

# healthwatch

Cumbria

Harbour View Care  
Home

2<sup>nd</sup> May 2017

your  
**voice**  
**counts**

## Contents

Introduction .....	3
About Healthwatch Cumbria .....	3
Details of visit.....	3
Acknowledgements .....	3
Disclaimer .....	3
What is Enter and View?.....	4
Purpose of the visit.....	4
Methodology.....	5
Findings .....	6
Access to Health Services .....	7
Meals.....	7
Activities.....	7
Recommendations .....	8

## Introduction

### About Healthwatch Cumbria

Healthwatch Cumbria (HWC) is an independent community based organisation for the people of Cumbria. It was set up to champion the views of patients and people who use health and social care services in Cumbria. The goal of HWC is to make services better and improve health and wellbeing. HWC achieves this by talking and listening to people in all parts of Cumbria and telling providers of these services local people's views and challenging organisations that need to do better and highlighting examples of good practice.

HWC is part of Healthwatch England who act as the national consumer champion for all local Healthwatches.

### Details of visit

Service Provider	Four Seasons Health Care
Service Address	14a Bransty Road, Whitehaven, CA28 6HA
Date and Time of visit	May 2 <sup>nd</sup> 2017 1pm-3pm
Authorised Representatives	Sue Hannah, Pauline Hout, Helen Watts
Healthwatch Cumbria contact details	Healthwatch Cumbria, The Best Life Building, 4-8 Oxford Street, Workington, Cumbria, CA14 2AH Tel: 01900 607208

### Acknowledgements

Healthwatch Cumbria would like to thank the home Manger Gillian, the staff and residents for their contributions.

### Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

### **What is Enter and View?**

HWC has a statutory right (Health and Social Care Act 2012) to carry out Enter and View visits to health and social care services to gather the views and experiences of customers, patients, families and staff for the purpose of service improvement. Service providers have a duty to respond to our reports and recommendations.

HWC will share its findings with Healthwatch England, the Care Quality Commission, services and the public.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 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. This is so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

### **Purpose of the visit**

To engage with residents in care homes in Cumbria to collect and record their experiences of accessing health and social care services, primarily the out of hours GP service Cumbria Health on Call (CHoC).

To identify and champion examples of best practice with regard to resident experience including: surroundings, activities and meals.

## Methodology

Harbour View was made aware of the Enter and View process through promotion of the visit via a telephone conversation with HWC. An email detailing the purpose of the visit and a poster for the home to display were sent for all to read and be aware of the visit and how to take part should they wish to. It was also explained that the report following the visit would be provided to the home manager to inform them of the findings prior to publication on the HWC website.

Seven homes were selected for visiting in West Cumbria. The selection was based on the geographical location of the homes and their respective recent participation in the HWC CHoC survey that highlighted issues affecting those in care homes with accessing some services.

HWC representatives were greeted by the home manager who, after discussing the nature of the visit and the HW guidelines governing it, gave a thorough walking tour of the home and introduced the rep's to staff, residents and visiting family members. The manager then gave HW permission to look around the home and talk to anyone we wished in the public areas of the home.

The representatives engaged with staff, residents and family members and initiated conversations around the following topics:

- Access to Health Services
- Satisfaction with food and activities on offer
- Comments about life in the home

There were:

- 4 residents spoken to
- 6 members of staff spoken to

Responses were recorded and observations noted.

## Findings

On arrival at the home we noted that Harbour View had well stocked and maintained gardens that overlooked Whitehaven harbour. In the home's entrance porch there is a signing in book for visitors and a hand gel dispenser on the wall, both were clearly visible. The door was locked and operated by a buzzer system for security.

In the main entrance were 2 notice boards with information including the day's activity, health and safety information and how to contact the Ombudsman. There was also a management staff on duty board detailing who the homes lead staff members on duty were for the day.

The home currently have satisfaction surveys for service satisfaction and catering that they do on a weekly basis with a randomly selected sample of residents, visitors and staff. The results of which are then posted on the homes notice board in the entrance hall for all to read.

The home has two dining rooms, one on each floor of the home. During our visit to the dining room on the ground floor that overlooked the harbour and the homes gardens we saw no evidence of a clock, the days date or information about the weather outside that may have given residents a sense of time and place.

We observed that there was a garden seat on the patio outside that had a broken back and a seat rail missing. The back of the seat had been repaired but still had large sharp spikes of wood visible.

In the main lounge on the ground floor which had a dual aspect view over the sea and gardens, the seats in the middle of the room were clustered to encourage conversations and seating arranged around the edges of the room for anyone wishing more solitary moments.

### Access to Health Services

One resident in the lounge told us " I like living here, the staff are very nice and caring and nothing is too much trouble. If I needed a doctor, optician or chiropodist then all I do is ask a member of staff and they arrange it for me. I haven't had any problem seeing anyone whilst I've been here".

The staff we spoke to told us that they don't have any problems in getting health services to visit residents. They have a District Nurse who deals with residents who may be under a Do Not Resuscitate order (DNR), GP's will visit the home and the Optician, Chiropodist and Physiotherapist visit the home by referral to individual residents when required.

### Meals

The meals at the home are cooked on site and are provided by an external company. We noticed that there were no menus on display in the dining rooms or on the noticeboards. When we asked the cook about this she told us that she plans the menus for the week and then makes up a daily list that the staff will discuss with residents individually, record their preferred choices which are then given back to the cook.

### Activities

We spoke to two residents in the lounge; one told us "I prefer to sit in the corner overlooking the harbour because I like to look at the view. I like watching the wave's crash over the harbour walls in the bad weather in the winter". Another resident told us "I like watching TV".

Another resident told us" If I want to go out shopping there is usually a member of staff who takes me".

There was a notice on the noticeboard on the ground floor informing residents and visitors of the singing activity taking place that day along with health and safety information. The singing was led by an external company and was very interactive, residents and visitors were singing along to the songs and playing tambourines and orchestrating using drumsticks. The music was from an era relevant to the age group of residents, and we could see that the residents were enjoying the activity because they were all smiling, singing and tapping their feet to the songs being played.

The activities coordinator told us that activities include singing, bingo, skittles, cross words, gardening, colouring in and taking some of the more independent residents to the cinema as well as offering more person centred activities such as hand massage, manicures, foot spas, hair washing and blow drying.

She told us that they had one resident who had been a keen gardener and enjoyed working in the homes garden flower beds weeding and planting. When they became unable to do this they would make up pots of seeds and plants as an indoor activity.

She also told us that the residents liked going to activities outside of the home but the home did not have its own transport and relied on access friendly taxis. However, they were working alongside one of the other local homes to share a mini bus of their own which would give them more flexibility.

One resident told us "I like my visits to the "Day Centre" because I do crafts there and talk to other people that go".

Staff told us that residents were catered for pastorally by having Holy Communion led by the local church in the home monthly and an Anglican vicar visits the home.

### **Recommendations**

HWC would recommend having references to day, date and whether on boards in the lounges or dining rooms giving residents a sense of time and place.

HWC would recommend replacing the outside seating bench with a new one.

### **Provider Feedback**

HWC received no comments on the report from the provider having being given the opportunity to do so within the statutory response period of 20 working days.