Enter and View Report | Single Provider

healthwatch Sheffield

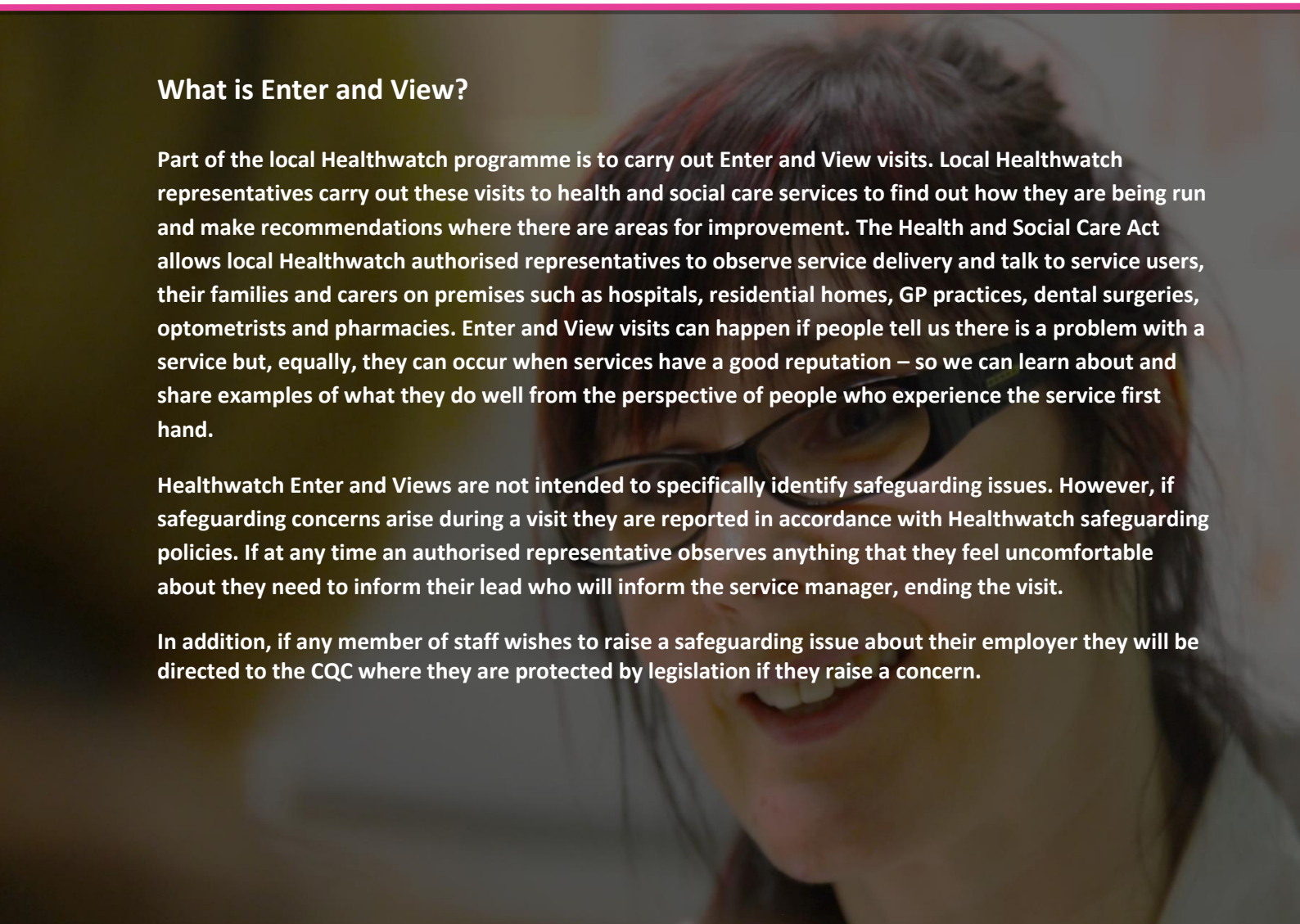
Details of visit	
Service address:	Heeley Bank Road
Service Provider:	Heeley Bank Care Home
Date and Time:	16 April 2015
Authorised Representatives:	Mike Smith, Penny Lewis, Tony Blackbourn, Helen Rowe
Contact details:	Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Acknowledgements

Healthwatch Sheffield would like to thank Heeley Bank Care Home, the 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.

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.

Methodology

This was an announced Enter and View visit. Posters were displayed around the home prior to our visit, in order that residents, relatives, and staff could contact us if they wished.

Heeley Bank Care Home is a 67 bedded home, divided into three areas

- Ground floor is for E.M.I. residential (older people with no nursing care needs who have some cognitive impairment)
- First floor: Area One for older people with nursing care needs; Area Two for older people with both nursing and E.M.I. care needs

We had the following discussions:

- an introductory discussion with the Manager
- Discussions with 12 members of staff
- Discussion with 11 residents
- We received comments from 8 carers and/or relatives

Semi structured interview questions were prepared before the visit. We asked staff if there were any individuals who it would not be appropriate to approach.

We observed the interaction between staff and residents, and the public and communal areas in the home. We also studied documentation provided by services providers/staff.

Our findings were briefly discussed with the Manager before leaving.

Summary of Findings

Generally we found very positive attitudes in the residents, relatives and staff to the care provided. We found thorough staff training, care planning, use of other healthcare agencies, good daily living routines, and good connection with the wider locality.

Particular good practice included

- well-organised, extensive, meaningful activities engaging the range of residents
- Sensitive consideration of staff development wishes and needs.

Results of Visit

The General Environment

The home is clearly sign posted from one direction, however travelling from another direction one of the E&V team drove past twice. There is a private car park. The home is generally in good repair, and a programme of updating of floor coverings was being carried out when we visited on the ground floor to address some worn areas.

Rooms were clean and bright, and individually decorated. We noticed that either a notice or a photo was put in the room or on the door so that the resident knew who their named member of staff was. In the EMI unit the doors were coloured to help the resident recognise their room. Corridors displayed contained items to stimulate /be a possible talking point for both resident and relative.

Rooms had 'en suite' (wash basin and toilet) facilities. One relative commented that her husband, who was very severely restricted with position as he was quadriplegic following a severe stroke, so he could only have bed baths. We raised this with the manager during the feedback session and suggested a suitable bath in which he would feel weightless, would be very therapeutic. The manager said she would look into getting a Parker bath (a height-adjustable reclining sit bath).

There is a small paved seating area outside, laid out for use by residents, and some containers in which they may grow some plants. Some of the outside furniture looked as if it was ready for replacement, and the shelter needed roof repair. We felt that this area could be better utilised and made more stimulating e.g. by having a sound post, such as ones currently commercially available, to provide ambient noise (seaside, seagull, and fairground noises). It might also be extended by

levelling an adjoining slope, thereby giving more space for residents and maybe a flower bed for residents to look after.

Management of Care
We asked about care plans and had the full process of their development outlined to us. Life histories are collected, and also 'likes and dislikes' are recorded.

We also asked about oral health. This is included within the care plan and a local dentist has a long standing commitment to the home, visiting every 6 months. All residents are seen within the year and also if required for any immediate needs. This dentist also provides the oral hygiene training for the staff. Dentures are marked with the resident's name, as are spectacles, also spectacles are coded with a little stripe to denote if they are readers or distance spectacles so staff can make sure the appropriate ones are being worn. Visits are made by an optician on a regular basis.

Community health services are involved with the home where needed and have a good ongoing relationship with the home. The manager told us she was saddened that the Care Home Support service, commissioned by the CCG, had not been renewed for 2015 as they felt it was an excellent scheme that supported homes to obtain bespoke training for residents' particular needs, e.g. P.E.G. feeding, Parkinson's. The GP service is provided by one practice and there is a surgery and review every Thursday, plus the GP always attends when requested.

End of Life Care
St Luke's have provided all end of life care training and this is kept up to date annually. We asked the manager about accommodation for a relative to stay if needed, and were told unfortunately there wasn't any. So far this had not been a problem as where relatives lived away they had local family to stay with.

Dignity and Respect
The home has a number of Dignity Champions and the "this is me" information is collected to find out about interests and activities residents enjoy.

The way the manager and staff spoke about residents clearly indicated that residents were very much seen as individuals: they gave examples relating to different residents e.g. "Oh L likes such and such, but J would not want that at all". It was very clear to see that both the management and staff all knew their residents very well. This was also confirmed by our discussions with relatives.

Staff
Staffing levels were reported as follows:
Residential EMI unit: 30 beds, 5 staff a.m 5 staff late, and 3 at night
Nursing unit: 18 beds, 4 Care +1 qualified nurse am, same late, and 1 nurse at night who floats between the two units.
Nursing EMI: 19 beds, same ratio as Nursing unit, with the qualified nurse being across both nursing and nursing EMI.
The manager and the deputy cover the home via being on call 24 hrs between them, the manager takes all staff calls re: sickness and there are sickness procedures in place.

There was low turnover of staff, all having worked there for at least two years. This is very good for maintaining stability for residents. (As highlighted in the N.I.C.E. guidelines for Care Homes.) The manager reported limited use of agency staff to cover absence, and agency staff were always accompanied.

We felt the training provided to staff in order to give good care was a particular feature of the home. The manager described essential training as including: Health and Safety, Moving and Handling, First aid, Food hygiene, Fire, Safeguarding, Deprivation of Liberty (DOLs), Mental Capacity Act and Dementia training. These are all refreshed on an annual basis. We were told that staff were encouraged to identify their own training needs in addition to the above; most staff either had NVQ qualifications or were currently working through the NVQ process. Examples given were:

- One member of staff identified they would like to progress to management and is moving from already having NVQ 2 and 3 in social care to the level 5 management NVQ qualification
- One of the qualified nursing staff identified a course regarding infection control; she felt both the home and she would benefit from attending (ongoing professional development is required to maintain nursing registration).

These examples were confirmed by staff, and an apprentice care worker described how every opportunity for her to learn skills relevant to her hoped for future career in nursing were never missed. During our conversations with staff a domestic assistant we spoke with told us about her training including C.O.S.H. and the routine she followed: it was clear she really enjoyed working at the home. Staff confirmed the information about training that we had gathered from the manager: they expressed satisfaction about the training and staffing levels.

Staff were very positive about the way they were managed and their training, and seemed to enjoy their work. They also reported receiving regular supervision. One member of staff did say “some staff are not as committed as others but only one or two”.

Interactions between staff and residents

We observed sensitive and warm interactions between staff and residents, and a willingness to meet their needs.

The manager holds an open “surgery” once a week. Relatives told us the manager and staff are very open to input and discuss ideas with them and also take note of their ideas. The manager also holds a bi-monthly meeting, the minutes of this meeting are published and available to staff, residents and relatives on the reception desk.

Food

Residents seemed happy with the food. We observed lunchtime serving, and residents were helped appropriately. Menus were varied, they work on a 4 week cycle that reflects the seasons, and residents were engaged in the design of new menus.

There appeared to be good dietary control: residents are weighed regularly, and dietary sheets distributed amongst staff (including the chef) to ensure appropriate feeding.

The manager told us that food is sourced locally. The butcher and green grocer are both long-standing suppliers from local shops and, if a resident expresses a desire for something 'off menu',

then staff pop to the local Asda and get it (one member of staff was overheard asking for permission to go out and buy lemonade specifically for one resident).

Recreational / social Activities

We felt the programme of activities were a particular strength of this Home, not just for its variety, but for its scope and engagement with the wider community. There are 2 activity coordinators, who organise a wide range of varied activities, which take place every day of the week (a schedule was pinned to notice boards, as were photographs of residents doing recent activities).

Information about the activities is well communicated to residents and relatives. The month's activities are published in a monthly care home newsletter along with other areas of interest and news about the home and its residents, e.g. Birthdays, Anniversaries, and recipes & photos of activities (the quality of the Photos was however a little blurred). There is also a daily newsletter, called "The Daily Sparkle". This covers "today in history"," the way we were"," do you remember", "Over to you" and a page of quizzes. These are distributed around the home.

Activities included:

- The home has its own mini bus and uses this for outings e.g. a trip was organised to Mablethorpe for the following day
- craft groups - knitting, sewing etc
- Themed activities e.g. 'Heeley by the Seaside'- which encouraged interaction, reminiscence, and craft activities - we saw bunting and sandals being prepared by residents for display.
- Easter Bonnet making and judging. (we saw these about the home)
- Games days, competitions and films.

Relatives were highly engaged with the design and provision of activities. One relative we spoke with told us he paid for a live entertainer once a month as his wife really enjoyed live music. As our visit coincided with this day, we saw residents eagerly making their way to the larger sitting/dining room ready for "The ABBA Girls" performance. He told us he always visited on Tuesday as then he and his wife could enjoy the live performance together just as they use to. Visiting by relatives, including children was unrestricted.

We also noticed that there were small bookshelves, with a range of books, distributed about the home, CDs and a few DVD's with players and chairs nearby, available in the corridors.
The EMI /Nursing area had very open corridors that formed a journey suitable for those who liked to pace about, also with seating areas and things to do.

We were told about the connectivity with the wider community. The home provides a Day Care service that local people access and, for many, this is their first introduction to the home. Some residents' relatives reported that this was how they knew it was a good home when the time came that they needed residential care for their family member.
There is a church service on a regular basis: local schools also have connectivity. Heeley City Farm is often used for local outings, and also visits the home bringing animals with them to interest the residents.

Additional findings

Recommendations

We suggest

- The home tries to make the outside seating areas more stimulating (perhaps seating that makes one think of the seaside, with a sound post that can be pressed to provide noises heard at the seaside, seagulls and fairground noises) and maybe enlarge the area.
- a bathing facility for those with very restricted movement

Service Provider Response

No official response was received from the provider.