



Leahurst Care Home

Widnes

2nd February 2015

Enter & View report





Contents

Report Details:	2
Acknowledgements	2
Disclaimer	2
What is Enter & View?.....	3
Enter and view is the opportunity for Healthwatch Halton to:	3
Purpose of the visit	3
Methodology	4
Environment	4
Food and Drink	5
Safeguarding Concerns and Complaints.....	6
Staff	6
Promotion of Dignity and Respect	6
Recreational activities	7
Medication and treatment	7
Residents	8
Relatives and friends	9
Recommendations	10



Report Details:

Address:	Leahurst Care Home Coronation Drive Widnes WA8 8AZ
Service Provider:	Hilton Care Homes Ltd
Date and Time of Visit:	2 nd February 2015
Type of Visit:	Announced
Authorised Representatives undertaking the Visit:	Michael Hodgkinson Sue Ellison Lyndsey Bushell Irene Bramwell

Acknowledgements

Healthwatch Halton would like to thank the service provider, residents and staff for their time and contributions during our visit.

Disclaimer

Please note that this report relates to findings observed on February 2nd 2015. 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 Halton.

What is Enter & View?

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

Enter & 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 improvements.

Enter and view is the opportunity for Healthwatch Halton 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 & 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 & 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 and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the visit

- To engage with service users of Leahurst and understand how dignity is being respected in a care home environment.
- To observe the care provided at this home, looking at a number of key themes; Food and 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 was an announced Enter & View Visit

On entering the home we were met by the manager and the proprietor of Leahurst Care Home. They told us about the care provided and explained how the care home developed. The proprietor told us that Leahurst is one of only two care homes in Halton that provide care for residents experiencing enduring mental health needs. He explained that Leahurst was formerly a children's home that opened in 1964. He purchased the home in 1993.

The home cares for twenty four residents but two residents were currently in hospital and the age range of residents was between thirty nine and eighty years of age. The manager said that there had been no referrals from the Halton local authority in the last four years, and less than half of the residents are originally from Halton. However, the manager said we were welcome to speak to residents, relatives and staff regarding the care provided. We talked with staff and residents during the visit as no visitors or relatives were available to give their comments and experiences.

During the visit the team were able to walk around the home making notes of their observations including the interaction between staff and residents.

Environment

Leahurst Care Home is located within a residential area of Widnes and within walking distance to local shops, church, pub and library. On arrival at the home we parked in the car park and observed that there that there were sufficient car parking spaces for residents and visitors. The exterior of the home appeared clean and tidy.

The visiting team felt that there were areas of the home that needed updating; carpets appeared to be in need of cleaning or replacing and the home felt overheated and stuffy.

The home consists of two floors with residents with disabilities living on the ground floor whilst more rooms for more physically abled residents are on the upper floor which is accessed via a flight of stairs as there is no lift.

There was a notice board in the hall and the team noted that the Healthwatch Halton poster was displayed informing residents of our visit. A pay phone was available for residents to use but the manager said that residents tended to use

their own personal mobiles to make calls. The home provides a laundry service for residents. The manager told the team that the home has a no pets policy.

During the visit we met with residents in the communal lounges which appeared clean and uncluttered. The television was on in both lounges at the time of the visit and the volume was of a reasonable standard. Several residents were seated on comfortable sofas and chairs in the lounge. There is a bright conservatory with the view of a rear lawn and a table and chairs were available on the patio for residents to use in summer months. The home has a smoker's lounge which appeared to be popular with residents. We noted that there is a TV in the smokers lounge and a number of ashtrays and bins. However, some residents tended to miss these so ash was dropped onto the floor.

A visiting team member was invited to tour the home and noted that the bathroom and communal toilets were not clean and there seemed to be a pervading odour of urine. The visiting team member raised this observation with the manager who then instructed a member of staff to attend to it immediately.

Food and Drink

The dining area appeared clean bright and uncluttered. Dining tables were set and a bowl of fruit was available for residents. A menu board was displayed in the dining room informing residents of the choice of meals being served for lunch and the evening meal. We were introduced to the catering manager who said that the home catered for residents with special or complex dietary needs, including food allergies, diabetes, soft foods and vegetarian diets.

Residents have a choice of meals, if residents did not want anything on the menu they could choose to have a frozen meal instead. We were informed the menu was varied and changed every four weeks to promote choice and that the birthdays of residents were celebrated. With regards to times of meals the catering manager explained that whilst there were set times for meals there were drinks and snacks available throughout the day. Residents often purchased snacks and treats from a local shop to eat in the home. Towards the end of our visit lunch was being served in the dining room, team members observed a staff member supporting a resident to eat during lunch.

Safeguarding Concerns and Complaints

Discussions with the manager and proprietor included safeguarding training policies and procedures. The manager said that staff members had undergone safeguarding training, provided by the local authority. Staff members understood how to raise a safeguarding concern, using the local safeguarding policies and procedures.

The care home has an open door policy with regards to complaints, and the manager is happy for residents to raise any concerns they may have with him. Residents are given a copy of the complaints procedure and residents meetings are held and attended by approximately six to ten residents. Residents can use these meetings to influence the way in which the care is provided, such as the choice of meals for example.

Staff

The proprietor explained that the home currently employs one manager, a catering manager, two senior support workers and seven support workers, two of which provide night cover. There were currently two vacancies for support worker roles. The manager maintained that staffing levels were problematic as payment for caring for residents had reduced in real terms which had a knock on effect. He said that staff salaries were low which makes it more difficult to recruit and retain appropriate staff and the home was currently short staffed but he would be interviewing potential new members of staff following our visit.

Promotion of Dignity and Respect

The visiting team noted that reception area in the home is relatively small. On entering the home some team members noticed there was strong pervading odour of urine, which was also noticed in other areas of the home during the visit. This was discussed with the manager and the proprietor who assured the team that quotes had been sought to replace flooring. The manager explained the reason for the odour was that some residents have ongoing continence needs and that continence pads are provided to residents.

A visiting team member was invited by a resident into their room, the resident told the team member that they had lived in the home for the past eighteen years and enjoyed living there. The resident explained that she was able to personalise her own room with her personal belongings. During the visit the manager informed the

team that residents have the keys to their own rooms which are identified by numbers, the team noted that two residents had their doors personalised

With regards to personal care we were told that a hairdresser visits the home on a regular basis.

Recreational activities

The manager told the team that they do not currently employ an activities co-ordinator but that entertainment had been provided following the Christmas lunch, and that residents play bingo and other games. There have been no outings for residents in the past two years due, to the increasing costs of care. Newspapers are not delivered as residents can purchase their own newspapers from the local shop.

There was a laminated sheet on a notice board in the hallway leading to the dining room that had a list of activities that residents could engage in such as dominoes, board games and quizzes. The manager told the team that residents did not have many visitors and showed very little interest in participating in activities. He said that in the past they had a visiting DJ who entertained the residents but because of costs this had to be stopped. The lack of activities was reflected in the comments made by residents.

Medication and Treatment

The manager explained to the team the administering of medication process and said that only senior staff can administer medication following training, and that when medication is being dispensed two members of staff have to be present.

However there are problems concerning the delivery of medication as staff have to pick up the medication, in a specified time period. This is not always possible as it means staff have to go off site to pick up medication for residents.

The manager further highlighted some of the problems the home experiences with regards to medication explaining that when there are changes to a resident's medication this is not always passed onto the home in an appropriate timescale. Changes to medication can take up to ten days before the information and medication is received by the home.

Discussions with the manager included access to primary care services. The manager said that residents have access to dentists, chiropodists, opticians and hearing aid services and that these services come to the home, but some residents

choose to access these services in the community. With regards to hearing aids the manager told the team that residents with hearing problems are supported to clean and change the batteries in their hearing aids.

Residents

The visiting team engaged with residents during the visit however some of the residents were happy to engage with the visiting team, whilst others chose not to. Overall the majority of residents said that they were happy living in the home and had no issues.



I would like to go to the library but I am in a wheelchair.

I like living here, I would like to go to the Rugby games I used to always go.

The food is nice here but I would like different choices.

I would like to bake but they are too busy in the kitchen.

It's OK here but I get a bit bored, I go out to the shops in town.

The staff help you if you need it.

The staff are nice here.

You can get a drink when you want.

I would rather watch TV in my room.

I go to church every week.

I exercise at Ditton Community Centre to help my heart.

I like football but cannot watch it (Sky TV is not available). I don't go to a pub to watch because I do not drink.

I take a taxi to town.

I walk to town (youngest resident).

Residents said they were happy and had no issues.





Relatives and friends

The manager told the team that residents did not receive many visitors but that residents tend to keep in touch with family and friends through telephone contact.



Recommendations

Following on from our visit we would make the following recommendations

1. Ensure regular use of the various specialised products available to reduce odours within the home.
2. To replace or clean worn carpets and flooring.
3. To engage with Healthwatch Halton when issues arise, such as changes to medication impact on the care of residents as highlighted in this report
4. To encourage residents to take more part in free recreational activities provided within the community.
5. Ensure that communal toilets are checked and cleaned daily.

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