



St Patrick's Care Home

Widnes

27th November 2015



ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank the staff and residents at St Patrick's for their time and consideration during our visit.

WHAT IS ENTER & VIEW

People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

VISIT DETAILS

Centre Details	
Name of care centre:	St Patricks Care Home
Address:	Community Integrated Care Ltd, (CIC) Crow Wood Lane, Widnes, Cheshire WA8 3PN
Telephone number:	0151 495 3593
Email address:	
Name of registered provider(s):	Community Integrated Care Ltd
Name of registered manager (if applicable)	Mrs. Janet Fitzgerald
Type of registration:	Nursing home
Number of places registered:	40

The Enter and View visit was conducted on 27th November from 10.00am to 12.00pm.

The Healthwatch Halton Enter and View Team were:

- Mike Hodgkinson
- Doreen Whimperley
- Irene Bramwell

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

OBSERVATIONS

St Patrick's Care Home (the Home) is situated in a quiet residential area in Widnes. There is an accessible bus route and shopping facilities situated approximately a mile from the home. On arrival the team noted that the exterior of the Home was clean and well maintained with a large car park that included clearly marked disabled car parking spaces. The home is a single storey building which is divided into two units, providing care for residents diagnosed with dementia.

The entrance to the home, which is accessible by wheelchair, was clean with soft furnishing and a table. Information leaflets, displayed in the entrance area, included an Alzheimer's Society leaflet on care funding; a copy of the complaints procedure and an employment charter. The team were pleased to see that the Healthwatch Halton feedback stand was on display with feedback forms and free post envelopes. There were Healthwatch Halton Hospital Discharge Surveys available for residents, staff and visitors to complete if they wanted to comment on a resident's experience of hospital discharge. The visiting team introduced themselves and explained the purpose of the visit. The team noted that a Healthwatch Halton Poster was on display, to inform staff, residents and visitors, about the visit should they wish to contact Healthwatch Halton or meet the team during the visit. This was alongside a comment box available for resident's families and friends to feedback their experiences of the care home to the providers.

The entrance area had a signing-in book available for visitors. The latest home registration and quality assurance certificates were also on display. The main doors into the reception area were only accessible by keypad. There was no delay to answering the buzzer. The Acting Manager, Nicola Lloyd, welcomed the team and explained that the registered Manager was not available, as she was currently in another CIC home for a temporary period.

The main reception area of the home appeared clean and modern in décor. A Christmas tree and decorations were on display. Within the reception area there were more notice boards which gave information about the entertainment available to residents, including details regarding a series of nine events before Christmas.

The Acting Manager invited the team into the Manager's office and explained that the home will have its full capacity of 40 residents, with a new resident arriving during the next few days. Their ages range from 65 to 90 years. During discussions, Nicola told the team that all residents have a care plan and are provided with a care assessment prior to admission. The plan is then reviewed monthly to identify any changing needs. The team discussed Deprivation of Liberty Safeguarding (DoLS) and the mental capacity of residents. Nicola told the team that residents are monitored and most have been assessed for DoLS. However, a small number of residents, who have capacity, can visit nearby shops but would

always be escorted by staff or family members for safety reasons as even those with capacity still have some physical frailties.

Nicola gave a breakdown of staff and roles which included 9 nurses, 28 support workers; 9 night support workers 2 chefs; 3 catering assistants; 6 housekeepers; 1 maintenance worker and 3 part time activity coordinators.

Nicola explained how areas of the home have been developed and refurbished to support residents experiencing dementia. This included the flooring which has been replaced with non-slip vinyl to improve the décor and may help to reduce the risk of falls which occur due to varying factors. Staff will refer the service user to the 'Falls Prevention Team' who will provide hip protectors as necessary and make a note of all health conditions and all medications that may have an adverse effect on balance or contribute to the risk of falls. The GP/mental health services will regularly review mental health conditions, medications and any existing or short term health problems.

We were told that there are a wide range of training courses, both in-house and external, as all staff are required to undertake mandatory training. A matrix board in the Manager's office showed the dates and courses that had been completed by staff. Training included safeguarding and all staff are aware of local safeguarding policies and procedures, whilst senior staff have been trained in DoLS.

We explained that Healthwatch Halton is currently undertaking a survey on the discharge of older people from hospital. Nicola said that in some areas she felt admission and discharge processes had improved, as in her experience residents do not seem to be being discharged back to the home at unreasonable times. However, an ongoing issue is that often residents return to the home with no discharge paperwork or medication, which requires the staff to liaise with the hospital.

We were informed that the home uses a 'Patient referral information form' which is faxed directly to the A&E department to patient is going to. Once the patient is discharged page 2 of the document should be completed by hospital staff and returned to the care home with the appropriate documentation on diagnosis, change of medications, clinical recommendations and management plan and take home medication information. This has been provided by the Care Home Team with a view to improving patient discharges. These issues have regularly been raised and discussed at Halton Providers forums and continue to be as problems are encountered.

If a resident's family cannot attend the hospital on admission to hospital, a member of staff will chaperone and stay with the resident until the resident is formally admitted, or until their family member arrives, when the carer will return to the home. Regarding transport for appointments, Nicola explained that unless an ambulance is required, the home has an account with a taxi firm. The cost of using taxis is provided by the Home not the resident.

Medication and the administration of drugs in the home are undertaken by nursing staff unless a resident is capable of managing their own medication. The 'Care Home Team'

from the Brooker Centre visit the home on a weekly basis. Any discussions regarding issues with medications and challenging behaviour are relayed back to the psychiatrist at the multi-disciplinary team meeting following visits.

Residents have access to primary care services such as dentists, opticians and six week chiropody appointments. Physiotherapists and GP services are available when needed. The majority of residents have been able to keep their own GP. However, residents who originally lived outside Widnes had to change to a local GP surgery. GP Services liaise with the Home; this includes reviewing medication.

Other services available to residents included a hairdresser and access to alternative therapies such as Aromatherapy.

The home employs three part time activity co-ordinators, to engage residents in activities, and the Home has a good relationship with local schools and musical groups who may visit. Nicola explained that some residents enjoy being engaged in cleaning activities but most residents have lost the capacity to carry out basic household tasks.

Whilst there is no minibus assigned to the home, CIC can provide a minibus for residents to engage in activities outside of the Home. Some residents have their own wheelchair but there is also a pool of wheelchairs that care workers and family members use for outside journeys to the shops and surrounding areas. Care staff try to minimise the unnecessary use of wheelchairs so that residents retain basic mobility for as long as possible. To meet the spiritual needs of residents, access to religious services is provided, as lay preachers attend the home to administer Holy Communion...

The visiting team were given the opportunity to tour the Home. Residents can furnish their rooms to their own personal taste, however, the visiting team did not enter residents' rooms. Access to the 'Ashley' and 'Maguire' units was via a keypad. Both units have their own lounge, dining room and kitchen. Hand cleaning dispensers were available for staff, residents and visitors to use.

On both units, each resident's room has a small board with the name of the resident, their nurse and key worker, which aids orientation. Families are asked to bring in an older photograph to help with personal recognition. Notice boards on the units included named photographs of staff. Staff wore uniforms and name badges, and signage included toilets and bathrooms to help promote recognition and the dignity of residents, through helping their access to bathrooms.

Some areas of the Home have been recently decorated to promote a dementia friendly environment. The team noted that the decoration of the home appeared fresh and had specific themed areas, such as a bus stop area, a combined corner shop and coffee house and a non-alcoholic bar. One quiet area has been designated to be turned into an indoor garden area. A corridor leading to resident's rooms resembled a street with hanging baskets outside the doors of each resident's room.

Refurbishment plans included the 'snoezelen' which is a sensory stimulation room that uses colourful lights, gentle music, calming aromas and comforting pillows to relax and engage residents.

The team asked about a visitors' bedroom to enable family members to stay overnight if their resident relative is seriously ill or unwell. Nicola explained that preliminary discussions have taken place with the Regional Manager about the possibility and options for providing facilities for overnight stays in the visitor's room as changes to the environment are made in the near future..

The corridors and communal areas were clean, clutter free and wide for easy wheelchair access. Throughout the Home, temperatures were comfortable. Televisions were switched on however, volumes were at an appropriate level. From the windows, the team could see the garden, which included a sensory garden and sheltered areas for residents, staff and visitors. However, a team member noted that whilst the gardens were tidy autumn leaves in the garden needed clearing.

The satellite kitchens and dining rooms on the units were clean, uncluttered and tables were set for lunch. Residents are provided with a choice of menu and alternative choice of meals, with the home recording all known food allergies of residents. Choice of food included finger food for residents who struggled to remain seated during meal times. Whilst staff support residents during mealtimes, support by relatives is also actively encouraged. In each dining room area the menu was displayed using photographs of dishes available. On both units the dining room doors had signage depicting a plate and cutlery to promote memory and aid the orientation of residents

Drinks and snacks are available throughout the day. Whilst it may be unsafe for residents to make hot drinks staff are always on hand to provide these. Visitors are also welcome to make hot/cold drinks as they wish to or if they prefer they can use the vending machines in the entrance lobby.

Throughout the tour of the home, residents appeared happy and comfortable with staff and other residents. During the visit, a member of the team observed a female resident nursing a doll and engaging in a conversation with a staff member who responded in a dignified, respectful, calm and reassuring manner. This was reflected in a comment '*I love working here. I like looking after the residents it is really rewarding*'. (Appendix 1)

The team noted that a small number of residents had one-to-one care and supervision from carers. Interaction between the Acting Manager, staff and residents seemed very positive.

At the time of the visit we did not observe any activities being undertaken with an activity coordinator. On one unit, residents were sleeping comfortably on rise and fall chairs.

The team suggested that Nicola or the manager visit Ward B12 at Warrington and Halton Hospital Trust, as this is a specialised Dementia Unit which incorporates dementia friendly décor and stimulating activities and a may provide ideas on activities and décor which may benefit the staff, residents and management of the home.

During the visit relatives welcomed the opportunity to discuss the care and support they received with two people, who were visiting their relative, maintained that they thought their relative *“Was very well cared for. My mother’s medication has recently been reviewed. We are more than happy with the facilities and the ease of visiting as visiting times are very flexible. As we live locally, we can visit anytime but respect mealtimes. I can walk from home to visit my mother, but other family members live further afield. I am able to take my mother out as I can use one of the wheelchairs that are provided by the home”*. They went on to explain that their mother *“had previously been in another home which they felt was inferior to St Patrick’s.”* (Appendix 1)

Another visitor, happy to talk to members of the team, explained that *‘my husband has only been in the home for three weeks but in my view the care provided by the home is good. I live in Warrington so a bus trip to the home is difficult for me. I am fortunate that I am able to drive but will only drive during daylight hours in reasonable weather’*. The visitor further explained that *‘until recently, my husband had always driven so we travelled together. I am thankful I had the confidence to keep my driving licence, so I can visit my husband. I come here every day, the staff are very good and supportive. My husband had a DOLS assessment and the assessor was really lovely’*. (Appendix 1)

The visiting team found it difficult to gain meaningful responses from some of the residents due to the limits in their capacity to understand the question. However, our observations were that the residents appeared happy and settled on both units and interactions between residents were calm and friendly.

Throughout the visit staff were happy to discuss the care provided which was very positive and reflected the Acting Manager’s discussions with team members.

At the end of the visit the team thanked the Acting Manager, staff, residents and visitors for answering all our questions and showing us around the home. Nicola expressed an interest in working with Healthwatch Halton, in order to help St Patricks provide the best possible care services to residents and families. Nicola told the team that she would be happy to support staff, residents and family members to complete the Healthwatch Halton discharge survey.

SUMMARY

St Patricks Care Home has a wide range of nursing and support staff who care for up to 40 residents. All Staff are required to undertake mandatory training which includes safeguarding and senior staff have been trained in mental capacity in relation to Deprivation of Liberty (DoLS). There are three part time activity co-ordinators

The home is in the process of ongoing refurbishment to create a dementia friendly care home environment. Signage is used extensively throughout the home including resident's rooms, bathrooms, toilets and dining rooms where photographic menus are used to promote choice of meals. Residents are encouraged to furnish their rooms to their own personal taste. Flooring, furnishing and colour schemes have been updated in various parts of the home to aid the orientation and memories of residents diagnosed with dementia.

Residents of St Patricks have access to primary care services including GPs, and medicine review, physiotherapists, dentists, opticians, chiropody visits, and the 'Care Home Team' from the Brooker Centre and the 'falls prevention team'. Services such as a hairdresser, lay preachers, aromatherapy and a 'snoezelen' are also available.

The home provides drinks and snacks throughout the day to residents and vending machines for both residents and visitors. All the known food allergies of residents are recorded. Relatives are encouraged to visit at mealtimes to encourage the food and fluid intake of family members, and one to one support by staff for residents is available during mealtimes.

Throughout the tour of the home, residents appeared happy and comfortable with staff and other residents.

RECOMMENDATIONS

- 1.** To engage with Healthwatch Halton when any important health or social care issues arise for staff or residents and encourage staff members, residents and visitors to complete the Healthwatch Halton feedback forms.
- 2.** We suggest that the staff arrange to visit Ward B12 at Warrington and Halton Hospital NHS FT to look at the décor and activities for residents as this is a specialised Dementia Unit that incorporates dementia friendly décor and stimulating activities for patients.
- 3.** Continue to discuss, with local hospitals, ways to improve the discharge process of residents from hospital.
- 4.** Implement the plans to provide facilities for overnight stays in the visitor's room.

APPENDIX 1

Visitors Comments

- *My mother's medication has recently been reviewed.*
- *The staff are very good and supportive.*
- *My husband had a DoLS assessment the assessor was really lovely.*
- *The staff have been very good and take care of my husband. He has only been here for three weeks so it is early days.*
- *My mother is very well cared for, my mother's medication has recently been reviewed. We*
- *We are more than happy with the facilities and the ease of visiting as visiting times are very flexible as we live locally, we can visit anytime but respect mealtimes.*
- *I can walk from home to visit my mother, but other family members live further afield.*
- *I am able to take my mother out as I can use one of the wheelchairs that are provided by the home.*
- *My mother had previously been in another home which we think was inferior to St Patrick's.*
- *My husband has only been in the home for three weeks but in my view the care provided by the home is good*
- *My husband's room is very nice*
- *I live in Warrington so a bus trip to the home is difficult for me. I am fortunate that I am able to drive but will only drive during daylight hours in reasonable weather*
- *Until recently, my husband had always driven so they travelled together. I am thankful I had the confidence to keep my driving licence, so I can visit my husband. I come here every day*
- *My husband had only been in the home for three weeks but in my view the care provided by the home is good.*

THIS PAGE IS INTENTIONALLY BLANK

your **voice** counts

We want to hear about the treatment and care you receive from our local health and care services

Hospitals, GP's, Dentists
Opticians, Social Care
Non-emergency services

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Halton website today.

You can even leave feedback anonymously



Leave feedback now:
www.healthwatchhalton.co.uk

Telephone: 0300 777 6543 Email: enquiries@healthwatchhalton.co.uk
Healthwatch Halton, St Maries, Lugsdale Road, Widnes, WA8 6DB

