



## Enter & View Report - draft

Name of service:	Greengate House, Samuel Street, St Helens. WA9 5LT
Date & time:	Thursday 4 <sup>th</sup> April 2019, 10am
Authorised Representatives:	Kath Inkpen, Joanne Heron
Support team members:	Janet Roberts
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### Acknowledgements

Healthwatch St Helens would like to thank the staff and residents at Greengate House for their valuable time and hospitality 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 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 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**

Greengate House is run by a charity called Making Space. It caters for people who are over 18 and have a mental health condition. Potential residents are assessed and referrals are usually via the Community Psychiatric Nurse (CPN).

The home currently has 13 residents, some whom will be there for life whereas others have the opportunity to move on to their sister accommodation in Yorkshire Gardens, where residents are able to live in their own flat but with support on hand if needed. There is no personal care involved and should any resident develop further long term conditions such as dementia they will be transferred to a more appropriate residential care for their needs. The ethos of Greengate House is to promote independence wherever possible.

## **Purpose of the visit.**

To engage with residents and staff

- To observe care at the point of delivery
- To identify good working practice
- To identify areas for improvement

This was an announced visit, arranged with the Manager a few weeks beforehand, when a CQC inspection had already taken place.

## **Methods used**

Observations made by the visiting team might be based on instinct and not on something that is visible or measurable.

## **Summary of findings**

Greengate House is part of the Making Space charity. It houses 13 residents all with mental health issues. This is not a secure unit and residents are free to come and go.

There is a culture of empowerment and inclusivity in the home as residents are encouraged to be independent and have control of their own lives within a supportive environment. Some resident go on to have a flat within Making Space at Yorkshire Gardens. Staff are also encouraged to be part of a learning and development programme.

The home is welcoming, clean, bright and airy with modern décor and an atmosphere of calm.

## **Results of visit**

### **First impression**

This is a 2-storey building tucked away in the corner of a terraced street. The building looks like a natural part of the street with its own front door. There is an area for parking adjacent to the building. The building is wheelchair accessible.

We were greeted warmly by the Deputy Manager and asked to sign in. There was a hand gel dispenser on the entrance wall. The entrance was nicely decorated with a mirrored console table which reflected light within the foyer. The home had a fresh, clean aroma. There were heartfelt inspirational messages displayed, stressing the importance of it being the residents' 'home'.

### **Safety & Security**

The front door is secure and visitors need to be let in. There are CCTV cameras and intruder alarms and fire doors are fitted within the building. As mentioned above there is a signing-in book recording every visitor who comes to the home. There is a nurse call button in each bedroom in case of emergency.

This is not a secure unit and residents are free to come and go as they please. If a resident goes out in the evening they are usually asked for an approximate time of their return for safety reasons. There is a night bell for late entrances.

There is a fire drill every week. During their recent visit the CQC suggested doing a fire drill at night-time to consider every eventuality. Risk assessments are carried out around the home every 6 months.

There is a safe in the office if residents want to keep their money locked in there.

## **Staff**

There are currently 10 staff at the home including the Manager and some domiciliary care staff. There is also a deputy manager, 2 senior workers, and support worker, STAR worker who assist in recovery, a cook and cleaning assistant. The Manager informed the Visiting Team that she also runs another service - Yorkshire Gardens which is a supported housing scheme. The service users move into Yorkshire Gardens with a support package in place and they also receive support on a daily basis as agreed by the Social Workers.

The Making Space Head Office is based in Warrington, and keeps in regular touch with the home.

Staff members take pride in working as a team regardless, of job titles. There are 10 'champions' within the staff team such as falls, infection control, dignity, diabetes and vision.

In the lounge there is a staff board showing who is in that day. On a 4 weekly rota a senior staff member will sleep in with the night shift starting from 10.30pm until 7.30 in the morning.

The staff all appear to be very dedicated; most have worked there for many years and staff turnover is low. They have good relationships with the residents as they know and respect the residents' needs.

## **Staff training**

All staff training is up to date and is very proactive.

There is a learning and development programme for staff within Making Space, and all are encouraged to progress. There is on-line training for mandatory topics such as safeguarding, health & safety and care-plan training. Every staff member is a first aider.

There is also a 'peer review' system where staff from other homes come in and look around at ongoing systems and procedures to create a culture of learning and good practice to benefit the residents.

## **Recreation & leisure**

There is a large spacious lounge area which did feel a little chilly, as the conservatory door was left open. There are comfortable seating areas and a large TV which was on low. The office also had a good view of the lounge.

There is board with staff members' photos and who is in that day, and a board with residents' names and photos, along with some memorabilia. A newsletter goes out to residents every month to inform them of planned residents meetings, upcoming activities and events. On the wall is a notice-board of activities which were of a good variety. The STAR worker organises the activities and days out.

As it was coming up to Easter at the time of the visit, the visiting team was told that Easter cakes were soon to be made and on 23<sup>rd</sup> April a show was being put on for residents. Knowsley Safari Park has brought some animals in to show residents, which they loved. Each resident has a birthday card and present at Christmas too.

A hairdresser comes in on a regular basis.

Residents go on holiday and usually have one-to-one support from a staff member, depending on the resident's budget. Residents go out alone if they wish and if they go out at night they are asked an approximate return time so staff can be aware and raise the alarm if they do not return. This has never happened so far, as residents are usually back home well before midnight.

There is a lovely garden outside the building which can be accessed through the conservatory. This is well set out with a fish pond area and waterfall under cover, a vegetable plot which is going to be turned into a bed of flowers as the volunteer gardener has now left as her relative had moved on. There are lawns and trees which give a peaceful aura. There is small garden area to the side of the building with seating.

Families tend not to visit yet there is a nice, calm atmosphere.

### **Smoking Policy**

Residents, staff and visitors are able to smoke outside in a designated area of the garden, where a shelter is provided, and in the conservatory from 8pm. Smoking is not allowed in the residents' rooms.

## **Food & refreshments**

There is a menu board on display offering a 4 weekly rolling menu. If the resident does not want to eat a full meal there is a choice of sandwiches, soups and salads. There are 3 residents who have diabetes and their dietary needs are well met and they attend the diabetic forum meetings in the town centre.

There is a rehabilitation kitchen for residents to learn to cook and do their own cooking. This is also used for making a sandwich or getting a drink.

This kitchen can be seen via a window from the lounge for safety reasons. There is a water dispenser and cooler to encourage hydration throughout the day.

## **Privacy & dignity**

There are 3 units named Ash, Beech and Cedar with 4 bedrooms in each, with a toilet, shower room and wet room in each unit. Each bedroom has a sink.

The visiting team was invited by a resident to look in his bedroom, which had a lovely view of the garden. It was nicely decorated and very personalised. He proudly showed his gramophone collection and vinyl records.

Staff knock on bedroom doors for morning medication. If the resident doesn't respond the staff member will let them know they are coming in. Otherwise those who self-medicate keep it locked in a safe in their own rooms, along with any money they have unless they want money stored in the office safe.

Residents can drink alcohol if they wish, however this is monitored to prevent it becoming excessive, ensuring the needs of **all** residents are considered.

The laundrette has a washing machine and dryer set at a height for wheelchair users so one of the residents is able to do his own washing.

There is a dignity champion at the home and residents are always involved in making decisions about activities and any changes in the home.

The ethos that it is the resident's home and that staff are visitors to work there perpetuates throughout running of the home.

### **Hygiene & cleanliness**

Residents are encouraged to do their own cleaning and there is a monthly deep clean, with staff on hand to help. There are regular infection control audits with one coming up in June. The visiting team found that there was no unpleasant odour at all and the place was spotlessly clean.

Mattresses are checked on a monthly basis. As mentioned previously, there is an infection control champion. There are also notices on the wall such as 'use it, bin it' for tissues, medical supplies etc.

There is a laundry room and there are staggered days for residents to wash their laundry and bedding. Bedding is washed on Mondays & Thursdays on separate days for each unit.

There are soap dispensers on the wall. A cleaning assistant comes in every day.

### **Access to care and medical care**

A CPN comes every fortnight to visit residents. Staff keep in regular contact with the CPN. There is a monthly podiatry service which residents pay for. Staff let them know when the podiatrist will be coming in.

If residents need to go into hospital the home use the red bag scheme that was introduced by the local authority. The red bag contains the patient's documents and medication to be passed to hospital staff. Staff can accompany a resident to appointments but if not, the resident is asked to ask the doctor or nurse to write down important information and bring back for staff to check as part of their ongoing welfare.

There are only 3 residents who can self medicate therefore staff need to administer this to other residents. There is no personal care involved and no DoLs (Deprivation of Liberty safeguards) issues involved.

Empowerment and independence is actively encouraged. If a situation arises where a resident needs extra nursing care then they will be referred to a setting more appropriate to their needs.

### **Additional Comments**

It was very apparent that the home was not run as a business. There was lots of TLC and extra touches. Residents appeared to be genuinely cared for and cared about. Staff knew a lot about the residents and their needs. The home was well decorated with a lovely outside space. The residents seemed happy and staff were very open and professional.

### **Recommendations:**

- **Be aware of the temperature in the lounge.**  
The visiting team felt that the lounge was chilly on the day of the visit, with the conservatory doors being left open, however this would depend on how the residents feel about the temperature.
- **Continue the good work and maintain the person-centred ethos.**

### **Response from Provider**

The conservatory doors are opened every day to ventilate this area as this is used every evening by the smokers at Greengate House. If any resident wishes to use the conservatory in the day, then the doors would be closed if the weather was too cold.

I have read the report and it is very thorough and the contents has lots of information about Greengate House. I am proud of all the staff and their dedication within the residents' home.

(Healthwatch England guidance states that we can ask providers for their comments within 20 working days of the draft report being sent.)



## **HwSH will share Enter and View reports, as appropriate, with:**

- The provider
- Healthwatch England
- The Care Quality Commission
- Commissioners
- St Helens Council Quality Monitoring Team
- St Helens Clinical Commissioning Group
- The public
- St Helens Council Safeguarding team

## **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.

It is important to note that Healthwatch St Helens approaches Enter & View from the community perspective and its remit is very different from organisations such as the Care Quality Commission and local authority Quality Monitoring Team.

