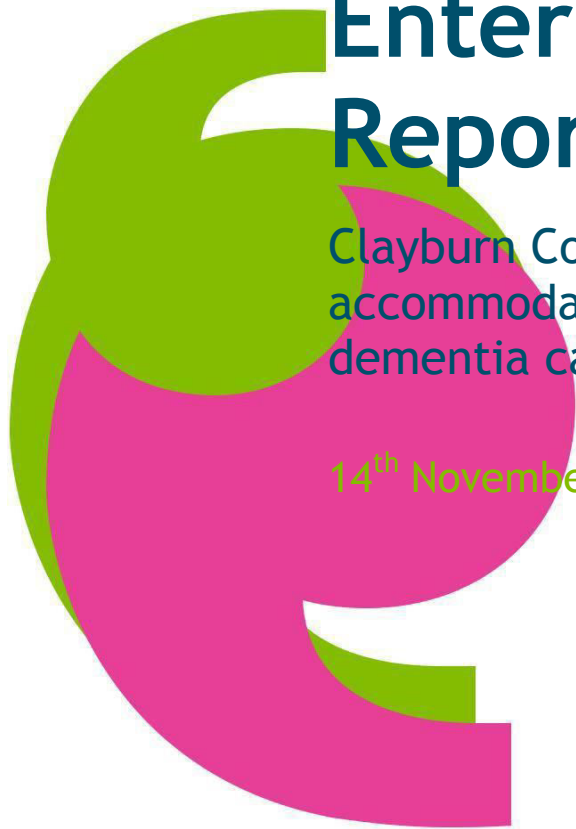


Enter and View Report

Clayburn Court Care Home: providing accommodation, residential and dementia care for up to 64 people.

14th November 2016



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Clayburn Court, Clayburn Road. Peterborough. PE7 8LB
Service Provider	Anchor Trust
Date and Time	14 th Nov, 2016. 11.00 – 1.00 hrs
Authorised Representatives	Heather Lord, Heather Hooper and Barry Henson.
Contact details	0300 123 7235

1.2 Acknowledgements

Healthwatch Peterborough would like to thank the service provider, residents, carers, and staff for their contribution to the Enter and View programme.

1.3 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.

2 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.





3 Purpose of Visit

3.1 Background to Visit

The background to this visit follows a C.Q.C. unannounced inspection on the 9th February 2016 and the subsequent report dated 11th March 2016.

This visit is part of a series of 'Enter and View' visits to local care homes within the Peterborough area organised by Healthwatch Peterborough.

A copy of the survey has been supplied but to summarise; the questions in the survey consist of initial observations by the authorised representatives on their arrival. A section of questions specifically for residents/carers/family members on their view of the home, its staff, how safe they feel, if they are offered privacy and dignity and spoken to in an appropriate and respectful way. These are supported by observations made by the authorised representatives. This is followed by a set of questions and observations relating to activities within the home and finally a section relating to meal-times, again these are supported by observations. A separate set of questions are included for staff covering their personal views on the home and training provision, again these are supported by observations.

3.2 Methodology

Following a request, on the 27th September 2016, from the care home for Healthwatch Peterborough to undertake an Enter & View it was agreed to arrange this. Five weeks before the Enter and View visit a communication was sent to the Care Home Manager explaining Healthwatch Peterborough were undertaking a series of 'Enter and View' visits to local care homes within the Peterborough area. These visits would take place during the September - December 2016 period, to homes that have not already been visited. Clayburn Court is one that has not been visited previously.

We also explained that whilst Healthwatch have the statutory rights to carry out these visits 'unannounced', we would prefer to only carry these out as 'announced' visits and agreed this with the manager at this time.

A second letter, sent to the Care Home Manager, three weeks before the Enter and View, provided the date and time of the visit and included posters and leaflets to display as well as a sample survey.

The documentation was displayed in the Care home to inform both staff, residents and carers and their families of the forthcoming visit and explain the purpose of Enter and View.

A Healthwatch team visited the Care Home for two hours commencing at 11.00hrs on Thursday 20th October 2016, observed relevant facilities, activities and spoke to residents, carers and staff.

3.3 Objectives

The objectives were to;

- Observe how the Care Home operates and provides its services.
- Collect the views of residents, carers, family members and staff and any visitors to the service.
- Identify 'Best Practice' and any areas of concern.
- Provide a 'layman's view' on the service provided



4 Observations

4.1 External Approach and Reception

The premises are on a quiet road in a residential area. There is a car park but the parking area may prove somewhat limited for visitors when the home is operating to capacity.

The building is new (opened in September 2015), is purpose built, to a high standard.

Access via the locked main front door is controlled by a receptionist who has visibility through glass doors, and can unlock the door electronically. The Administrator, who currently doubles as Receptionist, is normally present from 0900hrs to 1700hrs on weekdays. At other times there is a bell which will be answered by a duty staff member. There is also a numerical key-pad which allows staff to open the door and enter or leave of their own volition.

The internal Reception Area is clean, airy, roomy, tastefully furnished and welcoming.

Individual team members were required to sign the visitors' book. Staff members also book in and out.

There was a well laid out notice board giving information on various matters, which included the home's 'Statement of Purpose' and a CQC document on 'How to Complain'. The latest CQC Report and Rating was also displayed. We did not see an action plan, but following a phone call to the Care Home we were told it was 'behind' the CQC report.

A 'novel' addition to this area was a large TV screen which displayed a continuous 'rolling news' broadcast. Copies of the home's 'Monthly Newsletter' were available. (See under 'Activities')

There were no hand-gel dispenser in the reception and on enquiring we were advised that there were no dispensers on the other floors either.

4.2 Layout

The building has three floors served by stairs and lifts. General layout is the same on all floors.

At present the ground floor is used for residents with dementia.

The centre floor will be for general residents but is as yet unoccupied.

The top floor is a 'general residents' unit. The home does not cater for residents who require constant ongoing nursing.

There are 'hydration stations' on all floors. These provide refreshments throughout the day for both residents and visitors. These included cakes and drinks. It was noted that on the day of our visit the cakes were not covered. Consideration should be given to covering these in some way for freshness and hygiene purposes.

There is a sheltered garden.

The rooms on all floors are the same shape and size and have similar furnishings. Residents appreciate this as it is an indication that none are better than others. Personal touches have been added by individuals. These reinforce the feeling of 'home'.

Ground Floor: Currently ten residents with varying levels of dementia are located on this floor. Full use is made of the day/ common/dining room as a communal area.

Middle floor: Whilst the room configuration of the middle floor is the same as on the other floors, the rooms are not yet occupied. The day/common/dining room, which is identical to those on the other floors, is used for activities.

There is also a coffee shop which is open to residents, family members and visitors. It is also used for 'reminisce' afternoons.

There is also a hairdressing salon on this floor. The hairdresser attends on a Wednesday morning for residents on the ground floor and a Thursday for the middle floor.

Top Floor: Presently fifteen residents on this floor. There is a day/common/dining room which has the same configuration as those on the other floors.

4.3 Residents

We spoke with three residents and three family members/visitors.

All the residents we spoke to said that they were comfortable and felt safe in this home. Their comments on the home and staff were very positive.

The teams' observations that staff are very helpful and caring were reinforced by such comments as 'If you're feeling a bit down, staff pick this up and cheer you up'; 'staff agreeable - not fallen out with anyone'; 'wouldn't change anything'.

There are two married couples resident in the home and although there are no 'double rooms' the husband and wife couples have adjacent rooms. Staff reported this was an agreed arrangement with the couples.

Staff reported that residents and visitors are given privacy when this is required, with communal rooms available.

The team spoke with several visitors. Without exception their comments on the home and staff were most complimentary, and very much in line with what the residents themselves had said.

The teams' observations were that residents were cheerful, clean, tidy and well cared for.

4.4 Meals

Meals are currently taken in the ground and second floor day/dining rooms. When the middle floor is opened to residents, they will use the dining room on that floor as well.

Whilst residents are encouraged to take meals together in the dining rooms, they may eat in their own rooms.

Residents commented that meals are generally served on time and that the food is nutritious and appetising. Any special dietary requirements are catered for. If a resident wants something specific the chef will try to oblige.

Team members were present whilst lunch was being served in two separate dining rooms. The food looked appetising and was served hot. During the meal staff interacted with residents and provided assistance where necessary. Such assistance was given in a quiet and sensitive manner.

All responses from both residents and their visiting relatives were positive regarding choice, variety, taste, presentation, cleanliness and assistance where required.

Menus were available on a stand at the entrance to the dining rooms and on the tables, as well as on the reception - however we did not see any 'easy read'/large print menus, these may be a helpful addition for those residents with dementia/visual impairments.

The food is prepared on site by staff who are interested in providing high quality food that can make a real difference to the health of residents. The Chef/manager takes a keen interest in ensuring staff deliver the food in an appropriate and sensitive manner and has delivered 'counter service' training to all staff to ensure standards are understood and maintained. There is a real sense of pride in the kitchen and the service it provides to residents.

Birthday cakes from the kitchen are provided to all residents.

4.5 Activities

The Activities Coordinator role is shared between two people. One works on a Monday/ Tuesday/Wednesday and the other person works on Wednesday/Thursday/Friday. There are three volunteers who support activities and who are given volunteer induction training.

It was reported that trying to organise activities at weekends is generally not viable due to the number of visitors at the weekend.

The 'November 2016 Clayburn Court Newsletter', was available on a table in the Reception area. It is a good quality product which is in colour and as well as details of staff, contains photographs and write-ups on activities which have already occurred and programmes of activities planned for the remainder of November and December. This reveals a wide variety of activities, most of which are internal and are a mix of craft work, entertainment, therapeutic activities, games and quizzes.

Recent external activities have included excursions to Peterborough Cathedral, Peterborough Football Ground, the Gang Show and a 'behind the scenes visit' to look at the running of a Tesco Supermarket, including a lunch.

External activities are somewhat curtailed by the lack of a minibus and purchase of this transportation is high on the priorities list. Several residents said that they would like to get out more.

Both residents and staff were very pleased that Clayburn Court had won the prize for an inter care-home competition to produce the best Christmas cake. They proudly displayed a photograph album which recorded all stages of this activity. They also participated in the 'Anchor Great British Train Journeys' Competition.

A mobile library visits once a month for those who are interested.

The subject of organised activities was broached with all of the residents and family members to whom we spoke. Only one person said that residents are involved in deciding on activities. This may be something the activities co-ordinators could encourage as this approach could make residents feel more involved and more likely to take part in activities. This approach is also considered good practice.

There is a sheltered garden available which is enjoyed when the weather is suitable. One resident commented that he was happy to be allowed to assist in the maintenance of grounds and garden.

4.6 Staff

We were informed that Clayburn Court currently employs 53 members of staff and that 5 staff are on duty plus a team leader on each floor at any given time.

The Manager, Sheila Fielding, who has 30 years caring experience, has been in post since April 2016.

The team spoke with five staff members who covered a variety of roles at the home. All enjoyed working at Clayburn and their comments were very positive.

All staff members observed by the team were friendly, clean, and tidy and appeared competent.

Staff receive training relevant to their activities which may include Induction, Dementia Accreditation, Safeguarding, Moving and Handling of residents, Food Serving.

In addition there is Electronic Learning on a variety of subjects.

Staff are rotated through all sections of the home so that everyone has experience on every aspect.

5 Recommendations

1. We would recommend the use of hand gel in the reception as well as on all floors for use of staff, residents and visitors.
2. We would recommend the CQC Action Plan be made more visible.
3. At the 'hydration stations' on all floors we would recommend the use of covers for cakes etc. to keep food fresh and hygienic.
4. We would also recommend that alternative formats of the menus are made available to residents, for those with dementia, in an 'easy read' format and large print formats for those with a visual impairment.
5. The Activities Coordinators could encourage more discussion about preferred activities with residents and visitors to ensure maximum participation.

6 Comments from providers

The following comments have been received from the providers on the recommendations contained within this report.

Recommendation 1: Hand Gels are now in reception and all floors.

Recommendation 2: CQC action plan in reception now.

Recommendation 3: We have consulted with our Service Delivery Consultant re-covers for the hydration stations and are awaiting a response.

Recommendation 4: For Residents living with Dementia we do show plates as well as read the menus, we will however be producing large print menus for Residents with visual impairments.

Recommendation 5: Activities Coordinators do ask residents at Residents meetings what activities they would like, we will however add this as an agenda item to relatives' meetings to ensure we are meeting their requirements.



