



Enter and View Report
Seacroft Care Home, Skegness
24th - 25th February 2014

Place of Visit:	Seacroft Care Home
Address of Visit:	Seacroft Esplanade, Skegness PE25 3BE
Service Provided:	Nursing and Residential Care Home
Date:	24th and 25th February 2014

1. Background.

This piece of work has been carried out by Healthwatch Lincolnshire who has a statutory right to enter and view any publically funded premises. These visits are carried out with the sole intention of gathering information relating to the quality of services provided and gathering the views of patients, relatives and carers of those people accessing and receiving the services.

2. Methodology.

Trained and briefed authorised representatives were appointed to this piece of work. A questioning framework was produced to enable the representatives to effectively talk with patients, relatives and carers and to make observations during the visits.

3. Findings.

3.1 General Overview of Observations.

- Parking was well maintained but there were only ten spaces although there was parking on the quiet road outside. Access to the premises was easy and well marked with wheel chair access. There was a security lock on the door; visitors are expected to sign in and there was antiseptic gel available at the front door.
- The outside had a well-kept landscaped lawn with large summerhouse and a view of the sea.
- The entrance hall on the 24th February was partially blocked by equipment cages but these were waiting to be picked up by the kitchen staff and was a short term issue. There was a Health and Wellbeing Presentation display and well stocked leaflet rack inside the entrance. There was also a 'staff board' with photos and names so identification was easier for visitors.

- Signage was adequate, but there appeared to be no helpful colour coding or markings that would have been helpful to those who may have found signage more challenging. There was a working lift to the top floor.
- The lounge was busy with a mix of residents, some of whom were engaged in conversation, some sleeping, one making a jigsaw and some just sitting. The television was on but no one appeared to be watching it.
- There were three visiting relatives seen on the first day in the lounge and initially no members of staff. On the second day there were an additional three visiting relatives seen during the visit but only one in the lounge.
- There were two parts to the lounge which although equipped with plenty of chairs, had special cushions for raising the height for residents with balance problems. It had the feeling of being slightly inadequate for the number of residents and their various mobility aids.
- Drinks and choice of biscuits were served at about 11.20 a.m. which seemed rather late when lunch was at 12.30 p.m. Breakfast was at 8.30 a.m. The dining room was a very pleasant room, well equipped with small tables attractively set with glasses and place settings.
- The atmosphere was calm but there was not any stimulation apart from the television.
- The lounge was clean apart from some dust on the bookcases and extra furnishings.
- Lunch was served promptly at 12.30 p.m. After coffee had been served mid-morning, a male member of staff was in the lounge all the time. There were no staff members stationed in the lounge on the second day but the hairdressing activity which took place in a small salon on the first floor, kept staff busy transporting residents in the lift.

3.2 Findings from Patient Experience Survey.

In addition to our observations, the primary purpose was to engage with residents, family and how they are accessing the services. Patient views are a very powerful indication of how they perceive the service and can often lead to influencing how services are delivered for the greater good.

3.2.1 Mealtimes.

- The general consensus from residents was that the meals were good. There was a choice of two main meals and an alternative of yoghurt for sweet. Although the meals were good, sometimes it was felt there was too much repetition. Some residents felt the evening meal, which consisted of sandwiches, jacket potato or spaghetti on toast etc lacked variety but the soup was said to be excellent. There was a complaint from residents that had been at the home for a while, that a previous system where they were given a menu and could decide before the meal had been much better. This was especially helpful for diabetics and those with diet issues. There were also complaints that the portions were sometimes inadequate with the sweet, on one recalled occasion consisting of four small slices of tinned peaches. It was also mentioned that the meat could be tough. Everyone said there was help with cutting up meat and there were no complaints about the provision of adequate staff to help with feeding and meal times.
- Although some residents felt snacks would be available between meals, only one had asked for a sandwich and it had not been forthcoming. A relative of one resident who ate meals in the bedroom after a stroke said he had been forgotten on one occasion and didn't get any food until 7 p.m. when he was then given a sandwich. This was the only bed-bound patient we saw.
- We also heard that food for residents with swallowing problems was often cold and badly presented. Free SALT training had been offered to staff to provide support for patients with swallowing difficulties but this had not been taken up as staff levels did not allow it. There was also a problem with daily fresh drinks in the rooms for patients who could not leave their rooms and sometimes these were not replaced till late in the day if they were short staffed.
- Some people had water by their chairs but the jugs of cranberry juice on the side were not accessed while we were there. Patients said they helped each other to get drinks.

3.2.2 Personal Care and Well Being.

- All residents and relatives praised the staff but said there were not enough of them. On the 24th February one carer said there were only two staff to get 47 residents up in the morning as two staff didn't turn up. The manager said they did try to get staff from other establishments in the same group or bank staff. The staff worked twelve hour shifts.
- Residents said they were made aware first thing in the morning if there was a staffing problem and because they liked the staff and got on well with them, didn't complain if they were late responding to the bell and were very vague on the question about frequency of showers etc. One said she thought they had showers once a week if the staff were not busy. Another said when they were busy she sat on a chair and washed herself but couldn't manage her feet. A relative of one resident said her relation wouldn't have a shower as the water was cold in the en-suite and nothing had been done about it. However, the aids needed to shower some residents were in a larger bathroom and one member of staff said this room was used when people needed support of this kind as the en-suites were too small for large equipment.
- They all said the staff worked very hard and they felt safe and they were treated with dignity and respect. If they felt down the staff would give them a hug. None had seen a care plan but presumed they had one. A relative had seen a care plan when a counsellor came but the counsellor from social services was not happy as it was not filled in.
- The laundry service had a mixed response with some people praising it and some saying they had lost items and family now did the laundry for them. One relative said she had noticed her mother had been in the same clothes for three days. Staff explained they worked shifts of two days on and two days off so if clothes were not dirty, how long they had been worn was occasionally missed.
- Some residents managed their own medicine but said it was locked in their room when not needed. None spoken to had had their medication reviewed unless a relative had requested it and although some said they saw a G.P., some said they never saw a doctor. The manager said a G.P. visited every week and saw anyone who had a need and bloods were tested at the surgery.

- The nurse delivered medication to those unable to manage their own, however, it was said that staff had to be reminded and if they asked for medication for something like constipation, it was very slow in coming. Hospital appointments were always attended and a member of staff was provided for the trip.
- A chiropodist attends every six weeks which cost £10 and the residents fund themselves. A member of staff cuts their nails and sometimes does nail care.
- Five beds are rehabilitation beds paid for by the NHS. Three were occupied at the time of the visits and the hospitals also use the facility as convalescence for patients.
- Vision Call does eye testing at the home and we were told provide a comprehensive service.
- There is also provision of staff from LCHS for the rehabilitation of residents with multi-disciplinary services provided from LPFT.

3.2.3 Activities.

- There is a monthly sheet produced by the home which shows an activity every day. Apparently none of these happen apart from the hair care for which individuals pay £7 themselves. No trips out are provided although the manager said they were waiting for a replacement car in exchange for the minibus. The residents and their families all said the lack of activities was due to poor staffing levels. The church provides communion once a month but there are no other contacts. One event on February's Calendar was a birthday party but this apparently is a cake and a singing of happy birthday.
- There was also a lack of opportunity to buy the odd bar of chocolate or magazine but the manager said bars of chocolate were kept in a cupboard and could be bought by residents and papers were provided daily. There are no exercise activities and for anyone with no friends or relatives in the area the outlook must be lonely and not at all conducive to rehabilitation or any feeling of wellbeing.

3.2.4 Personal Space.

Rooms are all provided with en-suite. Three were viewed with the permission of relations. One, called the “Hilton”, a ground floor room was excellent and a second was very good but a third upstairs room was much smaller and was not large enough to accommodate the hoist which had to be moved in when needed. All said the rooms were kept clean and well repaired and refurbished regularly with the only complaint being light shades and that some surfaces were dusty. Most said staff kept watch at night and the bell was usually answered promptly unless there were staffing problems. Some relations were not happy with bell response times but they all said it all depended on staff numbers.

3.2.5 Issues, Concerns or Compliments.

Most people said they had nothing to complain about and would complain to a member of staff if the need arose although during the survey there were things that required a complaint, such as short staffing and small meal portions. If they had family close they said their family would complain for them and this was obvious from the family members who were present. Only one resident knew who the CQC was but didn't know how to complain to them but one relative was well aware of the means to complain.

A resident in a rehabilitation bed had complained about the physiotherapist assigned to her by the Lincolnshire Community Health Trust and had had a visit by a member of their staff but said she was still not happy but it was not an issue for the home.

4.0 Dementia Unit.

This was clean and tidy with a lovely view. The windows were slightly open and the atmosphere was calm. The carer was very attentive to all the residents and seemed to know how to calm anyone whom became disturbed. There were plenty of chairs and wheel chairs with special cushions to add height for those that needed them. There was a kitchen dining room attached. Two carers moved a patient using a special belt to help with the lifting. There were drinks by the side and a drink of cranberry juice was forthcoming for one lady who was particularly partial to it. A bucket chair was used by one lady who was particularly vulnerable. The television was on but not watched. Soothing music might have provided a better stimulant.

5.0 Conclusions.

Comments by residents and relations were made that we should have made an unannounced visit, as there was evidence that an effort had been made to improve some services that day e.g. a member of staff present in the lounge while we were there.

Although everywhere seemed to be well equipped there was a complaint from one resident and which a family member confirmed, that some of the aids they needed and some of the special help required to overcome their particular problems were not forthcoming. They would not have made the progress already seen if the family member had not visited everyday. We did not see any other residents who were confined to their rooms so cannot comment on the quality of care provided and whether staff shortages affected the amount of time staff could spend looking after their needs.

There appears to be a real need for more stimulation for the residents, a better meal service and more staff. The long term residents all said everything had gone down hill during the last year and in the past activities, staffing levels and menus had made life so much better.

Certainly there is a serious risk factor with poor staffing levels should there be a fire or similar hazard. The entrance hall, which is the fire exit, which was partially blocked by equipment cages all morning until staff had time to collect them, could have serious consequences should the worst happen. Poor staffing levels during the day also highlighted a query raised by one relative whose relation had been put into Seacroft for night time care, as to staff levels at night and how could they be checked?

The husband who said his wife had been transported to Seacroft from a hospital bed without his permission or knowledge; although not reflecting on the home, this certainly raises issues regarding communication and rights.

What was acknowledged was the different interpretations of the care, facilities and activities given by the residents. Residents saw hard working staff doing their best and who were prepared to accept the lack of stimulation, poor bell response time and support for showers because this was their home. Residents did not want the upset and the relatives, who over the past year had seen a deterioration in standards and services provided, said they wanted better for their loved ones. This raises an area for concern for those without outside support of any kind. These are very vulnerable people who desperately need an advocate to provide that extra safeguard not provided by family and friends because of circumstances beyond their control.

Staffing appears to be the main issue here and whether this is due to recruitment or sickness we could not establish but better management appears to be the answer and the whole issue needs to be addressed urgently.

A draft report was sent to Seacroft Court for consideration and factual accuracy and the following comments were received from PrimeLife Limited:

“Further to your visit to Seacroft Court on the 24th and 25th February 2014 and we thank you for the report resulting there from, it seems appropriate to respond in the light of the fact that your visit coincided with our annual Quality Audit survey, and to comment upon the findings of both as there is much common ground.

We have included a copy of our ‘Taking Stock’ which records that during the month of February we invited all residents, relatives, visitors and staff to complete a Quality Audit questionnaire their view of the service offered at Seacroft Court, together with which is a summary of their findings.

Our report indicates that the action that we are taking to address those areas that were recorded as part of our survey, and the coincidence of the similarity with your own; and is well having considered the recent evaluation by the Care Quality Commission, again there is much common ground.

Conclusion: It is pleasing that independent reviews carried out by Healthwatch, the Care Quality Commission and our own quality audit have apparently all led to very similar observations, that happen to dovetail in with our own action plan. Notwithstanding the coincidence that most of the analysis and research work was carried out during the month of February 2014. Already most of the suggested changes have been introduced, some will take more time to establish, but it is a positive step to improve a service that already was considered compliant or adequate, evidenced by the available reports, the level of occupancy of the home and the relatively low staff turnover. Rather than assessing basic standards, we believe that the combined contribution will lead towards Seacroft Court being a centre of excellence in providing this essential service in the local market.”

Please see Appendix 1 for PrimeLife ‘Taking Stock’ Report.

6.0 Recommendations

In our view the following actions need to take place in the short term:

- *Staffing levels need to be reviewed.*
- *Access to snacks and fluids in between meal times needs to be reviewed.*
- *Improvement in the availability of advocacy services and awareness of them.*
- *Review of mealtimes and the provision and delivery of meals.*

- *Review of the activities being provided for the residents, specifically around engagement, choice and involvement.*

Submit the findings of your visit to the Healthwatch Lincolnshire E&V Committee within 14 working days of the visit.

After which:

- Healthwatch will submit the report to the Provider.
- Healthwatch will submit the report to CQC.
- Healthwatch will submit the report to LCC or NHS England (whichever is appropriate).
- Healthwatch will publish the report on its website and submit to Healthwatch England in the public interest.

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SEACROFT COURT - TAKING STOCK

Produced as a
4pp A4 leaflet.

PrimeLife

Seacroft Court

Taking Stock



During the month of February we invited all residents, relatives, visitors and staff to complete our Quality Audit Programme, simple questionnaires with a few key questions with regard to the elements of the service that we deliver. We have been delighted with the response, we received in excess of 30 replies, allowing us to assess the elements of our service that we do well, and those areas where we can make improvements.

Whilst the *stock taking* exercise is a formal process that we carry out every year, opportunities present everyday for residents or their relatives to speak to staff members, in particular the key workers, or to Val Evans the care manager, positive communication is the key to delivering a high quality service. To be able to offer praise to those who go the extra mile, or address any deficiencies in the service that we offer – it's always good to talk.

The key areas on which we sought your views and that we have taken action are as follows:

The Environment – where you live or work

Seacroft Court enjoys an excellent location, to the front overlooking the sand dunes and the sea, to the rear the golf course and as Seacroft Esplanade is a closed road, it minimizes on the disturbance of traffic use and affords ample car parking opportunity.

Outside we have excellent gardens to the front, and to the rear and with the continuous level pathway around the building, which we have created into a promenade, an opportunity for a leisurely walk enjoying the fresh sea air, the views of the sea and the golf course to the rear, and en route a selection of newly planted Spring flower tubs, comfortable seating and some new interesting wooden sculptures. The new promenade is ideal, weather permitting, to take a short stroll, we recommend starting with the sea view, finishing with a tray of light refreshments in the patio garden adjacent to our rear café.

On our front lawn, with plenty of room for ball games and general relaxation, we have the benefit of an excellent summer house, tastefully furnished, and an ideal venue for morning coffee, afternoon tea, or perhaps a private party. The summer house will be opened during the better weather, everyone is welcome to make use of same, and perhaps for those special occasions, for instance birthdays and celebrations, Chris our chef will be delighted to provide refreshment and hospitality to complement the event.

The entrance to Seacroft Court has been refurbished, removing much of the unnecessary literature that has accumulated in the past, and instead offering a light and bright entrance hall, and a new reception desk, staffed Monday to Friday between 9am and 5pm, by our receptionist, who is able to ensure that all visitors are positively greeted, re-directed, and offered any information that they may require. Outside of the above mentioned hours, a prominently displayed call bell is offered to summon the assistance of an available staff member.

Our bedroom accommodation is first class. Each and every resident is offered a single room facility with a full en suite WC and bathroom, and with views of either the sand dunes and the coast, or of the golf course. A small number of our rooms have private conservatories. Whilst some clients, through necessity or choice, prefer to make full use of their rooms, which are provided with call bell facilities and television points and to which a room service is always available, many of our clients prefer to use the day rooms; a selection of lounges, dining rooms and the café, which have all been upgraded and refurbished, to offer maximum comfort, and easy living. Our day rooms are all fitted with wide screen, plasma television, DVD player and music centres. Safety and convenience are key to the service that we deliver. Adjacent to all of our day rooms, we provide toilet facilities, and the whole of the building is fitted with fire detection, and prevention systems, and discretely placed grab rails and handrails, to allow for ease of use.

Food – Nourishment & Enjoyment

A good nutritious diet is essential to maintain good health; notwithstanding, that good food, well presented offers an opportunity for pleasure and enjoyment.

We offer a full menu of 4 meals each day, breakfast, lunch, tea and supper, served both in the dining areas and in individual rooms, but as well in between the meal times we offer refreshments and light snacks throughout the day and the night, freely available from the display fridges positioned in the dining room.

All of our meals are prepared by our chef using local, freshly sourced ingredients, and choice is always available. We cater for special dietary needs, and our catering team is always eager to hear of any special requests for individual favourites.

The Team

Each and every day we provide eight care support workers and nurses to provide personal care to our clients. In addition to which housekeeping and laundry personnel to maintain a clean and hygienic environment, a chef and kitchen support staff, and on certain days, a receptionist and our management team; collectively this constitutes amongst the highest staff ratio within the Health and Social Care world.

Our staff are all suitably referenced, maintain professional qualifications, and enjoy a fully funded, comprehensive training programme. Periodically training will take place within the Seacroft Care Centre, we will make it known to all concerned, and we appreciate client and family involvement in same to ensure that the training is meaningful and effective.

We have changed the uniforms worn by our staff, whilst they are there for practical reasons, to ensure hygienic presentation, we are also mindful, particularly to those who may be affected by dementia, that they do not present an institutional over-powering presence. The uniform is designed to be pleasing to the eye, but also to demonstrate the role of the individual.

The staff group provide for the needs of the client groups as a whole. During the day, there is the equivalent of a care staff member for every group of five clients, and through the night at half that level; sufficient for most eventualities and the cost of which is included within our basis care package. For those clients who require additional one to one care, arrangements can be made subject to additional charge.

Our Social Programme – Fun for All

On a sunny day a stroll around the Seacroft Promenade, enjoying light refreshment, an ice cream, or perhaps spending time with others in the day rooms, listening to a little light music is a positive experience, or perhaps enjoying one to one time, with a manicure or a pedicure or joining a reminiscence group, to reflect on experiences of the past.

For the more competitive we have provided a selection of games, dominoes, table top skittles, jigsaws and similar, to be enjoyed by all, and of course any social programme would not be complete without the monthly Bingo morning!

Fortnightly, we have the benefit of a fully wheelchair friendly, luxury mini coach, offering access to the community, picnics and pub lunches, trips in the countryside, details of which are available from our receptionist.

Special days, and they occur frequently throughout the year, and are publicized, are celebrated with the addition of a special lunch, or tea, and in March and April we will be featuring a Mothering Sunday Lunch, a Cocktail Party, and our Easter celebrations, and to which we invite relatives as guests, to enjoy quality time together, and an excellent meal. Free to our residents, and a nominal charge of £5 for our guests.