



## **Enter and View Report**

Ladysmith Care Home

Friday 24<sup>th</sup> April 2015

# healthwatch

## North East Lincolnshire

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## Report Details

Address	Ladysmith Road, Grimsby, DN32 9ND
Service Provider	Knights Care Limited
Date of Visit	Friday 24 <sup>th</sup> April 2015
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker, Elaine Flower & Patrick Neary

### 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

- Relatives & Friends were very appreciative of the Care received.
- A bright and friendly Care Home.
- A dementia friendly Care Home
- Residents appear well cared for and are treated with dignity and respect.
- The residents were all well dressed and happy to talk to our representatives.

## Details of Visit

### Environment

The home is registered for Residential and Dementia patients. There are 90 rooms and on the day of our visit 84 residents were in the home and there was a waiting list. It is a custom built home and ideal for its purpose. As it is so large it is divided into five units, three upstairs and two downstairs, the units are named: Heather, Lavender, Lilac, Orchid and Iris. The names were chosen by the residents. The EMI unit and Enhanced Care Unit are upstairs.

We were met by Carol Woodliffe, manager, who showed us round. The entrance was bright and friendly with a reception desk, sign in book, hand sanitiser, thank you book and what's on in the home book and How to complain book on sideboard. There was also a suggestion book entitled "Your View Counts".

There is a hairdressing salon near the main entrance and the home has their own hairdresser. Residents can have their own hairdresser or relatives come and use the salon to wash and set their loved ones hair. There were 5 hand basins and plenty of space.

All the residents' doors had photographs and names of residents on them, laid out to how the residents wanted them. Upstairs in the enhanced unit, colour coding was more prevalent.

Carol explained the decorators were due to come in soon and brighten the home up and replace some carpets which were fraying and some of the fabric chairs which were malodorous in the EMI unit. One of the gardens is due to be upgraded as it had been neglected under the previous owners.

They have recently had a new telephone and computer system installed so it was easier to contact all parts of the building.

### Food and Drink

There were five dining rooms, one in each unit. The ground floor dining rooms opened with patio doors onto a well-stocked and attractive garden, with smoking shelter should it be needed. There are several tables for 4 people in each dining room. The residents can use any dining room they prefer but usually choose the one nearest to their room. Food trolleys were used to take the food from the kitchen to the dining rooms.

There were menu books on the table showing the rotating 4 week menus. The cook meets everyone on admission and food preferences and diets are sorted out. Special diets are dealt with. The residents are involved in the planning of the menus and meet with the cook on a regular basis. There is a refectory and a table in each dining room for visitors so

they can make themselves drinks at any time. Biscuits are also available. The tea trolley lady will also serve them if she is doing her rounds.

All rooms have fridges in them so residents can have a cold drink or snack at any time.

### Safeguarding, Concerns and Complaints Procedure

There are 8 dignity champions who meet regularly. One member of staff is responsible for infection control and another End of Life Care. There is a complaints book in reception with forms to fill in should they be needed. There are bi-monthly meetings with residents and their families. There is a newsletter printed every two months. Carol told us she is available to listen to any complaint or query from resident or family member however small at any time to make sure it is resolved and not left to escalate out of control. There is a 6 monthly review of care plans which families can attend if they want to. Plans are updated regularly and an audit check carried out monthly.

### Staff

There are 94 staff who all wear badges and uniforms at the request of residents and their families. There is a staff room for taking breaks from their duties and a training room on the 2<sup>nd</sup> floor. The new company that has recently taken over the home has its own trainers and all staff have NVQs provided by outside bodies and are given any training they require. There is a full training matrix in Carol's office.

This floor is not accessible to the residents which also has the laundry and pressing rooms on it.

The staff are allocated to one unit and usually stay there so that the residents get to know them and they know the residents in that unit.

### Promotion of Privacy, Dignity and Respect

All residents were spoken to by name and treated with dignity and respect. Any treatment required took place in their own rooms by the district nursing team.

### Recreational Activities

The activity co-ordinator was on their day off when we called so we did not see any activities taking place. There was a board with activities listed and they were also listed in the book in reception so that family could see them in plenty of time and join in. The home has its own mini - bus and they have trips out every Wednesdays. Not all residents want to go out so one mini - bus is enough for them at the moment. Bonne Marche had recently been in with clothes for them to try on and buy.

### Medication and Treatment

There is a treatment room in each unit but residents prefer to be treated in their own rooms. Medication is overseen by Boots the Chemists. They have separate medicine trolleys which are kept locked away when not in use. Each unit has its own office with the Care Plans in. Again this room is kept locked unless a member of staff is working in it.

## Residents

The residents were all well dressed and happy to talk to us.

## Relatives and Friends

Lots of friends and relatives visit and are made welcome at any time. There can be 40 visitors on most days which makes extra work for staff letting people in. We spoke to 10 visitors and they all said how happy they were with the home and the staff and the treatment their loved one received. They were very well looked after. One lady said her friend has improved tremendously since she had moved to the home from hospital. Another said that her mum had gone from crisis care to a happy individual who now loves going out and meeting new people.



## Recommendations

- Attention needed to carpets which were fraying.
- Fabric chairs in the EMI unit need attention because they were malodorous.
- Ensure that when residents bring their own furniture it is risk assessed e.g. a lady told us she stood on a pouffe with a cushion on it to get items off the top of her wardrobe. She has brought this from her home and had no idea how unstable it was. Carol is dealing with this problem.
- Attention is needed to one of the garden areas as it was neglected under previous owners. Carol mentioned it was due to be upgraded.

## Service Provider Response

- Carol Woodliffie wanted to note that Ladysmith has an activity coordinator on duty Monday through to Friday every week except when annual leave affects availability , on this occasion one coordinator was on annual leave and the other had her allocated day off.
- The Service Provider provided us with an action plan on the return of this report with how they were going to follow up on the recommendations made in this report.

## 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)