



Halton View Care Home

Widnes

16th October 2018



Enter & View report

ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank the management, staff and residents of Halton View for their time and consideration during our visit.

WHAT IS ENTER & VIEW

People who use health and social care services, their carers' and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter 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. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers' and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

VISIT DETAILS

Centre Details	
Name of care centre:	Halton View Care Home
Address:	1 Sadler Street Widnes Cheshire WA8 6LN
Telephone number:	0151 422 0001
Email address:	haltonviewmanager@hillcare.net
Name of registered provider(s):	Hill Care
Name of registered manager (if applicable)	Vicki Brown
Number of places registered:	64

The Enter and View visit was conducted on 16 October 2018 from 11.45am to 1.00pm

The Healthwatch Halton Enter and View Team were:

- Irene Bramwell
- Jude Burrows
- Anne Coughlan

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

SUMMARY

Halton View care home is a 64 bed residential home located in Widnes. It is easily accessible by car and public transport.

At the time of our visit a number of agencies were working with the home to make improvements, laid out by a CQC inspection held earlier in the year. The home currently has 57 residents who live across 3 units. The home is under embargo at present, meaning they are closed to new residents. Many of the residents here have a diagnosis of dementia.

The home appeared clean and clear of clutter both inside and out, but certain areas were sparse and not very homely. Décor is in need of updating but some renovations were under way during our visit. During our visit we noticed an unpleasant odour in certain areas of the home.

The residents and family members we met with gave us a mixture of feedback, some positive and others negative.

The Manager was new in post and was welcoming and helpful to our team. The home was looking to employ an Activities Coordinator at the time of our visit.



OBSERVATIONS

Location, external appearance ease of access and parking

Halton View is a two storey building comprising of 64 single bedrooms located within three separate units, all having en-suite toilet and shower facilities. There are lounges, dining and sitting areas in the home. Toilet and bathroom facilities are dispersed throughout the building.

Halton View Care Home is situated in a residential area of Widnes, and within walking distance of a local bus route, church and main shopping areas. There is a large clear sign, stating Halton View Care Home, which is visible from the main road. The Home is accessible by wheelchair and there is a car park with visible disabled parking spaces. On the day of our visit the car park was full but there was on road parking, just outside, available.

On the day of the visit the front of the home was clean and tidy with hanging baskets on display.

Initial Impressions (from a visitor's perspective on entering the home)

Halton View is a two-storey building comprising of 64 single bedrooms located within three separate units, all having en-suite toilet and shower facilities. There are lounges, dining and sitting areas in the home. Toilet and bathroom facilities are dispersed throughout the building.

The front door to the home is accessible by ringing a bell in a pleasant front porch. We pressed the bell and waited but no one came to the door to allow us entry. A member of staff arriving for their shift let us in and went to find the Manager to greet us.

On entering the home, the reception area looked bright and clean, however there was a pervading, unpleasant odour. The area had several comfy seats and a piano. Whiteboards on the wall displayed activities available, such as dominoes.

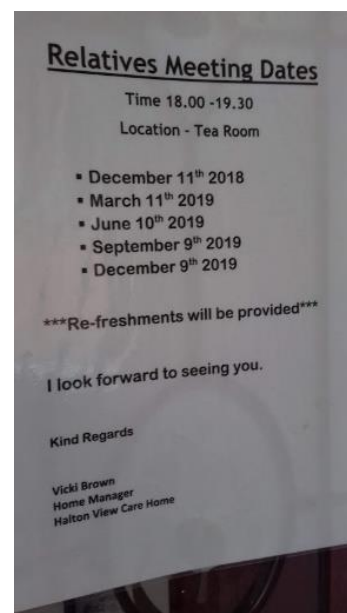


A residents and family meeting poster was displayed on the main door with dates and times of future meetings. However, we were later told by the manager that these are out of date and no activities are currently running until a Coordinator can be recruited.

The complaints policy and procedure as well as the CQC inspection summary were displayed. We noted that a Healthwatch Halton poster was up, alongside other information notices. Care staff wear uniforms across the three units.

A signing in book and pen was available for staff and visitors. We were not asked to sign in by staff but did so whilst waiting for the Manager to come to reception.

There is a smoking area available outside for residents and families who would like to use it. The visiting Manager informed the team that this now has a door bell fitted, as there was an occasion when a resident was left outside.



Staff support skills and interaction

Halton View Care Home can accommodate 64 residents and currently has 57 people living in the home. Some of the residents are living with dementia. The Manager of the home explained that the home is currently under an embargo on taking in any new residents. She is new to the home and is overseeing a number of changes and improvements. On the day of our visit the Medicine Management team were in to work with the home.

The staffing levels for day shifts are;

- 1 Senior and 2 Care Assistant's on Viking (Men's unit)
- 1 Senior and 3 Care Assistant's on both Mersey and Jubilee units.
- In the evenings, 1 senior and 4 Care Assistant's.

Halton View has a Training Coordinator who works with staff at this and other care homes. The Manager explained she was unsure of the current training staff have done or are undertaking, as she is new to post. She later said the staff access the Halton Borough Council training, including Safeguarding and Care Concern sessions.

Throughout the tour of the home residents appeared to be comfortable with staff and we discreetly observed Care workers treating residents with dignity and respect. The interaction between staff and residents was positive. It was observed that on the residential and dementia units people appeared settled, however on the male unit some residents were unsettled and seen walking around aimlessly. The interactions from staff were clam and friendly.

A family member visiting the home told us that there have been four Managers in post over the last 2 years. She stated she finds the home to always be short of staff and weekends are the worst affected. Due to this she feels her Mother has not received adequate care or frequent enough personal care attention, *“the home always experiences staff shortages and there is a large turnover of staff”*.

She told us that at times there are only two carers looking after thirty residents, which she disagreed with. She felt her Mother has lost weight and now takes food into her. She explained that on one occasion her Mother had a fall, and no one had informed her. A broken shower and ripped carpet had also been reported but not repaired. She was raising these issues with the current Manager, on the day of our visit.

There were signs up around the home explaining about protected meal times, which visitors are asked to avoid. We asked the Manager how the home ensures residents are well hydrated. She explained that supplementary charts are used to keep track of fluids and solids, if required by medical staff. These charts are to be checked by a Senior.

During the visit we spoke to two residents in the downstairs lounge, one of whom said she was very hungry. We informed the visiting Manager, who promptly asked the resident if she would she like a sandwich prior to lunch being served and brought a plate of sandwiches in. The resident was very pleased to receive these and ate all of them.

We spoke with several other residents, on the tour, who told us *“I find it OK”, “I get looked after”* and *“Staff are very nice and look after you”*.

Residents’ / Patients social and emotional and cultural welfare

Before residents arrive in the home a pre-assessment is done which feeds into care plans. A Manager will visit new residents, before they move in, to discuss needs and to do a life history. Residents will be involved in their plans if they have a capacity. Families can also contribute to the assessments and care plans. The current Manager explained that she has not been involved in this process as on her arrival at the home no new residents are being placed here.

When moving to the home all residents receive a Resident Information Guide (RIG) which contains information on the home and how to raise concerns or complaints. This information guide is also available in the reception area. Unit specific information is also given depending on the area people will be living in.

Two members of our team were shown around the home by a visiting support Manager, whilst the third member talked to the Manager in her office. We noted during the tour that although Halton View is a welcoming environment the décor appeared dated and jaded in the lounges and corridors.

Access to the upper floor was by lift or stairs. Units on the upper floor are designed to care for residents with dementia related illness, and both units were in the process of being refurbished at the time of the visit. Throughout the home corridors were clean and appeared wide enough for wheelchair access. Temperatures within the home felt comfortable.

A pervading odour of urine was present in some areas. This was especially prevalent in the men’s unit on the upper floor. This was detectable from the corridor and more obvious in the bathroom. Several areas of this floor appeared institutional, sparse and jaded, including both the dementia units on the upper floor of the home. During the tour of the upper floor we were introduced to the handy man who was in the process of hanging Liverpool Football Club related art work on the walls of the Men’s Unit.

The communal lounge areas located on the ground floor had a variety of comfortable seating, some of which had booster cushions, to aid seating and standing. Televisions in all the lounges and the upper floor dining room were on at the time of the visit, with the volumes at an appropriate level.

The dining room located on the lower floor was clean and clutter free. We were told residents have a choice of 2 cooked options, with the main meal being served at tea time. On leaving the home residents were eating food which smelt nice. The Manager informed us alternative meals, such as all-day breakfast, soup or sandwiches can be made on request. Snacks including biscuits, nuts and chocolate are available on an as and when required basis. Residents can make their own drinks in the kitchenette area if they choose and are able to do so.

We noted that on the dementia units, photographs or dementia friendly signage were not on display. Names were up on bedroom doors but were not visual or within good practice for a home accommodating people living with dementia.

During the tour of the home we were told residents can furnish their rooms to their own personal taste. We noted that communal bathrooms and toilets are accessible on both floors for residents to use. We were shown a toilet on the upper floor which appeared clean and fresh.

Whilst we did not enter residents' rooms, we were able to view a room, which we noted was appropriately furnished but did not appear homely. Dining rooms on all units appeared clean and residents in the dining rooms and lounges appeared relaxed and dressed appropriately.

Halton View are currently recruiting for an Activities Coordinator, after a previous applicant chose not to take on the role. A current member of care staff is looking into taking this role on. Activities are limited at the moment due to this vacant post. Staff explained they ask residents which one off activity they would like to do. They had recently chosen to have a cup cake party, which was a success. The next planned event is a Halloween party. A volunteer visits the home and does 1 to 1 activities with some residents, such as dominoes or card making and some Befrienders also visit. The Manager was unsure of what organisation this was run by. A DJ and band have visited the home in the past. A Hairdresser also visits the home twice a week. When asked, the visiting Manager was vague in what activities the residents did engage with currently.

The home does not have its own mini bus and it doesn't currently work with local schools or colleges. Some murals were on display in an outside seating area, these had been produced by a local school in the past. The Manager explained that she was looking into local organisations that could offer some activities to the residents including 'Home Safari'. She explained that some residents go out regularly with their families, for meals and local trips, but other residents are taken out by staff if ratio levels allow for this. The Manager is trying to make links with local churches, to allow residents the chance to worship if they choose to. One resident told us that she used to worship at a local Roman Catholic Church but has been unable to practice recently.

Resident's / Patients physical welfare

Any support residents need with dental or eye care will be listed in the pre-assessment documents. A dental service visits the home annually, but most residents visit their own dentist's surgery, with the support of families or care staff. An optician service visits the home every 6 months, this service sets up in the communal dining area. Chiropodists visit the home every 6 weeks and treat residents in their own rooms.

Halton View Care Home is not yet aligned with a specific GP practice. The Manager reports that they still have 4 or 5 GP's over seeing their residents' health needs.

Halton View is working closely with the Medical Management Team and are in touch with them daily, to rectify previous problems raised by the CQC inspection. The Manager explained they have some problems ordering medication from Lloyd's Pharmacy as they will not accept faxes.

The home reports that there have been no problems with hospital discharge, with 90% of residents using Whiston hospital and the remaining people, needing hospital care, using Warrington hospital. The home is aware of the red bag scheme and had several bags hanging up in the Manager's office. The Manager explained they sometimes use the bags but not consistently. It depends on which staff get the residents ready for their hospital visit. When the bags are used it works well and more awareness is needed so they are used as standard. On the rare occasion paper work has been missing this has been quickly rectified by the hospital trust and picked up by care home staff.

On the day of our visit the Manager had attempted to order an ambulance to take one of her residents to an afternoon appointment at Whiston hospital. She was informed that there was no available transport for the time needed. The home had ordered a taxi but on arrival staff were unsure how to pay for it. No one was aware of a taxi account or petty cash they could access. The Manager rectified the problem, for this occasion, by speaking directly to the taxi driver and offering to pay on return.

Advocacy service

We asked the Manager how the home worked with the local advocacy service. She explained that 2 of her residents were under DOLS, from what she could recall, at the time of our visit and she would welcome being put in touch with the Healthwatch Advocacy Hub. She believed 1 resident was currently using Care Act Advocacy and received a visit twice a week.

On returning to our office later in the day we spoke with the Healthwatch Halton Advocacy Hub team and the DOLS Advocate informed us that she has 9 DOLS cases currently open for Halton View Care home and was due to visit the home that day. Our Healthwatch Care Act Advocate explained she had not been to this home recently, due to having no referrals for clients there at present.

Facilities for and involvement with family / friends

The home runs residents' meetings on a bi monthly basis, with the next meeting planned for the end of October. Family and friends' meetings are also held, on a quarterly basis. The Manager reports that they have been well attended and are supported by Halton Borough Council, who attended the August meetings. Families can ask to speak to the

Manager at any time with any questions or concerns they may have, ensuring they can capture complaints early. The home also sends surveys out for feedback. Halton View do not currently have a way to feedback on changes and improvements made, such as a 'You asked', 'We Did' board but this has been suggested and is being considered. Formal complaints get a written response, after being reviewed by the Manager, with any lessons learnt being shared. The Manager stated that there is one complaint at the moment, which is long standing.

The Manager explained that many of the resident's families are very involved in their lives. They support them with medical appointments and days out. Families can stay with the residents if they are at the end of their life. Currently there are available rooms for them to stay in, but arrangements can be made for them to stay overnight, in the resident's room, if they choose to or there was no capacity for a room of their own.

Additional Issues

During our visit a safeguarding issue was raised by a visiting family member. This was reported promptly to the Adult Safeguarding Team.

RECOMMENDATIONS

- 1.** Although the home was clean and tidy some areas had strong odours. The CQC report on their visit in January 2018 had highlighted this too. At that time, the service was working with the local infection prevention and control team to manage this issue and a recommendation to install impermeable flooring had been made. We would like to know if this recommendation has been carried out yet. We would also like to know what else the home is doing to improve on this issue.
- 2.** Ensure that all residents and family members are aware of snack packs and food available to them between meals and can access it easily and quickly.
- 3.** Ensure that residents have their cultural and spiritual needs met by facilitating church visits or masses within the home for all.
- 4.** Increase the range of activities for all residents, to encourage better quality of life and wellbeing.
- 5.** Dementia friendly signage and decoration should be added to the home, such as contrasting coloured paint on doors and clear labelling on bedrooms and bathrooms.
- 6.** Make residents and families aware of Healthwatch Halton, in the Residents and family member's information packs, to encourage them to feedback on their experiences of the care they receive.
- 7.** Engage with Healthwatch Halton to provide feedback on services used by residents.
- 8.** Useful information on dementia signage for good practice can be found at; <http://dementia.stir.ac.uk/design/good-practice-design-dementia-and-sight-loss>

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

SERVICE PROVIDER RESPONSE

No response has been received to the recommendations made in this report.

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Opticians, Social Care
Non-emergency services

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