

Name of Establishment:	Middlesex Manor Nursing Centre
	119 Harrow Rd , Wembley, HA9 6DQ
Staff Met During Visit:	Samantha Bowie, (Peripatetic Deputy Manager since December 2015), Gretchen Olaguer (Deputy Manager), Activities Coordinator Nurses and Residents
Date of Visit:	Monday 18 th March 2016
Healthwatch Authorised Representatives Involved:	Helga Gladbaum, Jagruti (k/a Anju) Bhatt , Elaine Fletcher
Introduction and Methodology:	This is an announced Enter and View (E&V) visit undertaken by Healthwatch Brent's E&V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Brent to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.
	The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health/Safeguarding Overview and Scrutiny Committee, CQC, Brent Council and the public via the Healthwatch website. DISCLAIMER:
	This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.



General Information:

Middlesex Manor Nursing Centre is owned and run by BUPA. Currently they have 61 residents

14 on the Ground Floor (Nursing)

30 on the First Floor (Nursing Dementia)

17 on the Second Floor (Young Adults with Physical Disabilities and Nursing)

We were shown around this modern building which is conveniently located in the middle of Wembley. The lobby is bright and welcoming with soft music playing in the background. We observed a number of awards displayed on the walls, including an Investors in People 2012, British Safety Council and CQC approval; also, quite prominently located, was a comment/complaint box.

The corridor had been decorated with tasteful framed pictures, several well mounted photographic displays of events such as Harrow Shopping Trip, 'Zoo Lab', Cultural Day reflecting some of the activities organised for the residents.

There were also displays of forthcoming events such as an Irish celebration, daily activities for residents, menus for the three meals of the day illustrated with colourful photos and a list of birthdays of residents for the week.

There was a showroom present to show potential residents the facilities and furnishing of rooms at the Nursing Centre. The room contained a bed, bedside table, armchair, chest of drawers, clock, wall ornament, and radiator; all decorated in lovely matching accessories. Each room has a spacious en-suite toilet and sink but no shower/bath. There are baths, showers and wet rooms at both ends of each corridor as most, if not all residents require assisted bathing.

There is a pull cord alarm by each bed. The central alarm system throughout the Nursing Centre plays a very important role. Once the alarm is activated by a resident it shows up as a LED light display in the corridors opposite the nurses' station to alert any action required by a member of staff, as each staff



	wear a pager.	
	The first floor is only accessible by a code because of safeguarding concerns for more advanced dementia patients.	
	There is a large garden visible from the lounges, well maintained, with a number of seating areas. In summer this garden area is used extensively by activities organised by the Activities Co-ordinator. The garden also serves as a smoking area for those residents that smoke. Residents that need assistance are accompanied by a member of staff into the garden area.	
Care Planning:	The Deputy Manager reported that the home conducts a pre admission assessment before a client is admitted in their care, to ensure that they can offer a holistic, person centred care to each client. Information is collected from the client, family members and health care professionals, within a 72 hour care plan protocol. The care plan observed was quite detailed and had a "map of life "of the resident. Care plans are reviewed as and when, but generally monthly, They are stored in a lockable drawers in the nurses' station and only authorised people or staff have access to them and people involved in their care.	
	One registered Nurse (RMN) stated that care plans were individualised and used to plan care for residents, as well as identifying any future problems/needs. The plans are based on the health issues of the resident, with nursing needs provided in a holistic context. Each resident has a named member of staff, with residents being allocated to staff members both during the day and handover times.	
	Staff are matched to residents based on the specific skills and gender of residents. Staff are then responsible for looking after their allocated residents' needs, such as accompanying to appointments and shopping trips.	
	One resident (younger bedbound patient) gave his feedback that he was happy at the Centre because it was clean. He said he had a choice of when to get up and get dressed and the	



	staff explained his care plan to him.
Management of Residents' Health and Wellbeing:	The Deputy Manager reported that the weights of residents are monitored monthly, or weekly for residents at high risk of malnutrition and losing weight. Once risk has been identified they refer the resident to the GP and dietician and commence a food and fluid chart which is monitored, checked regularly on each shift.
	Staff are encouraged to assess residents at all times and report what they find.
	Wound management is addressed the nurses by daily wound assessment, with dressings done as needed. The home also works closely with Brent Tissues Team.
	The local Law Medical Group GPs visits the home twice each week on Monday and Fridays, and any out of hours GP service is provided by Harmoni GPs. Dentists, optician or chiropodist normally visits the home when required.
	Residents' safety and dignity is achieved through privacy and offering choice and/or allocation of staff based on needs/skills and gender, particularly important when providing personal care and providing care at times that residents wish/need. Information is shared on a "who needs to know" basis.
Staff:	The Deputy Manager reported that they only use Agency staff for nurses but the Centre is actively recruiting more nurses.
	They have a total of 14 Healthcare Assistant staff during the day and 4 nurses, at night. They have 2 Assistants on each floor and one nurse. The staff ratio is 1:4 or 1:5.
	Within the last 6 month the staff turnover was 20%.
Staff Training:	Staff development is organised and monitored by BUPA training department. All new staff need to do a 5 day induction with mandatory courses, Food Hygiene; Mental Health Awareness / Dementia care; Moving and Handling;



	Safeguarding; Fire Safety). As well as a shadowing of two weeks to know the staff and residents.
	One nurse interviewed said, "I have to undertake regular training to remain on the RMN register. My last training was on phlebotomy, taking bloods, safeguarding and diabetes".
Activities:	The Centre has an activities coordinator who has worked there for 15 years. Currently they are recruiting additional staff.
	Activities start at 11.00 am every day. We did not observe any of the activities that were taking place.
	A meeting took place with the activities co-ordinator. The Coordinator draws up the timetable for the daily activities. She showed us many coloured photographs of activities for flower making for Mother's Day and Valentine's Day, those flowers graced the tables of the dining rooms. She also follows a TV programme for aerobics where she shows the movements to residents who then copy her.
	Afternoon activities are handled by the staff team. It is BUPA policy that Co-ordinators do not wear a uniform. This makes it easier for her to communicate with residents who do not attend any activities at all. She visits residents individually in their rooms in the afternoon and she is sometimes able to pick up specific issues that she then brings up with the Manager of the Nursing Centre.
	Residents who have dementia were observed sitting in lounges with TV on.
Food:	The food is all cooked on site. Special diets and cultural diets are respected. One Nurse reported that help is given to all residents who need it, such as washing of hands before eating times, and preparing residents who use bibs, adjusting seating, etc. Residents are also given the choice of eating in their rooms.
	One Senior Nurse was observed at lunchtime coming up to the



table of one resident to administer some drops with the food she was being fed by a Care Assistant.

With residents who are problem eaters, staff spend time with them to encourage them to eat.

We observed lunch on two floors.

We were told that lunch is at 1pm. Residents were seated at 12:30pm. Residents had to wait up to half an hour for their meals. 9 people in were seated one dining room and it took about half an hour to serve that last of these.

Residents in their rooms also had to wait, although one had no complaint about this. Another said that a family member usually brings lunch.

The younger disabled residents were asking where the food was. The verbal responses from staff were calming an appropriate but they were not able to speed up delivery.

A member of staff said there had been recent staff shortages, which was being addressed, but that this contributed to delays in serving food.

It was also observed that the delivery was slowed down because each meal was individually put together according to individual preferences and dietary requirements.

Engagement with Relatives/Residents/ Carers:

The Deputy Manager reported that they have a book to record comments and suggestion about meals on each Unit, The Head chef meet with the residents and ask for their comments and suggestion of the Menus.

We were told that the Centre always incorporate feedback and input that they receive with running the home and take everything on board to offer solutions or plans to achieve a desired outcome.



Compliments/Complaints/Incidents	Staff who were interviewed were aware of the complaints procedure and reported that they would either raise the issue with the relevant manager and/or ask the resident or relatives to write in.
	One resident reported that if he had any complaints he would speak to the nurse.
Conclusions:	The Centre appeared to be well run providing care in a holistic and person-centred context. Staff were friendly and were not patronising or disrespectful towards residents, majority of whom were dementia sufferers – at various stages.
	The Centre was clean.
	The atmosphere at the Centre was welcoming and felt comfortable.
	One of our team would be happy to use this service.
Recommendations:	The Centre should review staffing levels and provide feedback on this.
	We ask the Centre to reflect on meal times, including seating all residents at once, when this means some residents waiting up to half an hour to receive their meal.
Signed:	Elaine Fletcher
Date:	11/04/16
Registered Manager's comments	Meal times are being addressed to provide 2 services times
	We have now employed 2 part time Activity workers. This gives the home 75hrs of Activities per week including some weekends. This service will commence from the 23 rd May 2016
Date	06/05/16