

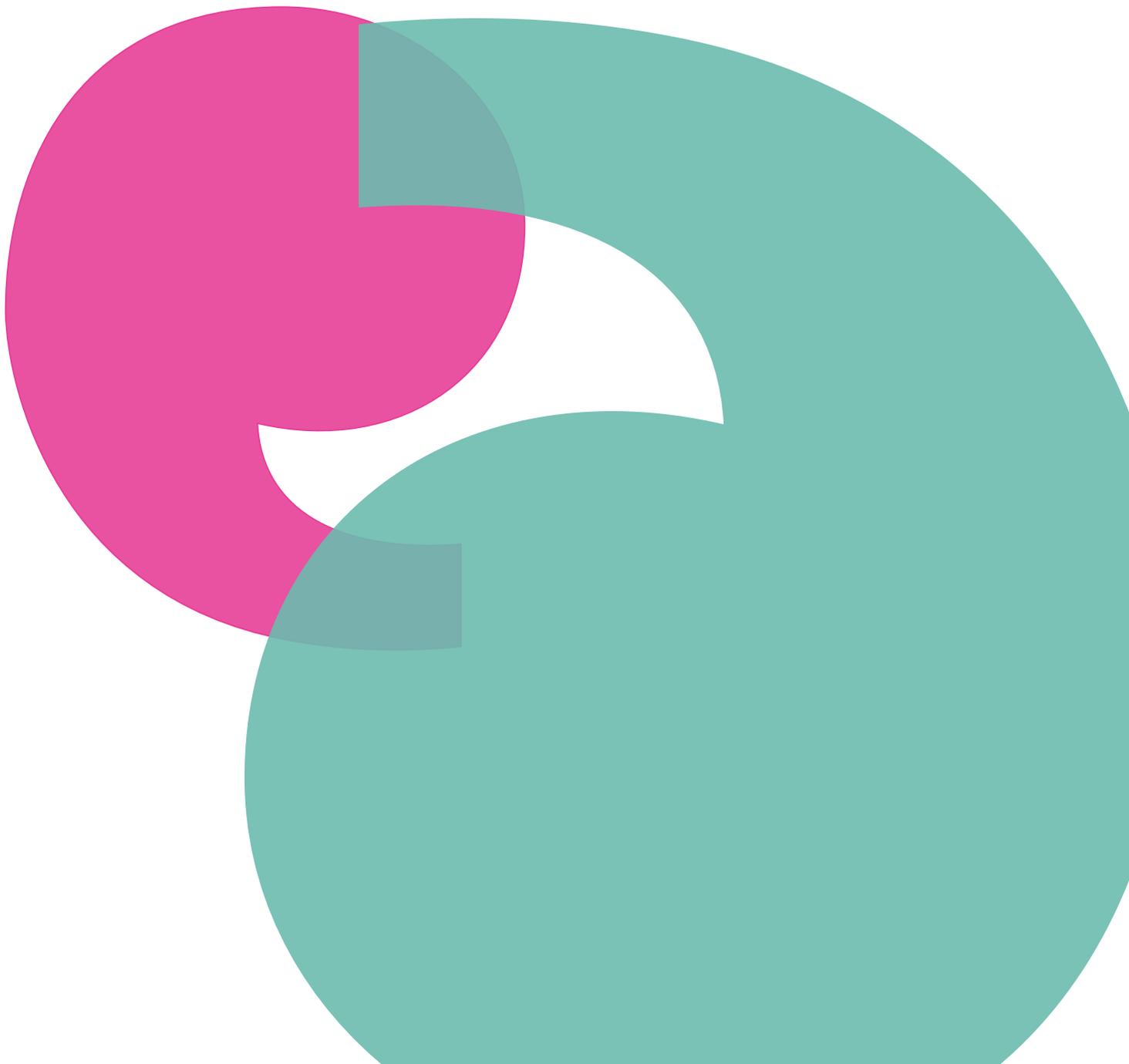
healthwatch

Blackburn with Darwen

St Margarets Court

Enter and View

4th December 2015





Details of visit

Service address: *St Margarets Court* off Cherry Street, *Blackburn*, Lancashire, BB1 1PA.

Time & Date: 4th December 2015. 10-12pm

Authorised Representatives: Mark Rasburn & Diane Adams

Contact details: Healthwatch BwD, Suite 20, Blackburn Enterprise Centre, Blackburn, BB1 3HQ

Acknowledgements

Healthwatch BwD would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

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.

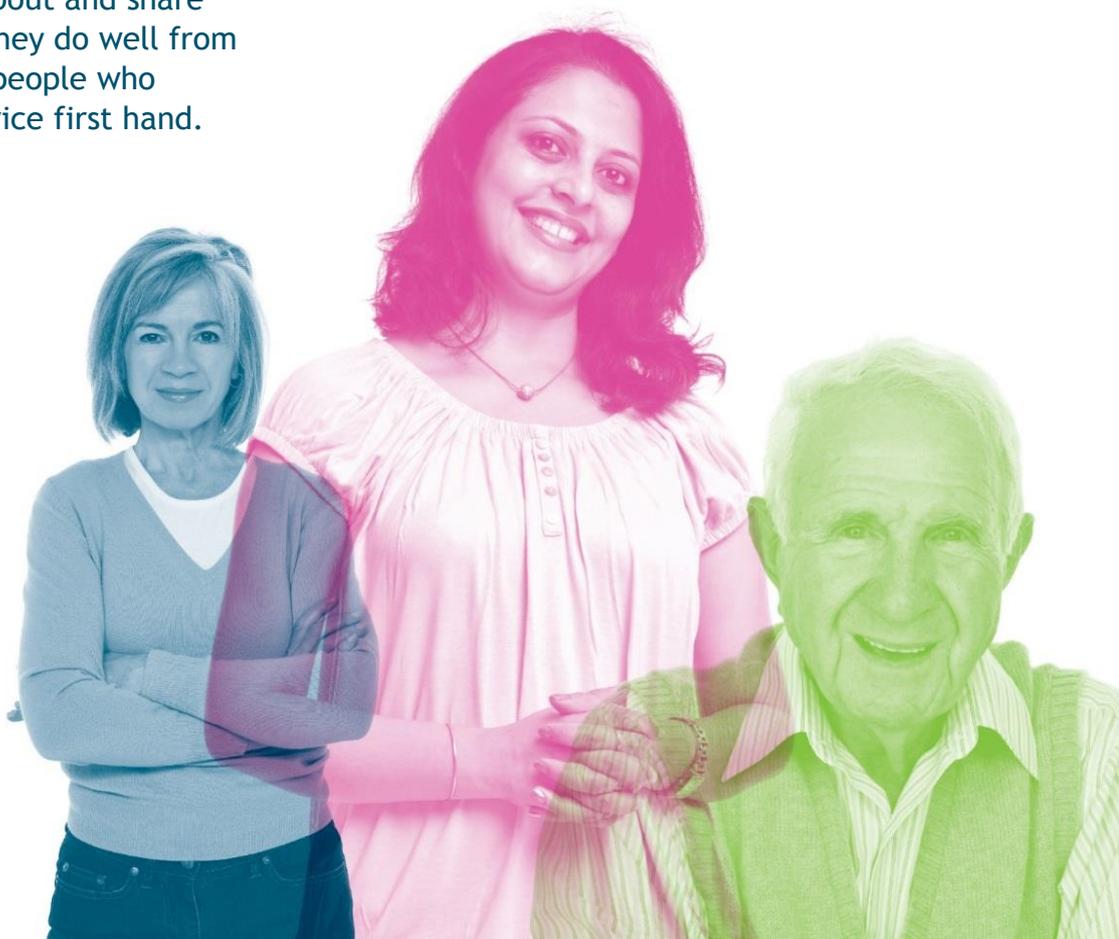
What is Enter and View?

Part of the local Healthwatch 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 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 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 at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending 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 the visit

The visit is part of an ongoing planned series of visits to services looking at the care provided, specifically around how the homes are able to support residents with additional needs. This includes residents with physical disabilities, learning disabilities, dementia, and mental health conditions.

Methodology

This was an announced Enter and View visit. With the service Manger on duty, we discussed many areas of the home including resident's needs, staff training, and resident involvement.

With the aid of an observation sheet Healthwatch representatives walked around the home to observe the environment in the communal areas and the interaction between staff and residents. Healthwatch representatives were also invited into Residents rooms to observe the environment in there.

Using semi-structured questions, which were prepared before the visit, we spoke with residents and staff. All residents in the communal area were invited to share their experience with us. We also approached staff to engage with us, mindful not to disrupt the care being provided.

During the visit we spoke to 7 of the residents.

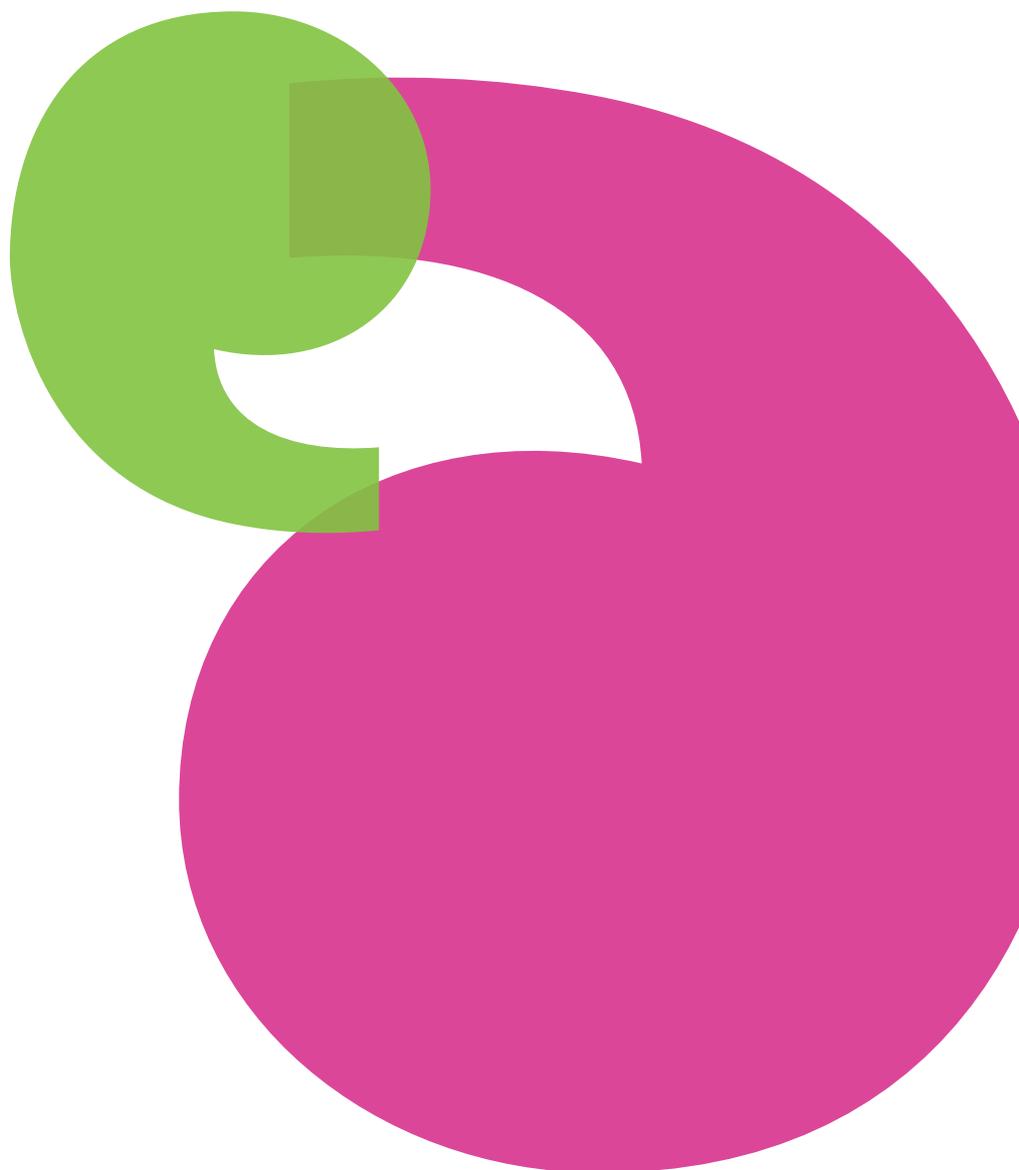
Our findings were briefly discussed with the Team Leader before leaving. This was an opportunity to feedback the findings and highlight any safeguarding issues or quality issues which needed immediate attention. If there were any issues the service Manager would have been informed, along with the Safeguarding team and Adult Social Care Services at Blackburn with Darwen Council.

Summary

St Margarets Court is a 28 flat Extra Care service within Blackburn. The Extra Care is a joint initiative between Contour Housing and Blackburn with Darwen Social Services Department. It provides accommodation for individuals whose ability to remain in the community is at risk and for whom permanent residential care is becoming increasingly likely. It enables older people to live independently in their own self-contained accommodation whilst receiving care and support which is arranged through social services.

The service has different organisations to provide care and support to the residents. Contour Homes manages the service overall, with icare providing domiciliary care, Sodexo providing catering, and cleaners contracted independently with the residents.

At the time of the visit the service had 26 residents. Of those residents two had been diagnosed with dementia, two with mental health conditions, 26 with a physical disability, and 2 with learning disabilities.



Results of the Visit

The general environment

St Margaret's Court was clean and welcoming. The home had adequate lighting and handrails throughout, which helped residents move freely though the home.

One communal area was visited, which was used as a dining room and for activities. The room was spacious, clean and tidy. Within the dining room there was a facility for residents to make hot and cold drinks should they wished.

There was an enclosed courtyard accessible to all residents which had potted plants and was well kept. In a separate room the service had a sheltered area for residents to park and charge their mobility scooters. At the time of the visit there were three mobility scooters parked in the area, which saved space within resident's flats.

Resident's flats were located on the ground level and on the first floor. There was a lift for residents, a stair case, and a stair lift. On The first floor there was a free laundrette and a hairdresser's studio, which was available for residents and their family. Staff informed the Healthwatch representatives that tenants often booked their own hair dresser appointments.

There was a guest suite with two beds. Family and friends visiting are encouraged to pay a contribution for the room, with all money going into a resident's fund.

6 resident's flats were visited upon permission. The flats had been decorated by the residents with personal pictures and furniture to make it homely.

Residents View

5 residents (71%) told us they were happy in the home. 2 residents were not happy in the service, with themes around lack of entertainment highlighted.

7 residents (100%) felt the service was clean and tidy.

"Sometimes the dining room and be slippery after they've cleaned it"

Dignity and Respect

The service is also able to provide both female and male carers, with residents wishes documented in their individual care plan.

Residents View

6 residents (86%) felt they were treated with dignity and respect.

One resident did not feel they were treated with dignity and respect, and felt they were often spoken down to by care staff.

4 residents who received personal care felt it was done in privacy. One resident told Healthwatch representatives that staff sometimes left the door open and spoke about personal care in the corridors and communal areas.

“I think of the care staff more as friends”

- Resident

“There were issues in the past, but since icare have taken over they always knock on the door before entering my flat”

- Resident

Meeting individual needs

There are call bells in all communal and personal flats. During the visit call bells were used and answered quickly.

Those who ate in the communal area knew that they were able to ask the cook for an alternative. One resident was not aware of this, and felt there needed to be more choice.

Residents View

- 5 residents felt staff met their individual needs, with two not. Those who thought staff did not meet individual needs commented about staff's ability to care for residents with learning disabilities and needing additional support for cleaning.
- 4 residents thought call bells were answered promptly, with one resident feeling it usually took a long time.

“It depends what you want. If there is a more serious issue they need to deal with then you sometimes have to wait slightly longer than usual”

-Resident

Social Isolation

Staff informed Healthwatch representatives that residents were encouraged to socialise in the communal areas and not spend a full day in the bedroom. Through encouragement, and tailored social activities, staff informed us that all residents used the communal areas.

If residents do wish to stay in their bedroom then staff perform regular checks and update the care plan and risk assessment if required.

Residents View

- 4 residents (100% of those who answered) felt staff met their individual needs
- 4 residents (100% of those who answered) were always given assistance with eating and drinking
- 5 residents (100% of those who answered) told us staff always helped them when needed.
- 3 residents (75% of those who answered) told us call bells were answered promptly. One resident informed us they were, but only when there were able to use it.
- One resident told us the Home provides gluten free food for them.

Staff View

- Four staff members (100% of those who answered) told us they had the flexibility to meet resident's individual needs.

Interactions between Staff and Residents

We observed staff interacting with residents throughout the visit. This included staff assisting residents with domestic duties and support. Healthwatch representatives also observed call bells being answered in a friendly and helpful manner.

Recreational / social Activities

There was a range of activities available. There was a visible and simple noticeboard which showed what activities were on and when. Each month there was a quiz afternoon for the residents, weekly bingo, and themed parties throughout the year. There was also a library book service which visited the service and a hairdresser.

The home also provides activities outside the home, with family and friends invited.

One resident wanted a dancing activity, and another said they struggled to join in the Bingo as they were not able to read the cards.

Three residents thought the home put a lot of activities on, but many residents did not participate.

“The staff always help me. I’m very content here”

- Resident

Additional comments:

“I’m very happy and so are my family”

- Resident

“I’m worried about the extra care being moved out of the building in January 2016. People come here for the extra support, so there is concern amongst residents that when the service is not provided in-house, then they will need to wait for long periods of time for support. If someone has a stroke how long will it take for staff to attend and support, especially in rush hour traffic? At the moment if I fall I know I will get support within minutes, but I’m worried that will soon change.”

- Resident

Recommendations

The service should place signs in the communal areas when the floors have been mopped to inform residents of a slippery floor.

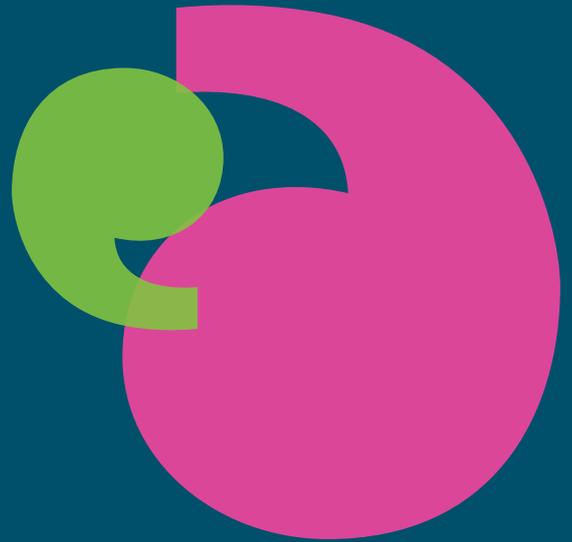
Staff training should be reviewed to ensure all staff are trained to support residents with Learning Disabilities and other additional needs.

Staff should ensure that conversations relating to personal care and other residents should be done so in privacy and not in communal areas.

Residents should be engaged and consulted with in regards to a review in extra support being moved out of house.



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