

healthwatch

Cumbria

Pennine Lodge
Care Home
18th 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
Observations	6
Access to Health Services	6
Meals	7
Activities	7
Overall Comments	8
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	Pennine Way, Carlisle, CA1 3QD
Date and Time of visit	18 th May 2017
Authorised Representatives	Elaine Ralph, Mick Jones & Robin Powell
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 all the staff, residents and visitors who spoke to us.

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?

Healthwatch Cumbria 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

Pennine Lodge staff were made aware of the Enter and View process and programme of visits taking place across the county and that HWC may visit. The home was not given a confirmed day or time for when this visit would be. The conversation with the home detailed the statutory role of HWC to carry out Enter and View visits and what the purpose of the visit was about.

There were two residential care homes in North Cumbria that were selected based upon the homes recent engagement with the CHoC service identified through the HWC CHoC survey. The HWC CHoC survey highlighted issues affecting those in care homes when trying to access some health and care services.

On arrival at the home the three Enter and View approved representatives carrying out the visit introduced themselves to the staff member present with identification and detailed the reason for the visit at the care home. HWC staff then introduced themselves to the home manager again identifying why they were there and if HWC could visit at that time. We then spoke to the home manager in their office. The manager was informed that the findings from the visit would be shared with them.

HWC engaged with staff and residents, including family and friends of the residents, and the home manager about:

- Access to health services
- Satisfaction with activities on offer
- Comments about the home

HWC spoke with:

- 3 residents
- 2 visitors
- 2 staff members

Comments were recorded and observations noted.

Findings

Observations

The home's main entrance has a signing in book for visitors along with a hand gel dispenser which was empty. There was a small dog in the entrance which was very friendly - this was a member of the staff team's dog who came to work with her.

There was a HWC poster that had been emailed to the home for display visible at the main entrance informing residents, staff, family members and visitors to the home of the programme of visits to Care Homes being undertaken by HWC and details of how they can share their views or experiences with HWC. There was another HWC poster in one of the lifts.

The home is split into two areas-- there is a residential area with 20 rooms and a nursing section with 15 rooms. There are two floors with the same configuration of rooms of residential and nursing care, so 70 rooms in total. The majority of the rooms were spacious and all had en-suite facilities. Some rooms had small secure balconies and some had secure doors which could be opened up to the communal garden area. We were shown the homes lounge/dining rooms as well as a separate residents lounge for those wishing to spend time in a more quiet setting. The lounge which opened up to the garden had a key code. Residents who had capacity could have the code if so wished, and the member of staff told us that one gentleman who was a smoker had the code so he could go out to the designated smoking area. All resident's rooms, dining rooms, lounges etc. had large windows and were bright and appeared clean and tidy.

The resident's rooms had name badges on them, and if they did not then they were in the process of being made. The home has a Dementia Friendly Accreditation and there were many signs of this, such as sensory objects (i.e. there was a board on the wall with light switches, light pulls, door knobs, locks etc., which people could interact and play with). There were also objects such as cuddly toys and large dolls for people to hold. There was a sensory room with special lights, and objects for residents to use, supervised by a member of staff. There was also a sensory garden, which had lots of plants, herbs and flowers in - it had night lights and had a wheelchair accessible path as well as a stone path for residents to crunch on along with places to sit. The large communal garden was overlooked by many of the resident's rooms and the staff member said that on sunny hot days they would assist the residents to sit outside and would sometimes provide ice-cream. The garden was secure and there was a resident rabbit in a hutch in the corner.

The residents also had the option to have printed out "stories" at the entrance to their rooms - a background to their lives so staff and visitors could find out more about them. We asked whether husband and wife rooms were available and we were told that they had previously had a husband and wife share in the past and that they would be able to provide a sharing room where practical.

Access to Health Services

We asked a member of staff about access to health professionals for residents. The staff member told us that if a resident needs help they will call the CHAPS team (Care Home Assistant Practitioner) who will triage the resident. They are linked to the Carlisle Healthcare Surgery who they will call if appropriate. Each resident has a care plan which

will indicate whether they wish their family to be informed if they are ill and if they have a DNR (Do not resuscitate). Dentists are usually visited but if the resident does not have capacity then they can call a dentist in. Opticians visit the home every six months to test residents' eyesight and chiropodists also visit every six months. Referrals to other health professionals such as physiotherapy would be done on behalf of the resident by the staff.

We asked about pastoral care for residents and were told that a nun visits the home regularly and some of the residents occasionally attend church with the assistance of a member of staff.

Meals

The dining rooms on both floors were clean and tidy and there was a drinks dispenser in each where staff or residents could get a cold drink at any time, with help if needed. Water, hot and cold drinks are available to residents at all times and provided by staff. We noticed some comments in the menu feedback book which indicated that some of the residents were not happy with the food. We asked a member of staff about this and it was explained that they knew there was an issue with some of the food. The food is supplied by a contractor and the home was in the process of gathering evidence to send to the home's group management who contracted the supplier in order for things to improve.

Residents with food allergies or intolerances are catered for with alternatives. The signage in the dining rooms is changed at mealtimes to show which meal is next. There are two options for each meal and we were shown the weekly menu planner to see the range of food available. We were told that one resident has a weekly steak which he pays for and one of the staff gets for him. Residents can request food/snacks of their choice; they do not have to eat what the home provides.

Activities

There were several lounges in the home, many of them having T.V.'s and books available - the rooms were spacious and had comfortable furniture, one had a piano and musical instruments in it. We were shown one room which was being decorated to make into a bar room.

Whilst we were there some of the residents had visitors which included young children, a staff member told us that visitors are welcome at any time.

There was a hairdressing room on-site, which was visited by a hairdresser twice a week. Residents could pay to have their hair or nails done. Staff members also did pampering for residents i.e. painted their nails or did their hair for them if so wished.

There was a clear activities chart with large signage with pictures on. There was also a memory wall, with pictures of activities, and other events. These included a singer visiting, Oomph classes, craft classes - the team saw examples of some of the paintings that residents had done in a craft activity - exotic pet visits (snakes, tarantula), and an outing to a pub. The local primary school children also visit occasionally, such as at Christmas to sing to the residents.

We engaged with 10 residents in total and had conversations with three residents and two visitors. Of those we talked to - the residents said they were happy with everything in the home, the food, their rooms, the staff, how they were treated, and being able to get help

when needed. One family member said that they were really happy with the home and it was better than her mother's previous home as she was not eating properly and it was affecting her blood sugar but the staff did not address it there. One member of the team asked the resident if she was happy with the way she was treated there and if there were any improvements that could be made and she said she was very happy and couldn't think of anything that could be improved. We asked the resident's daughter if she could think of anything that would improve things for her mother and she responded she couldn't think of anything and she was happy that her mum was there.

Overall Comments

The residents we spoke to were very happy with the home and the way they were treated. The home provides many different activities, including regular outings, appears person-centred, and is large and spacious and bright, with every bedroom having en-suite facilities. The garden spaces are neat and tidy, green with flowers and plants. There are plenty of lounges and spaces where residents can sit and at the time we visited showed no signs of being too busy or cramped. The sensory room is a benefit to those residents with dementia. They have pet therapy where pets and animals are brought in for residents to see and touch.

Recommendations

Some areas could benefit from larger signage and some from having pictures / photographs on the doors eg. residents names on their bedroom doors.

The home has been pro-active in building up resident feedback about the standard of food provided by external contractors. HWC would recommend that their efforts in evidencing the issues around the quality of the food should be heeded and acted on by the external providers and result in an improved resident satisfaction.

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.

