

Enter and View Care Home Report

Eagle House

Fleetgate, Barton-upon-Humber, DN15 5QD

Date of visit: 9th October 2017

Date of publication: 17 January 2018

HWNL Representatives: Annabel Tindale, Carol Stothard, Denise Fowler

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Main Purpose of Visit

This visit was part of a Healthwatch North Lincolnshire (HWNL) programme intended to:

- Observe the environment and routine of the care home including cleanliness and comfort.
- Speak to as many residents as possible about their experience of living in the home.
- Look at personal interactions.
- Speak to visiting family members about their perceptions of the home.
- Give staff an opportunity to share their opinions on the provision of activities and general care provided.

It is important to note that Enter and View is not an inspection; it is a genuine opportunity to build positive relationships with local Health and Social Care providers and give service users an opportunity to give their views in order to improve service delivery.

Summary of Key Findings

We visited Eagle House on 9th October 2017 as an announced visit.

Both residents interviewed liked living at Eagle House and were happy there.

A variety of activities were provided and residents and family feedback was welcomed by the care home and acted upon.



Both residents and visitors seemed happy with the staff, who understood residents' needs and interests.

Residents who required assistance to move around the home were supported by staff. Staff also provided support for residents during mealtimes, although an Enter and View representative did notice a member of staff leaving a resident part way through a meal.

Both residents interviewed said that they felt safe in the care home. The Enter and View representatives did not see any objects lying around that they deemed hazardous to residents nor witness any safeguarding incidents. However, the flooring appeared sticky and it was mentioned that some residents struggle with threshold strips in doorways and take larger steps over these. The Registered Manager later explained the sticky floor was because at the time of the visit, the home were trialling some new products however they had gone back to the old floor cleaner which did not create a sticky surface. Analysis of resident's falls indicated that the door thresholds were not a common factor and although some residents were cautious about doorways, there was no correlation to any incidents.

Full Report

Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically:

- Strategic Context and Relationships
- Community Voice and Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter and View:

Under its remit of 'Community Voice and Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Main Findings

During the visit HWNL representatives spoke to: two residents, three visitors (family and friends) and three members of staff.

On arrival

On arrival Enter and View representatives met the manager who was very welcoming and approachable. The manager gave a full tour of the home, including bedrooms and bathrooms. The care home appeared clean and smelled fresh.

Safeguarding and safe practice information was present on a notice board close to the entrance. This board also displayed some quality and safety concerns data for September which highlighted that: one complaint had been made, 22 beds were occupied, five infections had occurred and 14 falls had occurred. In addition two staff had left, there had been no new recruits and out of the 14 residents at risk of pressure sores, one had developed them. The Manager explained that the home display this information to ensure they are being transparent and open about the care provided.

Also found on notice boards was: information as to whose birthday it was during October, an audit plan and information on how residents and relatives could provide feedback and make complaints.

Residents appeared clean, smart and well kept.

Staff

Both of the residents interviewed said that they liked the staff and all three visitors spoken with said that they knew who the manager was and that all staff, including the manager, were helpful and friendly. They also felt that the staff had the time and skills to care for their relative/friend and that staff knew their life history, personality and health and care needs. Comments on this included:

“Unwell, noticed by husband. Medical help given immediately”.

“Highly recommended”

The three visitors spoken to were asked if the home noticed and responded when their relative’s/friend’s needs changed; all three felt that the home did. One resident confirmed that if they had any problems they would speak to a member of staff.

Staff members mentioned the support that they received from the manager:

“As much support as needed. Always there to talk to about any problems”.

“Supervisions, staff meetings”

“Good all round”

When the three staff interviewed were asked what they enjoyed about their job, comments included:

“All aspects of the job. It’s very rewarding”.

“Interacting with residents, organising events making residents smile”

“Everything and all tasks”

Staff could wear their own clothes in the colours they wished and all appeared clean and tidy. Over their clothes staff wore tunics; the senior care home staff wore purple tunics, nursing staff wore burgundy and other staff could choose whatever colour they wished. Many staff wore name badges, but not all.

Safety

Both residents who were asked felt safe at the care home and the staff interviewed believed that they had enough time to care for residents.

All three visitors said that external health services visited the home. Examples given included doctors and opticians. Staff also confirmed that other services visited, such as Vision Call, and that the Senior would telephone for doctors when needed. Information given by the home suggests possible issues with one surgery, who do not always visit their patients and instead send an **“...emergency care practitioner, resulting at least once in a trip to hospital that was not needed.”**

The Enter and View representatives did not see any objects lying around that they deemed hazardous to residents nor witness any safeguarding incidents. Although no trip hazards were identified, it was noticed that floors were sticky.

Due to the number of falls in September, a HWNL representative asked whether the care home had a policy on managing and preventing falls; it was established that they had a falls policy. The representative also spoke to a member of staff about falls, who told us that some residents take larger steps over the threshold strip inside door frames however it was not clear that this was the cause of any problems.

Following the visit Healthwatch made contact with the home to ask about whether they carry out any audit on the nature of the falls and if they use information to inform service improvement. The home told us that they undertake a monthly audit on falls and accidents, to identify any patterns around who falls, what time and how falls occur. They use this information to take action where necessary to try to reduce the number of falls or seek advice from other healthcare professionals such as the falls prevention team, occupational therapy or mental health teams, along with GP and district nursing.

Whilst showing the Enter and View team around, the Manager found the medicine cupboard door upstairs to be open. However, a senior member of staff was on that floor and no residents were upstairs apart from one who was bedbound. The Manager confirmed that this door is usually locked.

Feedback and Learning

One visitor confirmed that their relative would tell them if they had any issues and then they would pass these on to staff. All three visitors knew how to make a complaint and felt, unanimously, that their complaints would be acted on if they had to complain.

The three staff interviewed explained that residents and their families could provide feedback to the care home about a good experience or where improvements could be made through the relatives meetings and feedback forms. HWNL representatives established that meetings just for relatives were held bi-monthly and the resident and relative meetings were also held bi-monthly. The manager informed HWNL representatives that there had not been much take up with the relative meetings but that relatives can raise concerns anytime.

Staff gave examples of when feedback had resulted in positive changes, such as formal invitations posted out to advertise events as some people were not sure when events were taking place. Another positive example of change came after a resident's family said that the resident did not like gravy being put on his food and that was why he was not eating. Staff stopped putting gravy on the resident's food and he began eating.

Interviewed staff also felt that they could have a say in how the home was run and said staff meetings took place where they could raise matters. One member of staff also said:

“I feel we are constantly looking for ways to keep moving forward and improve as a home. Spoke to [the activities coordinator] about looking on Healthwatch website for other E&V visits to see what others are doing for different activities”

Accommodation cleanliness and comfort

The general décor looked clean and was to a satisfactory standard, the dining room appeared bright and corridors were decorated with motifs.

Doors had signs on them and were also colour-coded, for example, all red doors were toilets and blue doors were bathrooms. Residents' room doors were decorated in their preferred colour and had their names displayed on them. HWNL representatives also noticed that pictures of hobbies and pastimes were hung on room doors and rooms were personalised with belongings.

Finally, the furniture at Eagle House appeared clean and well kept. In an afternoon the layout of the lounge was altered to accommodate activities as the activities coordinator felt this worked best for resident interaction.

Food and nutrition

Both residents interviewed liked the food at Eagle House, and one said that they got to choose where they ate and drank. Staff also mentioned that residents were able to choose when and what they ate and drank, with one member of staff commenting:

“They have a choice every meal time and when tea trolley comes out. Also when asked they get”.

HWNL witnessed a tea and coffee drinks round, when residents also had a choice of cake, sandwiches, pastry or fruit.

Visitors were asked for their opinions of the quality and choice of food. Two felt that the choice was good and one said excellent. All three were confident that their relative / friend was supported to eat and drink as much as needed and two visitors felt that mealtimes were sociable.

A four week food menu was displayed in the dining room along with a picture menu that was changed daily. Residents also got a choice of meals every lunchtime and evening.

All crockery and cutlery seemed in good condition and HWNL representatives observed some residents being supported with meals, for example, staff cut up food and helped feed those who required assistance.

Occupation and social interaction

Both residents spoken to said that they liked living at the care home and felt happy there. Neither of them said they felt lonely.

The detailed activities schedule was in the process of being updated but some information was displayed that showed what activities took place each month. Posters were also present advertising individual activities and special events.

Visitors were asked what they thought of the activities available for residents inside and outside of the home. One felt that the activities were excellent and another felt that they were good.

Two visitors said that residents were properly encouraged to take part in activities, whilst another said that the person they were visiting was unable to take part due to ill health.

Staff named a range of activities that were available including: days out, Salvation Army lunch, church group, music, painting, mini-golf and musical instruments.

Staff were asked what encouragement and assistance they gave to residents to help them take part in activities. Answers included:

- **Making activities person centred**

- Encouraging family / friends to join in
- Organising events

Staff mentioned that the home caters for religious and cultural needs, which is achieved by a church group visiting the home monthly and faith leaders, such as priests, visiting by request.

HWNL representatives noticed that staff seemed to know a lot about the history of residents such as what their jobs used to be. Staff confirmed that they would look in residents care plans, in order to find out about residents life history, personality and health and care needs, when they first arrive. One member of staff also mentioned talking to residents and their family about this. During HWNL's visit it was noted that staff were on first name terms with some visitors.

Dignity

HWNL representatives observed staff supporting residents through the use of walking aids. Staff also held residents hands when needed.

Lunch time medications were given out in the dining room during HWNL's visit. It appeared that a room was available for residents to receive personal care or medication.

Conclusion

The residents interviewed liked living at Eagle House and felt safe. They also liked the staff and the food provided.

The report highlights a positive learning culture within the care home as both resident and family feedback was sought, welcomed and acted upon. There also appeared to be openness and transparency through the displaying of quality and safety concerns data.

The décor appeared satisfactory whilst taking into account resident's needs, for example, making facilities such as toilets more easily identifiable through the colour-coding of doors.

Activities were provided for residents and visitors seemed welcome. Staff also understood the residents' history and interests and supported them to move around the home when required.

Residents liked the food at Eagle House and were able to choose where they ate and drank. HWNL representatives observed some residents being supported to eat their meals.

Recommendations

Overall, it is important to share with care home staff the positive feedback from residents and visitors following this Enter and View visit, and to celebrate the areas of good practice identified in this report. There were no recommendations for improvement following this visit.

Signed on behalf of HWNL	<i>Kirsten Spark</i>	Date: 17 January 2018
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