



Enter & View Report

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| Name of service: | Victoria Care Home Victoria Street, St. Helens, WA11 8DA |
| Date & time: | 11 th December 2014, 1.30pm |
| 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 residents and family members at Victoria Care Home for their valuable time during this visit.

About the service

Victoria Care home is owned by Four Seasons Healthcare Ltd. This is a purpose built building over 2 floors of which the second floor houses people with dementia and related conditions who need EMI (Elderly Mentally Infirm) specialist care.

There are 46 single bedrooms and 6 double bedrooms for couples. Victoria care Home is located within the heart of Rainford Village.

Manager: Beverley Taylor

Deputy Manager: Lilian Mitchell

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.

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

Conversations with residents explored issues such as privacy and dignity, food and drink, treatment from staff and 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

At the time of our visit the home seemed to operating at the required standard. The residents seemed clean and content. The home was warm but the décor could be freshened up in places. Staff morale was good and after speaking to a couple of relatives, they seemed satisfied with the

delivery of care. The main concern was the monitoring of hydration levels amongst residents.

Results of visit

First impression

The visiting Team was greeted at the door by the Assistant Manager. There was a signing- in book in the foyer. The general first impression was a nice and warm building where residents were sat in the lounge area next to the foyer, where they could see people coming and going. The residents looked dressed appropriately, and seemed fairly happy. Staff were present and busy with providing care. Boxes and furniture were placed in the corridor towards the smoking area and this looked a bit untidy.

Staff

There was approximately 8 to 10 nursing /care staff on duty and there is less of an evening. The ratio of staff to residents is generally 4:1 or 5:1 with one member being in a supervisory role. The staff wore uniforms and were identified with name badges; although the photos of staff on the wall had no names underneath.

All the staff have mixed shifts. A full shift is 12 hours and half is 6 hrs. A number of staff have been employed for a number of years so there is not a high staff turnover. 80% of the staff come from Rainford Village and there some who are related.

Staff are sometimes moves to other Four Seasons Healthcare homes if needed.

The few staff members the team spoke to were well aware of the whistle-blowing policy and all felt confident in using this. The morale was generally good though a couple of staff said they would like more pay and felt unsupported at times.

Staff Training

There are 12 mandatory units of training for staff provided by Four Season Healthcare Ltd. This is delivered through their e-learning system. Training modules include health & safety, manual handling, falls prevention, dignity, 'do not resuscitate', emotional banking and allergen awareness.

Training takes place within a small windowless room on computers, which is not thought to be conducive to a good learning environment. However the practical aspects of training learnt on-line is done in-house, such as fire evacuation, manual handling. Any thoughts or issues around training are discussed at the staff meeting.

Recreation & leisure

There were a number of communal areas where entertainment and activities took place such as armchair exercise sessions, vocalists etc. Other communal areas had the TVs and music playing. An Activities Coordinator is employed who works on a one-to one basis with residents. There was also a quiet lounge at the back of the building which led out into the garden through French doors. This is used more in the summertime when residents can sit outside. This looks a pleasant area with chairs and furniture.

There is a notice board was in the lounge area advertising the Christmas fair and day trips.

There is also a hair salon available where the hairdresser comes on Saturdays and twice a week leading up to Christmas.

Residents are able to have an alcoholic drink if they wish to, and some kept it in their rooms. There is also outside smoking undercover for staff and residents but there may be 1 resident who smokes.

Food & refreshments

There were 2 dining rooms which seemed a little lifeless. There was a menu on each table with a chalkboard of specials. Residents could choose to eat in their own rooms if they wished.

There is a 4 week rolling menu and residents were given a choice of what they wanted to eat each day. Specific dietary needs and requests were catered for.

Some residents had their own fridge in their rooms to keep their own food and drinks, and some had drink making facilities. A tea trolley comes around at 11am, 3.30pm and 8.30pm.

There was a juice available from a dispenser located in the dining room. There were no water dispensers and when asked about access to water the staff replied that bottled water was available. As hydration is a big problem in older people this is a concern.

Privacy & dignity

This appeared to be high on the agenda for the care home. There is also a dignity champion within the staff.

There was a dignity notice board dedicated to residents 'views on preserving their dignity.'

Examples of highlighted quotes; "I would like someone to knock at my door before entering." "I don't like having soiled laundry left in my room."

The first floor, which accommodated residents with dementia, had part of the corridor decorated as 'Memory Lane' as well as nostalgic pictures of yesteryear.

General staff meetings had dignity on their agenda.

Rooms had the names of the residents clearly marked on their bedroom door. Some rooms which had their doors open had lots of personal belongings to give their rooms a homely feel.

There was a quiet lounge available if required.

Hygiene & cleanliness

Generally the home was clean. The lounges and bedrooms were clean although around a particular area on the ground floor there was a strong smell of urine.

The first floor housed residents who needed EMI specialist care, such as those residents who have dementia.

Residents are showered according to their needs but if not showered every day then every other day. A resident can have a bath if they wished but this tends to be for relaxation purposes.

Bathrooms and toilets were clearly indicated by signs.

There were no hand gel sanitizers on any of the walls in the communal areas.

Laundry is done every day. Towels and bedding are washed separately to clothes, which are labelled with people's names.

Generally the decor was somewhat bland in places and need freshening up with a coat of paint.

There was a palliative room for family. This was small room with no windows and consisted of a sofa bed and a fridge. This did not feel calming nor comforting.

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 we did not notice any signing in and out.

There was a key for the lift on the first floor and it was kept in a plant pot.

There were quite a few residents in bed so their doors are left open to enable staff to carry out regular 15 minute observations.

Medical care

Everyone is registered with their own GP and there are 2 practising GPs in the village. There is EMI care on the first floor for people with dementia, and there is also a medical treatment room with qualified nurses on staff, who are also qualified to dispense medication.

There is a chiropodist who visits once every six months. Urgent cases can either go to a private service or via their own GP.

As mentioned above hydration is a concern in older people and there are some residents who are unable to get a drink voluntarily. For residents with dementia and those who have catheters, the home has feeding / fluid charts which monitors the amount they eat and drink.

For those residents who are able to drink voluntarily, they have a choice of bottled water available and a tea trolley comes round 3 times a day. There is a concern that this may not be enough to ensure regular intake of fluid.

Additional Comments

The visiting team managed to speak to a couple of relatives and they seemed satisfied with the care their family member was getting.

For those residents who had no family visiting - how do they complain if necessary or speak up about safeguarding issues. As a learning point for

the Healthwatch visiting team, we would ask to see policies and procedures regarding this.

Staff seem generally content and there is a feel of a 'Rainford' community amongst staff who live in Rainford village.

Recommendations

- **To ensure adequate hydration amongst residents who are able to choose to drink fluids.**

The visiting team recognise this is a common problem in older people but for those people who are not on a fluid chart to suggest to the home to create a system to ensure that residents generally are getting enough fluids either by encouragement or increased accessibility.

- **To make the palliative room more comforting and welcoming.**

The visiting team felt this was a small windowless room which could be made more comfortable and appropriate for discussions at an emotional time.

- **Add names to staff pictures on notice board and position where it can be better seen.**

The visiting team feel it helps family and visitors to identify staff more easily than just looking at name badges.

- **To have more artwork on the walls.**

We applaud the dignity noticeboard and 'events' advertised on the walls. However apart from the memory lane theme on the second floor and some noticeboards, the visiting team felt there could be a fresh coat of paint in some areas and more things of interest on the walls.

- **More books and magazines available.**

The visiting team did not notice many of these so recommend better access to reading materials.

- To have hand sanitisers round the building.

Response from Provider

The care home manager responded with an action plan which highlighted that some of the recommendations made, were already in place, but the visiting team was unaware of at the time. The remaining recommendations are currently being implemented. The Enter & View team's feedback proved useful to the care home.

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.

