



Enter & View Report

Name of service:	St Helens Hall and Lodge, Elephant Lane, Thatto Heath, St Helens, WA9 5EL
Date & time:	13 th August 2019 10.30am
Authorised Representatives:	Pam Davies
Support team members:	Gail Hughes, Janet Roberts
Contact details:	Healthwatch St Helens 0300 111 0007

Acknowledgements

Healthwatch St Helens would like to thank the staff and residents at St Helens Hall & Lodge Care Home for their valuable time and hospitality during this visit.

What is Enter & View?

Part of the local Healthwatch duty is to carry out Enter & View visits. Local Healthwatch representatives carry out these visits to health & 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 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices and dental surgeries. Enter & View can happen if people tell us there is a problem with services or, equally, if services have a good reputation so we can learn about them and share good practice from the perspective of the people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues; however any safeguarding concerns which arise during a visit will be reported in accordance with Healthwatch safeguarding policies. If, at any time, an authorised representative observes anything that they feel uncomfortable with they should tell their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

About the service

St Helens Hall & Lodge is an impressively sized home situated on an old garage site. The Home opened its doors in 2008 and is part of the Orchard Care Homes Group. Although on a main road, the home boasts well-tended gardens with lots of plants, flowers and bushes making attractive surroundings.

The Home consists of a residential section, the 'Hall', and a section for EMI residents, the 'Lodge', who are at various stages of dementia. The Hall has 38 rooms, of which 36 are presently occupied. The Lodge has 56 rooms with 52 presently occupied. All rooms are en-suite and there are (well signed) communal bathrooms. There is currently a waiting list for those wanting respite care.

Purpose of the visit

To engage with residents and staff

- To observe care at the point of delivery
- To identify good working practice
- To identify room for improvement

This was an announced visit, arranged with the Manager a week beforehand.

Methods used

Observations made by the visiting team might be based on instinct and not on something that is visible or measurable.

Summary of findings

We were informed by Amanda, the Manager that there had been two cases of vomiting, which necessitated no entry for visitors to the upper floor of the Lodge. This was impressive to see good working practice in place, and protocol being used efficiently. The Home has a set of values:-

- Enjoy Life
- Welcoming
- Kind
- Professional
- Positive
- Respectful

We saw evidence of all of the above on our visit. Well done to all of the staff for their care and commitment.

Results of visit

First impressions

We were warmly welcomed by a staff member and asked to sign in. We were kindly offered refreshments. The foyer consists of a large, spacious area with many comfy chairs. There was a nice vanilla aroma as we entered the building and, we felt, an ambient temperature throughout the Home. In the reception we noted notice boards for residents, along with policy boards, friends and family boards, a suggestion box and a board with staff photos, names and job titles, which we felt was a nice touch, making staff easily identifiable to residents, families and professionals. There is a glass screened off area for staff to do their admin work. It was also nice to see many 'Thank you' cards around the building. There are lots of pictures on the walls and we all noted a homey atmosphere.

We were introduced to Amanda, the Manager, who has been with the Home since it opened. Her career started as senior care assistant and she worked her way up to become Manager. Amanda informed us that staff tend to stay and there are a few members of staff who have been there since the Home opened. The corridors display cheerful artwork with themes such as wildlife, rugby and old movie and pop stars. A gardener attends every week. We noticed that there were lots of photographs of the residents, and every client looked happy and relaxed, which we felt was a lovely touch.

Staff

At the time of our visit, staff turnover was at 26%. There are 79 staff employed at the Home, including a Day Manager and a Night Manager. There is a 'flash meeting' every morning at 11am to enable departments to come together and discuss concerns e.g. infection control, menus etc. All staff complete 'Alpha' online training, this includes moving and positioning and all face to face training is done on the premises. Every member of staff has the opportunity to do training and staff receive regular supervision. Orchard Homes have a monthly Managers meeting. The Manager receives three calls a week from Head Office, regarding matters on the current action plan. Staff are offered lots of support. There are staff incentives, such as career path; 90% of staff have gained promotion within the organisation. There is a Volunteers Scheme which involves individuals befriending residents and assisting in leisure activities. Applications and DBS checks are followed.

Recreation & leisure

We were shown into a large carpeted lounge area that had been turned into a cinema with a large screen and rows of comfy chairs with cushions. The room had popcorn and drinks dispensers, which were empty at the time of our visit. The room was painted red and brown, which was apt for a cinema, and there were photographs of old movie stars on the walls. Residents can choose the films they want to see and there are bookcases well stocked with books, CDs and DVDs. The whole effect was warm and cosy. The Home hire entertainers who come in to entertain the residents

two or three times a month. There is an 'Umph bus' which is contracted to take residents on day trips. The home has lovely gardens, which attract birds and butterflies. There are two activity co-ordinators employed by the Home and there is 'always something going on'. Some of the events include table top gardening, baking, pampering, art and crafts. Birthdays are celebrated and the lounge can be booked for any celebrations. There is also a quiet room for people to sit and relax, with a selection of old papers from yesteryear. The Home also has pet therapy sessions and the visiting team were told that the residents really enjoy this.

There is a sensible approach to alcohol for residents. Some residents have a small fridge in their room in which they can keep alcohol. There is a sweet cart, which residents can purchase sweets from. Throughout the Home we noticed 'hydration stations.' These have water/juice readily available to encourage residents to drink more fluid, which we thought was a great idea.

The hairdresser attends a couple of times a week and it was observed by a member of our team that the prices are reasonable.

Food & refreshments

There is a dining room in each section. In the Hall there is a kitchen where residents can help themselves to a drink or snack. There is a menu on the wall, with pictures of the meals to make it easier for residents to understand the food being served that day. The Manager informed us that in the recent hot weather more fluid based foods were introduced into the menu, e.g. watermelon, jelly. Dietary needs are catered for. The menu is changed on a four week basis and is changed to reflect the seasons e.g. lighter meals such as salads in the summer. Fluid intake is encouraged with the 'hydration stations'. We spoke to one resident who informed us that the 'food is monotonous, but alright.' The Manager was proud to announce that the kitchen had just been awarded a 5 star award. Some residents prefer to have their food brought in by relatives. This is labelled and put in the freezer, to be defrosted and cooked when requested by the resident.

Privacy & dignity

Staff have hand held devices to record notes, or concerns. These can prove useful when staff are 'on the go'. Dentures and hearing aids are identified by a marking kit, which is done before admission. Residents can have their meals in their rooms if they wish. Residents are encouraged to bring personal possessions and make their room 'their own.' The Home has been praised for its palliative care. The six step programme is followed. Every effort is made to accommodate relatives that wish to stay with their loved ones. We spoke to three residents who all spoke positively about their Home, and all three commented that 'no matter how good it is, it is never like your own home.' One lady spoke at length about the necessity of accepting one's own limitations in self-care.

Smoking Policy

There is a no smoking policy in the Home, however, there is a designated smoking area outside for residents and staff. A member of staff will accompany a resident if they wish to go outside for a smoke.

Hygiene & cleanliness

There are two housekeepers, and residents' rooms are cleaned daily. Cleaners are based in the Hall and Lodge and have a flexible approach to working with regards to covering staff shortages or sickness. There are hand gel sanitisers fixed to the walls around the Home, usually situated near a door. We witnessed a sanitiser unit was not working, the batteries had expired, but we noted that they were replaced as soon as it was reported.

The home has a lovely décor and the Manager is enquiring about having certain parts of the Home re-painted to 'refresh' the Home. Spot checks are done around the Home at random times; this is to ensure that the Home is being run in the best and most efficient way possible. There are communal bathrooms which were spotless. They are also labelled well with both words and pictures. Hoists and wheelchairs are kept in the corridor, due to lack of space. Laundry can get mixed up if it is not labelled and unfortunately, there is a spare room with a couple of racks of unclaimed clothes. Families who seek an item of clothing which is missing can look on the rail.

Safety & security

There is a keypad on entry to the Hall and one for the Lodge. Staff can use fingerprint entry. Some bedrooms have bed sensors for residents requiring this aid. One resident reported 'I have been here 2 ½ years and I feel very safe. The staff are always here when you need them. I am very happy here.' Her room has a small patio area and garden, filled with her own flower pots and bushes. There is a regular fire alarm on Fridays. Residents have a buzzer in their room to call for help should they need it.

Medical care

GPs make visits to the Home regularly, and some residents choose to continue to use their own GP. Dentists and opticians come to the Home, or residents can continue to visit their own. There is a cost if a member of staff attends an appointment with a resident. There is a private nail cutting scheme offered from the Podiatry Service, which is very popular with residents. District Nurses visit the Home day or night when needed. If there is a continence issue for a resident, he/she is monitored over a three day input/output of fluids and the continent team are contacted if needed. We asked the Manager of the efficiency of the 'red bag scheme'. Amanda was very candid and said that she felt 'it doesn't really work.' This seems to be the consensus with staff from all the homes we have visited.

Additional Comments

Outside the Home we noticed furniture and household items 'dumped' outside the Home. The Manager told us that the 'bulky rubbish' gets collected every week as a skip can no longer be used, due to youngsters setting it on fire.

The Home is rented and there are building checks every three months. We noticed a damp patch on the ceiling in the lounge. Amanda informed us that it was caused by a leak in the shower room and would be fixed at the next check. There were a couple of light bulbs needing replacement in the dining area, but the lack of full, bright light gave the room an ambient feel.

Although beautifully decorated with art work, there is a sadness that hangs in the air of the Lodge, in distinct contrast to the Hall. There was an odour of urine in the Lodge but the Team understands the nature of dementia, and the challenges that staff face and this was taken into consideration when visiting this side of the building. The Home has a coffee morning every Friday, allowing residents and relatives to meet and chat. We were interested to see a 'Project Outstanding' board. This board demonstrates why St Helens Hall & Lodge should be awarded outstanding at the next CQC Inspection. There are generic stories on the board (personal ones are not displayed), e.g. in the recent hot weather the ice cream van was invited and all residents had an ice cream. Another scheme involved residents making 'non slip' socks in a bid to prevent falls. The visiting team thought that this was an innovative and interesting idea and it was pleasing to see that staff put such efforts into their work.

Recommendations

Although the rooms have the resident's name on the door, it may be a nice idea to put a memory box outside the room, to promote good memories.

The process regarding clothes labelling and identifying laundry may benefit from discussion for improvement, as the current amount of 'lost property' seemed excessive.

Response from Provider

The Home did not have any information they wanted to add to the report.

HwSH will share Enter and View reports, as appropriate, with:

- The provider
- Healthwatch England
- The Care Quality Commission
- Commissioners
- St Helens Council Quality Monitoring Team
- St Helens Clinical Commissioning Group
- The public
- St Helens Council Safeguarding team

Disclaimer

Please note that this report relates to findings observed on the specific date stated. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

It is important to note that Healthwatch St Helens approaches Enter & View from the community perspective and its remit is very different from organisations such as the Care Quality Commission and local authority Quality Monitoring Team.