

# healthwatch Cumbria

Good Companions Residential Home, Silloth

25<sup>th</sup> February 2014



your  
**voice**  
**counts**



## Enter & View Report

Healthwatch is the independent consumer champion for health and social care customers and patients in the England.

Healthwatch Cumbria has the statutory right (Health & 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.

<b>Service:</b>	Good Companions Residential Home, Silloth
<b>Service Manager:</b>	Ms Jacci Derrane
<b>Date of Visit:</b>	25 <sup>th</sup> February 2014
<b>Unannounced/announced:</b>	Unannounced visit
<b>Visit Team:</b>	Valerie May, Stan Lightfoot, Gill Jones
<b>Date of last CQC Inspection:</b>	7 May 2013

**For more information on Healthwatch Cumbria please visit:**

[www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

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## Introduction

Healthwatch Cumbria has a planned programme of Enter & View visits for 2014/2015, covering a variety of health and social care services operating in the county.

Healthwatch Cumbria is constantly receiving intelligence about a wide variety of health and social care services and the intelligence is used to help to decide where to carry out Enter & View visits. This information includes both concerns and compliments about services. All care home services provided in Cumbria have received a letter from Healthwatch Cumbria through Cumbria County Council explaining the purpose of Healthwatch Cumbria Enter and View visits and advising that a programme was being developed. These letters were sent out prior to the first Enter and View visit taking place.

The current sample of care homes was confirmed at the end of November 2013.

Following this, Healthwatch Cumbria embarked on a further information gathering process in preparation for these visits speaking with stakeholders including CQC, Cumbria County Council and Cumbria Safeguarding Board.

The Enter & View visits took place between December 2013 and February 2014 and were carried out by an Enter and View Lead (EV L) and a number of Enter and View authorised representatives (EV ARs).

During our visit we talked and listened to the views and experiences of residents, families, friends and staff, and made observations against the following criteria:

- Environment – Fabric, Facilities & Safety
- Service & Management
- Nutrition (meals & diet)
- Exercise, Activities & Mobility
- Personal Support & Choice

## **Methodology**

During our Enter & View visit we used a variety of methods to gain an understanding of the service including:

- **Oral questioning (using open questioning techniques)**
- **Informal discussions (using non-leading prompts)**
- **Observations**

We talk to managers, staff, residents and visitors and request information including a menu, staff rota and activities plan. The E&V L ask if there are any sensitivities around particular customer needs on the day of the visit which we need to be aware of i.e. risks, infections, and serious illness.

The Enter & View authorised representatives (EV ARs) observe residents and staff going about their daily tasks. We make observations about the general environment, condition and presentation of the home, support and care received by residents and interactions between staff and residents.

Residents, visitors and staff views and comments are formally recorded anonymously to protect identities. Letters explaining Healthwatch Cumbria and the purpose of the E & V visit are left for families. The letters also include Healthwatch contact details should families wish to raise any concerns or forward compliments about the service.

This report relates to a specific visit carried out during a point in time and therefore is not representative of all service users but acts as a 'snap shot' of daily life within the service.

## **Good Companions Residential Home**

Good Companions Residential Home is a privately run care home for 39 elderly residents in Sillioth. It is one of the homes owned and operated by Good Companions Healthcare Group.

For more information please visit: [www.gchc.co.uk](http://www.gchc.co.uk)

Manager: Ms Jacci Derrane

On the 25<sup>th</sup> February the Healthwatch Enter & View team arrived at the home unannounced, introduced themselves and explained the purpose of the visit to a member of staff. The team was taken to the office and the E&V lead provided an overview of the role and functions of Healthwatch explaining the purpose and methodology of an Enter and View visit to the Head of Care who was present.

## **Environment – Fabric & Facilities**

Good Companions sits on the main road running parallel to the sea front with good views to the front with a green behind the home. The home comprises of an old large house with more recent extensions added to one side. The car park is to the other side of the premises. Most of the residents come from the local area and have some physical frailty and/or dementia.

Inside, the main entrance at the centre of the building (between the old house and newer extension) is light and airy. There is a long corridor running to the left and a staircase down to a lower floor that contains bedrooms. Straight ahead is the dining room - a bright room of good size with many tables and chairs, plus a server for hot food. The kitchen is behind this area. The main hallway to the right passes the manager's office and on to the main lounge which is full of easy chairs. There is also a hair dressing room, a bathroom and the old entrance to the house, which is now used as a sun lounge or as a smoking area by one of the residents.

On entering the building, there was a suggestion box that had forms placed next to it for resident/carer/family-member/visitor/staff to complete. A photographic montage of the residents was also situated here. The staff photo board had a notice on it to say it was being updated. There are notice boards within the entrance foyer, with information for staff, residents and visitors.

On the ground floor there is a desk with a computer for residents use. The laundry room is downstairs, separate from the residents' rooms.

The lift is situated in the reception area, as is the administrators' workstation which acts as a permanent place of work, she is available to residents and their families.

In the older part of the building there is a stair lift on the stairs, though this stairway is rarely used by residents.

Hallways in the extension were clean and light but it was noted there were a number of wheel chairs parked in some corridors.

The upstairs extension has bedrooms and bathrooms. There is a modern bath with side entry and electric tilt, which is said to be popular with residents. The other baths have hoists.

There is a large multi-use room downstairs with a bed, some lounge chairs, a dining table and chairs with a kitchen area and en-suite. It was used for a

variety of things including as a family room where residents could take family members for private time and they could have meals together. It was also used as a training room and an End of Life room where family could spend the last hours with their relative. It was a lovely room with doors opening to a private part of the garden.

There was a small lounge which was called the quiet area. It had a few chairs and a TV and was used by residents who wanted somewhere quiet to read etc.

The administrator's desk/post, at the top of stairs, offers a good overall view point of the home. We were told many visitors stop to chat and give or receive information there. A buzzer call board is located in the hall at top of stairs, where the administrator sits.

The maintenance man has a jobs sheet done for him every day, so issues are quickly addressed.

At the other end of the stair well is a small staff office with the resident's files and medication trolley in. This office had a combination lock, inside the medications were locked away, care plans were in place, hand over diary for daily notes. All residents are assessed on their first day of entry.

Residents have their name on the door to their bedroom and hand gel is on the wall outside every second bedroom door. Most rooms are simply furnished as few have brought in their own furniture. Rooms in the older part of the building are slightly larger than in the new extension. All have an ensuite which has a toilet and wash basin.

Bedrooms are cleaned daily. In the older part of the building was a dirty toilet, however it was explained that this section is cleaned later in the afternoon.

There are gardens to the rear, side and front of home. Residents can sit out around tables and chairs on warmer days looking to the sea.

### **Environment Observations**

<b>Positive Observations</b>
Good use of Easy Read and pictorial communication tools available in the dining room to help residents make the choices they want.
Useful facility of staff changing room with shower.
The multi use room for families, for meetings, private time and end of life care is a very welcome additional space.

**Improvement Observations/Considerations**

Consider rolling out a programme to upgrade bathing facilities, also add more personalised touches to bathrooms.

The heating system is dated with plastic coated wire cages covering all the radiators. Consider updating radiator covers to improve visual environment.

Query why radiator covers are in place. If there is a health and safety issue this should be resolved i.e. are radiators too hot

Small size of laundry room could be aided by more efficient systems, e.g. basket rack to keep residents clothes separate, large bed press for sheets.

Consider fitting an extractor fan to aid ventilation, reducing condensation and improving staff working conditions.

It was noticeable that some of the decor of the premises was in need of updating.

Consider rolling upgrade programme.

Consider utilising all 'spaces' to make additional environments for residents so they have more variety to suit their moods and enhance their wellbeing.

The lounge area could be over furnished for size of the room.

Consider review of furnishing to make a more homely atmosphere.

A regular cleaning rota was explained to be in operation, but it was noticed that one toilet was not clean.

Consider a spot check system to ensure continuous high standards.

## **Service Provision and Management**

The EV L concentrated on the management of the home and asked to speak to staff to gain an insight into operations.

EV AR 1 & 2 spoke to residents in the main public areas of the home spending time in the dining room and ground floor reception rooms. Conversations took place with residents, staff, and visitors. The head of care informed us that the home can accommodate 39 residents. Referrals come via Adult Social Services and usually come from within 20 mile radius.

### **Staff**

There are 4 or 5 staff on at any one time

- Head of Care
- Cook
- Kitchen assistant and waitress
- Cleaners
- Maintenance man
- Administration assistant who is also care trained
- 2 activity coordinators both part time (9-4)
- 3 staff have completed End of Life/6 steps programme
- 3 team leaders have used distance learning
- 1 staff member is on long term sick (due to hips)

### **Staff Organisation**

All staff have 8 weekly supervision and they have a mentor system.

The maintenance man told us his duties are to maintain the building other than plumbing, electrical or gas. He is also the bus, car and meals on wheels driver. He has been employed in this position for three years and thinks the employer is a good one. He said he takes residents to hospital appointments in Carlisle and Newcastle (a carer goes with them too).

The administrator has been in post for 19 years. She started as care staff and then moved to admin. She does banking, finances, reports for management etc and often deals with social workers. She says she has a good rapport with local office and keeps a training schedule for staff team.

Whilst we were there, an emergency was witnessed. A resident had fallen in his room. He had not been well when we met him earlier. The staff member who found him came out into the corridor and called for help. The

administrator to whom I was talking to at that time got straight up to go. A couple of minutes later 2 other staff came by on their way to help. The administrator informed us that he had been helped to get up and was now resting, they (staff) would keep an eye on him.

The home has an annual home management meeting with owner. Ideas are negotiated and some will be agreed and taken forward.

### **Staff Training**

Staff use own skills/training for care induction standards; NVQ's level 2, 6 steps and two team leaders are doing dementia awareness. Mental capacity and DoLS training is also carried out.

A staff training matrix log was evident.

### **Services**

The staff do an assessment of pre home needs and aim to keep residents with them, even if dementia is progressing once they have become a resident.

Complaints can be made to staff, Head of Care or the manager. Accident or incident reporting goes into care plans. They use a falls diary so they can easily track matters and feedback is given to relatives who are kept informed.

The home uses a recognised legal administration service for care homes, for which they pay a fee. Their system and forms make for easy tracked and identifiable notes. The staff showed confidence in this system.

Once a year staff can put forward ideas for improvements to the home, the owner will then consider these following discussion and agree to fund one of the ideas e.g. using a waitress service.

### **Service Provision and Management Observations**

<b>Positive Observations</b>
Evidence of activities and lots of variety shown on wall display outside lounge, including some evening activities.
Good use of a key worker system which directly linked a specified care worker to each resident.

<b>Improvement Observations/Considerations</b>
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A robust complaints system is in operation.
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Consider how this could inform further training and development for all of the staff.
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<b>Comments from staff and residents</b>
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<i>'Staff are exceptional and give us help when we need it'.</i>
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<i>'The owner is fine. At the end of the day residents come first. The residents and their family are well known to us'.</i>
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<i>'He is a good employer, staff recently had a Christmas bonus from him'.</i>
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Head of Care said <i>'I like people to be able to complain, if they don't we can't know and put things right and change things'.</i>
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The Head of Care told us <i>'we can ask for anything, we get it priced up and then it's usually ok.</i>
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<i>'It's good - it's about the residents, everyone's approachable, friendly'.</i>
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## Nutrition - Meals and Diet

Some residents had been sitting in the dining room when we arrived and one gentleman was reading his paper at the table. They liked either a late breakfast or being able to relax and use the space, or both.

All residents were present for the hot lunch, they use easy read and pictures to describe meals on the notice board in dining room, and also had a communications book showing pictures of food/meals which is excellent practice.

There seemed to be a happy atmosphere at lunch time, all staff seemed to know residents names. Staff circulated asking if everyone was ok and checking to see if anyone wanted anything else.

Three ladies were having lunch together in the dining room. They said they were well looked after, and the food was very good.

The meal arrived and a resident with disabilities was having difficulties eating. A carer asked her if she wanted help but she refused, but the second time she accepted help to be fed, but when the pudding of apple crumble came she refused any help, gently saying she could manage.

The kitchen caters for all special diets. On entry to the kitchen there was a sign to regulate who can enter and how they must be dressed, the critical control points on safe catering was on show. The kitchen was very clean and professional and the cook was wearing whites but it was noted that the cook and the kitchen assistant were not wearing hats.

The home employs professional waitresses 7 days a week to go round with the drinks trolley which is kept in the office. It has alcoholic drinks as well as soft drinks and they also serve the teas and coffees – staff explained *'it makes the residents feel special'*.

### **Nutrition (Meals and diet) Observations**

<b>Positive Observations</b>
One gentleman wanted a meal that was not on the menu but staff made this especially for the resident when requested.
The kitchen supplies home baking, and will do <i>'anything for anybody'</i> .
Dining room is a well laid out and pleasant space.
The use of different communication tools for the benefit of residents.
The waitress service reduces carer workload whilst also promoting the availability of refreshments.

<b>Improvement Observations/Considerations</b>
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Kitchen staff wore whites but it was observed that there was no use of hats or hair nets.
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Consider implementing the use of these to improve health and safety standards.
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<b>Comment from a resident</b>
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<i>'The food is lovely and I get plenty'.</i>
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## **Exercise, Activities & Mobility**

The home holds a Tea Dance some Tuesday's and residents are taken and collected by the care home's own bus. The local community is invited too.

Residents are encouraged to be active and if they wish to go out for a walk a member of staff would support them.

The bigger lounge was where the activities took place. There was a large activity board outside it that gave the activities for the full week – mornings, afternoons and evenings. There was a wide variety of activities planned – word games, sing a longs, throwing hoops, manicures, hairdressers, crosswords and puzzles, board games, newspaper events, jigsaws, bingo, book/newspaper reading, movie night, Sudoku, and story reading.

One resident said she would like more games.

Another resident had tried the tea dance when she first arrived but she did not like it, she said she needed a proper dance partner to enjoy it which led her companions to make several jokes. This highlighted the relaxed atmosphere at the home.

### **Exercise, mobility and activities, Observations**

<b>Positive observations</b>
We were pleased to see that the position of the home near the sea front, and the grounds, were fully utilised for resident's well-being.
Evidence of availability of hairdresser and chiropodist.

<b>Improvement Observations</b>
A wide variety of activities were on offer. Consider utilising all of the different environments available to suit people's moods and activity levels.
A computer was available for residents use. Considering training staff and residents on the use of Skype to increase connectivity between residents and relatives.

<b>Comments from a resident and member of staff</b>
<i>'I enjoy the activities'.</i>
<i>'We try to meet their needs and wishes'.</i>

## Personal Support & Choice

We spoke to several of the residents all of whom appear to be content and happy at the home. People were clean and well dressed and known to staff.

Most residents have a bath or shower once or twice a week. A lot of them have a favourite day that they prefer. Some have incontinence problems so need more frequent bathing which is provided for.

There was a relaxed atmosphere in the home and it seemed that residents were able to choose how to spend their time. Residents were able to go for a walk and were able to ask staff for support to do so.

It was observed during a meal time that one resident had difficulties in sitting upright due to the lack of support given by the wheelchair she was using. Staff did make efforts to assist the lady.

### **Personal Support and Choice, Observations**

<b>Positive observations</b>
Breakfast was evidenced to be flexible and residents were relaxed and able to choose when it was had.
Good use of administrator's position, to be physically seen and to engage with residents. Providing a less formal means of sharing concerns or queries.

<b>Improvement Observations/Considerations</b>
Consider reviewing if the right equipment, i.e. wheelchairs, is available to support residents need.

<b>Comments from staff and residents</b>
<i>'Staff are exceptional and give us help when we need it'.</i>
A member of staff said 'if a resident fancies a bath that day we will try to accommodate them'.
A member of staff said 'we can ask for anything, we get it priced up and then it's usually ok, it's good, it's about the residents'.

## **Summary**

Overall the home shows many positive practices and attitudes, however as noted in this report there is possible scope for improvement in some areas and we would encourage both management and staff to consider these.

Considerations in this report are designed to prompt some discussion about possible improvement activity which would be of benefit to staff, residents and families.

Healthwatch Cumbria would like to thank the staff, residents and visitors from Good Companions Residential Home who took part in this Enter & View visit.

## **What do you need to do now?**

In line with the statutory regulations for this work, you now have 5 working days to respond to us if you feel that any aspects of this report are inaccurate. We have provided a response form to help you to do this. If we have not heard from you by 27 May, we will assume that you have accepted the report as an accurate record. If you have requested a change we will get back in touch to discuss this.

Once any changes have been agreed we will send a final version to you on 2 June. You then have 20 days to make a formal response to any of the issues raised in the report. **The deadline for responses is 27 June.**

Finally, we will be publishing all of the reports, together with the responses from each Care Home, and an overarching report summarising all the key findings on our website: [www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

A copy of this report will be sent to CQC, Cumbria County Council, and any other organisation that requests it.

If you wish to discuss this report with a member of Healthwatch Cumbria please contact us on 01900 607208