

Hazelgrove Nursing Home

Service address:	Heath Hill Avenue, Brighton, East Sussex, BN2 4FH
Service Provider:	Contracted to Brighton and Hove City Council
Date and Time:	2nd February 2016, 09:30 - 13:00
Authorised Representatives:	Sylvia New and Tony Benton
Healthwatch Address:	Healthwatch Brighton and Hove Community Base, 113 Queens Road, 3XG

Acknowledgements

Healthwatch Brighton and Hove would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Who are Healthwatch?

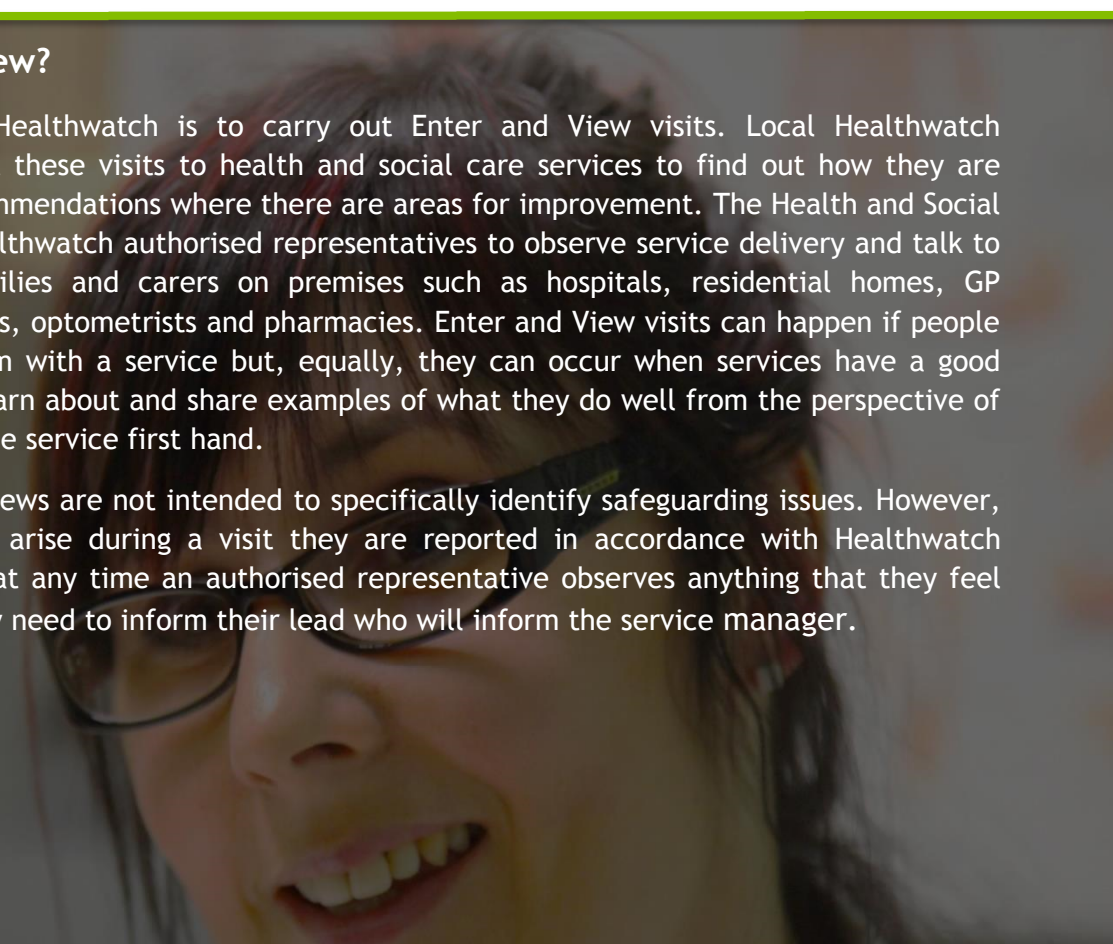
Healthwatch Brighton and Hove supports children, young people, adults and their communities to influence the design, delivery and improvement of their local health and social care services, now and for the future. We enable people to make informed choices about their health and wellbeing by assisting them when they have concerns or complaints about these services.

Healthwatch Brighton and Hove is a part of the Healthwatch national network, established by the Government under the Health and Social Care Act 2012 to ensure local patients and users have a greater input to shaping and designing local services. There are 148 local Healthwatch organisations across England.

What is Enter and View?

A part of the role of Healthwatch is to carry out Enter and View visits. Local Healthwatch 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 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.





Why is Healthwatch Visiting Care Homes?

Healthwatch Brighton and Hove undertook a programme of visits to adult social care services across the city in early 2016. In total we visited five services from across the city, with a range of different specialisations.

During our time in each service, authorised volunteer representatives will be talking to residents, visitors and staff about their experiences of care and access to services, and recording what they see in the service's communal areas.

Healthwatch wants to understand how people involved in the services feel about them, and make recommendations to ensure that the services are of a high quality. This set of visits was initiated through some concerns raised on our helpline about primary care in-reach in local residential services. We then consulted our partners at the Care Quality Commission, the Clinical Commissioning Group and Adult Social Care to create a list of services to visit in the first three months of the year, and to finalise the questions we would like to ask them.

Methodology

Two Authorised Volunteer Representatives for Healthwatch Brighton and Hove visited Hazelgrove Nursing Home on 2nd February 2016. The time and date of the visit were arranged in advance with the service. Both representatives were fully trained and supported by the Healthwatch office. They also completed a full Disclosure and Barring Service check prior to the visit.

Separate questionnaires were conducted for residents, relatives and friends of residents, manager and members' of staff. The representatives also conducted an observation of the service in the communal areas. This allowed us to triangulate the information we received about the service. We received nine completed questionnaires in total, four from residents, five from friends and family and some information from manager and a member of staff. Alongside the paper surveys, an electronic version of the survey was available for friends and family to complete the week before and after the visit, to allow for the maximum amount of engagement possible.

Healthwatch stresses that the Enter and View method is intended to be a snapshot of patient

opinion, and therefore may not capture the wider concerns of the patient population. Because of the specific requirements of some of the client groups we work with, we aim to spend time gaining quality information in an ethical way, rather than seeking a larger volume of responses.

About the service

Hazelgrove is a nursing home, which specialises in caring for adults over the age of 65 years¹. The home is purpose build, and can provide care and support for up to 37 people.

Results of the Visit

GP services

The nursing home manager and staff member informed our representatives that all residents were registered with a local GP practice, which offered a dedicated service to Hazelgrove. The home pays a retainer to the GP practice, and the practice delivers weekly rounds and conducts call out visits as required.

All four residents we spoke to were aware that they had their own named doctors, and that they could see their doctor in the weekly ward round, which takes place on a Wednesday morning. Three out of five relatives and friends thought that residents did not have a named GP. Most friends and relatives thought that residents were seen by the doctor weekly if necessary and could leave it no longer than a month between visits. Most friends, family and residents recalled the last doctor's visit as being within this timescale, however two of the four residents recalled that their last visit was roughly two months ago.

Manager and member of staff at the nursing home had conflicting ideas about whether the home conducted annual health checks for residents. One individual said that whilst there was no 'set event' defined as a health check, between the employed nurses and weekly GP visits, routine health checks were carried out. One of them also said that nurses request annual health checks for all residents. Friends, relatives and residents were also unsure about health checks, with most people feeling unsure about what a health check was. No health check information was visible on the day of the visit.

¹ Based on CQC records for [Hazelgrove Nursing Home](#)

Dental services

Manager and one of the members of staff informed our representatives that the nursing staff would identify the need for a dental check-up, and would ask a manager to arrange this. The dentist visits the home every 6 months. Most dental appointments took place in the home. They informed our representatives that visits can take between six and seven weeks to arrange through the specialist dentistry service. Residents were reviewed every 6-12 months, although it was not clear if this review specifically referred to dental care. Friends, relatives and residents had limited experience of dental check-ups, but two of the four residents we spoke to commented that the wait for some dental services through the specialist dental service were too long.

The manager and one of the members of staff informed our representatives that residents receive support and encouragement with tooth and denture cleaning twice daily, and staff will return at a later point if support is declined by residents. This was understood to be the case by friends, family and residents, with some residents telling our representatives that they are able to attend to personal hygiene matters independently. Managing loss or accidental swapping of dentures was reported to be a challenge, as items could be hidden or disposed of by some residents. Dentures are soaked in resident's own bathrooms overnight to this minimise risk. One resident and one friend/relative reported that dentures had gone missing at some point during their stay at Hazelgrove.

Pharmacy

The manager and one of the members of staff confirmed that the service is not currently registered for the electronic prescription service. The Electronic Prescription Service (EPS) is a service that allows a GP to send a prescription directly to a chosen pharmacy. Two of the five friends and relatives of residents recalled a time when medication was either lost or mixed up, however none of the residents we spoke to reported this.

Eye care and hearing care

Eye tests were available for all new residents, and once on the system they are seen six monthly. Hearing tests were booked based on staff identifying need, or through six or twelve monthly reviews. The four residents that were spoken to were unsure or felt they hadn't had hearing tests, and believed that eye tests happened roughly every two years. Friends and relatives were similarly unsure about these tests, although some provided recent dates for

resident's hearing and sight tests. Referrals to the sensory services team² in Brighton and Hove City Council were made based on identified need through care staff.

The manager and one of the members of staff told our representatives that staff were responsible for maintaining hearing aids, but no written schedule was currently in place for battery checking and cleaning. Friends and relatives presumed that the home maintained hearing aids and cleaned glasses. The manager and one of the members of staff explained to our representatives that ensuring that residents continue to use their own glasses can be a challenge, as some residents are prone to leaving such items around the premises. One resident felt that carers did not notice when glasses were missing. Where appropriate, some residents have their names inscribed discretely on the underside of their frames for ease of identification. Two Hazelgrove residents reported incidences of their glasses being lost or mixed up with other residents, and friends/relatives reported similar occurrences.

Supplies and adaptations

In order to assist those who are visually impaired, the service made some alterations, including hand rails, avoiding cluttered spaces, and providing personal support such as making sure all accessories were close at hand, and providing 1:1 contact as required. Adaptions for hearing impaired residents were more based around personal support, and included verbalisation methods and touch orientation. Efforts were made to ensure that hearing impaired residents could be included in music therapy sessions, but a loop was not installed at the home. On the day of the visit our representatives observed that posters and menus created by the home were in large print.

Our representatives did not observe any residents using walking aids, observed a number of walking aids on the premises, including zimmer frames, wheelchairs and rollators. Friends and family confirmed that a number of residents required these aids. One resident reported that their walking aid had been lost or mixed up with another resident's.

Other important appointments and check-ups

Residents received podiatry treatments at the home, for an additional cost. One resident reported that carers sometimes cut, file and polish their fingernails for free.

Our representative found no information at the home regarding cancer screening, and manager

² [The Sensory Services Team](#) provide support for visual and hearing impaired individuals

and member of staff informed them that screening invitations are sent out by post by the NHS. At the time one of them was not aware of any pro-active cancer interventions taking place at the home. Diabetes checks were undertaken by nurses who would monitor signs and conduct initial checks; after which time they were carried out 6 monthly or yearly as directed by the GP.

Additional findings

Representatives noted a friendly, relaxed interaction between staff and residents, and a sense of staff prioritising resident choice. When an alarm bell rung during the visit, multiple staff responded quickly to the scene of the emergency. The mental health team were regarded highly by staff for their input.

There was no noticeboard at the home, but effort had been made throughout to make sure information was in large print, and as visual as possible. Snacks and fruit were available to residents, and water jugs were in all rooms. The premises had a garden, which staff told out representatives is well used in the summer.

Summing up and looking forward

Hazelgrove manager and staff seemed to genuinely seek the best outcomes for their residents. Whilst the home did well in areas such as GP in-reach, the way that the home schedules preventative health care was at times unclear. Our representatives felt that the role of ‘welfare manager’ was particularly valuable in facilitating primary care in-reach and appointment booking on behalf of the residents.

The most recent CQC visit to the service was in June 2015, where the service received an overall result of ‘requires improvement’, with specific reference to the areas of safety and leadership. Whilst CQC inspections do not cover many areas of primary care in-reach in the scope of their inspections, their findings about the management of medicines in particular support our findings on the topic.

Our Recommendations & Responses

1. Consider creating a regular schedule for maintenance of equipment such as hearing aid batteries, hearing aid cleaning and glasses cleaning. The need for this may not be immediately obvious, and keeping equipment maintained could lead to an improved quality of life for residents.

Response

There is a schedule for maintaining equipment which is documented clearly in all resident's care plans. All staff are able to and should read the care plans to gain an holistic picture of the residents at Hazelgrove and how they can achieve optimal health and well-being.

2. At times the mechanisms for triggering preventative appointments were unclear, with different staff members having different ideas of what the processes are. Ensure that all staff are aware of the processes used to ensure residents receive preventative healthcare.

Response

All staff are informed of the processes and it is the RGNs responsibility to instigate health checks for the residents. The RGN liaises with the Deputy manager for her to implement the appointments.

3. Consider creating a clear policy around receiving annual NHS health checks for residents, as this could strengthen the preventative health care practice within the service.

Response

Residents' conditions are clearly documented in their care plans with time scales of review date and times. This is also for the RGNs together with the GPs to instigate. If other members of staff other than the RGNs were spoken to regarding this recommendation they would not necessarily know the correct answers.

Next Steps

Once the provider has responded to each of the recommendations, we will include these responses in the final report, which is published on our website³ for the general public to see. The report will also be shared with key organisations in the city including the Care Quality Commission, Brighton and Hove Clinical Commissioning Group and others. After the report's release, Healthwatch Brighton and Hove will conduct some planned follow up activity to ascertain whether changes have been made following the visit.

Once we have visited all six visits we will also compile a larger strategic report which will pull together key themes across this snapshot of primary care provision in adult social care settings in the city. This report will also be made available to all the services we have visited, as well as partner agencies. An easy read version will be made available to the public on request.

³ [Healthwatch Brighton and Hove](#), 'What We've Done'

