



Enter and View Report

Garden House Care Home

Friday 14th August 2015

healthwatch

North East Lincolnshire

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Report Details

Address	24 Humberston Avenue Humberston Grimsby DN36 4SP
Service Provider	Worcester Garden (No2) Limited
Date of Visit	Friday 14 th August 2015
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Kate Lamb, Mary Morley & Enda Wicks

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

- Residents seem comfortable and cared for.
- Staff are happy in their role, welcoming and were willing to speak to us.
- A relaxed and friendly atmosphere.

Details of Visit

Environment

The Garden House is registered with the Care Quality Commission to provide residential care for up to 40 older people and those with dementia related conditions, also the provision of day-care. On the day of the visit there were 21 residents.

A large converted house complete with extensions situated in its own grounds accessed via a wheelchair slope or steps. There is an security controlled entry system.

Ample car parking space is available.

We were greeted by Clare Lond the deputy manager. There is a visitor's register for signing in. A hand gel dispenser is provided to aid infection control.

There were no malodours in the corridors or rooms that we visited although the main lounge, of which there are two, wasn't quite so pleasant.

We were escorted mainly by Kristy Smith previously in the post of acting manager, who now holds the permanent manager position.

There is a maximum 5 person lift to the second floor which on the day was in working order and is serviced annually. Residents are accompanied when using it.

The main lounge to the right of the hallway is well used, but a second lounge provided isn't so popular. The manager is considering opening a small shop there to encourage greater use by the residents.

Decor: Although dark in some areas, there are several pleasant areas around the home for residents to sit alone quietly or take their visitors, as we observed on the day.

Some carpets and furnishings appeared new. The home seemed clean throughout, although in an upstairs bathroom lay a heap of soiled linen on the floor next to a bin.

Outside of room 106 there is a possible hazard from a large secured fire extinguisher protruding out from the wall.

There are adequate toilets dotted around the home, most of which have a grab rail or support structure, but not all.

Residents are allowed to bring small items of their own furniture with them. Access provision is made available if a resident wants their own telephone and TV.

All rooms are numbered, but even though the majority of The Garden House service users are dementia sufferers, there are no occupant names or photographs to aid the residents sense of orientation or awareness of their direction and whereabouts.

The rear garden accessed from the house via a ramp is very well maintained with seating areas and planted out with flowering shrubs.

Food and Drink

The large dining room tables are arranged to enable varied groups to sit together. Wooden floor for ease of cleaning.

There are 2 kitchens, the main one, and one smaller to enable staff, service users and relatives to make a drink if they wish.

There are options for breakfast with two choices at both lunch 12-30 and tea 5pm. A drinks trolley goes around at 3 pm, with further refreshment offered at 8pm. The menus are seasonal and devised by the manager.

The residents are weighed weekly and concerns are referred to a dietician.

The on duty cook was preparing sandwiches; an apron was worn, but no gloves or hair covering.

Safeguarding, Concerns and Complaints Procedure

All staff attend the safeguarding training, updated annually.

All staff are given NVQ training via an outside company.

Senior carers and night staff attend training on safe drug administration. Competencies are monitored by the manager. All staff training is ongoing.

There is a complaints book which had started only recently, the last complaint was recorded in July of this year.

Staff

On the day of the visit there were 4 carers 1 being senior, the manager, deputy manager and cook. Staff were welcoming and willing to talk to us and seemed happy in their role.

A 14 hour shift has been introduced but staff can choose to opt out and work 7 hours.

A gardener handyman is employed, also separate domestic staff. Carers don't now do domestic work but still do all the laundry.

No members of staff were wearing a name badge.

There is an infection control manager who wasn't on duty on the day of the visit.

There are 2 staff members on night duty.

Promotion of Privacy, Dignity and Respect

Residents were addressed by name and treated with respect. Their clothing was clean and appropriate.

Any medical treatments that are needed is provided by the district nurses and performed in the resident's own room.

A hairdresser visits regularly; a designated room is provided.

The chiropodist visits 6 weekly and attends their clients in the conservatory. We were assured food wasn't served in that area.

Recreational Activities

There is an activity coordinator employed in the afternoons for 4 hours daily, Monday to Friday who organises trips and activities. She has also obtained a tame rabbit which gave the residents some amusement.

When we visited preparations were being made for their garden fete the following day.

The manager also takes residents out, as was demonstrated on the day, she was taking a resident to do some banking.

Medication and Treatment

Although the room where drugs and medicines are kept was locked on the day of the visit, the drugs trolley wasn't. The medication storage cupboard seemed untidy and overstocked. We understand the Biodose cassette system is used, supplied by a local pharmacist.

Residents

The residents spoken to and who were able to communicate seemed quite contented.

One lady had been there a long time and spoke well of the staff and her care. She had however supplied her own cup as the home ones she claimed were too heavy to lift.

Relatives and Friends

Relatives spoken to were satisfied with the care their loved one was given. No complaints or worries.

Recommendations

1. Name badges for all staff.
2. Odour control in the main lounge.
3. Check that grab rails or a support structure is in all residents toilets.
4. Discuss with service users and relatives for those wanting to, and where it would be appropriate the possibility of having names and/or photographs on residents rooms to aid their orientation.
5. Ensure staff wear gloves and hair covering during food preparation in the kitchen.

Service Provider Response

Name badges- Instead of name badges we have a staff photograph board I'm not sure if this was seen. It has all staffs photographs and job roles near the front door.

Service users having photographs and names on their bedroom doors to aid orientation – This has since been discussed with service users and some service users have agreed to this whilst others have disagreed.

Gloves worn whilst preparing food – From recent food hygiene training it was stated that gloves do not need to be worn as good hand hygiene should be used. All staff when in the kitchen wash their hands on a regular basis and in-between preparing different foods. Hair nets will also be purchased for cooks to wear. Although cooks do have hats to wear on the day of the inspection this was not worn this has been noted for future monitoring.

It was mentioned about a protruding fire extinguisher – This has never caused concerns in the past and has never been highlighted previously. All extinguishers are fitted to the wall.

The one toilet that did not have a grab rail for service users has since been fitted.

Overall we found the visit to be very friendly and positive. The ladies that came to inspect were very polite.

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