



## **Enter and View Report**

Cranwell Court Care Home

10<sup>th</sup> October 2016

# healthwatch

## North East Lincolnshire

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## Report Details

Address	Cranwell Court Cambridge Road Grimsby South Humberside DN34 5EP
Service Provider	Longhurst & Havelok Homes Limited
Date of Visit	Monday 10 <sup>th</sup> October 2016
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Elaine Flower, Kyla Loraine & 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

- Residents were treated with respect during our visit
- Staff were fully aware of safeguarding issues and had received training
- A number of doors and cupboards were left unlocked or with keys in containing high risk equipment
- Residents appeared clean and well dressed
- There were several wheelchairs, a wooden bed frame and a hoist left along the upstairs landing and the lift entrance on the 1<sup>st</sup> floor appeared cluttered
- Staff to be reminded PPE to be worn when assisting residents with feeding and attending to personal care
- Concerns around correct moving and handling techniques

## Details of Visit

### Environment

Cranwell Court is a purpose built Care Home situated in its own grounds with good car parking facilities and is accessible by public transport. It is a two storey square shaped building with a central court-yard garden and has lawned areas around the perimeter. There are nearby shops and a medical centre which serves the needs of residents at the home.

It is registered to care for 52 people but at present there are 44 residing at the home and there are a number attending for day care only. The home has an entry control system and a bright airy reception area. Visitors sign in and out and hand sanitiser is available to aid infection control.

Unfortunately the team was unable to speak to the Manager, Angela Kirman, as she had some prior engagements, but we were given a tour of the premises by Pearl, one of the activity co-ordinators and Jamie, the enhanced unit manager.

There are 3 defined areas, these being a day centre, an enhanced secure unit and a residential area, each of which has its own designated staff. The home is undergoing a considerable programme of refurbishment at present and the work completed so far has been done to a high standard which has enhanced the overall appearance.

Most areas now have easy to clean laminate flooring and chairs which have wipe clean surfaces. The doors to residents' rooms are painted in different colours and they have photos and memory boxes containing personal items to aid each resident to identify their own room. The interior of rooms is spacious each with a kitchenette, shower room, storage facility and a bed and lounge area. Decor reflects each individual's persona, with items brought in from their previous homes.

The majority of the areas smelled fresh but there were two areas that had a strong odour of urine. We raised this issue with Jamie and we were assured that the carpets in these areas are due to be replaced with laminate flooring as part of the upgrading of the premises.

We observed that there were a number of mugs and cups left around on windowsills and one in a bathroom that looked as if it had been there some time as it was dried and crusted. There was also an incontinence pad left on the bathroom floor and the yellow bin was full. In the day unit a number of dirty aprons had been left on chairs.

There were several wheelchairs, a wooden bed frame and a hoist left along the upstairs landing. The area around the lift entrance on the 1<sup>st</sup> floor appeared cluttered which could prevent a speedy egress during an emergency. There was a chair and a small table stood on top of another table in front of a window on the corridor and some items were being stored in front of a fire extinguisher in the lounge of the enhanced unit.

## Food and Drink

Each of the three areas of the home has designated dining areas. However, the residents may opt for alternative areas in which they take their meals. The home has been awarded 5 stars from the local authority quality scheme. There is a choice available at each meal time and all special diets are catered for. As we toured the building there was evidence of water and fruit juices available for residents. These were being refreshed ready for lunch. We observed a carer patiently encouraging and feeding a gentleman on the enhanced unit.

It was noted that some previously opened food in the enhanced unit kitchen had not been dated, and a black bag of refuse had been left near a bin which posed a trip hazard.

## Safeguarding, Concerns and Complaints Procedure

Staff that we spoke to were fully aware of safeguarding issues and had received training. They demonstrated examples to us of how they had recognised when action needed to be taken to keep the residents safe. One staff member had made 2 referrals herself with the residents being placed on DOLs.

Another staff member explained how the Fire Brigade had been involved in assessing risk with a resident who smokes to keep her and other residents safe. Smoke alarms and fire retardant bedding had been purchased. She is being encouraged in her efforts to stop smoking.

We found a high voltage cupboard on a corridor with an opened lock. When we pointed this out we were told that men undertaking work in the building had been accessing this unit. Another walk-in store was left unlocked despite being labelled to be kept locked at all times.

Outside the laundry area there were slings with trailing tapes left to dry on radiators. The efficacy of the slings could be affected by direct heat and the tapes could be a ligature risk if taken by a confused resident.

We noted that one female resident had flip flop type slippers which could be a falls risk and 2 members of staff were using an incorrect lift method when moving and handling a resident.

In the Day Unit the wiring behind the TV appeared tangled which could pose a fire risk.

Jamie reported that the home receives few complaints and most are able to be addressed informally. All staff are trained regarding the complaints procedure.

## Staff

On the day of our visit we found all staff to be welcoming and interacting well with the residents. They spoke to us freely and were happy to show us each of the departments and explain their roles. A number of additional staff have been appointed but are awaiting DBS checks.

One member of staff explained how she had felt inadequately prepared to take on her new promotion, but stated that she had been fully supported in the process.

On two occasions staff appeared to attend to residents without wearing appropriate PPE.

Jamie explained that staff receive training and updates from the Service Provider. There are a number of dedicated Champions, with staff, residents and relatives among them.

### Promotion of Privacy, Dignity and Respect

All residents were treated with respect during our visit. Personal care was given in private and all staff had a good interaction with their charges. One member of staff showed patience and understanding with a resident who became unsettled and confrontational and distracted him to prevent an escalation in his mood.

We spoke with one resident who said they were very happy with their room - the best they had ever had. However they stated that staff get them up too early in the morning and sometimes shout at them. We were concerned that this may not be respecting preferences stated in the residents care plan.

### Recreational Activities

There are 4 activity co-ordinators employed to ensure that residents have a varied amount of activities suited to their individual needs. The home has its own mini-bus with wheelchair access to take residents out to various events with the assistance of volunteers.

There is a daily programme of varied activities which are advertised on a flyer distributed around the home. There is a garden club, beetle drives, food tasting sessions to name a few and outside entertainers and retail organisations attend to allow residents to purchase items. There has recently been a harvest festival service taken by the Salvation Army and produce collected was distributed to Harbour Place, the Rock Foundation and the Salvation Army.

### Medication and Treatment

Residents are attended by their own GPs and receive their medication via the nearby pharmacy. There are frequent visits from District Nurses and other health care practitioners.

There were a bunch of keys with fob indicating 'medicines' left in the door of a cupboard in a communal bathroom.

### Residents

The residents all appeared to be clean and well dressed and we observed some of them engaged in activities in the Day Unit. Others were preparing for lunch being assisted by staff. We spoke with several residents who seemed to be very happy living in the home and had a good rapport with the care staff.

### Relatives and Friends

At the time of our visit we only saw one visitor who was busy attending to her husband. Friends and relatives are encouraged to visit and become involved with activities within the home and assist with taking residents out for visits. They are also invited to regular meetings and also to act as Champions.



## Recommendations

1. Outside contractors working within the building must be reminded to safeguard residents by locking the isolation units.
2. Ensure that staff remove keys from treatment cupboards and doors to rooms containing high risk equipment are kept locked at all times.
3. Corridors and lift access areas to be kept free of surplus equipment, which could be temporarily housed in an empty room.
4. Correct PPE to be worn when assisting residents with feeding and attending to personal care.
5. Ensure staff are using the correct moving and handling techniques.
6. Encourage residents to wear footwear that will not put them at risk of trips and falls.
7. Consider where equipment is dried in the home on radiators so they aren't in residents reach. Explore alternative ways of drying equipment such as slings as this could affect their efficacy.
8. Ensure bins are emptied regularly and that waste bags are removed ASAP.
9. Staff to be reminded to respect the wishes of residents over times to be awakened in the morning.

The Enter and View team would like to thank the staff and residents of Cranwell Court for the welcome and excellent tour of the building. Although Jamie is new to his role he was very helpful in assisting us with our visit.

## Service Provider Response

We did not receive a response in the 20 working days given from the service provider or manager after numerous telephone calls and email reminders.

## 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)