

16th September 2024

Visit to
Sheraton Court
Care Home



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Healthwatch Hartlepool

Sheraton Court Care Home

Enter and View Report

Visit to Sheraton Court Care Home Monday 16th September 2024

1. Introduction

Sheraton Court is a purpose built care home in the north of Hartlepool offering general residential and residential memory care for those living with dementia. It is a large 80 bed home, and all rooms are en-suite. Primary care categories include dementia, older person care, physical disability, respite care and sensory impairment. This was the first visit to Sheraton Court since before the outbreak of the Covid Pandemic in 2020.

The visit followed parameters and safeguards mutually agreed by all parties which were formalised in a Risk Assessment which can be found in Appendix (i).

Details of visit

Details of visit:	
Service address:	Sheraton Court Care Home Warren Road Hartlepool TS24 9AH
Service Provider:	HC-One
Date and Time:	Monday 16 th September (2pm – 5pm)
Authorised Representatives:	Margaret Wrenn, Jane Tilly, Bernie Hays Carol Sherwood, Stephen Thomas
Contact details:	Healthwatch Hartlepool, 1st Floor, Greenbank, Waldon Street, Hartlepool, TS24 7QS

2. Aims of the Visit

Our overall aims were –

- To gather feedback from residents and family members of their impressions of care provision at Sheraton Court.

- To gain insight into the day to day provision of care within the home and the service provided including specific support for residents who are living with dementia.

3. Methodology

The visit to Sheraton Court was conducted by Healthwatch Hartlepool and was a semi-announced visit, with the home receiving a four week window during which the visit would take place. It was delivered within parameters agreed with the Home and in line with health and safety protocols outlined in the visit risk assessment and required considerable preparation and planning. The visit process commenced with an in person discussion with the Home Manager which was attended by three members of the visiting team. A full explanation of the enter and view process was given, together with an explanation factors which had led to the visit and general arrangements were discussed and agreed.

This was followed up by a five-person visit to Sheraton Court which took place during the afternoon of September 16th. The visiting team initially familiarised themselves with latest Healthwatch England guidance on conducting visits and details of the services and care facilities provided by the home.

In addition to the visit, a questionnaire was also made available for family members to complete during a four week period around the date of the visit. A copy of the questionnaire can be found in Appendix (ii). However, no completed questionnaires were returned.

4. The Visit

On arrival at the Care Home, we were warmly welcomed by the manager Hollie Rhodes and signed the visitors' book. Sheraton Court is a purpose-built home catering for 80 residents and registered for residential and residential dementia clients. It is spacious, beautifully decorated, light and airy and completely odour free. There are 76 beds occupied; 1 new resident admitted today. The home also provides accommodation for couples if they require it, and two rooms are at their disposal, a bedroom and a separate lounge.

There are 3 floors, 24 beds on the ground floor, 30 beds on first, floor and 26 beds on second floor.

Staff are not permitted to carry personal mobile phones. There are mobile phones for the home, which certain members of staff do carry, but these are for the phone lines.

We spoke to Hollie Rhodes the Manager, introduced ourselves, and explained the reason for our visit. There had been concerns raised with Healthwatch,

regarding a lady whose relatives found she had facial bruising, and when asked about the cause, the member of staff approached could not find any information at all regarding the incident. We suggested that this could be a staff training issue. Hollie explained the process the home staff follow. The incident is put on the internal reporting system Radar, that sends Hollie and her deputy an email of notification that it has been added. It is then reviewed, and an investigation completed for any incident added. Any actions identified are then completed. This information can also be uploaded to any external professionals.

Hollie had completed the pre-visit questionnaire for Managers, which gave us a lot of information about the home (See Appendix iii).

We asked if there were any rooms that we shouldn't visit, because of illness or barrier nursing and Hollie mentioned just one room. We added that we do not interrupt any work going on, or hinder staff in any way whilst they're working.

As there were five Healthwatch members, three members visited the 1st and 2nd floors, and two members stayed on the ground floor to speak to resident's and relatives.

Residents here are awaiting assessment to decide whether they need to remain in the home or can return to their own home.

The members introduced themselves to all the staff, residents and family members and explained their role and the purpose of the visit.

During the visit we were able to speak with 15 residents, eight relatives and 7 members of staff including Hollie. Of necessity, those spoken to in the Grace Unit were mainly relatives. Consent was gained from residents and family members for us to discuss their views and experiences whilst living in or visiting the home. It was noted here that staff members change, and although it would be ideal for the same staff to work on the Grace Unit permanently, all care staff need to be able to work on all of the floors.

On the Grace Unit there were two community therapy staff, visiting a resident. They receive referrals from the ISPA from GP's, community nurses and the residential home. However, if a resident has a fall, they are referred to the community falls team, a member of which, now visits the home. In the past for a short period of time these assessments were completed over the telephone.

5. Independence

There are two activity coordinators, who have weekly planned activities in place. (Information displayed on Noticeboards.) During this visit staff engaged with residents, with one staff member supporting a resident who started to dance

when the music was playing. They are also taken out for visits, go out for meals, play bingo, and enjoy other activities and entertainment.

One resident on the Grace Unit had only been on the unit for four weeks following a stroke and awaiting a social work assessment to remain at the home. Communication was difficult and the daughter was consulted. She explained that only four weeks ago, their relative had been independent, but was now hoping to remain. The family had been back to their home but felt that it would be unsafe for her to return.

All the residents have a choice in their daily routine, getting up and going to bed, going out with family, staff take them out for meals and entertainment. Lots of support in place when and if required. All have their own personal photos and belonging, one lady requested her own mattress from home, with which she is delighted. Family members can visit whenever they wish. Most of the residents' family members deal with their finances. One relative explained that her mother had her hair done weekly and goes to church. There is a live streaming of Church services and masses into the home, which is very welcome to those who are unable to attend physically but still enjoy. Chaplain visits those who ask for communion and he administers it to them.

Another resident, suffering from vascular dementia, who was in the lounge with her daughter, was walking independently around the room. Daughter said her mum had settled in straight away and was very happy in the home, was well looked after, and the family were reassured that she was safe and well cared for. (The hairdresser visits the home four days weekly) The lady carried a doll around with her everywhere. She had been a heavy smoker but had decided to stop of her own accord. Another resident, seated in the communal area, with her relative, was listening to music and dancing whilst seated! They were reminiscing about her childhood, her daily routine where she was born and brought up, in which the Healthwatch member could identify. The communication just flowed between them. Exercises are encouraged by the staff, and those who don't wish to take part themselves, often enjoy watching others taking part. The residents are very happy with the staff their rooms and their personal items.

Another resident was very happy with the staff and support. She had a handbag with her and was pleased as she had her own money in her purse. Only a small amount, but it sufficed.

The residents are encouraged to contribute to artwork in the home, and some of the pictures on show have been done by residents, who have thoroughly enjoyed themselves.

Another resident told us she loved visiting the local shop with a carer, to buy her favourite chocolate and other treats.

Whilst observing and talking to residents and staff on all floors, residents were being moved around in their wheelchairs. Another two residents were in bed with the beds lowered to the floor for safety, and crash mats and sensors in place.

Residents and family members all agreed that they were supported and encouraged by staff, and the activity coordinators to participate in regular community activity sessions.

Residents were also able to attend the Hydrotherapy pool sessions at High Tunstall school when available

Residents can vote in elections if they wish, not many do, but one independent lady and one gentleman each have a postal vote.

One resident, whose family were bringing in food and drinks, said there was always a good choice and if they required a snack, this was always available.

A staff member was visiting each floor with drinks and snacks while we were present.

There was also a daily menu and another menu with a choice of snacks. The residents were asked at mealtimes what they would like to eat, and there were pictures of the food available, to make their choice a little easier for them.

There were hydration stations available on each floor.

6. Dignity and Privacy

All staff wear name badges bearing their first name. The staff call the residents by their preferred name. One resident told us that the staff were wonderful and that nothing was too much trouble for them.

Residents and relatives said that all staff members knock on the residents' doors before entering their rooms.

Residents who can wash and dress themselves are encouraged to continue. Baths and showers can be taken as often as they wish, usually twice weekly. However, those who require assistance are given help and support discreetly, their dignity maintained. One family member said they were very happy as the resident always had on clean clothes and looked well cared for.

Residents who require mobility aids, Zimmer frames, Rota stands, hoists, wheelchairs, commodes, crash mats and sensors are all placed in their rooms and appear to be well maintained.

One resident said that their family would take them to church if they wanted to go. However, the facility is there if they want to link to the church service by video.

The “This is me” information from outside of the residents’ doors, was discontinued, because it was causing some confusion among the residents.

7. Food and Nutrition

Staff ask the residents what they would like from the menu at mealtimes. They are asked regularly if they also want a drink. A trolley is taken around frequently on each floor.

There is a menu board in the dining room, with a choice of menu. There is also a snack menu if the resident does not feel like a full meal.



The relatives to whom we spoke, were very happy with the menu choices available for their relatives. One lady didn't want the main meal that day and asked for an omelette instead. “Absolutely no problem” said the girl serving cups of tea and cake.

One resident looks forward to Fish & Chips Friday, another however, prefers to go out for fish & chips, and Costa Coffee at Hartfield's retirement village.

8. Involvement and Respect

Both residents and relatives to whom we spoke, agreed that all staff members are pleasant and polite. One lady said they were lovely with her mum, even when she wasn't at her best!

They keep the residents and their families up to date with how and when things are changing, and when concerns are raised, they are dealt with immediately. They also explain things in an easily understood way. When ideas are sought about changes and improvements which can be made to the home, monthly resident/relatives' meetings are great for this.

The monthly newsletter is emailed to all resident's families. A copy was given the Healthwatch members. (See appendix) Lots of information, birthday celebrations, visits, outings and photos are included, it's a veritable mine of information. Upcoming events are also included in the newsletter.

Family members are involved, and any issues dealt with, at regular meetings. One lady was desperate to return home, even though it was obvious that she would not be able to manage. She begged one of our members to take her home.

The residents and relatives know how to make a complaint or give a compliment, most of the residents said their relatives would deal with that.

Staff help and support the residents with day-to-day tasks.



9. Safety and Security

Each floor has a lift and is key coded.

Staff have regular mandatory training, including manual handling, Safeguarding, Health & Safety, and many more. Some are online, some are face-to-face. (This information is all included in the manager's pre visit questionnaire which is included in the appendix)

All residents' mobility equipment, Rota stands, hoists etc., were kept in their rooms, and cleaned and maintained on a regular basis.

All residents feel safe staying there. Two residents said family members would be happy for them to stay there if they are unable to go home. This will be decided following a social worker assessment and discussions with them and families.

10. Health and Wellbeing

The residents and family members to whom we spoke, said that staff frequently ask them how they are feeling. The staff and activity coordinators encourage residents to participate in daily activities. These are planned weekly. There are also entertainers, coffee mornings, fayres and remembering together book. All information is included in the monthly newsletter.

Residents' families are involved with their decision making.

The residents have regular access to GPs, opticians, dentists and a podiatrist (Who was there on the day, and visits 6-8 weekly) These are all arranged as and when necessary, by senior staff members.

Asked if when they rang for attention, did the staff answer quickly, the residents all said that as soon as possible, they were very rarely kept waiting but if they were, it was because the staff were busy with someone who needed them.

Owners with therapy dogs are encouraged to attend the home, and the residents thoroughly enjoy their presence. They save treats for them and enjoy patting and stroking them

11. Summary of visit.

Having completed the visit, we returned to the lounge to give feedback to the manager.

We were all very impressed by what we have been told and what we have observed, especially the interaction between the staff and residents. The relatives themselves were all delighted with the way the home is run, and the care, happiness and safety of their relatives who are residents in the home. One relative was looking for one of us to ensure we didn't leave until she'd told us how her mind is very much at rest, with her dad being cared for in the home. He has been quite ill and just knowing he is safe and cared for has allowed her to relax, especially knowing she can visit him at any time.

All staff members were smartly dressed in their uniforms, and not only were they a credit to the home, but they also looked very professional and competent.

We had spoken to members of the housekeeping staff, who explained how they dealt with the personal laundry of all the residents, and managed to keep their clothing clean, smart and back in the correct rooms in a timely manner. There are two gentlemen in the home with the same name, and one told one of our members that he sometimes got the other gentleman's clothing by accident. Far from being annoyed about this, he laughed and said he was amused by it.

The home is fully staffed now, and have 15% over contracted hours, which helps if staff are off poorly or on holiday.

Staff members with childcare responsibilities are accommodated as far as possible with their shift patterns.

Staff members are very happy to increase their knowledge and skills, and Hollie, as manager is more than happy to encourage them if they are looking for career progression.

When it's necessary for residents to be admitted to hospital, the information sent with them includes: - a hospital passport, all personal details, all medication, all contact details. A red bag which contains DNAR form with signature.

There have been two failed discharges recently, where the resident has been deemed to be too ill to be accepted back into the care home. In this instance, they are returned to hospital. To mitigate this, a member of the Care home staff

now visits the patient in hospital to check that they can be cared for back in the home at that time.

12. Recommendations

- That Hollie and her staff continue with the good work that is apparent in all aspects of the home observed during this visit.
- Although the staff training (see appendices) is quite comprehensive, it is very important that all staff are familiar with the reporting of accidents/incidents in the home, and endeavor to ensure that this information is meticulously recorded at the time of occurrence.
- Many thanks to Hollie and her staff for an enjoyable visit. All must be commended for their commitment and care in what sometimes can be a very difficult job.

Appendix (i)

1 HEALTHWATCH HARTLEPOOL

2 VISIT RISK ASSESSMENT- ENTER & VIEW VISIT

Location of Visit Sheraton Court

Assessment Prepared by Stephen Thomas

Date of Assessment 21/08/24

Date of Visit Between 27th August and 23rd September 2024

Date Checked and Agreed by Home Manager

Comments - DRAFT Risk Assessment for proposed Enter and View visit to Sheraton Court between August 27th and September 23rd by Healthwatch Hartlepool

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What are the hazards/risks associated with the visit? What could happen? Please list	Who is particularly at risk?	What precautions or existing control measures are presently taken?	Risk of accident/dangerous occurrence of non-compliance High/Medium/Low	Actions
Risk of infection (Covid, Flu or other) from members of the visiting team	<ul style="list-style-type: none">ResidentsStaffFamily members	Pre-visit Precautions <ul style="list-style-type: none">The visiting team will be limited to five Healthwatch Hartlepool representatives (4 Enter and View visitors and 1 Trainee/Observer)	High	<ul style="list-style-type: none">HWH Development Officer to ensure that visitors present all relevant documentation prior to the visit and that it is made

	<ul style="list-style-type: none"> and other visitors E&V visitor 	<ul style="list-style-type: none"> If available, visitors will be up to date with Covid vaccinations If available, visitors will have had the annual seasonal flu vaccine. The Home Manager will provide HWH with any relevant H&S policies which the visitor is required to be aware of and observe during the visit. The visiting team will adhere to the usual protocols around the conduct of visits as specified in national and local guidance. 		<p>available to other parties on request.</p> <ul style="list-style-type: none"> Home Manager (or designated representative) to provide HWH with copies of all relevant H&S policies prior to the visit
<p>Risk of infection (Covid, Flu or other) from members of the visiting team</p>	<ul style="list-style-type: none"> Residents Staff Family members and other visitors E&V visitor 	<ul style="list-style-type: none"> Visit Precautions The Home Manager (or designated representative) will provide a full briefing around H&S requirements which the visitors will be expected to follow during the visit. The visit will be limited to communal areas and 1:1 discussion with residents, family members and staff. If requested, visitors will wear PPE in line with the policy of the Home and any underpinning legislative requirements during the visit, including mask, gloves, and apron. If the Home reports an outbreak (Covid, Flu, sickness/diarrhoea etc) the visit will be postponed. 	<p>High</p>	<ul style="list-style-type: none"> Identification of best practice to ensure risk minimisation at pre-visit virtual meetings. Agreement of strict set parameters within which the visit will be conducted. Development of pre-visit questionnaire for residents' family members and visitors to minimise the need for face-to-face contact. Cancellation of visit if the home reports an outbreak (Covid, Flu, sickness/diarrhoea etc)

Family Engagement Questionnaire – Sheraton Court (3 returned)

Summary of Responses

Introduction

1) How long has your relative been a resident at Sheraton Court?

- About 4 years
- Nearly 2 years
- About 9 months

Care

2) Are staff polite, approachable and friendly?

- Yes
- Very much so
- Yes, very friendly and approachable, and particular staff such as Jonathan, Chris, Sarah, Natalie and Vicky deserve a particular mention as they have been very supportive to us and mam.

3) Are interactions between residents and staff positive and friendly?

- Yes
- Yes always
- N/a

4) Are staff available when you or other relative need them?

- Usually
- Yes
- N/a

5) Have you been involved in your relative's care plan?

- Yes
- Yes
- N/a

6) How does the home communicate with you?

- By phone
- Yes
- N/a

7) Does your loved one speak positively about the home and their carers?

- No, because she has dementia and short term memory loss, she doesn't know she is in a care home.
- Yes, likes being here
- N/a

8) When you visit does your loved one appear clean, tidy and well dressed?

- Usually
- Yes
- N/a

9) Are you happy with the standard of care your loved one is receiving?

Yes

Very much so

N/a

Activities

10) What activities does your loved one enjoy?

Watching TV

Bingo, outings and activity clubs

N/a

11) What activities does your loved one engage in?

Knitting, painting, and other activities the staff organise such as coffee mornings.

Bingo (always lucky!) and activity clubs

N/a

12) Are they encouraged and supported by staff to join in activities?

Yes

Yes, and I join in too!

N/a

13) Have you ever been invited to attend meetings regarding your loved one's care?

Yes

Yes, and I do when I can

Not since the initial implementation of end of life care along with the social workers

Environment

14) Are you happy with the cleanliness of the home?

Yes

Yes

Yes always clean and tidy

15) Do you think that you loved one's room reflects them?

Yes

Yes

Yes

16) Are you happy with the cleanliness of their room?

Yes

Yes, always clean

Sometimes I think the floor needs hoovering a bit more, but other than that fine

Visiting

17) Are you able to visit in person?

Yes
Yes
Yes

18) Does the home have set visiting times or are you able to visit when you choose?

Anytime other than mealtimes.

Set mealtimes, but if early not a problem

They like us to avoid mealtimes but are flexible if need be. If mam was in the restaurant I would wait in her room.

19) Does the home have any health and safety guidelines which you must follow?

Yes, especially if any Covid/flu type virus have been detected.

Sign in and out. Plenty of anti-bac if needed, and information if there is any outbreak of flu etc.

Any relevant signs are posted on the door

20) Do you know who to speak to if you want to make a complaint or compliment staff?

Yes

Yes

Yes, the manager

21) Is there anything else you wish to tell us?

No

I feel very happy and content now my aunt is in Sheraton Court, she is safe and happy. All the staff care and are very helpful and friendly. It is like a home from home and the staff go the extra mile to make it just like home.

My main concerns are when bank staff are used. We found that when a bank carer was used when mum first came in, she didn't get the quality of care we expected. This was fed back to Holly at the home and now with Jonathan and Vicky who are both great. They go above and beyond and put mams best interests first.



Pre-Visit Questions For Manager - Sheraton Court

A. About The Home

- Owners?
HC-One
- Number of residents/beds?
80 Beds 76 Residents
- Registration, what services are you registered to provide?
Residential, Dementia Residential
- Dementia friendly? (Examples of support for residents with dementia,)?
Yes
- Specific Care needs of residents (eg living with dementia)?

B. Staffing

- Number/types of staff?
Senior Care & Care Assistants
- Staffing levels day/night?
Days 13 Morning, 12 afternoon , 8 nights
- Staff Qualifications (including managers)?
Level 5 Manager, x 2 SCA working towards Level 4, Deputy level 4
Level 3 + Level 2
- Staff Turnover?
High number, last year now reduced
- Staff training mandatory/optional? (for example, dementia awareness and safeguarding)?
Care planning, SPH, First Aid, Data privacy. Dementia x 12 modules also 2 day course. Choking, falls, nutrition & hydration. Safeguarding x 3 levels, Boots medication,
Infection control, IDD5, Catering Safety, Burns & Scalds, Health & Safety, Equality & diversity, Fire x 2, Person Centred Care, Skin integrity training (to check)

C. Activities

- Activities Co-ordinator?
Yes x 2
- Daily activities?
Weekly planner in place & monthly daily provisions,
- Special occasions?

Entertainers, coffee mornings, fayres, hydrotherapy and many more

- Do you find out about your residents' areas of interest and try to accommodate them?

Remembering together book

D. Safety and Security

- Safeguarding procedures?
Yes
- Access to the building?
Key coded
- Trips and falls?
Yes
- Wheelchairs and other equipment, management and use?
Maintenance Checks carried out
- Personal possessions and money?
Safe personal allowance system in place
- Emergency/evacuation procedures?
Yes

E. Wellbeing

- Resident contact with GP's and community Nurses?
Yes -ISPA used
- Medication management?
Yes
- Oral hygiene/dentistry?
Yes – Dave powers
- Eyesight and hearing?
Yes – vision call
- Podiatry?
Yes every 6-8 Weeks
- Feeding, hydration, diet and support offered to residents?
Yes x 3 meals, supper, x2 snacks trolley
- Washing and bathing, frequency and timings?
Residents' choice – 2 weekly
- Building temperature?
Appropriate Set

F. Other issues

- Residents and decision making?
Capacity – residents choice
- Contact with family members?
Yes
- Complaints/compliments procedures?
Yes, in place
- Hospital discharge – recent experiences?

Recently have had some failed discharges where residents have remained unwell and taken back to hospital

Any other comments/observations

16. Acknowledgements

Healthwatch Hartlepool would like to thank the Home Manager Hollie Rhodes and the staff team for answering our questions honestly and for ensuring this was an enjoyable visit. We wish them all well for the future. Also, our thanks go to the family members who took time to complete our questionnaire and residents and visitors who spoke to us on the day of the visit.

Finally, we also want to thank staff from Hartlepool Borough Council's Commissioning Team for their help and support in organising and facilitating our visit.

17. Service Provider Response

I would like to thank the Healthwatch team for the respect shown to the home, residents, relatives and staff during their visit.

Hollie Rhodes

Sheraton Court - Home Manager