Enter and View Report | Single Provider

healthwatch Sheffield

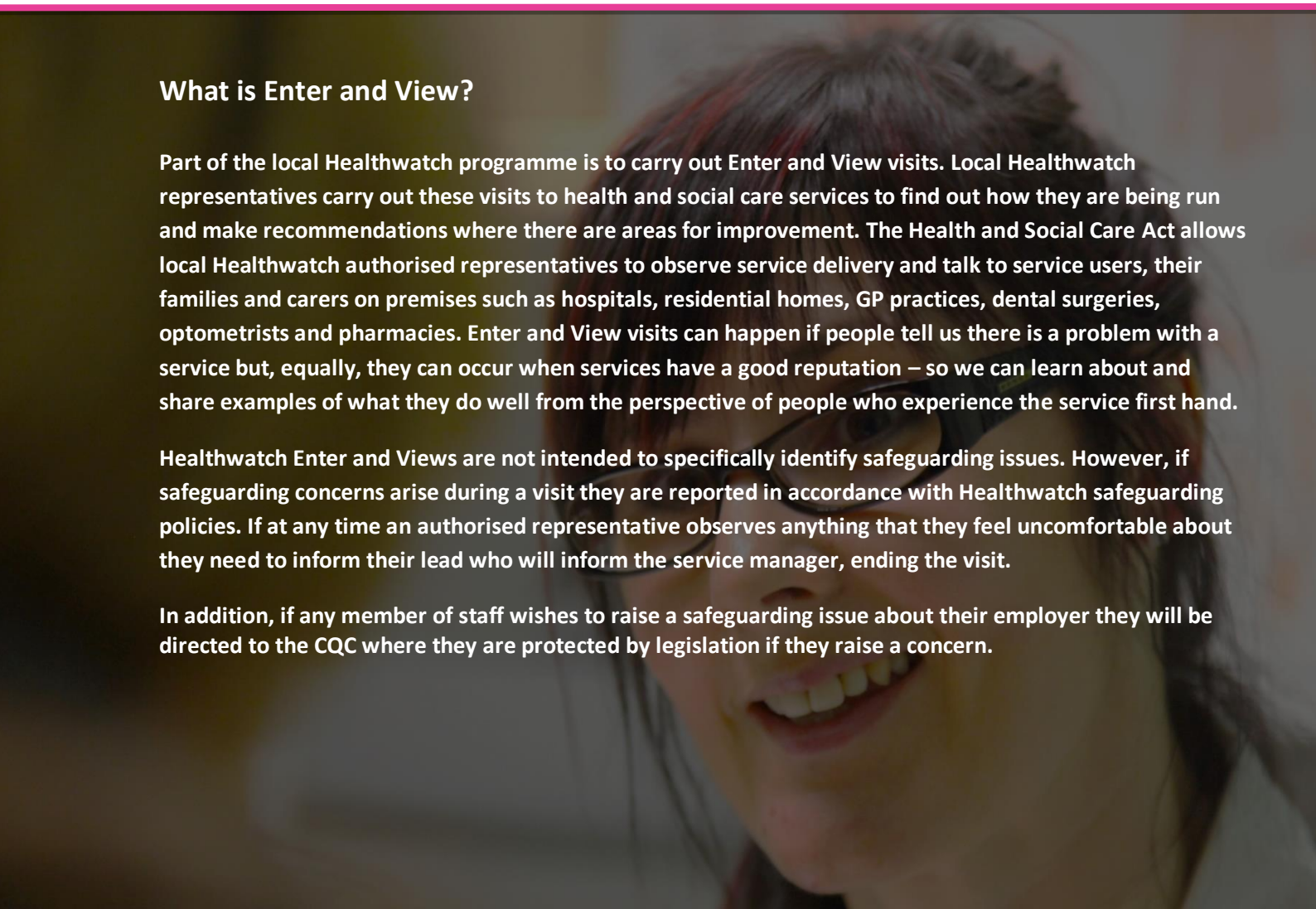
Details of visit	
Service address:	**77 Shiregreen Lane, Sheffield, S5 6AB**
Service Provider:	**Haythorne Place**
Date and Time:	**16th March 2015**
Authorised Representatives:	**Helen Rowe, Linda Gregory, Penny Lewis, Tony Blackbourn, Maggie Campbell, Myrtle Pritchard (Healthwatch staff)**
Contact details:	**Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW**

Acknowledgements

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

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



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 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 service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

The visit is part of an ongoing planned series of visits to residential homes looking at the care provided. The purposes were:

- to engage with residents, relatives and staff to understand how care is being delivered in the care home. As part of our work with the Health and Wellbeing Board, we asked specific questions about dignity.
- to observe residents and relatives engaging with staff in their surroundings
- to identify examples of good working practice

Strategic drivers

- To continue with a planned series of Enter and View to residential settings started by the former Sheffield LINk
- To ask particular sets of questions about dignity, oral health and dementia.

Methodology

This was an announced Enter and View visit. All information recorded within this report has been collected by observation, questioning and conversation. On arrival we conducted a meeting with the manager before viewing the home. In this meeting we explained the purpose of the visit and asked a series of pre-prepared questions in relation to the homes overview, staff training, activities and dignity. During our visit we also asked some of the same questions to members of staff and service users who agreed to speak with us. We were advised by staff as to individuals who were able/ suitable to be approached.

Authorised representatives spoke first to the Deputy manager, 7 staff and 15 residents/carers across the 5 Units.

On approach, we explained to each individual our purpose and distributed Healthwatch leaflets. We informed each individual that any information shared is anonymous and that they can discontinue the conversation at any time. We also asked the manager if there were any individuals who we would be unable to approach.

After speaking with staff and service users, and observing the home, we de-briefed the Deputy manager and gave a snapshot of our findings and recommendations.

Summary of Findings

- staff showed committed to residents' well-being, are professionally competent, and had undergone regular and appropriate training
- the physical environment in some of the units was tired, and required updating
- Staff adapted to residents needs and wishes. There was also a broad programme of 'outings' and activities.
- staff changes have led to limited recent development of facilities, and activities for users.

Results of visit

Haythorne Place is a 120 bedded care home comprising six houses or 'units', each capable of accommodating twenty residents. The Units are described as: Young Physical Disabled; Dementia – Residential; Dementia – Nursing; Elderly Mentally Infirm; and Elderly General Nursing.

The General Environment - The home is not easy to find (2 of the observers had difficulties) as there is not clear signposting from the main road.

The home complex backs on to a local park. The six houses have a sensible basic design, with each resident having their own 'en suite' (meaning having a toilet and wash basin). Interior decor varied between houses. The reception area was pleasant, the complaints procedure was on display. There were copies of inspection reports, a staff survey and a relatives' questionnaire (undated). Unit 2 had an unpleasant odour in the corridors, Units 2, 4 and 5 required some refurbishment. Each house has a small courtyard garden (which is being developed for residents in Unit 1), more use could be made of these spaces.

Management of Care - Access to Health Professionals: Residents confirmed that they had access to a doctor, dentist and an optician. Some residents reported regular use of these services. Staff reported that they could, and did, refer to physiotherapy, speech and language therapy and dietetics and occupational therapy. There are designated lead staff /champions for dignity, dementia and infection control.

Hand cleaning fluid was available on the wall by the house entrances but was not observed being used.

Co-ordination of care: there are recording systems for individuals' care plans, activities, toileting, nutrition, turning of less mobile patients, staff training. We asked about oral health, both as part of the care plan and as part of staff training. Some staff said they were trained in oral care, others that it is not specifically part of induction training or any other training. The use of dentures is included in the care plan, and staff reported that they did clean dentures. Staff told us when asked about assisting those who had their own teeth "it is hard to see that people cleaned their teeth properly especially if they are on medications that stain their teeth".

We asked about life histories and were told the home uses the "this is me" document. However when we spoke with staff not all of them mentioned the document specifically although they did get to know residents likes and dislikes.

It was observed that the "this is me" information was very much part of the care for the under 65 year residents.

There are 'handover' session between staff shifts. Staff confirmed that they do read care plans and that they operate a key worker system to ensure that residents are supported to meet their needs, such as, purchasing toiletries and clothes.

End of Life Care - There is an overnight room on House 1, available to all visitors, and is used for those who come from a distance or at times of end of life care. There is a sensitivity towards the needs of families with those with known terminal illness, for example, to accommodate the needs of their children.

Dignity and Respect - There are several named 'Dignity Champions': each house displayed a photo and names of the dignity champions. When serving meals we observed that care workers were respectful and helpful. One reminded the resident of what they had chosen, checked they were happy with this and offered seasoning. One lady was offered tomato ketchup as the care worker knew she liked it. Serviettes or "bibs" were not provided in all Units and one resident was observed to wipe her mouth on the tablecloth and some ended the meal with soiled clothing.

A resident, and their visiting carer commented that they had to wait quite a while after making a request to go to the toilet: they are told "I'll be there in a couple of minutes" but it takes a lot longer. This left that resident feeling uncomfortable and concerned that they would reach the toilet in time.

Staff – All staff spoken to had undergone appropriate training and there are required standards of supervision for care staff (6 per year). They all reported they liked their work, and seemed to value their clients.

Staff changes may have led to some care staff feeling overworked/ undervalued, and some felt communication could be better between staff and residents. Some staff thought that the process of regularly sharing care staff across houses was disruptive.

Interactions between staff and residents - We observed staff in friendly interactions with residents. Good relationships with the activities organiser were reported to us.

Residents spoke of some staff being good and others not so good, that they "don't have time for you". It does need to be noted, however, that some residents have difficulty with accurate recall due to their conditions. One resident did say "staff are alright, they have a difficult job".

Some residents also felt that there was a shortage of staff at night.

Food - There was a menu displayed in reception and in the units. Food is prepared centrally and delivered by trolley to the various houses. Vegetarians and special dietary needs were dealt with at an individual level by the kitchens. The deputy manager had told us that all residents are spoken to within the first couple of days about their food preferences. Residents confirmed that they were involved in making suggestions for meals but said that it had been some months ago. The description on the menu on the day we visited did not match the food delivered.

Residents stated that the lunch was "alright" and "quite good". A relative and a member of staff confirmed that they thought the food was alright. However some residents were not so keen on the tea–time menu - "too many chips".

At lunch residents were observed waiting at table for over 15 min for food to be served. Drinks were poured when residents sat to the table, some appeared not to drink them. When serving, care workers were respectful and helpful. One reminded the resident of what they had chosen, checked they were happy with this and offered seasoning. One lady was offered tomato ketchup as the care worker knew she liked it. Serviettes or "bibs" were not provided in all units and one resident was observed to wipe their mouth on the tablecloth and some ended the meal with soiled clothes.

Kitchen facilities were available for ad hoc drinks for those able to use them, staff told us that they make drinks frequently for their residents.

Recreational /Social Activities - Visiting is flexible and children are welcomed.

There is an activities organiser in place. House 1 has a regular coffee morning, a visiting singer and arts and crafts. Residents in House 4 and 5 stated that they could go over to House 1 for activities and some were going that afternoon.

There are connections with local schools at times like Christmas and the home does offer placements for senior school pupils to work alongside the activities coordinator, there is an ongoing relationship with the local social club (dominoes). A hairdresser visits regularly, and is obviously popular with residents. Two staff members have responsibility for organising communal activities for the whole site. There is a wide range of outings e.g. to Blackpool, Graves Park and the theatre. There is access to a minibus, which reduces the cost of outings

overall. Some residents use a (paid for) organisation called “Home Instead” for regular personalised outings. Participation in these activities is voluntary.

Some residents go out to church and it is reported that all beliefs are catered for.

A shop/trolley comes round each day with papers magazines sweets and toiletries. Residents can ‘charge’ purchases and this is deducted from their monies held in reception.

There was no evidence of the care home using volunteers. We were told about a lady who likes to get out for a walk but has to have a staff member with her; this is not often possible due to staffing levels.

Additional Findings

We would wish to stress the importance of widely publicising Healthwatch visits and their purpose so as to engage people more, and get fuller feedback on service quality.

Recommendations

That the physical environment and decoration in the houses is reviewed. The use of the outdoor space around the houses should continue to be developed to provide activities /interest for residents.

All staff should work towards the following;

- engage with residents /relatives to influence the running of their home, and in designing a more stimulating environment for all.

- engage with the local community and community groups (including volunteers) to encourage more social interaction and activities for the residents.

Service Provider Response

No comment has been received.