

Enter and View Report



**Dale House Care Centre,
Wellingborough**

June 2015

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Details of the visit

Name and address of premises visited	Dale House Care Centre 125-129 Midland Road, Wellingborough, NN9 1NB
Name of service provider	Shaw Healthcare Group Ltd.
Type of service	Residential and nursing care for people over 65
Specialisms	Elderly care Nursing care Physically disabled care Respite care Emergency placements Specialised Dementia care
Date and time of visit	17 July 2015, 2pm
HWN authorised representatives undertaking the visit	Dora Shergold and John Rawlings
Support Staff	Jo Spenceley, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Sunley Conference Centre, Boughton Green Road, Northampton, NN2 7AL 01604 893636 enquiries@healthwatchnorthamptonshire.co.uk

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Dale House Care Centre for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

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.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy (www.healthwatchnorthamptonshire.co.uk) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will



research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.

- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

Enter and View

Part of the Healthwatch Northamptonshire programme is to carry out Enter and View visits. Healthwatch Northamptonshire 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 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 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 Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more



detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch Enter and View visits 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 Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life and experience and opinions of residents. Dale House Care Centre was selected as one of the homes to visit as it was recently taken over by new management.

How the visit was conducted

The visit was an announced visit with the Manager being given one months' notice of the intended visit and advised of the names of the HWN volunteers that would be carrying out the visit. We sent letters, posters and leaflets to the home to inform residents, relatives (or other carers and visitors) and staff about our visit and Healthwatch Northamptonshire. We observed the condition of the premises, and interaction between the staff and residents and talked with residents, one relative and members of staff. We also spoke with the manager at the start of the visit and at the end to clarify any questions that had been raised. We did not feel that all residents were capable of talking to us.



Observations and findings

About the home

- We were welcomed and given access to all areas of the building, staff, residents and visitors.
- At the time of our visit there were 32 residents living on two floors - a ground floor and a first floor. The second floor was due to be populated over the following few months.
- The elderly in need of nursing care were situated on the ground floor, whilst those with progressed Dementia on the first floor.
- There was a staff make-up of around 50 at any one time spread across the floors, consisting of seven registered nurses, high level carers, domestic staff, administration and management staff. 87% of all staff worked full-time.
- The manager is very keen on staff training and development and relevant staff are trained and attend refresher courses as and when required. The manager has also talked with the Open University about Dementia training consisting of 13 modules, which they want all staff members to participate in the near future.
- Staff hand-over is always thorough and it can take a little longer for residents with Dementia. It was pointed out that it is essential for staff and resident welfare, for every member of staff to understand what they are walking into, so there can be a seamless change of staff when the time comes.
- The staff are from several different countries and cultural backgrounds, which has proved to be valuable as the care home now has residents who only speak Gujarati (there is a Gujarati-speaking member of the care team).

General impressions of the home

- The care home seemed quiet, calm and warm. There were no overriding odours.
- All staff wore a uniform with individual name badges so they could be very easily identified.
- There was a high regard for safety - there were a few fire doors in the home and it was forbidden for these doors to be wedged open for safety reasons.
- The environment was of a high standard, although it was noticeable that the carpet at the entrance of the home was in need of a good clean.

Personal care and dignity of clients

- All the residents we saw were clean, tidy and suitably clothed.



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- Medical and dental care for the residents is provided by the local surgeries.
 - When it comes to the end of a resident's life, this is deeply respected, and it was explained that this is the residents' true home and this is where they can die with their own things and people they know surrounding them.

Staff behaviour, attitudes and relationship with clients

- We observed staff at all levels treating residents with respect and courtesy, irrespective of their mental state.
- When interacting with the residents, staff were observed to crouch down at the side of a resident when talking to them.
- Staff clearly knew their residents and spoke to them appropriately. Staff had knowledge of individuals likes and preferences, which reflected the training they had received and procedures established throughout the home. Despite many of the residents living with Dementia the residents were encouraged to show their personality and character.
- Routine is considered to be important for the smooth running of the home for both staff and residents. This consists of staff hand-over, assistance with personal care, help with breakfasts and the tea round, then assisting the residents wanting help with toilet use and cleaning, and so on throughout the day.
- If staff ever witness a resident fall they ensure that an alarm is used to alert a senior carer who would then make a decision as to what action should be taken (such as a cup of tea to calm the resident, call for the doctor or ambulance, or whatever was in the best interest of the resident).
- We asked what happened if a staff member got frustrated with a residents action or negative behaviour and were advised that in such situations staff were trained to stand back and, if necessary, allow another staff member to take over.
- We asked a staff member what they would do if they were concerned about the actions of another staff member. They said they would speak to them directly about it in the first instance. If the matter was not resolved by this action they would report it to a senior carer. If they were still concerned they would speak to the manager.

Independence of clients and control over daily life

- We spoke to two residents who chose to stay mainly in their rooms. They both made very positive comments.
- One told us there was "no better place or care that could be given". They had been in living the home for some time and said there had been great improvements under the new management and thought that there was good leadership. They valued the quality of life they were able to enjoy within the home.



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- A second resident who had been living in the home for over three years also spoke glowingly of the home and favourably about all levels of staff. They said they had constant access to family and the outside world.
 - Residents may eat in their own room if preferred.
 - The door to a resident's room is left open or closed, depending on the preference of each resident. Even if the door is propped open, people should knock and wait to be invited in by the occupant before entering a room.
 - A resident who chose to stay in their room explained that staff check up on them quite often, so they felt comfortable about being alone.
 - All residents are asked if they want to take part in the activities that are available and have the freedom to select the things they want to join in with.
 - It would appear that, with due consideration for their safety, all residents were afforded as much individual freedom as possible.

Activities for clients

- There is a dedicated member of staff who provides activities and a varied activity programme is available for residents but there is a low level of uptake.
- The manager plans to employ a new member of staff to concentrate on developing an activities programme the residents will want to get involved with.
- We saw a game of boules taking place on the first floor. There was little participation due to the abilities of the residents but staff were encouraging residents to take an interest and other staff will be trained in how to play the game.
- Residents have the freedom to practice their religion. A Church of England vicar attends every other Thursday and holds a multi-denominational service which any resident is welcome to join in with, with the full support of staff who take part.
- The home groups residents with different degrees of Dementia (and other conditions) across the two floors to help residents to have good social relationships where possible.
- There was little interaction with the local community outside the home. While we appreciated the cautious approach taken to regain confidence of the community we felt that the manager's development policy has reached the stage where outside local community groups could be encouraged to support the home.

Food and drink and meal times

- There are two dining rooms, one on each floor, which are large, bright, well decorated and airy. Alternatively residents can have their meals in their rooms.



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- Most of the residents think the food menu is good and the portion sizes are adequate.
 - One resident said that it would be nice to have the odd snack provided in the evenings (such as a biscuit or bag of crisps). We passed this idea on to the manager, who agreed and said they would introduce a 'tuck box'.

Relationship between the home and clients/relatives

- The overall view from the residents was that “the care home is a lovely place and staff cannot do enough for you”.
- Residents commented that their rooms were “very homely and completely private”.
- Generally residents seemed to be quite happy with the way things were at the home.
- There is a relatives and residents committee with one member representing them on the home’s health and safety committee.
- If a resident wishes to complain they can do so through a complaint form, which are readily available and read by the staff.
- During the visit we were able to speak to a relative of one of the residents. They expressed satisfaction about the care their relative received at Dale House and had an admiration of the staff and confidence that their relative was in a caring environment.

Staff satisfaction

- The care staff we spoke to were happy in their roles and liked working at Dale House.
- They expressed satisfaction at the way the home was managed and their conditions of employment.
- They felt well-trained to safely and efficiently carry out their daily tasks and provide the best possible care for the residents, which gave them a sense of achievement.
- Staff are also given the opportunity to contribute to improvements within the care home and their ideas are listened to. They felt well-informed regarding any proposed changes.
- We observed, and were told of, good relationships and cooperation between staff at all levels and good leadership.
- Staff felt part of a team and there was much emphasise on the sense of belonging. They felt that all staff were treated with the same respect irrespective of their status.
- One of the care staff we spoke to had been employed under the previous owner/manager told us how things were better now.



Other observations and comments

- In our opinion Dale House Care Centre provides safe and secure care for residents, many of whom are living with Dementia.
- We felt that there was good leadership, development policies, and well trained staff.
- Staff, residents and visitors appeared to have a high regard for the leadership provided by the manager.
- We were impressed by the manager's presentation to us and support the carefully phased plan to bring Dale House up to full occupancy.

Recommendations

1. There was little interaction with the local community outside the home. While we appreciated the cautious approach taken to regain confidence of the community we feel that the home's development has reached the stage where outside local community groups could be encouraged to support the home.
2. The environment was of a high standard, although it was noticeable that the carpet at the entrance of the home was in need of a good clean.
3. Introduce a snack or 'tuck box', as requested by a resident, if this has not already been done.
4. The home could encourage staff members to sign up as 'Dignity Champions'¹ and 'Dementia Friends'² and 'Dementia Champions' to ensure continuation of the compassionate and person-centred care we heard about.

¹ www.dignityincare.org.uk/Dignity-Champions/Becoming_a_Dignity_Champion/

² www.dementiafriends.org.uk



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