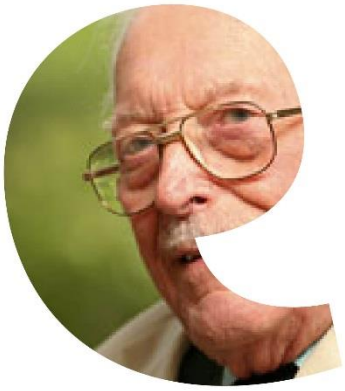
healthwatch Halton



Ferndale Court, Widnes

21st November 2013

Enter & View report

ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank everyone at Ferndale Court 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 not to seek out faults with local services, but to consider the standard and provision of care services and how they may be improved.

VISIT DETAILS

Centre Details	
Name of care centre:	Ferndale Court
Address:	St Michaels Road Widnes Cheshire WA8 8TF
Telephone number:	(0151) 257 9111
Email address:	ferndalecourt.manager@hc-one.co.uk
Name of registered provider(s):	HC-One Limited
Name of registered manager (if applicable)	Andrew Bradley-Gibbons
Type of registration:	Nursing Home
Number of places registered:	57

The Enter and View visit was conducted on 21st November 2013 from 2.15pm to 4.00pm

The Healthwatch Halton Enter and View Team were:

- Sue Ellison
- Mike Hodgkinson
- Lyn Williams

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.

OBSERVATIONS

Ferndale Court is a purpose-built care home in Widnes run by HC-One and primarily caters for older people. The home is situated off St Michael's Road near its junction with Hale Road and is next to Ferndale Mews, which is managed by the same company.

The car park was full when we arrived. Several visitors were unable to use the car park and parked on the road outside. There were no signed directions to the pedestrian entrance. The general overall approach was pleasing with well-kept lawns, trees and shrubs.

The home is accessible by wheelchair and wheelchair users can use the internal lift to move between the ground and first floor.

On arrival there was a security keypad on the front door. We rang the bell and a member of staff let us in when we showed our identification. The reception area displayed various certificates, including the CQC registration certificate. A signing-in book was available.

We were warmly welcomed by the Deputy Manager, Ann-Marie Jones, who took us to her office. Ann-Marie has been there for 2½ years and also worked for the previous owner, Southern Cross, for 15 years. She told us that their existing manager is currently unwell and they have a relief manager, Andrew Bradley-Gibbons, until Christmas. There will be interviews for a new manager soon.

There are 57 beds at Ferndale Court, currently there are 54 residents of which 32 have nursing needs and 12 are high dependency and have complex needs. There is also respite care provided for a young person who lives out of the area. The remainder of residents are residential care only. The normal age range of residents is over 60.

On the nursing floor there are 2 nurses and 6 care staff from 8.00am to 2.00pm, 2 nurses and 4 care staff from 2.00pm to 8.00pm and 1 nurse and 2 care staff from 8.00pm to 8.00am. For clients with complex needs there is 1 nurse, 2 care staff and student nurses during the daytime. During the night there is 1 nurse and 1 care staff available.

For residential clients there is 1 senior care and 1 health care assistant staff during the daytime and 1 senior care staff for overnight

There is 10% overstaffing to cover people off sick or on leave.

Maintenance assistance is available from 8.30am to 4.30pm. In the kitchen there is 1 cook and 4 staff from 7.00am to 6.30pm to provide meals for both Ferndale Court and Ferndale Mews. There are 3 cleaners who work from 8.00am to 6.30pm and 2 laundry staff who work from 8.00am to 7.00pm seven days a week. There are 2 handyman assistants who work from 8.00am to 5.00pm 7 days per week.

There is a smoking room at Ferndale Court.

The home care staff use the health & safety equipment, and we were told that if there were any breakdown problems, the new company sorted them out quickly.

All staff can access e-learning during their working hours. Care-staff training includes Safe-guarding; Dignity with Care; Dignity in Dementia; Health & Safety and Food & Hygiene.

The care home has an open-door policy where relatives / friends can drop-in to speak to the manager. Staff members are also encouraged to raise concerns with the manager and there is a whistle blowing policy, which staff are encouraged to use if they feel necessary.

Ferndale Court also has an open-door policy for residents. The policy identifies which incidents need to be resolved as quickly as possible. Reports are posted on a Datex system, which is sent to regional office and the area manager acts on issues raised.

Residents and family meetings are held monthly in the daytime.

The Home employs an enthusiastic Activities Co-coordinator, who arranges trips and entertainment. He and his assistant gave us a detailed tour of the two-storey building, answering our questions in a cheerful, helpful and informative way. The Home has its own minibus, with authorised drivers, but occasionally hires a larger bus which is able to take a number of wheelchairs. The visiting team were pleased to hear that HC-One provides a mini bus to each of the homes it runs. Activities available to residents include chess, dominoes and bingo, question and answer sessions & gardening activities and entertainments include singers and a visiting choir with a pantomime at Christmas. The only time that schools come to visit is at Christmas.

A member of staff mentioned ‘a wish list’ activity which involved residents making plans for their choice of hymns for their funeral, who they would want contacting, choice of flowers etc., which would reassure them that their final wishes would be carried out

There is a neat enclosed, secure garden where residents can sit. The residents are allowed to keep suitable pets and we were told that one resident has a couple of birds. We were introduced to the hairdresser who is available 2 days a week in the salon on the premises. Aromatherapy and other treatments are also available payable by the residents.

There are visits by an optician, a dentist (on demand), ENT and chiropodists. The manager informed us that people living in Widnes can retain their own GP but residents with a Runcorn GP have to change to a Widnes GP.

Residents are given 2 continence pads for the day and 2 for the night. If there is an outbreak of diarrhoea additional pads can be ordered. Pressure mattresses and air mattresses are available.

With regard to hospital discharge from local hospitals, the deputy-manager told us that frequently there is sometimes a lack of information on client's needs such as medication and other information, with often only one sheet of information sent back with the resident which is inadequate. We were told that residents have been discharged from hospital with the information document indicating there are no changes when in fact there have been noticeable changes. The staff have genuine concerns that patient needs should be assessed more thoroughly before being discharged from hospital.

Medication is monitored. The senior care staff administers medication to the residential clients and a nurse administers medication to the nursing clients and residents with complex needs.

The general appearance of the home was clean, tidy and the atmosphere was relaxed and informal. There were a number of lounges over the two floors, with quiet areas available to those residents who did not want to watch the television.

The dining areas on both floors were clean and brightly decorated with menus displayed. Mealtimes are flexible and there is a daily menu list. There is a variety of food choices at meal times and all dietary requirements are catered for. Snacks and drinks are available throughout the day. There is a bar which is locked and a drinks trolley which can be used for special occasions such as birthdays.

Each resident's room is individualised and people can bring their own furniture.

The corridors are uncluttered and on-going refurbishment was taking place. Whilst being shown a bathroom in the Sunflower area, a visiting member noted that the base of the shower curtain, when drawn, had a small area with a noticeable dark stain. After a discussion with the acting manager, we were pleased to note that she had also noticed this at the time and had taken immediate steps to rectify the problem after our visit.

We spoke to several residents during the visit and they appeared relaxed and comfortable in their surroundings. Many residents are wheelchair bound and we were told none have scooters. One resident said there is always a suitable choice of food and staff are aware of a resident's specialist dietary needs and meals can be ordered in rooms and at times suitable for residents. Another resident, who had been living at the home for 9 months, said they were happy with care and explained that the members of staff are very friendly. Some residents have satellite TV and invite others to watch football and horse racing with them in their rooms.

We noticed on the ground floor, that there was an 'open nursing station' area which was un-attended at the time of the visit. There were a number of documents on the desk and we raised the issue of confidentiality with the manager. We were assured that the documents are normally kept in a locked cupboard but the nurse was close by attending to an emergency with a resident, but that the matter would be looked at as a matter of urgency.*

At the end of our visit we thanked the staff for showing us round the home and for answering our many questions.

**Although this incident was as a result of an emergency at the time, the Manager has supplied Healthwatch Halton with an action plan that they have implemented to ensure this breach of confidentiality doesn't happen again.*

SUMMARY

Ferndale Court is a purpose-built care home for older people run by HC-One. It is a comfortable and clean home which has en-suite bedrooms. It has a warm, welcoming atmosphere. However, parking spaces seemed limited for visitors at the Home.

We were warmly welcomed by the deputy manager. There is a relief manager until Christmas. The staff at the home appeared friendly and considerate and during our visit we saw that residents and visitors were treated in a friendly and dignified manner by members of the staff.

Since the change of ownership, numerous changes have been implemented and it appears from comments from the staff and residents that they have been well received.

Healthwatch Halton was pleased at the speedy response to the issues raised during our visit and we look forward to developing an on-going dialogue with the home.

Healthwatch will review the concerns raised regarding unsafe discharge of residents from local hospitals and raise them with the local hospital trusts.

RECOMMENDATIONS

- Consider the allocation of parking spaces and try to make sure that there is at least one space kept free for picking-up and dropping-off residents who have left the home for a while.
- Improve signage at the entrance with clear directions to the reception.
- We recommend that the home keep records of the number of residents discharged from local hospitals with inadequate discharge paperwork, and pass this information over to Healthwatch Halton to allow us to take the matter up with the hospitals directly.
- Healthwatch would welcome the opportunity to have their 'comment boxes' available in the reception area for use by residents; families and carers and the staff. So that regular dialogue can ensure that the interests of residents and staff can be addressed.
- We would recommend that the home contact Volunteer Centre Halton if they are looking to increase the number of volunteers at the home.
- Look to build closer links within the local community such as the local schools etc.

APPENDIX

The Dignity Factors

Research indicates that there are eight main factors that promote dignity in care. Each of these Dignity Factors contributes to a person's sense of self respect, and they should all be present in care.

1. Control and choice in practice

- Take time to understand and know the person, their previous lives and past achievements, and support people to develop ‘life story books’
- Treat people as equals, ensuring they remain in control of what happens to them.
- Empower people by making sure they have access to jargon-free information about services when they want or need it.
- Ensure that people are fully involved in any decision that affects their care, including personal decisions (such as what to eat, what to wear and what time to go to bed), and wider decisions about the service or establishment (such as menu planning or recruiting new staff).
- Don’t assume that people are not able to make decisions.
- Value the time spent supporting people with decision-making as much as the time spent doing other tasks.
- Provide opportunities for people to participate as fully as they can at all levels of the service, including the day-to-day running of the service.
- Ensure that staff have the necessary skills to include people with cognitive or communication difficulties in decision-making. For example, 'full documentation of a person’s previous history, preferences and habits’ can be used by staff to support 'choices consistent with the person’s character’. (Randers and Mattiasson, 2004).
- Identify areas where people’s independence is being undermined in the service and look for ways to redress the balance.
- Work to develop local advocacy services and raise awareness of them.
- Support people who wish to use direct payments or personal budgets.
- Encourage and support people to participate in the wider community.
- Involve people who use services in staff training.

2. Communication in practice

- Ask people how they prefer to be addressed and respect their wishes.
- Give people information about the service in advance and in a suitable format
- Don't assume you know what people want because of their culture, ability or any other factor – always ask.

- Ensure people are offered 'time to talk', and a chance to voice any concerns or simply have a chat.
- If a person using the service does not speak English, translation services should be provided in the short term and culturally appropriate services provided in the long term.
- Staff should have acceptable levels of both spoken and written English.
- Overseas staff should understand the cultural needs and communication requirements of the people they are caring for.
- Staff should be properly trained to communicate with people who have cognitive or communication difficulties.
- Schedules should include enough time for staff to properly hand over information between shifts.
- Involve people in the production of information resources to ensure the information is clear and answers the right questions
- Provide information material in an accessible format (in large print or on DVD, for example) and wherever possible, provide it in advance.
- Find ways to get the views of people using the service (for example, through residents meetings) and respect individuals' contributions by acting on their ideas and suggestions.

3. Eating and nutritional care in practice

- Carry out routine nutritional screening when admitting people to hospital or residential care. Record the dietary needs and preferences of individuals and any assistance they need at mealtimes and ensure staff act on this
- Refer the person for professional assessment if screening raises particular concerns (e.g. speech and language therapy for people with swallowing difficulties, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or condition, physiotherapist to assess physical needs and posture).
- Make food look appetising. If the texture of food needs to be modified seek advice from the speech and language therapist. Not all food for people with swallowing difficulties needs to be puréed. Keep different foods separate to enhance the quality of the eating experience.
- If necessary, record food and fluid intake daily and act on the findings.
- Make sure food is available and accessible between mealtimes.
- Give people time to eat; they should not be rushed.
- Provide assistance discreetly to people who have difficulty eating. Use serviettes, not bibs, to protect clothing. Offer finger food to those who have difficulty using cutlery, and provide adapted crockery and cutlery to enable people to feed themselves where appropriate.
- While socialising during mealtimes should be encouraged, offer privacy to those who have difficulties with eating, if they wish, to avoid embarrassment or loss of dignity.
- Ensure that mealtimes are sufficiently staffed to provide assistance to those who need it.
- If there are insufficient staff members to support those who need it, introduce a system of staggered mealtimes.

- Develop or make use of existing volunteer schemes to help give support to people at mealtimes.
- Encourage carers, family and friends to visit and offer support at mealtimes.
- Don't make assumptions about people's preferences on the basis of their cultural background – people should be asked what their preferences are.
- Ensure all care staff members, including caterers, have access to training.
- Raise awareness of the risk of malnutrition and the importance of providing good nutritional care.
- Ensure staff have the skills to communicate with people who have dementia and communication difficulties. Visual aids, such as pictorial menus, and non-verbal communication skills may help people to make choices.
- Gather information on the older person's needs and preferences from people who know them well.
- Ensure that centre care staff have sufficient allocated time and the skills to prepare a meal of choice for the person, including freshly cooked meals.
- For residential and day care, implement best practice in food procurement ensuring food is of good quality and is, where possible, local, seasonal and sustainable.
- Carry out regular consultation on menus with people using the service.
- Wherever possible, involve people using the service in meal preparation.
- In residential settings, where access to industrial kitchens is denied, provide facilities for people to make drinks and snacks.
- Ensure that fresh water is on offer at all mealtimes and freely available throughout the day.

Hydration

- Encourage people to drink regularly throughout the day. The Food Standards Agency recommends a daily intake of six to eight glasses of water or other fluids.
- Provide education, training and information about the benefits of good hydration to staff, carers and people who use services, and encourage peer-to-peer learning.
- Provide promotional materials to remind people who use services, staff and carers of the importance of hydration.
- Ensure there is access to clean drinking water 24 hours a day.
- If people are reluctant to drink water, think of other ways of increasing their fluid intake, for example with alternative drinks and foods that have a higher fluid content, (e.g. breakfast cereals with milk, soup, and fruit and vegetables).
- If people show reluctance to drink because they are worried about incontinence, reassure them that help will be provided with going to the toilet. It may help some people to avoid drinking before bedtime.
- Be aware of urine colour as an indication of hydration level (Water UK, 2005); odourless, pale urine indicates good hydration. Dark, strong-smelling urine could be an indicator of poor hydration – but there may be other causes that should be investigated.

4. Pain management in practice

- Raise staff awareness that people may not report pain, that it can have a significant impact on dignity and well-being and that it can be identified and treated.
- Enquire about pain during assessment
- Ensure that night staff receive equivalent training on pain identification and treatment to those working during the day
- Use assessment guidance to support professionals to assess for pain in people with communication problems.

5. Personal hygiene in practice

- Support people to maintain their personal hygiene and appearance, and their living environment, to the standards that they want.
- When providing support with personal care, take the individual's lifestyle choices into consideration – respect their choice of dress and hairstyle, for example.

- Don't make assumptions about appropriate standards of hygiene for individuals
- Take cultural factors into consideration during needs assessment.

6. Practical assistance in practice

- Make use of personal budgets to provide people with the help they want and need.
- Help people to maintain their living environment to the standards that they want.
- Tap into or develop local services to provide help for people in the community e.g. gardening, maintenance.
- Make use of volunteers.
- To reduce risk of abuse through people being identified as not coping and subsequently targeted, encourage centre owners and landlords to carry out external repairs.

7. Privacy in practice

- Ensure a confidentiality policy is in place and followed by all staff (including domestic and support staff).
- Make issues of privacy and dignity a fundamental part of staff induction and training.
- Ensure only those who need information to carry out their work have access to people's personal records or financial information.
- Respect privacy when people have personal and sexual relationships, with careful assessment of risk.
- Choose interpreters with the consent of the person using the service.
- Get permission before entering someone's personal space.
- Get permission before accessing people's possessions and documents
- Provide space for private conversations and telephone calls.
- Make sure that people receive their mail unopened.

- Ensure single-sex bathroom and toilet facilities are available.
- Provide en suite facilities where possible.
- In residential care, respect people's space by enabling them to individualise their own room.
- Consider issues of privacy if a person requires close monitoring or observation.

8. Social inclusion in practice

- Promote and support access to social networks.
- Resolve transport issues so that they do not prevent people from participating in the wider community.
- Build links with community projects, community centres and schools to increase levels of social contact between people from different generations.
- Identify, respect and use people's skills, including the skills of older people gained in previous employment.
- Give people ordinary opportunities to participate in the wider community through person-centred care planning.
- Involve people in service planning and ensure ideas and suggestions are acted upon.

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