



healthwatch

Cumbria

Stilecroft
Residential Home

6th June 2017



your
voice
counts

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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 Healthwatch.

Details of visit

Service Provider	MPS Care Group
Service Address	51 Stainburn Road, Workington, Cumbria, CA14 1SS
Date and Time of visit	06/06/17 1.30pm
Authorised Representatives	Sue Hannah Robin Powell Pauline Hoult
Healthwatch Cumbria contact details	Healthwatch Cumbria, The Best Life Building, 4-8 Oxford Street, Workington, Cumbria, CA14 2AH Tel: 01900 607208

Acknowledgements

HWC would like to thank Liz Forbes the home manager, her team of staff, residents and family members who spoke with us during our visit.

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 & 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.

Healthwatch Cumbria 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

Stilecroft Residential Home 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, for all to read and be aware of the visit and 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 the Allerdale and Copeland area of 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.

Initially two HWC Enter and View Authorised representatives visited the home on Tuesday 30th May but were denied access as Liz Forbes was not on duty that day and had informed her staff that she would want to be present if the HWC team visited. A second visit was scheduled to take place on Tuesday 6th June. On arrival at the home three HWC authorised representatives were informed that Liz was on site but at that moment in time was unable to meet with them personally, however senior unit manager Adam introduced himself to the team and showed them round the home, then left the team to carry on with their visit.

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

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

There were:

- 5 residents spoken to
- 6 members of staff spoken to
- 2 family members spoken to

Responses were recorded and observations noted.

Findings

First impressions

Access to the home is secured with the main door opened via a security bell system. In the entrance porch there is a signing in book and hand gel dispenser, comments and complaints book along with a staff photograph board detailing individual staff members.

In the home's main entrance the dining room is to the left with the lounge and conservatory to the right, the manager's office is next to the lounge. The main staircase leading to the upstairs bedrooms is to the left. There is a corridor straight ahead leading into the extension that houses bedrooms, a lounge area with panoramic views of the outside space and the EMI unit on the lower ground floor.

The **EMI unit** is accessed via both stairs or a lift and a security key pad system.

Residents' bedrooms are located along the corridors which have hand rails to support residents. The passageway is light with several windows giving views of the garden. The bedrooms that were observed were light and airy with residents' personal possessions on display. Of those observed the décor was in good order, many had matching bed furnishings. The bathrooms were observed as clean and tidy. There were no obstructions in the corridors.

In the lounge there were three members of staff including the unit manager and 8 residents. One gentleman was playing the key board and told us, "I like staying here, I have played the piano since I was 27. I like doing jobs."

One resident told us, "My husband plays the piano, always played classical, people don't like classical now cos it's not pop music."

We observed that the TV was on for some residents and the volume was at an acceptable level so as not to disturb residents who preferred to sit away from the TV.

In the corridor there was a clothes rail with clean clothing on ready to be put into residents' rooms. Of the clothing observed they were appropriately labelled with the residents' names to ensure that residents received their own clothing after being laundered.

The **Activities lounge** - during our visit there were 8 residents playing Bingo with the activities coordinator who was giving small items of costume jewellery to the ladies who had won the games prior.

We observed selection of reading books, colouring books, magazines, DVD's and music CD's for entertainment along a choice of hair brushes, a squidgy ball and what appeared to be a communal knitting bag. There were hand knitted blankets on some of the chairs and a hand knitted 'twiddle muff' (this is a knitted tube with buttons, ribbons and other items sewn on for people with dementia or anxiety to play with instead of pulling at clothing or scratching themselves) along with a fleecy blanket. There was a doll on one of the chairs and a small table with bottles nail varnish, a piano and a budgerigar in a cage.

The TV was on with subtitles so as not to disturb resident's playing bingo. There was also a small occasional table with a jug of what looked like fruit squash and some glasses for any residents wishing a soft drink. The jug had a plastic lid on it to keep out any contaminants such as flies.

In the main lounge there were 4 residents and one family member sitting with the TV on low and in the conservatory there were 2 residents. One told us, "We like sitting in the conservatory its quiet and bright. I have brought my tea pot collection with me for decoration."

Another resident told us, "I like living here, I haven't been here long, I like the staff but think they are busy, I would like to get to know them better."

A family member of one of the residents told us, "In the summer the residents go into the garden to sit."

Another resident told us, "I like it here, its alright."

A family member of one resident told us, "I have no problems with the staff or the home, they are very good and responsive. If you ask for something or raise an issue it's acted on quickly. They will let me know if mam needs a doctor if she is unwell. I have had messages left on my answer machine at 4am before, which I won't answer but it's comforting to know." We discussed the meal and she told us, "The meals are good here, we used to have lovely afternoon teas as the chef came from a local hotel but since he has gone we don't have those now. Mam's a better weight now since coming here. It was a difficult decision putting her in here but I chose it because it's nearby and because it's a home and not an institution."

During our visit one of the staff came round talking to residents asking what they wanted for their next day's meal, he went through all the options with residents and anyone who was not sure he suggested making a choice but said that they could change their mind later if they wanted to. The young man had a very warm attitude towards the residents, the same family member told us, "They are good, nothings a problem, they help mam choose her meals, they know what she likes... if mam gets any post sent here they keep it unopened and give it to me straight away, she still gets her polling card sent here even though she is not able to make a choice for herself anymore... the garden here is nice, mam likes to sometimes go out, but the home manager is talking about getting permission to take away some of the grass area and make it parking because there is not enough at times". We talked with the family member about how concerns are dealt with and she told us, "I haven't had many really, only one and Liz came in on her day off to sort it out whilst I was here. I sometimes found some of mama's pop socks disappeared but I labelled the box and that's stopped now."

Access to Health Services

We spoke to the staff on the EMI unit who told us, "We don't have any difficulty in accessing CHoC for their residents; we find the service very responsive to our needs. We have the optician, chiropodist visit. The district nurses come daily although their rostered days are Tuesdays and Fridays. Residents access the doctors via their own GP's in the town. Family members usually take the residents to their GP appointments where possible but sometimes we go."

Activities

The activities coordinator told us. "They like doing activities, arts and crafts. We have 'Pets at Home' and an 'Entertainment Company' along with the hairdresser who visit us. Residents like doing Bingo, Dominoes, Crafts, Knitting, having hand and feet massages. I have done pottery with some of them. Sometimes we go out; I arrange to use the bus from our sister home to take them out on trips."

We observed that there was no activities schedule on display in the home. The activities coordinator told us, "They used to use the wipe boards to say what activities were happening. I do like to involve the residents when I'm planning activities."

One resident playing bingo told us, "I won a big teddy last time, I couldn't walk with it."

Meals

We observed two members of kitchen staff bringing the afternoon cakes and sandwiches down to the EMI unit for residents. These were covered with cling film and stored in the fridge until required. We were told, "All the food is made fresh on the premises; the residents have the choice of four meals a day." The menu showed breakfast, lunch, afternoon tea and supper.

On the dining tables there were menus of the meals based on a 2 week period. The unit manager told us, "Although the menu is on display, not all residents can make their own choices so the staff will discuss daily with the residents what choices they would like to make for the following day."

Recommendations

There is limited car parking space for visitors to the home although there is a designated staff car park beside the EMI unit behind wooden gates.

HWC would recommend that the home manager forges ahead with the possibility of utilising some of the lawn space to the front of the premises for car parking.

There was no evidence of activity schedules for residents or family members to be aware of forthcoming activities. We would like to recommend that the home considered what methods they could use to display the activities schedule in the future. We observed an unused wipe board in the main entrance hall, perhaps this could be considered suitable for displaying daily activities or information.

Areas of good practice

In the reception area there was a display stand on the wall with lots of leaflets of services available in the local area, including leaflets about Healthwatch and a NHS Independent Complaints Service for all to see.

The unit manager told us, "We have been working with North West Ambulance Service (NWAS) and introduced a system for the triage of falls or accidents of elderly residents in conjunction with the FEAT team (Frail & Elderly Assessment Team)." We were shown the file and observed a flow chart of what to do in different situations that may prevent unnecessary hospital admission.

Provider Feedback

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