

**Details of visit**

<b>Service address:</b>	<b>152 Burngreave Rd, Sheffield, S3 9DH</b>
<b>Service Provider:</b>	<b>St. Catherine's Nursing Home</b>
<b>Date and Time:</b>	<b>27<sup>th</sup> June 2015</b>
<b>Authorised Representatives:</b>	<b>Linda Gregory, Ryan Stuchbury, Arbaz Kapadi &amp; Tim Hanstock</b>
<b>Contact details:</b>	<b>Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW</b>

**Acknowledgements**

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

**Disclaimer**

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 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 service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

## Purpose of the visit



The visit is part of an ongoing planned series of visits to residential homes looking at the care provided. As part of our work with the Health and Wellbeing Board, we will be asking a specific set of questions about dignity, to find out whether people's dignity and privacy is respected. Specifically we looked to find out whether the care provided meets people's needs, whether people's needs and wishes are respected. We also wished to discover what people and their families think about the services that are provided and to find out how the home connects with the wider environment.

This list is not exclusive. We do gather other information that adds to this list and aim to identify examples of good working practice.

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## Strategic drivers

- To continue with a planned series of Enter and View to residential settings started by the former Sheffield LINK
- To ask particular sets of questions about dignity, oral health and dementia.

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## Methodology

This was an announced Enter and View visit.

Spoke to residents, relatives, members of staff (care assistants and a nominated dignity champion).

Observed lunch time.

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## Results of visit.

### Dignity and Respect

St. Catherine's has the Dignity Code displayed and staff are aware of the code, however it was not referred to by staff when asked how they prioritise dignity and respect. There are 2 nominated Dignity Champions working in the home. We spoke to one of them, who had received Dignity training in a previous post. They had a good understanding of why dignity and respect are important. They were unaware of the Dignity and Respect Training Provided by St. Catherine's. They didn't mention any specific, additional responsibility that being a champion entails.

There is a very friendly and patient atmosphere. Staff we spoke to say they are conscious of the latest developments in dementia care and of "Stepping into the World" of certain users

in order to avoid undue detriment to their mental health. Staff knock before entering service users rooms, however doors are sometimes left open for convenience. There are images of residents outside doors to immediately identify whose room it is. There was a Dementia cafe, but this is no longer running, (previously used to be once a month) despite being mentioned on the website. Staff told us that the Sensory room was also not in use at the moment although it was mentioned on the website.

Residents told us that they felt free to move within the home, and that there are no set times that may limit behaviour e.g. bedtimes. They felt it was homely and welcoming, that the staff are caring and extremely helpful, and they can ask for help at any time. Comments about the home included that it is 'homely and welcoming', they 'Definitely feel treated with dignity and respect', they feel 'safe', 'happy with the place' and 'couldn't get better than this'. The residents we spoke to said they would definitely recommend St. Catherine's.

### **Management of Care**

The home consults with family members or previous care workers in order to ensure they care for the needs of people with diverse needs. The home implements a care plan involving the service user, family and an allocated key worker. Regular surveys and a comments box are used to gain people's views, and regular meetings are held, as a platform for service user feedback in terms of activities/trips and food choices etc, although these are poorly attended. Complaints can be reported directly to the key worker, who maintains regular contact with relevant individuals about the care needs, status and requirements of the service user. There isn't a dedicated room for residents and relatives to use as a 'quiet space' but there are meeting and staff rooms available if necessary. The home operates an open door policy for family, and only requests notice before arrival for security purposes.

We spoke to a relative whose family member had been at St. Catherine's for 6 months and they felt settled and taken care of. The relative thought communication with staff was good in respect to talking about certain issues e.g. need to see the doctor, and found the staff to be friendly and welcoming.

Residents told us that they experienced 'no trouble' in utilising health services e.g. doctor, opticians. They felt open to tell staff if any of these services are required, however most times, left this to staff. They are able to see the relevant health professional promptly. There is also the option for relatives to take out residents to these services.

### **Staff**

New staff have a 3 day induction followed by 1 month shadowing another member of staff. 12 Months of training for core care staff including Moving and Handling, End of Life, Palliative Care, Dementia Awareness (Externally) and Dignity in Care (Internally). There is Online training for Health and Safety. Training is refreshed yearly (this was confirmed by some of the staff we talked to). Training is regularly done through e-learning and with external trainers. Some staff told us they had not received training in Challenging Behaviour and relied on their previous experience. Senior Care Assistants are qualified to NVQ level 3 standard, however there had been some course staffing issues which had resulted in delays

for the qualification for the Senior Care assistant on the day we attended. Some staff felt they had not received training in areas they were interested in training in.

One staff member told us they enjoy working at St. Catherine's and feel supported by fellow staff members – they commented it was like a 'second home, happy family'. They feel this positive environment is essential in how they conduct themselves and allows them to enjoy work. Another said they felt that communication is good between staff and service users. Another member of staff expressed some concerns around a lack of training and support.

### **Food**

Meals are served individually and this can result in people sitting on the same table in the dining area not being served or attended to at the same time. Meal portions are not standardised and can be adjusted for dietary and religious requirements. Menus are planned by the Kitchen manager from a list of options. Menus can, and frequently are, adapted to meet requirements and requests of service users. Vegetarian/vegan/free-from diets are all catered for. Daily schedule is breakfast, lunch, dinner then tea and biscuits. Service users may not request meals that aren't on the menu, or snacks any time of the day or night.

Residents told us that it was good quality, tasty food, and there were alternative options if you don't like a particular food. They felt that staff were 'great' at acting upon resident's needs that are analysed during weekly resident meetings. They can get a drink anytime during the day, but generally leave this to staff as they are more aware of any pertinent concerns and in control of day plans.

### **Lunch (Observations)**

Lunch options are clearly presented and easy to see - residents are told what is on the menu and asked what they would like. The dining area is a vibrant and welcoming area of the home. Residents were generally seated 10 to 15 minutes before food is served, however for one resident this was a 20 minute wait. The food is not served one table at a time. This can mean that people can be sat watching others on their table eating whilst waiting for their food. An app used by staff recorded a range of individual options including how much the resident had eaten and drunk, and how much they enjoyed the meal. We felt this represented good practice.

### **End of Life Care**

Staff are trained in End of Life care and are fully equipped to provide EoL care services, also utilising the services of St Luke's. Keyworkers, GPs, relatives and residents with capacity are all involved with End of Life care.

### **Community & Partnership Network**

St. Catherine's has regular and ad-hoc dentist visits, Doctors, chiropodists and opticians visit as required. A mobile hairdresser is provided. They also have links in the community e.g. religious visitors and other activities.

### **Recreational / social Activities**

The home has an activities co-ordinator, an activities schedule, and runs 2 activities per week. A variety of activities are organised, including baking, bingo and external entertainers

(singing and dancing). External trips are organised e.g. to the zoo. Residents mentioned that there are facilities such as a pool room which help residents to keep up their own interests. They also said that trips out were really enjoyable and they were also able to leave the home for trips out with their family. They felt there are a number of activities that differ from week to week, so they aren't boring. One resident commented that they were pleased they could see relatives at any time during the day, and that they also have the option to take out residents from care home after permission is given.

### **General observations**

- Service has a homely feel, both in communal and personal spaces
- Whilst staff members have been highlighted on the board, there are no images therefore some people may be unable to easily identify who's who
- Staff members do not have name badges that identify themselves
- Small garden to rear of dining area is quite plain and boring - (currently mulling over plans to knock dining area into this space and create a conservatory)

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### **Recommendations**

- That the home undertakes an anonymous staff survey to identify any perceived issues with levels of training, and cross-reference these with their own training records
- That the home either removes mention of the currently mothballed services (sensory room, dementia cafe) from their website or reinstates these
- That the home consults with residents and their families re: their potential plans to extend the dining area and thus reduce the amount of outside space
- That the home uses staff pictures as well as names to let residents and their families know who's who, and that all staff wear name badges at all times.
- That the home build upon its existing good practice at lunchtimes by reviewing table service to see if people would prefer to be served a table at a time.

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### **Service Provider Response**

None received