



Simonsfield Care Home

Runcorn

11th October 2017



Enter & View report

ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank the management, staff, visitors and residents for their time, consideration and contributions to this Enter and View visit.

WHAT IS ENTER & VIEW

People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

PURPOSE OF THE VISIT

- To enable Healthwatch Halton Authorised Representatives to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities

VISIT DETAILS

Centre Details	
Name of care centre:	Simonsfield Residential Home
Address:	53 Boston Avenue Runcorn Cheshire WA7 5XE
Telephone number:	01928 500223
Email address:	simonsfield@hillcare.net
Name of registered provider(s):	Hill Care 1 Limited
Name of registered manager (if applicable)	Deborah Smith
Type of registration:	Residential Care Home
Number of places registered:	63

The Enter and View visit was conducted on 11th October 2017 from 10.35am to 11.35am

The Healthwatch Halton Enter and View Team Authorised Representatives were:

Matthew Roberts, Sue Ellison and Jane Catt

DISCLAIMER

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report may not be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Halton Authorised Representatives at the time of the visit.

SUMMARY

Simonsfield is a two-storey Residential Home situated within a residential area of Runcorn that currently houses 62 residents. The home provides residential and dementia care.

It has a warm and welcoming environment.

We observed that staff were patient, kind, caring and respectful to the residents.

Residents we observed appeared relaxed and comfortable with the staff at the home.

A sign spotted throughout the home said, *'Our residents do not live in our workplace. We work in their home'*. We felt this accurately summed up the philosophy of the staff we met.

OBSERVATIONS

Location, external appearance ease of access and parking

Simonsfield is a two-storey Residential Home situated within a residential area of Runcorn. The home is near to shops and is within easy reach of public transport. There are two large signs to identify the home from the road (though bushes were slightly obscuring the view of these). There is a large car park with plenty of accessible parking bays. On the day of our visit we noted that the exterior of the Home was clean and maintained to a good standard. There were plenty of hanging baskets and evidence they had recently been watered. Security lighting was in situ and on. Around the doorway were twinkling fairy lights. Notices on the door included 5-star hygiene rating and protected meal times. The home can house 63 residents. On the day of our visit there were 62 residents living at Simonsfield.

Initial Impressions

We rang the doorbell and then waited for a few minutes for a member of staff to answer the door. The delay was because we had accidentally coincided our arrival with the end of breakfast.

We received a warm welcome from Sophie Garner (Deputy Manager) who kindly showed us around the home.

The entrance area was large, clean and well lit. A variety of posters and leaflets were on display (including Healthwatch Halton literature). There was a suggestion box and a signing in book. On display was an activities board, which was presented in both written and pictorial format. The entrance area had large sofas and a coffee maker. There was also a sweet dispenser (coin operated) for both visitors and residents use.

Internal Physical Environment

All of the 63 rooms are en-suite with baths and showers. Residents are able to decorate their rooms to reflect their own taste and they would be supported to do this by the staff if they had no family that were able to help. On each of the bedroom doors was the residents name and photograph. Each door was painted a different colour, these were all aids to enable residents to independently identify their own bedrooms. We loved the way corridors were decorated to look like streets (brick wallpaper, old fashioned front doors with knockers and hanging baskets). On the first floor was the dementia unit. This was decorated and lit to the same excellent standard as the ground floor. In addition, along the corridors were benches and 'fidget boards' for the residents to aid relaxation and calmness. They also have a bus stop with bench and a replica of a launderette.

Simonsfield was a welcoming environment.

There was good signage (including text and images) and pictures hanging on the walls, including plenty of Runcorn. There were handrails around the corridors. Décor was fresh and other than some minor scuff marks on the bottom of some doors/doorway (we were informed this was due to a wheelchair) all was of an excellent standard. The lighting levels were a good standard and consistent throughout. The dining room was very spacious and we listened to some interesting plans for a new garden café. There was a bar area, lounge, kitchen area which was set out to replicate a café. This area is also used by relatives to accompany residents from the dementia unit to visit the 'café'. We were unable to go inside the cinema room, (as training was being delivered at the time of our visit), but it looked very impressive. There was another lounge with a piano and pool/snooker table, which could be accessed by both residents and relatives. There was also a traditional barbers shop. Families can use this facility to wash/style their relatives' hair or provide a manicure/pedicure. The communal bathrooms we saw were all very clean with appropriate equipment. We were also viewed the kitchen area (off limits to residents) which was very clean.

Simonsfield's Manager, Debbie Smith, informed us that the home has a maintenance man (employed by Hill Care 1 Limited) who has his own schedule of maintaining and repairing the buildings infrastructure (such as lights, fire alarms etc).

Debbie has a refurbishment action plan. She explained that this is a never ending, ongoing plan to keep the décor in the home fresh and updated.

Staff support skills and interaction

During our visit there were many interactions observed between staff and residents. The staff were always patient, kind, caring and respectful to the residents. One of the Healthwatch team commented, *“Sophie showed kindness and patience interacting with the residents we met. She knew everyone’s name and had a great rapport with them.”*

Sophie was described by another member of the Healthwatch Team as *“passionate about her work and caring”*.

We observed quite a few staff changing and tidying the various residents’ rooms. This gave the impression of a very well organised set-up.

We were very impressed with a sign (positioned throughout the home) which read, *“Our residents do not live in our workplace. We work in their home”*. We felt this accurately summed up the philosophy of the staff we met during our visit.

Debbie provided us with information about the staffing levels at Simonsfield. On Springwood (the area of the home for residents with dementia), it was as follows:

- 8am till 8pm. 5 staff (1 senior care assistant with 4 health care assistants)
- 8pm till 8am. 3 staff on the overnight shift. (1 senior care assistant and 2 health care assistants). Night staff wear pyjamas to minimise disorientation for residents and pacing

On the Residential floor:

- 8am till 2pm. 5 staff (1 Senior Care Assistant with 4 Health Care Assistants)
- 2pm till 8pm. 4 staff (1 Senior Care Assistant with 3 Health Care Assistants)
- 8pm till 8am. 2 staff (1 Senior Care Assistant with 1 Health Care Assistant)

The home operates a training matrix to keep track on staff training requirements. Training can be delivered by other members of the staff inside home. Sometimes the Strategic Development Manager from Hill Care 1 Limited comes in to deliver specific training courses (such manual handling). The home has a “Train the Trainer” programme to encourage staff to be able to deliver the training themselves. They also deliver training on Mental Capacity and DOLS. Staff are paid to attend training and will attend sessions on their days off.

Residents’ social and emotional and cultural welfare

During our visit we observed residents being actively listened to. There was a timetable of structured activities (displayed on a calendar with pictures). There were posters showing events - such as a Halloween party and other entertainments - for the coming weeks. We were informed the bar area is used during parties (such as “Tickle Pink Day”). Films are shown in the Cinema Room (they are chosen by residents and can vary from ‘My Fair Lady’ to ‘Mrs Brown’s Boys’). The Cinema Room will be used to host Race Nights in future. They hold summer fairs in the garden/court yard. When the home has visiting entertainers, they

perform in the residential unit and again in the dementia unit. Ensuring all residents access social opportunities. We were told of an example that a resident enjoyed doing bingo, therefore she was provided with a bingo machine and occasionally calls games for her fellow residents. Residents enjoy chair based exercises, including games with a large parachute and a fly swotter & balloon game. Reminiscence activities are always provided. Halton Library Service bring memory cases & boxes into the home. There are also rummage boxes to explore in each lounge. There are activity/sensory walls in the Springwood area. They are very tactile and are perfect for residents who like to pace.

All residents are encouraged to access social activities by the staff to prevent loneliness and boredom. If they chose not to (after encouragement) this is respected.

The home doesn't have its own bus, but they use Halton Community Transport for trips out of the home. As an example, in the summer, residents visited Southport Promenade. They enjoyed watching a singer performing some old time songs and had fish and chips. Singers also come into the home to perform for residents. One sings 'Mary Poppins' songs whilst another sings Frank Sinatra. They are popular with residents and visit once or twice a week.

The home also looks to involve local schools with choirs (from St Chads and The Grange) visiting and performing for the residents. Residents were also able to visit The Grange for lunch. The students helped to deliver meals for the residents. NCS (National Citizens Service) volunteers also visited the home and engage with residents, describing it as very rewarding.

On the day we visited, interviews were being held for the vacant Activity Coordinator post. This will be a full-time role (40 hours per week) with activities provided for residents during the day and evenings. Evening activities for residents on the Springwood floor will be important, as anxiety can be heightened during evenings and activities will minimise this. The current staff have been chipping in to help deliver activities whilst the post has been vacant.

Residents can access the local community to go shopping or to stretch their legs. Staff will happily accompany residents who want to go for a walk and two of the residents regularly go to the local shops for important supplies (cigarettes, Polo Mints etc). Debbie repeatedly makes sure that residents (& their families) are aware they will be supported to go for walks or to have a pub lunch, if they wish.

Simonsfield does comply with the Herbert Protocol¹. Thankfully, they have never had to use it so far.

The home holds a Church service once a month, which is provided by the local Methodist Church. Clergy will come in to deliver the Last Rites if a resident if requested.

¹ The Herbert Protocol is a national scheme being introduced locally by Cheshire Constabulary and other agencies which encourages carers and family members to compile useful key information which could be used in the event of a vulnerable person going missing.

Resident's physical welfare

Medication is administered by the Senior Care Assistants. They wear 'Do Not Disturb' bibs so that they are not interrupted whilst administering medication. We asked Debbie if the home had any problems with medication or pharmacists. She commented that the system is not perfect. Sometimes it can be a struggle to the prescriptions through from the GP. She feels that NHS Halton CCG's GP Alignment plan is a good idea, as it should remove some of the existing problems as well being more person centred. With the GP seeing the same residents and staff each week, they will build trust and rapport.

With regards to hospital admission or discharge; there have been problems in the past. However, Debbie believes that things have improved dramatically in recent times. Halton Borough Council provides complaint forms (relating to Warrington and Whiston Hospitals). If a resident is returned late to the home (or information has been lost), the form can be completed. Debbie noted that the hospitals are now contacting her to ask how late they can return a resident to the home. Information was often lost during the discharge process. Debbie recalled the hospitals ringing the home to ask for information which they had sent in with the resident. Debbie is quite impressed with the 'Red bag for hospitals'² idea which is currently being trialled. The Red Bag identifies the patient as a resident of a care home. It includes personal information, medical details, their transfer sheet as well as glasses, dentures, hearing aids and pyjamas. The bag was kept with patient and returned back to the home with the resident.

The staff will accompany a resident who has been admitted to hospital if their family are unable to take them.

Chiropodist & Opticians visit the home and see residents in either their own rooms or a communal area depending on the choice of the resident. Podiatrists visit the home every 10 to 12 weeks. The home use a private podiatrist as when residents require them. Regarding dental services; Dr Randall's service in Widnes provide routine and emergency care. Debbie described them as "fantastic". Dr Randall and colleagues visit the home and Simonsfield have never had any problems accessing dental care. An oral assessment is completed when a resident joins the home and staff are trained to look for signs of oral pain (such as not eating).

The home can cater for special dietary needs and are able to prepare meals which are appropriate for residents who are on a fortified diet, a diabetic diet, a pureed diet, a fibre diets or a none fibre diets. There is always a good selection of food available to residents with an alternative menu always on the table. We were pleased to see that in the dementia

² The Red Bag Pathway is designed to support care homes, ambulance services and the local hospital meet the requirements of NICE guideline NG27: Transition between inpatient hospital setting and community or care homes.

A red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the resident throughout their hospital episode and is returned home with resident. The standardised paperwork will ensure that everyone involved in the care for the resident will have necessary information about the resident's general health, e.g. baseline information, current concern, social information and any medications, on discharge the care home will receive a discharge summary with the medications in the red bag.

unit the menu is also available in pictorial format. In each lounge a selection of snacks is provided for residents to access when they chose.

Facilities for and involvement with family / friends

Family resident meetings are held every other month, though they are not particularly well attended. Debbie holds an 'Open Surgery' every Tuesday evening to engage with residents families. They can also call or arrange meetings for other times if that isn't convenient.

Residents' families are encouraged to contribute to reviews of care plans. The care plans are reviewed on a monthly basis, or whenever the home believe there has been a change of a resident's needs. There is also a 'Service User Review', which is held on an annual or 6 monthly basis depending on the resident. This can be held over the phone or face to face.

Both residents and their families are provided with a copy of the complaints process.

Whilst the home is unable to offer rooms for the families to stay overnight in, they are welcome to stay in the resident's rooms. They can use the spacious games room to rest in also.

RECOMMENDATIONS

1. To engage with Healthwatch Halton when any health or social care issues arise for staff or residents.
2. To make sure external signage is clearly visible.

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

SERVICE PROVIDER RESPONSE

The following response was received from the manager of Simonsfield, 'I am responding to the summary of your visit to our home, I am pleased you thought our Home was inviting to you all.'

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your **voice** counts

We want to hear about the treatment and care you receive from our local health and care services

Hospitals, GP's, Dentists
Opticians, Social Care
Non-emergency services

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Halton website today.

You can even leave feedback anonymously



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