



## **Enter and View Report**

Acorns Care Home

Wednesday 13<sup>th</sup> May 2015

# healthwatch

## North East Lincolnshire

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## Report Details

Address	29-31 Welholme Road, Grimsby, DN32 0DR
Service Provider	Pindy Enterprises Limited
Date of Visit	Wednesday 13 <sup>th</sup> May 2015
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker, Kate Lamb, John Revill, Jenny Smith.

### 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 residents were all well dressed and happy to talk to our representatives.
- Residents appear well cared for and are treated with dignity and respect.
- Staff appeared very caring and happy in their jobs.
- Concerns were raised about the table in the entrance hall, a kitchen door being left open, staff not wearing name badges and the need for a specific room for Treatment/Hairdressing instead of the dining area.

## Details of Visit

### Environment

The home is registered for Residential and dementia patients. They can care for up to 27 older people. On the day of our visit there were 18 residents and some respite residents. It is an old three story building which is well lived in and the new owners are going to carry out a programme of refurbishment.

The entrance hall door was dirty but the wooden floor in the hall was clean with no unpleasant odours, although one of the lounges was not so pleasant. There was a signing in book near the front door and hand wash. There was a notice board with menus, survey information and details of residents meetings and a how to complain procedure in the entrance hall.

We were met by Vicki the deputy manager who showed us round. Delilah Tilling, the Manager was present but catching up with paper work and asked if it was alright with us for Vicki to gain some extra experience by showing us round.

There were 3 lounges, dining room and kitchen on the ground floor.

### Food and Drink

There was a menu on the board in the dining room for the week which showed a varied menu and several meals to choose from. The chef talks to the residents and asks what they like to eat and will make anything they want him to. One resident said he was wonderful. Tea and coffee are available all day and if residents are capable they can make their own. All lounges had cold water and soft drinks in them.

The kitchen was clean and tidy but while we were there the door which led into the dining room was open. When we went into the kitchen there were large pans boiling away on the cooker with no attendant in the kitchen. One pan had potatoes in it and although the pans were at the back of the cooker with no overhanging handles we were concerned they were accessible to residents.

### Safeguarding, Concerns and Complaints Procedure

There is a designated Dignity Champion and there was a pen and ink dignity tree on the dining room wall with all things to improve care written on it and the residents had made another one in the hall, collage style with the residents having made paper

cut outs of their hands which was the grass at the base of the tree which made them more aware of dignity and their treatment.

The Manager sends out a Dignity and Safeguarding Survey twice a year to all residents, their families and staff. There is also a monthly survey. One of the residents was asked if she knew who to complain to and she said any member of the staff would help me if necessary. Either manager or deputy are available 24 hours a day.

### Staff

The staff were very caring and happy in their jobs. They spoke well to the residents and obviously cared greatly for them. There is a low turnover of staff. The manager has been there 12 years, the deputy 15 years and one member of staff 26 years. They usually have 3 carers on each morning, 3 each afternoon and 2 at night. There is refresher training for everyone once a year but most training is continuous and they keep updated with procedures by outside trainers. The manager wore a name badge but other staff did not. One told us she did not like wearing a badge because the pin kept becoming undone and scratching her.

### Promotion of Privacy, Dignity and Respect

All residents were spoken to by name and treated with dignity and respect. While we were there one resident asked if she could have her hair washed and a member of staff tending her said of course as soon as possible. While looking through her bag for some shampoo the resident produced a tube of Voltarol asking Vicki if it was shampoo. Vicki said it wasn't but could she look after it for the resident. Vicki explained to us that the family keep bringing it in for her although the staff have asked them not to as it should not be used with the medication the resident is on. Vicki took it gently from her and locked it in the medicine cupboard.

There is no treatment room but if residents do not want to go to their own rooms for treatment a screen can be provided for their privacy. District nurses carry out treatment in residents own rooms. We did see one resident having cream put on her arms in the empty dining room by a member of staff, another having her hair dried in the empty dining room and later another one having her finger nails cut and clippings flying across the dining tables.

There is a room for smokers to use on the ground floor.

### Recreational Activities

There was a board with activities listed which included gardening, (there is a gardener who comes in once a month) one gentleman has his own greenhouse in the garden at the back of the house. The residents can enjoy meals out, walks to the park across the road, musical times with singers Jeremy or Bruce, remembrance



talks, nail care and pamper sessions. Vicki explained that some of the residents did not want to take part in anything while others went out regularly with family or to lunch clubs. Most of the residents preferred activities that were not that active, nail manicures and singing being top of the list. Vicki had asked them all what they liked to do and tried to provide it and keep them interested and active.

### **Medication and Treatment**

There was a locked medicine cabinet/trolley in the dining room. The matron explained that storage was a problem as was space for a treatment room or hairdressing facilities.

The two shower rooms were about to be changed to wet rooms and more space might become available then. Most of the residents seemed to prefer to soak in the large bath in the bathroom downstairs.

### **Residents**

All were happy and well dressed and pleased to speak to us. Some do not like noise and one lady stays in one of the lounges mostly on her own of her own choice while others like music playing or the television on.

### **Relatives and Friends**

There were no visitors present while we were there and Vicki said they did not get a lot of visitors. Relatives were encouraged to take residents out particularly on hospital visits.



## Recommendations

- Replace/give attention to signing in table in the entrance hall as one of the front legs is loose and could be a hazard.
- Close and possibly lock kitchen door when no staff are present. Especially when pans are boiling on the cooker.
- Issue staff with name badges.
- Create a Treatment/Hairdressing room dedicated to manicures, hair drying and treatment etc. to free up the dining room.
- We would like to commend the home for the appearance and care of residents and also the attitude of staff.

## Service Provider Response

Delilah (Care Home Manager) wrote: Three of the four recommendations have been carried out. We will discuss further with the owners of Acorns regarding a pampering room

## Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (Contracts manager for HWNEL)
- Julia Wong (Quality Programme Officer CCG)
- Sue Cooper (Lead nurse-quality at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew ( CQC Inspection Manager Hull, NEL, & NL)
- [www.healthwatchnortheastlincolnshire.co.uk/enter-view](http://www.healthwatchnortheastlincolnshire.co.uk/enter-view)