



## Healthwatch Service Visit Report to:

The Haven  
19 Lincoln Rd  
Metheringham  
Lincoln  
OLN4 3EF

## Summary

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

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 residents spoken to at the time:*

- We found the home refreshing open in talking about challenges and considering suggestions.
- We found overwhelmingly the residents seemed happy and settled in their environment with high praise for the staff for their caring and supportive attitude.
- We noted the lack of activity staff and this resonated with the residents, however we also suggested the existing scrap book be transposed onto walls and consider other options like digital picture frames to showcase what residents do get involved in.

## 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 an 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 - Haven Care Home

The Haven Care Home has capacity to provide personal care and support for up to 29 older people, some of the residents are living with dementia.

The home offers a range of single rooms (13) and shared rooms (6) with only one having en-suite facilities.

At the time of the visit there were 17 permanent residents and 1 respite resident.

### 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 8 residents were spoken to during the visit, and there were 17 permanent 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 said making a decision to come to the home was a combination of factors, some told us family had made the decision, for others it was their own choice.
- Residents told us that they were happy to get up and go to bed as they pleased or within the normal routine for them, particularly if they required extra support.
- All the residents spoken to said that there was not enough stimulation and that television constantly on could be irritating. However none of the residents gave specific examples of what kind of activity they would like to do.
- Residents said that they felt the home was warm and friendly and the staff were caring and supportive.
- There was a lot of discussion around the highlight being the hairdresser visits and the quality of the meal times.

- Somewhere quiet to sit and chat to other residents was something that seemed to appeal.

### **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 said their routine worked for them and they had no desire to change it.
- A couple of residents we spoke to said they were unsure whether they were able to return to their own rooms during the day. We were unable to raise this question with the home at the time of the visit, however would welcome a response as to how choice and control can be reinforced with the residents.

### **FOOD AND DRINK**

- All the residents said the meals were excellent.
- Residents told us they could ask for drinks when they needed or wanted them without any issue.

### **VISITORS / CARERS**

- Residents told us visitors came freely as they would, had they been living at home and that they thought visitors were made to feel welcome and sometimes offered meals with the residents.
- For those who didn't receive frequent visitors the need to keep occupied seemed to be of high importance. We also noted comments that suggested visitors didn't take residents out when they came to visit. As a home could this be a consideration for the home to encourage and support visits to take opportunities to get residents out? We appreciate that not all visitors will have the capacity to take people out (even a walk around the garden), but for some it may be related to confidence building which could be supported by the home.

### **Observations and staff feedback**

The home is situated in a quiet cul-de-sac in Metheringham village with the entrance being through the extension of a conservatory to the front of the building.

We were told that the shared rooms were available to everyone and that a number of residents preferred this option as opposed to being on their own. Where those express a preference for a single room they will always be moved when there is an opportunity to.

The lounge area in the home was very busy at the time of the visit and the dining area offered another area for residents to sit. The premises surrounds a large courtyard garden which offers a safe and secure opportunity for residents to be outdoors.

We heard that the relationship with the District Nurses was excellent and that they saw them most days. We also heard that the relationship with Church Walk medical practice had also improved as a result of new GP recruitments. The home told us that they were able to get same day GP visits, medications and access to test results in a timely manner.

*In terms of services visiting the home we heard:*

- The home has a visiting dentist who comes every 6 months.
- Vision call visit the home regularly for eye health care.
- Chiropodist visits every 6 weeks.
- Hairdresser visits weekly.
- The home is serviced by Lloyds for its pharmacy management and that was felt to be working effectively.

We found the room where the medications were located to be very warm, however we were shown that it was monitored via the thermometer.

There appeared to be issues related to hospital discharge for the care home, we heard that Lincoln particularly was not effective in communicating discharges back to the home. We were told the last 4 residents who returned from hospital 'just turned up' via hospital transport. The communication between the hospital and the home was deemed to be vital as families often relied on the homes to provide resident information particularly when they did not live locally.

Other frustrations related to communication, when a resident is admitted to hospital we were told all residents had a regularly updated 'hospital admission information sheets', however although these are always sent with a resident the home said they still got calls about information that was already on the sheets.

As a rule the hospital said they wouldn't send staff to A&E if an admission is required, but they would contact the family immediately for their support.

The home is currently 'over staffed' due to a smaller number of high dependency residents than anticipated, it was felt that the staff worked well as a team and some were long term and experienced carers.

The home found it was difficult to initiate and motivate training, mainly due to the timing, however they have recently begun using Portland Training (training organisation who can provide onsite tailored training for staff). The training has been found to be effective and is fully funded so is free to the provider.

We heard that there is no activities coordinator currently in post, however in the interim staff are engaging with residents, taking the time to 'chat' doing simple things such as pairing socks and laying tables for dinner. We talked about the minimal opportunities for male orientated activities which may more closely resemble what the male population did before they joined the home. As such we have shared the details for the Mens' Shed where we hope some dialogue can occur. In addition to the above the home has previously had other activities such as Mother's Day tea party, PAT dogs, and quizzes. The manager showed us a scrap book of pictures and write ups of the activities, we suggested the opportunity to put more of this on the walls or maybe even a digital picture frame for showing the photographs.

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There were some frustrations in not being able to refer directly for some services on behalf of residents, this included wheelchair requests, where a direct referral was refused and had to be referred via GP, District Nurse or OT. Equally with speech and language therapy the referral needed to go via the GP first.

Administration could also be a challenge in terms of chasing payments for residents.

It was felt that work around care plans and the development of those with staff would be an area for the home to focus on.

Talking to the chef it was noted that food moulds for thickened and pureed products would be a welcome addition for the residents.

We noted areas of disrepair which the home were fully aware of, a section where the heating wasn't working, damaged ceiling tiles, the outside smoking area which was overlooked by a residents room.

There were two main lounges which were busy with residents, the larger one had a TV playing, we also noted the new addition of a 'tuck shop' for residents.

## **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 safe, secure and happy within the home environment.
- There was a thematic trend that activities or engagement with residents was important and that whilst we are aware at the time of the visit the home did not have an activities coordinator, we would be interested if this situation has changed and whether informing families and visitors of this and encouraging / empowering them to be able to support activities for their loved ones would benefit the residents.
- We heard some challenge over the hospital discharge process. We could not ascertain how these sort of issues were escalated for the home and suggested they work with CQC and the LCC Quality Lead who may enable some of the issues raised to be addressed.
- We noted that the home required some decorative renovation in places.
- We also acknowledge the keenness of the management to develop staff to support their job to be rewarding and effective.

*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.