



Enter and View Report

Grimsby Manor

11th November 2016

healthwatch

North East Lincolnshire

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Report Details

Address	Second Avenue Grimsby North east Lincolnshire DN33 1NU
Service Provider	Orchard Care Homes. Com limited
Date of Visit	Friday 11 th November 2016
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker, Sue Hobbins & 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

- The bathrooms that were in use were very cold, the ones that weren't were being used for storage. We also noticed that the water temperature log in one of the bathrooms had not been filled out since 2014.
- Concerns from relatives around staffing levels and time spent in personal care with residents.
- Staff appeared very caring and addressed all residents by name.
- Staff seemed to have a good hands on approach with residents around activities to get them active and involved.
- Some minor concerns around privacy, dignity and respect.

Details of Visit

We were met in the car park by manager Tammy who was very welcoming. Carol who was part of the Enter & View team was attending and was recognised by the manager as having a sister in the home and who had spoken to the manager about her sister's care in the past. Carol offered to withdraw from the visit but the manager said her presence was not a problem after being assured we were only observing on what we saw that day and not any personal issues Carol might have had in the past.

Environment

The surrounding gardens looked well cared for with plenty of seating areas. The Lift in the home is currently not reaching all of the floors correctly, this is undergoing repair. There is a board of staff members for all to recognise who's who at the entrance to the home. Residents have identification on bedroom doors which are updated when required. Reminiscent items frequent the entire home making it a very personable space to live in.

On our visit we noticed that there was strong odour of urine on the first and top floors. We noticed the chairs on the first floor are fabric (washable but not wipe clean) which may have attributed the strong odour. While walking round the home we noticed that coat hanger pegs in the hallways were at eye level which could easily cause an accident to a resident. We raised our concerns with Tammy the manager. The hand rails throughout the corridors were worn and had parts of wood missing. We noticed that wallpaper on the top floor outside one of the rooms was hanging off of the wall as well. We also raised concerns about the bathrooms on the first and top floor. We found bedding over the bath hoist in the first floor bathroom. The bathrooms that were in use were very cold. We noticed that the bathroom water temperature books had not been filled in since 07.09.2014. In the quiet room on the second floor there were broken TVs and other electrical equipment being stored that we suggested be removed. The laundry room has an excellent use of space ensuring items are sorted correctly. All doors that could and should be locked were, and also those with codes needed were as well. A number of rooms had lift and rise chairs within them and they were all very clean.

Food and Drink

The menus near the entrance and the menus in the dining room did not match up. The meals on the menu near the entrance sounded very enticing

Staff explained that residents could eat in their room if they wished. There is a kitchenette on each floor for snacks /toast/drinks etc. which we thought was a good idea.

We noticed that the sink was full of pots by 11am. We would recommend that butter perishables should be put away and the sides could be wiped a little more often.

Safeguarding, Concerns and Complaints Procedure

A suggestion box is available in the home for all residents, relatives and friends to use. Residents, family and friends are also encouraged to talk to staff if any concerns or suggestions arise. Monthly meetings are also available for relatives to discuss any issues.

Staff

In the manager's office Tammy had a good record of staff achievements and assessments. Staff appeared very caring and addressed all residents by name. Tammy explained the ratio of staff to us. Two staff on each floor with a housekeeper also available. A floating deputy manager is also available. On the night shift there is one staff member to each floor with a floating deputy.

A matrix was made available for us to browse as it is part of the OWL (Orchard World training). Staff names were mis-printed but available nonetheless.

Promotion of Privacy, Dignity and Respect

On our visit we noticed a resident had their catheter bag laid on the floor beside their bed.

On our way round the home we noticed one of the residents notes were left on top of an open cupboard in the communal area on first floor. We felt this could potentially be a confidentiality issue if both staff were to leave the room.

Bath and showers were offered each day to residents, their choice being paramount. If they required bathing they were taken to another floor for this.

Recreational Activities

There was an activities board in the entrance to the lounge. There were daily and weekly displays of various activities: bingo, crochet, boogie beats, knitting, crafts, puzzles etc. to name a few. The activities room on the first floor is a good, brightly-lit room where they encourage a hands-on approach to entice people to have a go. We were told the activity co-ordinator was on duty 10am-2pm but we did not see them. Posters and pictures adorning walls were of excellent, colourful and interesting subjects.

Medication and Treatment

The medication cabinet was locked away well.

Residents

On our visit we noticed there was an excellent participation from residents around the shoe box appeal.

We found that some call bells were not always placed with residents sat in chairs in their rooms.

Relatives and Friends

We spoke to some relatives who had concerns regarding staffing, especially on night shifts. There was also a concern from another relative that staff did not seem to have enough time to care for her mother.

Recommendations

- Revisit procedure regarding bathroom temperature books as one has not been filled in since 7-9-2014.
- To remind staff to reposition the call bell if required as not all call bells were placed with residents sat in chairs in their rooms.
- Review staffing levels at night to ensure that safety and personal care needs of all residents are met.
- Remove the broken electrical equipment from the quiet room on the second floor.

Service Provider Response

Only feedback given on the day from the ladies who visited was the following:

- Hanging Pegs too low on the 2nd floor – these have now been removed.
- Bathrooms on first floor – Informed the ladies that the bathrooms on first floor were out of service and awaiting a new bath, this has now been fitted.
- The training matrix had missing staff member – the staff member in question was a relative of one of the ladies, she was on the matrix as I checked when she left.

Other responses:

- Carpets on first floor odour – On the day of the visit they had been reported and requested to be replaced. The carpet was replaced on 8/12/2016.
- Catheter Bag – The resident in question had been discharged back into our care from hospital the day before without a stand, staff on the day of the visit had been in touch with various professionals to assist with the catheter care for this resident. We are not a nursing home and do not have catheter stands in the home.

All the above I personally feel should have been communicated to the staff team on the day of the visit, and explanation would have been given to the team.

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)
- Lydia Golby (Lead nurse-quality at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew (CQC Inspection Manager Hull, NEL, & NL)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view