



Enter and View Report

Eastwood House
Wednesday 16th January 2019

healthwatch

North East Lincolnshire

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Report Details

Address	Eastwood House, 7 Eastwood Avenue, Grimsby, DN34 5BE
Service Provider	Christine Lyte
Date of Visit	16 th January 2019
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Karen Meadows, & Judy Hamilton

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 the Volunteer Officer for Healthwatch North East Lincolnshire using the information gathered by the Enter and View Authorised Representatives named above 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 staff and 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 unannounced Enter & View visit.

An unannounced is when the care home is aware that we will be conducting an Enter & View in the near future but the establishment are not aware of the exact date the Enter & View Team will be visiting. A letter will be sent to inform the establishment of the pending visit, along with a Manager's questionnaire.

Our Previous Visit

Eastwood House was last visited by Healthwatch North East Lincolnshire in September 2016. Following our previous visit we made the following recommendations:

- Ensure that the COSHH cupboard in the laundry room is locked at all times.
- Staff to be identifiable through the use of name badges, uniforms and a staff "Family Tree"

Following this visit we are able to report the following:

- The COSHH door was locked during our visit.
- Staff had uniforms and name badges though new staff members did not have either available at the time of our visit.

- The Manager (Amanda) advised that the service had used a “Family Tree” previously but this was repeatedly pulled down. The decision was made to stop using a “Family Tree”.

Details of Visit

Eastwood House is a residential home situated in a large town house which has been made fit for purpose. It offers accommodation and personal care currently for 15 residents, 13 of whom are living with dementia and 2 with brain injuries. The home has a maximum capacity of 18, with residents rooms spread over 2 floors which are accessed by both stairs and a lift.

We did not receive the manager’s questionnaire prior to our visit.

Environment

The Enter & View Team were greeted in the reception room. The Reception room had a sign in book and displayed the services’ fire and insurance regulations and procedures.

Passing from the Reception to the main body of the building, we entered a large comfortable resident’s lounge, leading to an open plan conservatory housing the residents dining area. The Residents lounge was set out in order to promote social interaction and residents were noticed sitting in small groups chatting, watching TV or enjoying a game of dominoes with the activities coordinator. The Dining area was bright and airy and looked out onto the garden area which was well maintained. The tables were set out in a café style and at the time of our visit 2 of the tables were being commandeered by staff doing paperwork. Whilst the Manager explained that she liked to be ‘among the residents’ and have a ‘visible presence’ we felt that this somewhat distracted from the homely atmosphere and could potentially lead to confidential paperwork being left unattended if the Manager got called away to deal with an issue within the home.

Communal corridors were painted in a neutral colour with handrails and displaying vintage/nostalgia type artwork. It was noted that the paint was flaking in some areas. The corridors were carpeted in a heavy duty patterned carpet that was clean and in good repair, and there was not malodour present. On their walk around the building, the team did notice some aspects that could cause a potential hazard:

- A broken electric point on one corridor. This was pointed out to the manager due to this being a potential risk to residents. The Manager stated that this had been reported and was awaiting repair, although we felt that this could have been temporarily covered in the meantime..
- A chair had been left at the top of the stairs on the landing area, restricting access in case of an emergency. This was rectified immediately by the manager without prompting.
- 2 heavy, unstable packages were left under the stairwell to which residents had access, this could have proved hazardous if knocked over. The manager informed us that these were flat pack furniture that had just been delivered and the proprietor was on site currently to put these together.

Resident's rooms were all situated along the 3 main corridors and were all seen to be clean and tidy. Most included a television. Residents were able to decorate their rooms and bring in items from their own homes; this was well promoted and rooms appeared homely. It was noticed that one occupied room was particularly sparse of personal effects but we were told that not all residents had family or friends who could assist in personalising the rooms. Maybe this is something the staff could assist with in these instances to provide a more homely atmosphere.

Some of the residents rooms had direct access to the outside area which was a nice aspect, although it was noted that one room led onto a paved area which contained some broken and abandoned furniture, it was not clear if the resident in the room had direct access to this but this would be a welcome addition if this was tidied and made safe.

Along the residents corridor that housed those living with dementia, the rooms were all colour coded in line with dementia friendly recommendations and most had signs with photographs on the outside to assist residents to navigate to their room.

There were a number of bathrooms for residents use and most were made to be homely by adding touches such as decorative items or seaside themes. The team however did notice that bathroom 3 had the signage missing that indicated that it was a bathroom and on review was found to be in need of some update, cleaning and repair. i.e. grout coming away from the shower tray, gaps in the skirting board, shower worn and discoloured, grouting between the tiles dirty and an extension toilet seat appeared to be corroded.

Food and Drink

There was a wipe clean menu board displayed in the dining area but this had not been completed for the day and there was no visible sign of any menu indicating food choices for the residents to see in advance. However we were shown a folder containing all the menu items which showed a variety of choice and healthy meals. Residents had access to snacks from the tea trolley and they could also ask for a snack in-between these times.

The Dining area also housed a small refreshment station with 2 very old and discoloured drinking jugs and plastic cups. It was felt, that to encourage hydration, this could perhaps be made more appealing, perhaps with personalised drinking vessels and newer jugs.

The Enter & View team did not have access to the kitchen but this could be observed through a coded door and appeared clean and hygienic.

Staff

The Enter & View Team were able to speak to several members of staff who reported that they felt '*well supported*' and that they were '*happy working in the home*'. Relationships between residents and staff were positive and friendly and staff were seen to be very caring and empathetic in their manner, treating the

residents with dignity and respect. The Enter & View Team saw that staff were quick to respond to residents who needed their assistance. This was demonstrated when one resident banged her leg on her chair causing an immediate abrasion and bleed. Staff were on hand immediately to deal with this and the wound cleaned and dressed in a timely manner.

Recreational Activities

An activities co coordinator is currently in post and on the day of our visit we saw residents watching TV, chatting and enjoying a game of dominos. The activities coordinator arranged activities for the residents 5 days a week including chair based exercise, indoor bowling and bingo. In Addition she also arranged regular theme days, with a lot of these taking place outside in the grounds during the warmer months. The Enter & View team felt that it would be useful to have an activities schedule on display for the residents, family and friends to see what activities they could be involved in. The home does not unfortunately have access to a mini bus but outside activities are undertaken by using the company car. In the summer months the home organises a 'walking bus activity' that includes both residents and their family and friends walking to a nearby park.

Promotion of Privacy, Dignity and Respect

The home has a monthly residents meeting who meet to discuss best practice and any issues which have arisen at the home. A quality assessment survey is also distributed twice yearly to family and friends for their input.

During their visit the Enter & View Team saw that staff treated residents with respect and ensured their dignity was maintained.

Safeguarding, Concerns and Complaints Procedure

Safeguarding and complaints procedures are in place. Staff spoken to advised they were aware of the procedures and had attended the necessary training.

The Enter & View Team also spoke with residents and relatives, all of whom advised they would feel comfortable making a complaint or raising a concern.

Medication and Treatment

The Enter & View Team found that medication is securely locked away and staff encourage residents to take their medication as required. Care records are also kept securely.

Residents

During the visit the Enter & View Team were able to speak to a number of residents. One resident expressed concern that she *'never went out of her room'* and was *'lonely'*, however, the same lady was observed a short time later socialising in the residents lounge and joining in the activities. Another resident stated that *'the care is good but it's not like being at home'*. Similarly, another resident stated that *he 'gets everything I ask for'* and that he was able to have smoke when he wanted one. He stated that he *'liked all the staff'* and the *'food was nice'*. Other comments included feeling *'very happy here'* and *'I feel safe and happy with my care'*. One resident expressed concern that she *'didn't get out much'* and appeared a little confused about what activities were on offer for her to participate in, if she so wished.

Relatives and Friends

The Enter and view team spoke to a couple of relatives visiting the home. One relative stated that *'my friend is happy here and very well looked after'*, with another stating that his father *'is always looked after excellently'*. No negative comments about resident care were highlighted on the family and friends questionnaires that Healthwatch North East Lincolnshire received.

Recommendations

- To prioritise the repair to the Electric socket on the upstairs landing.
- To ensure heavy, unstable packages are not placed in communal areas
- General maintenance and deep clean of bathroom 3 and to ensure that it has signage indicating it as a bathroom.
- To remove broken garden furniture and household items from the patio area leading off one of the downstairs rooms if this is to be accessible to residents
- To ensure that confidential information is not left unattended whilst staff are working in the dining area
- To ensure that the menu board is kept up to date and to consider providing a visible/pictorial menu for the residents to see. This would ensure that the home was in line with dementia friendly guidance.
- To replace the jugs at the refreshment station
- To display a timetable of activities on offer for residents, family and friends to see what is available in advance.

What's working well?

- Residents, family and friends are consulted regularly on care and kept up to date with what is happening at the home by way of monthly residents meeting and quality assessment questionnaires
- Staff responded well to residents needs and demonstrated a caring and empathic approach.
- There is opportunity for the residents, family and friends, to take part in a walking bus activity to promote health and wellbeing.

Service Provider Response

We have not received a response from the Service Provider

Distribution

This Report has been distributed to :

Brett Brown, CCG contracts officer Lead
Caroline Barley, prevention and wellbeing manager, public health, NELC
Jan Haxby (Director of Quality and Nursing at NELCCG)
Marie Oxley, Inspector CQC North East and Coast Hub2
Lydia Golby, Nursing lead for Quality, NHS NELCCCG)
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