



## **Enter and View Report**

Eastwood House Care Home

Tuesday 13<sup>th</sup> September

# healthwatch

## North East Lincolnshire

### Contents

|                                 |   |
|---------------------------------|---|
| Enter and View Report.....      | 1 |
| Report Details.....             | 3 |
| What is Enter and View.....     | 4 |
| Methodology.....                | 5 |
| Details of Visit .....          | 6 |
| Recommendations.....            | 8 |
| Service Provider Response ..... | 8 |
| Distribution.....               | 8 |

## Report Details

|                  |  |
|------------------|--|
| Address          | Eastwood Care Home<br>7 Eastwood Avenue<br>Grimsby<br>DN34 5BE |
| Service Provider | Mrs Christine Lyte   |
| Date of Visit    | Tuesday 13 <sup>th</sup> September                             |
| Type of Visit    | Announced / Unannounced (See methodology on page 5)            |
| Representatives  | Sue Hobbins, Mary Morley & Freda Smith                         |

### 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 volunteer Enter and View Authorised Representatives 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 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 announced/unannounced Enter & View visit.**

An announced/unannounced visit is where we send a letter to the care home 6 weeks in advanced of a date we have in mind, letting them know we intend to visit soon. A letter will then be sent approximately one week before the visit date we have and then we will turn up in that week unannounced.

### Summary of Findings

- The care home had a very homely and lived in feeling and there were no unpleasant odours and no obstacles in the hallways.
- Residents appeared well dressed and groomed.
- Residents we spoke with appeared happy with the care they were receiving and the activities that were on offer to them.

## Details of Visit

### Environment

This is a large detached house with a neat lawned front garden and the side entrance has a slope to the side door. There is a security code system but we rang the doorbell and were met by a member of staff. After signing in and using the hand gel in the hall we met two other members of staff.

At the time of the visit there were 16 residents and many of them were in the sitting room. The house had a very homely and lived in feeling and there were no unpleasant odours and no obstacles in the walkways. There are pictures and photographs on the walls and lots of memorabilia. There was an old type fruit stall and a tailors model with a cotton dress on it.

The dining room is a very bright and sunny room with doors to a very private garden. There is a raised bed and we were told that some residents do like to help with the garden.

### Food and Drink

The menu board showed the three meals for the day and the Cook told us that there is always a vegetarian option. The menus change monthly and they also follow the Eat Well plates. Drinks are available throughout the day and at times they have themed lunches e.g. French, celebration for the Olympics etc.

The kitchen door has a security system to enter.

### Safeguarding, Concerns and Complaints Procedure

There is a copy of the complaints procedure on the notice board in the entrance hall.

### Staff

For the sixteen residents the staffing is 2 in the morning, 2 in the afternoon and 2 at night. In addition to these is an activities co-ordinator, Cook and Cleaner. The majority of the staff have NVQ grade 3, 1 has grade 4 and the deputy manager has 3,4 &5. Training is ongoing with a variety of subjects .e.g. Infection control, dignity, dementia. They use distance learning, the college and the Council and all details are kept on the Matrix system on computer.

At present the staff do not wear name badges and there are no photographs on the notice board so we were at first not sure who was who. There did not appear to be a particular uniform either. Amanda the deputy manager said that they are working on a family tree to help with identification.

### **Promotion of Privacy, Dignity and Respect**

There are two dignity champions a senior staff member and the deputy manager, who also does training. The residents bedrooms have named photographs on the doors and they are able to have their own furniture if they wish. The staff used the names of the residents very respectfully.

### **Recreational Activities**

Several residents were in the sitting room with the activities Coordinator and they were actively taking part in the exercises and reminiscences and looked to be enjoying what they were doing. While we were there a lady arrived with her therapy dog and told us that she attends every two weeks but when the dog is a little older she will attend weekly because the residents enjoy seeing them.

### **Medication and Treatment**

The Meds cupboard is locked in the upstairs laundry room, the controlled drugs in a double locked cupboard and two signatures are required for each time of using. There is a list of who is giving the drugs on any one day.

### **Residents**

We noted that the residents were all well dressed and groomed. We spoke to Denis who said that he loved everything about the Home and had nothing to complain about. He was able to sit in the garden if he wished to smoke and he had also helped with painting the garden fence.

### **Relatives and Friends**

Regular meetings are held with the relatives, many of whom visit regularly. Questionnaires are given to family and friends periodically and feedback is well received.

## Recommendations

- During our visit it was noted that the control substances that are hazardous to health (COSHH) cupboard in the downstairs laundry room was not locked. Amanda was informed and this was immediately corrected so we feel that must be made a priority at all times.
- Staff identification is important especially for visitors and also to help residents so we hope that the family tree plan will soon materialise.

We would like to thank Amanda and staff for answering our questions and letting us wander around at random.

## Service Provider Response

Amanda, Care Home Manager said:

“Very pleased with visit and report, all recommendations have now been completed.”

## Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (**Contracts manager for HWNEL**)
- Julia Wong (**Quality Programme Officer CCG**)
- Lydia Golby (**Lead nurse-quality at the CCG**)
- Brett Brown (**Contracts manager CCG**)
- Angela Tew ( **CQC Inspection Manager Hull, NEL, & NL**)
- [www.healthwatchnortheastlincolnshire.co.uk/enter-view](http://www.healthwatchnortheastlincolnshire.co.uk/enter-view)