

Details of visit	The Porterbrook
Service Provider:	Care Concern
Service address:	63 Tapton Crescent Road, Sheffield S10 5DB
Date and Time:	Thursday 24 January 2019, 10.00 am – 12.30 pm
Authorised Representatives:	Liz Bennett and Les Baker
Contact details:	Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

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 a planned series of visits to residential and nursing homes, looking at the quality of care provided. The experiences of care home residents and their relatives and visitors are often seldom heard, and exploring this is one of our 2018-19 priorities.



As part of our work we would like to find out whether the care provided meets people's needs, and what people and their families and visitors say about the services that are provided. In particular, we aim to find out how the home provides opportunities for people to improve their quality of life and well-being on the whole.

Strategic drivers

- Healthwatch Sheffield's statutory duties include the need to highlight good practice and encourage those providers requiring improvement to do so.



Methodology

The visit was organised in advance with the Care Home Manager. We noted copies of a poster to let residents and their visitors know about our visit had been put up in the reception area, and two relatives said they had visited that day especially to talk to us. Other relatives who were unable to attend called us to provide feedback. We have included both sets of comments in this report.

In their most recent Care Quality Commission (CQC) inspection, the care home received a rating of 'Requires Improvement' as of April 2018, and the report can be accessed [here](#).

We originally planned to visit the Care Home on Monday 21 January, but the visit had to be rearranged due to an outbreak of illness within the home.

Upon our arrival, the Care Home Manager informed us that we would be able to speak to any of the residents, and we were then given a tour of the home.

At the end of the visit, we discussed our initial findings with the Care Home Manager. They were open to taking on board our initial recommendations and feedback from residents and relatives, and were aware of some of the relatives' complaints.

We recorded observations and asked questions to the residents, their visitors, and staff at the home. The questions were focused on the Quality Indicators from a collaborative project between Healthwatch Camden and Independent Age, which can be accessed [here](#).

We spoke to:

- Five residents and six relatives; we spoke to two relatives during the visit, and four called us after the visit, who had seen the poster.
- Five members of staff.

Summary of findings

- The home was pleasant, with welcoming communal areas and comfortable bedrooms with en-suite facilities.
- The staff members we spoke to said they were happy and well supported, with some members of staff saying they valued having regular supervision.
- The running and management of the home generally received positive feedback, although some relatives said they had difficulty with the complaints process.
- Several relatives told us about medication errors, with some residents running out of or nearly running out of medication.
- A range of relatives said they were concerned about staff capacity, especially during busy periods such as meal times.

Results of visit

General environment

The Porterbrook is registered as a residential home. The building is set out over two floors, and has capacity for 44 residents. At the time of our visit, 42 residents were living at the home.

On the ground floor there are 20 beds, ten of which are block-funded Local Authority 28 day assessment beds for dementia patients, the other ten are for residential dementia patients. The first floor has 24 beds for residential care.

The environment was well-maintained and comfortable. In the reception area, there is seating and a free bar where residents and relatives can get drinks. We were told by a staff member that when serving drinks to residents and relatives, staff keep track of any residents who cannot have certain drinks due to their medication.

There are communal lounges on each floor. One of the lounges on the first floor is a designated quiet area for residents, with windows looking out over the garden, and books and games for residents. The dining areas are pleasant and welcoming; the tables are modern, set out in a non-regimented manner with napkins. The bedrooms looked comfortable and included easy chairs and en-suite facilities.

On the doors to residents' bedrooms, there were photos of the resident along with their name, which we felt would help residents to identify their own rooms.

Relatives who called us reported mixed feedback about the environment. One relative said the home “is a great environment with great facilities” and another agreed. However, another relative said “at first you go in, it looks immaculate, but so far it’s not lived up to my expectations”. They said they had hoped the bar area by the reception would be a “nice social area”, but they had not seen anyone around this area in the evenings.

Outside, the car park is quite large. There is a small well-kept garden with a bench for residents to use, although it is not spacious enough for people to walk around.

Facilities

There is a small cinema room on the first floor. There is a hairdresser’s salon and a gym with massage area. A member of staff told us that the first-floor residents wanted an Amazon Alexa, which is a speaker and a smart-home hub, “so they got one”.

Management

Some of the relatives praised the running of the home. A relative who spoke to us at the visit said the management was “super” but believed there to be a lack of funding from Care Concern, the company who own the home.

Relatives who called us were generally positive. A relative said they had previously decided against their relative living at the Porterbrook, but that with new management they were happy for their relative to move in. Another relative said they felt “care is the top priority over money” at the home.

This was reflected when we spoke to a member of the management team, who told us “I’m here for the residents” and said they worked to be as active and visible as possible within the home. In terms of the improvements that have been made, they said “it’s the team, not me”.

Staff training

A staff member told us there is a comprehensive training programme. This includes e-learning for theoretical aspects of care such as Safeguarding, which we were told is provided for new staff and refreshed annually. We were told residents’ children and grandchildren visit the home regularly, although Safeguarding Children training is not included. We were told that practical training on topics such as Moving and Handling is booked “when and where needed” for the whole year with an external company.

Staff

We spoke to staff members in a range of roles, all of whom were very positive about working at the home. One staff member said their job was “lovely” and “I got [my] confidence back” through working at the home after having taken a break from work. Another staff member said they enjoyed their job and another said “there’s regular supervision, the team are supportive”.

The members of staff we saw wore name badges so residents and relatives could recognise them. However, there were no boards on either floor which showed pictures and names of staff members.

People we spoke to at the visit were mostly positive about the attitude of staff members. A relative said that staff members were “overall doing a sterling job”, they were “friendly and approachable”

and that their relative “feels safe here”. This was reflected when we saw a staff member comforting a resident in distress. A resident said “I like it here”. However, another relative said they were dissatisfied with the care given to their relative and said “some of the staff are lovely but some are rude”.

Capacity

Out of the six relatives we spoke to, five said sometimes there were not enough staff members. A staff member said that during the day there is a ratio of staff member for every eight residents, with two members of staff on each floor at night.

The two relatives we spoke to during the visit said there should be more staff members. One relative said sometimes “no-one is available”, and that the buzzer had to be pressed 3 times and then on occasion there was still no response. Another said an hour’s overlap in the morning between the night and day staff would be useful to support staff during particularly busy periods.

Several relatives who called us shared similar experiences. One relative said there were not enough staff members available at ‘pressure points’. For instance, they said their relative had “needed to be helped to the toilet, and had to press the buzzer for ten minutes before anyone came”.

Another relative who called us said “there may have been enough when my relative moved in and there were fewer residents and their care needs seemed lower”.

Interactions between staff and residents

A member of staff said care plans were jointly planned between staff members and residents and their families, which are kept on the computer in the home and reviewed every six months.

Relatives who called us reported mixed views on how well staff knew residents. One person said their relative was “really pleased with the place – they treat them as an individual and get to know them”. Another said staff had not taken the time to get to know their relative in their first few weeks at the home. They also said on one occasion their relative wasn’t eating and lost a lot of weight, but that staff didn’t investigate why there was a problem.

Activities

We received mixed feedback from about the range of activities offered to residents. One staff member was enthusiastic about taking part in activities with residents. They said a range of activities take place at the home, including armchair exercise; visits from a schoolchildren’s choir; a magician; a singer; singing soldiers; and church services.

One relative who spoke to us during the visit said there were no groups for discussions and that residents “don’t go on enough outings”. A member of staff confirmed that there were no outings during the winter as they believed that summer was a better time considering residents’ health. They also said they had been trying to work with their head office to buy a minibus to allow more residents to go on outings.

We received mixed feedback from relatives who called us about the accessibility of activities. One relative who called said the Activity Coordinator is very proactive, and said if their relative is “not enjoying an activity, they’ll take them to do something else instead”.

However, another relative said there was a good range of activities offered for people with low level care needs, but they had noticed people with higher care needs were “often sitting on the side-lines and activities don’t seem suitable for them”. Another person said their relative, who has high care needs, “doesn’t seem to know what activities are going on”.

Food

We broadly received positive feedback about the quality of the meals for residents. The residents we spoke to said they were given “very good food”, whilst another said they were “well looked after”, with “two choices of food’. A member of staff told us that residents on the first floor could have whatever they wanted to eat.

Two relatives who called us agreed. However, one relative said “the meals are wonderful, but staff serve meals in the dining room and people’s rooms, so meal times can be quite chaotic”.

Access to healthcare

A member of staff said that staff are not professionally qualified in healthcare. Residents are registered with eight GP practices. Additionally, they said a chiropodist visits every 6 weeks, whilst an optician visits every 6 months, and a physiotherapist visits when requested by a GP. We were told that a dentist is registered with the home, but that some residents chose to use their own dentist.

We generally received negative feedback from relatives about different aspects of the residents’ access to healthcare. A relative who spoke to us during the visit said their relative sometimes went days without a shower and was left to apply their cream themselves, and disputed their relatives’ care plan. They also cited medication errors.

Two relatives who called us shared similar experiences of medication errors; one person gave an example of their relative nearly running out of medication, whilst another said on a few occasions their relative had run out. Difficulties in accessing medication can lead to anxiety around this, but also potentially have a negative impact on health and wellbeing.

Two relatives who called us said residents were not systematically registered with GPs. A relative who called us said their relative was “still registered with their old GP” from before they had moved into the home, and another relative shared a similar experience.

However, another relative who called us had a very different experience; they called us to say they visited and noticed their relative had a minor health issue. Following this, they said “a staff member phoned me the next day to let me know they had sorted this out”.

Involvement of residents and relatives

Three of the six relatives we spoke to said they had had difficulty with the complaints process, saying the home had been unresponsive. One relative who spoke to us during the visit said they had repeatedly made complaints but “things don’t change”. Another relative who called us said they felt their concerns were not followed up sufficiently.

A staff member said residents’ meetings were an opportunity for feedback, and shared a copy of the minutes of a meeting, where mixed feedback from residents had been recorded about a range of topics.

One relative who spoke to us at the visit said relatives were not invited to these meetings, and that they did not feel involved enough in their relatives' care. They also said three residents had moved out because of dissatisfaction with the home, and that under-floor heating had been broken for five months in a section of the home.

Recommendations

Safeguarding Children training to be added to staff e-learning.

To continue to provide a wide range of activities, but to consult with residents to include more accessible activities for residents with higher care needs.

A board with staff names and photographs to be placed in a visible position on both floors.

The home to review staffing levels, given the changing needs and number of residents.

To register residents with GP practices as soon as possible, and to monitor residents' medications more closely to make sure they don't run out.

To make residents and relatives aware of a clear complaints process and to ensure this is followed, and to provide clearer methods of feedback for residents and relatives. This could include inviting relatives to residents' meetings.

Service Provider Response

- Staff – Boards on each floor which show staff pictures and names of staff. This is not completed due to data protection, and due to an incident in another home where police were involved.
- Interaction between staff and residents – All residents are weighed on admission and weighed thereafter every Sunday. Any weight loss of over 2.5kg is reported to the GP.
- Involvement of residents and relatives – All complaints at the service are taken very seriously. All complaints are documented and either dealt with at home level with a 28 day investigation period, or escalated to the Sheffield Safe Guarding Team and CQC.
- Involvement of residents and relatives – One resident has given notice to the service over fees.
- On 12th December 2018, two boilers broke down. A telephone call was made to Universal Gas and this was rectified the same day. The home also purchased 8 heaters as a backup in case this was to repeat itself, which it has not.

