



Enter and View Report

Stallingborough Lodge Care Home

Monday 20th July 2015

healthwatch

North East Lincolnshire

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Report Details

Address	Station Road Stallingborough, Grimsby DN41 8AF
Service Provider	Shire Care (Nursing & Residential Homes) Limited
Date of Visit	Monday 20 th July 2015
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker, Patrick Neary & Freda Smith

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 welcoming Care Home
- Staff appear to care deeply for the residents; staff spoke kindly and helpfully to the residents.
- Residents were treat with dignity and respect.
- The residents we spoke to were happy with the home and the care they received. They were well dressed and clean.
- Relatives were pleased with care their loved ones received and felt they could talk to staff if any small problem arose
- Staff were seen smoking close to resident's lounge and rooms and we would ask that relocation is considered.

Details of Visit

Environment

The home is registered for residential, nursing and dementia patients. We were met by the manager, Mrs Christine Wright. There are 40 rooms and all were occupied on our visit. The book to sign in and hand gel were in the lobby before we went into the main home. This is a spacious, welcoming lobby. There is a complaints board with a smiley face or non-smiley face on it. An extension is being built on the front and what was an attractive garden area has disappeared. The home is built on a square with large lounge, quiet lounge, dining rooms, bedrooms, offices, hair dressing salon and a small conservatory which is being redecorated and fitted out, all around each side. The residents find this a good form of exercise as it is easy to walk around the square and get back where you started from without getting lost.

The main corridor was a bit dark and the manager, Christine said an extra light was going to be installed above the activities board so that it could be viewed more easily. There were good paintings, pictures, photographs and articles on the walls.

Most of the resident's doors had name plates on them with their name and photograph on them. Not all residents wanted their names on the doors and this was not done if they did not want it. All rooms had a photograph and name of the residents care worker on the wall inside the room. Some of the rooms had wooden floors in the interests of hygiene.

Food and Drink

Meal times are plentiful: - breakfast, mid-morning drinks and snacks, lunch, afternoon drinks and snacks, tea and supper. Cold drinks are available all day for residents to help themselves. Two kitchen staff are on duty at all times and hot drinks and food are served whenever requested. One lady regularly has a meal at 2 a.m. Residents can eat in their rooms or in the dining room. There is a menu board on the corridor wall outside the dining room showing the meals for that day, two choices and photographs of the kitchen staff.

Safeguarding, Concerns and Complaints Procedure

Staff knocked on all doors before they entered the rooms and cared deeply for the residents. All staff we saw spoke kindly and helpfully to the residents, calming one lady who was rather upset as she had imagined her loved had been involved in a caravan accident. The staff work on the rule whatever is best for the patient is what they do for them. A residents and relatives meeting are held at 6 p.m. every three months. This has been found to be the best time. If any problems occur family

mention them immediately and they are dealt with so they do not become a large problem. The manager is usually available. The home has a local authority Silver Award under the Dignity Challenge having gone up from Bronze last year. With the new rules on Deprivation of liberty the outside door is always locked now. There is a dignity board in the dining room. Care plans are kept in the locked office and updated monthly. They are on a matrix on the wall in the office so it can be seen how many have been dealt with at a glance and kept updated. No names are written down for confidentiality, numbers are used instead.

Staff

There were 5 carers, 1 senior nurse, 2 nurses, manager, housekeeper and two kitchen staff on duty while we were there. All staff had mandatory training and most were working towards NVQ 2, 3 or 5. This was not compulsory as not all members of staff wanted to do NVQs. All staff we spoke to were polite, friendly and helpful. One to ones were available if deemed necessary. However, some staff were seen smoking in the courtyard near quiet lounge and residents rooms.

Promotion of Privacy, Dignity and Respect

All residents were spoken to by name and treated with dignity and respect. Staff knocked on their doors before entering the rooms. The residents were all well dressed and happy to talk to us. If residents were happier in pyjamas or night wear this was allowed to keep the resident happy but staff ensured they were adequately covered to preserve their dignity.

Recreational Activities

There was an activity board in the corridor listing television, easy music listening, gentle exercise, pet therapy, suggestions meeting, dominoes, hairdressing on a Wednesday, today's news and Fish and chips. Time care reminiscence people were due to call to talk to residents next week. The activity co-ordinator officially works 25 hours a week but often does more. Family can take residents out when required. Dignity days were also held on special occasions, e.g. Valentine's Day, V.E day etc.

Medication and Treatment

There was a locked clinical room with drug cupboard in it and treatment could be carried out here if necessary. Any treatment required took place in residents own rooms by the district nursing team for residential patients. The home had to insist on this as some district nurses had tried to do treatment in the lounge. Residents needing nursing care were seen by the homes own nursing staff. Some patients had special chairs and beds depending on their needs. Residents were weighed monthly and checked they were getting the correct nutrition.

Residents

The residents we spoke to all said they were happy with the home and they were looked after well. They were all well dressed and clean in their own clothes. The housekeeper kept the laundry immaculate and tidy with a basket system for clean clothes for each resident and no clothes had ever been reported missing. Housekeeper made sure all name tags on clothes were kept up to date and were readable. Doors to the laundry and ironing room kept locked.

Relatives and Friends

Relatives were pleased with care their loved ones received and felt they could talk to staff if any small problem arose and prevent it becoming a large problem. Relatives could visit when required and were welcome to take residents out on visits. Relatives and friends meetings were held at 6 p.m. every 3 months to discuss progress and suggestions.

Recommendations

We were very pleased with the treatment of residents and standards of care operating in the home and would want to commend staff for their efforts. We would just recommend that:

- Perhaps it would be better if a designated staff smoking area was available away from resident's rooms.

Service Provider Response

Christine Wright (Home Manager) said, I will take action on the recommendation with regard to the staffs "smoking area". I agree that smoking in full view of residents and visitors is not ideal and smoke could be a problem when the wind is blowing in the wrong direction.

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