healthwatch Sheffield

Details of visit	**Alpine Lodge**
Service Provider:	**Alpine Health Care Limited**
Service address:	**Alpine Road, Stocksbridge, Sheffield, S36 1AD**
Date and Time:	**Thursday 30 March 2017, 10.00 am – 12 noon**
Authorised Representatives:	**Penny Lewis, Chris Sterry**
Contact details:	**Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW**

Acknowledgements

Healthwatch Sheffield 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 residential homes looking at the care provided. As part of our work we are asking a set of questions to find out whether the care provided meets people's needs, what people and their families think about the services that are provided and in particular to find out how the home provides opportunities for people to improve their quality of life and well-being and connects with the wider environment.

Strategic drivers

- Part of Healthwatch Sheffield's statutory duties to highlight good practice and encourage those providers requiring improvement to do so.

Methodology

This was an announced Enter and View visit. Leaflets were not displayed about the visit, but staff seemed well informed.

We had the following discussions:

- An introductory discussion with the Manager.
- Discussions with:
    - Other staff (3 health care assistants, 1 registered nurse, an administrator, 2 domestic staff)
    - Residents (6)
    - Comments from 3 relatives.

Semi structured interview questions were prepared before the visit. We were advised by staff as to individuals who were able / suitable to be approached. Discussion was restricted by an activity, a lively and noisy musical morning, which most residents seemed to be attending and enjoying, but which made conversation difficult.

We observed the interaction between staff and residents, and the public and communal areas in the home.

Our findings were briefly discussed with the Manager before leaving.

Summary of findings

Alpine Lodge is a purpose built, modern home of 61 rooms, divided into 4 units. 3 units have 41 general nursing beds in total: 2 with 10 beds each and 1 with 21 beds.There is also an Elderly Mentally Infirm (EMI) unit with 20 beds. All rooms have en suite facilities. The home is privately owned. There are open visiting times, and pets may visit.

Residents and relatives were mostly from Stocksbridge village, many having long shared histories. They expressed great satisfaction with the care provided. Of particular note were:

- A feeling of a 'tight ship', of staff, residents and procedures being well organised and monitored
- Good preparation prior to residents' entry to the home
- The warmth, good humour and respect of staff
- Good staff retention.

Results of visit

The general environment

The home seemed in general good repair, and both communal and individual rooms were light and airy. It is on the side of a steep hill, with good views. There was a small outside area at the rear of the home for residents to sit out. To the front of the home is a smaller outside area with some plants in containers, a 2 seater bench and a couple of chairs. Two small signs are attached to the home facing the roadway, but these could be more prominently placed at the entrance from the road.

It is not well served by buses: there is a steep walk up to the home from the nearest stop. Some visitors (those eligible) use the community transport from the park and ride terminus in Middlewood. The home has its own minibus.

Some parts of the home have been refurbished and there was a handyman at the home on the day of visit, who was doing touch-up painting to wall areas which had been scuffed due to regular usage. A few other areas of the home needed some similar refurbishment.

Rooms

There is an attractive foyer to the home, with books, pictures and notices, seating and a table for informal chats, and also a coffee machine (which raises funds for activities) providing drinks for visitors using this area. The residents' bedrooms are on 2 floors, and were attractive, clean, and personalised. They were accessed by lift.

There was a large dedicated activities room on the first floor, which was full of residents enjoying a sing-song. There are dining rooms for each unit which are sufficient for each group of residents within each unit with ample space between tables for wheelchair access. On the ground floor was a good size lounge, where some residents were resting rather than attending the singing activity on the first floor. Bedrooms appeared to be of a reasonable size, were personalised, and contained bed, wardrobe, chair and some other furniture.

A separate room is available for private meetings with residents / visitors. The general nursing units were fresh and bright. The EMI unit was not as fresh and had a slight odour.

Management of care

All residents have a care plan, which is updated, with resident and / or relative input, at least monthly. Advance planning, End of Life care, and 'Do Not Resuscitate' issues are discussed with residents and relatives. Each resident has a personal record file, which includes updates on oral care. Clinical input includes routine visits by the home's GP every week on Tuesdays, often with a pre-weekend visit to ensure medications are correct. There is routine access to chiropodists, opticians, and therapists normally every 6 months. There are also visits by a hairdresser. A room for hairdressing is in the basement. The residents' own hairdresser may visit if the residents wish. Residents' hydration and weight are regularly monitored.

A relatives group meets quarterly, but some relatives do not engage.

Nursing care is provided by the home's own nurses. All potential residents and their relatives are seen in person prior to admission. They also visit potential residents who are to be transferred in from hospital, and do the pre-assessment. This means the home is fully informed in advance about the care required, and the necessary paperwork is correct.

The Chaplain of the local Church of England visits the home on a monthly basis. For Roman Catholics, the Fathers from St Ann's are welcome.

Issues raised by management about things which might affect the quality of care were:

- Access to NHS dentistry - the local surgery is only taking private patients, and this means NHS patients must go to the Charles Clifford Dental Hospital
- Sheffield's funding for care is the lowest in South Yorkshire (which is itself not generous as a whole)
- Transfer in from hospitals may cause problems, especially at the weekend, when inadequate medication and documentation can be handed over
- The need for more notice, and better information for families, when assessment for funding is taking place (when the Decision Support Tool (DST) is being completed).

Staff

Staff retention is good, with several having worked there for many years. Some staff were wearing badges (although the print was a little small for one of the report writers' old eyes) mentioning their first and surnames - it may be a consideration to just have first names for the privacy and security of

the staff. There was no staff photo board: this had been discussed with staff and decided against for security reasons.

Overall there are 87 care staff with 14 registered nurses, including the Manager. There are 5 care staff and a nurse on each floor, and 2 RGNs at night. The home maintains its own 'bank' of casual staff, for quality reasons.

There is an Activity Co-ordinator, who is also responsible for fund-raising.

Training and projects

Mandatory training is on a yearly basis and induction is carried out. Training includes Equality and Diversity, First Aid, Mental Capacity Act and Deprivation of Liberty Safeguards, Health and Safety, Moving and Handling, Food Hygiene, Fire Safety, Dementia and Strokes, etc. The home is engaged in some valuable projects e.g.

- 'React to Red' - a campaign for the early recognition and prevention of pressure sores
- St Luke's ECHO initiative, where 25 homes in Sheffield use a video link to be trained and discuss case studies in End of Life care.

Interactions between staff and residents

We observed good interaction between staff and residents. Residents reported that things were "fine", "fantastic", "nothing you could improve on". Speaking to relatives, one said "there's always something going on", "Christmas was beautiful", "it's difficult to single out and praise any one member of staff: they all do it together". One relative of a resident who needed considerable care said "he's always clean and dressed well", "if I had to give marks out of 100, I'd give it 200", "enjoyed 70s sing-a-long".

Food

The food was largely conventional English cooking, all cooked at the home. The menu included a cooked breakfast, cooked meal for lunch and sandwiches for evening meal with options for special foods if wanted / needed, and staff were willing to go to the village to get any requests. The residents would be asked the previous evening their meal choices for the next day. Residents had mixed reviews of the food , varying from "out of this world", to "a bit mundane", "beautiful puddings and there is plenty of mince".

Recommendations

- That the home continues with its professional and caring approach, including the good range of activities
- That they continue to be involved with valuable projects such as sharing experience/good practice in End of Life Care
- That they try to engage more with relatives

- That discussions are had with relatives, staff etc. about the best ways to communicate who staff are, without compromising privacy or security.

Service Provider Response

Access to NHS dentistry is not an issue any more as we are now using High Green Dental surgery which takes NHS patients and they do home visits.