential area of Runcorn, and within travelling distance to a local bus route, train station and main shopping areas. The Home is accessible by wheelchair and there are parking spaces available for visitors. However, there is no clearly marked spaces for people with disabilities and wheelchair access, the team noted that the tarmac on the car park appeared in need of resurfacing.

During the visit to Norton Lodge we were introduced to staff who care for up to 30 residents. Staff appeared friendly and caring and are required to undertake mandatory training which includes local safeguarding and procedures. We were told the Home employs an Activity Coordinator who supports residents to engage in activities, this includes activities outside of the Home environment;

Local schools and other local services are encouraged to visit the home to engage residents in a wide range of activities

The Home has recently been taken over by new management and there is ongoing refurbishment. We were told that Residents have access to primary care services which includes GP's Audiology, Dental, Optical and Chiropody.

OBSERVATIONS

Location, external appearance ease of access and parking

Norton Lodge Care Home is period two storey building and privately-owned care home. The Home is situated in a small quiet residential area of Runcorn and within travelling distance to a main bus route and train station. On the day of the visit, the team noted that the exterior of the Home was clean and maintained to a good standard.

A large car parking space is available for staff and visitors however, there is no clearly marked spaces for people with disabilities and wheelchair access, the team noted that the tarmac on the car park appeared in need of resurfacing. The Home is accessible by ringing a door bell that appeared to take a while for staff to answer.

Initial Impressions (from a visitor's perspective on entering the home)

The visiting team noted on entering the Home that the entrance hall was narrow uncluttered, clean and odour free, with the décor and furnishings in keeping with the building.

Members of the Enter & View team introduced themselves and the purpose of the visit. A signing-in book, and pen was available, located in a holder on the entrance wall, there were also several display boards which included information for residents, staff and visitors, this included the complaints process.

Staff support skills and interaction

The team were welcomed by the Manager Theresa Scott who invited them into her office located off the entrance hall. Theresa explained that she is a relatively new manager to Norton Lodge Care Home, we were told that the home has 30 beds and is currently working at full capacity and the age of residents ranged from 43 years to 102 years.

The manager further explained that prior to admission an assessment of needs is undertaken of potential residents in their own home or hospital environment, which includes family members where possible, to provide the opportunity to discuss any aspect of the care provided by the home. Brochures and information are provided to residents or family members prior to entering the home to promote the choice of potential residents.

The team discussed the staff to resident ratio and were told that there is one senior carer and four carers during the daytime shift and one senior carer and two carers at night. Other staff include an activities co-ordinator, a chef, a maintenance person, laundry assistant and cleaner.

The team enquired about staff training and were told that that all care staff have undertaken mandatory training which is documented on a training matrix. This was verified by staff as during the visit as staff members told the visiting team, they had undertaken the necessary training which was mainly in-house and on-going.

This included accredited training in safeguarding, oral hygiene, dementia and person-centred care, staff maintained they were fully aware of local safeguarding, policies and procedures.

Throughout the visit, the team observed interaction between staff and residents which appeared calm friendly and dignified, the team additionally noted that staff knocked on resident's room doors before entering. It was noted that staff chatted to residents in a relaxed and respectful manner, taking their time and calling residents by their name.

During discussions with staff in the dining room we were told that they had worked in the home for several years, with one member of staff disclosing that they had been employed at the home for the past sixteen years, all staff maintained that they thoroughly enjoyed their roles. Through further discussions with staff we were able to gain insight into the care they provided this included dementia and end of life care, as one member of staff told the team that a resident at end of life enjoyed books, she therefore took the time to read a much-loved book to the resident.

Staff explained to the visiting team that the life history of a resident is documented prior to entering the home, which they felt promoted an understanding between the resident and staff.

Facilities for and involvement with family / friends

During the visit team members engaged with staff and residents as no friends or family were visiting. We were told by the manager the Home holds family and resident meetings and they would positively welcome the opportunity for Healthwatch Halton to attend the meetings, the team noted that there was a suggestion box available for visitors, residents, family and friends to leave suggestions.

We were told that there are no restrictions for family or friends visiting the home, the local community such as local schoolchildren are encouraged to visit and engage in activities. Residents are supported to engage with family members who may live out of area or unable to access the Home via telephone. Theresa also explained that birthdays are celebrated through providing a cake and party with friends and family who are encouraged to participate in the celebrations.

Internal Physical Environment

We were given the opportunity to tour the Home, the team noted that Norton Lodge was a warm welcoming environment, dementia signage was used throughout the home to aid orientation. The main corridor leading to various parts of the Home was clean and clutter free and appeared wide enough in some areas for wheelchair access, the manager explained that the carpeting in the hall had recently been replaced.

Throughout the Home temperatures appeared comfortable and all areas were odour free, we were informed by the manager that refurbishment of the home was ongoing. During the visit we were told that residents can furnish their rooms to their own personal taste. To aid orientation dementia signage is used on resident's room doors that reflected the individual's hobbies or interests.

We were told that the home employs a full time handy man and that some residents on entering care chose to bring their favourite armchair or their own bed, we were told that residents were able to watch television in their own rooms if they chose to do so.

During the visit the manager enabled the team to view a room on the upper floor which was accessible via a lift or staircase. Wheelchairs were stored under the stairwell leading to the upper floor to avoid accidents, on reaching the upper floor the team observed a vacant en-suite room which was bright clean and well furnished, however, the visiting team did not enter residents' rooms on the lower floor.

We were invited to view the dining room which was located off the main corridor, the dining room was bright clean and uncluttered with original features, furniture and beams in keeping with the building

The team additionally noted that the large lounge area was of a good standard with a large flat screen TV and comfortable seating, the television in the lounge area was on at the time of the visit as the residents were watching a TV programme, the volume was set at an appropriate level.

Residents' social and emotional and cultural welfare

The visiting team enquired if the Home employed an Activities Co-ordinator. They were told that the home does have an Activity Co Coordinator however, at the time of the visit was not available. Therefore, staff told the visiting team that residents are given the opportunity to engage in a wide range of activities these included shopping trips, visits to the hairdresser, board games library visits, music and the opportunity for residents to engage in exercise through a game called parachuting, which were all highlighted on an activity board.

We were also told by the manager and staff that a hairdresser also visits the home one day a week but are hoping this can be increased to two days. The manager explained that sure start to later life also provide chair exercises for residents who struggle with mobility, and a dementia café is held within the home every two weeks.

The manager further explained that as well as the local school choir, pupils come into the home to read to the residents, whilst the spiritual needs of residents are met through a local vicar visiting the home.

The home additionally holds a summer fair each year and staff have recently held a walking fundraising activity, to help with the cost of a Pantomime being performed at the home by actors during the Christmas period. During the tour, staff were keen to show the team an art collage of a memory tree painted on a wall in the main corridor that includes the handprints of both past and present residents.

Resident's physical welfare

During the visit we were introduced to caring and catering staff, who appeared warm, friendly and very caring.

We were told that there is a four-week menu which includes breakfast that is displayed near the entrance of the dining room. The dining room appeared clean and two residents were in the process of having breakfast, one of the residents explained *'I only like brown toasted bread, I don't like white bread the staff always make sure I have brown bread it's good for you'*

Catering and care staff told the team that residents have access to a choice of meals daily, which they can eat in the dining room or their own room based on their own personal choice. Staff explained that there are set times for hot drinks, but residents can also access drinks and snacks on an 'as and when needed' basis as well as the set meal times. Staff further explained that residents are provided a choice of two meals and that all dietary needs are catered for, including ensuring residents have drinks in their rooms as hydration of residents is monitored.

The visiting team discussed the current Red Bag Scheme the manager explained that prior to admission the Home sends a wealth of personal information to enable the hospital to understand the resident's medical history, and to promote a safe discharge. The manager informed the team that she personally undertakes an assessment of their needs prior to discharge and further outlined some of the problems the Home experiences when residents are admitted to Whiston Hospital.

We were told a member of the hospital staff at Whiston Hospital told the home manager, they do not have the time to comply with the red bag scheme, however Warrington Hospital have fully engaged with this initiative. In a follow up telephone call following the visit this was confirmed by the manager.

The visiting team enquired about primary care services and were told by staff that residents have access to dental, ophthalmic services provided by external organisations within the home, this includes hearing aid services and batteries. We were told that residents and staff have access to planned annual flu injections, and that all medication is distributed by a senior trained member of staff. The visiting team were assured by staff that all health-related consultations are provided on a one to one basis in the privacy of the resident's room, or conservatory to promote the dignity and privacy of residents.

The manager further explained that the Home is currently aligned with Murdishaw GP practice and found the alignment a very reassuring and positive experience for both the staff and residents, as a doctor from the practice visits the Home on a weekly basis, which the manager explained provides a very good service, as the alignment provides staff and residents with reassurance when any medication or health matters arise.

We were told that Hip Protectors are no longer provided by health to residents in line with NICE guidelines, as they are deemed ineffective in reducing broken hips during falls. The manager further explained that residents are now required to have their own plastic named bag for used incontinence pads, which are stored over 24 hours and then weighed.

During the tour the manager told the team that she was proud that the home had recently been awarded 100% in Infection Control. In a follow up call to clarify an issued raised during the visit the manger explained that they had recently been rated as 5 in their environmental inspection. å

Throughout the visit the team noted that residents appeared relaxed, well cared for and dressed appropriately. At the end of the visit the team thanked the manager and staff for answering our questions and showing us around the Home.

RECOMMENDATIONS

- 1.** To engage with Healthwatch Halton when any positive or negative health or social care issues arise for staff and residents.
- 2.** To consider inviting Healthwatch Halton to family and resident meetings to raise awareness of Healthwatch Halton
- 3.** To consider disabled car parking and wheel chair access to the home, when resurfacing the front of the home.

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

SERVICE PROVIDER RESPONSE

The service provider acknowledged receipt of the report.

No response has been received to the recommendations made in this report.

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