



## **Enter and View Report**

Temple Croft Care Home

Monday 7<sup>th</sup> September 2015

# healthwatch

## North East Lincolnshire

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## Report Details

Address	42 Scartho Road Grimsby North East Lincolnshire DN33 2AD
Service Provider	Dryband One Limited
Date of Visit	Monday 7 <sup>th</sup> September 2015
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Trevor Barwood, Mary Morley & Freda 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

- Residents spoke highly of the home and the care they received. A visitor we spoke with also praised the care his loved one and others in the home receive.
- Garden area needs attention. Numerous obstacles that could be a hazard to residents.
- Residents were treated with dignity & respect.
- The added tablet and technology to the home is great for residents wanting to keep in touch with loved ones via Facebook and skype.

## Details of Visit

### Environment

Temple Croft Care Home is an attractive large house on Scartho Road, near to Nuns Corner. There is parking available for at least twelve cars. There is secure entry control and on signing the visitors book there is a column to tick to ensure that the hand sanitizer has been used.

The Manager Ann Martin welcomed us and said that she had been expecting us. After she had given us information regarding the running of the home and answered numerous questions we had a tour of the many rooms. There was a slight malodour but we did wonder if it was because the carpet in the first hall was rather tired looking. There are two lounges and a conservatory and the majority of residents looked very comfortable and were seated in the larger lounge which was clean and tidy. The dining room is very light and attractive and looks onto an enclosed paved area with pond and planters. There is a lift to the first floor bedrooms and bathrooms. Six bedrooms have en suite facilities, three have hand basin with toilet next door but the Manager said that some updating is planned. The downstairs toilets have pictures on the door (showing a toilet) and the lounge has a picture of an armchair. We looked at two bedrooms and they were very bright and airy and fresh with no malodours. The corridors were free of obstructions but on arrival there were boxes in the entrance hall. However, on leaving these had been removed.

### Food and Drink

Jackie, the Cook, prepares all meals in the kitchen and there is a five weekly menu that is displayed on the notice board. Daily there are two options for the main meal but as the cook knows that some people prefer something entirely different. She checks with residents to find out each day what they would prefer. There is a vegetarian option too. Breakfast is from 8am to 10am but again this is flexible to suit resident's preference. Lunch is from 12.30pm. Teatime is a lighter meal and there is a trolley for sandwiches and cakes. This trolley looked very appetising! Drinks and snacks are available through the day but care is taken so that no one is over eating. The cook also offers different afternoon treats e.g. fruit day/banana day. Relatives can help themselves to drinks and can also join their family member at meal time. Any dietary requirements are covered in the Care plan.

### Safeguarding, Concerns and Complaints Procedure

There is a comprehensive welcome pack in every resident's room giving details of meal times, colours of staff uniforms and also a complaints procedure. The caravan that had been a cause for concern has now been removed but there is a great deal of old furniture presently in the secure garden. We were warned of this when we were first introduced to the Manager and she said that this is due to be



removed within a day. The enclosed garden has, at the moment, several obstacles like planters that could cause someone to fall; also there was a lot of dead foliage from cutting back a large bush. A new shed has been erected for storage, and this is placed next to the laundry room.

Present staffing levels are 4 in the morning, 4 in the afternoon and 3 waking staff at night. They are planning to upgrade this to 5/4/3 and have made a start but we were not sure when this would be fully in place. The Team leader said that most of the time this number works well, the only problems occur if a resident with challenging behaviour requires two members of staff to calm them, it can leave a lot to the remaining staff. There are security codes at landing doors for the resident's safety but not in the lift. The resident's rooms all have a call bell and for those who cannot use the bell there are pressure mats by the bed.

### Staff

The manager Ann Martin has been at the home since its opening thirty years ago and a number of the staff have been there between five and twenty five years. There are two kitchen staff and separate laundry workers. The Care staff are all trained to at least level three NVQ and team leaders higher still. There is a low turnover of staff and there are no Agency workers employed. The staff do have name badges but these can be pulled off by residents. The staff all wear uniforms, green for cleaners, purple for Carers and white for kitchen staff. In the entrance to the lounge there are photographs of the staff with their names and also their qualifications. In the residents bedrooms there is a photograph of their named Keyworker.

### Promotion of Privacy, Dignity and Respect

In part of the home there is a Dignity Street and on the wall pictures of five steps to dignity and also a dignity tree showing residents comments. There are two Dignity champions. The manager knocked on all doors before entering rooms and the staff spoke to residents by name and there was good rapport there. On the doors of the downstairs toilets there are wooden boards hanging to enable anyone who is using the toilet to turn the board round to engaged rather than lock themselves in. Residents requiring feeding can be helped in a room separate from the main dining room. There is one End of Life Champion, one dementia champion and five in the Infection control team. Residents are allowed to take in their own furniture if they wish.

### Recreational Activities

The manager showed us a book of recreational activities from 2014 and is hoping to do the same for 2015. There is a shop and a board with locks and bolts that gives an interest to the male residents. At the moment there is no Activity leader but we were told that they are recruiting for someone to do this. They do have a monthly meeting reminiscence entertainer and also welcome Pat dogs and cats on a regular basis. The residents chose the door signs for Dignity Lane. There are TV sets in the sitting rooms and also eight or nine small sets that can be moved around as required.

The manager said that the last trip out was not very successful and that residents did not appear to enjoy being out of their environment. There is a Tablet for families to contact via Skype and they also have a Facebook page that is well used.

## Medication and Treatment

The Meds room was locked but the Meds trolley was in the hall, although it also was locked. On entering, the office where the medical records are kept was not locked, but it was noted that it was locked on leaving. Residents have their own GPs and District nurses who visit as and when required. One diabetic lady has a daily visit from the nurse. Care plans are looked at monthly and reviewed annually or sooner if necessary.

## Residents

There are 29 residents, the majority having dementia in its various stages but we were able to talk to two people, a gentleman and a lady who were both very articulate and sang the praises of the home. We asked if they felt that the residents who could not speak for themselves also had this good treatment and they assured us that they certainly did. We also spoke to the one visitor who again was very satisfied. She said that her mother had experienced problems regarding mental health, not to do with the home, and that the home had helped her through them. She also said that she noticed that all residents received good care, regardless of their condition. One lady will be 100 in October and plans are ahead for her big day. She worked in the Hat department in Binns so the staff are buying her a pink fascinator, and as it coincides with Cancer Awareness Day, the staff will wear pink t-shirts and they have invited the Mayor to join them.

## Relatives and Friends

Not many relatives or friends visit but they are welcome at any time. There are regular meetings when the family can attend but not many do so. There was a letter on the notice board praising the Home and apparently this letter had appeared in the Grimsby Telegraph. The writer had shown their name and address.



## Recommendations

- Some urgency given to appointing a new Activity leader.
- For outings, suggest smaller groups or even for some residents a one to one small outing.
- Ensure that old furniture is removed from garden and garden to be tidied and obstacles moved to safer places.
- Ensure that the staff level 5/4/3 is completed as soon as possible.
- Ensure office where medical records are kept is locked at all times.

## Service Provider Response

- A new activity person has been interviewed & offered the appointment we are waiting for the References & Police check.
- I agree smaller group for outings, this is something we will try to see if this is more successful.
- The furniture has been removed on the 8<sup>th</sup> September as I discussed with the representatives, it was unfortunate that we had had new furniture delivered & was awaiting removal of the old furniture.
- I believe I informed the representatives of the pending increased hours this was part in place on the visit; it was fully in place as of the 17<sup>th</sup> September.
- Team Leader office is normally locked, I have reminded all team leaders this door is to be locked at all times.
- The garden area is ready for a tidy up & this will be done next week when our maintenance man is back on site, all of our residents require support or wheelchair when going out in the garden this reduces any risk to them falling.
- We have a refurbishment plan that will be started in the next 6 months so hopefully this will eradicate the malodour, we have little through draught from outside to help freshen the air, I will say this was not urine malodour, our cleaners work very hard to keep the home clean & fresh.

## 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)