



Enter and View Report

Kirklees Care Home

Monday 24th August 2015

healthwatch

North East Lincolnshire

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Report Details

Address	31 Kirkgate Waltham DN37 0LP
Service Provider	Prime Life Limited
Date of Visit	Monday 24 th August 2015
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker, Richard Lau & 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

- Attractive and clean bedrooms
- Staff listened to residents and understood their needs.
- Residents were treat with dignity & respect.
- Residents were well dressed and clean
- Some parts of the Care Home are in need of some decorating.

Details of Visit

Environment

We were met and shown round by Wendy, senior person on that morning as the Manager had taken a resident to a hospital appointment.

It is an old building set back from the road and well adapted for residential use although in need of some decorating. The floors in all the building are wood. There is a sensory room/lounge at the front on the ground floor which residents prefer to use as the main lounge as it looks out on to the road. There is another lounge at the rear of the building along with a dining room with a patio area leading into a garden and an Independent Living House for three male residents at the bottom of the garden. We saw several bedrooms used for respite care which were attractive and very clean. One was being redecorated and paint and brushes had been left on the floor of the unlocked room which could have caused problems had a resident wanted to use them. One lady invited us into her room and this was beautifully decorated with new bedding materials chosen by her. There was one main shower room, several of the rooms were en suite. There were nine bedrooms upstairs, the others on the ground floor.

Food and Drink

Breakfast is served between 8 a.m. and 10 a.m. which is usually cereal or toast. On Saturday there is a brunch meal with bacon, eggs, sausages etc. Lunch is a light meal/sandwiches prepared by staff. Cook comes on at 1.30 to prepare an evening meal. The residents had recently changed to this system as some of them were out all day and liked a cooked meal in the evening when they returned. The men in the Independent Living House particularly liked this so they could socialise on their return with the other residents. There was a bottle of detergent left on a window sill by an open internal window in the kitchen which could be accessed by residents. There was a 2 week meal planner on one of the fridges in the kitchen but this did not show the Saturday brunch meal or the current situation of light meal at lunch and cooked meal in the evening. Residents could have drinks or food when requested. One gentleman we spoke to was not happy with the food but other residents were. He has been living here for 26 years.

Safeguarding, Concerns and Complaints Procedure

There were notice boards with details of how to complain and how to know if you were a victim of abuse on them. The Manager holds a surgery once a week between 11 and 12 on a Monday. Staff are aware of Safeguarding Procedures and have been trained in Safeguarding. The residents have very complex and varied needs and the staff are aware of these and how best to help the residents. All staff were trained in Health and Hygiene.

Staff

Wendy had a blue nurse's uniform on but other staff members did not appear to wear a uniform. Name badges had been used in the past but not now as they had caused slight injuries with scratches and not thought necessary now. It was a home from home and not an institution. There were two members of staff on duty through the night. There were 3 staff on that morning plus a cleaner, plus one member of staff who had gone to the hospital with a resident. Cook was due on at 1.30 p.m.

Promotion of Privacy, Dignity and Respect

Residents were asked if they would like to speak to us and staff spoke to them calmly and listened to what they wanted to say. Most residents had complex needs and the staff did all they could to help them and encourage them. Staff seemed to know what residents wanted although encouraged them to make their own decisions. All residents were addressed by their names and doors knocked on before staff entered.

Recreational Activities

There were 5 tables in the dining room and these had been moved aside while we were there so they could have a Motivation Class which took place twice a week and most of the residents participated in this and enjoyed it. 8 residents were taking part while we were there. There were activity sheets on the wall in the dining room with pictures on them showing what they could do each day; - puzzles; board games; painting; a singer entertainer; bingo and nail care were listed for different days. The dining room was also used as a lounge by some of the residents. 4 of the residents went to a Nostalgia Group for over 65s at Queen Street and really enjoyed this. The 3 men in the independent living house were mostly out all day. Other residents went out with carers or relatives to various events.

Medication and Treatment

The medication trolley was in a locked cupboard and one member of staff had the key and passed it over to night staff. Medication was recorded in a control drugs book and checked by member of staff on takeover. Two signatures are required to sign off medication. There was no treatment room but should any of the residents need a district nurse or doctor they were treated in their own rooms.

Residents

All were well dressed and clean with varying degrees of disability. Most of them were keen to talk to us, or communicate in their way. All were free to move around the home as they wished

Relatives and Friends

There were no relatives or friends visiting while we were there but Wendy told us the people who did visit regularly always spoke to the residents who did not have visitors and it made for a good atmosphere. One of the relatives had taken photos of the residents and made a collage of them and put them up on several of the walls.

Recommendations

Programmes of decorating as some of the walls in the communal areas were shabby and scratched.

Repair blind on rear window in dining room /conservatory as this was hanging off one bracket.

Take more care with health and safety e.g. paint pots in unlocked rooms and bottles of detergent by open window.

Service Provider Response

The Service Provider received the report and had no comments to make.

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)
- Sue Cooper (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