



Enter and View Report

22 Abbey Drive (West)

Friday 17th November 2017

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	9
Distribution.....	9

Report Details

Address	22 Abbey Drive West Grimsby North East Lincolnshire DN32 0HH
Service Provider	Linkage Community Trust Ltd.
Date of Visit	Friday 17 th November 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker & 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

- A homely care home with a strong emphasis on residents being involved with activities.
- The office was unlocked during our visit.
- Links with families are encouraged with most residents going home at weekends.

Details of Visit

Environment

We were shown around 22, Abbey Drive West by Sarah Pearce, the Deputy Care Manager. The home caters for younger adults with learning disabilities. At the time of our visit it housed 3 residents, but can accommodate up to six people. Another resident comes in occasionally for respite. The accommodation is in 3 en-suite bedrooms (all currently being used) and 3 single bedrooms over two floors in a period property.

On our arrival our ID was checked and we were asked to sign in. Our first impressions were that the environment was homely, clean and tidy with lots of residents' framed photographs displayed. The decoration throughout was good and the rooms felt airy. There was a television in both the lounge and dining room.

We noted three areas for concern about the safety of the environment.

- The laundry room was unlocked and this was said to be normal practice. In addition to items linked to laundry care, it also housed the central heating boiler. (Cleaning fluids were seen to be locked in a kitchen cupboard.)
- The office was unlocked during our visit. We were assured this is locked 24/7, but the Deputy Care Manager had rushed down to answer the door to us and forgotten to lock it. This was of concern as it housed confidential information, medicines, medical equipment, scissors etc.

Food and Drink

There was a menu sheet in the dining room. We were told residents have a planning meeting on Sundays to choose what they would like to eat. Pictorial menus are provided when appropriate. Residents are also involved on a rota basis with shopping, preparing meals, washing up etc. Weekday lunches are eaten at the Linkage College and on Saturdays residents usually go out to a local restaurant/fast food chain for a meal.

Safeguarding, Concerns and Complaints Procedure

There is a Complaints Procedure in place, details of which are given to residents and their relatives when they first come to stay in the home. We asked about a copy of this policy, but did not see it. The resident we saw appeared comfortable with the member of staff, he along with some other residents, has funding for 1:1 support. We were told one resident is subject to a DoLS order and staff are up-to-date with current legislation on this and receive regular safeguarding training.

Staff

There was only one member of staff on duty at the time of our visit and she was the 1:1 this morning for the only resident at home as his usual carer was at the college today. Staff undertake cleaning and cooking duties in addition to their caring role. Because the number of residents varies at different times of the day/week and with some having 1:1, we were unclear on exact staffing levels and would welcome clarification on this. We were told that at night with the current occupancy level there is one waking carer with an emergency on-call. During the day the house manager is the emergency contact.

Staff undertake all mandatory training either face to face at the Linkage college or by e-learning. A staff training matrix was offered.

Promotion of Privacy, Dignity and Respect

The one resident we saw was addressed by his name and treated with respect and all interactions with the Deputy Care manager appeared relaxed and friendly. There was a Student's Charter on the wall and details of an advocacy scheme. Residents are encouraged to be as independent as possible e.g. one is currently learning about "Bus safety" so he can potentially use a bus on his own. Resident's rooms had their names on the doors and they are encouraged to use their own possessions to personalise them.

Recreational Activities

Residents attend the Linkage College during weekdays and often go home at weekends. There was a leisure planner displayed showing a variety of evening and weekend activities including organised trips out for those able to participate e.g. an outing to 'Moon on the Water' a local music/restaurant venue on Wednesday evenings.

We saw the courtyard garden. This is going to be a new project as it has the potential to become a far more decorative, relaxing area.

Medication and Treatment

The empty resident's room we were shown had a safe in it and we were told this is to store medicines securely. However, when we raised concerns about the unlocked office the Deputy Care Manager confirmed medications are stored in there as well.

Residents

The resident we saw was dressed appropriately and appeared content and relaxed. He was keen to show us his downstairs room. His individual needs appear to be catered for. For example, he really likes jigsaw puzzle and there were dozens available in his room. The room was darkened to be quite calming and had some sensory lighting.

There was a computer in the dining room and residents also have access to other

computer-aided learning/communication devices as needed.

Relatives and Friends

We did not see any relatives or friends, but it was good to know that links with families are encouraged with most residents going home at weekends.

Recommendations

- The office should be locked at all times.
- We would welcome clarification on staffing levels.

Service Provider Response

Paul Bromley said - Many thanks for the report, the only thing picked up is the laundry room door was unlocked. This would not be locked unless it poses a risk to the residents which it does not. If it did it would be locked and a risk assessment would be in place.

Clarifying of staffing levels. ADW is staffed 24/7 with one waking night staff. One client has 1-1 12.5 hours per day. The 2 remaining students are 2-1 staff. When we have respite 1-1 staff is provide.

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)
- Andrew Appleyard (CQC Inspection Manager)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view