



## Enter and View Report

### Callands Care Home

### Coniston Unit

Visit: 21<sup>st</sup> March 2016

Report published: 6<sup>th</sup> June 2016

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# Background

## What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

## Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This 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.

## Acknowledgements

Healthwatch Warrington would like to thank the staff, in particular, Rod Garcia for taking the time to show the team round and answering questions.

## Background and Purpose of the visits

Healthwatch Warrington was requested by Warrington Council Adult Social Services to conduct the visit, looking particularly at the number and type of staff on duty in the evening. Intelligence had also been gathered, raising concerns about the way residents were handled and possibly rushed, again during the evening.

The report is intended to highlight and share areas of good practice and ensure consistency in quality, safety and service delivery in care settings

# Details of the Visit

## Location

Coniston Unit, Callands Care Home, Callands, Warrington WA5 9TS

## Date/Time

21<sup>st</sup> March 8:30pm - 10:10pm

## Panel Members

Gwen Lightfoot- Healthwatch Warrington, Enter and View Panel Member

Esstta Hayes- Healthwatch Warrington, Community Engagement Officer

Ruth Walkden - Healthwatch Warrington, Enter and View Consultant

## Provider Service Staff

Rod Garcia, Assistant Manager, Coniston Unit

## Details of the Service

Callands Care Home is a purpose-built 120 bedded care home offering Dementia, Nursing, Residential, Respite and End of Life care as well as specialist care for adults with physical disabilities. It is owned by HC-One.

## Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

### Observations from the Visit

#### First impressions

The visit was in the evening and the team struggled to find the home in the dark. Using satellite navigation took the team to a nearby school. After getting directions the team were able to find it on foot. Signage from Callands Road was problematic as the sign could only be seen from one direction. Lighting from the road was limited and could prove hazardous for those on foot.

#### Access

After walking round parts of the building, the team found the entrance. Situated close to the entrance was a pile of empty bread trays which could be a trip/slip hazard particularly in the poor lighting. There was also a disused television set pushed into the corner outside the front door which was also a trip hazard and could prove a danger if moved and it disintegrated.

It was quite dark and there was no shelter or overhead lighting by the main reception door. This made it difficult to read the signage on how to gain entry. The notice gave a number to be rung, if the doorbell was unanswered. (There was lighting round the corner but the team felt if they waited there it was likely that they would miss someone answering the door). After ringing the doorbell twice and not getting an answer (waiting nine minutes) a member of the visiting team rang

the emergency number provided on the door. A member of staff answered and after a while came down and let the team in. She said she was “agency” and was busy providing care but would find someone to assist us. She did not know of the visit or who was best to contact to act as host. She went back upstairs leaving the team in the reception area.

The entrance seemed clean and orderly and there was no smell. Music played in from a radio in the corner. There was very little staff or resident activity from what we could see. There were boards with news and info for families and visitors. There were also blank whiteboards and training dates/lists for planned sessions on moving and handling. These lists included staff names of those who must attend. There was no “who is who” board.

A visitors’ book was available - the letter from Healthwatch Warrington outlining the Enter & View visit and date were next to it. The team were not asked to sign in until leaving the building.

### **Staffing & Leadership**

The Manager of the EMI unit, Coniston, (Rod Garcia) came to admit us to the building, beyond reception. He knew nothing about the visit and asked to go and ring his manager. He came back shortly and asked what the visiting team were looking at. The team sat and it was clear he didn’t feel comfortable answering some of the questions as he worked permanent nights. He went back to the office to retrieve a file which he used to answer some of the team’s questions. In relation to the letter in reception he explained that it was thought the visiting team would arrive in the daytime.

He explained the building is a 5 unit nursing home, comprising 120 beds. Residents are a range of ages and have differing needs e.g. younger people live in the unit for young disabled residents, older residents live in the EMI unit and have different needs for example dementia.

Unit teams comprise of both care staff and nursing staff. The EMI Manager explained the teams; Lakeside team - 7 staff (1 nurse, 6 care staff), EMI team - 7

staff (1 nurse, 6 care staff), Ullswater - 2 staff (1 nurse, 1 care staff), while the other units comprise 7 staff (1 nurse, 6 care staff) and 3 staff (1 nurse, 2 care staff).

Day shifts are much busier than nights - the EMI Manager told us that the night shift during our visit comprised of 13 staff, with 3 on each unit. During our visit, the sign in book indicated that there were 9 staff on duty.

Shifts at the home are 7am to 7pm (day shift), and 8pm to 8am (evening shift). Handover between shifts is around 1 hour, and acts as an opportunity for staff to discuss residents' needs and any issues arising during shifts.

Recruitment and retention of good staff is an issue and there is some reliance on agency staff.

### **Activities & Leisure**

The main through-area beyond reception hosted an activities calendar for the month. It showed that there were activities on site as well as 3 trips out (tea trip, shopping trips). One of the lounges provided evidence of craft work being made for Easter.

There is a public house inside the home (called The Welcome Inn), which provides a social aspect to life in the home. The pub is open daily, until 8pm Monday/Tuesday, 10pm the rest of the week. It is also open lunchtime at weekends.

TVs and radios were spaced throughout the units and communal rooms.

At the time of the visit the residents were either in bed asleep or watching the television in their own rooms, still dressed.

### **Administration**

The home has been owned by several different companies since it was open in 1994. The different companies each have their own policies and procedures to be adhered to by staff. A whiteboard in the EMI Manager's office hosted info on

residents e.g. DOB, resident data, meds, equipment needs, names. The board was open/flat, though it was kept in the Manager's office. If the office is open, this could comprise data protection/privacy issues. Perhaps a closed whiteboard would be better.

### **Cleanliness**

All residents have their own individual rooms and en suite bathroom. They are able to have the room decorated to their taste. The EMI's empty room that we visited was clean and functional. There are additional bathrooms, one bathroom the team saw looked tired and needed repairs.

The EMI unit and main areas appeared clean and tidy, but there was a strong smell of urine around the main lounge with the large TV (which is the area used by the majority of residents). This could be a long standing issue with flooring/furniture, but should be cleaned/replaced.

There were no hand sanitisers on the walls, staff have their own. Cleaning staff were working as the visiting team toured Coniston Unit.

### **Management of Medicines**

Every day a nurse practitioner visits residents to discuss medical needs. Residents can also request GP appointments as needed, but current activity includes a designated GP visiting the home once a week. The EMI Manager said that this was better organised and meant that residents were fully supported.

Medication is dispensed where residents are (e.g. their own rooms) at 8am, 12noon, 4pm, 6pm, and 8pm per day.

### **Food and Refreshments**

Menu choices are available at every meal - breakfast, lunchtime and teatime. Supper is also served at 9pm. Food is cooked on site.

The EMI Manager explained that eating arrangements are flexible, according to the needs of residents - they are able to eat either in their rooms or the dining room.



### Smoking

An indoor smoking room is available in the main building for residents, which is open at all times.

No smoking is allowed for staff on site.

### Privacy & Dignity

The EMI Manager explained that care plans are updated on an ongoing basis (during daily interactions) and formally every month.

Resident's personal preferences are taken into account during their care e.g. preferred times to go to bed, medications.

The EMI Manager told us that night shifts are often a chance for residents and staff to talk and catch up with each other.

### Safety & Security

Visiting times are open and flexible, according to the needs of residents and visitors.

A Visitors book is used to sign visitors in/out of reception.

### Discharge

The EMI Manager discussed discharge. He explained that photocopies of all papers are taken, and medication is given over to make sure it's continued after transfer.

He also explained that in the event of any outstanding requests for medications, they are dispensed to the new home or the resident's home to ensure there is no disruption.

### Staff Training

The EMI Manager outlined that training is available to all staff. Training provided includes infection control, health and safety, Mental Capacity Act, moving and handling and more. Staff are informed when training is due.

The EMI Manager explained that bank staff are compliant with mandatory training needs.

He told us that the home has lots of agency staff on both day and night shifts, according to need.

### Summary

Due to the time of the visit and the delay in obtaining entry only one unit was visited, so all comments must be read in relation to Coniston and not the other units. In doing the visit in the late evening there was clearly very little activity to observe as the residents were either in bed or watching television in their own rooms. As the manager we spoke to worked permanent nights, he was not able to answer some of the questions confidently.

Staffing was an issue - the team were told there would be thirteen staff on duty where only nine were actually signed in. The delay in answering the door and the rushed manner of the agency staff member who answered suggest there were not enough staff on duty that night.

## Recommendations

- 1. A review of the outside area near the front door is undertaken with a view to the installation of extra lighting, clearer signage about entry out of normal working hours and the removal of obstructions/trip hazards*
- 2. The flooring in the large lounge is cleaned or replaced. It is disappointing that whereas the rest of the building the team visited was odour free this area had a strong smell*
- 3. A further recruitment process is started immediately to fill vacant posts and a review of staff retention is undertaken to identify the reasons for staff moving on. This will ensure the home is fully staffed and lessen the dependency on agency staff particularly during the night.*
- 4. Consideration is given to the provision of a “who is who” board in reception. This will help identify staff and their roles in the organisation*
- 5. During the visit the residents were in their own rooms but the office whiteboard containing personal information on residents was open. The office door should remain closed whilst it is unattended to maintain confidentiality or a form of whiteboard that can be folded shut be purchased*

### Distribution List

*This report has been distributed to the following:*

- Warrington Council, Adult Social Services*
- Warrington CCG*
- Care Quality Commission*
- Healthwatch England*

## Appendices

### Appendix A

#### Response from Provider

*Please note that this response has been published in full without any changes. Some formatting has been done to ensure the tables fit on the page but no alterations have been made to the content.*

As discussed on the phone, the PDF format of the report will not allow me to type any response onto it. As advised, I list my response by way of email.

I feel the first half of this report has been written with negative undertones and seems very unfair.

#### Page 4

The letter advising of the visit clearly stated 'evening visit'. I do not consider 8.30 pm an evening visit at all.

#### Page 5

Under 'first impressions' the report refers to inspectors satellite navigation taking them to a school and that signage was poor. I would like comment on inspectors satellite navigation removing, as it is specific to their system. There are many visitors who find the home easily with their satellite navigation. Callands is on a corner of Callands Road and Lydbury Close and has signage on both aspects of that corner. The signage is visible from either direction. I consider it unfair to comment on lighting of the road as this is a Local Council issue, not Callands Care Home. I have attached photographs of the signage.

Under 'access', the author writes walking around parts of the building. This does not make any sense as you have to come through one of the entrances to get to a building. I suspect they have come in through the first entrance that is clearly signposted 'deliveries entrance, visitors please use next entrance on right'. The bread trays were against the wall ready to be collected bright and early the

following morning by delivery man, there is sufficient room to drive a vehicle past the trays so I would not consider this a trip hazard. The TV was awaiting disposal and against the wall, it has since been disposed of. The attached photographs show both signs and also the width of the gap where bread trays were placed next to kitchen door.

There is sensor operated lighting to visitors car park and front entrance. There is a light right above the front door. Why does the report state there is no shelter in a negative tense? It is not a legislative requirement to have a shelter over the front door.

The inspecting team had to wait to gain entry. Unfortunately they have arrived during a very busy time, and priority is always given to providing care to residents. For this reason, the telephone numbers for each unit is displayed on the front door for visitors to ring to alert staff. Once the visitors rang they gained entry.

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The agency nurse explained care was being delivered and would find someone to help. She left to find an appropriate person.

‘little staff or resident activity’ is written about reception area. Residents and staff were on the units given the time of night, and would not be in reception.

Staffing ratios have been mis-quoted between day and nights. Below to confirm staffing numbers at time of visit.

UNIT	DAY		NIGHT	
Current 3.5.16 in line with increased occupancy				
Coniston	1 nurse 6 care	1 nurse 2 care	2 + 6 day	1 + 4 care night
Grasmere	1 nurse 6 care	1 nurse 2 care	2 + 5 day	1 + 2 care
Lakeside	1 nurse 6 care	1 nurse 2 care	2 + 5 day	1 + 2 care
Ullswater	1 nurse 3 care	1 nurse 1 care	1 + 4	1 + 1 (twilight being recruited)
Windermere	2 care	2 care	2	2

Correct care categories

Coniston - general nursing. Grasmere - Dementia Nursing. Lakeside - YPD and General Nursing. Ullswater - General Nursing. Windermere -Dementia Residential.

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Report suggest only 9 staff on duty, based on signing in book. We have an electronic fob in/out system. I would suggest agency staff have not signed in, but have fobbed in. Fob report for night of 21.3.16 shows 13 staff on duty.

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The whiteboard does not contain details of residents medication. It highlights high priority meds such as insulins and Parkinson's medication times, as these are critical. The report suggest meds are listed on whiteboard. The whiteboard acts as quick reference of equipment required and any special requirements of service users and the door is generally closed when no one in the office.

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When a resident is discharged, they have a discharge summary, details of their medication by way of photocopy of MAR chart, any dressings and any onward appointments to take with them. They are not given photocopies of all papers.

Page 10

The report again states only 9 staff on duty. This is based on signing in book only. The Fob Report confirms 13 staff on duty, and had the inspectors visited each unit, they would have counted 13 staff members present. The visiting team only visited one unit.

Page 11

Recommendation 1 - there is corner signage for the home facing out to both aspects. There is further signage at both car park entrances, clearly stating deliveries and visitors. These signs are clear. There is lighting above front door and sensor operated lights to visitors car park. We cannot affect any change to lighting on public roads.

Recommendation 3 - *“a further recruitment process is started immediately.”*  
Recruitment is ongoing and has been a focus for some time.

Jan O’Hanlon  
Turnaround Manger  
Callands Care Home

