



Enter & View Report

Nazareth House

Visit December 2022
Report April 2023





Contents

Introduction to Healthwatch Bury	2
What is Enter & View?.....	3
Acknowledgements	3
Disclaimer	3
Details of the visit	4
Details of the service	4
Purpose of the visit.....	4
Strategic drivers	5
Executive Summary	6
Key findings	6
Our recommendations:.....	7
Background.....	8
Further context	8
Methodology	9
Information about the home	10
Arrival, environment, and building	10
Interviews with residents:	13
Staff interviews.....	15
Results from the family and carer questionnaire	17
Update April 2023	22
References	23
Appendix 1 – Managers questionnaire.....	25
Appendix 2 – Family of residents questionnaire	33
Contact us.....	38



Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury.

The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. Healthwatch England is the umbrella body providing national representation of the network. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: healthwatchbury.co.uk or by contacting us directly using the details on the back cover.





What is Enter & View?

Part of the local Healthwatch programme 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 gives local Healthwatch authorised representatives a legal power 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.

The aim of this Healthwatch Enter and View visit is to give relatives and carers a perception of what daily life it is like for residents living at a care home and whether the home is somewhere they would place their family member.

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 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 Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also available to view at: https://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf (legislation.gov.uk)¹.

Acknowledgements

Healthwatch Bury would like to thank the owners, Registered Manager, staff and residents of Nazareth House and relatives of the residents for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date of the visit. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.



Details of the visit

Date & time of visit	14 th December 2022
Date and time of pre-meeting with manager	29 th November 2022
Healthwatch Bury Representatives present	Adam Webb Charlotte Foster Annemari Poldkivi Shirley Waller
Duration of visit	3 hours

Details of the service

NHS Trust/Organisation/Owner	Nazareth Care Charitable Trust (Also known as formerly the Congregation of the Sisters of Nazareth) https://www.cqc.org.uk/provider/1-400504569
Registered company address	Larmenier Centre, 162 East End Road, Finchley, London N2 0RU
Service type	Nursing Home
Service name	Nazareth House - Manchester
Service address (place visited)	Scholes Lane, Prestwich, Manchester, Greater Manchester, M25 0NU
Registered manager	Nichi Lindsay
CQC service registration	1-403255456
Types of care provided	Residential Care
Specialist care provided	Nursing Care

Purpose of the visit

The visit to Nazareth House is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and share examples of good working practice by:

- Observing and identifying best practice in the provision of care homes for vulnerable older people requiring social care or nursing care
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experiences of residents and relatives

An Enter and View visit is not an inspection.



Strategic drivers

We are using either some or all of the following criteria for the timing of our visits.

- Ageing population in Bury requiring care homes
- Good practice
- Length of time since the last CQC visit so that we are not placing an unfair burden on care home management and staff by having two visits in close proximity
- Where any issues of concern are raised with Healthwatch either by a resident or their carer. Residents' family and/or carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Bury Council, Healthwatch Bury [as an independent body] will consider whether a visit is warranted.
- When invited by care homes to publicise good practice or points of learning
- CQC and partners 'dignity and respect strategy': <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation10-dignity-respect> ².
- Changes in management of the home

These visits are a snapshot in time, but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.

Details of most recent Care Quality Commission visit

Find the full details on the CQC website at <https://www.cqc.org.uk/location/1-403255456> ³.

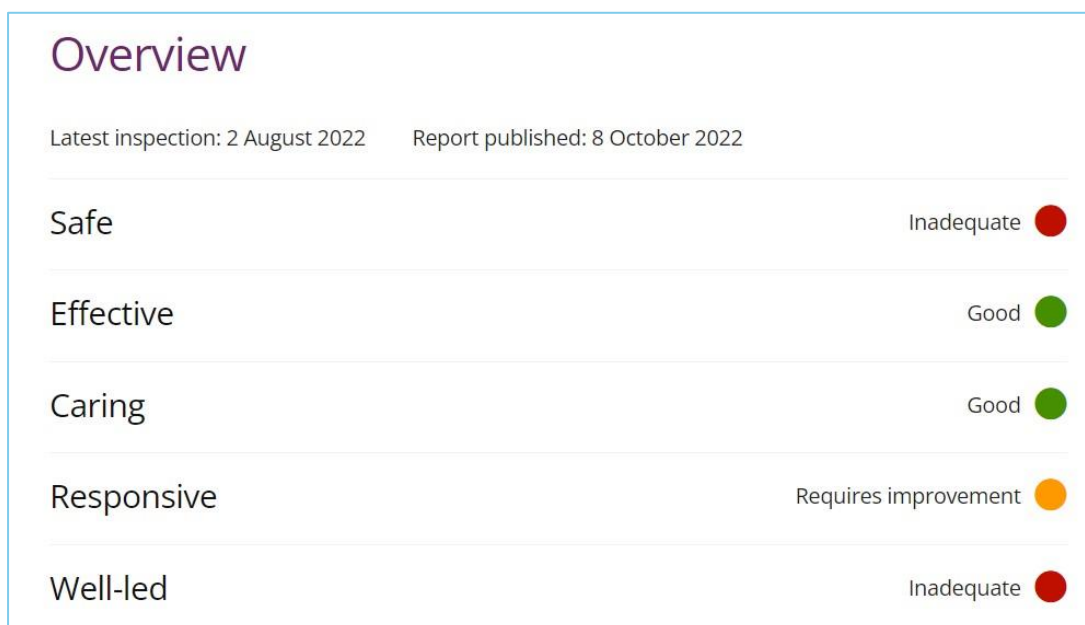


Figure 1 - CQC rating at the point when the decision to conduct and Enter and View visit was made.



Executive Summary

The manager at Nazareth House was not only very welcoming and encouraging of the visit, she was also very proud of the work that was being done and the plans they had to move forward. The staff have been there a very long time and as a result have created meaningful relationships with the residents and are very familiar with their individual needs. The appearance of the home is impressive, and a lot of work has been done to personalise the home to residents. There are parts that could be improved, such as having a variety of seating options in the communal areas or a space for residents to relax outside. These are all in the process of being prioritised by the manager. There was a high level of person-centred care and a deep respect for each individual's wishes and feelings.

Residents within the home were very friendly. They spoke highly of the staff and the activities coordinator. They feel comfortable and safe in the hands of the care team and were very vocal about feeling settled and happy in their home. The feedback provided was overall very positive.

Since the visit and writing of this report Nazareth House has received an updated CQC rating of good.

Key findings

Nazareth House was found to be a very welcoming environment. Residents seemed very settled and happy in their home and the decorations and displays within the home were very focused on each resident. Including art and craft displays created by the residents. Residents have also been engaging in decorating their individual rooms. Choosing colours and furnishings to make them feel more at home. There are plans to develop the outside space in time for summer, so the residents are able to go outside and enjoy the very large grounds Nazareth House have to offer.

The activities within the home have set a very high standard, with multiple events planned and a new craft room being developed for residents to be able to engage in activities when the coordinator is not working. Maxine, the activities coordinator was highly praised by the residents for her creativity when planning activities.

Spirituality is respected within Nazareth house, with a church space attached to the home and spiritual support offered to the residents.

The manager has an open-door policy to be approachable to both staff and residents. In our time there we witnessed residents approach the manager for casual talks and staff approach with questions. Each time the manager prioritised what they need and gave them the time they needed.

While visiting the home a resident had a fall, which was handled effectively and professionally by staff. The resident was kept comfortable and warm while waiting for an ambulance, even though they had to remain on the floor as a precaution. Staff responded well and effectively throughout the incident.



Our recommendations:

- There was limited seating available within the communal area which would be suitable to all residents. Different sized chairs, with different levels of assistance would be beneficial for residents comfort and mobility.
- Comments were made about the younger support workers 'not caring'. A little extra attention to ease their minds and reassure them would contribute to the overall well-being and feelings of safety in the residents.
- Having an outdoor space would be valuable to the residents quality of life. This is something that has been identified by the manager specifically and is a focus before summer 2023.
- A monthly newsletter to family and loved ones has been requested and could be beneficial for those who are unable to come to the home and speak with the care staff directly.



Figure 2 - Example of art on display created by residents



Background

Healthwatch Bury utilises a Panel to oversee and provide a decision-making process for choosing what health or care setting to conduct an Enter and View visit to. This panel consists of two Healthwatch Bury board members, two members of the staff team (including the Enter & View lead) and a volunteer (or lay person).

In this instance, Nazareth House was identified as a local facility that had received an inadequate rating on its last Care Quality Commission inspection but had since changed management and reviews of the home gave a largely positive impression of experience of care. We felt an Enter & View visit could provide insight and clarity to the public and stakeholders as to the reality of service delivery in the home, the actual experience of care being received and an opportunity to listen to the home staff and management themselves of how they have progressed and any issues they may face from the local care and health system.

Further context:

Reviews of Nazareth House Care Home on carehome.co.uk

<https://www.carehome.co.uk/carehome.cfm/searchazref/20003502NAZA>

Reviews of Nazareth House Care Home on trustedcare.co.uk

<https://www.trustedcare.co.uk/care-homes/nazareth-care-mabchester>

Google reviews of Nazareth Care Home

https://www.google.com/search?q=nazareth+house+care+home+prestwich&rlz=1C1CHBF_en-GBGB964GB964&oq=nazareth+house+care+home+prestwich&aqs=chrome..69i57j0i22i30j0i390.7357j0j9&sourceid=chrome&ie=UTF-8

Nazareth House Manchester

Scholes Ln, Prestwich, Manchester

4.2 ★★★★★ 15 reviews

Reviews aren't verified. ⓘ



Methodology

This was an announced Enter and View visit.

We contacted the home explaining our reasons for the visit as well as our role in statutory oversight and quality assurance. We supplied posters to alert our visit to staff, residents, and family members that we would be visiting to make them aware and give them the opportunity to prepare any question or get in touch with us beforehand if necessary.

We met with the Registered Manager prior to the visit and provided them with a questionnaire to complete (please see Appendix A for Manager's responses).

We provided a questionnaire for residents' families and carers, which they could use to respond anonymously directly to Healthwatch Bury (please see Appendix B). As these visits are not inspections, we framed our questions in such a way that they reflect how residents, and their carers feel about the quality of service on.

We also took the time to observe governance arrangements to see how the home is run and assessed whether we feel it meets standards the public should expect.

We looked at local intelligence, including CQC reports. The CQC inspected the home in August 2022 and gave an 'Inadequate' rating. Please see the Strategic Drivers section of this report for more information on this.

We were guided by staff on the residents whom we could approach to answer our questions.

We talked with 6 residents, 8 visitors and 3 members of staff.





Information about the home

Nazareth House is a nursing home situated in its own grounds in the Prestwich area of Bury. It currently has 24 residents, but is currently having a floor restored which will, once completed, increase the capacity of the home.

It has nursing staff which are available around the clock.

The building is adjoining a Church, allowing those that choose to the opportunity to go to mass, and nuns provide assistance and support in the home.

Arrival, environment, and building

First impressions of the home were positive. The CQC registration was displayed and there were sanitation gels and masks available for visitors. There was a sign in tablet, which also went through fire safety and took your photo. In the waiting area there were several photo albums, containing photos of the residents enjoying a range of activities and themed days.

There were clear signs throughout reception indicating where the toilet was, and the main hall was directly facing the entrance. The residents had their photos on their doors to indicate which room was theirs and different parts of the home were clearly marked. The use of salient visual cues may help older adults with and without Alzheimer's disease to find their way more effectively (Davis, 2016).



Figure 3 - Resident artwork adorns many of the communal corridors.

The home has an open-door policy to allow residents to speak to the manager and they have an activities coordinator who offers a variety of different activities throughout the week. They have also had visitors in who have played music and entertained them. Arts, crafts and activities can benefit residents' health, wellbeing and quality of life as highlighted in research by Curtis et al (2018). Since our visit the home have employed a second activities coordinator, so they have the opportunity to offer more to the residents. Their new arts and craft room is now open and available for whenever residents need also. Allowing the residents a level of independence and autonomy over how they spend their time and promoting a high level of person centered care.

The home has a very welcoming feel to it and the residents seem happy and keen to engage with staff and visitors. The home was warm and there were different lounge options available depending on a resident's needs. Some are quieter than



others to allow all residents to feel comfortable outside of their rooms. However, the main hall is available for socialising and activities should the resident feel happy to engage. In a study by Mattiasson & Andersson in 1997, they reported that elderly care home residents held a lot of value in the relationships they held with other residents and the significance of this social interaction on their quality of life. Nazareth House encourage community spirit not only through activities and a shared communal space but also through spirituality and worship.

The home was warm, clean and easy to move around. There were art and crafts on the wall that had been created by the residents which brought a really personal touch to the home. The outside environment is large and holds a lot of potential for use at times of the year where it is more suitable for being outside. Currently there is no shade or easy access to the outside areas, however the manager has expressed that this is something they are putting their attention to in time for summer, when the residents would like to go outside.

The residents all appeared clean, groomed and happy in the home. There are structured handrails in the bathroom and alarms throughout the home. While we were at the home a resident unfortunately had a fall and we witnessed the alarm system in action. Staff responded quickly and in the best interest of the resident.

There was a separate pod for visitors should they want some privacy. They are however welcome in the communal areas to spend time with their loved ones, or in their rooms. The toilets and washrooms were all signposted and easy to get to and there was no rubbish or dirty items to be seen and all seemed in good working operation.



Figure 4 - At the time of the visit, the reception was decorated for the World Cup and for Christmas

The manager was happy that all residents were now under the same GP to allow them to offer better care. They have plans to make some big changes in the home and this manager has not been in post very long. Only a matter of months. She did show concern over the CQC rating and is confident that if they were to come in now they would get a much better score. During our follow up visit they had received a new CQC rating of 'good' and the manager seems dedicated and committed to making sure the home and its residents are

happy and living the best quality of life they can. With plans to introduce interactive tables, painting their rooms the color they would like, re developing the outside area and purchasing a mini bus to help residents get out of the home and on activity days.



The home was also connected to a church, allowing residents the opportunity to exercise their faith in a community or individual setting. Spirituality is deeply respected within the home and staff are available to help support residents with these needs. The use of spiritual comfort services can effectively reduce and alleviate the adverse mental health symptoms of older people and improve their quality of life, as found in a recent study by Dai et al (2023). It also supports an individual's human right under section 9 of the Human Rights Act 'Everyone has the right to freedom of thought, conscience and religion'.

The home can boast long-standing staff and encourages personal relationships. Bowerset al.(2000) found that staff delivering the day-to-day care of residents, described the quality of this care in terms of the relationships they were able to develop with residents. Grauet al.(1995) also found that residents often described their relationship with staff in terms of the way care was provided with a good relationship inferring a good standard of care. Suggesting that prioritising building and maintaining relationships between carer and resident to be a key variable in how care can be perceived from both sides. Taking this time encourages person centred care and a better quality of life for the resident being cared for.

Staff also reported being encouraged to build and maintain relationships with family and loved ones and to share information regarding their care. In relation to the social and psychological factors involved the fulfilling of a resident's needs, a person-centered approach in a care home setting is important, and this person-centeredness should also include the relatives of the residents. The quality of the interaction with care staff and the activities that are being conducted deserve attention in daily practice and offer a means for improving the sense of home (Rijnaard et al, 2016). Relatives within the home who were available to be spoken to on the day of our visit have reported positive experiences with the staff at Nazareth House.

Research conducted into the relationships of loved ones and carers have found that families believe they hold an equal responsibility in ensuring their loved ones physical and mental care needs are met (Dempsey & Pruchno 1993). Communicating effectively with the family and loved ones of the resident has been shown to demonstrate personal caring and supported meaningful relationships between staff and family (Duncan & Morgan 1994). This promotes a high level of personalized care and person centered working within the home and can help ensure family are confident in the care their loved one is receiving.



Interviews with residents:

Wellbeing

All residents spoke of being happy with the condition of the home, stating that it was clean and comfortable, though they would like some better chairs in the lounge area. Some are difficult to get up and down from with mobility challenges. The one respondent who mentioned not being able to settle, shared that they only feel this way due to ongoing health problems and still commented on how 'spotless' the home is.

The community spirit was mentioned and an appreciation for being able to spend time with other people and do activities. The food was also mentioned, one resident stated 'food is good, all of it.' Even though the food was highly praised management have still voiced plans to make meals better. Focusing on ensuring the food has as much of a 'home cooked' feeling as possible and is delivered in a more efficient way to residents.

The staff were highly praised and Maxine was mentioned by name as being exceptional for her hard work and planning in all activities. There was concern from one resident around younger team members. Speaking of feeling as though they 'don't have any interest in me' though they also praised the other staff members. This could be coming from a place of unconscious bias due to the care workers age. This is supported by Selander et al (2023) who in their recent study, highlighted that a healthcare professionals 'poor perceived work ability' has been linked to age being a variable. However, a suggestion could be made for more mindfulness training and offering an opportunity to reassure residents that their wellbeing is of key interest to the staff in the home.



Figure 5 - A suggestion box featured prominently in the reception area for residents and guests

All residents considered themselves to be satisfied with their care within the home overall. One resident went as far as to say 'Nothing to improve. I like it very much'



Care

When asked about the care they were provided most residents expressed being happy with their care team and feeling comfortable enough to ask for help when needed. 4 residents used the term 'friendly' and 2 mentioned Maxine the activities coordinator and how they enjoy their time with her. They do have different care workers providing their support, this is not unusual as it would be impossible for the home to offer the same person every day.

Daily Routine

Out of the residents that answered this question 100% commented on the food being very good. Mentioning that they like all of the food offered and that they are happy and comfortable to go and make a drink whenever they like. It has been confirmed that residents are risk assessed before having access to making hot drinks but those who are unable are able and happy to ask staff to provide one for them.

Residents also commented on how 'spotless' the home is. How comfortable they feel there and that they are happy with their daily routine.



Figure 6 - clearly marked station dispensing aprons and gloves with safety information board

Safety and Environment

All residents expressed that they felt safe. One resident stating that they have not had a fall since moving into the home but had had falls in the past at home. They did comment on being able to relax in different areas of the home depending on how they were feeling and again on how clean the home was. While we were at the home we did witness a fall and the staff responded quickly. The resident was made comfortable on the floor with pillows and blankets but was not moved due to safety and waiting for an ambulance. Residents have mentioned that they would appreciate different seating options, as some were uncomfortable to move from. The manager has spoken of plans to replace and provide more seating for the residents.



Fundamentals

Residents explained that they get an assisted bath or shower once a week but are able to ask if they would like them more. Following up it may be worth enquiring with the manager around this as once a week seems low and its important to distinguish if this is due to residents not wanting to shower or if this is policy of the home. It was highlighted heavily that residents are able to ask for more personal care and one even mentioned that a resident has a bath daily due to a skin condition. Suggesting the home does respond to the needs of individual residents.

Inclusion

The activity coordinator Maxine has been highly praised. There are many activities on offer which the residents enjoy and even if they are not keen to join in they are still included. Two residents commented that sometimes they come to the lounge to watch the activities and still feel included. All residents showed an appreciation for the different kinds of activity that were provided. Residents are also included when it comes to decision making within the home and how it looks. Being able to choose the color of their bedroom, being able to try chairs and pick which ones would be best for the lounge area and planning a shared bar type area.

Staff interviews

Does each resident have a named carer/ nurse? Does that person see the individual residents each day?

All staff confirmed that each resident has a named nurse/carers. They do not see them every day due to staff not working 7 days but there is always someone on hand if they are not in the home.

Does the member of staff feel they have the resources to do the job properly?

Staff all agreed that there were enough resources available. Stating that there was a lot of online training for them to engage in and face to face first aid training. All of which they get paid for. They praised the open-door policy and seem happy that new staff have been taken on.

Do they get time in the day to sit and chat with the residents?

All staff members mentioned that they were busy when on shift but that this did not stop them from making time to sit and talk with the residents. They did explain that most residents did enjoy leaving their room and engaging in activities and socialising.



What makes them proud to work at the home? How long have they worked here?

All 3 staff members mentioned the interaction with residents being what makes them most proud. They had been there 30 years, 15 years and 1 year. Very long-standing staff.

Are they encouraged to speak to the family and loved ones of the residents frequently about their progress?

All staff felt as though they were encouraged to engage with friends and families. They all claimed to have good relationships with the families.

Have they attended a residents meeting? When was that?

Support workers do not attend the meetings. Senior support workers do.

What do they think the home could do to improve the residents quality of living?

The staff did not put forward any suggestions, more commented on what was being done currently to improve their quality of life. Such as painting the room the color they like and putting pictures up for example. They also commented on and praised the range and frequency of the activities offered.

While speaking with the staff at Nazareth House they all spoke highly of their role and the plans for the future. Staff have been there for many years and staff retention within the home is impressive allowing for better more substantial relationships between carer and resident.

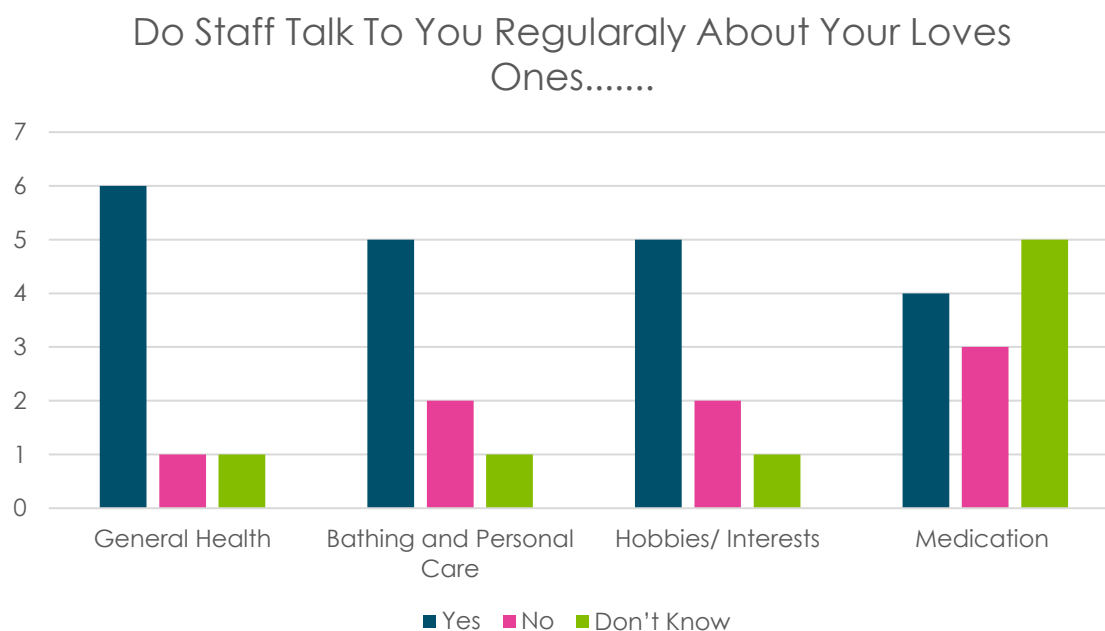


Figure 7 - Outdoor space with seating for residents and visitors



Results from the family and carer questionnaire

Communication



From the respondents it would appear overall there is good communication between the home and a residents loved ones. With one stating 'we feel that our family views are welcomed, and any issues addressed promptly'. The activities have been highly praised, though it has been suggested by a couple of answers, that some days are very quite for the residents when no activities are planned. The manager has recently opened up a craft room to help with this, giving the residents the opportunity for creative expression when the activity coordinator is not working and the home have recently employed a second member of staff to help with activities on the days the coordinator is not working. This feedback will be provided to the manager.

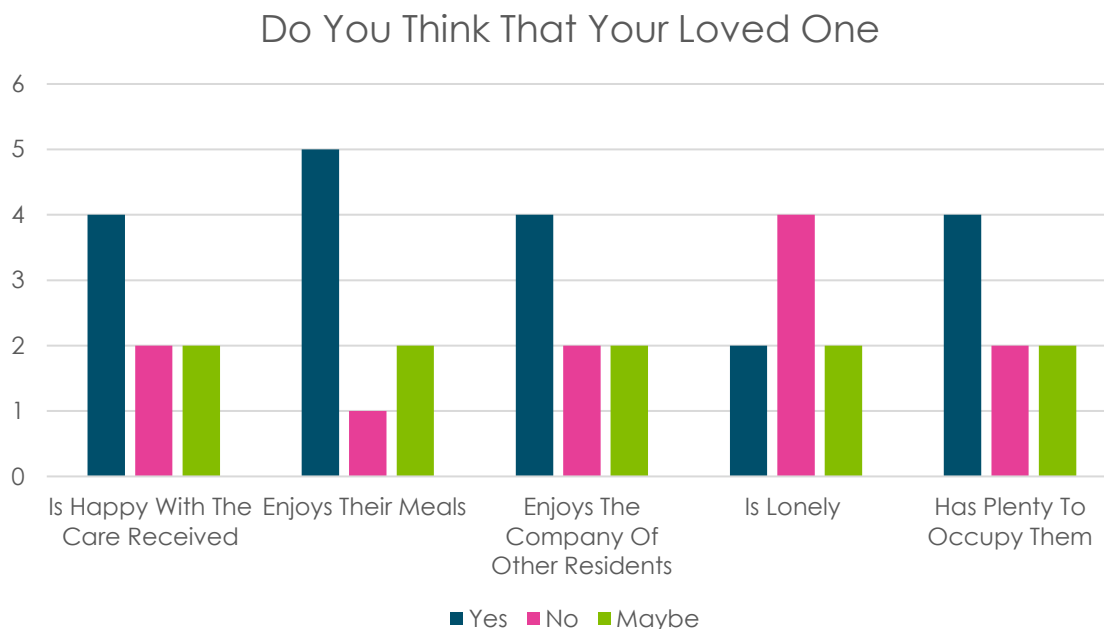
A couple of concerns were raised in the comments of this survey. One respondent claimed that her mother had complained about personal care several times and was only being bathed once a fortnight. It has been established that the home offers personal care on a more regular basis, with baths and showers offered weekly at the least and residents are able to request them daily if preferred. This could be possibly be down to a lack of communication and may be worth support staff offering showers daily if possible if residents are uncomfortable offering them.

Suggestions have been made by loved ones for a monthly newsletter to be sent out, explaining the progress and changes in the home. There were concerns raised over the CQC rating but it has also been acknowledged that the home has seem dramatic improvement over the last 6 months. One respondent seemed concerned



that they have had to chase up health updates from the GP as the home wasn't keeping them updated.

General Wellbeing

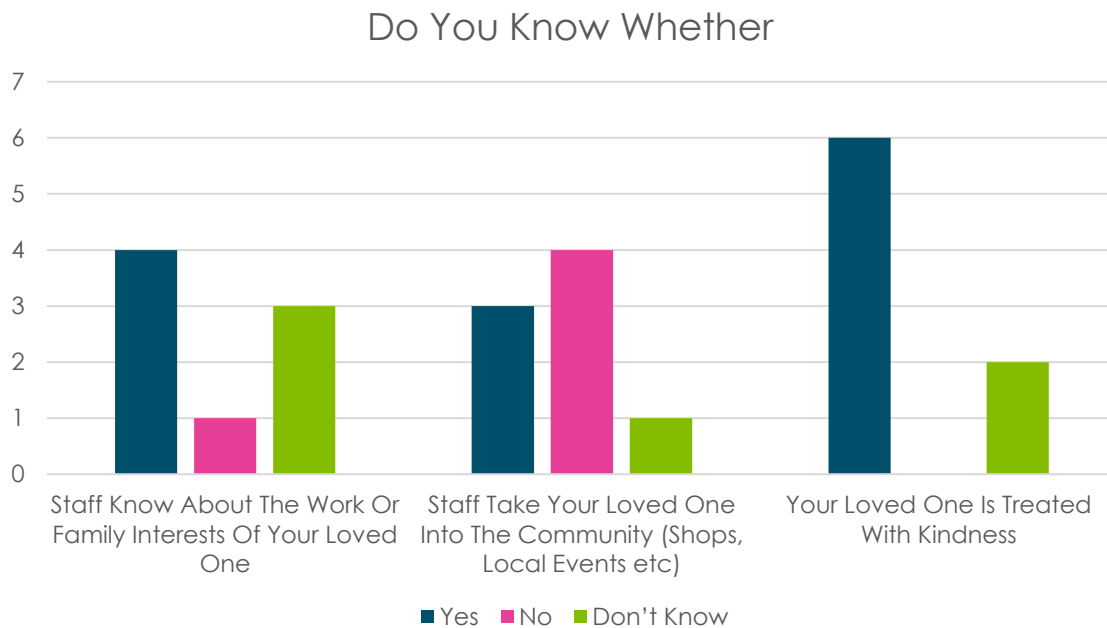


One respondent has been honest in saying that although her loved one doesn't seem very happy, this is not due to the home or the care that is being provided. This resident is unable to get out of bed as she is living with health issues and doesn't enjoy the food as it has to be pureed. There have also been concerns raised over personal items going missing and residents appearing to be alone a lot of the time but this could be due to the resident choosing not to engage. This will be mentioned to the manager in the interest of inclusivity.

Overall the responses to these questions were positive. Stating 'loved one is happy here and feels safe and looked after' and 'my mother has been at Nazereth House for 5 years and has been really happy and has made many friends with both staff and other residents'. The activities have been highly praised and credited to a lot to the overall wellbeing and happiness of the residents. Residents are happy with the selection of food and drink available and generally enjoy the company of other residents.



Staff



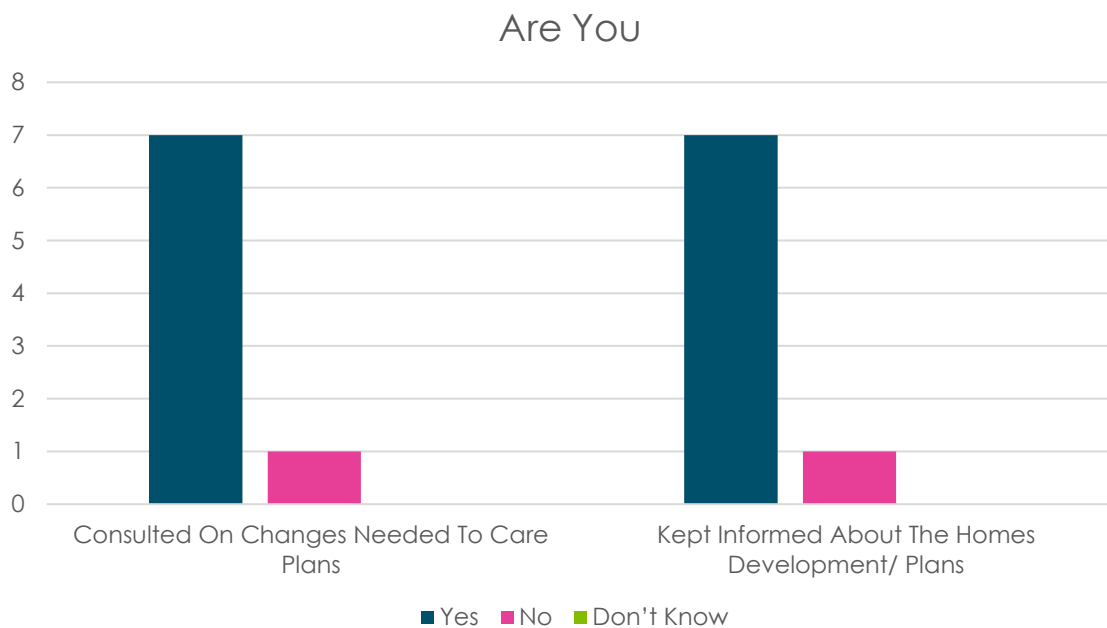
The staff have been highly praised throughout the visit. Not just by loved ones, but residents and the manager also. The longevity of the staff has created a very trusting atmosphere and offered the residents relationships which bring them comfort. There were comments over the environment withing the home being different at weekends due to agency staff and them not understanding the needs of the resident. While on the visit the manager did explain that there were some staffing shortages over the last few months but they have recently took on new permanent staff. Family and friends feel welcomed by staff and happy to approach them.

The data shows most residents are not offered the opportunity to leave the home with their care workers. While speaking to the manager though she has expressed plans to purchase a mini bus with the intention of being able to provide day trips out for the residents. There are also plans to renovate the outside area for individuals who for health reasons are not able to get out and about. So they can still have time outside in the fresh air.

Not one respondent believed their loved one wasn't treated with kindness.



Changes To Home and Care.

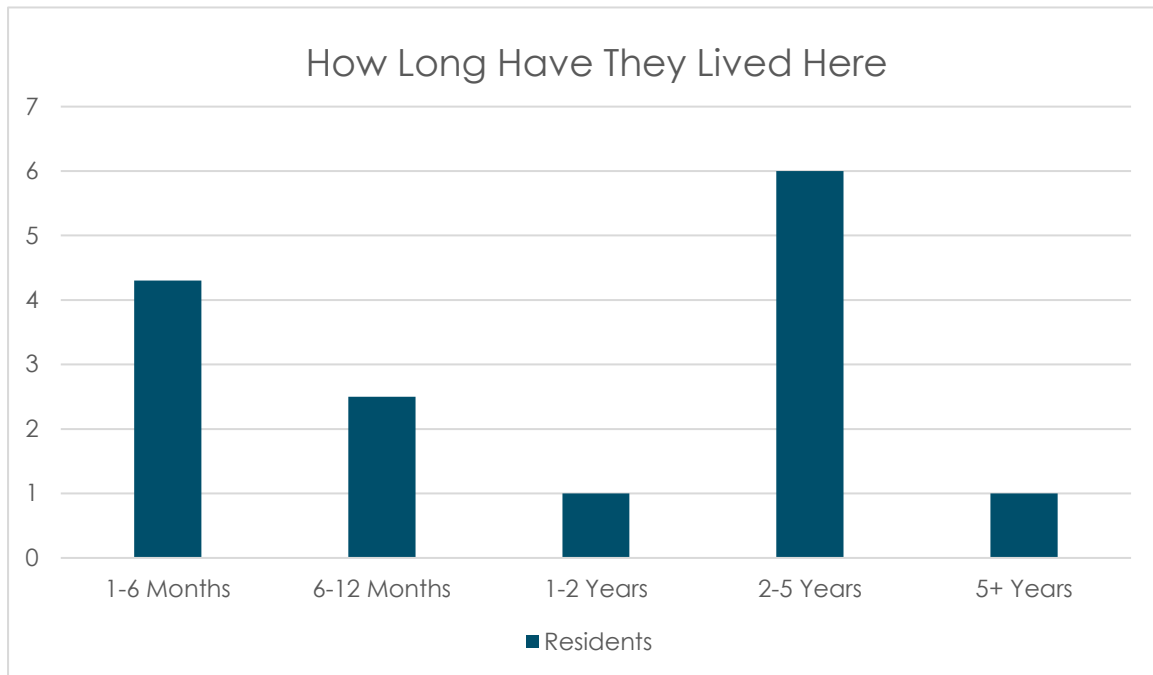


From this data, the majority of respondents do feel they are aware of changes that are made to their loved ones care and the home they are living in. It has been stated that they feel comfortable and listened to when they approach staff.

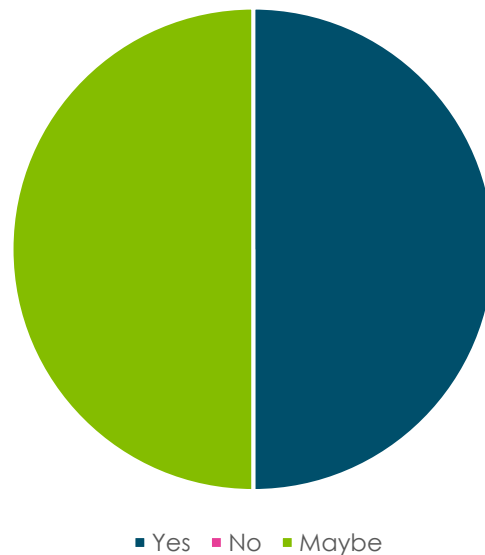
Two suggestions have been made in the comments section. One is to produce a monthly newsletter with any information on the home developments and changes. Second is to arrange the relatives meetings be conducted at different times as people are disappointed they cannot make it due to work and would like to attend.



General



Would You Recommend Nazareth House?



Out of 10 Nazareth House was given an average rating of 7.62
With one respondent giving it 10/10 and two others saying 9/10.



Update April 2023

In April 2023 we conducted a follow up visit with the management at Nazareth House and were greeted by several changes. The first and most impressive was their new CQC rating of 'good' which is an increase of two levels since the last inspection in October.

Overview

Latest inspection: 13 February 2023 Report published: 7 March 2023

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

Since our original visit we have been to the home again and found chairs within the home have now been replaced and the residents within the home have chosen which chairs were to be purchased. Bradshaw et al (2012) highlighted a need for residents to hold a certain level of autonomy to have positive experiences living in a care home setting. Residents being able to choose chairs and the way the home is decorated will contribute to their sense of home and promote mental wellbeing. The home have also continued to decorate the personal bedrooms of the residents and have started painting the hallways in colour. In Rijnaard et al's 2016 study, they found that residents within homes wanted to avoid long hospital looking corridors and that this would improve their sense of home and help ease confusion. So the paint and bright colours now on the walls at Nazareth House will contribute to the quality of life and mental of the residents living there.



Figure 8 - Bar for use by residents and visitors



The arts and crafts room is now open and available to residents, who have already got their gardening equipment and plants growing in time for summer. Work has started on the outside of the building to allow the residents to relax outside under the shade and a new 'Bar' area has been set up in a room next to hall for residents to relax and socialise. They were also proud to share that they have now got a full staff team as the remaining vacancies have been filled and the staff have been trained. Management were incredibly proud of their new CQC rating and shared celebrations staff and residents had enjoyed as a result. She also expressing ambitions of reaching 'Outstanding' in the next inspection and aiming for 'Outstanding' in all areas. More changes have been planned for the future.

References

1. Bowers, B. J., Esmond, S., Jacobson, N. (2000). The relationship between staffing and quality in long-term care facilities: exploring the views of nurse aids. *Journal of Nursing Care Quality*. 14, 55-64.
2. Bradshaw, S. A., Playford, D., Riazi, A. (2012). Living well in care homes: a systematic review of qualitative studies. *Age and Ageing*. 41(4), 429-440.
<https://doi.org/10.1093/ageing/afs069>
3. Curtis, A., Gibson, L., O'Brien, M., Roe, B. (2018) Systematic review of the impact of arts for health activities on health, wellbeing and quality of life of older people living in care homes. *Dementia*. 17(6), 645-669. doi:[10.1177/1471301217740960](https://doi.org/10.1177/1471301217740960)
4. Dai, J., Liu, Y., Zhang, X., Wang, Z., Yang, Y. (2023). A study on the influence of community spiritual comfort service on the mental health of older people. *Front Public Health*. doi: 10.3389/fpubh.2023.1137623
5. Davis, R., Ohman, J. (2016). Wayfinding in ageing and Alzheimer's disease within a virtual senior residence: study protocol. *The Gerontologist*, 55(2). doi: 10.1111/jan.12945.
6. Dempsey, N., Pruchno, R. (1993). The family's role in the nursing home: predictors of technical and no technical assistance. *Journal of Gerontological Social Work*. 21, 127-145. https://doi.org/10.1300/J083V21N01_09
7. Duncan, M. T., Morgan, D. L. (1994). Sharing the caring: family care-givers' views of their relationship with nursing home staff. *The Gerontologist*. 34, 235-244. <https://doi.org/10.1093/geront/34.2.235>
8. Grau, L., Chandler, B., Saunders, C. (1995). Nursing home residents perceptions of the quality of their care. *Journal of Psychosocial Nursing*. 33, 35-41. <https://doi.org/10.3928/0279-3695-19950501-10>
9. Mattiasson, A., Andersson, L. (1997). Quality of nursing home care assessed by competent nursing home patients. *Journal of Advanced Nursing*. 26, 1117-1124. <https://doi.org/10.1046/j.1365-2648.1997.00464.x>
10. Rijnaard, M. D., VanHoof, J., Janseen, B. M., Verbeek, H., Pocornie, W., Eijkelenboom, A., Beerens, H. C., Molony, S. L., Wouters, E. (2016). The factors influencing the sense of home in nursing homes: A systematic review from the perspective of residents. *Journal of aging research*. doi:10.1155/2016/6143645.



11. Selander, K., Nikunlasskso, R. (2023). Association of poor perceived work ability and psychosocial work-related factors in health and social services worker age groups: a cross-sectional study. *BMJ Open*. doi: 10.1136/bmjopen-2022-066506.
12. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations ;
https://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf Accessed on the 6th January 2023
13. The Care Quality Commission Website - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10: Dignity and respect
<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-10-dignity-respect>
Accessed on 6th January 2023
14. The Care Quality Commission Website – Inspection report of Nazareth House Care Home <https://www.cqc.org.uk/location/1-403255456>
Accessed on 6th January 2023



Appendix 1 – Managers questionnaire

PRE-VISIT QUESTIONNAIRE FOR THE MANAGER OF CARE HOMES

Q1. How do you facilitate your residents and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

We have a complaints system that is advertised in reception area

We hold monthly resident meetings, with minutes and feedback to relevant depts in flash meetings

We hold monthly Relatives meetings, with minutes and feedback to relevant depts in flash meetings

The E-reception allows feedback to be given which is reviewed every week. We then contact any families that have given a poor response to understand what the issue was

We conduct surveys each year and follow up on concerns

my door is always open

Q2. Do volunteers come into the in the home? If so what type of activities do they do?

We currently have 2 volunteers being onboarded, 1 for activities and 1 for reception. We have also had 2 other enquiries and have sent them application forms



Q3. Do other organisations come into the home? If so who are they and what do they offer?

GPs, DNs, Chiropody, Optician, Hairdresser, Dentist, OTs, Pharmacy
For activities: Schools, Salvation Army, Local Ballet school
For support: Bury Council, ICT, Safeguarding, Meds Optimisation Team

Q4. Do residents have fresh fruit and vegetables on a daily basis?

Food is cooked fresh on site, there are veg accompaniments at Lunch and Dinner. Fruit is available for residents to select each day in the dining room and a snack trolley in the afternoon has a fruit option.

Q5

. Are drinks available and within easy reach? Are drinking levels monitored and recorded in care plans where there are concerns?

Each dining room has a hydration station,
there is a jug in each resident's room, replenished and dated regularly with water or juice of choice.
Drinks are available at all mealtimes with mid-morning and mid-afternoon rounds
A variety of drinks are always available on request

Q6. Do you seek advice from nutritionists where there are concerns (residents losing weight or experiencing any level of pain)?

Weights are monitored on a weekly and monthly basis and dietician referrals are completed when concerns are raised/noted



Q7. How do you gauge that residents enjoy their food and drink?

Monthly resident meetings are held and residents give input about food
Feedback from families in monthly relatives meetings
Resident surveys are completed
Monitoring of waste

Q8. Does a single GP practice cover the medical needs of the home or do residents retain their own family doctor?

Whittaker Lane manage the medical needs of all residents although they can retain their own if they prefer.

Q9. Which healthcare professionals visit the home at your request, e.g. chiropody/podiatry, physiotherapy, district nurse, dentist or social worker?

GPs, DNs, Chiropody, Optician, Hairdresser, Dentist, OTs, Pharmacy, Social workers, advocates

Q10. If professionals do not come into the home, how do you access their services?

They do come into the home, but we can call or email for advice
Sometimes GPs will do a consult via teams if they cannot attend



Q11. Are resident's likes and dislikes recorded in care plans?

Likes and dislikes are recorded in care plans as we discover them

Q12. Are residents encouraged to talk about their past lives and how do you encourage this? Examples might include local history books, old photographs or films.

We have reminiscing sessions built into 1-1 and group activities.
Books, photos, music, daily sparkle and quizzes are used
We are aiming to build a team of volunteers to provide more 1-1 sessions

Q13. Do residents have a choice over what they wear each day?

Every resident chooses their own clothes with support from staff where needed

Q14. How do you cope with making reasonable adjustments in relation to residents with dementia, learning disability or other special needs such as autism or challenging behaviour?

We look at what the resident needs and then endeavour to provide what they need. I.e., alter mealtimes, cutlery, crockery, noise levels etc. We will monitor the effectiveness and involve family as much as possible. All info is recorded in care plans and shared during handovers/flash meetings



Q15. How do you address the needs of people from minority ethnic groups or of different cultures and faiths?

By understanding their culture and what makes them different, their preferences. Ensure all depts and staff are aware (ie if a resident doesn't eat pork or has halal meat). Involve family to understand routines, we can bring in different religious ministers, give them choice, record all info in care plans and include in handovers, staff meetings etc.

Q16. Do you have visiting faith leaders in the home?

Yes if requested. All residents have a spiritual care plan

Q17. Do you encourage family and friends to think about having advance directives?

I have had a few conversations with families about ADs and LPAs, this tends to be on an individual basis and will also be included in discussions during admissions when we start to admit again.

Q18. Do you invite the community to bring in pets?

We have a few families that bring in pets (mostly dogs)
We also have a company that brings in animals for our 'zoo activity', we have had pigmy goats, Shetland pony, rabbits, guinea pigs, snakes, spiders, rats etc
We are currently planning to have our own chickens in the spring



Q19. Do you have regular meetings with residents' families?

We have a monthly resident meeting
We have a monthly relatives meeting
My door is always open to families and residents
We have a family email group to keep them updated

Q20. Do you take residents out into the community?

Residents recently went out to a coffee morning
We have discussed trips out during the resident meetings
We are currently getting prices for a minibus/second-hand ambulance to make trips out easier and more flexible

Q21. If a resident falls, what measures do you follow? Do you call a GP, the ambulance service or utilise other measures? Do you record falls in every care plan, however minor or major?

If a resident falls, they are checked over by the Nurse and appropriate action taken. Families are notified, It is recorded in care plans, put on safesteps and body mapped and analysis undertaken to look for patterns and reasons. The GP will be involved either at the time or during the weekly ward round. The resident will be monitored and sensors may be put in place following a BI decision.

Q22. What preventative action do you use to prevent falls? Have you access to a falls advisor?

We have access to the Falls Team & OTs. Residents are monitored and remedial action taken where concerns are raised. Safe steps analyses possible reasons and risk assessments are undertaken to determine the level of risk of a resident falling. Bis are undertaken to assess if sensors are needed to alert staff, fluid intake, food intake, BPs are monitored as early warning signs for action needed
Their falls history is taken into consideration



Q23. What feedback have you had from residents in the last three months which have resulted in change?

Residents wanted roast potatoes at more meals, they wanted more hot puddings, they didn't want the magician back (it was too quick for them), they want Elvis impersonator again, they wanted Ovaltine, 1 resident wanted their food at a reduced level (more pureed as its easier to eat, now eating more) 1 resident doesn't want to be escorted when she goes to appointments, another doesn't want to know about appointments until the day before as she worries about them.

Q24. How do you keep abreast of good practice? Examples might include e-learning packages, formal training, mentoring, staff appraisal.

We have e-learning, practical training, supervisions, appraisals.
We have a specific induction programme and buddy system for new staff
I have meetings with Safeguarding, LA, Meds Opt Team & ICT
I will call Safeguarding lead, DoLs office, LA or ICB if unsure or need advice
Use NICE guidelines, CQC Portal, subscribe to bulletins from Bury LA & ICT

Q25. How do you prevent residents' feelings of loneliness or isolation?

Involve families to understand what their past enjoyments were
Encourage involvement in activities
Encourage families to visit and support
We are building a volunteer team to support 1-1 with residents who are nursed in bed
Encourage the nuns to be involved with the residents
We are purchasing 2 large interactive activity screens that can be used anywhere in the home, for activities of their choice, virtual trips, skypeing with family etc



Q26. What are the practical everyday things that would help you to provide the best possible care for your residents? Please describe.

Good and prompt support from external professionals, working as a team

To be able to request essential / life improving equipment for Residential residents and get it

Realistic families who can agree on decisions

Well-trained pro-active staff

Good monitoring and oversight to enable pro-active care

Easy to find and read regulatory guidance

Support from HO for equipment/furniture/facillities for residents

Feel free to continue any answers onto a separate piece of paper if necessary, but please add the question number to the answer.



Appendix 2 – Family of residents questionnaire

Questionnaire for relatives & friends

What is Enter and View?

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users and their families and carers on premises such as hospitals, care homes GP practices, dental surgeries, optometrists and pharmacists.

We have a programme of visits in place which we agree with the CQC (Care Quality Commission) and Trafford Metropolitan Borough Council.

We are visiting **Nazereth House on the 14th of December 2022** to gather views of staff and residents and we would now like to seek your ANONYMISED views on the care provided for your loved one.

The anonymised feedback we receive will help us paint a picture of care homes in Trafford and enable us to make suggestions as to how improvements can be made.

We will gather together all relatives/carers views and provide ANONYMISED feedback to the care home. If you could please return your completed questionnaire by **6th January 2023** we would be very grateful.

Please DO NOT provide ANY personal identifiable information about yourself or your loved one in your responses so that confidentiality is observed.

Want to help improve health & care? Talk to your local Healthwatch



healthwatch



1. Do staff talk to you regularly about your loved one's:

General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

2. Do you think that your loved one

Is happy with the care received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has plenty to occupy them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys their meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys the company of other residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is lonely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know



3. Do you know whether:

Staff know about the work or family interests of your loved one? Yes No Don't know

Staff take your loved one into the community (shops/libraries, local events etc.) Yes No Don't know

Your loved one is treated with kindness and compassion? Yes No Don't know

4. Are you:

Consulted on changes needed to care plans? Yes No Don't know

Kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)? Yes No Don't know

5. How long has your loved one lived at the Home?

Less than a month

1-6 months

6 – 12 months

1 -2 years

2 – 5 years

More than 5 years



Please add in any other comments or observations you would like to make in the box below, you will find further space at the back of the form.

Would you recommend this home to anyone else?

Yes No Maybe



Overall, on a scale of 1 to 10, how would you rate this home?

(with 1 being very poor and 10 being excellent)

_____ out of 10

Please use the space below to continue your answers, or to make any further comment

Thank you for taking the time to fill in this questionnaire.

Contact us

If you require this information in an alternative format,
please contact our office via the details below.



healthwatch
Bury

Healthwatch Bury CIC
Bridge House
Yeargate Industrial Estate
Heap Bridge
Bury BL9 7HT

Healthwatchbury.co.uk

Tel: 0161 253 6300

Email: info@healthwatchbury.co.uk

Tweet: @healthwatchbury

Find us on Facebook

© Healthwatch Bury 2023

Companies House number 08886952.

Registered in England and Wales.

