



Enter & View Report

Name of service:	St Helens Hall / Lodge Care Home Elephant Lane, Thatto Heath, St. Helens, Merseyside. WA10
Date & time:	21 st May 2015, 2pm
Authorised Representatives:	Joanne Heron, Kath Inkpen
Support team members	Janet Roberts
Contact details:	Healthwatch St Helens 0300 111 0007

Acknowledgements

Healthwatch St Helens would like to thank the staff and a resident St Helens Hall/Lodge Care Home for their valuable time during this visit.

What is Enter & View?

Part of the local Healthwatch duty is to carry out Enter & View visits. Local Healthwatch representatives carry out these visits to health & social care services to find out how they are being run and make recommendation 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 and dental surgeries. Enter & View can happen if people tell us there is a problem with services or, equally, if services have a good reputation so we can learn about them and share good practice from the perspective of the people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues, however any safeguarding concerns which arise during a visit will be reported in accordance with Healthwatch safeguarding policies. If, at any time, an authorised representative

observes anything that they feel uncomfortable with they should tell 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 Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

About the service

St Helens Hall and Lodge is part of the Orchard Care Homes Company. It is a very large building which is split into 2 main areas. The Hall area houses residents who are elderly, and the Lodge provides (EMI Elderly, Mentally Impairment) residential care for people with dementia, on a permanent basis and for respite. There is approximately 90 beds covering both sides.

Registered Manager: Amanda Kelly (known as Milly)

Care Manager: Amanda Clark

Purpose of the visit

- To follow up areas of concern and identify any areas for improvement
- To engage with residents, their families and carers
- To observe care at the point of delivery
- To identify good working practice

Methods used

This was an unannounced visit, followed by a meeting with the Registered Manager and one of the Care Managers

The visiting team used observation through the senses and talking with staff and a resident to get a general feel for the environment and care being delivered.

Conversations with the residents centred on how they felt in general about living in the care home.

Discussions with staff explored issues including training, their relationships with residents and how they felt about their work.

Summary of findings

This visit was unannounced. We were given a tour of the home by the manageress and her deputy. The facilities were impressive, and as a result of fundraising were able to provide extra leisure and recreational activities such as the '50s' style cinema showing old films. There was also a sensory room for people with dementia, and a lot of thought was put

into creating imagery on the walls and items from yesteryear on display. There seemed to be plans in place to improve some rooms and create more ongoing activities. However we did not see a lot of people in action, although a film was being shown in the Cinema. The residents seemed well cared for but the visiting team did not speak to other residents or staff, due to being shown round the premises over the course of an hour and a quarter. We did not see many residents about and the staff we did see seemed very busy with their duties. It felt inappropriate at that time to try and engage with others, along with the overwhelming aspect of the building. The visiting team unanimously felt that it was so much to take in and the building did feel empty because it was so big. This led to a decision for either the team or support staff to do a follow-up visit to ask more questions and have the opportunity to talk to staff and residents.

The second visit took place on Friday 24th July by one of the support staff of the visiting team, and took place in the morning for 2 hours. There was much more activity and interaction going on and the place felt more 'lived in.' This helped to clarify many points and provided the opportunity to talk to a couple of other staff members and residents. Staff and residents seemed happy to be working and living there, respectively.

Results of visit

First impression

We were greeted at the door by Manager - Amanda Kelly who asked for proof of our identity. The authorised reps, apart from support staff, did not have photo ID. It was suggested by the Manager that we should have photo ID, as their CQC inspection highlighted better safety as a recommendation. They had just received their report recently.

The front door was entry by keypad, residents in the Hall and regular family members have access to this code, so residents could come and go as they please should they wish to. The Lodge part of the home had a locked entrance with a code which wasn't available for safety reasons. Should anyone wish to go out then at least staff would know of their whereabouts. One of the Care Managers - Amanda Clark joined soon after. We were asked to sign the visitor's book.

Once inside, the entrance was a welcoming, clean area with lots of information leaflets and notices for residents and their relatives to take away.

Items for fundraising were on display for sale (decorated cups, jewellery etc

Staff

There is a total of 84 staff working at the care home on different rotas. In the Hall, the day time shift is 8am to 8pm and has 9 staff. The night shift is 8pm to 8am and has 6 staff.

In the Lodge the day time shift is 8am to 2pm with 6 staff; 2pm to 8pm and has 5 staff. The night shift is again 8pm to 8am and has 4 staff.

There is a housekeeper on each side of the home.

Staff Training

Staff training is via training modules on-line via Orchard Care Homes company. Training is also backed up by hands-on practice.

All staff are trained in dementia so they can interchange between the Hall and Lodge area when needed. Other training include dignity awareness and End of Life care.

Staff can also access local training such as council - led training.

Staff also have regular appraisals.

Recreation & leisure

There are now 2 Activities Coordinators in place to plan the range of activities of offer or requested by residents.

There is a cinema within the hall which had a 'Carry On film' week. The room was decorated as an old style picture house with a refreshment and snack stall. A few residents were watching a film during our observations of the room.

Several of the corridors were decorated as in past times during the era of their youth such as photographs of Hollywood movie stars, war and post-war posters, fifties style furniture, and goods.

There is also arts and crafts activities, bingo etc.

In the Lodge was a sensory room with various lights, textures to stimulate the senses. This room is used whenever a resident with dementia

becomes agitated, anxious or even angry to enable them to return to a calm state. This can be on a one-to-one basis or as a group of 6 or 7. It can be also used as a dance room with the space being cleared and the jukebox playing.

For End of Life care a resident may be brought in their bed into the room to gain some comfort and reassurance from the different stimuli.

On both visits the hairdressing salon was in use when we were observing and an elderly lady was having her hair done.

There are also talks from outside visitors such as the body shop to talk about bodycare.

There are day trips every quarter - for example a trip to the Blackpool illuminations is scheduled for September.

Residents can have an alcoholic drink if they wish. They have access to it in their rooms. However if a resident does have a level of alcohol dependency, and especially if they have problems walking, then their drinks are kept in a locked in a cabinet and are given their tittle at night-time.

Food & refreshments

The dining room was pleasant and residents seemed to be pleased with the 2 choices available. The Hall/Lodge had a chef and assistant cook, and a daily menu was produced. Drinks stations were dotted around the residents to help themselves.

Privacy & dignity

Initially, the few residents we saw seemed tidy and dressed well. We only spoke to one resident, who said that she was happy and well-looked after, and invited us into her room to chat. The room was pleasant and personalised. Residents can choose to go into their own rooms, rather than engage in activities if they want peace and quiet.

There was also a room converted to a chapel for residents whatever their faith was, and a quiet place to sit and contemplate. Celebrations around their religion were encouraged. There is a priest / vicar who comes in regularly to give communion.

Hygiene & cleanliness

The bedrooms were en-suite with a few communal bathrooms which were well equipped and clean. There were hand sanitisers stationed at points of entry and exit into various parts of the home.

Should a resident have an accident such as a sudden faecal incontinence, the housekeeper will clean up and the care staff will see to the personal care, so as to remove any odour as soon as possible.

Safety & security

There was a secure entry into the building and a key code to exit. Visitors were allowed to come and go at will and a signing in book was positioned near the door.

Residents in the Hall and regular family members had access to this code to come and go as they pleased. The Lodge being a dementia unit has a locked door for security and safety reasons.

Medical care

There is no medical staff on site, but health professional visit the home regularly. All staff are trained to give medication.

The Care Support Team from Newton Hospital visit every Friday to give any necessary medical care to the residents. As the second visit was on a Friday it was observed that health professionals were arriving and leaving the building.

The Falls Team provide exercise and dance programmes to help with stability and mobility, as well as a physiotherapist. Some residents may need a diet plan to ensure they are absorbing the right nutrition for them (if they are anaemic for example) and keep hydration levels up as this could be a reason for their falls.

The Incontinence Team come in when requested by staff to assess a resident and provide pads if necessary.

Some residents have their local GP visit them, others may use Eldercare which is used during an interim period if the resident has moved in from outside the area.

Additional Comments

This was a residential home rather than a care home. The facilities were impressive and apparent fundraising had been done to put these facilities in place. On the unannounced visit, we did not observe much activity going on, nor the facilities being used, (apart from the cinema) and the place felt big and empty. The Visiting Team felt overwhelmed by how big the place felt and it somehow didn't feel appropriate at the time to chat to others because there did not seem many people around.

After returning for a second visit which took place in the morning there was much more activity going on. More residents and staff were milling around with interaction taking place. During the afternoon many residents take a nap in their own rooms and is very often a quiet time, despite activities being available. Residents have a choice of whether to engage. This explains why we didn't see many people about. Others may be out with family members.

Speaking to another couple of residents, it was found that they liked living at the home and rated the staff as 'very good to them.' Some residents like to keep to themselves and others are more sociable. Speaking to a couple of staff members who have been there since the home opened 7 years ago enjoy working there, and both agree it's a vocation and not just a job. There is a lot of job satisfaction for them and one member went from being a housekeeper in the Lodge, to a carer. She wanted to be more hands-on with the residents, after observing the work and rewards of working with residents with dementia. Both staff have no qualms about whistleblowing - one of the staff informed me that it was the first question at her job interview. There is also an open door policy. Observing from the general atmosphere and demeanour, the staff and residents are a happy bunch.

Recommendation

After the first unannounced visit, the Healthwatch Visiting Team, on reflection thought that a second visit was needed to fill in gaps where questions were left unanswered and have an opportunity to engage more with staff and residents. This was rectified during a second visit, and after observations it is noted that Managing staff are always constantly looking for new activities and ways for improvement such as the changing the décor in part of the Lodge, to ensure that residents feel at home and have a good sense of well-being.

There is an open door policy at St Helens Hall and Lodge and members of the Healthwatch Team are invited to call in any time. It was emphasised that our role is to support any care home if requested.

Response from Provider

The care provider took on the comments from the original report and gave feedback on the second visit. Gaps in information were clarified and a more rounded observational visit took place, which resulted in this current report.

Disclaimer

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

