



## Enter & View Report - Draft

Name of service:	Greenfields Care Home 130 Dentons Green Lane St Helens WA10 6RA
Date & time:	Monday 29 <sup>th</sup> April 2024
Authorised Representatives:	Ann Bridge, Kath Inkpen
Support team members:	Gail Aspinall
Contact details:	Healthwatch St Helens

### Acknowledgements

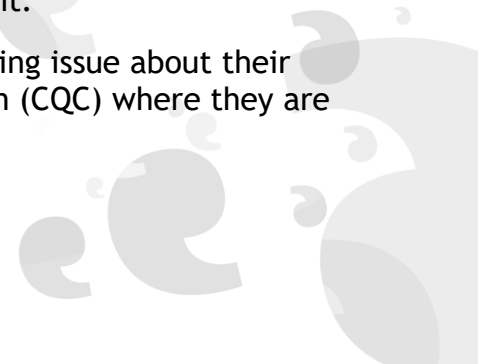
Healthwatch St Helens would like to thank the staff and residents at Greenfields Care Home for their valuable time and hospitality during this visit.

### 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

### 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 week beforehand.

### 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

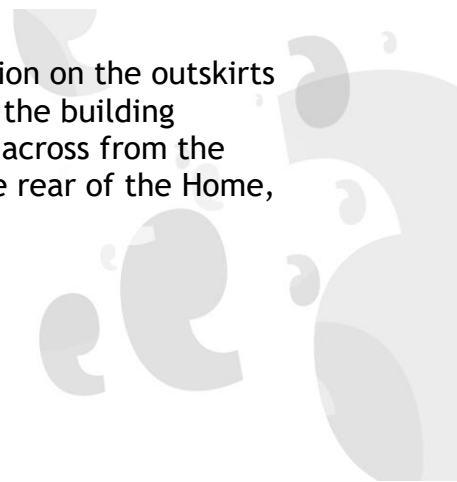
Greenfields Care Home operates independently, but is part of the larger Cranford Group, all under the same ownership. The visiting team were told that the owner appointed a business manager and a nominated individual to oversee the service. They visit weekly or more frequently if necessary. The building is old and impressive and there is an 'Improvement Plan' in place, to adapt and renovate some areas in need of modernisation. The Home was built in the 1830's and although no-one quite knows for sure, it is believed that its origins were a nurse training facility run by nuns. The building certainly has some interesting features, including an air raid bunker (which is now used to store handy man equipment), cellars and a large iron safe built into the wall.

The Home seemed to be operating to the required standard. It has thirty rooms and is currently at full capacity. There are thirteen male and seventeen female residents presently. There is no waiting list. The Home caters for individuals over sixty five years of age. There are some residents who are quite independent whilst others are in need of more care.

## Results of visit

### First impressions

The building is situated on the corner of a very busy one way junction on the outskirts of St Helens town centre. The visiting team parked at the front of the building initially, but the car park is very small, so we parked on the street across from the Home. The visiting team were told there is another car park to the rear of the Home, which upon inspection, has ample space for staff and visitors.



Entry is through intercom system and we were greeted by a member of staff. We were asked to show our ID badges and then asked to sign the visitor's book. The staff member then took our temperatures (for covid purposes). We were then introduced to Wendy, a senior member of staff. She gave us a little background into the Home as we waited for Lorna, the Manager. When Lorna arrived, it became obvious that she likes to be 'hands on' and she answered every question thoroughly. There is a small foyer at the front of the building which leads straight into the Home. There were cooking smells in the air, but there were no unpleasant smells anywhere in the building. The temperature was ambient throughout. It was noted that the staff looked happy in their work. On the wall facing the entrance are information boards. The information included upcoming events, newsletters, employee of the month and the activity calendar. The décor is in pastel shades and there were photographs of stars of yesteryear and the Manager has placed decals on a few of the walls to fill and brighten large spaces.

There are thirty en-suite rooms, each of different shape and size. There are no double rooms for couples, but this could be accommodated should the need arise. The Home has one dining room, two TV lounges, two communal toilets, one shower room and one bathroom. These are all signed with words and pictures, this is especially helpful for residents with dementia. The residents are housed on floors one and two, with the attic acting as a staff room. There is a lift to all floors. The cellar houses the boilers.

## **Staff**

There are between twenty four and twenty eight full time and part time staff employed at Greenfields. There are three night staff and there are vacancies for night staff at present. Staff are predominantly female, with just two males employed at the Home. Staff wear uniforms, care staff in pale blue, deputies in mid blue, the manager in navy and domestics/laundry staff in green. Staff have their names embroidered onto their uniform. The visiting team spoke to Julie who worked in the laundry, but was also a member of the care team. She had been at Greenfields for two years and told us she really liked working there. If there is a staff shortage between any of the four homes, everyone helps out to cover. The Manager informed the visiting team that staff morale was good.

## **Staff training**

The Manager told the visiting team that staff turnover had been quite high for the last six months, but this seems to have now settled. New staff complete a five day induction programme, which includes E-Learning, face to face training and meeting the residents. Staff have annual training such as moving and handling and the Home has an Independent Trainer, Pam, who can provide additional training and support. Staff are encouraged to add to their qualifications by working towards NVQs and care diplomas. Staff have regular supervisions and yearly appraisals. Greenfields has a staff incentive in 'Employee of the Month'. The Manager told the visiting team that she adopts an 'open door' policy and staff can feel comfortable in speaking to her about any issues they may have.

## **Recreation & leisure**

There is no Activity Co-ordinator employed at Greenfields, but an activity lead is assigned in advance on the rota, so that staff can prepare the day's activities. The Manager told the visiting team that the residents love to play 'The Price is Right' with large playing cards. There are three singers/entertainers that come to the Home. Bingo is popular and the residents enjoy G-Fit chair exercises. There is a garden area in the centre of the building. There was little in the way of garden furniture when the visiting team were there as it had been stored away for the winter, but now that weather is warmer, it will be put outside for the residents to enjoy. There was also a summerhouse for residents to use, alongside a gazebo and barbecue. The Manager informed the visiting team that they grow plants and the residents enjoy helping with this. The Home has two TV lounges with two televisions in each room so that wherever a resident sits, they can see a TV screen. The TVs were on but the volume was not too loud. The visiting team were told that residents tend to sit in the same chairs and everyone is happy with that. In other parts of the building there was 1960's music playing, this was at a satisfactory volume. There is a large unit in the main lounge with books and magazines. The Manager informed the visiting team that the Home receives lots of donated books. One of the activity highlights for the residents is a 42 inch TV touch screen which has lots of interactive games and puzzles. The Manager is hoping to introduce a motivational badge scheme which will consist of residents earning badges if they have managed to accomplish something eg, eating a full meal. The Home has links with local schools and pupils have performed carol services in the past. Pupils from one school made gift bags for residents, this was a very rewarding exercise for all those involved. The Home does not have a mini-bus, so there are no facilities for day trips.

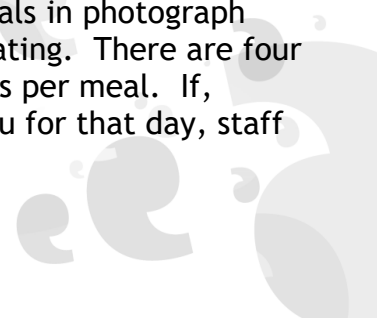
## **Smoking Policy**

The Home has a small 'smoking room' which holds one resident at time. There are only three residents that smoke at present. Staff hold charge of residents' cigarettes as a health and safety matter, but of course, residents can ask for their cigarettes whenever they like. Staff are allowed to smoke outside, one at a time, when they are on their break.

Alcohol is allowed in the Home and a small amount is kept in-house, but family members usually bring in alcohol if the resident requires it.

## **Food & refreshments**

Greenfields has a 5 star EHO rating for food hygiene. There is a monthly audit from a chef from one other homes in the group. The dining room is plain but clean and functional. The menu on the wall displayed both words and pictures, although the pictures did not correspond with the meals served on the day the visiting team attended. There is also a menu picture book that has all the meals in photograph form, this is used for residents who may have trouble communicating. There are four meals served daily, with tea breaks in-between, with two choices per meal. If, however, a resident would like something that is not on the menu for that day, staff



will do their best to accommodate. There is a two week rolling menu and staff ask each resident what meal they would like one meal in advance for example, after breakfast, residents choose what they would like for their lunch. There were jugs of juice/water around the building for residents use, and snacks are readily available. All dietary requirements are catered for. The visiting team were told there was to be an 'Italian day' soon where residents could sample classic Italian dishes. There is a list of residents' birthdays in the kitchen so that their day can be celebrated. Residents are encouraged to eat their meals in the dining room but if a resident wishes to eat in their room there is no problem with that.

### **Privacy & dignity**

It was pleasing to see that the residents' rooms were numbered and there was a photograph of the resident on the door. There was also the name of that resident's keyworker and a code system which gave important information on the residents' health eg diabetes, dementia or falls risk. The visiting team felt this was a really good initiative. Every room has a sensor and call button. The Home supplies some furniture in each room that has an antique appearance, and residents are encouraged to bring in their own belongings and furniture to make their room more like home. If a resident requires any items such as toiletries, the family can either bring them in, or the Home can put the item on the twice weekly shopping list with Tesco. Visiting times are open, but staff do request that families and loved ones do not visit during mealtimes, as this can cause some disruption to both residents and staff. The visiting team were shown the salon, where a hairdresser visits on Wednesdays and residents can book an appointment. This service is paid for privately. The visiting team were told that all cultures and religions are celebrated but at the moment there is no vicar/priest attending the Home. The Manager has made enquiries to fill this vacancy.

### **Hygiene & cleanliness**

The residents' rooms are cleaned daily with a deep clean taking place when the date and the room number are the same, eg, Room 1 would be deep cleaned on the 1<sup>st</sup> of the month etc. There were first aid kits on the walls and anti-bacterial hand gel throughout the building. The visiting team inspected the bathrooms, which were all clean and tidy. Residents are encouraged to bathe or shower regularly and residents can request this whenever they wish. Laundry is done every day and the visiting team were told there are no issues with lost or the mixing up of clothes as each item is identifiable by room number. Items such as spectacles, dentures and hearing aids are not marked with ID as they are kept in the residents' own room.

### **Safety & security**

All exit doors are locked and key coded. A fire alarm is held weekly. This can be at any time and is sometimes unannounced. Mock evacuations take place also, to ensure the quickest way to leave the building should there be a fire. In the garden there is

also a fire proof red box labelled 'Fire Documents' which contains important documentation on residents' details. If a fire broke out, these documents could be retrieved. There are hand rails in the corridors.

### **Access to care and medical care including the Red Bag Scheme**

All residents are registered with Central Surgery and every Wednesday a GP visits. Each resident has a three, six and twelve month review. All residents are weighed every week and there are currently two residents under the care of a dietician. The Home also has the services of a dentist. The dentist will come out to see half the residents on one visit, then return to see the other half a week or so later. A chiropodist also visits, doing pamper sessions, but this is a privately paid for service. On the back of the residents' door is a file which contains relevant medical information, likes and dislikes and care needs of that resident. Families can read these files. Senior staff distribute medicines four times daily.

There was an emergency hoist in the corridor.

The red bag scheme was set up to transfer resident information between a care home and hospital. However, the scheme was not robust and information, records and red bags were not reliably transferable. The red bag scheme is no longer in use at Greenfields. The visiting team have yet to visit a home which still adopts this scheme.

### **Are there any providers who are particularly helpful? If so, who?**

#### **What is it that you find particularly helpful?**

The GP, District Nurses and VisionCare (Opticians) were mentioned as being particularly helpful. These services are very responsive to the Home's requests eg attendance to home visits promptly.

### **Recommendations:**

- To continue with the Improvement Plan
- Keep up the good work and continue to seek new opportunities to develop the Home further.



## Response from Provider

- The pictures on the menu board are there as a decorative measure and to clearly identify it as a food board, the pictures remain unchanged. The menu is written and displayed on the board which aligns with the two week menu, which is posted underneath the menu board and our notice board in the foyer.
- We currently have no vicar or priest attending regularly, as those in the local area have moved further away during covid. Any requests for a vicar or priest will be arranged but they will not commit to regular visits.
- The red bag scheme designed to transfer resident information between care homes and hospitals proved unreliable. Due to not returning the red bags, Greenfields Care Home discontinued this system and reverted to our own successful protocol.

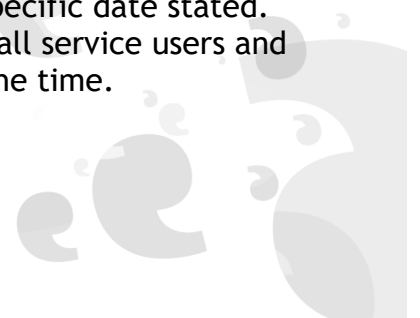
(Healthwatch England guidance states that we can ask providers for their comments within 20 working days of the draft report being sent.)

## 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.

