



Enter & View Report

Care Home: Safe Harbour Dementia Care Home

Service address: 1 Abbotts Drive

Service Provider: Sai Care Ltd

Date and time: Thursday 15th September 2016

Authorised representatives: Marilyn Wallace

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Table of Contents

Acknowledgements.

What is Enter & View?

General profile of service and purpose of visit.

Type of E&V visit undertaken and Methodology.

Findings and observations.

Feedback from residents, relatives and staff.

Safeguarding, conclusions and recommendations.

Supplementary feedback from the provider post visit

Healthwatch follow up action, distribution of report.

Glossary



Acknowledgements

Healthwatch Wirral would like to thank the Manager, residents, relatives, carers and staff at Safe Harbour who gave us a warm welcome and spent time talking to us about their, or their relatives' experiences of living at the home.

Please note that this report relates to findings observed on the specific date and time of the visit. 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.

The visit also takes into consideration the fact that many of the residents spoken to may have an illness and/or disability, including dementia, which may have an impact on the information that is obtained.



What is Enter and View?

Part of the Healthwatch Wirral work programme is to carry out Enter and View visits. Local Healthwatch 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 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 use the service first hand.



1.0 General profile of the service that was entered and viewed.

Safe Harbour is a purpose built building in a residential area of Bebington, Wirral. It is owned by Sai Care Ltd. Accommodation is provided for up to 45 residents on two floors, the ground floor for elderly mentally infirm (EMI) residents who require residential care and the top floor for elderly mentally infirm (EMI) residents who require nursing care.

2.0 Purpose of visit

Review service since the home has changed provider. The new provider is Sai Care Ltd.

Healthwatch Wirral visited Safe Harbour in 2014 when the previous owners, Amrit Ltd, ran the home. Healthwatch Wirral produced a draft report which was sent to the home but no response was received from the management.

3.0 Type of E&V visit undertaken

Unannounced



4.0 Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation.

The rectification of less serious issues may be directly with the service provider.

The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.

Enter and View visits are conducted in a way that works in accordance with Wirral Safeguarding Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.



5.0 Discussions, findings and observations

Healthwatch Authorised Representatives visited the home at 10.30am on Thursday 15th September. We were asked to sign in and use the hand gel in line with the home's infection control procedure.

The Manager took us to a small lounge where we were joined by the Deputy Manager. We had a discussion about the policies, procedures and changes since our last visit in 2014.

New owners had taken over the home since our last visit and the current Manager had been in post for 2 weeks.

We were informed that there were 42 people in residence at the time of our visit. There had been a recent refurbishment programme in the home which included design features to help people who have dementia navigate around safely. Some of the rooms had ensuite facilities and there were bathrooms and shower rooms located on each floor.

Health and Safety

We were told that evacuation procedures are practiced by staff, as it would be confusing to involve residents, and that the building and equipment are regularly checked and maintained. The home has a Service and Maintenance Plan and at the time of our visit we noted that equipment viewed had up to date maintenance notices signed off. The home appeared to be safe and secure and keypad locks were used on doors leading to outside areas.

Care Plans

We did not have sight of care plans but were informed that they are person centered and accurately reflect people's needs and wishes.



Residents may keep their own GP should the practice allow this and the home has a good relationship with The Civic Centre GP practice who look after residents in Safe Harbour.

Staff and Training

The home employs 28 staff and staffing levels are dependent on the needs of the residents in the home at the time.

During the day the following staff are on duty,
1 Manager plus the Deputy Manager (both Supernumerary to help in whichever area they are needed)

Ground floor - 1 Senior Care Assistant plus 3 Care Assistants

First floor - 1 Registered Nurse plus 4 Care Assistants.

In addition to this there are 4 Domestics, 1 Activities Co-ordinator, 1 Administrator, a Chef, a Kitchen Manager and 2 Kitchen Assistants.

At night there is 1 Registered Nurse, 1 Senior Care Assistant and 7 HCA's on duty plus a twilight Care Assistant from 6 - 10pm.

The Home manages any staff shortages by using their own staff or Agency staff who are known by the management. We were informed that recruiting staff is difficult for Care Homes at the moment as many potential recruits prefer to work in a hospital environment.

This home offers staff NVQ level 2 and 3 in Health and Social Care and mandatory training which includes Safeguarding, First Aid, Manual Handling, Dementia, Fire Safety and Infection Control.

Training is delivered face to face and all staff attend.

Induction and Appraisal

Staff receive an Induction when they are recruited and supervision every 2 months.



Medication

Medication is administered by trained Nurses to nursing residents and by Senior Care Assistants to residential residents. Medication is kept in a locked trolley or locked medication fridge. The home conducts weekly medicine audits and Claughton Pharmacy provide Medicine Training.

Complaints

There is a complaints book and all staff, residents and relatives are aware of the procedure. The Manager has an 'open door' policy to deal with any issues or complaints. Residents are given a copy of the complaints procedure on admission and we noted a copy displayed on one of the notice boards during this visit.

Committees

The home holds monthly residents meetings and the Activities Co-ordinator will be setting up a monthly residents and relatives committee soon where participants will be encouraged to make suggestions and discuss any issues.

Nutrition and Hydration

When we talked to staff they appeared to understand the need for adequate nutrition and hydration for residents. The home uses the Must Tool (This is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese) to monitor nutrition and hydration. On admission residents are asked what their food preferences are to enable them to have a good choice of food at mealtimes. Residents are weighed regularly and this is recorded in their care plan. Dietary supplements may be added if the GP or



Dietician prescribes them. Mealtimes are protected but relatives are encouraged to assist residents if appropriate.

Meals are served in the kitchen and taken to each resident personally. Residents who may need assistance at mealtimes are served first.

Pressure Ulcers

The home manages the prevention of pressure ulcers by providing ongoing training to staff, using repositioning charts and specialist equipment.

Falls

The home manages falls by using risk assessments, medication reviews, alarm and falls mats, and by conducting regular Health and Safety checks and monitoring residents closely. They may also make referrals to the Falls Team.

Any incidents are recorded in the Care Plan, Fall Log, Risk Assessment and Accident and Incident form.

DoLS and DNAR

The home manages these by following legal and best practice guidelines. Residents are reviewed annually and Best Interest meetings may be held.

Activities

The home employs a dedicated Activities Co-ordinator for 30 hours per week. They are looking to recruit additional cover over the weekend. A good range of activities are provided and residents are allowed to follow their own hobbies or interests. The home would like to provide more group outings but are unable to do so as they do not have their



own transport. However, residents are able to enjoy trips to the House of Memories in Liverpool and other venues when the home provides a mini bus or taxis to transport them.

Tea parties and special events are celebrated and the home has its own summer house/cafe in the garden.

Additional services such as Hairdressing and Chiropody are also provided on a regular basis.

Quality Assurance

The home has several systems in place to monitor the quality of the service provided. These include regular auditing of all departments, daily Head of Department meetings and regular Quality Assurance review of policies.

Environment

Reception

All of the mandatory Policies and Statements were displayed in reception including Safe Harbour Statement of Purpose and a display of which staff were on duty. The area was clean and tidy and fresh. A signing in book was available for visitors to use. The Manager checked that we had signed in and that we had used the hand gel in accordance with infection control procedures. Some of the information/leaflet display stands were empty and some information appeared out of date.

Corridors

The corridors were free from obstruction and had handrails to enable residents to safely move around the premises. Dementia Friendly signage was evident around all areas along with cheerful displays,



paintings and notice boards. Some areas recently had new carpets fitted. Each corridor had a different theme and colour to help people find their way around and the residents doors were furnished with a letterbox and number. One of the residents had a picture of a pet displayed on the door.

Lift

The lift was well lit and spacious.

Living Rooms

The rooms were sited over both floors. The rooms viewed were well decorated, fresh clean and tidy. Chairs were arranged in small groups and call bells were within easy reach. Some of the chairs appeared to be a little shabby but we were told that the home is undergoing a programme of refurbishment. A Day, Date and Weather board was displayed in picture format and a TV and radio were available in each lounge. One of the rooms is known as the 'Quiet Lounge' and can be used by relatives and residents for meetings or special occasions. At the time of our visit staff were observed supporting residents in activities or providing drinks. They were respectful and cheerful and both residents and staff seemed to enjoy each other's company.

Dining Rooms

These were pleasant, clean, fresh and bright. Small tables were set with individual place settings, serviettes and water. The chairs were 'non tip' and there was space for residents to manoeuvre around safely.

Daily menus were available.



Bathrooms

There were several well equipped bathrooms available on each floor. Some had showers and others had adapted baths. All had non slip floors and sufficient dispensers of hand wash. Call bells were sited within easy reach. Although they were clean and tidy one of the ground floor bathrooms smelled of urine at the time of our visit.

Bedrooms

The bedrooms viewed were clean, tidy and fresh. Some had ensuite facilities. It was evident that residents could personalise their own rooms.

Kitchen

The kitchen had a high food hygiene rating of 5. It was well equipped, clean, tidy and organised. Food is sourced locally and is served individually in the kitchen. The meals are then taken to the resident by a member of staff. Resident's preferences are taken into consideration and they can choose a small or large plate.

Laundry

This room was well equipped and organised. Clothing is moved to the ironing room after being cleaned. Each resident has their own basket which is returned to their room with their items of clothing.

External Areas

The home had its own car parking area to the rear. The gardens were well maintained and the ground was even.

The courtyard was currently undergoing refurbishment with some gravelled areas being replaced with grass. The Lighthouse Cafe was positioned next to a decked area. There were table and chairs giving people a choice of either sitting in the cafe or outside it. We were



informed that staff arranged several fund raising events to raise money for the cafe.

Feedback (from Staff, Service Users, Relatives, Visitors, Carers)

Staff - Staff said that they were happy with their work and felt supported by the new management. They were very positive and pleased with the improvements being made.

Residents - Some residents displayed a degree of confusion so answers to questions could not always be considered reliable. However, those spoken to said that they were happy living at Safe Harbour and that the care that they received was good.

Relatives - One relative, who was visiting at the time of our visit, said that they had seen improvements since the home had been taken over but would like to see more of the new owners. The management had made some improvements that the relative had suggested and the relative was pleased by this.

6.0 Safeguarding observations on day of visit.

No Safeguarding issues were identified at the time of our visit.

Healthwatch 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 safeguarding policies.

If any safeguarding issues are identified during a Healthwatch Enter and View the Local Authority will be notified on the same day as the Enter and View visit.



6.1 Safeguarding Alerts.

The Manager confirmed that the home reports any alerts to CADT and CQC and all incidents are documented and investigated

It is seen as good practice for all Health and Social Care Services to report potential Safeguarding alerts to Wirral Council Central Advice and Duty Team.

7.0 Conclusions

On the day of our visit Safe Harbour appeared to provide a pleasant environment with a good atmosphere. The residents appeared to be well cared for and staff interacted well and were responsive to their needs.

It was pleasing to find that the TV's in the lounges were not left on at all times despite resident not watching or being asleep. (As seen in other homes on occasions) It was also noted that the home prefers to use the radio for background music.

The home provides a good Dementia Friendly environment.

The manager and deputy were aware that further improvements were necessary but were enthusiastic about the progress already made and were looking forward to the future.



8.0 Recommendations

- Display Healthwatch 'Your Voice' leaflets to allow feedback to be gathered independently.
- Ensure that leaflet holders are kept stocked and information displayed is up to date.
- Continue with refurbishment programme.
- Continue to explore the opportunity of obtaining a minibus.
- Liaise with residents on what background music/Radio Station should be aired.
- Discuss future activities with residents at the Committee Meetings.

9.0 Supplementary feedback from the provider post visit

We note the content and are happy with the report.



10.0 Healthwatch follow up action.

Review service in 18 months' time.

11.0 Distribution of report

Healthwatch Wirral will submit the report to the Provider, to CQC, and Health & Wellbeing Board.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.

Glossary

CADT	Central Advice and Duty Team
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
DNAR	Do not attempt resuscitation.
EMI	Elderly Mentally Infirm
GP	General Practitioner
HCA	Healthcare assistant
MUST	Malnutrition Universal Screening Tool
RGN	Registered General Nurse



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