

Enter & View Residential Care Report

The Weir Hotel Residential Home

24 The Weir, Hessle, East Yorkshire HU13 0RU

Date of visit: 13th November 2017

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HWERY Representatives: Denise Lester & Pamela Wakelam

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Main Purpose of Visit

This visit was part of a Healthwatch East Riding programme to carry out a required number of Enter & View visits per year to collect the views of people whilst they are directly using services. This will then contribute to its remit of helping ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care.

It is important to note that Enter & View is not an inspection; it is a genuine opportunity to build positive relationships with local Health & Social Care providers, provide opportunity to demonstrate that providers support service user engagement and give service users the opportunity to give their views in order to improve service delivery.

Summary of Key Findings

The Weir is one of two homes owned by 'Hessle Properties', the other being 'Woodleigh Manor Residential Home', providing residential care for up to 31 residents. It is located in an old style property occupying a number of levels.

The home seeks to provide a safe and caring environment for the residents. Residents, visitors and staff speak highly of the home. One visitor spoken to was happy with the care his mother is receiving and two residents in particular felt the manager and staff were the best and the care and food very good. Two lady residents spoken to could not praise the home enough. Really kind staff, really caring, always helpful were the expressions used.

Recommendations/Observations

- The garden at the rear should receive some attention to enhance the experience of residents and visitors using the outdoor area
- Share good practice and the training manual with Woodleigh Manor with regard to the implementation of the 'Respect Protocol' to enhance the staffs understanding of this new protocol
- The bath surround in one bathroom should be made safe



Full Report

Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically

- Strategic Context & Relationships
- Community Voice & Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice & Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Main Findings

How safe is the setting for service users?

Residents spoken to confirmed they felt safe in the home.

The home appeared clean and tidy however there was occasionally a slight stale odour.

Food is prepared on site and choices appeared good (menus available to see); the home has a food hygiene rating of 5 (the highest score possible).

External doors, unsafe areas for residents e.g. kitchen, are secured by digital locks and all other doors have high handle access. There is a call system in every room.

Medication was stored and documented safely. Colour coded 'Nomad systems' are in place. It was noted that at the CQC visit late 2015 concerns had been raised re safe medication practices related to the lack of documentation regarding a client's refusal to take medication drugs at any particular time. This has now been rectified by the introduction of a '**Medication refusal form**' signed and dated by the person offering the medication.

The bath surround in one bathroom should be made safe. We understood that the bathroom is rarely used and is usually locked, but on the day of our visit it was open.

The home is laid out on 4 floors with stair lift access to the upper floors.

How effective do service users consider the service to be?

All external services that residents may require are made available including dentists who do a minimum of annual checks, podiatry visit every 6-8 weeks and more often for diabetic clients. The home uses a company called 'Visioncall' for ophthalmic services which includes an on-line service. GP's visit the home as required and they also regularly review

prescriptions. District nurses are in attendance as needed as well as CPN's, Falls and Crisis teams.

We witnessed good communication between staff and residents and residents are encouraged to make choices about the activities for the day. Some residents go out for the day alone to visit friends, shop etc.

Menus are available and the food offered is varied throughout the week. At each meal time there is a published alternative to the main course but residents are at liberty to ask for something else if nothing tempts them. Special diets are of course catered for and the home follows the 'Nutrition Mission' process. Weight is monitored monthly or more often if required by the individual needs of the resident. Residents may choose where they eat, in the dining room or their own room for example.

A number of the residents are fully mobile and able to take care of themselves but have issues that mean they need some form of attention on a daily basis e.g. medication management.

Residents' money is handled by them or the family. Anything paid for by the home is recouped via the company accountants. Where necessary 'Power of Attorney' processes are in place.

How caring do service users find the service?

Care plans are commenced before arrival if possible so that all necessary clinical and social information is on hand as early as possible; visits to clients and families before arrival e.g. in hospital, assists this process. Clients and families are integral to this information gathering. 'My life' stories are added to the documents and they are reviewed minimally monthly or as care requirements change.

All residents have a named carer.

A number of activities are offered. Jigsaws were in use in one room, TVs are provided in the lounges, bingo is played and baking, laundry and craft classes are scheduled. Residents requiring help with mobility are taken out to the shops and for fresh air etc. by the staff from time to time.

Most residents have their own rooms and they can be personalised as they wish. One ladies room was crammed full of her own décor.

How responsive to their needs do service users find the service?

Activities provided seem to suit the residents and though regular meetings are offered it is the one to one chats with residents and families that helps to inform plans.

There is a publicised complaints process and the CQC registration document and food hygiene outcomes are clearly displayed.

End of Life plans are in place as appropriate. It is recognised that the new 'Respect Protocol' now includes 'Do Not Resuscitate (DNR)' issues. The Woodleigh Manor Home (the sister home to the Weir) has obtained a training manual for this and it is suggested that the manager seeks a conversation with the manager of Woodleigh Manor to share that manual or seek to obtain one for the Weir.

Respite care is available if bed availability allows but there are no day care facilities.

There were 23 residents at the time of our visit. Dementia clients are catered for.

30 of the rooms have en-suite facilities and there are 4 other bathrooms. The home is situated on a busy road but has a small garden at the rear which includes the share of an adjacent garden. It was noted that some of the garden areas require some attention.

How well-led do service users consider the service to be?

Those spoken to were happy with the manager and the staff, they felt that all were approachable.

Staffing levels as indicated to us appear sufficient to provide effective/ appropriate care. The staffing consists of 16 Full time(F/T) carers and 7 part time(P/T) carer. They are supported by 1 manager/2 maintenance staff/1F/T cook & 1P/T cook and 1 F/T and 1 P/T kitchen assistant plus 2 domestics. There are no Registered Nurses employed as it is a Residential home.

Training of staff follows national guidelines e.g. Fire/H&S plus other training such as Dementia awareness/medication. All staff questionnaires completed indicated they were satisfied with the training made available to them.

Quality Assurance programmes are done in conjunction with Woodleigh, the sister home, including subjects such as infection/medication audits.

Response from Setting:
The home has offered no response to the report (3rd January 2018).

Signed on behalf of HWERY	<i>Matthew Fawcett</i>	Date: 10/1/18
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