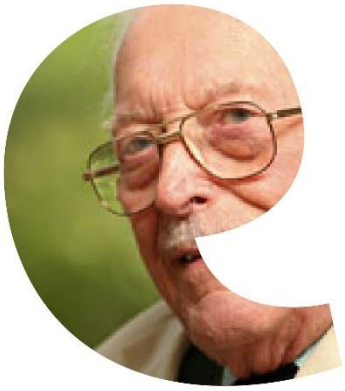
healthwatch Halton



Halton View

February 19th 2014

Enter & View report

ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank everyone at Halton View care home for their time and consideration during our visit.

WHAT IS ENTER & VIEW

People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is not to seek out faults with local services, but to consider the standard and provision of care services and how they may be improved.

VISIT DETAILS

Centre Details	
Name of care centre:	Halton View
Address:	1 Sadler Street Widnes Cheshire WA8 6LN
Telephone number:	0151-423-3557
Email address:	halton.view@hillcare.net
Name of registered provider(s):	Hill Care
Name of registered manager (if applicable)	Pauline Hill
Type of registration:	Residential
Number of places registered:	68

The Enter and View visit was conducted on 19th February from 10.00am to 12.00pm

The Healthwatch Halton Enter and View Team were:

- Mike Hodgkinson
- Sue Ellison
- Irene Bramwell

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

OBSERVATIONS

On the day of our visit the team noted that car parking facilities included a large car park with spaces for people with disabilities that were clearly visible. The home provides wheelchair access to both floors. During the visit the manager informed the team that wheelchairs are provided for use as residents do not have a need for personal wheelchairs. The reception area, at ground floor level was bright and welcoming with comfortable sofas and a piano. On arrival at the home, the visiting team members signed the visitors' book.

Pauline Hill, the current manager of Hill View, greeted the visiting team in the reception area, which displayed various certificates including the CQC registration certificate.

Halton View care home is registered to care for 64 residents and was fully occupied at the time of the visit. Places consisted of 28 residential and a mixed sex dementia care unit. The age range of residents at the time of the visit ranged from 58 to 100. The manager explained that eventually there were going to be ten nursing beds which have not been taken up as yet.

Pauline informed the visiting team that that she had been asked initially to manage the home for 6 weeks and had now been in place for 6 years. She said that on taking over the management of the home there had been some staff problems and that she had asked a number of staff to leave. Pauline went on to explain that there is now a low turn over of staff and that all care staff are aged over 18 years. However, 16 year olds and over are provided with the opportunity to undertake work experience. We were told that the home does not employ any agency staff.

Pauline informed the team that staff have to undertake mandatory training in Dementia Fire; Health and Safety; COSHH; Food and Hygiene; Wheelchair training; Pressure sore and ulcer prevention and First Aid. We were told that training is on-going and includes safeguarding.

The home operates an open door policy. Pauline explained that she is available twenty four hours per day, however, a deputy manager normally works weekends. We were told that the majority of residents had been placed in care because of issues around self neglect, Falls, respite care dementia and Alzheimers. Family/residents meetings are held once a month, alternating between afternoon and morning. However, family members do not often attend and despite providing some evening meetings no one actually came.

The lounge is furnished with facilities available such as a kettle and fridge for family members to use and family members are encouraged to stay for Sunday lunch. Pauline explained that specialist dietary needs are catered for and food is cooked on the premises. Two choices of meals and drinks and snacks are available throughout the day.

There is a laundry service available to residents and, to avoid loss and mix up, clothes are name-tagged and returned to residents the same day.

The home employs an Activity Co-ordinator who explained that there were regular entertainment activities with singers; a theatre group; meals out and occasional bus trips. The home provides summer outings, however the home no longer has its own mini bus so it undertakes a number of fund raising activities to cover costs. The external area of the home is used in warmer weather and has a gazebo. The manager explained that a smoking area is being set up in the communal garden and the home had recently priced a Perspex shelter for residents. Residents are additionally encouraged to engage in other supervised activities that such as baking and cooking, and family pets are allowed to visit the home.

The activity coordinator explained that the home has proactively built relationships with local schools and the local college. Students from the college are provided with opportunities to undertake work experience placements providing various therapy treatments. A school choir often provides entertainment and during the Christmas period, parties are held for residents.

The team discussed access to GP surgeries and Pauline explained that residents from the Runcorn area can keep their own GP if their stay is no longer than a week. District nurses visit the home and the home uses the services of the out-of-hours GP service. The needs for specialist beds and air mattresses are assessed by district nurses and Pauline mentioned that pressure cushions were previously provided by Halton Borough Council but now residents have to provide their own and hoists are available.

Pauline also discussed the use of incontinence pads for which residents are assessed as needing and require care staff to fill in the necessary documentation. However, residents or their families can purchase their own. Pauline told the team that a hairdresser is regularly available. A chiropodist visits for which there is a small fee made payable to the home, and additionally dentists and hearing aid services are available for residents.

Medication is stored in boxes with instructions and the administration of drugs is undertaken by a senior care assistant who wears a red tabard when administering the drugs in order not to be disturbed by other members of staff. Drugs are additionally reassessed by a GP. Pauline highlighted some concerns with medication when residents are discharged from hospital back to the care home.

The religious needs of patients are being met through regular church visits.

The visiting team was given the opportunity to tour the home. The appearance of the home was clean and the general atmosphere was very positive. It was noted that the downstairs area of the home was undergoing redecoration and the manager explained that new brightly coloured doors were being installed, which would have names and numbers on and that the carpets were being replaced. The manager told the team that requests to the home owners for refurbishing, were in general positively received and acted on.

There were plants and pictures provided throughout the home and a number of murals, chosen by residents, adorned the walls. A lift is available to access the second floor of the home and there is a 24/7 emergency call out contract. The upper floor of the home has recently undergone refurbishment, including themed areas such as football and famous film stars, to enhance memories for residents diagnosed with dementia.

Throughout the home, temperatures were comfortable and the team noted that interaction between staff and residents was very positive and the dignity of the residents was upheld. (See appendix 1). The manager explained that there are several dignity champions amongst the staff.

Whilst two members of the team toured the home, one member of the team chatted with residents and staff in the main lounge and reception area. Residents welcomed the opportunity to discuss the care and support they received. Some residents cannot go out on their own during discussions one male said tearfully 'It feels like a prison'. However, he admitted that he gets lost on his own and his old friends do not wish to take responsibility for him on outings.

The collated responses of residents overall was very positive and reflected the manager's discussions with team members. (See Appendix 1.) Where issues were raised during these conversations, these were discussed with the manager at the end of our visit and acted on immediately.

We thanked the staff for answering all our questions and showing us around the home.

SUMMARY

Halton View is a comfortable and clean home with a warm and welcoming atmosphere. The home has adequate parking, including disabled car parking spaces and wheelchair access. The Manager appears to be very approachable and pro-active in providing residents with a high standard of care and in ensuring that the home is decorated to a good standard.

Residents and family visitors who engaged with the enter and view team on the day of the visit, expressed positive comments about the care that they or relatives received from the care staff and manager.

RECOMMENDATIONS

- Ensure that residents are aware of choice with regards to personal preferences for personal care such as showering.
- Promote the engagement of residents family and staff with Healthwatch Halton
- Examine opportunities for outside trips with hired buses

APPENDIX

Appendix 1

The following comments contain responses from residents; family members & friends. The comments have been collated under a number of themes.

Accommodation

"The home is very friendly and warm and we noticed the atmosphere straight away and decided this is the home for our relative."
"My relative's room and the lounge are nice."
"The rooms are nice and you can take your relatives to your room."
"We have had no problems whatsoever with this home. I think the bedrooms are nice."
"It is a nice home but it is not my home and you just have to get used to it."

Nutrition

"You have to get up for your breakfast and you have a good choice of meals."
"The dinners are nice you can go in your room and eat your dinner, and you get support if you need it when eating your dinner."
"You get biscuits and tea throughout the day and juice is available."

Staff

"It is really nice in here the staff are very good and supportive. Everyone talks to you and that is the bottom of it, they don't ignore you."
"The staff are alright in here. I enjoy living here, they look after you well they don't push you around because you are incapable of doing things."
"They are very nice and very good staff."
"The staff are pretty good."
"They look after me well they have good staff and that is the top and bottom of it."
"Staff are polite and they consider how much we each can do."
"We visit when we want and the residents all get looked after properly but we do not come at mealtimes."
"We are very pleased with the home and the staff are very good and brilliant with our relative."
"It's a lovely place they do look after you."
"Staff are pretty good, they are very polite. They are alright you know they are not stroppy or bullies, none of that goes on."

Personal Care

"I am helped to get washed and can get a shower if I ask. I just wish I could get more showers, I mean in hospital you get showered every day."
"I get up of a morning and the staff give you a bit of a wash. Staff should ask do you want a shower and for them to remember to ask you. There's nothing worse than not feeling clean."
"You can get your hair done every week. All the ladies regularly get their hair done."
"I enjoy the meals here and you do get a choice. This is my second time coming in here to give my daughter a break while she goes on holiday."
"Your relatives can bring in things for you and if your relatives cannot come the home sells things. They have the stuff already in like shampoo, so you can buy off the home if you run short and your relatives can't get to you."
"The hairdresser comes every week."

Activities

"There are plenty of things to do, they are quite good at that."
"There is a choice of activities, someone comes in and we do games and things and sometimes people come into sing with us."
"There are lots of activities and they do keep your mind active and you don't have to join in if you do not want to. They are always there to help."
"You can get newspapers every morning but it is mainly the men who buy them."
"They have lots of entertainment for the residents including shows."

Access to Healthcare

"You can keep your own doctor and staff will go with us if we have to go to hospital."
"A chiropodist comes in to do my feet and the optician comes in. I got my glasses off them."

Appendix 2

The Dignity Factors

Research indicates that there are eight main factors that promote dignity in care. Each of these Dignity Factors contributes to a person's sense of self respect, and they should all be present in care.

1. Control and choice in practice

- Take time to understand and know the person, their previous lives and past achievements, and support people to develop ‘life story books’
- Treat people as equals, ensuring they remain in control of what happens to them.
- Empower people by making sure they have access to jargon-free information about services when they want or need it.
- Ensure that people are fully involved in any decision that affects their care, including personal decisions (such as what to eat, what to wear and what time to go to bed), and wider decisions about the service or establishment (such as menu planning or recruiting new staff).
- Don’t assume that people are not able to make decisions.
- Value the time spent supporting people with decision-making as much as the time spent doing other tasks.
- Provide opportunities for people to participate as fully as they can at all levels of the service, including the day-to-day running of the service.
- Ensure that staff have the necessary skills to include people with cognitive or communication difficulties in decision-making. For example, 'full documentation of a person’s previous history, preferences and habits’ can be used by staff to support 'choices consistent with the person’s character’. (Randers and Mattiasson, 2004).
- Identify areas where people’s independence is being undermined in the service and look for ways to redress the balance.
- Work to develop local advocacy services and raise awareness of them.
- Support people who wish to use direct payments or personal budgets.
- Encourage and support people to participate in the wider community.
- Involve people who use services in staff training.

2. Communication in practice

- Ask people how they prefer to be addressed and respect their wishes.
- Give people information about the service in advance and in a suitable format
- Don't assume you know what people want because of their culture, ability or any other factor – always ask.

- Ensure people are offered 'time to talk', and a chance to voice any concerns or simply have a chat.
- If a person using the service does not speak English, translation services should be provided in the short term and culturally appropriate services provided in the long term.
- Staff should have acceptable levels of both spoken and written English.
- Overseas staff should understand the cultural needs and communication requirements of the people they are caring for.
- Staff should be properly trained to communicate with people who have cognitive or communication difficulties.
- Schedules should include enough time for staff to properly hand over information between shifts.
- Involve people in the production of information resources to ensure the information is clear and answers the right questions
- Provide information material in an accessible format (in large print or on DVD, for example) and wherever possible, provide it in advance.
- Find ways to get the views of people using the service (for example, through residents meetings) and respect individuals' contributions by acting on their ideas and suggestions.

3. Eating and nutritional care in practice

- Carry out routine nutritional screening when admitting people to hospital or residential care. Record the dietary needs and preferences of individuals and any assistance they need at mealtimes and ensure staff act on this
- Refer the person for professional assessment if screening raises particular concerns (e.g. speech and language therapy for people with swallowing difficulties, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or condition, physiotherapist to assess physical needs and posture).
- Make food look appetising. If the texture of food needs to be modified seek advice from the speech and language therapist. Not all food for people with swallowing difficulties needs to be puréed. Keep different foods separate to enhance the quality of the eating experience.
- If necessary, record food and fluid intake daily and act on the findings.
- Make sure food is available and accessible between mealtimes.
- Give people time to eat; they should not be rushed.
- Provide assistance discreetly to people who have difficulty eating. Use serviettes, not bibs, to protect clothing. Offer finger food to those who have difficulty using cutlery, and provide adapted crockery and cutlery to enable people to feed themselves where appropriate.
- While socialising during mealtimes should be encouraged, offer privacy to those who have difficulties with eating, if they wish, to avoid embarrassment or loss of dignity.
- Ensure that mealtimes are sufficiently staffed to provide assistance to those who need it.
- If there are insufficient staff members to support those who need it, introduce a system of staggered mealtimes.

- Develop or make use of existing volunteer schemes to help give support to people at mealtimes.
- Encourage carers, family and friends to visit and offer support at mealtimes.
- Don't make assumptions about people's preferences on the basis of their cultural background – people should be asked what their preferences are.
- Ensure all care staff members, including caterers, have access to training.
- Raise awareness of the risk of malnutrition and the importance of providing good nutritional care.
- Ensure staff have the skills to communicate with people who have dementia and communication difficulties. Visual aids, such as pictorial menus, and non-verbal communication skills may help people to make choices.
- Gather information on the older person's needs and preferences from people who know them well.
- Ensure that centre care staff have sufficient allocated time and the skills to prepare a meal of choice for the person, including freshly cooked meals.
- For residential and day care, implement best practice in food procurement ensuring food is of good quality and is, where possible, local, seasonal and sustainable.
- Carry out regular consultation on menus with people using the service.
- Wherever possible, involve people using the service in meal preparation.
- In residential settings, where access to industrial kitchens is denied, provide facilities for people to make drinks and snacks.
- Ensure that fresh water is on offer at all mealtimes and freely available throughout the day.

Hydration

- Encourage people to drink regularly throughout the day. The Food Standards Agency recommends a daily intake of six to eight glasses of water or other fluids.
- Provide education, training and information about the benefits of good hydration to staff, carers and people who use services, and encourage peer-to-peer learning.
- Provide promotional materials to remind people who use services, staff and carers of the importance of hydration.
- Ensure there is access to clean drinking water 24 hours a day.
- If people are reluctant to drink water, think of other ways of increasing their fluid intake, for example with alternative drinks and foods that have a higher fluid content, (e.g. breakfast cereals with milk, soup, and fruit and vegetables).
- If people show reluctance to drink because they are worried about incontinence, reassure them that help will be provided with going to the toilet. It may help some people to avoid drinking before bedtime.
- Be aware of urine colour as an indication of hydration level (Water UK, 2005); odourless, pale urine indicates good hydration. Dark, strong-smelling urine could be an indicator of poor hydration – but there may be other causes that should be investigated.

4. Pain management in practice

- Raise staff awareness that people may not report pain, that it can have a significant impact on dignity and well-being and that it can be identified and treated.
- Enquire about pain during assessment
- Ensure that night staff receive equivalent training on pain identification and treatment to those working during the day
- Use assessment guidance to support professionals to assess for pain in people with communication problems.

5. Personal hygiene in practice

- Support people to maintain their personal hygiene and appearance, and their living environment, to the standards that they want.
- When providing support with personal care, take the individual's lifestyle choices into consideration – respect their choice of dress and hairstyle, for example.

- Don't make assumptions about appropriate standards of hygiene for individuals
- Take cultural factors into consideration during needs assessment.

6. Practical assistance in practice

- Make use of personal budgets to provide people with the help they want and need.
- Help people to maintain their living environment to the standards that they want.
- Tap into or develop local services to provide help for people in the community e.g. gardening, maintenance.
- Make use of volunteers.
- To reduce risk of abuse through people being identified as not coping and subsequently targeted, encourage centre owners and landlords to carry out external repairs.

7. Privacy in practice

- Ensure a confidentiality policy is in place and followed by all staff (including domestic and support staff).
- Make issues of privacy and dignity a fundamental part of staff induction and training.
- Ensure only those who need information to carry out their work have access to people's personal records or financial information.
- Respect privacy when people have personal and sexual relationships, with careful assessment of risk.
- Choose interpreters with the consent of the person using the service.
- Get permission before entering someone's personal space.
- Get permission before accessing people's possessions and documents
- Provide space for private conversations and telephone calls.
- Make sure that people receive their mail unopened.

- Ensure single-sex bathroom and toilet facilities are available.
- Provide en suite facilities where possible.
- In residential care, respect people's space by enabling them to individualise their own room.
- Consider issues of privacy if a person requires close monitoring or observation.

8. Social inclusion in practice

- Promote and support access to social networks.
- Resolve transport issues so that they do not prevent people from participating in the wider community.
- Build links with community projects, community centres and schools to increase levels of social contact between people from different generations.
- Identify, respect and use people's skills, including the skills of older people gained in previous employment.
- Give people ordinary opportunities to participate in the wider community through person-centred care planning.
- Involve people in service planning and ensure ideas and suggestions are acted upon.

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