

Scotia Heights - Unit Two

Date & Time of Visit

17th August 2016 14:00

Name of Service Provider and Premises visited

Scotia Heights, Unit Two

Registered Home Manager

Gaynor Dingley-Smith

Authorized Representatives

Paul Harper, Paul Astley

Purpose of the Visit

Healthwatch Stoke-on-Trent, in partnership with the City Council, has introduced a Dignity and Respect Charter which applies to every resident receiving care. Our visit is to assess how this is perceived by both residents and staff.

Scotia Heights - Unit Two

Scotia Heights is made up of six differing units and a total of 60 beds and 170 staff. It is a relatively new building, built in 2007. It caters for a broad variety of conditions across the units, both physical and mental health. Due to the available time, Healthwatch focussed upon unit two with a view to return to view others at a later date. At the time of visit, the people in unit two had mainly mental health needs.

Methodology

- Members were able to talk to the Clinical Nurse Manager who was extremely helpful and supplied a great deal of information;
- Brief conversations were also held with a small number of patients and staff;
- Members were able to walk around the unit and view the available facilities.

Findings

Environment

Overall the unit, including kitchen and communal areas appeared clean and light. It has the feel of a new establishment. The communal area felt modern and appropriately equipped. It leads out, through patio doors into a courtyard. The kitchen had the appropriate notices about allergens and hygiene.

Volunteers were able to access a room with a resident which had been very much personalised with his own belongings and suitably felt like his own. Each room was a good size with more than adequate space for each individual resident and their differing needs including those who needed personalised nursing and physical health care. Staff spoken with understood the importance of this personalisation of care and spoke clearly about meeting the different individual needs within the unit.

The shared living area and dining rooms were well laid out with seemingly good access for all the residents.

All residents had a choice of meals each day with a wide variety of dishes and choices available including a vegetable/vegetarian option. Residents also had access to drinks whenever they needed them.

Activities

Volunteers were able to talk to activity (lifestyle) staff. It was explained that each unit has its own activity coordinator and that attempts are made to shape activities so that they meet the needs of patients. The unit makes use of a minibus for activities away from the unit. Volunteers were able to view minutes of resident meetings where opinions were sought although didn't see evidence of an action log.

The activity worker displayed a clear vision of what she was working towards with individuals and within group activities. The residents also had activities external to the home and it was clear that many were structured around individual needs and choices, for example one resident would go swimming regularly, groups of residents going to Blackpool. Residents were involved in regular meetings to identify what activities they would like to take part in.

Dignity and Respect



Volunteers were pleased to find copies of the Dignity and Respect Charter on various notice boards. Scotia Heights also has its own dignity champion scheme (see picture) with them named in each nursing station. There appears to be a good awareness of dignity and respect both on display and much in evidence in discussion with staff who were able to give examples of how they treat residents and relatives

with dignity and respect.

Staff Comments

Staff were friendly and described enjoying working in the unit, feeling able to express concerns about issues as well of having regular supervision and annual appraisals. Staff described being qualified to either NVQ level 2 or 3 with opportunities for continual professional development. The staff also were clear in that even when they are required to work on other units when required that the values of the home were evident regardless of the needs of the residents within the different units.

There was a high level of enthusiasm for the work being undertaken and roles and responsibilities and although we did not see care plans it would seem that the staff do regularly review the care, risks and needs of individuals. Each unit has a qualified nurse on duty where nursing care is supervised and reviewed regularly. The staff spoken with also demonstrated a good understanding of The Mental Capacity Act, Deprivation of Liberty Safeguards and Safeguarding. They also understood the importance of clear and safe medication management and would discuss such issues with medical and nursing staff to ensure safe practice in relation to administration, adherence and issues such as side effects.

Patient Comments

Members were able to talk briefly with patients, one of which suggested a specific activity that was missing from the schedule. It is good to know that an opportunity exists to express this at the residents meeting.

Healthwatch Comments

Healthwatch Stoke is very pleased to find the dignity champions scheme in place. It also appreciates the efforts made to deliver a personalised experience for residents. Staff seem happy and respected which promotes a shared team value base and good work ethic. It was clear that a “whole team approach” to care was at the heart of the units work in that each individuals’ care needs are addressed as a team and not just by individual carers and that the unit staff seemed aware of what care is being offered and delivered to each resident and what issues can arise.

Recommendations

A suggestion would be to build upon the work already done through the residents meeting by tracking outcomes and promoting the success of this through ‘you said, we did’. As this appears to be the main means of patient feedback, it could be more widely promoted.

Although personalisation is already a key facet of work at Scotia Heights, advice would be that attention should be paid to the new Accessible Information Standard¹ if this work has not already commenced. For any possible future visits, it was suggested with the Managers’ about Healthwatch being able to see other units and they were very supportive of this suggestion.

Response from Manager

(see next page)

¹ <https://www.england.nhs.uk/ourwork/accessibleinfo/>



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Mr Lloyd Cooke
Dudson Centre
Hope Street
Hanley
Stoke on Trent
ST1 5DD
5th September 2016

Dear Mr Cooke,

After your recent enter and view on the 17th August 2016. I would like to thank you for the written report which has been received today.

The reports very well and the whole team here Scotia heights feel proud of the outcome of your visit.

I would like to recommend a change to the draft where it states that our home is called 'Scotia House'. This is a different care establishment and our home is called Scotia Heights.

I have enclosed a copy of the original draft you sent, highlighting where the mistake has been made.

Thank you.

Yours Sincerely

Lisa Edwards
CNM