

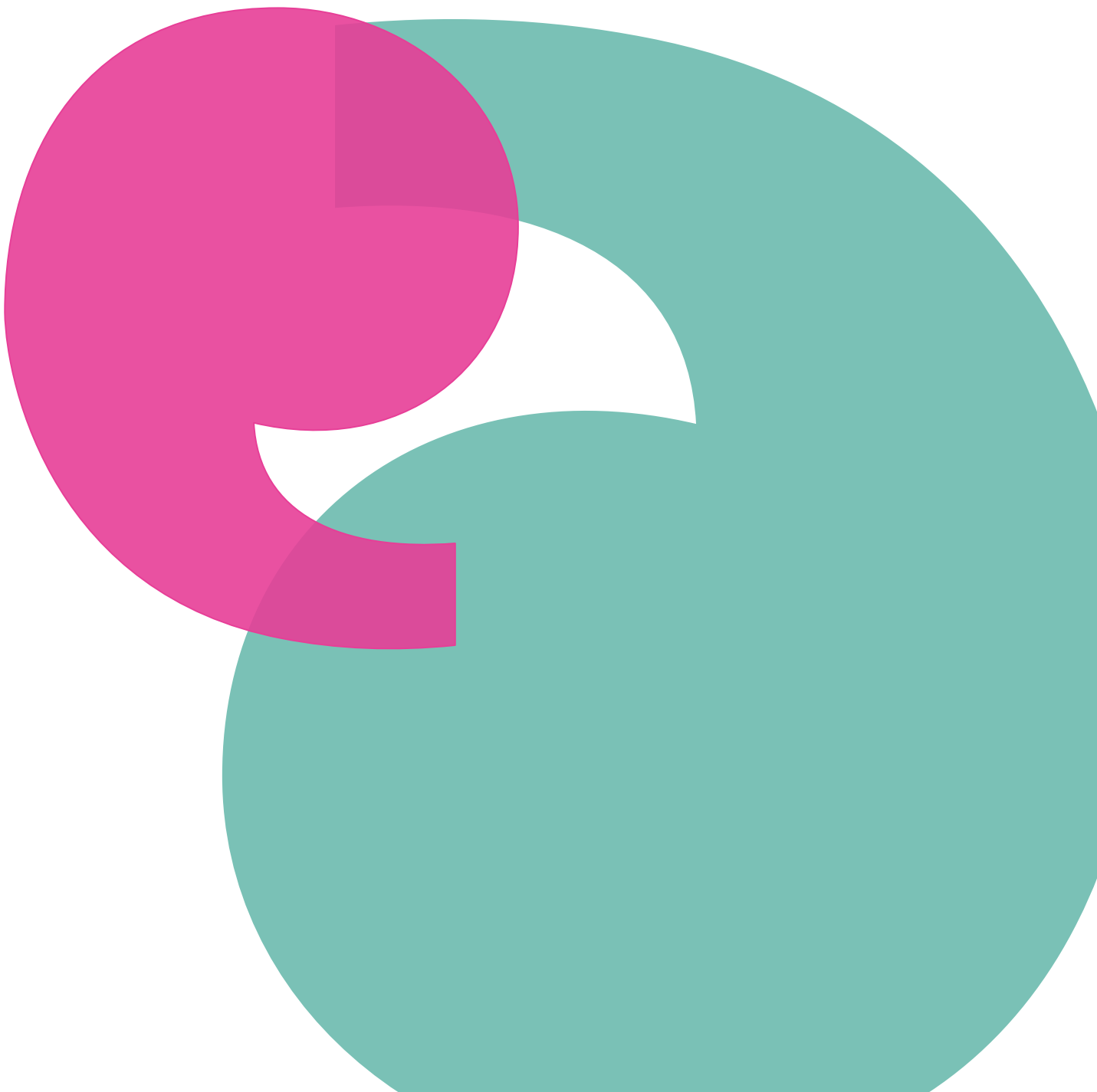
healthwatch

Blackburn with Darwen

Heathcotes Residential Service

Enter and View

24th November 2015





Details of visit

Service address: Heathcotes, The Florence House, Florence St, Blackburn BB1 5JP

Time & Date: 24th November. 10-12pm

Authorised Representatives: Mark Rasburn & Nancy Kinyanjui

Contact details: Healthwatch BwD, Suite 20, Blackburn Enterprise Centre, Blackburn, BB1 3HQ

Acknowledgements

Healthwatch BwD 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 services looking at the care provided, specifically around how the homes are able to support residents with additional needs. This includes residents with physical disabilities, learning disabilities, dementia, and mental health conditions.

Methodology

This was an announced Enter and View visit. With the service Manager on duty, we discussed many areas of the home including resident's needs, staff training, and resident involvement.

With the aid of an observation sheet Healthwatch representatives walked around the home to observe the environment in the communal areas and the interaction between staff and residents. Healthwatch representatives were also invited into Residents rooms to observe the environment in there.

Using semi-structured questions which were prepared before the visit, we spoke with residents and staff. All residents in the communal area were invited to share their experience with us. We also approached staff to engage with us, mindful not to disrupt the care being provided.

During the visit we spoke to 1 of the homes residents and 3 members of staff.

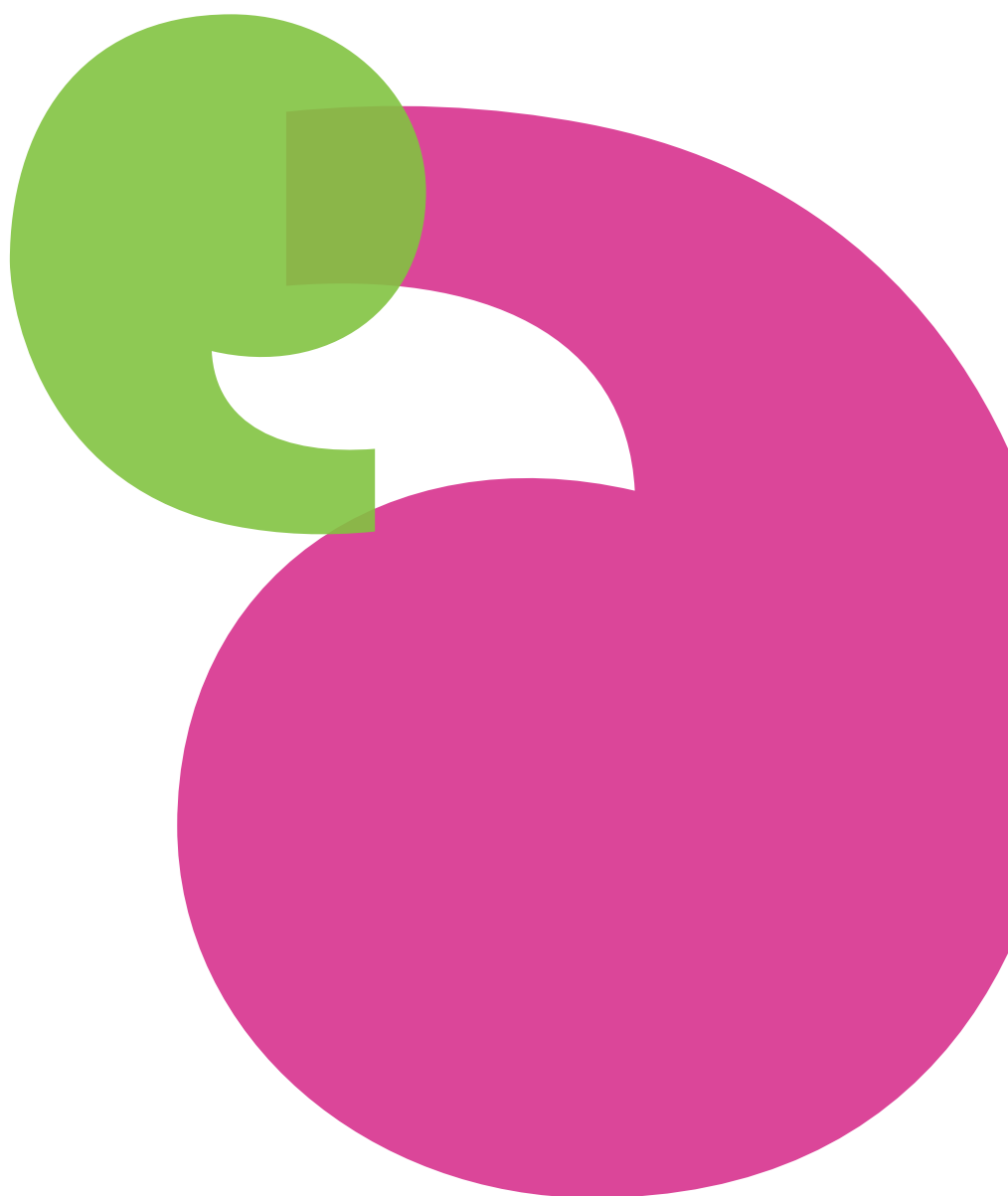
Our findings were briefly discussed with the Team Leader before leaving. This was an opportunity to feedback the findings and highlight any safeguarding issues or quality issues which needed immediate attention. If there were any issues the service Manager would have been informed, along with the Safeguarding team and Adult Social Care Services at Blackburn with Darwen Council.

Summary

Heathcotes is a 13 bedroom residential care home specialising learning disabilities. The home had 12 residents living there, with another due to move in the following week.

All of the residents had a learning disability, with one resident diagnosed with a mental health condition. One resident had been diagnosed with dementia, but staff stated that some other residents had signs of early onset dementia. Management informed the Healthwatch representatives if there was any concern of dementia an appointment with a Doctor would be made.

Each day the home has 10 staff on duty. At the time of the visit the home had a full staffing structure in place.



Results of the Visit

The general environment

Heathcotes was clean and tidy. The three communal areas on the ground floor and the one communal room on the first floor were clean and nicely presented.

Some of the furniture had been recently updated, and management had plans to decorate other areas. On one set of stairs the carpet had been ripped and the main corridor had been highlighted as being too clinical. The homes management had identified these issues, and already had an improvement plan in place. This included new carpet and pictures, textures, and resident artwork on the walls to make it more homely.

There was a secured garden which was scheduled for renovating in the summer of 2016. A sensory room was also planned for one of the communal rooms.

All the doors were secured and locked with either a pin code or lock and key. This was to ensure residents were kept safe at all times in accordance to each residents Deprivation of Liberty (DOLS) review.

There was a large kitchen, with a separate Halal cooking space. Staff informed Healthwatch representatives that residents were encouraged to prepare food for themselves with the support of staff members.

There were no pictures on the doors, but this had noted by the Management and included in the improvement plan.

The home had adequate lighting throughout. This helped residents move freely though the home.

One bedroom was visited following permission. The room was colourfully decorated by the resident, and encouragement was made for residents to bring personal belongings to make it a homely environment. This includes chairs, furniture, bedding, and curtains.

Staff view

One staff member heighted that they would like a better garden for the residents. Another staff members thought improving the hallways with colour and textures, specifically for one resident with tunnel vision, would improve the service.

Dignity and Respect

The home is also able to provide both female and male staff, with resident's preferences and needs documented in their individual care plan.

All care plans are reviewed by staff every 3-6 months unless a change is needed prior. Where possible, residents are encouraged to shape their care plan, with all residents having a 'Person Centred Approach' document. This document informs staff about the resident's interests, needs, and other general information.

Healthwatch representatives observed support and care provided to 4 residents in total, including walking down the corridor, watching TV, and cooking. On all occasions staff were engaging with the residents, motivating residents to be more independent, and friendly. All the staff observed spoke to the residents directly and constantly asked questions.

Residents view:

The one resident we spoke to felt they were treated with dignity and respect, and always received personal care in privacy

Staff View

Three staff members (100% of those who answered) felt they were able to make time to talk and listen to residents as well as delivering their services.

"That's the job. If you can't listen then you can't do your job properly"

-Staff Member

Meeting individual needs

Each resident has a personal care plan and risk assessment to inform staff the support they require. Within all care plans the resident have a Deprivation of Liberty in place.

There were no call bells in the corridor or communal areas as residents have one to one support with a staff member. Those not in need of one to one support are able to contact staff throughout the building.

One section of the shared kitchen was designated for Halal cooking only, due to some of the residents dietary requirements.

Four staff members are able to communicate with residents in English, Urdu and Punjabi, depending on the resident's preference.

Management informed the Healthwatch representatives that the goal was to help get people back into the community. This was evident as at the time of the visit the majority of residents were away from the building and in a variety of community settings.

Residents view:

- 1 resident (100% of those who answered) felt staff met their individual needs
- 1 resident (100% of those who answered) were always given assistance with eating and drinking
- 1 resident (100% of those who answered) told us staff always helped them when needed.

Staff View

- Three staff members (100% of those who answered) told us they had the flexibility to meet resident's individual needs.
- Three staff members (100% of those who answered) told us they were always given enough support by the homes management to provide residents with a safe, caring environment.

Training

Staff training is delivered through the homes Learning and Development team. Staff have a five day induction training before they support residents. After their start date staff then have 12 weeks to complete the full training courses, which include: First Aid, Safeguarding, Dementia Awareness, and Autism Awareness. Staff also receive Non-Abusive Psychological and Physical Intervention (NAPPI) training.

NAPPI training focuses on the Assessment, Prevention, and Management of violence and aggression in confused and unpredictable service users. It is designed to train employees how to:

- Assess the potential for difficult behaviour
- Be prepared at all times
- Prevent confused and 'unpredictable' behaviour
- Deliver high quality support to even the most challenging service users

Recreational / Social Activities

Residents were encouraged to participate in activities within the community. Many of the residents were attending a regular event at the Gateway on the time of the visit.

Others attended music groups, churches, and volunteered. Management informed the Healthwatch representatives that residents are encouraged to leave the home, and make the most of staff support.

Recommendations

1. Staff and residents should be involved in planning and designing the refurbishment in the garden and communal areas to ensure the spaces are best utilised and meet the resident's needs.
2. Staff training should be reviewed to ensure they're aware of the signs and symptoms of mental health conditions within residents. There should also be a review to ensure staff are able to support residents with mental health conditions.

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voice
counts



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