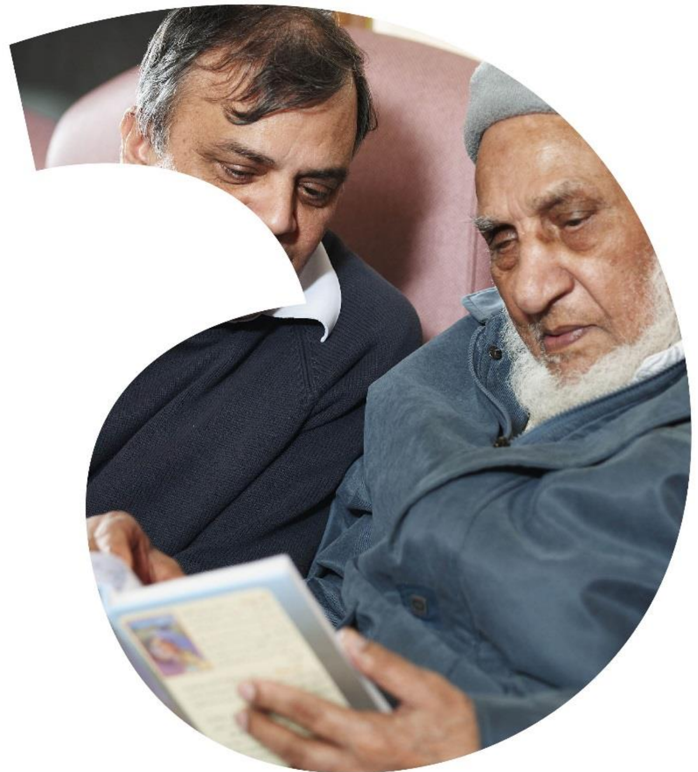
healthwatch
Halton



Simonsfield Care Home

April 14th 2014

Enter & View report

ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank everyone at Simonsfield 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 to consider the standard and provision of local care services and how they may be improve and to promote identified good practice to commissioners and other providers.

VISIT DETAILS

Centre Details	
Name of care centre:	Simonsfield Residential Care Home
Address:	53 Boston Avenue Runcorn Cheshire WA7 5XE
Telephone number:	01928 500223
Email address:	@hillcare.net
Name of registered provider(s):	Hill Care 1 Limited
Name of registered manager (if applicable)	Claire Richards
Type of registration:	Residential
Number of places registered:	59

The Enter and View visit was conducted on 14th April from 10.00am to 12.00pm

The Healthwatch Halton Enter and View Team were:

- Susan Parkinson
- Hubert Gabryszewski
- 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 were good and included a large car park with clearly marked spaces for people with disabilities. The home provides wheelchair access including the upper floor via a lift. The visiting team members agreed the reception area of the home was bright and welcoming with comfortable sofas. The team noted that the CQC registration certificate was clearly displayed and the reception area had notice boards that provided information for visitors, including a Dignity Champion board that displayed photographs of carers employed at the home who are dignity champions.

Simonsfield Care Home is registered to care for 59 residents, with residential accommodation and a mixed sex dementia care unit. The age range of residents at the time of the visit was between 73 and 98 years.

The visiting team had a broad discussion with Claire Richards, the manager who explained that there is a low turn-over of staff. Company training for staff includes: procedures in case of a fire; dementia; health and safety; COSHH; food and hygiene; pressure sore and ulcer prevention; first aid and safeguarding. The training is on-going and staff are aware of local safeguarding policies and procedures.

The visiting team discussed end of life care and advanced care planning. The manager explained that staff have been trained in the '6 Steps End of Life Care Programme'.

Claire discussed the complaints process with the team and told them that the home operates an open door policy for residents and families. Claire further explained that family/residents meetings are held every three months but they have low attendance. To encourage attendance meetings were alternated between morning and afternoon for family members but they were not successful. However, to try and promote the families' engagement with the home, an informal cheese and wine evening was organised, which was well attended.

Claire explained that some of the lounges are furnished with facilities such as a kettle and fridge for family members to use. A Mothers' Day celebration in the home had an excellent response. Claire told the team that residents' families were each sent a personal invitation letter to attend a celebratory meal with their relative and this had a very positive and emotional response from some family members who were physically unable to take their mother out for a meal to celebrate Mothering Sunday.

With regard to nutritional needs, residents are provided with choices of meals and drinks and snacks are available throughout the day. The chef bakes fresh cakes everyday for residents. Claire explained that the home tries to discourage family members visiting at

mealtimes and the reason for this was that a number of residents become distracted and don't finish their meals.

The team discussed hospital admission and discharge procedures and were told that a member of staff or family member will accompany the resident to hospital. The manager disclosed that she has had one resident returned to the home at 4am in the morning, but that was rare and sometimes it is in the resident's best interest to be returned to the home.

The home is currently part of a pilot study being facilitated by the Warrington Hospital Discharge Liaison team, which involves a yellow form and file that the carer or family member takes to the hospital with the resident on admission. The file contains all the information needed to help health professionals understand the resident's needs on admission and discharge. Prior to discharge the yellow form is completed and returned with the resident to the home and should outline their current health status and any changes to medication. However, there appears to be a few problems with the pilot study as some residents have been sent back to the home without the yellow form or an incomplete one and this requires staff liaising with the ward to get the completed form.

The team discussed the administration of drugs in the care home and Claire said that this is undertaken by a senior care assistant and that medication is also reassessed by a GP.

The team then discussed access to GP surgeries and were informed that residents can keep their own GP and the home uses the out-of-hours GP service. The community matron visits the home and residents are assessed for continence pads. There are no issues with regard to continence pads because the continence service is person-centred, as residents are assessed to determine their individual continence needs.

A hairdresser is regularly available for residents and chiropodists, dentists and opticians visit to assess the health needs of the residents.

Care reviews are undertaken on a six monthly basis and the family are informed of the process.

The home employs an Activity Co-ordinator and is in the process of employing a further part time Activities Coordinator. With regard to activities, we were told that the external area of the home is used in warmer weather when residents can do gardening activities and painting if they wish to. A smoking area is available in the communal garden for residents and staff.

Claire explained that the home has proactively built relationships with local schools and pupils who often provide entertainment especially during the Christmas period when parties are held for residents.

The religious needs of patients are being met through regular church visits and newspapers are delivered daily for residents.

The visiting team were then given the opportunity to tour the home. Claire explained that the carpets were relatively new but fading and wearing in some areas and this has been reported to the supplier and insurance company. All the rooms have en-suite facilities and residents can furnish their rooms to their own personal taste. There were soft furnishings throughout the home and there were also plants and pictures. The team were shown a cinema room which displayed historical movie star posters on the walls.

The dining rooms throughout the home were clean and uncluttered. During the visit, dining tables were set ready for lunch. The team members were given the opportunity to speak to residents, who were sitting in the main lounge area, with members of staff and the activity coordinator. Some residents were engaged in a game of skittles whilst other residents sat and chatted to each other. The visiting team engaged residents in conversations about the care they received at the home. (Appendix 1)

The dementia unit is on the upper floor of the home and access to the upper floor was via the stairs or lift. The visiting team toured the upper floor which was undergoing redecoration. We were told that redecoration would include art and photographs to stimulate memories. A team member noted a smell of urine in one very small area on the upper floor and when we mentioned this to the manager, she explained that it was probably the result of a resident having recently having an accident and she immediately asked a member of staff to shampoo the area to eliminate the odour. Overall the appearance of the home was clean and the general atmosphere was very positive.

Throughout the home, temperatures were comfortable and the team noted that interaction between the manager, staff and residents was very positive. The team also noted the dignity of residents was upheld as carers were seen to knock on doors before entering individual rooms. The manager explained that there are several dignity champions amongst the staff. (See Appendix 2)

All three members of the team toured the home, and chatted with residents, family members and staff in the main lounges. Residents welcomed the opportunity to discuss the care and support they received. A family member told the team *"My mum has been here for two years and she is very happy here, and I am happy with the care she receives"*

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 these were discussed with the manager and acted on immediately.

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

SUMMARY

Simonsfield Care Home is a clean and comfortable 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 encouraging the community and family relatives of residents to engage with the residents and home. The home provides a high standard of personalised care and is decorated to a good standard.

Residents and family visitors, who spoke 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

- Promote the engagement of residents family and staff with Healthwatch Halton
- Examine opportunities for outside trips with hired buses
- Provide residents with a personal choice of activities

APPENDIX 1

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

Accommodation

"I like living here I have been here for a while"
"The rooms are nice"
"The garden is nice, I like to walk in the garden"

Nutrition

" I am given the option of having something different if I do not want to eat the dinner'"
"I am happy with the meals I have no problem with that"
"I can have what I want when I want"
"We can have a drinks when we want I like a cup of tea"
"We have tea and biscuits in here (lounge)"
"The meals are rubbish"
"If I don't like the dinner I just tell the nurse and she will get me a sandwich if I want one"
"The dinners are fine I can't remember what we had for dinner"

Staff

"The staff are very good ,its OK here they try and look after you"

"The nurses are really nice they always look after us"

"The girls do their best for you"

"They are good in here they try and help you all they can"

Personal Care

"I can go to bed when I want and get up when I want"
"I am helped to get washed and dressed"
"Yes they help you get washed ,they wash my hair"
"My mum has been here for two years and she is very happy here, and I am happy with the care she receives"

Activities

"I would like to do more activities. The activities are always the same, I would like to go swimming and dancing. I did ask but they have no money for me to do that".
"We do dancing but I would like to do more dancing"
"We do lots of things, the girls are good"
"I can go for a walk in the garden when I want to, there are no restrictions"
"There's not enough fun"
" I would like more activities"
"The priest comes in to see us he gives me communion"
" I don't like the activities they are always the same, I would like to do something different "
"I would like to go to a show or to the park"

Access to Healthcare

"The doctor comes and sees me if I need them, they are very good"
"The dentist comes and does my teeth"
"I get my eyes tested that's important isn't it?"
"I sometimes have to go to hospital which I don't really like"
"I get my feet seen to, they are very good"

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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