



Simonsfield Care Home

Runcorn

13th February 2019

Enter & View report



ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank the management, staff and residents for their time and consideration during our 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.

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):	Hillcare 1 Ltd
Name of registered manager (if applicable)	Deborah Anne Smith
Type of registration:	Residential Care Home
Number of places registered:	63

The Enter and View visit was an unannounced visit conducted on 13th February 2019 from 1.00pm to 2.30 pm

The Healthwatch Halton Enter and View Team were:

- Irene Bramwell
- Susan Ellison

Disclaimer

Our report relates to this specific visit to the service, at a point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

SUMMARY

Simonsfield Care Home is in a residential area of Runcorn and has a wide range of support staff who care for up to 63 residents. All Staff are required to undertake mandatory training which includes safeguarding.

Residents are given a welcome pack on arrival which includes a copy of the complaints procedure, and the Home has an open-door policy for residents and families wishing to discuss any aspect of the care provided by the Home. Residents and family/residents' meetings are provided but with low numbers of residents and families attending.

The Home currently employs two Activity Co-ordinators to engage residents in a wide range of activities both in house and in the wider community of Halton. The garden is used in warmer weather and a smoking area is available in the communal garden for residents, visitors and staff.

During the visit there was a consensus that the home appeared bright, fresh, clean and odour free and décor was modern.

It was evident to our team that Simonsfield actively promotes a caring environment.

We noted that signage is used extensively throughout the home to aid orientation of residents. Residents are also encouraged to furnish their rooms to their own personal taste and are supported to do this.

Residents have access to primary care services and are assigned to a Runcorn based GP Practice who visit the Home weekly. Residents are also able to access physiotherapists, dentists, opticians and chiropody services who visit the home to provide services, whilst residents in need of Audiology services are supported to maintain hearing aids and change of batteries

Drinks and snacks are provided throughout the day to residents and alternative choices of meals are provided all known food allergies of residents are recorded.

OBSERVATIONS

Location, external appearance ease of access and parking

Simonsfield is a red brick two-storey building located in a residential area of Runcorn. The Home is situated near to shops and is within easy reach of public transport. On the day of the visit we noted that the exterior of the Home was clean and maintained to a good standard, car parking facilities were good and included a large car park with clearly marked spaces for people with disabilities and wheelchair access. Prior to entering the Home, we noted that notices were displayed on the internal window adjacent to the front door highlighting the next family and resident meeting alongside a 5 star rated Food Hygiene Certificate.

Initial Impressions (from a visitor's perspective on entering the Home)

The Home is accessible by ringing a door bell which was answered promptly. On entering we were welcomed by the current manager, Deborah Smith. Our team introduced themselves and explained the purpose of the visit.

The reception area was large welcoming, bright, clean and decorated to a modern standard had comfortable sofas and hand gel dispensers were available for visitors to use on entering and leaving the building.

A signing-in book and pen was available for visitors and a current newsletter for residents and families to read. Within the reception area there were several display boards providing information for resident's, staff and visitors. These included the current CQC registration certificate policies, activities and an employee of the month award.

We noted that a candy store stand was available in the reception area, where residents and families could purchase sweets.

There was also a display showing a recent volunteering running activity by relatives and staff which raised £800, which was to be divided between the Home and the Alzheimer's society.

Following the introductions, Deborah offered to accompany our team on a tour the Home.

Internal Physical Environment

We felt that Simonsfield provided a very warm, welcoming and friendly environment.

The corridors were clean and wheelchair accessible.

Deborah told us that residents' rooms were en-suite and residents could furnish their rooms to their own personal taste. She explained that it is usually resident's family members who undertake this, however the Home employs a handyman who can support families and residents to decorate. We were introduced to the Handyman (Billy) during our tour, he

was in the process of decorating a wall on the upper floor. We were told that he undertakes an inspection of the Home every week and makes a to-do list to ensure the Home is maintained to a good standard.

We could see that dementia friendly signage was utilised throughout the Home to aid the orientation of residents to various areas including communal toilets on both floors. We also observed that the interaction between residents, visitors and staff was polite, positive, helpful and dignified.

On the ground floor we noticed a bar, which we were told is used by residents and families. There was also a 'cinema styled' area which was available for residents. At the time of the visit the Cinema was being used for staff training.

A quiet room was also available for residents and families should they wish to use it.

Décor throughout the Home on both floors was fresh and modern, this included the dementia unit on the upper floor which was also accessible via a lift.

Corridors were decorated in red brick paper to resemble streets and corridors on the upper floor were also given street names where residents doors were furnished with a resident's name, personal photograph, door number, and door knocker to aid orientation.

During our tour of the upper floor we noticed a 'bus stop' with bench for residents to use. There was a hairdressing salon in the style of a barber shop which Deborah explained is available for all residents as a hairdresser visits the Home weekly.

The dining rooms on both floors were bright, clean and uncluttered. At the time of our visit tables were set for lunch and residents were sitting eating their lunch in the dining room. During the visit we also observed a room that had been converted into a small café room where residents could sit with their relatives and make use of tea and coffee facilities.

Staff support skills and interaction

We enquired about staff training and were told all training is ongoing and documented and is monitored regularly. We were told that as well as the mandatory training, End of Life and Dementia Friends training was also provided.

During our visit we observed that interaction between the Manager, staff and residents was very positive.

At the time of our visit the Home had a waiting list, with just one room unoccupied as it was in the process of being decorated. Staff were caring for 62 residents in total whose ages ranged from 69 to 99 years of age. We were told that staff to residents' ratio consisted of 5 day staff and 6 evening staff with a deputy manager on each unit and shift.

Deborah explained that the Home has an open-door policy for residents and families wishing to discuss any aspect of the care provided. Residents are also provided with a welcome pack on arrival at the Home which includes the complaint procedure. The complaints

procedure was also displayed in reception. Upon admission families and residents are encouraged to document a resident's social history to aid communication between staff and residents.

Residents' social and emotional and cultural welfare

The Home currently employs two activity coordinators, Linda and Alison, who work 40 hours between them. At the time of our visit, the activity coordinators were currently undertaking an accredited course in Chair Exercise.

We were told the Home has close links with a local church which provide services for residents and family. The Home involves the local school choir and scout group who support residents and provide entertainment activities.

The garden is predominantly used in warmer weather a bird table has been installed as part of a national Bird Watch initiative, therefore residents are currently helping to identify the number and breed of birds visiting the garden during the winter months.

Residents have recently been involved with 'The Wonky Garden'¹, a community gardening project. Residents have been involved in choosing and planting vegetables and flowers to enable them to become active outdoors and make the garden more attractive. We were told that residents have chosen their favourite vegetables and flowers to be planted over the coming months.

We were shown a copy of a newsletter highlighting a range of activities taking place during over the coming months. Deborah also informed us that all residents Birthdays and special occasions are celebrated through providing a party.

We were given details on the range of activities residents can access both in-house and in the wider community. In-house activities included a visiting Ukulele Band, Knit and Natter, Chinese New Year, Valentine's Day and Pat Dog Therapy whilst community activities included visits to the Library, Sure Start to Later Life, a Dementia Café located in Widnes and Music and Memory activities. She also highlighted the importance of enabling residents to engage in outside activities to provide a sense of belonging to the wider community as a whole.

A smoking area is available off the communal garden for residents, visitors and staff and whilst pets are allowed into the Home residents cannot bring their pets to stay with them.

¹ The Wonky Garden is a not-for-profit voluntary organisation based in Halton, Cheshire. A community volunteering initiative to 'SOW, GROW AND GO'. <http://thewonkygarden.co.uk/>

Resident's physical welfare

We asked how the residents' dietary needs were met. We were told that the meals menu is changed every three months and all dietary needs and food allergies of residents could be met. The Home had experimented with using moulds for puréed food to make it look more attractive, but they found the moulds did not work well.

The menu on offer was dementia friendly. Staff use photographs of food on the menu used on the Dementia Unit to enable residents to make informed choices of meals.

Meal times at the Home are protected as some residents become easily distracted. Drinks and snacks are available in communal lounges and we observed residents having drinks and snacks during our visit.

The Home is aligned to Tower House GP Practice which Deborah regarded as a very good initiative. Visits from the practice are made every Thursday, but the practice is also happy to visit the Home as and when needed. We were told that not all residents are aligned to the GP practice as residents are able to retain their own GP prior to entering the Home.

Senior Carers administer medication and when doing so are required to wear a tabard so as not to be disturbed. The Home uses Strachan's Chemist based in Widnes. They regard this as an excellent service as it became increasingly difficult to source end of life medication. During this discussion we were told that a room is provided for relatives who wish to stay at the Home if their relative is seriously unwell or dying, the Home ensures that a toiletry bag and products are provided for relatives to use.

With regards to Hospital admissions and discharge, Deborah explained that they will not accept residents back to the Home after 6 pm.

We asked about the Home's experience of the 'Red Bag'² scheme. Deborah explained that when they were introduced the bags and relevant paperwork were not always returned but it had improved and it is now rare that they are not returned. However, if the relevant paperwork such as the DNR is not returned the Hospital will send the paperwork by taxi.

We discussed access to Primary Health Care Services for residents and were told that they have access to all Primary Health Care Services. Residents are assessed in their own rooms to uphold their dignity. Residents have access to several Primary Health Care Services including Podiatrists, Opticians and Dentists.

We were told that that carers are trained in oral health care and staff cater for Audiology as staff will support residents with Hearing aids and change of batteries.

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.

Facilities for and involvement with family / friends

Residents and family and friends' meetings are held every other month at the home. We were told they are poorly attended despite advertising well in advance of the meetings and providing refreshments.

Residents Care Plans are updated every month and reviewed on a six-monthly basis however, we were told that historically families were reluctant to come in and engage in reviews. Deborah explained that she now sends an informal letter to ask individual families to come in to discuss the care of their relative and this has proved to enable a good response from relatives.

Before leaving the Home we talked with some residents and a relative who told us, *'I am very happy with the care my relative receives the staff are very good, I hope she will be allowed to stay at the Home'*. One resident praised the staff at the home saying, *'The girls are really good and really look after us nothing is too much trouble'*. Another resident told us, *'I enjoy the meals and the staff are very kind caring to us'*.

At the end of the visit we thanked Deborah for showing the visiting team around the Home and discussing the care provided.

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 Debbie Smith, Simonsfield Home Manager.

‘Thank you for your report. I would like to add that we at Simonsfield believe our residents DO not live in our workplace, WE work in the their Home, and we are blessed to do so, and as such have decorated the Home for the residents so it is Homely and welcoming, and they feel at home. We have street name signs so the resident is not in Room 1 but lives in 1 Cherry Blossom Lane for example.

Thank you for the positive feedback, we don’t get enough of it for the good practice we do.’

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