

healthwatch Cumbria

Stilecroft Residential Home, Stainburn,
Workington

11th December 2013



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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.

Service:	Stilecroft Residential Home, Stainburn, Workington
Service Manager:	Ms A Daniel
Date of Visit:	11 th December 2013
Unannounced/announced:	Unannounced visit
Visit Team:	David Blacklock, Valerie May, Sue Stevenson
Date of last CQC Inspection:	19 September 2013

For more information on Healthwatch Cumbria please visit:

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
- Service Provision and 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 EV Lead asked if there are any sensitivities around particular resident needs, which the team should be aware of during the visit, i.e. risks, infections, and serious illness. The team was informed that there were two very sick residents who were approaching end of life, that one lady didn't like strangers and that there were no DoLS in place on the day of visit.

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.

Stilecroft Residential Home

Stilecroft Residential Home is a privately run care home for 43 elderly resident in Stainburn, Workington. Stilecroft is one of the homes owned and operated by MPS.

It has an EMI unit which caters for 13 people.

The home is managed by Ms Annette Daniel

For more information on MPS please visit: www.mpscaregroup.co.uk

The home has a separate EMI unit which can accommodate 10 residents.

On 11 December, 2013 the Healthwatch Enter & View team arrived at the home unannounced, introduced themselves and explained the purpose of the visit to a senior member of staff. The team was taken to the ground floor lounge 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 senior person present.

Approximately 1 hour later the home's Assistant Manager, who had been on a day off, arrived to meet the team.

Environment – Fabric & Facilities

Stilecroft Residential Home is situated on a main road running through the village. It is an old Victorian house, which has been extended to increase capacity for the purpose of being a residential home. The main extended areas are to the rear of the premises. Whilst the building takes up much of the land and gardens, there are still paths and lawns around the home for resident use.

Access to the home is secured with the main door opened on response to a security bell system and sanitizing hand gel is provided for public use.

The dining room is situated to the left of the hallway, with an open entrance to the kitchen beyond. There is a lounge to the right which leads to a conservatory. The main office is also located off the hallway.

A stair way rises from the entrance hall to the first floor where there are a number of bedrooms located. Seating is arranged in the hall giving it a feeling of an additional social space. A long corridor with doors either side to resident bedrooms leads to a large lounge to the rear of the building.

There were various bathrooms available to residents, some appeared to be in a better condition than others.

Two residents we spoke with said they preferred the sun lounge because it was quieter and there was no television, whereas another resident preferred the back lounge, also because it was quiet but because it *did* have a TV.

EMI Unit

The EMI unit is located on the lower ground floor with access via a key pad entrance. The corridor runs in an L shape to a lounge with conservatory at one end and a small dining room situated at the other end of the same corridor.

Resident bedrooms are located along these corridors which have hand rails to support residents and the passageway is light with several windows giving views of the garden. Rooms have memory boxes beside them and other items are placed for resident's attention. The other hallway (going away from the dining room) was not so light, the bedrooms we observed were light and airy with en-suite toilets. We saw one empty bedroom being dressed (curtains and matching bed-spread) for potential new clients to view. We were told that it would be possible for residents to bring their own soft furnishing or use the home's.

The unit observed many of the recommended environmental features suggested to supporting those with dementia.

There is a small kitchen for pot washing and tea making beside the lounge looking onto the corridor. Meals were sent to the unit dining room via a lift.

Environment (fabric and facilities) Observations

Positive Observations
Comfortable seating in main hallway.
Residents had their own favourite places to sit about the home.

Improvement Observations/Considerations
Although there are considerable grounds with the home these do not seem to be used to their full potential.
Consider making more paved walk ways and seating areas outside.
The availability of bathrooms was positively noted, however the downstairs bathroom was in a poorer condition than others.
Consider upgrading the downstairs bathroom to bring it in line with other facilities.

Service Provision and Management

The E & V lead concentrated on the management of the home, staffing and training and asked for a private room for interviews if that were to be necessary.

Conversations took place with residents, staff, housekeeping staff, two visiting Doctors and with visiting Cumbria Partnership Trust staff. The team spoke with family members who were visiting relatives.

The home has a capacity for 43 residents and currently has 37 with 2 more about to arrive. Currently there are 8 people requiring residential care and the rest are 'more needy'.

Staff

We were told that normal staffing levels are 3 staff upstairs and 3 staff downstairs and that there is a shift rota in place as follows ;

- Mornings/Early - 8am to 2.30pm,
- Late shift - 2.30pm to 9pm
- Night shift - 9pm to 8am (waking nights)

The shift handover takes 10/15mins and requires staff to be in early to accommodate the handover process. A Kitchen Assistant comes in early for breakfasts (starts at 6.45am), and an activity coordinator is employed.

It was said that staff recruitment can be difficult – eg. a new cook had recently started work.

It was also noted that:

- Staff got a £5.00 Christmas bonus
- There were currently 2 staff off with long term illnesses
- 2 staff were recently dismissed due to accusations made against them
- Exit interviews were not routinely conducted with staff who were leaving
- It was felt that rates of pay were low - £6.50 p/h for carers, £6.80 p/h for senior staff, which resulted in some staff feeling undervalued.

Staff organisation

We were advised that it is Head Office that sets staffing numbers, but this appeared to be arranged in relation to the numbers of residents rather than needs as set out in Care Plans. It was also explained that although the Director is sympathetic to concerns raised, it can be difficult to get the resources needed e.g. equipment.

It was reported that there was a high volume of paper work involved for the staff to complete and the negative impact this can have on care time.

The maintenance man was clearly very well known in the home and worked on average 6 hours a day but would come in beyond that if required.

Staff Training

Staff training is provided by Age UK.

The training log was seen and it was observed that some courses/training were out of date.

The training log showed:

- Moving and Handling
- SOVA
- Infection control
- Health and safety
- Fire safety, in which case several dates had expired and training was not current
- All staff had received DoLS training
- Moving and handling training was provided by two trainers at Rosecroft Residential Home (owned by the same parent company)
- Health and safety – induction booklet available

Services

Person centred care plans are collated by the manager, and were in place. These detailed when people want to get up and receive their medication requirements etc.

Audits such as medication, kitchen and infection control are completed by the manager. She and the deputy manager also check bedding, rooms, listen to residents and speak with the residents as part of an ongoing review process.

We noted that on one occasion during our visit the resident call bell was answered within 30 seconds. However, we also heard that one of the main challenges in the home was spending enough time with residents, especially since the people that are coming in tend to have higher needs.

One visitor was waiting in the corridor while her mother was being attended to in her room spoke with us. This was clearly a difficult and sensitive time for her but she was keen to let the team know that she was very impressed with the way that the home was working with and caring for her mother and the family.

A resident who had been given a Healthwatch leaflet advised that she could not phone us with any further comments after our visit as they did not have access to a phone.

We were told by a resident that there was no restriction on visitors with regards to times or numbers of people who could visit.

When asked about the complaints procedures we were informed that there was a log book located in the main office. The log was examined and one complaint was included but not formally recorded (concerning lost clothing). The outcome/resolution of this complaint was that a cheque was sent to the family, which had to go to a charity of their choice.

We noted that there were no complaints from residents recorded in the log book. However, we were informed that risk assessments were carried out for every resident.

EMI Unit

It was observed that the key padded door was propped open when the E & V member entered the EMI unit. There was a senior staff member on duty and over lunch time an assistant. We were informed that they were short of staff that day.

There were 2 or 3 people that were quite ill and this was brought to our attention. Two rooms with the doors left open meant that we could see residents sleeping. We were also aware of a family with another resident who was terminally ill.

Two doctors arrived, (the door to the EMI unit was now locked). One came to see a resident about her foot and the other was there to administer end of life medication.

The 'stretch' on personnel in the Unit showed at lunch time when all the residents had to be taken to the dining room at the far end of the corridor, several needing help or wheel chair assistance.

While we were there one of the residents got upset when she was the last to be moved and having been moved wanted to go back to her original place. This happened more than once and was difficult to handle when there were staff shortages. However, despite these challenges matters were dealt with well and all was 'normal' again after lunch.

Service Provision and Management Observations

Positive Observations
The maintenance man was clearly known and well-liked by the residents as well as an asset to the home.
A residents meeting is held once a month, this will help highlight any issues or queries whilst also building relationships between staff and residents.
There is a strong relationship between the Trust staff and the home's staff.

Improvement Observations and Considerations
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<p>We heard that it can be difficult to fund the resources needed, i.e. equipment.</p> <p>Consider setting out priorities at the beginning of each financial year together with the evidence base to support requests.</p>
<p>There were a number of comments relating to staff morale with regards to feeling undervalued and the low rates of pay.</p> <p>Consider introducing routine exit interviews so that management can learn more about staff feelings and address the key issues that are causing staff to leave.</p>
<p>The training log showed that all staff had received DoLS training; however, staff that were spoken to were unaware of DoLS.</p> <p>Consider providing refresher training to all staff as a matter of urgency and so ensure they are fully aware of the implications of the legislation re DoLS.</p>
<p>It was observed that the sole member of staff in the EMI Unit seemed to be stressed due to her workload.</p> <p>Consider reviewing all the rotas for the EMI Unit to ensure that there is always adequate cover, especially as it has the most dependant and vulnerable residents.</p>
<p>The door to the EMI unit was unlocked at the start of our visit.</p> <p>Consider how to ensure that this door remains secure at all times.</p>
<p>It was reported that the washing machine and drier were domestic, as is the cooker.</p> <p>Consider upgrading, in the next round of budget decisions, to machines more suitable to a home of this size.</p>
<p>Although it was noted that a complaints log is used, consider reviewing the complaints policy including the logging procedure and to move towards a proactive approach to receiving and addressing complaints as a valuable source of driving improvements. This could be extended to include all feedback and compliments.</p>
<p>There was no public use phone for residents to use.</p> <p>Consider ensuring that all residents have access to a phone when they wish.</p>

Comments from staff, residents, and families
<i>'I don't have a permanent contract'.</i>
<i>'I am on a zero hour contract'.</i>
<i>'Training? I have had moving and handling, fire, health and safety'.</i>
<i>'I've only had moving and handling training'.</i>
<i>'The hoist should be used much more, the staff think it wastes time'.</i>
<i>'One female resident was being lifted inappropriately'.</i>
<i>'The home runs smoothly'.</i>
<i>'Nice place to work, however you have to work very quickly'.</i>
From a resident about the manager <i>'She's good, you can talk to her'.</i>

<i>From a resident about a staff member, 'a good lass – knows her job- will do anything to help'.</i>
<i>'I think that Stilecroft is the best in Cumbria, couldn't be any better, but it's not home'.</i>
<i>'Could be worse'.</i>
<i>'Good environment'.</i>
<i>'Good atmosphere'.</i>
<i>'It's different since the new company took over, it was more homely before, It was more like a residential home then'.</i>

Nutrition (Meals and Diet)

Residents are routinely weighed and have a risk score given to them which can inform meal planning. The main meal is provided at lunchtime and residents are asked what they would like for tea.

A group of residents eating their lunch said they were never hungry, and welcomed the choice that they were offered for meals. We were told that if the residents did not want what was offered that something else could be prepared for them.

One resident told us that she would like to sometimes go out for a meal.

Nutrition (Meals and Diet) Observations

Positive Observations
Good practice of routine weighing of residents.

Improvement Observations/Considerations
There was no evidence of the use of Easy Read or pictorial guides to help residents with choosing their meals.
Consider introducing this to aid with meal time choices for residents.

Comments from residents, and families
<i>'I enjoy my meals and have 3 meals and up to 3 snacks a day'.</i>
<i>One resident said conditions are very good, 'I've lived here a long time, I can't grumble about the food'.</i>
<i>'I'm happy enough with choices, what is on is always good, I want my dinner'.</i>
<i>'I like something cooked for breakfast. Crisps and cheese and biscuits are available all day. If I want it they will give it to me. I take whatever choices'.</i>
<i>'If it's anything I don't like I'd tell them and probably get something different, we get lots of teas and coffees'.</i>
<i>'Food is jolly good but not enough for me, 3 or 4 people need help with feeding. I get up early for breakfast but if I've missed it they come and knock on my door and get me, they are good like that'.</i>
<i>'My father is very confused but he is well looked after, he looks better, he's put on weight'.</i>
<i>'I've no concerns about the food or the care really'.</i>

Exercise, Mobility and Activities

It was explained that there was an activities staff member and that there are also some visiting groups who provide entertainment (Brownies, Kids Choir etc.).

In the afternoon the activities staff member was playing carpet bowls with a group of about 10 residents with mixed ability in one of the lounges. The staff member said she worked 25 hours in the home and informed the residents what kind of activity they would be doing the following day. She said she spent time on the internet researching ideas for activities.

She takes a core group of about 5 to 6 residents to Singing for the Brain (provided by the Alzheimer's Society) and uses a company car or taxi to do this. One resident told us that they have been to see a musical in a nearby town.

Residents told the E&V team that armchair exercise was offered in the afternoon, however this was not observed during the visit.

One resident told us that he walked outside in the grounds and on occasion went to the pub with a friend. He also went to Workington with a family member every week. He demonstrated his armchair exercises that he does daily which involved cycling his legs. He explained that this was something he does for himself rather than anything that has been introduced by the home.

We were told by one resident that she needed a Zimmer to walk with and said she sometimes did exercises.

One resident said there were plenty of books and magazines to read, but another had the opposite view and said there were no books and no notice board to advise what was going on.

A resident told us that there was much music, he liked to sing and was in a choir, and sometimes goes to classes held nearby (Singing for the Brain – Alzheimer's Society).

Exercise, Activities and Mobility Observations

Positive Observations
Music and singing seem popular amongst the residents, with opportunities to do so.

Improvement Observations
There was evident confusion about the regularity of the activities and the role of the coordinator.
Consider advertising activities, in easy read and pictorial guides for residents and to vary the activity from day to day.

Some residents appeared aware that they should try and maintain their mobility, however it was unclear how much encouragement is given by staff.

Consider regular resident group sessions of, at the minimum, armchair exercises.

Comments from a residents
<i>'This is the first time since February that I have seen an activity going on'.</i>
<i>A resident said 'a choir of kids came and it was very good'.</i>
<i>A resident told us that 'I don't get out and about much, but I don't really want to. I go to the lounge if something is going on'.</i>
<i>A resident said 'I do some jobbing, hoover or cleaning but I very seldom go shopping'.</i>

Personal Support and Choice

There was confusion about the policy on allowing residents to stay in bed if they wished. The following conflicting views and statements were heard, '*Residents have no choice in getting up time*' and '*I refused to get someone up who didn't want to and another member of staff went in and got her up*'.

We heard from more than one resident about their medical needs being addressed by a nurse or doctor. One resident told us that he was itching all over, that he had told staff and he had seen a doctor, the itching was getting better, but that no one had told him what was causing the problem.

Another resident told us that a district nurse saw her every day, she has had a long history of issues resulting from brittle bone disease and arthritis but seemed very happy with the support she received.

We observed one male resident who was in need of some attention as his clothes were not on properly. His trousers were undone, yet belt fastened.

Another resident told us she did not need help with personal needs. She always sat in the same chair and liked it, '*I get up between 8 – 9am and dress myself*'.

Several female residents said they liked the fact that a hairdresser comes every Wednesday (residents have to pay for this service) and that a chiropodist also visits.

Some residents had formed friendships in the home and chose to sit together and there was evidence of good relationships between them, with some sharing of jokes about each other. It was observed that one more physically able lady helped her less able friend to her feet when they were asked to go the dining room.

One resident was allowed to keep his dog in the home. He told us that the dog gets walked 5 times a day, sometimes by the resident, but only in the home grounds and never outside of the grounds as he is told not to go beyond the gardens. A friend of his usually walks the dog in the evening.

We spoke to 5 members of staff, the housekeeper and laundry lady, all were keen to say that they felt it very worthwhile working in this home and emphasised the fact that they were working in a home that belonged to the residents and so it was important that the residents possessions and environment was well taken care of.

Staff said that they liked to get to know the residents. They were proud that they had introduced a system where every resident had their own bedding which was only used for their own room and that all residents always wore their own clothes. Residents are encouraged to be involved in redecorating choices and to come forward with other ideas.

Personal Support and Choice observations

Positive Observations

Allowing a resident to keep their pet at the home with them shows evidence of 'going the extra mile' to make the resident feel at ease and happy at the home.

Evidence of visits from a hairdresser and chiropodists.

Friendships had been formed between residents which will provide residents with extra support and feelings of wellbeing.

Improvement Observations/Considerations

There are some conflicting views about whether residents should be taken out of bed or not.

Consider reviewing the homes policy on this and ensure that all staff are familiar with the guidelines and apply these consistently.

Some residents need more personal help than others with, for example, dressing and this may change from day to day.

Consider asking a member of staff to check all residents attire from time to time to ensure that their dignity is upheld.

Summary

Whilst we did observe some commendable practices and attitudes in the home, overall there is good 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 Stilecroft 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 17th June, 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 20 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 18th July.**

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

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