



## **Enter and View Report**

Sussex House Care Home

26<sup>th</sup> January 2017

# healthwatch

## North East Lincolnshire

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## Report Details

Address	Sussex House Care Home 36 Princes Road Cleethorpes Lincolnshire DN35 8AW
Service Provider	Nadali Limited
Date of Visit	Thursday 26 <sup>th</sup> January 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Mary Morley, Joanne Sinton & 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

- A number of rooms felt cold. Although the radiators were on they felt lukewarm.
- A number of items we felt shouldn't be left unattended were around the home, including cleaning products.
- No lunch menus or visual prompts were displayed for residents.
- It appeared little to no activities took place at the home.
- The staff treated the residents with respect and addressed all residents by name

## Details of Visit

Sussex house is a residential home for residents with a mixed range of mental health needs. At the time of our visit there were 19 residents plus 2 occupying crisis beds. The care provider is Nadali Limited.

Sussex house is in an area of Cleethorpes which is convenient for shops and the seaside, also on a very good bus route. There is unrestricted roadside parking outside the home.

We were greeted by a member of staff who made the Manager Melina Coggan and Tina, a supervisor, aware of our arrival who was then asked to accompany the team on a tour of the building. At this time we were informed five residents had got a cold and chest infection.

### Environment

The entrance was secure with sanitizer and a signing in book.

In the communal area, residents were sat around the dining tables and some at the other end of the room where the television was displaying no signal.

The bedrooms, some of which were en-suite, were reasonably spacious and all were clearly numbered and had photographs. We noticed the bedrooms were cold. There was concern around one bedroom which had an electric heater plugged in and placed in front of a set of drawers with no guard around it. This was pointed out and we were told the lady, who accessed her room independently, had requested the heater to be kept on.

All rooms had call bells.

The two crisis beds on the upper floor had a separate kitchen with cooker, washing machine, kettle, microwave, table and chairs. We were told residents could use this with supervision. This room was unlocked with two broken televisions stored awaiting disposal. Outside the rooms three vacuum cleaners were placed and we were told the cleaner was in the process of using them, which we did not see evidence of.

In the Laundry room, laundry was left unattended and the door was propped open with a bucket containing cleaning liquids. Open wash powder was on the floor and duvet hung over a hand rail outside the laundry room.

### Food and Drink

We were told the cook asked the residents in the morning their choice of two lunch meals. No visual prompts were displayed.

A large bunch of keys was left unattended on the serving hatch.

## Safeguarding, Concerns and Complaints Procedure

Compliments and complaints box clearly placed in the entrance of the home along with information, fire procedures etc.

Carer/Resident meetings take place every 3 to 6 months.

## Staff

The staffing levels are four during the day (8 am to 5 pm); two early evening (5pm to 7pm) and two at night. The residents retained their own GP and extra staff could be called in if required. The manager and supervisor were included in this number.

The manager carries out in house training on a regular basis with all staff and also additional training stipulated by the CQC

## Promotion of Privacy, Dignity and Respect

Three residents said they woke between 7am and 9am and they all said it was their choice to get up when they wanted.

The staff treated the residents with respect and addressed all residents by name

## Recreational Activities

Two gentlemen were asked if they enjoyed activities, one had only come in the day before and the other replied it is television or television. The room off of the communal area was the activity room which was also very cold. One lady was sat in there who said she was cold. This was pointed out to Tina who asked the lady to go in the other room or she could have a blanket. An activities notice was on the board, they did not have an activity co-ordinator and a member of staff was in the process of undertaking this role.

Liquid paints were on the windowsill. No visible sign of activities being undertaken. Jugs of water and medicine pots were stored on the pool table.

## Medication and Treatment

The medicine cabinet was locked.

## Residents

Residents who smoked did so outside and kept their own cigarettes throughout the day but were taken away at night.

## Relatives and Friends

There were no relatives or friends in attendance on our visit.

## Recommendations

- Although the building contains a lot of glass which may make it more difficult to keep warm, the radiators were not very warm.
- Ensure all doors containing harmful substances are kept locked when unattended.
- Activity room to be utilised for activities to take place.
- To hold Carer/ Resident meeting more frequently with a date displayed for the next one.
- Dignity champions to be highlighted.
- Visual prompts with lunch menu.

The team would like to thank the manager Melina and especially supervisor Tina for welcoming the team.

## Service Provider Response

We do take and value all feedback given so that we can continuously strive to improve our services. We have therefore put together responses and action plans (where appropriate) to each of the points raised in the report.

Details of Visit:

a. Environment

i. Television displaying no signal - we have taken this on board and have ensured that staff monitor this regularly. However, it should be noted that the residents do constantly keep changing channels and often press buttons on the remote control resulting in the television displaying no signal. As soon as staff member notices this or when asked by a resident this is immediately resolved.

ii. Cold Bedrooms - The heating in all rooms is central heating and heating may be controlled in the service user's own room as per Outcome 25. Research has shown that the recommended temperature for a living space is 21oC and the absolute minimum temperature to avoid health risks is 18oC. We have a wide age range amongst our residents (52 years to 92 years) and certain residents prefer their rooms at the lower temperature range. This is discussed with them and recorded in their care plans. This was the case at the time of the visit. However, please note that all rooms are maintained within the recommended temperature range. As we all appreciate temperature preferences are subjective.

(NB - it should also be noted that one of the ladies on the Enter & View visit told our manager that it was too hot!).

Action: a Temperature Audit commissioned - the report for which is attached -confirms that the temperatures within the home are within the required range.

iii. Electric Heater - please note that the heater in this particular bedroom was placed there at the request of the resident who has full capacity. The relevant risk assessment had been conducted, the family has consented and this is logged in the resident's care plan.

iv. Television: broken televisions in the kitchen (adjacent to crisis beds).

Action: These have been moved to storage on the same day (26 January 2017).

v. Vacuum Cleaners - the three machines referred to were a vacuum cleaner, a shampooer and a steamer. The domestic uses the machine appropriate to the needs of room (some residents are incontinent etc.).

Action: We have introduced a new policy and the domestic staff will collect the shampooer or the steamer from storage only as and when required.

vi. Laundry Room - We can confirm that what is described as an open wash powder was in fact stored in a plastic container. The duvet had been soiled and needed to be washed. It is a fire risk for it to be dried in the dryer and as it was extreme bad weather on the day it could not be dried outside and was therefore draped on the hand rail. This is not usual practice but as a result of circumstance.

Action: Laundry room door to be kept closed at all times when not in use.

### b. Food & Drink

i. Visual Prompt - There is a blackboard as you enter the dining room and the menu is updated daily by 11am and displayed clearly for all. Residents are informed of the day's menu first thing in the morning by the cook and also offered an alternative. This is our daily routine. The visit by Healthwatch team was completed before this time.

ii. Keys - these are never left unattended as there is always the cook and at least two other care staff in the area. The keys are not kept on the staff so as to avoid hurting resident(s) when providing care.

Action: Keys to be hung in the prep room with immediate effect.

### c. Recreational Activities

i. Activities - There is a monthly activities schedule displayed as stated in your report. Our activities take place in the afternoons. We have recently employed an Activities Coordinator and the residents have already enjoyed an afternoon's excursion.

ii. Liquid Paint - the paint should not have been left out. However, due to the nature of our residents we always ensure that we only buy child friendly paints.

Action: Liquid paints to be stored away when not in use.

## RECOMMENDATIONS

Temperature - please see comments above. The results of a Temperature Audit confirm that the temperatures, in all areas of the home, are within the recommended parameters.

Door containing harmful substances - Actioned. To be kept closed when unattended.

Activity room - Activities, at the home, as a routine take place in the afternoons between 2 - 4 pm. An Activities Coordinator has recently been employed.

Carer/Residents meeting - Noted and the next meeting has been scheduled for 14 February 2017.

Dignity champion - this is and has always been clearly displayed in the dining room.

Visual prompts with lunch menu - The menu is clearly displayed on the blackboard next to the kitchen hatch and updated daily by 11 am.

We would like to thank you, once again, for your time and feedback which we take very seriously.

## 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)