



Norwood House Nursing Home

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3 January 2005

Customer Satisfaction Questionnaire: Results

Thank you for taking the time to complete these questionnaires. It is useful for us, and we hope important for you, that we check on a regular basis that all aspects of our care measure up to the standard we want to deliver.

It has taken some time to audit the responses, and some arrived back in mid- December, but we are now in a position to start addressing your concerns. We had a response rate of 61%, which is higher than usual for a postal questionnaire.

1 Addressing Matters of Concern

We were pleased that everyone reported being able to take matters of concern to the nurse in charge, and that they felt their concerns were taken seriously. One person did say they were “usually” able to speak to someone about their concerns, and I would be grateful if she would let us know how we fell short in this matter.

It is important that you feel we do take your concerns seriously, and we don't want you to be backward about coming forward!

2 Complaints

Most people were aware of our complaints procedure, although for the benefit of those who are not I have put a copy on the back page.

Although we were pleased to see that more than one person said “they never needed to complain”, do please make yourself familiar with the procedure, as it is in everyone's interest that we have an open discussion about problems that may arise.

Everyone felt that when they brought a problem to us it was satisfactorily dealt with.

3 Being Involved

Everyone felt that their views were taken into account when discussing a resident's needs. Very few people said that they wanted to be more involved on a day to day basis. If you were one of those, do please discuss it with Sue, Alison or myself, so that we can try to make this possible.

Most people felt that they were kept informed of changes in a resident's condition. One or two did not, and we would be grateful if you would find the time to speak to us in person about this, so we can find out what went wrong, and on what occasion.

4 Meals, Cleanliness and Heating

These are things that make an immediate impression, and they are important things to get right. I realised that I should have included the standard of decor in this section, and if you want to comment on this do get back to me. Earlier in 2004 we had some heavy and unexpected expenditure (including specialist nursing equipment and urgent roof repairs). This had to come out of the money set aside for routine maintenance such as decorating, which then had to be postponed, and in the meantime we were aware that the place was starting to look a bit lived in!

We have a large number of people with swallowing difficulties, and some people who need this diet are not always happy with it, especially thickened drinks. Nobody said that they were not satisfied with the food, and the comments have been generally good.

The cleanliness of the home is important to us, and we were pleased that you felt we had succeeded in this. The domestic team work very hard to keep it that way, and especially as more soft food seems to have meant more food spilled, which has been a job to keep on top of.

The heating system is different for the old and new parts of the house, which may be why some people said the home was sometimes too hot, and some said it was sometimes too cold. The Low Surface Temperature radiators in the new block, the conservatory and in the dining and reception rooms are designed for safety, but they do not always succeed in keeping the room temperature right. We have asked our plumber to look again at the rooms which cause the most concern.

5 Grooming

Most people were satisfied with the standard of daily care and hygiene. These small but important details are the difference between care that is good and care that is “just all right”. A few people commented on lack of proper fingernail care, and this is an issue we will look at closely.

Other aspects such as shoe cleaning, hair care, care of spectacles and dentures was mostly satisfactory, although again there were one or two poor experiences which we need to address.

6 The Commission for Social Care Inspection (CSCI)

Although most people knew about the Commission for Social Care Inspection, not many knew how to contact them or that inspection reports were public documents.

Nursing homes used to be inspected and regulated by local Health Authorities. The Care Standards Act set up a new body to inspect and regulate, the National Care Standards Commission, from April 2002. This was replaced in April this year by the Commission for Social Care Inspection, which also incorporates other bodies.

The Commission regulates all aspects of nursing homes and residential homes including, for the first time, local authority care homes. They inspect as often as they wish, usually without warning, although once a year they announce in advance when they are coming. Our next announced inspection is likely to be early in 2005. We will let you know in advance, and the inspectors would welcome anyone who wishes to come and see them about any matter.

Reports of all inspections are made public once we have had a chance to correct any details that may be inaccurate. Anyone can get a copy of any home’s inspection report, although no-one reported seeing Norwood’s reports.

The local office of the Commission can be contacted as follows:

Commission for Social Care Inspection
Aire House
Town Street
Rodley
LEEDS LS13 1HP
0113 201 1075
www.csci.org

7 Involvement in Care Planning

One of the many aspects of the Care Standards Act and the National Minimum Standards is that family and/or close friends are involved if they and the resident wish, in planning how care needs will be met. Most people felt that this was satisfactorily done, but some wanted to be more involved in the process.

Now that social services want us to combine our reviews with the nursing care reviews done by the NHS, this does make it difficult for those in full time work to join in. Where possible we will try to arrange a separate review to include those who wish to be involved, but in the meantime please do not wait to bring things to our attention, if there are changes that need to be made.

8 Staffing

Staffing questions were raised by two people. The staff numbers on the rota are still those agreed with the Health Authority when we extended to 32 beds in 1999. We have always tried to stay a little ahead of those numbers - especially in trained nurse time, and in those days all the laundry and kitchen assistant work was done by the care staff as well. We now have eight hours a day of kitchen assistant time, and six hours of laundry assistant time in addition to our 1999 staffing levels - time which is all saved for care staff. Since then we have also reduced our size by one bed to the current 31.

We would like to have more staff on the rota. We have been campaigning (again) with Bradford Social Services about fee levels. This has become mainly about staffing levels now, as we need to attract and keep good quality staff by paying them good wages. In the last ten years, the amount of our income spent on wages has gone from £48 in every hundred to £62. We pay more than the minimum wage, but we still need to improve our rates to recruit the best people.

We have had great difficulty recruiting this last few months. The NHS and Social Services are also having big recruitment drives as fewer people are coming forward to work in this sector, Where there have been shortfalls in the rota they have been filled by agency staff, when we have been able to get them. Agency staff are not the answer on the long-term, and we expect to be completing our rota from overseas (eastern European) staff some time in the New Year. This is one of the arguments we will be putting to Social Services again when they discuss fee increases for April 2005.

9 Other Matters

There were no other significant matters, although a few people mentioned the question of going into hospital when needs change.

This was something we discussed a few months ago when we introduced the Gold Standards Framework. Although it is sometimes right to take people into hospital to treat a problem that cannot be dealt with anywhere else, it is a sad fact that some GPs, faced with an emergency, send people into hospital to be on the safe side. This is not always good for them, for you, or even for us. This is especially true when we see the problems that can arise from a hospital stay, such as MRSA or the Norwalk virus.

We will continue to ask what you all want in this respect, and to avoid needless trips to hospital.

Conclusion

We are pleased that overall your experience of Norwood House is a positive one. We are also pleased that we have fulfilled the faith that you placed in us, when you decided to use our services for the people you care deeply about. We realise that things are not perfect, and you have pointed out to us a few of the areas where we can improve.

Do please continue to bring your concerns to us. It is only by us talking freely about what needs to be done that we will continue to improve, and give you the best service that we can.





Norwood House Nursing Home Ltd.

Procedure No 1a: Complaints

Our aim at Norwood House Nursing Home is to provide the best possible service to our residents and one that meets their requirements.

If things go wrong

If you are not satisfied with the service you receive please let us know and we will try to put the matter right as quickly as possible. This will include an explanation and, where appropriate, an apology.

How to let us know when something goes wrong

Let the staff on duty know as soon as possible. If the nurse in charge is unable to deal with the problem there and then, it will be passed to the Managers Susan Cutts and Alison Dodds, or to the owners, Mr & Mrs Makin. If you prefer you can ask a friend or family member to contact us on your behalf.

What to tell us

Your problem will be investigated thoroughly and in confidence but you will need to provide the following information:

- full details of your problem
- when it occurred or how often it has occurred
- any members of staff, other residents, or facilities involved

You will be contacted by the matron or the owners within 5 working days of receiving your complaint.

We aim to deal fully with all problems raised within 28 days. If they are not straightforward we will keep you informed as the investigation progresses.

If you are still not satisfied

We hope that your problem will be resolved at this stage but if you are not satisfied with the answer then you may wish to contact the Commission for Social Care Inspection, which has responsibility for the registration and inspection of all care homes and will treat your concerns both seriously and discreetly. You are of course free to contact the Commission at any stage.

The Commission can be contacted at:

Commission for Social Care Inspection
Aire House
Town Street
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LEEDS LS13 1HP
0113 201 1075

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