Enter and View Report

Old Gates Care Home, Blackburn

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Visit: Friday 2 February 2018
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1 Introduction

1.1 Details of visit

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<th>Details of visit:</th>
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<tbody>
<tr>
<td>Service Address</td>
<td>Livesey Branch Road, Feniscowles, Blackburn, Lancashire, BB2 5BU</td>
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<tr>
<td>Service Provider</td>
<td>Old Gates Care Home</td>
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<tr>
<td>Date and Time</td>
<td>Friday 2 February 2018 1.20 pm – 4.20 pm</td>
</tr>
<tr>
<td>Authorised Representatives</td>
<td>Sharon Hardman (Lead) and Chloe Dobson</td>
</tr>
<tr>
<td>Contact details</td>
<td>Healthwatch Blackburn with Darwen, Suite 17, Kings Court, 33 King Street, Blackburn, BB2 2DH</td>
</tr>
<tr>
<td>Manager</td>
<td>Catherine Brierley</td>
</tr>
</tbody>
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1.2 Acknowledgements

Healthwatch Blackburn with Darwen would like to thank the staff and residents of Old Gates Care Home for their contribution to the Enter and View visit and for making us feel welcome during the visit. We would also like to thank the Manager for encouraging staff to complete our staff questionnaires. Thank you to our trained Enter and View authorised representatives for their contributions. Thank you to Ana Diaconu, work experience placement student from Darwen Academy Enterprise Studio for providing the graphic design throughout this report.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.
2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Healthwatch Blackburn with Darwen authorised 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 Healthwatch Blackburn with Darwen 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 but, 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 Blackburn with Darwen 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 Blackburn with Darwen safeguarding policies.

2.1 Purpose of Visit

- To capture the experience of service users, family/carers and staff and any ideas they may have for change.
- To observe residents and relatives engaging with the staff and their surroundings.
2.2 Research Methodology

This was an unannounced Enter and View visit.

We approached the Care Home Manager before we spoke to anyone in the care home and followed their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. The Care Home Manager asked staff to complete our staff questionnaires.

Authorised Enter and View representatives conducted short interviews with 6 residents at the care home. Topics such as choices, activities and environment were explored.

Our visit was also observational, involving authorised Enter and View representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and the facilities. There was an observational checklist prepared for this purpose.

We spoke to 6 residents and 22 staff members including 1 Registered Manager and undertook 2 observations. There were no carers/family available to answer our questions.

2.3 Executive summary

Healthwatch Blackburn with Darwen Enter and View representatives conducted an unannounced Enter and View visit at Old Gates Care Home Friday 2 February 2018 at 1.20 pm - 4.20 pm to collect views directly from residents, staff and carers/families on their experience of this care home. We spoke to 6 residents and 22 staff members including 1 Care Home Manager and undertook 2 observations. The key findings were:

👍 Most of the residents rated the staff as very good or excellent.

👍 Residents said the staff don’t always respond promptly to them and did not always treat them with dignity and respect.

👍 There were mixed responses from residents about involvement in planning their care with some residents involved and other residents were not involved.

👍 All residents said they had a choice about when to get up and go to bed, choices at mealtimes and opportunities to practise their religion.

👍 Residents said Old Gates Care Home has suitable lighting and is well maintained and decorated.
90% of staff would recommend this care home to a friend/relative.

Recommendations are:

- **Recommendation 1**: To move the activity noticeboards to communal areas so that they are more prominent for residents.
- **Recommendation 2**: To increase the signage for the lounge and dining areas throughout Old Gates Care Home.
- **Recommendation 3**: To provide cigarette bins outside the Cherry Unit for residents.
- **Recommendation 4**: To personalise the doors of residents’ rooms in Cherry and Holly Unit.
- **Recommendation 5**: To offer more activities/outings and opportunities for one to one interactions with staff.
- **Recommendation 6**: Further awareness and training for all staff on swift response to residents in professional manner with regard to dignity and respect.

Old Gates Care Home to inform Healthwatch Blackburn with Darwen of actions in regard to all recommendations by 31 December 2018.

### 2.4 Results of visit

**Residents’ Views on staff**

Most of the residents rated the staff as very good or excellent and half of the residents we spoke to felt the staff met their specific individual needs. Residents said that the staff don’t always respond promptly to them and do not always treat them with dignity and respect. The staff were described by the residents as friendly and helpful.

**Residents’ Views on choices**

There were mixed responses from residents about involvement in planning their care with some residents involved and other residents not involved. All residents said they had a choice about when to get up and go to bed and choices at mealtimes. The majority of residents were aware that they could request something else if they did not want the meals on offer. Most of the residents said drinks were available throughout the day.
Residents’ Views on activities
Residents identified bingo, ipad games, going out for meal and drink at local pub and reading newspapers as activities they could be involved in. Other residents preferred not to participate and enjoyed the quiet. The majority of residents said newspapers/magazines/books are easily available. All residents said that they had access to a hairdresser. Most of the residents said that they had access to beauty treatments eg manicure/pedicure. Residents said that a mobile library does not visit and no trips to the local library are arranged. Residents said that there was not a regular newsletter. All residents said that there were opportunities to practise their religion. Only one resident said that they could not access a telephone easily and one resident said internet access was available.

Residents’ Views on the environment
The majority of residents said that this care home is clean. One resident said, “Some places are and some aren’t.” All of the residents said that the lighting was suitable. The majority of residents said Old Gates Care Home was at the appropriate temperature with one resident saying, “too warm sometimes.” All of the residents said that the floors and carpets were in good condition and that Old Gates Care Home was well maintained and decorated to an acceptable standard. All of the residents said that there was enough seating to sit and have a rest. The majority of residents said that they would know how to find the complaints procedure with one resident saying they would not know how to find the complaints procedure. Only one resident said they did not feel lonely or isolated and all other residents we spoke to said that they did feel lonely and/or isolated. Residents liked the staff and that they took them to their appointments. Residents would like more carers and a bath/phone.

Staff Views
Most of the staff rated Old Gates Care Home as good, very good or excellent. Staff said, “Everybody pulls together to meet the care needs of the residents,” “Staff and residents work well together to give the best care possible” and “All staff and residents are like a big family.” One member of staff said, “Not many activities, certain residents request to go out on day trips but are not included/taken.” Two thirds of staff said that they had enough time to engage with residents and one third of staff said that they did not have enough time to engage with residents. Current examples of person-centred care included, “Asking residents what they want to eat, and giving an alternative choice, offering choice of bed- times. Offering choice of clothes worn.” and “All care is on an individual basis here at Old Gates, we find out as much as we can about the resident to form a
personalised care plan for the resident’s individual needs”. The last training and development opportunities were in November 2017 and September 2017 covering Safeguarding and NVQ. 63% of staff had an appraisal every 12 months. 90% of staff would recommend this home to a friend/relative. Staff felt the Old Gates Care Home needed more staff and more activities for residents.

Manager Views
The Care Home Manager said that the home has recently been taken over by HC-One. The staffing structure was 1 General Manager, 1 Clinical Services Manager, 1 Administrator, 1 Receptionist, 1 Chef Manager, 1 Assistant Chef Manager, 1 Cook, 3 Kitchen Assistants, 3 Activity/Well-Being Co-ordinators, 4 Hostess, 13 Nurses, 4 Clinical Senior Care Assistants, 6 Senior Care Assistants, 48 Care Assistants, 4 Laundry Assistants, 2 Domestic Supervisors and 7 Domestic staff who worked at Old Gates Care Home. 34 staff were currently working during our visit. There were 3 units Cherry, Holly and Rowan with staff taking the lead in every unit and each department. The Care Home Manager explained that they were currently awaiting a new system from HC-One to monitor and record staff training. The date of the last spot check on staff was 21 December 2017 (night) and 6 January 2018 (weekend). The GP last visited Old Gates Care home today, 2 February 2018. The optician last visited this home yesterday 1 February 2018. There is no visiting dentist at this care home and service users are taken to own dentist as and when required. Residents can personalise their rooms and bring in personal possessions. My Portrait is used as ‘one page profiles’ for person-centred care. There is not currently a minibus available at this home. The Care Home Manager said the following could be improved in this care home, “Some of the bedrooms need updating and renovating and we still need some work following the refresh (plastering etc). Pictures need putting back on walls. Gardens need making good for the summer. HC-One have surveyed and will make the necessary improvements. The main kitchen needs work and a refresh as do sluices and treatment rooms.”

2.5 Additional Findings

Observations from Enter and View authorised representatives on external access and appearance
The signage on approach to Old Gates Care Home is clear. The external environment is pleasant and well maintained. There is a bus stop and train station nearby. The home is near local amenities e.g. shops, parks etc. Parking is available for visitors with clearly marked disabled car parking spaces. There is a pick up or drop off point close to the home’s entrance. We signed in on entry to the building and sanitising hand gel was available on entry.
Observations from Enter and View authorised representatives on Reception area

The latest CQC report was displayed throughout the home. The care home provided an information brochure. The impression of this care home was calm, friendly, caring and professional. The Healthwatch Blackburn with Darwen and Amplify leaflets were not displayed as requested.

Observations from Enter and View authorised representatives on Inside area

There were several noticeboards with useful information displayed. There were activity notices with information about social events, outings etc although they need to be displayed in more prominent positions. At the time of this Enter and View visit residents were engaging in Afternoon Tea and Bingo activities. Pet Therapy was also visiting residents and an electronic cat was interacting with residents. The corridors were wide enough to accommodate wheelchairs and walking aids. The corridors were fitted with hand rails. There was clear signposting to emergency exits. More signage is needed for lounges and dining areas. There is a quiet lounge area available in all units. There was a variety of seats at different levels with arm supports positioned to promote social interaction. The drying facilities needed restocking in Cherry Unit and all toilets were fitted with an emergency cord and handrails. The home was dementia friendly and this was especially apparent in Rowan Unit. In Cherry and Rowan Unit the doors of the residents’ rooms need to be personalised to make it more homely. Old Gates Care home was clean, well maintained and orderly.

Observations from Enter and View authorised representatives on the Outside area

There was a pleasant and safe garden area that had interesting focal points such as bird tables and flower beds, even though it was winter when we visited. The outside seating arrangements promoted social interaction although there was not a variety of seats at different levels with arm supports. Cigarette bins are needed outside Cherry Unit for the safety of residents.
2.6 Recommendations

**Recommendation 1:** To move the activity noticeboards to communal areas so they are more prominent for residents and enable them to have awareness of activities they can choose to be involved in. Old Gates Care Home to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.

**Recommendation 2:** To increase the signage for the lounge and dining areas throughout Old Gates Care Home to enable residents to be independent in accessing all areas of the home. Old Gates Care Home to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.

**Recommendation 3:** To provide cigarette bins outside the Cherry Unit for residents for the safety of the residents. Old Gates Care Home to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.

**Recommendation 4:** To personalise the doors of residents’ rooms in Cherry and Holly Unit to make it feel more homely. Old Gates Care Home to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.
**Recommendation 5:** To offer more activities/outings by asking residents what they would like to do and to support them to engage with other residents and staff. Offer further one to one interaction, for example at ‘2pm drop’ where all staff to stop what they are doing and interact with a resident for 15 minutes. Set aside 30 minutes per week for staff to spend time with more socially isolated residents or those who were hard to engage with. Old Gates Care Home to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.

**Recommendation 6:** Further awareness and training for all staff on swift response to residents in a professional manner with regard to dignity and respect. Old Gates Care Home to inform Healthwatch Blackburn with Darwen of actions in this regard by 31 December 2018.

### 2.7 Service Provider Response

Comments received from Catherine Brierley, General Manager on 3 April 2018 are:

1. **Is this report factually accurate?** If not please state what needs to be changed and why.
   “The report is factually accurate but I was wondering if something could be put in about us just having had a refurb and that’s why the activities boards and signs were not up? Also I am a little bit concerned about the comments regarding staffing levels. We are one of the best staffed homes I have ever worked in with us consistently having staffing levels above our dependency need. I know staff will always say they need more staff but in reality we are a very well staffed home.”

2. **Is this a fair report?** “Yes except for in relation to staffing levels.”

3. **What learning has happened as a result of this Enter and View report?**
   “We have re looked at where we place signage and activity boards.”
4. What was your impression of Healthwatch Blackburn with Darwen? Do you think we could have done anything better?

“It was a pleasure to have the ladies from Healthwatch with us for the afternoon and they carried out the visit in a lovely way.”

5a. What actions are you going to do as a response to this Enter and View report?

“We will ensure that adequate cigarette receptacles are available for the two residents who smoke on Cherry.

We are looking at where we can place the activity noticeboards so that the most residents have access. We have also started to print out an activities planner and deliver them to the residents so that we reach those who cannot get up to look at the noticeboards.

Signage is being looked at by HC-one so that residents have a clear view of where the lounges and bathrooms are.

We have provisionally personalised resident’s rooms however some residents have stated that they do not want anything other than the name on the door. We have found that the residents on Cherry prefer to have a name plate with a number of residents on Holly preferring personalisation. This is taking place with the residents and their loved ones to ensure we get the right information.”

5b. What date are you going to complete these actions?

“At the minute these actions are on-going. I hope that the signage and activity boards will be remedied by the end of May. We have provided ashtrays and the residents all have their names on the doors of their rooms.”

5c. Who is responsible for implementing and reviewing these actions?

Catherine Brierley General Manager
2.8 Distribution List

This report will be distributed to the following:

- Blackburn with Darwen Borough Council Public Health
- Blackburn with Darwen Borough Council Adult Social Services
- CQC
- Healthwatch England
- CCG Blackburn with Darwen

2.9 Contact Details

If you would like more information about Healthwatch Blackburn with Darwen, a hard copy of this report or to find out how you can get involved in future projects please get in touch.

Address:

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