

Details of visit**Service address:****Service Provider:****Date and Time:****Authorised****Representatives:****East Cosham House****91 Havant Road, Portsmouth, PO6 2JD****East Cosham House****29th November 2017, 2-4pm****Fergus Cameron, Steve Cope and Pam Pritchard****Acknowledgements**

Healthwatch Portsmouth would like to thank the home manager, service provider, service users and staff for their warm welcome and contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on a specific date, set out above.

Our report is an account of what was observed at the time and contributed to by our authorised representatives interacting with service users and staff.

What is Enter and View?

Part of the local programme is that Healthwatch Representatives carry out Enter and View 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 2012 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 occur when people tell us there is a problem with a service. 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 service users first hand.

Enter and Views are not tasked to specifically identify safeguarding issues. Safeguarding concerns arising during a visit 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 Care Quality Commission where they are protected by legislation if they raise a concern.

Purpose of the visit

This visit was arranged to look at the implementation of the Multispeciality Community Provider Project (MCP), an initiative across seven Care Homes selected to be part of a pilot group. These homes are receiving planned frequent visits from Community Nurses and healthcare specialists. The visit and report are abbreviated in the light of this focus.

East Cosham House is one of the homes selected to receive frequent and regular support led by Community Nurses. This support is hoped to:

- improve the support offered by primary care teams to Portsmouth Care Homes
- educate Care Home staff and through this reduce inappropriate callout for conveyance of patients to hospital
- improve the quality of care for patients
- create a feeling of shared decision making for patients and families with increased offer of care plans for all residents
- positively impact on Care Homes ability to comply with CQC requirements.

This visit was arranged to gather feedback from staff, residents, clients, relatives and carers of the pilot project.

Healthwatch Enter and View Representatives have statutory powers to enter certain funded health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

The aim is to report on the service that is observed, to consider how services may be improved and how good practice can be shared.

Methodology

The Registered Manager was notified prior to the visit. Posters notifying staff, residents and visitors about the visit were sent to the home to display along with details about how to get in touch with us if they were not available on the day of the visit.

During the visit, the Enter and View Representatives observed the facilities, practices and spoke with the residents, staff members and the owner. There were no posters advertising the Healthwatch Portsmouth visit. These posters had been provided to the service twelve days in advance and the provider had been asked to promote the visit regrettably no visitors were available during the course of the visit.



Summary of findings

The Representatives observed a high standard of personal care, there are regular visits from the Community Nursing Team (CNT) and a good relationship with the local GP. The residents are treated with respect; one resident in particular was happy with the level of care they received and if they had concerns they felt they would be happy to raise these with the staff.

The environment was warm, clean and pleasant to be in.

The staff greeted us in a friendly manner on our arrival and were expecting us. It was noted that some residents had signs of dementia, Representatives observed that the staff treated the residents patiently and thoughtfully.

In the Care Home team there was limited or no knowledge of the initiative to provide frequent and regular support from the primary care team, the Multi-Speciality Community Providers Project (MCP). There was no awareness of the MCP prior to our discussion at the visit.

Environment

During the visit the environment was warm, clean, and pleasant to be in. The entrance hall and lounges were clear of clutter and had attractive wood-effect flooring with no obvious thresholds or trip hazards.

Personal Care

The personal care of the residents at East Cosham House was reported to the Representatives to be of a high standard. A resident who was spoken to by one of the Representatives was happy with the level of care they received and said they would be happy to raise any concerns with care staff. A resident had lost her teeth – when this was discussed with staff, it was noted that this is a regular thing and the resident has, in fact, declined to wear them. The Dentist comes in regularly.

Staff had regular visits from the Community Nursing Team (CNT) often daily to change dressings or to carry out insulin injections. The Care Home staff felt confident in asking the Community Nursing staff for advice.

- Staff still used the local GP surgery and/or the 111 service for advice where necessary. Staff felt they had a good relationship with the GP surgery and it was reported that the GP would always ask for staff's views and discuss issues with them.
- It was also reported there were regular chiropody visits.

- The staff team were confident in managing diabetes and carrying out insulin checks and blood glucose levels.
- Nurses visit the home twice a day to change dressings and for wound management, they will see other residents if asked and provide advice.

We spoke to the senior member of staff on duty who was very experienced, regular training includes; First Aid, Care Planning, daily recording for behavioural work and developing responses to challenging behaviour alongside the visiting Nurse specialists.

At night, the staff said they include regular essential observations; a senior lead decides if a 999 call out is required and follows a defined process. Each Care Plan has a hospital admission form and there is a standardised procedure. Paramedics might be required to attend and do further checks, particularly if there has been a fall and risk of injury/head injury.

Dignity and Independence

The staff supported the residents well and the atmosphere was friendly and informal. One resident who we spoke to was concerned that other residents often came into their room uninvited, they felt the need to lock the door when getting changed. The Representatives felt that staff should be in a position to monitor residents who are at a higher risk of invading other people's privacy.

There are shared bathrooms and toilets within the home and the rooms that we observed did not have en-suite facilities. A Representative spoke to a resident regarding this and they felt that the toilets could do with some updating and there were occasional instances with cleanliness, but these were quickly addressed by staff.

When the resident lost their teeth, as mentioned above, a frightened lady interrupted the conversation, as she was likely to escalate anxieties the senior member of staff calmly lead her away to another staff member to reassure her.

At night there are two staff members on duty who are able to spend time with and settle anxious residents.

Recreational activities and methods of reducing social isolation

We noted a high level in variety of activities on the noticeboard, though it was felt the noticeboard itself was quite small. The activities included; playing table top games, reminiscence sessions, crocheting, group singing and a musician who visits every month.

The activities were arranged each weekday between 10.00am and 12 noon; the activities were varied though there did not appear to be any books or magazines for the residents to read in the home. An activities leader uses memory books, art, music and exercises, while we visited there was a lively interaction about crocheting. Almost everybody comes down and out of their rooms during the day. Both a staff member and a resident commented they felt that the activities had improved in recent months.

As well as regular visits from the dentist, there is a hairdresser who visits every Tuesday.

Nevertheless Representatives noticed that some residents did seem to spend a lot of our visit walking up and down the lounge area with no apparent purpose.

One resident felt that access to the garden could be improved, although they recognised this could be being limited because of health and safety issues.

View of relatives

Our posters promoting the visit could not be seen and Representatives had only one contact from relatives or friends.

A Representative spoke to a friend of a resident who felt that a lot of work had been done, in the time their friend had been there, to improve the lounge areas and that these now worked well.

Staff behaviours & attitudes

We were greeted in a friendly and efficient manner by members of staff, we were expected visitors. A member of staff who a Representative spoke to was happy with how the home was running and being a part of the team.

Some of the residents presented with dementia difficulties and a Representative observed that staff treated all residents patiently and thoughtfully.

Speaking with staff about the Multi-Speciality Community Providers Project (MCP), there would appear to be little or no knowledge of this within the staff team from the care staff and including the proprietor. The project had been intended to start several weeks earlier and the Representatives were concerned at the low level of engagement with the Care Home. Senior staff felt the planned MCP project would be interesting with the aspiration that the MCP team will get to know residents better and their lives and interesting personal stories. There was no awareness of the MCP prior to our discussion at the visit.

There has been a low turnover of staff at the Care Home, several have been at East Cosham House for 10 years plus, all of the staff described this as a good care home, and their average length of tenure testified to this.

Representatives were told that manual handling training is done on site, medication training is done online and that the staff undertake specific dementia training.

There is a daily full handover when every resident is discussed. The contact between staff and residents was quiet and dignified, with a warm and shared sense of humour.

Food and drink

A Representative was told there is a good variety of food, and that it is cooked properly. Another Representative spoke to a resident regarding food and they found it “ok” but could do with more variety.

Recommendations

- Post the Enter & Views Posters where residents and their visitors could see them and give them the opportunity to speak to Authorised Representatives.
- Consider making the notice ref: activities larger to make it easier for residents to read.
- Consider whether a small library could be introduced.
- Consider ways of giving residents more access to the garden area whilst taking into account health and safety issues.



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