healthwatch
North East
Lincolnshire

Enter and View Report

Churchview

Monday 20th November 2017

healthwatch North East Lincolnshire

Contents

Report Details

Address	46 Aylesby Road Great Coates Grimsby North East Lincolnshire DN37 9NT
Service Provider	Shire Care (Nursing & Residential Homes) Limited
Date of Visit	20th November 2017
Type of Visit	Announced / Unannounced (**See methodology on page 5**)
Representatives	Sue Hobbins, Mary Morley & Carol Watkinson

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

- The service provider appears to be very involved within the home and supportive to all staff.
- The home has a friendly, relaxed atmosphere which felt homely.
- Staff were helpful, informative, well trained and eager to help
- All residents appeared clean, happy and well looked after
- Staff demonstrated a good understanding of people's needs and how to keep them safe.
- We observed staff helping and supporting residents

Details of Visit

Church view Care Home is registered to provide accommodation and personal care to 30 older people. At the time of our visit there were 22 residents living there. Some residents are low level dementia care and some are respite care. The home is going through the transition into nursing care also. Some of whom may be living with dementia.

The home is a detached property which has been extended since it was built. It is situated in the village of Great Coates close to Grimsby. The home is owned by Shire Care Homes who has four care homes based across North East Lincolnshire in Grimsby, Cleethorpes and Stallingborough. Each home has its own individual style and is run under the philosophy of Shire Care Homes which is all about providing personal choice and individual care. They are very involved within the home and supportive to all staff. A care coordinator/ manager oversee 2 homes as Karen Cetti is undertaking her registration process.

Environment

All doors are key pad secure and an access code is required. The visitor's book is clearly displayed at the entrance with hand wash available. We were welcomed by the activity coordinator who asked who we were and then went to get Karen Cetti the manager for us. Karen checked our badges on arrival. Posters at entrance were visible and brightly coloured. Activities planned for the week were on display. Also achievements in charity collections were clearly visible. There is a Control of Substances Hazardous to Health (COSHH) cupboard at the entrance which was locked and key padded. The grounds were nice although car park a little tight. We found that Church view Care Home had a friendly, relaxed atmosphere which felt homely. Karen escorted some of us around the home highlighting her ideas for it.

Food and Drink

Menus were clearly visible and at least two choices were available each meal time. If a different choice is needed this can be accommodated. We witnessed a lady asking for soup instead of a meal which the home obliged. There is a hot meal at lunch and a cold meal at tea time with various options. Residents are asked daily for their choices. A lot of the residents are on a fortified diet and this is adhered to. Kitchen staff are aware of each person's preferences and needs.

Safeguarding, Concerns and Complaints Procedure

Karen assured us that she takes all complaints seriously and investigates them. Majority of service users have DOLS or are awaiting result. Staff showed good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. Staff were well trained and eager to help. Equipment used in the home was serviced at intervals to make sure it was safe to use and contingency

plans were in place for emergencies. Fire extinguishers were within time limits. We spoke with a lady who says she had a problem one night and used the call system. The lady said a nurse did not come and she ended up having an accident. The carer went on to explain some residents find it difficult to grasp the system due to their conditions and went on to explain to this particular resident on how to use the call system correctly.

Staff

Staff were helpful, informative, well trained and eager to help. They have all undergone the training required. On our visit there were 1 senior, 4 care workers, activity coordinator, domestic cook and domestic staff on duty. Karen is a dignity champion who has only been in post a few months and is in process of updating staff and ensuring they achieve dignity champion's status. Sue asked about mental health training and Karen looked on the training matrix and could not find this. Staff within the home had been there a number of years and all seemed happy. There is a low staff turnover at the home. Staff meetings are held ever quarter with regular interaction and information given between these. Overall, we saw there was enough skilled and experienced staff on duty to meet people's needs.

Promotion of Privacy, Dignity and Respect

As we entered the home a gentleman was standing near the door, staff were kind and understanding with him and encouraged him to come in.

The office is the heart of the home with manager and seniors able to oversee the home. Bedrooms are bright and homely with personal items and furniture encouraged if the residents choose to do so.

Each door had a picture of the resident. Some walls are undergoing some redecoration because the old décor appeared to confuse some residents. It is a lovely home and they care about the effects a closed in space can have on residents. Bathrooms were clean and spacious with good amenities. Gloves and all PPE is available within a large corridor in locked cupboards. 1 bathroom had towels, clothing and gloves on the side, this was for a resident who was going into the shower. In one room a decorator who comes in weekly is changing the décor to a 1940 room to aid a good interesting time line. Staff and residents were asking and interacting throughout all the rooms we visited. The cook and domestic assistant were discussing menus with residents. Activities boards, menus and insurance registration details are all situated on boards within the home. Fire evacuation notices are in clear site. People told us they were supported by kind and caring staff who knew their preferences for how they felt care and support should be delivered.

Recreational Activities

A draft copy of activities is discussed and if appropriate is typed and printed to be undertaken. A photograph album with activities received and residents undertaking them. This was given to us to browse and it was full of interesting pictures and events.

Medication and Treatment

The senior on duty was doing a medicine round and she did this with confidence and knowledge ensuring that safety to others was not compromised. Locking the cabinet at each resident and making sure nothing was left and ensuring the person was swallowing the medication. As she was doing this we noticed that she signed each one correctly and professionally. Medication cupboards are key locked and correct storage is in place.

Each resident has their own personal GP.

Residents

All residents appeared clean, happy and well looked after. There are resident's, friends and family meetings held every 2 months. We were told the attendance is quite low at these. There is a family room being sorted (was old office) this is awaiting a pull out bed if required by friend's family in end of life care. Tea and coffee facilities are available here for visitors. Staff demonstrated a good understanding of people's needs and how to keep them safe. We observed staff helping and supporting residents to move around safely using equipment such as walking sticks, frames and wheelchairs.

Relatives and Friends

There were no relatives or friends on our visit so we were unable to speak to any.

Recommendations

Thank you to Karen and staff, this was an enjoyable visit. There were two minor recommendations.

- Explore mental health training options on the training matrix.
- Work to continue on garden area, 1940s room and other ideas that were shared with us.

Service Provider Response

Karen Cetti (Manager) said:

The only comment I would like to make is in regards to the mental health training. Due to being new in post I needed to clarify the training we provide for mental health. Our staff currently attend face to face training for dementia and in addition we can provide short notice e-learning courses for staff that care for any service users who have other mental health needs and have done so within our other homes.

Please thank the team for their time it was lovely to meet them.

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