



## Healthwatch Service Visit Report to:

**Skirbeck Court Care Home  
55A Spilsby Rd  
Boston  
PE21 9NU**

## Summary

The following report highlights the findings and observations from a recent visit to Skirbeck Court in Boston.

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 where as best they could said it was as it would be if they had stayed in their own home.
- We noted some of the challenges the home had in relation to particularly A&E at Pilgrim and their desire to build better relationships with the team there.
- We also noted the difficulty being faced in terms of recruitment and work being done to promote caring as a career with progression.
- We heard and have reflected back the residents who told us that they would really like people to talk to and they recognised that the staff were very busy and just didn't have the time to socialise.

## 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 - Skirbeck Court Care Home

OSJCT a charitable organisation is the provider for Skirbeck Court is registered to provide accommodation and personal care for 39 older people and people who live with dementia.

At the time of the visit the home accommodated 37 residents and was undergoing some significant refurbishment in one of the main communal lounges.

The home provides all single bed occupancy and has capacity for respite care.

### 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 11 residents and carers were spoken to during the visit, there were 37 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. For others spoken to they told us they had visited or spent time in other homes but chose to come to this one as they felt it offered the kind of environment they wanted, small community where they could make friends.
- Residents all told us they could go to bed as and when they wished, some residents told us that they occasionally had to wait to get up as they required support and needed to wait for staff to help. There generally wasn't an issue with this as they said they knew the staff were always busy.
- Residents told us that mornings there was less activity and more one to one time, however in the afternoon's games, entertainment and any trips would take place.

At the time of our visit some of the residents were away with the activities coordinator and therefore day to day planned activities were not observed in the way they would normally be planned.

- Residents told us that they liked to keep mobile and exercise was part of that and said they liked to get out and about and also having the ability to walk around the complex was key to keeping well.
- The majority of residents we spoke to said that they liked going out with the family, their friends, they said that groups like the Stroke Association also supported them to get out into the community. It would appear that efforts are made to get residents out of the home as much as possible, with greater possibilities for people to use their own funding to pay for services if they wish.
- We were told about activities for residents by the staff and saw some the pictures, this included a summer fete, charity bingo and also told that visits to other homes in the group was something that occurred and introduced variety for everyone.

### **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 said they didn't feel restrained by the premises and free to come and go within the home environment as they wished. Where residents chose to stay in their rooms they told us that they were happy to do that and socialised as and when they wished to.
- Residents welcomed the garden areas and the open plan environment and the many places they could congregate or sit quietly if they wished.
- In addition to the main lounge which was being refurbished, the home has seating in corridors, a large dining area, garden seating areas, smaller lounges and a conservatory. We did hear from residents that sometime it could be challenging to all agree on what to watch on the television however the staff were aware of potential issues and dealt with as appropriate, televisions were also available in their own rooms.
- Residents told us a hairdresser and nail bar was available on site and we visited that during our visit, where the resident told us it was a good paid for service.

### **MEALS, FOOD AND NUTRITION**

- We were told that food was very important to the home, and ensuring that residents had a good and varied diet was important. The kitchen provides a daily choice of two main meals, however residents can choose something else if they wish and the kitchen will try and accommodate it. None of the residents spoken to said they had any input into the menus however generally they felt this wasn't an issue for them, occasionally they said they would like to suggest alternative foods, but it felt as if they didn't know how or felt they were putting additional pressure on.
- We were told the chef meets with the head of care to go through dietary changes on a regular basis and that weights are taken every month.

- The tea tray was available with fruit and fruit salad as alternatives, in addition in the hot weather experienced at the time of the visit, ice creams and ice-lollies were available.

### **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.
- The carers and family members we spoke to said they felt confident that their loved ones were being looked after well, stating that the patience and understanding needed was provided and that time and attention was placed on encouraging well-being. This was particularly evident in one example given where the residents was now eating and drinking well again, where they hadn't prior to coming to the home, improved hydration and nutrition supports prevention around for infections and skin/tissue damage.
- A couple of the residents spoken to said they didn't appreciate visitors being around at lunch time. The reasons were not ascertain at the visit, nor was it clear whether it was their visitors or those visiting others.

### **FINALLY Observations and staff feedback**

- Residents we spoke to talked kindly about the caring staff and the homely environment of Skirbeck Court, however did say the staff worked very hard and had little time to sit and chat to the residents. This was a theme of the visit and residents raised consistently the desire to have people come in to talk with them. As part of this theme the care home told us that staffing had been an issue recently and that they had bought in an advocate and taken on an independent social worker and carer for one of the residents.
- We noted that the environment was clean and modern with neutral decoration, the single story environment around the garden areas create a light and airy environment.
- With regard to the mental health of residents we were told that OSJT have their own Admirable nurses and will also use outside teams when necessary but having that internal resource was valuable.
- We heard that it has recently been quite hard to recruit and that it was felt the living wage had not helped and although the team has some excellent skills and long serving individuals, the long term sustainability of the skill base needs to be supported through on going recruitment and development. In particular we heard about the work being done to promote caring more as a 'career'.
- We heard about challenges when residents go into hospital, and there was a view that relationships between A&E and care homes need to be developed to have a better understanding of collective challenges and identify solutions. In advance of hospital discharge the home utilised the Trusted Assessor however we heard that they weren't always available.
- The home said they felt the challenges they faced included relationships with the hospital (specifically Pilgrim) and also the challenge of providing the residents with the time they needed for social interaction, and as said above staffing has been a challenge in recent times.

- The home also felt that team work not just in the home but across all the OSJT homes worked really well and this was strengthened by good support from Head Office as well from the local primary care and community services.
- We also heard the home had received the top 20 award from carehome.co.uk for the last 2 years.

## 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 said it was as it would be if they had stayed in their own home.
- We noted some of the challenges the home had in relation to particularly A&E at Pilgrim and their desire to build better relationships with the team there.
- We also noted the difficulty being faced in terms of recruitment and work being done to promote caring as a career with progression.
- We heard and have reflected back the residents who told us that they would really like people to talk to and they recognised that the staff were very busy and just didn't have the time to socialise.

*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.