



Enter and View Report: **Padgate House**

Date of visit: Wednesday 29th November 2017

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Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure that they are heard and listened to by the organisations that provide, fund and monitor services. We are a Charitable Incorporated Organisation, with a Registered Charity Number of 1172704.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, opticians and pharmacies. E&V visits can happen if people identify a problem. Equally, they can occur when services have a good reputation; enabling lessons to be learned and good practice shared. Healthwatch E&V visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington safeguarding policies identify the correct procedures to be followed.

Disclaimer

Please note that this report relates to the findings observed on the specific date of the visit. This report is not a representative portrayal of the experiences of all service users / residents and staff, only an account of what was observed and contributed at the time. Wherever possible, the report below is in the words of the E&V team members present at the time of the visit. The report has been collated by the Healthwatch Warrington team and some of the text has been formatted to allow for easy reading. The essential facts of the visiting team's reports have not been altered.

Acknowledgements

Healthwatch Warrington would like to thank everyone at Padgate House, and in particular Elaine Miller (Registered Manager) for welcoming the visiting team and taking the time to answer their questions.

Purpose of the visit

As part of Healthwatch Warrington's Enter and View programme, visits are made to local residential homes and care facilities in accordance with information received from the local public, service users, carers and monitoring authorities. Healthwatch Warrington published an intermediate care journeys summary report in October 2017. Included in the report's recommendations was the proposed undertaking of Enter and View visits to both Padgate House and Brampton Lodge, in order to observe service delivery and talk to patients, carers and staff to gain further insights and make recommendations for service improvement. It is important to note that although the team may identify specific areas of focus ahead of the visit (based on intelligence received), they also take into consideration a provider's stated values when making observations at the home.

Details of the Visit

Details of the Service

Padgate House is situated in a residential area of Padgate and is provided jointly by Warrington Borough Council and Bridgewater Community Healthcare NHS Foundation Trust. The service provides intermediate and nursing care, for up to 31 people (with an extra four spaces available to support people requiring neuro rehabilitation). Care Quality Commission (CQC) conducted its latest inspection at the home in July 2017 and subsequently rated the service as overall 'Good'. The full CQC inspection report can be found online: <http://www.cqc.org.uk/location/1-127701694>

Location, Date and Time

The visit took place at Padgate House, Vulcan Close, Padgate, Warrington, Cheshire, WA2 0HL, on Wednesday 29th November 2017, from 10:30am - 12:30pm.

Healthwatch Warrington Representatives

Adrienne Roberts - Healthwatch Warrington, Enter and View Authorised Representative

Esstta Hayes - Healthwatch Warrington, Engagement Officer and Enter and View Authorised representative

Hilary Mercer - Healthwatch Warrington, Enter and View Authorised Representative

Michelle Hill - Healthwatch Warrington, Volunteer Co-ordinator and Enter and View Authorised Representative

Service Staff / Named Contact

Elaine Miller (Registered Manager)

Spotlight on Values - Supporting People to Regain their Independence and Prevent Re-admission through the Provision of Person-Centred Care

According to Warrington Borough Council's website: (<https://warrington.fsd.org.uk/>) and Bridgewater Community Healthcare NHS Foundation Trust's website (<http://www.bridgewater.nhs.uk/aboutus/mission-values/>)

The mission of Padgate House is to provide short-term intermediate care for people after they come out of hospital, with the aim of helping them regain their independence, and prevent re-admissions. The delivery of care at the facility should reflect the provider's values, such as being person-centred, encouraging innovation, open and honest communication, being professional, locally-led and efficient.

Therefore, the visiting team would look for evidence of these values impacting on lived experiences at Padgate House; such as the extent to which service users were actively involved making decisions and the transparency of communications in relation to their care journeys.

Results of the Visit

First Impressions, Entrance and Reception Area

Padgate House is located nearby a residential estate and is set back from the road. Several vehicles were parked on the approaching road (this could present an obstruction for emergency vehicle access). The facility has its own car park (to the front and side of the building), which was full at the time of the visit. The team noted that the parking bay lines were faded and could benefit from repainting. However, there was a bus stop located close to the building (which is convenient for those using public transport). The facility's outdoor area needed some maintenance work; for example, weeds were growing here. However, the team noticed that some gritting had been put in place, which was good as it was an icy day.

Upon entering the building, the team were greeted by friendly reception staff and asked to sign in and out (so that visitor flow can be monitored effectively). Reception is staffed from Monday to Friday (during the daytime). At evenings and weekends, visitors must ring the front entrance bell and wait for staff to answer before gaining access. The facility did not feel like a formal hospital ward and the team gained the impression that the building was contemporary, well-maintained, with a nice atmosphere inside, pictures and flowers on display, music playing and a fresh smell throughout. A digital photo frame showing pictures of service users engaged in activities was also on display, which was a nice touch.

Notices of residents' meetings and other information were subtly posted on the wall. However, no easy read versions of this information were available and the team could not find a staff identification board on display to show who is on duty (which is helpful for both visitors and service users). Instead, there was a key staff book containing photographs in the reception area (this would be more difficult to locate than a wall notice display).

Although there were a few comfortable chairs in reception, there is no designated waiting area as such. However, visitors can wait in one of four service user lounges, or visit them in their rooms. The team were greeted by Elaine Miller, Registered Manager, and then proceeded with the visit.

Activities and Leisure

Padgate House's Activity Co-ordinator works for 20 hours per week (5 hours a day; 4 days each week), providing a range of activities in each of the four lounges. These activities are diverse; ranging from therapeutic chair based exercises, to social interaction groups and craft making. Staff told the visiting team that everyone joins in with at least one of these activities. Books and games were also available in the lounge areas, along with access to televisions and radios. In addition, a hairdresser visits Padgate House on Mondays and there is an on-site hair salon (relatives can use this space to care for service user's hair, if they wish).

Food and Refreshments

Padgate House has four colour-coded lounges with dining areas. The dining areas accommodate approximately 12 people and the team noticed clean tables and chairs laid out, ready for next meal. Those residents requiring assistance with meals were supported to sit at the dining table and the team observed a friendly and supportive attitude from the staff. There are multiple food options available at every meal and each person that the team spoke with were very positive and complimentary about the food: "The food is good and we get a choice every meal time"; and "I enjoy the food, especially the deserts".

The facility has two cooks and they only use fresh ingredients when preparing meals. The cooks speak to the service users daily about menu choices and they can cater for differing dietary needs and preferences (for example, service users with living diabetes). Snacks and drinks are available in between meal times and relatives can also bring in food for service users, if they wish. According to Elaine, the kitchens are "very clean" (although the team did not observe them) and appropriate hygiene certificates were displayed nearby the kitchens. Fridges are checked regularly for hygiene and stocking purposes.

Clinical Observations: Cleanliness, Infection Control and Medicines Management

Padgate House has a well-established, multi-disciplinary staff team that are able to provide ongoing assessment, support and rehabilitation. This team based consists of Nurses, Occupational Therapists, Physiotherapists, an Activities Co-ordinator, Social Workers, Nurses and Care staff. In addition, a GP visits twice daily (also available on call, when out of hours) and there are sessional visits from a hospital Consultant. All service users are temporarily registered with this GP, during their stay (residents can also request from their own GP). Residents spoke highly of the visiting GP: “If I ask to see the GP, I am always told I can”; and: “He does not keep you in the dark and is very frank when you ask a question, which is good”.

A Neurological consultant also visits weekly, on a Wednesday, to oversee the care of service users requiring neurological support. The Out of Hours service would be used when appropriate (for example, to treat UTIs, etc.). Additionally, a therapy team from Warrington Hospital attend the home every day in order to work with the neuro residents. For dental provision, the facility refers service users to Bath Street.

The visiting team noted that hand gel stations were visible around the facility. Laundry is prepared during the day by dedicated laundry staff. They use a very strong detergent and high temperatures to help with infection control and strong cleaners are used to sterilise the washing machines every night. Relatives can also take laundry home, if they wish to do so (which is advisable to prevent damage to delicate clothes that require low washing temperatures). If a service user had sensitive skin and needed special washing liquids, staff can designate a machine specifically for them. All clothes are labelled to prevent mix ups and there is a list on a small whiteboard of whose clothes are currently being washed (arranged according to room number).

As a general observation, the team noticed that there appeared to be very little space in the facility to store mobility aids or clinical equipment. However, equipment was all stored as tidily as possible and labelled up neatly. The furniture and floors are steam cleaned on a weekly basis and there was evidence of this taking place on the day of the visit. Everything appeared to be clean. Also, lifting equipment was stored and clearly labelled, with dates of equipment inspections clearly visible on these items.

In terms of care records, blue folders containing packs of information are located in each room, for service users to view. These outlined the plans of the building and held brief feedback forms for them to complete. Furthermore, there are longer feedback forms which service users may wish to complete (as an addition, or an alternative). These folders also list all care interventions that each individual has received. White folders were seen on clinical trolleys (for each individual), detailing any contacts, risk assessments, care plans, etc.

All medicines are administered by nurses and stored in locked cupboards that are located in individual bedrooms (some service users hold their own key). Service users can self-medicate, if they are able. There is a Pharmacy Technician who works Monday - Friday 12:00pm - 8:00pm. A chemist visits up to five times a day with deliveries, as well checking admission and discharge medications, which is helpful given the high turnover of service users. At the time of the visit, all staff on duty, excluding the Manager, wore uniforms. They did not have personal hand gel dispensers on their person; however, there were wall mounted hand gel dispensers situated at various points around the facility.

In terms of cleanliness, the bedrooms observed by the visiting team were bright, airy and clean. Everywhere else seen was very clean and staff were observed vacuuming floors and steam cleaning chairs. Some areas (such as one of the staff toilets) showed some wear and tear, but this is to be expected.

Smoking

Residents have accessed to an outdoor designated smoking, if required.

Administration, Staffing and Staff Training

In terms of the building layout, Padgate House's corridors are very narrow and doors may jam, which can make it difficult to get equipment through and can present navigation issues (this means that the facility is not equipped to accommodate bariatric service users). This complex layout is not ideal for service users that only stay for a short-term. The visiting team's overall impression is that staff do their best with what they have. In terms of maintenance arrangements, Padgate House has agreed a maintenance contract with Warrington Borough Council with Manchester Working, as well as a part-time maintenance person who attends the site.

At the time of the visit, Padgate House was providing care for 35 service users, with 31 receiving intermediate care (in theory, up to a maximum of 28 days) and four receiving neurological care. The facility provides intermediate care for approximately 400 people each year and there is a general turnover rate of 30-40 people per month (all service users are from Warrington and aged 18 years and above). Padgate House is well resourced in terms of its staff team (98 staff in total); with Social Workers, Physiotherapists, Occupational Therapists and Therapy Assistants available to the facility. There are also four nurses on duty in the morning, along with seven Carers, three Nurses and seven Carers in the afternoon and four carers and two Nurses at night (one carer is assigned to each lounge). Most staff have worked at Padgate House for a relatively long time.

On occasion, the facility also has access to support from Student Nurses (there was one on placement, at the time of the visit). Generally, the facility uses the same agency company to source from and has one agency staff member working in the day, because of various demands on capacity (such as training sessions and annual leave of regular staff). Padgate House had recently recruited some new staff (due to start in the New Year). Night staff are relatively easier to recruit.

All health and care staff receive a very robust induction (specific induction training is provided for agency staff) and regular training in all aspects of their work. In addition, all staff receive regular supervision (on a monthly, or quarterly basis), along with an annual appraisal. Staff are encouraged to develop their skills and turnover is very low. Although there is limited in-house career progression for care staff, they have the opportunity to learn new skills. There are greater career progression opportunities for Nursing staff. Elaine has overall responsibility and there is a Band 7 Clinical Lead Nurse. Grade 6 Nurses supervise Grade 5 Nurses. In turn, Grade 5 Nurses supervise Care Assistants. Elaine manages all ancillary staff.

Some new enablement services are being set up the Local Authority and these should reduce point of care demand and a new ambulance triage system was expected to be rolled out by the end of January 2018 (ambulance staff will be disseminating this). Padgate House has also been using a system called 'NEWS' for the past five years (an early warning system), which standardises the assessment of acute illness severity in the NHS. As bladder scanners are on site, the facility is trying to reduce the number of ambulance callouts. Also, staff discuss patient journeys (from their care needs to discharge) at 10am on a daily basis using a huddle system; with all professionals included in these meetings and important details recorded on a board with red/green markers.

On the day of the visit, all the staff on duty were seen to be friendly and helpful towards the review team; morale appeared to be good. Staff uniforms were neat, clean and tidy. Name badges were worn and at lunch time, aprons were used by staff. Overall, it was apparent that Padgate House is well managed and organised, with strong leadership and staff teams in place. As far as the visiting team were able to see, the facility's administrative systems appeared to be efficient.

Admission and Discharge

In terms of admissions criteria, service users must be over 18 years old and registered with a Warrington GP; the only exclusion criteria is for those service users who are known to wander (this is because it would be possible for a service user to leave the building unobserved, as the facility is fully unlocked during the day, with no keypads, and the reception area is not staffed at weekends which poses a risk to their safety). If staff become concerned that a service user may be likely to wander outside and present a risk to their safety, they will commence “intentional rounding”; interacting with and observe this service user on frequent basis, until further assessments have been completed. All admissions from hospital settings are assessed and referred by the Specialist Community Team. A duty social worker will also undertake a triaging exercise and a verbal handover (with faxed documentation) is sent through for a new service user. Once service users are admitted, their average length of stay is 28 days (with a maximum stay of six weeks in place).

On the day of the visit, the facility was experiencing 11 delayed discharges. Staff told the visiting team that these delays were due to waits for care packages to be put in place, which is a routine occurrence (for example, if 24 hour nursing care is required, or meeting specific family preferences). Assessments and discharge plans are provided by Padgate House Social Workers and clinical staff.

For those residents requiring residential or nursing care, the discharge process is managed by Local Authority Social Workers, in partnership with families. Once an appropriate care home settings are identified, prior to discharge, managers from these care and residential homes will come to visit potential residents at Padgate House and complete their own assessments. However, most service users return to their own homes. Padgate House staff work with individuals and their families in order to determine the appropriate care package (when required, environmental and/or home visits are undertaken). Usually Service users will be sent home with two weeks of medication.

Generally speaking, Elaine thinks that the admission and discharge process works well, but there is also room for improvement. For example, the Therapy Team at Warrington Hospital now complete intermediate care assessments, rather than nurses, which means that medical information is not always passed on (a meeting was scheduled soon to discuss this issue). Also, some service users said that they did not feel fully informed during these processes.

Privacy, Dignity and Treating People as Individuals

During the visit, it became apparent that Elaine is very engaged with staff and residents throughout the facility. Staff were also seen to be caring and appeared to have positive relationships with the residents (residents also appeared to be comfortable, dressed in clean clothes and generally well-presented). All the comments received from service users in relation to staff were also very positive: “They are marvellous”; “I love the dearly”; “Nothing is too much trouble”; and: “The staff are wonderful and very patient”. One resident who experiences mobility issues also said that staff are always ready to assist her and nothing is too much trouble: “My leg brace was slipping because it was loose and as soon as the staff saw this, they took me to my room and fitted a new one”. Furthermore, another resident said that staff would knock on her bedroom door every day and would enter to say good morning and ask how she felt.

Relatives also spoke highly of Padgate House, with the daughter of a service user telling the visiting team that she was happy with the care that her mother was receiving and was kept informed about her treatment plans (for example, both the daughter and service user were aware that she was due to go home for one hour, the following week).

Padgate House operates an open door policy for all, with relatives being encouraged to call in at any time. There are no regular relative or carer meetings at present, but they are given a satisfaction questionnaire to complete. Also, there is a multidisciplinary team meeting held every Wednesday, to address areas such as family wishes and preferences. Family and service users can attend if they wish.

Relatives can also come and stay when they like (in one of the lounges or bedrooms). Service users can also email or Skype relatives in a confidential environment. There are also monthly meetings with service users and the minutes from these meetings are available in reception.

A number of service users are subject to Deprivation of Liberty Safeguards (DoLS), largely because of potential falls issues. At the time of the visit, there were four DoLS and one potential case.

Reflecting on dignity and treating people as individuals, the visiting team noted that while there were washing facilities in each service user's room, these spaces lacked en suite facilities. There are a total of 14 combined toilets and bathrooms, two on each corridor, with four different types of bath to choose from (depending on the service user's need). These bathrooms are in a good state of repair and are fitted with various adaptations (clearly identified with pictorial signs). The facility has mixed (male and female) corridors, which staff said does not cause any problematic issues (such as considerations around shared washing facilities, etc.).

The team noted that some service users had made personal touches to their rooms, such as displaying photos and personal possessions (such as televisions and radios), which is encouraged by staff. On occasion, service users are also allowed to bring their pets into the facility; Elaine mentioned that one gentleman had been able to have his dog with him for a while. Also, each service user has a blue folder in their room, which contains all of the individual's care plans and information about the home.

The visiting team were told that staff ensure people are aware of this information and are able to make their views heard. There is also an anonymous process for raising concerns or issues, should the service user be unwilling to speak directly to staff or managers. The visiting team also noted that information boards on display in clinical areas did not identify residents by name and confidential information was not on show.

Safety

Padgate House has a Medicare system in place, which has display panels showing where staff are located and whether they are assisting service users. Elaine is able to generate reports which provide information on staff response times and what activity they have undertaken. If there is a medical emergency, a loud audible notification begins, accompanied by red flashing lights. Each room has a call bell. All services users are provided with a pendant that can be used to request assistance and this can be worn, or hand-held (depending on their preference).

Sometimes people are admitted from hospital, with safeguarding issues identified. Currently there are four residents on DoLS orders. As some residents are diagnosis with dementia, and as such, mental capacity assessments are carried out at the facility. Elaine also explained that all safeguarding issues are logged, but these are rare. There have been no recent safeguarding concerns.

Encouraging Positive and Respectful Attitudes

Elaine has worked at Padgate House for 11 years and appeared to be very committed and supportive with a positive attitude towards residents and staff. This was also reflected in the visiting team's observation that staff were warm and respectful in their interactions with service users. For example, staff members were observed knocking on service user's doors before entering their rooms and treating them with respect when talking to them or providing personal assistance. A member of staff was also seen introducing themselves to a newly admitted resident. However, there were some reports of problematic cultural issues at the facility; which will need to be reviewed and addressed sensitively.

Other Comments

The visiting team's overall impression was that Elaine is very passionate about Padgate House. As the Registered Manager, Elaine wants to preserve the facility's 'home away from home' atmosphere, rather than somewhere that feels like a hotel or hospital. In general terms, the facility seems to be a well-run and well-staffed, with strong leadership in place. Despite the physical limitations of the building, it is tidy, clean and organised. Relationships between staff and service users seem to be positive and respectful. The atmosphere was friendly and welcoming, yet efficient and professional. Furthermore, it was apparent that the reputation of Padgate House amongst the residents is very high. Some residents stated that it had been recommended to them, or that they had received care and treatment there previously and were happy to return. However, there were some aspects of the facility that could be improved and this is reflected in the recommendations made below.

Recommendations

1. **Car Park Bays:** the facility's parking bay lines were seen to be fading and it would be helpful if these were repainted, to help visitors when parking.
2. **Maintenance of Front Area:** noted in the report, the outdoor area around the facility could benefit from some general maintenance work to improve its overall appearance (such as the removal of weeds).
3. **Staff 'Who's Who' Board:** the facility should consider installing a staff identification board (preferable in reception area) to show visitors and service users who is currently on duty.

Distribution List

This report has been distributed to the following:

- Warrington Borough Council
- NHS Warrington Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)
- Healthwatch England

Appendices

Appendix A

Response from provider

I am writing in response to your Enter and View draft report, reflecting your findings during your visit undertaken on 29 November 2017 at Padgate House. It is disappointing that the report has taken four months to be written and was only received by Elaine Miller on 9 April 2018.

It is good to hear positive feedback from your team which reinforces the high quality standards and expectations set out by Padgate House. Staff from all roles and disciplines work hard to ensure each individual service-user leaves Padgate House having a positive experience with increased independence.

In relation to your findings, I would like to make the following comments:

‘Vehicles parked on approaching road which could present as an obstruction in an emergency.’ Padgate house is situated in a residential area. There is designated parking for staff and visitors, with ambulance access and disabled parking situated at the front of the building. Padgate house cannot influence other people choice of parking place, but do encourage staff and visitors to park appropriately. We have received no previous concerns from Ambulance crew’s regarding difficulty in travelling down the road concerned or in accessing Padgate House.

‘Notices of residents meetings and other information were posted on the wall. However, no easy read version was available.’ We agree that it is important to ensure information displayed for residents is easy to view and understand. We will ensure easy read versions are displayed.

‘There were some reports of problematic cultural issues at the facility which will need to be reviewed and addressed sensitively.’ There is no further detail to support such a statement within your report. Given this, it would be appreciated if you could supply information which substantiates this comment.

Kind regards

Caren Bashford

Operational Manager

your **voice** **counts**

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