

Details of visit**Service address:****Service Provider:****Date and Time:****Authorised****Representatives:****Edinburgh House****Sundridge Close, Cosham, PO6 3JL****Portsmouth City Council****29th November 2017 3.00pm - 5.00pm****Alison Nicholson, Graham Keeping & Lee Greenwell****Acknowledgements**

Healthwatch Portsmouth would like to thank the home manager, 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 the specific date set out above.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Representatives carry out these 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 can happen if 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 people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they 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

Edinburgh House is one of seven nursing and Care Homes in the city taking part in the pilot Multispecialty Community Provider (MCP) Care Home project. Edinburgh 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.

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 Registered Manager, residents and staff.

Summary of findings

At the time of our visit there were 22 long term residents and 4 short stay clients at the home. There are plans to increase the number of short stay clients with the hope to have one unit solely for that purpose.

The Representatives found this to be a cheery, stimulating, and bright Care Home.



Environment

Edinburgh House is a Portsmouth City Council run Care Home just outside the grounds of Queen Alexandra Hospital. The home has a small car park but there is also ample on street parking. The Representatives were met by the Registered Manager of the Home.

The entrance and foyer were clean & bright and airy.

Edinburgh house provides long and short term personal care for to up 32 residents. At the time of the visit there were 22 long stay and 4 short stay clients. The Manager informed us that the Home would be specialising in short stay care. The home is made up of four units over two floors each unit has a communal lounge/diner with a variety of seating for residents and visitors. All four units are laid out the in the same manner and all residents are welcome to move around the home between units but Representatives felt some units were in more need of an update than others. All lounges in the units had a homely feeling, with ornaments, paintings and plants, without feeling cluttered or overwhelming. Representatives were told residents were encouraged to use the kitchen areas but this was not seen during the visit.

The Representatives were impressed by the positive approach to providing the service, that it is a clean, bright and cheery environment. There is an excellent “day room” with snack and drinks facilities. It is clear that whilst the building is dated and in need of updating in areas there are improvements being made all the time. The Manager was very clear on his plans to improve the home for staff and residents. Plans include creating a seated area that feels like a garden area inside and turning the currently unused staff room into an activities room.

Representatives felt special thought had been given to the new cafe/lounge area. Although themed it was evident consideration had been given to the changing interests and memories of the residents; Elvis and Audrey Hepburn were popular rather than Vera Lynn. There was a variety of historic newspapers from the 1945 -1969 period to provoke memories. The part time handy man had helped to build a mobile sensory projector which could be moved around the home projecting stars, butterflies and a colour wheel. The units are over 2 floors with an area on both floors where residents can go to sit and look out over the garden

The home is split into 4 units with a lounge for each area. All of the lounges had a variety of seating which meant a family visiting could meet and chat in a comfortable setting. Whilst all of the lounges were laid out in a similar manner some were in more need of an update than other. While they all had lots of ornaments and items to make it feel homely we felt it did not feel overwhelming or cluttered. All of the lounges had a kitchen area which we were told residents were encouraged to use, we did not see this during our visit. When we visited there was one member of staff per unit and they tended to locate themselves in the lounge were they could interact and support the residents. All interactions between staff and residents were warm and friendly and it

appeared that the residents were very happy. Staff knew all of the residents by their first names.

Staff were easily recognisable and happy to chat to Representatives about working at the home. We were told about the activities co-ordinator who works in the mornings arranging a variety of things for residents to take part in.

Personal Care

The home has been supported to implement a “Red Bag Scheme” which like the Learning Disabilities Health Passport contains all the information needed when a resident is admitted to hospital. A bag is held by each resident living in at the scheme holding all their relevant medical information such as; medication details, information on Do Not Resuscitate arrangements, deprivation of liberty safeguards, directly relevant material to ease their transition from the home to hospital. The home has also received one training session from a Paramedic.

Dignity & Independence

Representatives were concerned with what they were told was an “open door” policy.

The practice of this felt institutional and undignified with residents being required to have their bedroom doors wedged open and therefore being on view to passers-by from the main corridors.

There appeared to be good communication of information to residents, clear notices and use of pictures. The food menu is available, as is the clearly named what is the “next meal”

Recreational activities and methods of reducing social isolation

Staff appeared to know all residents by first name and all interactions we witnessed between staff and resident were warm, friendly and familiar.

View of relatives

The Representatives did not speak with any relatives on the day or receive comments after the visit.

Staff behaviours & attitudes

The Registered Manager was aware the home was taking part in a pilot project but referred to it as the “Care Home team” rather than the MCP project, this caused a little confusion at the start of the visit. The home has also received a training session from a Paramedic but the manager informed the Representatives that he felt so far the training had not reduced the number of 999 calls made by the home.

The manager had every confidence in the shift leaders who make the decision to make the 999 call. The further detail of this was not explained to the Representatives. The home is also receiving support from the Older Persons Mental Health Nurses who are carrying out case studies with two residents. Whilst there have only been a few visits the manager is satisfied with this as he felt a more widespread study would be distracting to the day to day care work the home is providing.

Whilst most of the staff on duty were permanent members of staff we did speak to a member of agency staff who told us they love working at the home, they had been to a few homes but prefers to work and Edinburgh House. Some of the staff were unaware of the visit though the poster could be seen next to the signing in book. We were told that communication between management and staff was not always as good as it could be, one example given was when staff went to relieve those on duty so they could attend the paramedic training the staff on duty were unaware of what training they were attending.

Recommendations

From the visit, Healthwatch Portsmouth recommends the following:

1. That the Home Manager establishes a structure to disseminate information through the staff team and regular opportunities to meet with and engage with staff, including planned team meetings.

Provider comment: Monthly staff meetings (minutes made available to all staff) and Staff Newsletters now being produced. The home will also establish a champion role for care staff to take on areas of responsibility and report any concerns upwards.

2. The Home Manager and Senior Staff utilise the frequent contact with Community Matrons and other members of the primary care team to develop the skills and knowledge within the care team.

Provider comment: Sam Stockwell (Care Home Team) coordinates a good responsive service for general health-related training issues and liaison with GPs etc. For example, Red Bag and skin integrity training being rolled out to all staff, MH priority service from OPMH.

3. That the “open door” approach is reviewed and issues of safety and access are balanced with privacy and dignity. That the CQC inspector’s views on the practice are sought after and considered.

Provider comment: I have requested a review of one individual whose bedroom door is kept open for his safety to explore issues around this. The named advocate will be visiting on 22/5 and has consulted with CQC on this issue.

4. The timing of the next Enter & View visit should allow the interviewing of visitors.
Provider comment: There are no restrictions on visitors. We would be happy to announce the timing of the next visit (as we did last time) and encourage family members to visit on the day.

5. That the Home Manager establishes a structure to disseminate information through the staff team and regular opportunities to meet with and engage with staff, including planned team meetings.

6. The Home Manager and Senior Staff utilise the frequent contact with Community Matrons and other members of the primary care team to develop the skills and knowledge within the care team.

7. That the “open door” approach is reviewed and issues of safety and access are balanced with privacy and dignity. That the CQC inspector’s views on the practice are sought after and considered.



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