

Healthwatch Cheshire West Enter and View Report - Social Care	
Enter and View Visit to	Heathercliffe Residential Care Home Old Chester Road, Helsby, WA6 9NP
Date	5 March 2014
Authorised Representatives	Sue Masterman and Alan Murphy
Staff Present	Sarah Turner, Manager; Johanna Bunting, Deputy Manager
Background	<p>Heathercliffe is owned by Pinestone Ltd and now the only property they operate. There is an individual owner who lives locally and visits frequently. It offers residential and dementia care to 22 people and, at the time of the visit, had one vacancy due to a death in the preceding week.</p> <p>Staff comprises 30 in total including three chefs, four housekeepers (one of whom is part time) and a Maintenance Man. We were told that there are always two 'waking' night staff on duty and either the Manager or her Deputy is on call at night and weekends.</p> <p>About 25% of service users are directly funded by Cheshire West and Chester Council and a number of others use a 'third party' facility to pay their fees (we were told that only the Manager and the Owner know service users financial arrangements)</p> <p>The home, a converted older property, sits in its own grounds on the flanks of Helsby Hill and has two floors. The kitchen, dining room, a lounge and conservatory are all on the ground floor. All of the communal rooms, and those bedrooms we saw, were clean, bright and decorated and carpeted to a good standard.</p>
Overall Impression	<p>On the basis of what we experienced on our visit, Heathercliffe seems to have a good atmosphere, relaxed and with a sense that everything is calm and under control. Behind this gentle touch appears to lie an efficient and experienced management with a strong emphasis on vocational motivation within the staff team. The mix of service users appears well suited to the purpose and design of the facility. The Manager is open to suggestions but defends her staff and methods firmly. The proximity and involvement of the owner appears to be a positive factor.</p>
Any ideas or suggestions for improving service?	<p>This is an old building, well converted but with some steps between levels. Hand rails and grab rails are well provided, but the steps themselves should be better highlighted for those with failing sight. The courtyard and parking area paving require maintenance and updating, but since service users do not normally come here it would not affect them.</p>

Environment

Each Authorised Representative (AR) was told, on arrival, that no fire drill was expected that day and advised that staff toilets were protected by a keypad entry system to prevent service users with dementia-related conditions using them. Similarly, the lift had a keypad entry system as a previous service user constantly rode the lift up and came down the stairs so preventing others from ready access. Each bedroom has a toilet and wash basin and has an alarm system to summon help; some residents pay for a BT landline in their rooms but as a mobile signal is not good, there is a dedicated service user phone which staff answer and take to the relevant person.

We were required to sign the Visitor's book on arrival and departure. Lunch was just finishing as we arrived and the Manager was in the middle of a medication audit so we were asked to wait for a few minutes. During this time we inspected the foyer where some staff training certificates were displayed, as were fire exit instructions and a list of the activities planned for March 2014 was observed. Several service users were being helped from the dining room to the communal lounge and staff were chatting with them, "Shall we do your nails?" asked one. The Maintenance Man greeted one lady by name and had a brief conversation with her. Staff were on first name terms with most of the service users we were introduced to, though one gentleman had asked to be addressed as "Mister" and was introduced to us as such. In the lounge some staff were sitting down with service users, chatting. One was having a newspaper read to her. In the conservatory another lady was having her hair done by a staff member. In general, the residents had clean and well groomed hair. The door to each service user's room had nameplates and there were notice boards on both floors showing the activity list for the month and other information. Those activities included themed events, such as St. Patrick's Day, for which we were told preparations were well underway. There were at least ten activities scheduled across the month.

There is no segregation of service users and they are free to stay in their rooms if they so wish and can take meals there, too. The dining room was furnished basically and practically with tables set for four to six. Tables could easily be combined if required. All of the bedrooms we saw had a toilet, a television and adequate storage for clothes and other belongings.

Health and Wellbeing

Discussion with management suggests that staffing levels appear adequate and staff have a range of experience and qualifications.

The Manager stressed the need for flexibility of staffing: it was necessary to, "Meet the needs of the people here today," and acknowledged that those needs could change as the service users or their condition changed.

The Manager has been in post for 14 years and stated that healthcare professionals are always on site. When challenged about staff turnover rates (an AR had seen a claim on a NHS website that the Heathercliffe had only 64% of staff in post for a year or longer against a claimed average of 82%) she explained that a number of employees new to the care industry proved unsuitable and were not kept on or left of their own accord. She commented that she had had poor experience with applicants who came from agencies tasked with getting the unemployed back to work. If an applicant did not share the spirit of vocation which the Manager and Deputy manager both emphasised, or did not fit into the team, "It was better to let

them go earlier rather than later,” she said. She disputed the stated average and asked for more details.

There is a small secure ‘care room’ on the ground floor which staff use as an office or meeting room. The staff rota and holiday chart were on display, neat and up-to-date and details of routine staff training were kept in box files - Induction, Fire Training, Moving and Handling, etc.

We spoke to a number of service users in their rooms with no staff present: they all said they enjoyed the food and were given a choice of what to eat and could use the dining room or eat in their own room.

Activities and Community Links

The Manager, Deputy and other staff set up the activities each month and we were told that this often responds to suggestions from service users. They vary activities according to the time of year and significant events. For example, relatives and friends are invited to join service users for a Mothering Sunday lunch (which to accommodate demand is being provided on the Friday and Saturday as well as the Sunday of the appropriate weekend). The pleasantly-laid out garden is used for barbecues occasionally. Regular film shows are held and a number of regular activities are bought in.

Feedback

A Key Worker feedback system is in place. The four senior staff lead a team of the other staff and each team is responsible for a number of specific service users. A monthly report is prepared about each service user and sent to their relative(s), so long as the service user does not object. We were told some could be selective about which relatives were informed. The report covers changes in health or medication since the last report, comments on sleep pattern and lists any requirements from the service user or recommendations from staff.

As noted above, the ARs met service users privately and asked them about their experience of living at Heathercliffe. All responded positively and commented on the staff. We met a 92 year old lady who suffered some memory problems, but was very relaxed about it and was happily doing her daily crossword. One lady compared Heathercliffe very favourably to another care home she had stayed at for a short time. Another who had been a nurse for 30 years also praised the staff. We also met a married couple, both not far off their centenary, who sat side by side in their armchairs, happy to chat and very much aware of their situation.

“We would of course rather be at home, but that just wasn’t possible any more,” she said.

ARs were told that this couple has more visitors than any other residents - often four a day.

Complaints are recorded in writing and are shared with relatives. We were shown the duplicate book used for this: the last entry was dated 2012 and of the half-dozen or so examples seen only one had been signed by a relative. We were told that relatives were given a copy but that signing off for it was not usual practice.

The Minor Incident Report form is sent, as required, to CWaC officers each month.

To protect confidentiality we did not inspect any actual reports but were given a blank to show what information is collected.

We were told that all staff members are encouraged to undertake appropriate

professional training with Stephenson's College being the main service provider. Some statutory training is provided by the local authority. Records we saw, with the consent of the staff members involved, appeared to indicate that training and upgrading is ongoing across staff levels. The Manager indicated that she set great store by having the best training available.

We also met a visiting relative who had reluctantly moved her father into Heathercliffe after his dementia advanced. She said he had settled in very quickly. Staff members were taking time to talk to her after a rather difficult visit.

We asked why Heathercliffe had been chosen and were told that it compared very favourably with the other homes in the area that had been considered. This relative found the "Guidelines to making the right choice," which appear on the Heathercliffe website very useful (as, indeed, did the ARs).

Additional Comments
None