



## **Enter and View Report**

Havenmere Health Care Ltd

26<sup>th</sup> June 2017

# healthwatch

## North East Lincolnshire

### Contents

Enter and View Report.....	1
Report Details.....	3
What is Enter and View.....	4
Methodology.....	5
Details of Visit .....	6
Recommendations.....	8
Service Provider Response .....	9
Distribution.....	9

## Report Details

Address	191 Pelham Road Immingham Lincolnshire DN40 1JP
Service Provider	Havenmere Health Care Limited
Date of Visit	Tuesday 6 <sup>th</sup> June 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker, Elaine Flower, Lucy Hall & Sue Hobbins

### 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 advance 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

- Case files were left in empty lounges.
- Training matrix on notice boards had wrong dates on and was mostly out of date.
- Residents were treated with dignity and respect.
- Some staff were not aware about their training requirements.
- All residents appeared clean and well dressed.
- Some doors that were meant to be locked were not.

## Details of Visit

### Environment

Havenmere is a two storey home and is purpose built in a residential area and has recently been refurbished to a high standard. It has a large car park and is surrounded by mature gardens. It provides nursing and residential care to younger adults. Havenmere aims to provide a service for people with complex physical and/or mental health needs who may need permanent, rehabilitation or respite care.

There is an entry control system, visitor signing-in book and hand sanitiser available near reception.

At the time of our visit the environment was warm and clean and there were no offensive odours. The décor is light and bright with modern easy to clean flooring in the communal areas. The furniture is modern with removable washable covers or wipe- clean surfaces. The internet service has recently been installed to all areas of the home .There is a lift to the first floor.

We also visited the laundry and linen store which were clean and tidy. All had key press entrance although they were both unlocked upon trying both doors. The kitchen doors were also unlocked. A door specifically asked to be kept locked as the poster on the door indicated had a key in a good place next to it but it was still unlocked.

All bathroom and toilet areas were clean and fresh with paper towels for hand washing. A bin for towels was not available in one of the ladies toilets. Two bathrooms were used as storage for wheelchairs.

Hand sanitiser is available in some areas of the building. We did not notice any hand sanitiser available for staff to use in corridors leading to bedrooms.

All the residents' rooms are spacious and well-furnished but some were a little messy with clothing in piles and beds unmade. We did not see any sign that residents are encouraged to bring in items from home to personalise their space. The manager added that out of the 26 beds presently occupied 15 have been fully decorated to the resident's choice and 3 have been fully furnished by the residents themselves.

Although the home can cater for 40 people there are 26 at present. They are cared for on four units. A new unit just opened which is two self-contained apartments where residents can live independently, prior to them moving back into normal society.

Case files were left in empty lounges. This is a confidentiality risk as anyone could have access to these.

There were quite a number of empty trays littering the corridors.

### Food and Drink

The dining room on the ground floor is spacious and well furnished. There was no daily menu on display. The manager explained that the home has a number of people on Percutaneous endoscopic gastrostomy (PEG) feed. This was evident as there were a number of supply boxes in upstairs rooms waiting to be put away.

### Safeguarding, Concerns and Complaints Procedure

The manager explained to us that few issues arise and most of them can be dealt with informally. However she liaises with the Safeguarding team when necessary to ensure that any concern is discussed with them first.

No evidence of relatives and residents visits available.

### Staff

The levels of care staff increased depending on needs. At the moment 10 residents on a unit requires 4 carers and 1 nurse. High dependency (challenging) is 8 carers 1 nurse.

We talked to several members of staff during our tour of the home and none had been informed of our visit or what it entails.

Training of staff is ongoing and is provided in-house by the parent company, according to staff, although they were not sure. The training matrix on the notice boards had the wrong date and was all mostly out of date.

When speaking to some of the staff there was some uncertainty about the questions we asked around training.

### Promotion of Privacy, Dignity and Respect

Any personal care was undertaken in private away from the communal areas. One gentleman was being taken to his room by two staff. Residents were spoken to but unable to answer as most were incapacitated or unable.

### Recreational Activities

The manager informed us that activities were daily, with each service user having a daily activity plan. Activities/therapy staff are employed for 150 hrs per week. At the time of our visit we met 6/7 residents sat in lounges watching television, most of the

other residents appeared to be in bed. No activities of any kind were taking place at the time of our visit although we were informed that residents do go out on visits. The manager also informed us that each individual had an exercise and activities programme as well but did not expand on this.

There is a dedicated physio room at the home which appeared not to be in use.

### **Medication and Treatment**

All residents are attended by their own GP and medication is supplied to the home by Boots the Chemist.

Other health professionals often visit the home to oversee specific care requirements.

### **Residents**

All residents appeared clean and well dressed.

### **Relatives and Friends**

There is an overnight room if a relative came to visit.

## Recommendations

- To ensure doors locked specifically Kitchen, Laundry & cleaning cupboards.
- Explore the idea of turning the empty lounge into storage to free bathrooms.
- Case files to be kept in a safe locked area to ensure data confidentiality is not compromised.
- Training matrix to be updated and visible to be all colour coded if possible.
- Staff to be updated/reminded of their training.

## Service Provider Response

Diane Howden (Manager) said:

Most activities are outside the home as the younger age group prefer to be involved in community living rather than in home activities, though some in home sessions are arranged.

The unit that caters for clients with dementia/cognitive impairment is undergoing refurb in line with Bradford University Dementia Design programme and 8 of the service users on that unit have chosen their own colour schemes etc. for their bedrooms. Other residents are happy with the rooms in the neutral colours and schemes used to refurbish all empty rooms prior to admission.

We do not have vegetables delivered in trays, but Boots medication deliveries are made in a similar type of tray. These would be in the corridors awaiting Boots collection.

I am not sure what evidence you required regarding relative visits but the signing in book was available in the foyer and almost all service users have regular family and friend visits we also arrange where they prefer to escort service users on home visits.

You have suggested that we turn an empty lounge into storage, however we do not have an empty lounge. Rooms that may not have been in use during your visit are used regularly for example the physio room is used when our physiotherapist is in

the home which is not every day. The meeting room (which you may have thought was an empty lounge) is used for regular multi-disciplinary meetings and service user reviews.

## 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](http://www.healthwatchnortheastlincolnshire.co.uk/enter-view)