

# **Douglas Bank Nursing Home**

## **Skelmersdale**

### **Enter and View Report**

**6<sup>th</sup> November 2018**

**10.30am - 12.30pm**



#### **DISCLAIMER**

This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

### Contact Details:

Douglas Bank Nursing Home  
Lees Lane  
Roby Mill  
Skelmersdale  
WN8 0SZ  
01257 255823

### Staff met during our visit:

Kathryn Lally (Registered Manager)

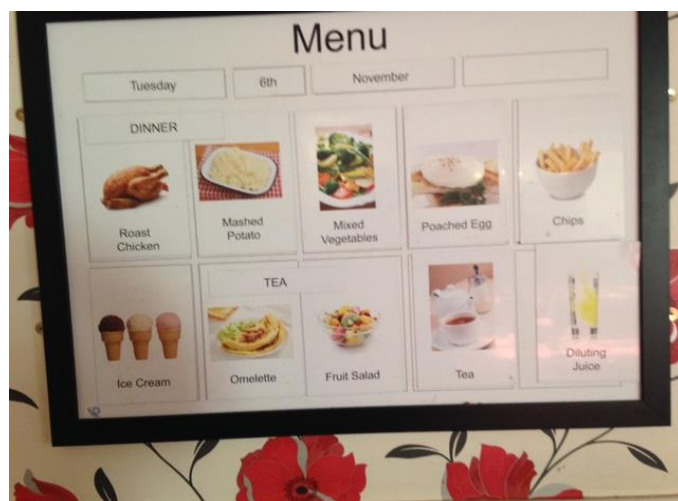
### Date and time of our visit:

Tuesday 6<sup>th</sup> November 2018  
10.30am till 12.30pm

### Healthwatch Lancashire Authorised

### Representatives:

Jeanette Newman - Engagement Officer  
(Lead)  
Michele Chapman - Engagement Officer  
Ella Pearson-Glover - Engagement Officer  
Sue Turley - Engagement Officer



## Introduction

This was an announced Enter and View visit undertaken by authorised representatives from Healthwatch Lancashire who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services. The representatives observe and speak to residents in communal areas only.

This visit was arranged as part of Healthwatch Lancashire's Enter and View schedule. The aim is to observe services, consider how services may be improved and disseminate good practice. The team of trained Enter and View authorised representatives record their observations along with feedback from residents, staff and, where possible, resident's families or friends.

The team compile a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the facility for validation of the facts. Any response from the manager is included with the final version of the report which is published on the Healthwatch Lancashire website at [www.healthwatchlancashire.co.uk](http://www.healthwatchlancashire.co.uk)

## Acknowledgements

Healthwatch Lancashire would like to thank Kathryn Lally, together with staff, residents and visitors, for making us feel welcome and taking part in the visit.

## General Information

Douglas Bank Nursing Home is privately owned by Tudor Bank Ltd with places for forty residents. There were eight vacancies at the time of our visit. The person in charge is Kathryn Lally.

Information obtained from carehome.co.uk states that the home provides care for people from the ages of sixty five who are affected by Dementia, Old Age, Physical disability, learning disability, mental health conditions and eating disorders.

## Methodology

The Enter and View representatives made an announced visit on Tuesday 6<sup>th</sup> November 2018. However the manager Kathryn Lally did inform us she had not received the notification of our visit.

We spoke to nine residents, eight staff and one relative, where possible within the constraints of the home routine, people's willingness and ability to engage and access to people in public areas. Discussion was structured around four themes (Environment, Care, Nutrition and Activities) designed to gather information concerning residents overall experience of living at the home.

The team also recorded their own observations on the environment and facilities.

As some residents were receiving visits, choosing to stay in their rooms or being nursed, we spoke with nine of the thirty two residents.

Our role at Healthwatch Lancashire is to gather the views of service users, especially those that are hard to reach and seldom heard, to give them the opportunity to express how they feel about a service regardless of their perceived ability to be able to do so. It is not our role to censor feedback from respondents.

We use templates to assess the environment of a facility and gather information from respondents, to ensure that reports are compiled in a fair and comparative manner.

Observations were rated on Red, Amber, Green scale as follows;

**Green** = We would choose this home for a loved one.

**Amber** = We may choose this home if some improvements were made

**Red** = We would not choose this home for a loved one unless significant improvements were made.

## Summary:

Douglas Bank Nursing Home is based in a stone barn and farm building conversion. Set in nearly one acre of land it enjoys a delightful rural setting and picturesque views. The internal layout mirrors the old world charm you would expect from a conversion with wooden beams and a stone fire place. The stairwells are steep and gated for safety but there is a lift in use. The facility is undergoing refurbishment which has been completed in some areas such as the car park and the hairdressing salon, to a high standard. There are continuing plans for improvements to the public areas of the building. Representatives felt the planned refurbishment of the toilets, garden path and glazed corridors will further benefit the comfort of the home for residents. Adequate parking is provided at the facility which has two designated disabled parking spaces.

The facility is located close to the town of Appley Bridge which has a train station and bus stops about ten minutes walk from Douglas Bank. There is a garden centre within a short driving distance providing a place to visit, a café and shopping for gifts and clothes. Other main facilities can be sourced from the local towns of Parbold, Skelmersdale, Standish and Shevington.

There was ample staff on duty at the time of our announced but unexpected visit. Many of the staff were fairly new in post and reported they were being supported to develop in their roles. The staff interacted well with residents showing patience and care. Residents reported staff as being caring and staff told us they wanted to do a good job offering person centred care.

Representatives observed that activities were not as varied or frequent as residents would like. The home is waiting for a new activities co-ordinator to commence employment and there was evidence that another member of staff was organising entertainment for residents.

Residents generally said the food and menu was good.

Based on the criteria, the Enter and View Representatives gave the home an overall score of:

**Green Amber**

# Enter and View observations

## Pre-visit and location

Healthwatch representatives did not find it easy to locate the Douglas Bank website before the visit. However, after being assured there is a website we re-checked and found it. A Facebook page can also be accessed if you have a Facebook login. There was no brochure available for the care home.

Douglas Bank is set in a rural location. It is a short drive from Appley Bridge which is nestled in the Douglas Valley alongside the Leeds and Liverpool Canal off Junction 27 of the M6 motorway. A bus stop and train station in the town is about a ten minute brisk walk away. It was observed that this facility is not easily accessed on foot because of its rural location.

Main services such as GP's and pharmacy can be located in the nearby towns of Parbold, Standish, Shevington and Skelmersdale. There is a garden centre a short drive away in Appley Bridge which has a café and variety shops including clothing, shoes, and gifts.

There is a newly laid car park at the site with ample parking and designated disabled spaces.

## Green Amber

### The external environment

The immediate environment of Douglas Bank is exceptional, with pleasant stone converted barns set in extensive gardens. There are good paths surrounding the building and evidence of refurbishment to the front parking area. Hanging baskets and an attractive porch give a homely cared for appearance. There are attractive views to the rear of the building from the windows and conservatory.

A paved area at the back of the home can be accessed through the conservatory. This has ample quality wooden benches and tables for residents to sit out and enjoy the beautiful views. A sheltered seating area is provided for residents who smoke. Patio tubs with flowers give an additional feel of homeliness.

The facility is set in an acre of land with a bridge and path adjoining the building to what was once a garden in the woodlands. This garden is no longer in use due to maintenance issues. There are plans to put the area back into use next year. Representatives felt that an orangery or other structured destination within the gardens would give residents and visitors a focus point to visit outside of the main residence providing exercise, fresh air, a quiet space and a sense of well being.

It is clear where visitors should report to as the porchway is facing the carpark. There is secure coded access through the porch to the main reception area. The door was opened in a timely manner.

## Green

### **The internal environment/reception-first impressions**

Although the Enter and View was to be an announced visit the manager informed us she had not received the letter and poster and had not been expecting us. Staff and the manager were very pleasant and accommodating of the visit. The manager was appointed in February this year and has overseen the new car park and refurbishment works, which include redesigning of areas, ongoing decoration and replacement bathrooms and bedrooms.

The reception area with a leather sofa, pictures and plants looks pleasant and creates a homely welcoming atmosphere as well as a comfortable area for visitors and residents. There is also a convenient pleasant public toilet off the reception area.

Hand gel and a visitor's book were available to use. There were up to date notices and information on display in reception. No Healthwatch Lancashire poster was displayed to inform of our visit.

Staff were identifiable wearing either navy, light blue or burgundy uniforms and name badges.

## Green

### **The observation of corridors public toilets and bathrooms**

Representatives observed Douglas Bank to be a very homely environment in parts with extensive redesign of areas and refurbishment. The upstairs hairdressing salon is an example of the new refurbishment. With its retro black and white décor and nostalgic pictures of celebrities such as Marilyn Monroe and Dean Martin the manager remarked "*The residents love coming in here to have their hair done*".

Similarly the red non slip flooring on the sloping corridors upstairs, although fit for purpose are to be updated because the red décor is considered too harsh by management for a homely environment. The different zones and public areas such as the bathrooms, toilets, hairdressers, and lounge have good pictorial signage aiding orientation. Coloured doors in the dementia area (green, orange and teal) are also considered dementia friendly making orientation easier. Some handrails had a colour contrast in red whilst others were white including one going down steep gated stairs. A notice on the gate requested it be kept locked to restrict access to residents. There was a provision of a small but clean lift.

Representatives observed that where doors have now been painted white temporary paper signs indicating the residents first name and room number had been put in place. The signs also included the call system number whilst the home refurbishment was in transition; having added more bedrooms and adjustments to the call system. The room number was underlined to aid resident orientation.

The home used pictorial menu's and activity boards both upstairs and downstairs. It was observed that there was a large clock downstairs but no orientation board displaying day, time and weather. The manager felt one was not necessary downstairs.

Representatives found the toilets and bathrooms did not have dementia friendly contrasting colour fitments. Accessible public toilets were suitably situated next to the upstairs and downstairs lounges as well as in the corridors and reception area. They had an adequate supply of soap and towels. Three of the toilets (the two by the lounges and one off the corridor upstairs) needed updating and would benefit from replacement flooring. One bathroom floor had been altered using plywood under the hoist base which, in the representative's view, needed to be recovered for both hygiene and aesthetic reasons. Some of the toilet and shower room doors had coded access.

The representatives observed generally clear pathways with no wheelchairs, walking frames or other items precariously placed. However on the day of our visit there had been a delivery of consumables which had been stacked up against the wall in one of the hallways. We observed a member of staff navigating a resident through the hallway from her room to the lounge and felt the stacking and height of the boxes against the wall created a potential hazard and less homely ambience.

It was noticeable that there was single glazed windows in the corridors, that seemed to let the cold in. Some residents remarked that it was cold when going to their rooms. One resident upstairs in the dementia unit commented "*It is cold in here.*" The manager informed us they are going to replace the windows with double glazing. Representatives considered residents will enjoy the views from the windows once the corridors are made warm. They will also benefit from the extra area to walk as the area for walking around upstairs is limited.

## Amber

### **The lounges, dining and other public areas**

Most of the facility has appropriate modern carpet and vinyl flooring which creates a safe, clean and homely experience. We were informed by the manager that the red patterned carpet and wallpaper in the main lounge downstairs are to be

replaced as the patterns are dated and disorientating. However, they were not considered to be in a bad state of repair.

The main lounge was considered to be pleasant and homely with oak beams, a stone fireplace, pictures, large clock and TV. An oak wall unit and coffee table added to the feeling of quality in the lounge which was however, diminished because of the clutter in front of the wall unit giving an “unkept corner” appearance. The placement of ample suitable vinyl covered armchairs and additional raised chairs in different areas encouraged social interaction between residents. Some residents had TV tables at the side of them with different heights matching their needs. At the far end of the lounge is a nurses station and a more private area where family and friends could meet with residents. This area enjoyed a modern leather suite and oak furniture in front of the stone fireplace and led out to the conservatory and garden through a coded access door. Representatives felt this cosy area to be a nice addition to the large lounge benefiting residents and visitors with a quiet place for social interaction and independence.

Representatives observed that residents benefited from the blinds on the large windows. These were partially closed to block out the sun from the large windows and keep residents comfortable. This enabled some residents to sit a bit further away from other residents and interact with each other.

A slight bad odour was noticed at times in the main lounge. Overall the atmosphere of the home was not odorous.

On the dementia unit upstairs there is an open plan lounge, dining room and kitchen. The nurses office is positioned in the adjoining room next to the lounge doorway and has viewing panels overlooking the lounge area so residents are easily observed by staff. We evidenced residents moving freely between the open plan areas, with some sitting in the dining area and some visiting staff in the kitchen. The décor was considered to be homely with the three distinct areas being highlighted by the different décor. The kitchen had a modern wallpaper, the dining room was painted in cream with lots of pictures and wall art on display, and the lounge had a tranquil green wallpaper. Representatives felt the three distinct areas gave an air of homeliness and space as well as optimising spaces for social interaction. Residents appeared to be comfortable in their environment. There were no signs of agitation or distress during the visit.

Upstairs the two dining tables and armchairs with TV tables in the lounge area was thought, by the representatives, to be ample dining provision. The dining area was pleasantly decorated.

Downstairs equally had ample seating and nicely dressed tables for residents to dine together if they so wished. The dining room was sited in the conservatory overlooking the courtyard area and grounds. It was heated adequately by overhead heaters at the time of our visit, giving a homely pleasant experience.



Representatives did feel that the conservatory would benefit from the roof being updated to a modern tiled roof in order to retain heat and improve its appearance.

Both floors displayed a large pictorial menu. Representatives observed that residents were asked in the morning about their choice from the menu for the day and were offered something else if they did not like what was on the menu. In general residents were satisfied with the amount and quality of the food they received.

## Green

### Observations of resident and staff interactions

There appeared to be enough staff on duty during our visit with one extra nurse shadowing a nurse who was leaving. The manager informed us that an activities co-ordinator will soon be commencing in post. Representatives observed how staff interacted with residents speaking to them respectfully using names and ensuring residents were happy. Staff took time to ensure the residents understood decisions being made. Two bells went off during the visit and they were answered quickly. Residents told us that staff chatted to them and we observed a calm and respectful atmosphere on both floors.

There were two activity notice boards in the home, one for the dementia unit and one for the general unit. They offered a limited range of activities which were either duplicated through the week or had days without any activities planned. There was another out of date notice board with activities relating to June. On the day of our visit “watching TV” was the designated activity downstairs. Representatives observed that out of the eleven residents only one was watching the TV and it was unsure as to whether the resident could hear the TV as staff were talking to another resident near to him. We observed other residents sat talking to each other and staff. Others appeared disengaged. Representatives felt that the size of the lounge and the distance residents were sat away from the TV did not lend itself to the activity. We also observed one resident in their wheelchair was placed side on directly in front of the TV, but not facing it. They were purposefully placed facing the nursing station in full view of anyone watching TV which representatives felt undignified for the resident as well as diminishing the importance of the activity.

Staff told us that in the absence of an activity co-ordinator there are still activities being arranged. There had been a singer the previous week and an arrangement was being made for children from a local primary school to come in and sing for the residents.

Representatives observed staff were keen to give person centred care and they were having meaningful conversations with some residents. There were memory boxes and reminiscence pictures for residents.

## Feedback from residents

### Environment

*"I tend to sit here in the dining room and lookout."*

*"I don't go out much or into the garden."*

*"I'm enjoying it here."*

*"There's lots of change; new carpets, furniture and pictures. When they get things done it's for the best."*

*"I'm happy, I'm not as worried as when I was at home, I can spend time with my wife and look after her."*

*"Who pays the bills?"*

*"I have a nice room."*

*"I like it here."*

*"I like being with other people."*

*"It's probably the best place I have been in."*

*"I like it all."*

*"I loved my Mum and she used to live here."*

*"It is cold in here."(Upstairs unit.)*

*"I don't want to be in here."*

### Activities

*"I don't get involved enough, there are things going on sometime."*

*"There's the TV in here and we have TVs in our room, so if we don't like what's on we can watch there."*

*"I've got the remote here and I can change the channel for people as some of them can't do that."*

*"We have an entertainer, a singer."*

*"We watched the King and I on DVD and my wife who is very quiet used to love a dance and was very good, better than me. When she heard shall we dance she had a waltz not with me. I only got my Bronze medal, she was much better."*

*“My brother came to visit me and he talked a lot about what happened in the war and I really enjoyed hearing him talk.”*

*“A lady brought a baby in.”*

*“I used to help with the activities.”*

*“I can walk about anywhere in the home.”*

*“I help people with their English.”*

*“We had a guitarist in.”*

*“I watch television.”*

*“I have had a walk around.”*

*“I would like to go to the hairdresser.”*

## **Care**

*“There are plenty of people to look after me.”*

*“Plenty of people here. They change at 8 o’clock and go home.”*

*“I’m quite happy, my nephew found this place for us. I cared for my wife and I worried when I used to have to leave her and go out.”*

*“There’s lots of people here. I’d love to chat.”*

*“The staff are kind to me they look after me.”*

*“To be sure they do care.”*

*“The staff are very nice to me.”*

*“I have a special friend”(pointing to a staff member)*

*“I don’t fit in here at all.”*

*“I think they are understaffed.”*

## **Food**

*“Porridge I love it. I don’t like ice cream it’s too thick and sickly for me.”*

*“I can’t complain.”*

*“Yes the food is nice, sometimes it’s a bit out of my league. I love hotpot and there’s always fruit.”*

*“Plenty of choice. I don’t have to do the cooking now.”*

*“I went for an appointment the other day and was late back and my lunch was ready for me when I returned.”*

*“I can’t complain.”*

*“I like to eat fish and chips.”*

*“I like all the food but there is better food downstairs.”*

*“The food is good.”*

*“Chicken dinner is good.”*

*“The foods not brilliant.”*

## **Relatives and friends’ views**

### **How do you feel generally about the service?**

*“I think that the service is brilliant.”*

*“My brother has seen a dietician, the optician and been assessed for a walking aid its all good.”*

### **Do you think that you are kept informed about your relative e.g. Health and future care plans?**

*“Oh yes definitely the last time my brother was in hospital the manager rang us and we were at the hospital before my brother was.”*

### **Do you know how to make a complaint if you need to?**

*“I would speak to the manager, she is very approachable. She has a great sense of humour.”*

### **Are you aware of the social activities at the service and do you feel welcomed to join in?**

*“Not recently.”*

### **Would you recommend this service to others?**

*“Yes I would. My relative got up a little later today and so far he has had a shower, a shave and had his eye drops put in. He is having tea and biscuits now and someone has just been round to ask him what he would like for lunch and dessert.”*

## **Staff views**

### **Do you have enough staff when on duty?**

*“No we need more carers.”*

*“Yes.”*

*“We work with a dependency scale, so we are actually overstaffed. We have two carers and a nurse with people living with dementia and three carers and one nurse downstairs as well as cleaners and cooks.”*

*“When I have been here there is enough staff on. They do their best to keep enough staff on duty.”*

### **Do you feel supported to carry out person centred care?**

*“Yes I do.”*

*“I’ve come to work here and make a difference.”*

*“Yes.”*

*“Yes I when I started the director invested in me.”*

*“Yes the way I see it is its teamwork - with everyone working together, whether nurses, carers, maintenance or cleaners will produce person centred care.”*

*“Yes there was a clothes show last week and now the administrator is organising for some school children to come in to sing so making every effort.”*

### **Do you feel you have enough training to carry out your duties well?**

*“Yes I’ve training here and I shadow another carer.”*

*“On line training, on the job, the role is new to me. Kathryn has been the perfect mentor, she started in January and I’ve shadowed her.”*

*“Yes its offered online.” “I believe in everyday training so if I do a peg feed I would take someone in.”*

*“I am not sure what training care staff have but they carry out their duties with confidence.”*

*“Staff know I am open to come and ask for advice or to voice their concerns and I will help them.”*

*“Any safeguarding would be acted upon as I know how to do that.”*

### **Are you happy working here?**

*“Yes I like the job, the residents can become quite challenging and angry but I understand.”*

*“It’s ok it’s like other places.”*

*“Yes.”*

*“Yes I am.”*

*“I value my staff and get to know the families and support staff to deliver appropriate care. I am happy doing that.”*

**Would you be happy to recommend this care home to a close relative?**

*“Yes.”*

*“Yes.”*

*“I would to be honest I’ve worked too hard not too.”*

*“I would have to have been here longer as I have only just started but I respect working in a team to deliver good results.”*

## Response from provider

Hi Michele,

Thank you for the draft report sent to us earlier this month. I would be grateful if you could please take in to account the following:-

Page 4: Douglas Bank is registered to care for adults over the age of 65 years, not 55 years.

**This has been amended. Thank you**

Page 6: Although we didn't have a brochure, we do have a Statement of Purpose which gives full information about the home and the services which was available by the notice boards in the corridor.

Page 10: At the time of the inspection, Douglas Bank had an activities coordinator in place. I talked to the healthwatch representatives about a second activities coordinator who was due to start the following week. We now have two activities coordinators.

Kind regards,

**Kathryn Lally**

**Registered Manager**

**Douglas Bank Nursing Home, Lees Lane, Lancashire, WN8 0SZ**

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**We Care Group**

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