



Enter and View Report

The Anchorage Monday 12th January 2015

healthwatch North East Lincolnshire

Contents

Enter and View Report	. 1
Report Details	3
What is Enter and View	. 4
Methodology	5
Details of Visit	6
Recommendations	9
Service Provider Response	9
Distriction	_

Report Details

Address	The Anchorage Rutland Street Grimsby
Service Provider	HICA
Date of Visit	Monday 12th January 2015
Type of Visit	Announced/Unannounced visit (see Methodology below)
Representatives	Elaine Flower and April Baker.

Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report related to findings observed on the date listed above. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch North East Lincolnshire.

What is Enter and View?

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of trained volunteers, who are prepared as "Authorised Representatives" to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities,
 Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as "announced visits," where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as "unannounced visits."

Enter and View visits can happen if people tell us there is a problem with a service but equally they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.

Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Food & Drink, Safeguarding, Staffing, Personal Care and Medication
- To observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

Methodology

This visit was an announced/unannounced Enter & View visit.

An announced/unannounced visit is where we send a letter to the care home 6 weeks in advanced of a date we have in mind, letting them know we intend to visit soon. A letter will then be sent approximately one week before the visit date we have and then we will turn up in that week unannounced.

Summary of Findings

- The overall impression of the home is that staff operate to a high standard of care and service provision.
- The staff were welcoming and appear happy in their roles.
- A warm, friendly home where independence is promoted.
- Residents appear well cared for and are treated with dignity and respect.

Details of Visit

Environment

The Anchorage Care Home is registered with the Care Quality Commission to provide personal care for up to 41 older people who may have physical disabilities and dementia related conditions. The Anchorage is split into two, one side The Haverstoe Suite (Enhanced unit) and the other The Anchorage. The home has all single rooms which are all en-suite. At present there are 10 residents on the Haverstoe Suite (Enhanced unit) and 28 residents in The Anchorage.

There is an entry control system both at the entrance and within the home to aid the safety of the residents. Sanitising hand gel is provided on entering to aid Infection Control. The communal lounge and dining areas are spacious, light and very well furnished with modern easy to clean surfaces. The walls are decorated with many pictures from an era with which the residents will identify. Some of these came with the residents when they transferred from Huntleigh Lodge, another HICA Home which closed last year. There are all the usual comforts of home to make life as enjoyable as possible. There is a reminiscence kitchen in which residents with capacity can make drinks etc under supervision.

There is a lift to the first floor and the corridors are wide and free of clutter. Carpets are extremely clean and there are no unpleasant odours. Radiators and fire equipment have protective casings. Unfortunately we could not access bedrooms as they were fully occupied. However the Manager, Bev Milson, did explain that residents are encouraged to personalise their rooms as long as the Health and Safety of the residents are safeguarded. Bedrooms have the residents name on the doors which are painted a variety of different colours for ease of identification. Toilets and bathrooms have yellow doors. All bathrooms, showers and toilet areas are very well equipped and spotlessly clean. There is a designated hair salon with 2 hairdressers visiting weekly.

Outside there is a spacious car park for staff and visitors. There are two secure, enclosed garden areas with seating and flower beds which the residents can access from the lounge areas. In one there is a memory tree which is decorated with solar lights which light up at night. Relatives of previous residents are encouraged to leave messages on the tree in memory of their loved ones. There is a smoking shelter for the use of residents only.

Food and Drink

All residents have protected meal times and each unit has its designated dining area. There is a planned menu which is displayed on a board in each unit with a choice of meal.

Special diets are catered for and lists are available in the kitchen for staff to follow. Some meals are provided by Appetito and are of excellent quality and attractive in appearance. Local produce from Asda and Fred's Fisheries is also used in the home wherever possible. Residents are encouraged to drink and have snacks which are available at any time. Visitors may order meals at a very reasonable cost. The home has been awarded 5 stars by the local council for its food hygiene.

Safeguarding, Concerns and Complaints Procedure

Although there are few Safeguarding issues the Manager did inform us of one incident that she had experienced, with a patient transferred to the home with existing pressure damage. She immediately informed the relevant bodies to protect the reputation of her staff and the home. There was another example where a resident wished to bring a large glass fronted unit into the home. The request had to be denied because of the resident's health and safety and safeguarding issues. Complaints are few and are dealt with in line with HICA procedures.

Staff

All staff in the home appeared happy and friendly. On our arrival several staff asked if they could help us whilst we waited to see the Manager. Bev Milson explained that she manages around 60 staff, and all care staff have level 2 NVQ Health and Social Care qualifications or are working towards it. Some have attained level 3. The ethos of the home is that 'Only if it is good enough for my Mother' is it good enough.

There is normally a Deputy Manager, one senior and two carers working on the Haverstoe Suite. On The Anchorage side they have one senior and four carers and 2 activity cooridnaotrs working a variety of hours. Activity Coordinators in Haverstoe do work 10am – 6pm.

The staff follow a programme of on -going education which is specifically provided in workbook form by HICA. We were shown the training matrix which is constantly updated. Uniforms and name badges are not worn by staff as it is a home and not a clinical environment. However, the name and photo of each resident's key worker is displayed in their room. Staff who wish to be 'Champions' are encouraged and they have them for Infection Control, Dementia Care, Dignity and End of Life care.

We observed staff interacting well with residents and visitors.

Promotion of Privacy, Dignity and Respect

Prior to admission to the home Bev Milson undertakes a pre-admission 'Getting to know you' visit to the residents own home. This gives a clearer view of the person's life style, likes, dislikes and enables a more personalised insight into their needs, and care can be planned accordingly.

As all residents have their own room with en-suite facilities, care can be given in complete privacy. All shared facilities are of high standard. There are quiet areas in the home where residents can meet with visitors in relative privacy. Bev informed us

Enter and View Report

that a privacy screen is being purchased which may be used if a resident is taken ill in a public area to give them privacy from public view.

Residents' religious beliefs are observed. There are regular services provided by the clergy and residents may take communion in the home. Hairdressing and manicure services are available to keep residents looking and feeling good.

Recreational Activities

They have two activity coordinators for each unit who work a variety of hours. They do work 10am – 6pm on Haverstoe Suite. A variety of planned activities each day are clearly shown on a board in each unit. There are occasional visits to the Auditorium, Punch Bowl and Clee Club. A further invitation has been received from the Linden Club inviting residents to 'Memory Music' entertainment sessions. The local church has offered the use of their mini-bus to take residents on visits, as they have previously used taxis.

A 'What's On 'board advertises additional entertainment visits from various artists such as the GI Girls and information for visitors including photos of the Infection Control 'Champion' and a variety of leaflets and Newsletter. A Digni- Tea is planned for next month.

Where possible residents are taken out to the local shops.

Medication and Treatment

Residents are cared for by their own GP. There are regular visits to the home by other health care professionals to meet individual needs. Medications are reviewed regularly by weekly audit and patient assessment as part of the Quality Framework.

Residents

Residents have access to a warm, comfortable well- furnished lounge/ dining area where visitors are welcomed. Those that wish to remain in their own room may do so. They are able to personalise their room with items to assist them to feel at home. All appeared clean, well- cared for and content, with no signs of discomfort or distress. Only 2 of the residents have Mental Capacity, the others having varying degrees of Dementia.

Relatives and Friends

The home welcomes visitors and there were several present during our visit. The relatives we spoke to are very happy with the service provided. One man said the home is 'Top Notch' and another man and his daughter said they were more than satisfied with the care of his wife. Another man told us the care is' brilliant'.

We saw a staff member talking at length with a visitor together with the resident.



Recommendations

There are no specific recommendations to make at this time as the team were more than happy with every aspect of the visit. It is the attention to small details that make this home special.

We feel that our congratulations must go to Bev Milson and her team for their excellent standards of care.

Service Provider Response

Bev Milson highlighted some factual inaccuracies on the original report and have been accepted by Healthwatch and incorporated into the final report.

Bev Milson also wanted to add the professional approach of both of our Enter & View representatives Elaine Flower and April Baker.

Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (Contracts manager for HWNEL)
- Jeanette Logan (Older People Service Lead at the CCG)
- Sue Cooper (**Lead nurse-quality at the CCG**)
- Brett Brown (Contracts manager CCG)
- Antony Hall (CQC inspection team)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view