



Enter and View Report

Clarendon Hall Care Home

24th April 2017

healthwatch

North East Lincolnshire

Contents

Enter and View Report.....	1
Report Details.....	3
What is Enter and View.....	4
Methodology.....	5
Details of Visit	6
Recommendations.....	8
Service Provider Response	9
Distribution.....	9

Report Details

Address	19 Church Avenue Humberston Grimsby Lincolnshire DN36 4DA
Service Provider	HC-One Limited
Date of Visit	Monday 24 th April 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Tayo Davenport, Sue Hobbins & 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

- The home was warm, bright and welcoming
- Residents appeared clean and well dressed
- We observed staff treating residents with privacy, dignity and respect
- Residents and relatives were happy with the care and care home but they had some concerns around the level of activity when the activity coordinator was on her day off or on leave
- Staff were approachable and pleasant and all focussed on their respective roles
- A few doors that should have been locked were left unlocked

Details of Visit

Environment

Clarendon Hall is a large two storey home and is purpose built in a residential area. It is in the process of being updated to a higher standard. It has a large car park and is surrounded by mature gardens with plenty of seating areas surrounding. There is an entry control system, visitor signing-in book and hand sanitiser available on entry.

At the time of our visit the environment was warm and clean but we did notice there was a slight smell of unpleasant odours upon entry and on certain areas of the first floor. Upon entering we found the décor is light and bright with modern easy to clean flooring in the receiving communal area. The manager Nicola welcomed us at the door. Her office was situated across from the front door.

After a brief summary of the home we were shown the lifts and given access codes for locked corridors and doors to explore the home at our own pace. Hand sanitiser is available in most areas of the building. There were a number of areas for residents to relax and interact with other residents. We did notice a large communal area on the ground floor which was unoccupied and appeared unused in general. The furniture was modern with removable washable covers or wipe- clean surfaces and with access for visitors to enjoy drinks and snacks.

There are two lifts to the first floor. We visited the laundry and linen store which were clean and tidy and all were key press locked. A member of staff let us access these. Most rooms that had oxygen cylinders in had a notice on the door. There was one room that was unoccupied and it had a oxygen cylinder in but it did not have a warning sign on the door. A staff only kitchen had been left open with the key left in the door, the room had a boiler in the room and also washing up liquid and cutlery.

All bathroom and toilet areas were spacious, clean and fresh. There was a very large bathroom on the ground floor which was out of order at the time of our visit. We thought this could possibly be turned into a temporary storage room as it was out of the way and another toilet was close by anyway. Sluice rooms were locked with individual key presses. Two storage cupboards had been left unoccupied and with keys left in the door.

All the residents' rooms are spacious and well furnished. Residents are encouraged to bring in items from home to personalise their space and there are name cards outside each room to assist the resident in identifying their own room. At the time of our visit, the corridors appeared to be very cluttered with dinner trollies, wash baskets and medication trollies along with the storage of hoists, chairs and wheelchairs being stored in the corridor in certain areas of the home.

Food and Drink

On our arrival at the home a member of the staff was serving residents desserts from a trolley. There was also a basket with packets of biscuits on a table for residents to help themselves. Lunch is served from 12.30pm onwards. We found the menu did not match the meals that were served on the day.

Fluid charts are in use and the kitchen staff were identifying people's intake and informing staff. Some residents were being fed in their own bedroom by a carer and were being fed gently with encouragement. Three residents we spoke with though in their bedroom had meals in front of them which were untouched and when we asked why they hadn't eaten it each of their responses was that it was not hot.

One lady had asked for the toilet prior to lunches being served and could not eat her lunch as she was distressed. Other residents we spoke with said that the meals were good. Special diets are catered for. On each floor there are drinks and snacks available for visitors. Throughout our visit we noticed a lot of beakers scattered around the home and also some in empty rooms most of which appeared to be unused. We also noticed that there didn't appear to be any other alternative to beakers for residents.

Safeguarding, Concerns and Complaints Procedure

Staff

The Registered Manager when asked told us the levels of staff in the day were a registered nurse on each shift with a nursing assistant. one senior, six carer's, one cook with one catering assistant, one laundry assistant, one housekeeper and one maintenance man with one nurse, one nursing assistant, one senior and two care assistants on nights.

We talked to several members of staff during our tour of the home and all were happy to talk to us but were focussed on their respective roles. Training of staff is ongoing and is provided in-house by the parent company. Any additional training may be sourced via internet and on the job training. There are four Dignity Champions appointed at present with a view to appointing further staff to other Champion roles.

Promotion of Privacy, Dignity and Respect

All residents appeared clean and well dressed. Any personal care was undertaken in private away from the communal areas. Residents were spoken to by their name and care staff were focussed on giving their attention to their charges. Staff did wear name badges. Manager and staff were pleasant and upon seeing us did ask to see

badges and identity. They asked about Healthwatch and discussed their work and the training.

Recreational Activities

An activity co-ordinator has arranged a comprehensive list of activities for each day of the week for the next fortnight with regular day trips included. There were a number of activities planned for the afternoon we were visiting. There is a dedicated hair and nail salon at the home and pamper days are arranged which residents enjoy. The activities coordinator delivered the activity for the day leaflet through the resident's doors each day. Monthly events are including the community quests that are invited and include lunch.

Medication and Treatment

All residents are attended to by their own GP and medication is supplied to the home by Boots Chemist. There has been a lot of work undertaken to ensure the Medication Administration Record (MARS) are completed and that medication is administered and stored in the correct way and at the correct temperature upon a visit to meds room we found it in a good and tidy condition. Other health professionals often visit the home to oversee specific care requirements.

Residents

It was heartening to see a small amount of residents in the communal rooms sharing each other's company reading and looking around the garden at their leisure. They were happy to talk to us and praise the home and its staff. Some were watching TV, others were chatting with visitors and other residents. We did note that there were a lot of people in bed though as well which we found rather strange as activities were planned but this may have been down to their own personal choice.

Relatives and Friends

There were a few visitors around the home and some in bedrooms. Relatives and friends we spoke to said they were mostly happy with the care their loved ones received and the care home in general. A resident did say they were concerned about people not getting up during day sometimes though and in particular their loved one not being out of bed for three days because the activities coordinator does not work weekends and had been on annual leave on the Friday. Relatives said if they had concerns then they went to the manager who acted promptly to resolve it.

Recommendations

- There were a number of wheel chairs /hoists/ chairs stored in corridors. If possible could one of the spare lounges/out of order bathrooms accommodate these? Between the upper floors there is an area with a table in it, it might be an idea to remove this if it is unused to accommodate and store some other equipment as it is out of the way.
- The staff kitchen area had a key in the door with washing liquids, cutlery and a boiler in it. Could the room be locked when not in use to avoid any accidents and the keys be on hook next to door or above door out of a residents reach?.
- Two storage cupboards were unlocked with keys in doors. Could these please be locked when not in use?
- Beakers appeared to be the only option for residents who needed a drink. Please explore other options for residents who are capable to maintain their dignity and basic motor skills.
- A unoccupied room had an oxygen cylinder in with no aware notice on door. Please remove oxygen cylinder or leave notice on the door.

We would like to thank all at Clarendon hall for making this such a pleasant visit.

Service Provider Response

Nicola Walker, Home Manager said:

Thank you for our report. A couple of points that I would like to clarify if that is ok:

- I am unsure which bathroom it is on the ground floor that was out of order, as there were no areas out of order at the time of the visit?
- Although there were only beakers noted for the residents use, there are also glasses available which are on the tables.

I have an action plan in place to rectify the areas that were identified.

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