Enter and View Report | Shearwater Grange

Details of visit	
Service address:	**Shearwater Grange Care Home 18 Moorings Way, Southsea, Portsmouth, PO4 8QW**
Service Provider:	**Portsmouth City Council**
Date and Time:	**31 January 2018 at 10 am.**
Authorised Representatives:	**Graham Keeping, Avril Adams, Fergus Cameron, Lee Greenwell**

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 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

This visit was arranged to look at the implementation of the Multi-speciality Community Provider Project (MCP), an initiative aimed at increasing the regularity and frequency of support from teams of GP led primary care specialists that might include; Community Matrons, Adult Mental Health Nursing, Occupational Therapists, Dieticians and Physiotherapists. The Representatives wanted to gather feedback on the impact of that project in reducing "inappropriate" 999 ambulance call outs, as well as looking at the steps being taken to ensure the standards of provision meet those set out by the regulator.

Purpose of the visit
Shearwater Grange is one of seven Nursing and Care Homes in the city taking part in the pilot Multi-specialty Community Provider (MCP) Care Home project. Shearwater Grange is one of the homes selected to receive frequent and regular support led by GPs and primary care practitioners. 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**
- **make a positive impact on the Care Homes ability to comply with CQC requirements.**

Healthwatch Portsmouth 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 Registered Manager, residents and members of staff. Representatives were not able to meet relatives on the day.

Summary of findings

The home was very well kept, clean and warm, with easy access around the home. As an outcome of being involved in the MCP project the home is developing a holistic approach and providing more care at home, lowering residents' anxiety by not having to attend QA Hospital and residents are able to have some procedures sensitively at home.

Staff are developing skills in essential observations and are seeing this feedback being used at the MCP project meetings. All of this is empowering to staff and they have an increased sense of being able to care for the residents more fully.

Representatives felt that a more coordinated approach could be taken to offering activity and stimulation during the day, it did not appear to be led or planned and residents had varying experiences.

Representatives found when talking to the residents that they were happy and spoke highly of the staff. Representatives found that all the staff were helpful and very caring, and that this was shown by the way that they worked.

Environment

As a first impression the entrance and main reception was very busy with lots of people coming in and out at mid-morning.

Representatives were met by the administrator who was not aware of our visit, other staff members came out and we then met the Deputy Manager. Representatives were shown to the lounge to meet the residents who were sitting in lounge chairs watching a film, some were watching while others were talking to the carers while introducing some activities to take part in. This appeared an environment that prompted residents to keep active and alert, the residents had a lovely outlook from the lounge and bedrooms and they were looking forward to being able to sit in the pleasant garden. The chairs were good quality and clean. Walking around the home it was very well kept, clean and warm with easy access around the home.

The temperature of the home was pleasantly warm. There was a smell of toast when entering the main living areas, this was not unpleasant and actually made the house feel quite homely. However in parts of the home there was a flat, disinfectant-type smell. This always detracts from the environment and has institutional associations.

In another area there were seven residents sitting on various chairs around the room, a very large screen TV was on, the volume was a little loud and no-one appeared to be interested or watching it.

Personal Care

The home is developing a holistic approach and provides more care at home, lowering resident anxiety by not having to attend QA and able to have some procedures done sensitively at home. The MCP project is helping the home to develop Anticipatory Care Plans (ACP)-by which the home is able to hold items such as antibiotics and steroids. Decisions are made against the background of the ACP which provides baseline information that can be seen by Out Of Hours contacts.

Staff are developing skills in observations and are seeing this feedback being used at the MCP project meetings. All of this is empowering to staff and they have an increased sense of being able to care for the residents more fully. Staff reported a better understanding of individuals, "that the dots are being joined together" and providing more clarity as to residents' well-being.

Dignity & Independence

A Representative was invited to sit with three ladies. All the residents presented well and appeared well cared for, none of them appeared stressed or in any way unhappy.

The staff at least one and sometimes three, were present throughout the visit and chatted to the residents in a cheerful and friendly way, always using proper names. The ladies seemed to like the staff, knew them well and enjoyed a laugh or a smile.

The Representatives felt that the MCP project fits well with a desire for person centred approaches, a holistic approach, for individual expression.

Recreational activities and methods of reducing social isolation

Representatives were disappointed to be told by one resident that there was little or no communication between residents and that they spent most of the day sat in their chairs with the TV on. However one resident had been to the visiting hairdresser that morning and at some point during the previous week someone had painted her nails, the resident thought it was a member of staff but was not sure. Representatives had hoped there might be more activities on offer, playing cards, doing crosswords and interaction with anyone on a regular basis. A "pat dog" was brought in to the lounge but that visit was short lived and didn't arouse much interest so the handler took it out. Representatives were told that a local nursery group visited a couple of times a week and the children spent time playing, drawing and colouring with the residents, there was evidence of this from photos in an album in Reception.

View of relatives

Representatives were told that some residents had family that occasionally drop in but several had family that lived out of the area. The Representatives were told that the service has been able to arrange family visits so that they can be involved in the MCP meeting. Staff reported that they felt better able to have discussions with family on important decisions when previously they had not been able to engage.

Relatives and friends are aware of the MCP project and have attended on 5 occasions over this initial period.

Staff behaviours & attitudes

The focus for the visit was the MCP project and two of the Representatives spent much of the visit talking with the Registered Manager and Deputy Manager, we were grateful that they gave us so much of their time.

In the first instance the Representatives found staff slightly defensive, assuming that this was due to a previous "inadequate" rating by the Care Quality Commission (CQC). At the time of the visit the MCP project has been running for approximately two months with a team made up of Dr Bill and Dr Evans, the visiting GPs who come each Monday and Tuesday. An Older Person's Mental Health Matron and a managerial representative from Shearwater also attended; with occasional input from relatives; a Pharmacist; Occupation Health Therapist; and Physiotherapist. Both the Registered Manager and the Deputy consider these MCP meetings to be very productive as everyone involved in the caring of residents sit down at the same time.

Residents are being systematically reviewed on a rolling programme and the care home team can request people to be put on this to get a full picture of each person in the home. It is felt that "the whole person" is now being responded to rather than individual agencies sometimes working independently of each other, and together they can be more responsive to individual needs.

The MCP project visits offered new information such as that "jumping" is a side effect of the medication Respiridon and staff are able to feedback if they observe this. It was seen as positive having all professionals available, this was described as a "360 degree input". The service is also involved in the Red Bag scheme for the smooth transition of information and residents' needs when going into hospital and when moving around. Staff reported that they are also able to provide more information at point of contact with the 111 and 999 services.

Residents are made aware when they are being reviewed at these meetings, and are given the opportunity to become involved. In order for the meetings to take place consent for individuals to be discussed is obtained from the person themselves or their own GPs and next of kin or those with Power of Attorney, there is a lot of preparation and recording of the meeting.

As a part of the MCP project all managerial staff at Shearwater have recently received training to undertake blood pressure, blood sugars, temperatures, oxygen levels and other essential observations. These key observations are regularly checked and recorded on patient records, this is not for diagnostic purposes but to supply extra information should external help be requested, such as when making urgent contact with GP, 111 or ambulance services. This was universally accepted as an excellent and empowering experience.

The management team are aware that the reason for selection into the MCP project was to minimise "inappropriate" emergency ambulance call outs. Discussion took place regarding what this actually constitutes particularly if they request advice only from 111 or GP and the response by these services is for an ambulance to be called – the call out is not therefore a direct request from Shearwater but will be added to their statistics.

When individual residents with enduring or persistent health issues have base-line readings for observations previously agreed at the MCP meetings, and these change, there is provision for certain antibiotics and steroids or medication to be available on site for staff to administer rather than the delay in trying to contact GPs for these medications. There are common themes at the meeting around epilepsy and falls. Staff come prepared with medical history, as a result of the meetings staff report they are better able to access specialist equipment, such as mobile x-ray machinery. Staff reported that Community Matrons “make things happen!” where previously staff felt there was a lack of information, not knowing how things work.

Mental Health support has always been very good even prior to the MCP project as this is an establishment which specialises in residents with dementia. However 111 and personal GP contact has previously proved to be problematic. The visiting MCP project GP team doctors are able to short cut the registered practice contact time by completing reports in person for submission by fax to the individual practices. Similarly, Occupational Therapy and Physiotherapy Departments have very long waiting lists and these can be accessed more quickly via the MCP project participants.

The management team feel that this MCP initiative is a good one and will achieve what it set out to do - reduce ambulance call outs.

When Representatives spoke with staff they said that they enjoyed working in the home and would like more training in areas covered under the MCP project. Representatives heard that the main concern was that some of senior staff were not directly on hand and could only be called by phone as they had the senior team offices on the first floor.

Representatives found when talking to the residents that they were happy and spoke highly of the staff. Representatives found that all the staff were helpful and very caring, and that this was shown by the way that they worked.

Food and Drink

Representatives observed a member of staff speaking to each resident individually asking for their choice of dinner for the following day, that choice was either faggots or cold meat. There was no mention of any vegetable or carbohydrate choices, there was no vegetarian option. One lady said that she wasn't keen on either option and the Carer said that she could possibly have an omelette instead if she really wanted to. There was no mention of a pudding course. Residents were then asked what they wanted for tomorrow's tea which was a choice of soup or sandwiches - a variety of fillings were available. There was a white board on the wall in the "dining" section of the lounge which had pictures of food. No menu was written on it for today's dinner as it appeared that the night staff had forgotten to do it, it was not known whether or not this was an unusual omission. Given that all the residents were identified as having varying forms of dementia it was impossible to know what was for today's lunch. When the Representative asked what time dinner was served residents were sure it was 12:30 but did not know what they had ordered.

A Representative was told a big effort was made around Christian festivals, Easter and Christmas, to make these special and find out what people would like.

Recommendations

1. Representatives felt that a more coordinated approach could be taken to offering activity and stimulation during the day, it did not appear to be led or planned and residents had varying experiences.

2. That all Care Home Staff continue to develop skills in essential observations as this is clearly empowering to staff and they have an increased sense of being able to care for the resident's more fully.

3. To be aware of the use of television or radio and ensure residents are engaged with what is playing.

4. To facilitate access to Senior Staff by a form other than by phone and increase the presence of Senior Staff to support the care staff team.

5. To ensure that information on timing of meals, food and choices is available to residents on the day of the meal.

6. Notification of residents' friends and family of the visit did not occur and the opportunity to speak to representatives was missed.

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