



Healthwatch Service Visit Report to:

**Eliot House Nursing Care Home
Crooked Billet St
Gainsborough
DN21 3AH**

Summary

The following report highlights the findings and observations from a recent visit to Eliot House Nursing Care Home in Gainsborough.

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 suggestions made, that more activities would be appreciated, however also acknowledge that this is not just the role of the home but also of families and community also.
- We noted some of the good work and focus around hydration and nutrition and falls and have issued the home with information about the LPZ program for consideration with regards to further development of this work.
- We note the lack of NHS dental care available; the limited amount of support available to get residents to dentists and the impact this can have on the home, family and residents, this information, themes and trends will be reflected to the local dental network as part of our specialist dental activity..

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 - Eliot House Nursing Care Home

Eliot House are registered to provide accommodation for up to 29 people who may have mental and physical health needs including people living with dementia, this incorporates personal and nursing care. At the time of our visit there were 28 people living at the home.

There is a mixture of accommodation including 4 double rooms. At the time of the visit we were told there was a waiting list of people waiting for permanent residency and that there was no 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 5 residents were spoken to during the visit, there were 28 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 Eliot House. 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 said they enjoyed the activities that were arranged for them, but most said they would like to get out more and possibly have more to do at weekends. We understood that the activities coordinator worked 4 days per week and tried to work one to one in the mornings with more group activities in the afternoon.

- We heard that whilst the home didn't have a minibus it did have access to one at the 'sister' home locally, to what extent this was used was not ascertained at the time.
- In terms of safety we saw gates being utilised on the stairs and pressure mats on bedroom floors as necessary to support residents who maybe more vulnerable.
- The premises appeared clean and homely which was supported by a 7 day rota of domestic staff

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, 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 could 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, one resident told us about a planned visit to The Deep which they were looking forward to and others said they visited garden centres and the pub occasionally, the variety seemed important although just being able to help out with everyday tasks; setting tables and gardening were areas of interest as well a movie night with ice cream.

The home told us that residents went regularly to visit the garden centre and that they visited the Dementia Café once a month. The amount of activity that was undertaken was generally driven by the amount of staffing available to support it. Family is encouraged to get more involved however this can be challenging.

FOOD AND DRINK

Residents we spoke to said the food was good and felt comfortable in telling staff if there was something on the menu they didn't like. None of the residents said they had any input into the menus but said that wasn't a major concern as the food provided was generally good. Residents told us if they wanted an alternative to the menu that they could ask and that would be catered for wherever possible.

Residents told us they celebrated occasions with cakes and that Christmas lunch was provided.

The main meal was served at lunch time with a lighter tea in the evening. Meals were generally served in 2 sittings allowing for those that required to support to receive the appropriate level of care.

Food for both the residents and staff seemed to be an important feature in daily life with particular attention paid to ensuring well balanced hydration and nutrition which impacts on occurrences of infection and tissue viability.

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.

Residents told us a hairdresser and chiropodist were available, however residents didn't refer to any other services being available and said that access to a dentist was only when they needed it.

FINALLY Observations and staff feedback

- Residents we spoke to talked kindly about the caring staff and the homely environment of Eliot House.
- We noted that some of the rooms were en-suite but all had a commode.
- We noted that the rooms were identifiable by pictures on the doors, rooms were generally decorated and furnished where possible with the residents own possessions or identifiable connections with areas of interest or past relevance.
- The premises had a number of communal rooms and areas for residents and visitors however we did observe that storage of large and bulky items could be a challenge.
- Despite a relatively stable staff team of 46, the home did use some bank staff although not in large numbers, the home told us that recruitment for some reason had become harder in the local area recently.
- We heard that the home accessed training provided by Head Office and also that provided by LINCA.
- We heard that the home felt well supported by local primary care services who visit the home to provide fortnightly reviews and medication checks and that hospital admissions had fallen due to a good nursing team.
- From the homes perspective it felt some of its biggest challenges were around managing expectations of families additionally not being able to support those waiting for residency was also viewed as a challenge but also a positive as they felt it reflected their good reputation. Other areas of positivity included a stable and experienced staffing team and a homely feel to the residential environment.
- We heard that dental care could be difficult if there was no family support as all patients would have to travel out for their dental care. There was no NHS provision in the Gainsborough area so all dental care was private and needed to be supported by the resident or family.

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 the residents comments relating to a desire to have 'more to do', whilst we appreciate this can be a challenge for a staff team, we felt there was an opportunity to do more with families to encourage supporting the resident to achieve what they wished.
- We felt that there was also a potential to support families further in the understanding of dementia, and to offer 'Dementia Awareness sessions' to see if families had an appetite.
- We also propose to contact LINCA to discuss what opportunities could be included in their training program that may holistically support care homes.
- We noted the work the home had been doing around falls and as a consequence signposted them to the LPZ program for interest.

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.