



## Healthwatch Service Visit Report to:

**Sandpiper Care Home**  
**16 South St**  
**Alford**  
**LN13 9AQ**

## Summary

The following report highlights the findings and observations from a recent visit to Sandpiper Care Home in Alford.

The work was carried out as part of our on-going enter and view programme of activity and in relation to our review of support and care provided in the community.

Where the report identifies themes which Healthwatch believe should be raised as a matter of importance not only with the provider but also where appropriate, with other commissioners and or providers these have been included.

Healthwatch is mindful that factors outside the control of the community care home environment can have an impact on the service provided and consequently the patient experience; where these occur we have included them.

There were some core themes listed below which came out of the visit, and as part of this work we have encouraged the provider comment on the findings in the public interest, their responses are also included throughout as appropriate.

### *Key Themes from the visit and patients spoken to at the time:*

- Overwhelmingly the residents seemed happy and settled in their environment with high praise for the staff.
- We acknowledge the approach to some of the more challenging aspects of the care specifically around dementia support and were impressed to hear the focus on interaction rather than medication to support a residents needs.
- We noted that residents were appreciative of the activities within the home but also the continued to desire to maintain and develop further links with the local community.
- We heard that the home was changing the 'care plan' approach to 'personalised planning' which may better support those individual needs (such as preferences for 'hot' food and more baths) whilst not making the residents feel they are asking too much, but add that element of control and independence into their daily lives.
- We were encouraged to hear the work the home is doing internally and externally to make working in this clinical environment more accessible, particularly with reference to trying to influence pharmacies to be more informative about the purposes of medication which could potentially support a more diverse workforce and support the prevention of medication errors.

### **1. Why do we carry out visits?**

This piece of work has been carried out by Healthwatch Lincolnshire who has a statutory duty to enter and view any publically-funded premises which provide health and care services so that it can view the services being provided and take the opportunity to talk to those using it.

### **2. How we carry out visits.**

Healthwatch authorised representatives are appointed to undertake a enter and view visit. A questioning framework is produced to enable the representatives to effectively talk with patients, relatives, carers and care providing staff and to make observations during the visits. The framework is not exhaustive, but does provide a background for directing theme-specific questions - *in this case the 'resident daily journey', this includes how residents come to be with the provider, how they spend their days and what facilities and services are provided during that period of care.*

### 3. The Provider - Sandpiper Residential Care Home

Sandpiper Care Home are registered to provide accommodation and personal care for up to 30 older people and people who have a physical disability. It can also provide care for people who live with dementia.

The home operates over two floors with the first floor mainly catering for people who live with dementia. There were 30 people resident in the service at the time of our visit with ages ranging from early 60's to those into their 100's with a broad spectrum of care and behavioural needs.

#### 3. Who did we speak to?

Prior to any conversation being held with a resident, we introduce Healthwatch and ask permission for any dialogue to continue as we respect that not all people will want to engage with us in this way.

During the visit we spoke to as many residents who wished and/or had capacity to talk with us. In addition and where we could, we spoke to managerial and operational staff to provide a more holistic view.

A total of 6 residents were spoken to during the visit, there were 30 residents living at the care home at the time of the visit with varying degrees of mental capacity.

#### 4. Findings from Resident Experience Survey.

The following provides an overview of the service from a lay-person's perspective.

##### 4.1 Findings

The following provides the detail of the visit feedback and should be acknowledged that this information was taken at a point in time. If changes have been made since the visit and the provider has commented on them, we will include those within the report for public interest and information.

##### 4.1.1 What the Resident said.

The discussions covered various themes that emerged are recorded below.

##### *DAY TO DAY*

- The residents we spoke to mainly told us that the home had been chosen for them by family members, as more often than not the home was close to where the resident was living previously or they had close family members nearby.
- Without exception residents told us that they felt at home at Sandpiper. A common theme being that residents would probably not do much different to their day to day routine if they were still living in their own home.
- Residents enjoyed activities, trips out (one resident told us about an enjoyable trip to Skegness), we saw on the day animals being brought in for residents to pat (we were told a pony had also visited the home). The enjoyment they took from

this interaction was very visible. The home employs activities coordinators to support engagement, interaction and stimulation for the residents as they choose. This included trips out regularly and weather permitting visits to the local market for 4/5 of the residents and pamper days, other events have been organised such as the Cupcake Party and Summer Fete.

- A comment made by one resident said they would like to be able to take more baths, whilst we appreciate that it can be difficult to provide high levels of personalised care we also recognise the holistic needs of this particular resident and would ask the care home how they cater for this level of personalisation?
- Each of the downstairs bedrooms had patio doors, one resident said they didn't realise the doors opened and other said that they couldn't reach the key to open them (keys for the doors were kept in the room).
- In terms of oral hygiene of 5 residents asked 1 had been found a local dentist by their family and they took them for appointments, the others had not seen a dentist whilst resident in the home. The home confirmed that some families take their relatives out to their own dentists, other residents are registered with a local dentist however there is no known provision for a domiciliary dentist in the area which would greatly support the needs particularly for those with complex needs.

### **CHOICE**

The ability to choose is important as it allows us to retain our independence and sense of self. Supporting choice for those who provide care is also important to ensure that choice and options are available and accessible.

When we talked to residents about their day to day routine, they all told us that they could get up and go to bed essentially when they wanted, whilst routine was very important for some, having the ability of flexibility around their day is key to retaining variety for others.

Residents could to choose to opt in or out of the activities available however most said they chose to sit and read and watch television as they would had they still been at home.

### **FOOD AND DRINK**

Residents we spoke to gave glowing accounts of the meal times, including the variety and quality. Residents told us that they were shown the menu the previous day so they could select their choices, and if they wanted something different the kitchen would always try to be accommodating.

The main meal was served at lunch time with a lighter tea in the evening. Residents told us that they had been given tea in the gardens a couple of times and this change and opportunity to be outside was welcomed.

What we heard from almost all those that fed back that the food/drink was often not hot enough for their 'personal' liking but didn't like to say as they didn't want to put the staff to any extra trouble.

Residents told us that if they needed a drink or a biscuit then they would just ask the staff. We observed on numerous occasions residents calling out or requesting a drink, the requests were not always for the purpose of getting a drink, rather seeking company and this was recognised and addressed by the staff we observed in a caring manner.

### **VISITORS / CARERS**

Residents told us visitors came freely as they would had they been living at home and that they were always made to feel welcome.

Apart from the hairdressing service available, the residents we spoke to did not refer to any other services being delivered at the home.

The first floor supported a number of people with predominately dementia related illnesses. The décor and surroundings were light and supported dementia friendly approaches, however we did observe a mirror within one of the toilets, however we were told that residents rarely used that toilet facility, but the home had in the past made adaptations to accommodate needs and specific triggers for residents.

We noted in this area that the weather, date and menu were all on display in an easy read and pictorial way, however we noted it was displaying the previous day's information.

We also noted that people on this floor were relaxed but appeared to be more engaged socially, we saw dancing and singing amongst the residents.

We queried the security measures in place particularly for those residents on the first floor that may be more inclined to wander, the home said there had infrequent incidents of residents going into each other's rooms or taking others items but the approach the home took and preferred related to distraction and interaction rather than influence behaviour via medication. The home told us that they currently had an issue relating to residents collecting slippers, we suggested at the time of the visit that perhaps a basket of freely available slippers could be made available to try and alleviate the need to acquire the property of others.

We heard that 6-8 residents presented with challenging behaviour however the ethos appeared to be working with that resident rather than medicating them, and a lot was talked about in terms of distraction techniques.

During our visit it was stated that on occasion a resident may be placed on the first floor until a room becomes available downstairs, at the time of the visit we did not ascertain how often that occurred or whether there was any impact on residents.



## *FINALLY Observations and staff feedback*

- Residents we spoke to talked fondly about the caring staff and the homely environment of Sandpiper.
- We noted that the home appeared to provide plenty of opportunity to engage both other residents, staff, external visitors and the community generally.
- We noted plenty of notices and information provided for staff, residents and families including 'about abuse' and complaints procedures.
- We noted that resident's personal money was kept in the safe however they were able to access it as required.
- Boots were the pharmacy utilised with up to 3 deliveries per day, the home said that the service was good and the auditing and dialogue was good in terms of checking orders and missing items.
- It was noted that the home is still using plastic urine bottles, this was raised as an issue related to the phasing out of plastic to cardboard disposable bottles which improved infection control. We have clarified that there is no 'law' that states plastic urine bottles cannot be used. As with all infection prevention and control practice, we take a risk based approach to this and cleaning the urine containers properly (either manually by using the correct detergents or by using the automated bedpan washers). Single use (pulp) containers are gold standard as there is no cleaning element required.
- We noted a lot of energy was given to supporting residents have choice in respect of their daily routine and activities. There appeared to be a drive to ensure that as much as possible that meant integration with the local community and retaining those home from home links.
- We heard that the home was getting enquiries about the availability of day care and this was an area which they felt they could definitely develop however we also understood that there were contractual restrictions to be able to provide this level of care however from the care home perspective there certainly seemed to be a perceived need.
- The home felt the relationship with the local GP practice had a good dialogue, this was also said to be true of the relationships with the District and Community nursing teams.
- The staff in the home seemed busy and happy, we were told there were a lot of experienced carers and felt the mix of staff skills and attributes was a healthy one bringing with it a different dynamic and approach to support the development of care for residents. A new post had been created for a deputy to support the manager and it was felt that this supported the manager but also the rest of the team.
- In terms of how the home interacted with families and community we heard how the community had noticed when the 'Remembering Tree' hadn't been put out at Christmas, this demonstrates the long term links that can and have been built with families and the local area.
- We heard that the home would like to be able to provide more beds and be able to offer day care provision.
- We understand that the Tanglewood group provides each home with a trainer (shared with Horncastle in this instance). Training and development appears to be a key priority and suggestions for opportunities are developed. Training related to challenging behaviour is currently being delivered. It was felt that e-learning has its place but that 'on the floor' training was far more beneficial.

- At the time of the visit, care plans were just in the process of changing to 'personalised care planning'. It was felt that adjustments to plans and encouraging broader support for those staff with lower literacy, English as a second language or non-clinical staff could only be beneficial, this was particularly true for medications where a description of what the medication was for rather than just its clinical name would be useful to care giving staff.

## 6. General Overview of Observations & Conclusion.

The general findings below are intended as capturing both the positive findings and also some of the challenges for this provider and its environment.

- Overwhelmingly residents felt that they were well cared for and that they were in a happy and relaxed environment where as best they could said it was as it would be if they had stayed in their own home.
- The staff team were diverse and offered an energetic, supportive and happy environment with plenty of smiles and laughter.
- The facilities in the home were generally good offering good internal and external accommodation.
- Retaining links with the community was important to the home and the residents and seemed to provide that extra variety and diversity.
- Making local commissions and providers aware of some of the needs that appear to be emerging around day care provision should be considered.
- Making local commissions and providers aware of some small changes that could support not only care provided at Sandpiper but more broadly across the care sector, such as working with pharmacies to include a description about what a medication is 'for' rather than its 'clinical' name could have a major impact.
- We felt that that the changes to care plans to become more personalised can only improve the interaction between staff, residents and families and have a lasting positive impact on the lived experiences.

*The providers legally had 20 days to respond to the findings with an opportunity to add to what was included, update on current status or provide comment that better enable s the public to understand some of the challenges faced sometimes out of their control.*

### **Provider Response:**

*The senior team are very pleased with the report.*

*I have addressed the comment about food temperature with Head chef this morning. She has assured me, and I have seen written records that are taken daily to ensure compliance with EHO (environmental health) and safe food handling legislation and rules, but we will monitor resident's comments and action as required as feel it may be down to individual preferences for that meal.*

*Urinal hygiene and cleanliness will continue as is.*

*Thank you again for the report that has really heartened us all.*

*Healthwatch Lincolnshire wishes to thank the care home, staff, residents, families and our authorised representatives for their time and openness before, during and beyond our visit.*



*Following the report being finalised the following will be notified:*

- The Provider.
- The Care Quality Commission (CQC).
- Lincolnshire County Council
- NHS England
- Healthwatch will publish the report on its website and submit to Healthwatch England in the public interest.