



Healthwatch Service Visit Report to:

**Seaton House Care Home
153 Eastgate
Louth
LN11 9AJ**

Summary

The following report highlights the findings and observations from a recent visit to Seaton House in Louth.

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 residents felt that they were well cared for and that they were in a happy and relaxed environment.
- The residents told us that they enjoyed the activities and there was always an opportunity to make new suggestions.
- We saw an integration of the residents into the local community engaging in sports and other social activities and where independence of others was achievable it was encouraged.
- We noted some of the challenges around working with hospital admissions.
- We also noted that in terms of senior management of the provider, the home would welcome more involvement in the views of the staff and residents.
- It was also noted that an increase in independent living opportunities for people would support the service and individuals in the longer term.

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 enter and view visits. 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 - Seaton House

Seaton House is situated in Louth. The home is registered to provide accommodation and personal care for up to nine adults with learning disabilities. At the time of the visit there were nine males living in the home.

The home is close to Louth town centre and offers an expansive property with its sister service Riverside, at the other end of the plot. Whilst Seaton only accommodates male residents, Riverside accommodates both male and female, we did not visit Riverside on this occasion.

Of the 9 residents in the home there are currently 4 Lincolnshire funded residents and 5 from outside of the county.

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 2 residents were spoken to during the visit with 2 others observed, there were 9 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 talked to spoke fondly of the staff and the interactions we observed showed well supported relationships and time given to address a resident's needs.
- We were told about activities for residents these included personal rotas and included one to one time dependant on how many assessed hours by social care were paid for, but to give an idea of how a week may look we have included an example below :

Monday Free Day, 7 hours 1.1

Tuesday	Painting (Toynton - Adult Skills Centre part of Linkage)
Wednesday	Work or Volunteering
Thursday	Gardening off site
Friday	House Day
Saturday	Free Day, 3 hours 1.1
Sunday	Free Day

- We asked about the 1.1 time and this was generally planned with the resident around core skills, developing independence and activities.
- Residents told us that they all had 'jobs' to do within the house and they rotated the duties. Typically they told us daily jobs took about 20 minutes.
- Residents told us that got out as much as they could, either by themselves (where appropriate, some residents required permanent supervision), others said they were taken out by family and others.
- Activities included annual holidays to Great Yarmouth as an example, meals out especially for special occasions, the disco at the Turks Head appeared to be a favourite with residents as well as merged activities between the two homes on site. Drama, swimming and access to local activities such as Smileys (social club) on a Saturday night were all available to the residents which increased engagement with the local community.
- We saw that residents had access to a small games room and the internet.
- We saw a leisure request board where themes such as football, music, cooking etc were available for residents to select from.

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.

- Residents told us that they were able to get up and go to bed when they wished, but typically for most bedtime was around 11pm after the medication round. Residents said they sometimes needed support to get up and get ready and that was supported by the carers (key workers).
- One of the residents told us and showed us their room, they expressed feelings that the room felt calm and a place to relax, they were pleased to have their own things around them and made it more of a home.

MEALS, FOOD AND NUTRITION

- Residents said they can choose their menus and got involved in the weekly shop which was another way to engage with the local community and build up skill bases.
- Residents told us they always had one hot meal a day.
- On Saturday residents told us they had 'brunch' and Sunday they had a roast dinner.
- Residents are encouraged to spend time in the kitchen to maintain independence skills as much as possible, this also included the laundry.
- The home told us they encouraged people to eat in the dining room to support social interaction and also said they recorded what people had eaten and drunk during the course of the day.

VISITORS / CARERS

- Residents told us visitors were welcome in the home at any time however they normally preferred to have a prearranged arrangement that could be planned for.

FINALLY Observations and staff feedback

- Residents we spoke to talked kindly about the caring staff and the homely environment.
- We noted that the environment however showed some wear and tear on the carpets which we were informed was on the maintenance list. The bedrooms had sinks in them with shared bathrooms, only one of the rooms we saw had a shower room.
- We heard that relationships with the crisis team and the local police were good, where the local police would drop in for a coffee and a chat to build relationships and raise awareness of any issues which may impact on the residents.
- We heard that the home was considering installing safes in the residents' rooms for medications as they felt this was more person centred and less institutionalised.
- It was felt there was a issue with the hospitals expectation of staff caring in this kind of environment, the expectation is that someone would stay with the resident during their hospital stay to manage their learning disability needs, however this was not always possible and whilst family are encouraged to support there appeared to be a gap in the support of admissions with a learning disability.
- We were told there were monthly resident and key worker meeting to discuss the residents care plans, concerns and household issues.
- The dentist was accessed but mainly through Louth hospital as they were good with the residents and offer a good service. The home was also made aware of the Community Specialist Dental Service and had leaflets available for information.
- Some of the challenges faced by the home were simply around meeting resident and family expectations of care and support.
- It was noted the community support for the home with Screwfix making a considerable contribution to refurbish the bathrooms.
- It was felt that it would be beneficial if the senior management team visited the home periodically to talk with staff and residents and to understand some of the issues and challenges faced as well as learning what works well and could be celebrated.

6. General Overview of Observations & Conclusion.

The general findings below are intended to capture 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, some said it was home, although for another resident they considered they had two homes and they could choose when to be at either.
- We felt it would be beneficial if the senior management team visited the home periodically to talk with staff and residents and to understand some of the issues

and challenges faced as well as learning what works well and could be celebrated.

- It was felt there was an issue with the hospitals expectation of staff caring in this kind of environment, the expectation is that someone would stay with the resident during their hospital stay to manage their learning disability needs, however this was not always possible and whilst family are encouraged to support there appeared to be a gap in the support of admissions with a learning disability. We would suggest this is explored further with LINCA and the hospital team and families.

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.

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.