



## **Enter and View Report**

Eaton Court Care Home

26<sup>th</sup> July 2016

# healthwatch

## North East Lincolnshire

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## Report Details

Address	Eaton Court, Grimsby, DN34 4UD
Service Provider	Orchard Care Group
Date of Visit	Tuesday 26 <sup>th</sup> July 2016
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker, Sue Hobbins, Richard Lau & Carol Watkinson

### 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

- Some toilets in the home need some attention. Especially ones being used as storage for medicine trolleys.
- Many residents were confined to their beds but appeared well looked after. The residents we spoke to downstairs appeared well looked after and were well-dressed.
- There were some concerns shared about the care home from some of the resident's relatives. Please see the "Relatives and Friends "section for more details.
- The staff we spoke to did not seem to know what training they had or should have and we were unable to see proof of what staff training took place.

## Details of Visit

As we arrived Paul Mancey Chief Executive Officer of Orchard Group of Care Homes and one of his board members arrived and talked to us about Orchard Care Group and their plans and care. They have only been providers for Eaton Court for 6 months. They are based in Harrogate and have over 5,000 beds to care for. Care, team work and central support are important to them.

### Environment

The building was custom built as a Care Home and the entrance led into a large lounge which was light, airy, well decorated and welcoming. There were two smaller lounges and a dining room leading off the main entrance lounge. There were two corridors with rooms in them and a patio area in the centre of the square. Floors were a light wood material.

The patio garden area had tables and chairs to sit on but needed a little gardening care. There were at least 4 umbrellas laid on the ground in the area making it a little untidy and out of keeping with a relaxing feel.

The first resident's toilet in the left hand corridor, Number 1 was untidy with toilet paper on the floor and not very clean. Toilet number 3 had disused medical cabinets stored in it and a wheelchair and a raised toilet seat. The upstairs toilet next to the staff room had an aerosol spray on the back of the toilet. Commodes stored in upstairs bathroom were properly cleaned with stickers on them saying who had cleaned them but took up space in the bathroom. One sluice room had a leaflet on the wall saying how to clean the commodes another one had a bin with used aprons hanging out of it.

There was a laundry room at the end of one of the ground floor corridors with the door wide open and washing machine in use but there was no person in the room. The door had notice on it saying this door must be closed when no attendant in the room.

Bedrooms were colour co-ordinated well decorated and comfortably furnished. Some residents brought their own furniture in with them.

## Food and Drink

There was a menu board on the wall as you entered the dining room and this was completed daily with photographs of food.

Paul Mancey did tell us that they were changing to a main meal at night so that residents did not feel so hungry through the night.

The dining room was light, airy and clean with small tables with two, three or four chairs to each table.

On looking outside the door there were cigarette stubs which looked unsightly.

Gentleman in one of the lounges with an input/ output chart next to him had not had a drink since 11am and it was now 2pm. A member of staff was asked about this and she said his wife was usually there helping him.

## Safeguarding, Concerns and Complaints Procedure

Orchard Care Managers meet together once a month. We did not see a complaints procedure or book. We went round the home on our own and were free to look anywhere.

## Staff

There were 6 – 2 – 1 staff on today but it is usually 5 – 2 – 1. The manager had recently left and the new manager was not available. New systems are being put in place. Orchard Care homes like a Champion for all disabilities e.g. Hearing loss, diabetes, blind. The staff we spoke to did not seem to know what training they had or should have and we were unable to see proof of what staff training took place. Paul Mancey told us Orchard Care Homes have their own online training package.

Things are organised centrally from Harrogate head office.

## Promotion of Privacy, Dignity and Respect

There was a designated hairdresser's room for the residents. Treatment was given to residents in their own rooms. Residents were well dressed and clean and staff talked to them in a friendly respectful manner. Two members of staff escorted a lady to the toilet holding her under her arms which is why we wondered about staff training.

## Recreational Activities

There were boards both upstairs and downstairs showing that activities took place on Monday and Thursday, pampering, reminiscence, table top activities and residents choice was shown but we were told the activities co-ordinator was off long term sick. Music therapy was taking place in some of rooms of bed bound residents and staff were helping them choose what they wanted to listen to. Garden therapy took place in the patio area,

## Medication and Treatment

Medication had recently been taken over from Cohens by Lloyds as they are changing to an electronic system. The side effect of this was medicine cabinets were being stored in a corridor and Room 3 toilet while waiting for Cohens to come and collect them.

## Residents

Many were confined to their beds but seemed well looked after. The ones downstairs that we talked to were well dressed and pleased to speak to us freely. One lady said she could not eat when she wanted to but otherwise the home was good. Another commented that weekend staff were poor and not as good as in the week.

## Relatives and Friends

One visitor told us that the staff do not listen to her or her mum. Another pointed out that her husband was on a 3 foot bed frame with a 2 foot 6 inch mattress on it which meant he trapped his hand in the space. She had asked for a new mattress for him and was told it was on order but that was a long time ago.



## Recommendations

- Try and find more storage space and get Cohens to come and remove medicine trolleys
- Put fire/ cigarette bucket outside dining room door where there were cigarette butts. We were told no residents smoke so this could be staff.
- Check training needs and qualifications of staff.
- Call system near toilet room 1 had long cable which was looped on the floor and could cause someone to trip. Cable needs shortening or securing.
- Refuse bins in rooms where peg dressings were used should be bigger as overhang current bins.
- Find a temporary replacement for the activity's coordinator while on long term sick.
- Our representatives struggled to locate any complaint procedure or a complaints/comments book. We would like to suggest this is made more visible for residents and relatives.

## Service Provider Response

Recommendations	Actions Taken/ outcome	Date Commenced	Date Completed
Try and find more storage space and get Cohens Chemist to remove medications trollies	Cohens contacted and informed of over stock medicine trollies, requested for removal.	28/07/2016	05/08/2016  T. Gibbett
Put fire bucket outside dining room door were there were cigarette butts found.	Designated smoking area is provided with fire bucket. Staff informed to use this area only.	26/07/2016	26/07/2016  T. Gibbett
Check training needs and qualifications of staff.	OWL training commenced and is 91% and staff are supported and training is ongoing.	26/07/2016	19/08/2016 refreshers ongoing.  G. Alan
Call bell near toilet room 1, cable too long, looped on floor could cause a trip. Cable needs securing or made shorter.	Cable now off the floor and shortened.	26/07/2016	26/07/2016  T. Gibbett
Refuse bins in rooms where PEG dressings were used should be bigger as overhang current bins.	Bigger bins purchased and now implemented.	01/08/2016	01/08/2016  T. Gibbett
Find temporary replacement for activity co-ordinator whilst on long term sick	2 new activity staff employed, awaiting DBS.	19/09/2016	Awaiting DBS & references  T. Gibbett
Unable to locate complaint procedure or complaints/ comment book. We	Complaint procedure now on view alongside complaints/comments book.	01/10/2016	01/10/2016  T. Gibbett

suggest this is made visible for residents and relatives			
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## 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)
- Lydia Golby (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)