



Enter and View Report

Alderlea Care Home

Tuesday 6th October 2015

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.....	9
Service Provider Response	9
Distribution.....	9

Report Details

Address	St Thomas' Close Humberston Grimsby DN36 4HS
Service Provider	H I C A
Date of Visit	Tuesday 6 th October 2015
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Mary Morley, Freda Smith & 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

- A welcoming, warm, bright and very well furnished care home with a high standard of cleanliness throughout.
- The manager puts staff training as a high priority and when we visited although Vicky has only been in post 6 weeks she inspired confidence with her excellent knowledge of the home, its resident and staff.
- Residents appear well cared for and are treated with dignity and respect.

Details of Visit

Environment

We were met and shown round by the newly appointed manager, Vicky Barton. Alderlea Care Home, run by HICA (Humberside Independent Care Association) has 40 beds currently housing 35 permanent residents, plus one person in for respite. The manager said roughly 95% of the residents had some form of dementia. The accommodation is in single bedrooms over two floors, with only a handful of en-suite rooms.

On our arrival we noted a signing in book, sanitising gel and a board with staff photos in the entrance area. Access to the home was via a keypad. Our first impressions were of very clean, bright airy communal rooms. The lounge area was carpeted, but the dining area had laminate flooring. These areas all had lots of interesting pictures on the walls with a peacock theme in the dining room, some motivational prints near the entrance and reminiscence ones elsewhere. Overall the building was kept at a comfortable heat, was well lit throughout and obstacle free.

The lift has recently been brightened up and painted blue along a seaside theme, but we felt this was still rather outdated and far from user friendly. Residents can only use this accompanied by a member of staff and it appeared rather cramped. The stairs had a staff operated gate across.

The room's resident's use had clear visual signs such as toilet, bath, shower, bed etc. and on the downstairs corridor the toilet and bathroom doors were a different colour from the bedroom doors, thus making them dementia friendly. Upstairs each resident's door was painted a different colour to add a bit of individuality. The decoration was good throughout with more interesting pictures on display.

Food and Drink

There was a daily menu board in the dining room, but at the time of our mid-morning visit this only displayed a breakfast menu. We were told residents are given two choices for their main meal which is served in the middle of the day. These choices are presented in pictorial form. There are two meal sittings enabling people who need more assistance to receive extra help and those who are more independent will eat later. Appetito is used so those who need puréed food have an appetising option with their food looking more like other residents' food, because it is moulded into shapes to give a natural appearance. Drinks are available at any time on request and there was a water dispenser in the dining room. A lighter tea is served later.

We saw the kitchen from the doorway, noting that white coats are to be worn if entering.

Safeguarding, Concerns and Complaints Procedure

All staff receive safeguarding training and safeguarding issues are monitored regularly. There is an open and transparent complaints procedure.

We witnessed an example of good practice when we asked one of the domestics whether we could see a bathroom. Quite correctly she was very concerned not to leave her trolley with cleaning fluids on. We also noted a wet floor sign had been left after cleaning, but this was removed once the floor was dry.

Staff

The normal staff allocation is 5 carers, plus a senior in the morning; 4 carers, plus a senior in the afternoon and 2 carers plus a senior overnight. There are also 2 domestics, 1 laundry worker, an activities co-ordinator, 1 administrator, 1 kitchen worker and a handyman employed.

All staff attend a 3 day induction and a month later do a further 2 days training. HICA provide in house training and approximately 30% of the staff hold a Level 3 award with other either working towards or holding a Level 2. The deputy manager is working towards a level 5 and is also currently undertaking End of Life training with Macmillan. Further she is a back care trainer so can train the staff re. Safe Moving and Handling. We picked up a strong emphasis on training, for example, all staff are soon to be trained re. Medication competency. Staff meetings are held regularly and long shifts are avoided whenever possible.

Promotion of Privacy, Dignity and Respect

The home has a Dignity Champion who does regular audits.

Residents were addressed by their name and treated with respect. They are able to go back to their rooms any time during the day if they want. Whilst we were there it appeared everyone was in the communal rooms, but this probably changes after lunch.

We were told rooms can be personalised, but the only room we saw did not support this as it was very sparse, with an empty hook on the wall and no ornaments, even though the resident had been there 20 months.

Recreational Activities

There was a large pictorial weekly activities board near the entrance. The activities co-ordinator was in the conservatory during our visit and we saw her playing skittles and dancing with residents. There was a relaxed, happy atmosphere.

In an alcove area there was a Memory Lane with pictures of past TV and film stars, old packaging and other objects residents would have been familiar with many years ago to aid reminiscence. Another area had soft toys and life size baby dolls. Various games were dotted around and one resident was happily playing "Hooked". There is also a Tuck Shop and after a successful trial of Pet Therapy, using staff pets, this will be added to the home's regular activities using an outside provider. The home has the use of a shared HICA mini bus and residents are taken out on trips, there is one planned shortly to Brigg Garden Centre. Last Friday there was Cheese and Wine

party. Overall we were impressed by the variety of activities on offer and it was good to see most residents engaged in these.

Medication and Treatment

We saw the medication room and this, the trolley and controlled drugs cabinet were all locked appropriately. The room was neat and tidy and also stored care plans. This room can only be accessed by senior staff. The district nurse comes in, as required, to meet nursing needs.

Residents

All residents were well dressed and appeared comfortable, those spoken to and able to communicate seemed quite contented. Any residents with restricted mobility were moved every 2 hours. There was evidence of good interactions with staff.

Relatives and Friends

We spoke to two relatives and both were satisfied with the care home, but equally would feel able to speak to staff if they did have any concerns. There is a Communication Book in the entrance area for relatives to give comments. Some of the recent changes made in the home have been brought about from such feedback, for example, visitors complained the dining room was too dark and it is now a bright, pleasant environment.

Recommendations

Overall we were very impressed with the standard of care seen within Alderlea and commend Vicky and her staff for their efforts.

We would just recommend that:

- The full daily menu should be displayed in the dining room for residents and visitors to see.
- Although the manager has initiated improvements to the lift we felt this was outdated, cramped and far from user friendly. It can at present only be used by residents when accompanied by a member of staff. Perhaps HICA could consider a modern replacement.
- Keyworkers could perhaps be more pro-active with the personalisation of resident's rooms.

Service Provider Response

Vicky Baker (Home Manager)

- We now have a daily menu board
- I have audited all rooms and we are currently making each room personalised to the resident.

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)
- Jan Haxby (Director of Quality and Nursing at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew (CQC Inspection Manager Hull, NEL, & NL)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view