



## **Enter and View Report**

Amber House

Wednesday 18<sup>th</sup> October 2017

# healthwatch

## North East Lincolnshire

### Contents

Enter and View Report.....	1
Report Details.....	3
What is Enter and View.....	4
Methodology.....	5
Details of Visit .....	6
Recommendations.....	7
Service Provider Response .....	8
Distribution.....	8

## Report Details

Address	154 Grimsby Road Humberston Lincolnshire DN36 4AQ
Service Provider	Carmand Ltd
Date of Visit	18 <sup>th</sup> October 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Sue Hobbins & April Baker

### Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

### Disclaimer

Please note that this report related to findings observed on the date listed above. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch North East Lincolnshire.

## What is Enter and View

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of trained volunteers, who are prepared as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as “announced visits,” where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as “unannounced visits.”

Enter and View visits can happen if people tell us there is a problem with a service but equally they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.

### Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Food & Drink, Safeguarding, Staffing, Personal Care and Medication
- To observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

## Methodology

### **This visit was an announced/unannounced Enter & View visit.**

An announced/unannounced visit is where we send a letter to the care home 6 weeks in advanced of a date we have in mind, letting them know we intend to visit soon. A letter will then be sent approximately one week before the visit date we have and then we will turn up in that week unannounced.

### Summary of Findings

- Staff and residents interacted well with one another
- Staff were knowledgeable about polices and legalisation
- Residents were treated with dignity and respect
- Residents enjoy shopping and trips out

## Details of Visit

Amber House is a care home situated in a residential area of Cleethorpes. It has a maximum occupancy of five people. The service is registered to provide accommodation for people requiring nursing or personal care and treatment of disease, disorder or injury.

### Environment

On our arrival we noticed the home itself appeared like it needed a little upkeep. We felt like a lot of the windows looked like they could do with a clean.

The doorbell was broken so after knocking we were waiting sometime before being welcomed. We explained who and why we were there and nobody had been informed of the potential visit despite previous letters sent. A staff member asked to check our badges and she introduced herself and another member of staff as well.

We noticed some old gardening equipment and a swimming pool in the back garden which looked like they were not in use.

On our way round the home we noticed one of the residents was smoking in the conservatory so the smell lingered into the main room. In the conservatory we also noticed some broken/unused electrical equipment i.e. broken TV and toaster and also paint.

The home has adapted a downstairs room for a resident who is in a wheelchair.

The home was very clean although shabby inside and out.

### Food and Drink

We spoke with residents who explained their favourite foods and said they sometimes enjoyed going out for meals.

A menu is completed for the week every Sunday after discussion with the residents. Healthy eating is encouraged at the home.

### Safeguarding, Concerns and Complaints Procedure

One of the residents was subject of Deprivation of Liberty Safeguards.

### Staff

Staff introduced themselves and were knowledgeable about polices and legalisation. They mentioned they were currently working extra hours due to staff holidays.

Staff have a Multidisciplinary Team Meeting (MDT) every 3 months.

## Promotion of Privacy, Dignity and Respect

Dignity and Respect training had been completed by all members of staff.

Staff and residents interacted well with one another and all residents were treated with dignity and respect and all were encouraged to speak with us as well.

## Recreational Activities

We did not notice any activity programme but we were told residents are regularly taken on outings, one recently being to Meadowhall. One of the residents went on to say how much they enjoyed shopping and regularly goes into Top Town.

We were told they also have craft days and like to colour. Residents were busy making Christmas cards and we were told cards have been made for staff when they were ill.

## Medication and Treatment

A GP regularly visits the home along with an advocate to help residents.

Medication is kept locked in a trolley and is delivered by Lloyds.

## Residents

One of the residents was still in bed when we arrived but we witnessed staff assisting them to get up and they spoke and treated them with care and consideration, explaining who we were and encouraging them to talk to us.

One resident goes to Lincoln once every 4 weeks to visit family.

Residents have one to one meeting every Sunday to discuss the dinner menu planning, day trips and any complaints they may have. There is also a house meeting once a month.

## Relatives and Friends

There were no relatives or friends there during our visit.

## Recommendations

Overall we were happy with our visit, staff and residents made us feel welcome. We would just like to make some minor recommendations:

- Replace/fix doorbell
- Remove broken TV, toaster and paint from conservatory if unused.
- Look at the possibility of tidying and removing some items from the front and back areas as there were a lot of unused items in the garden i.e. old gardening equipment and swimming pool etc.
- Look to see if windows could be cleaned

## Service Provider Response

John Terry, Interim Manager said:

A consultant psychiatrist visits the home once a month to review each client and support staff with care planning.

Following the visit the managers have agreed actions to address the concerns raised during the Healthwatch visit.

## Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (Contracts manager for HWNEL)
- Julia Wong (Quality Programme Officer CCG)
- Lydia Golby (Lead nurse-quality at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew ( CQC Inspection Manager Hull, NEL, & NL)
- [www.healthwatchnortheastlincolnshire.co.uk/enter-view](http://www.healthwatchnortheastlincolnshire.co.uk/enter-view)