

Public Document Pack

Date of meeting Wednesday, 18th November, 2015
Time 7.00 pm
Venue Committee Room 1, Civic Offices, Merial Street,
Newcastle-under-Lyme, Staffordshire, ST5 2AG
Contact Justine Tait

Health and Wellbeing Scrutiny Committee

SUPPLEMENTARY AGENDA

PART 1 – OPEN AGENDA

5 HEALTHWATCH, STAFFORDSHIRE

(Pages 3 - 28)

Healthwatch, Staffordshire Engagement Manager will be in attendance. Update to follow

Members: Councillors Allport, Bailey, Eastwood (Chair), Frankish, Hailstones, Johnson (Vice-Chair), Loades, Northcott, Wilkes, Winfield and Woolley

PLEASE NOTE: The Council Chamber and Committee Room 1 are fitted with a loop system. In addition, there is a volume button on the base of the microphones. A portable loop system is available for all other rooms. Should you require this service, please contact Member Services during the afternoon prior to the meeting.

Members of the Council: If you identify any personal training/development requirements from any of the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Democratic Services Officer at the close of the meeting.

Meeting Quorums :- 16+ = 5 Members; 10-15 = 4 Members; 5-9 = 3 Members; 5 or less = 2 Members.

FIELD_TITLE

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

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UPDATE ON NORTH STAFFORDSHIRE ACTIVITY 2015

GP Project

The final report has now been signed off by Healthwatch partners and submitted to Healthwatch England. The final report is publicly available via the Healthwatch Staffordshire website.

University Hospitals of North Staffordshire NHS Trust (UHNM)

The Healthwatch Staffordshire evaluation of the transition of services across the two hospital sites of UHNM to understand the patient and staff experience of the transition process is progressing well with good responses to the on-line and telephone surveys as well as the more in-depth patient interviews, enter and view visits and analysis of feedback streams.

As mentioned previously, the methods being incorporated into this project include:

- On-line survey via the Healthwatch Staffordshire website at:

<https://www.surveymonkey.com/r/UHNMTransitionPublicAppeal>

- Telephone survey with a member of the Healthwatch Staffordshire staff team by phoning our Freephone number 0800 051 8371
- In depth interviews with patients, carers and/or family members.
- Enter and View visits and production of reports for analysis and reporting on key themes and issues identified.
- Research and analysis of our various data and feedback streams including Experience Exchange (www.healthwatchstaffordshire.co.uk/x2), Digimind and Insight Reports and Dashboards.
- Staff focus groups.

Following completion of all the above activities, a Research and Insight Report will be produced by mid-December and will be available for circulation.

Staffordshire County Council and Clinical Commissioning Groups

Healthwatch Staffordshire has been working with Staffordshire County Council mental health commissioners and Clinical Commissioning Groups on the launch of the pan-Staffordshire Mental Health and Wellbeing Strategy including facilitating 3 public events to raise awareness of the new strategy and associated initiatives and engaging with service users on the issues that are important to them.

An on-line discussion forum has also been set up via our website and has a monthly topic for discussion. Topics include stigma and discrimination, crisis, mental health and A&E, child to adult support transitions, recovery, emotional wellbeing and psychosocial health.

<http://healthwatchstaffordshire.co.uk/forum/>

North Staffs and Stoke-on-Trent CCGs - New Model of Care

Following completion of phase 1 of the engagement on the “new model of care” North Staffs CCG have invited Healthwatch Staffordshire together with a wide range of stakeholders to be part of a Communications Sub-Group looking at phase 2 of the engagement. This group has continued to meet and contributes to and comments on the development of an effective communications plan for the implementation of the New Model of Care. Following a shortlisting and voting process, the consensus for the public facing name of the New Model of Care has been agreed and is to be known as My Care, My Way - Home First.

The CCGs have arranged a series of consultation events to engage with people on the plans and Healthwatch Staffordshire and Healthwatch Stoke on Trent have provided support by way of the Independent Chair for each event, staff to facilitate table discussions and promoting the events via our website, social media and newsletters.

The event schedule:

- 23rd October - 1pm - 4pm - Moat House, Festival Park.
- 3rd November - 1pm - 4pm - Fenton Manor.
- 9th November - 6pm - 9pm - Core, Longton.
- 20th November - 3pm - 6pm - Staffordshire Moorlands District Council
- 23rd November - 10am - 1pm - Bentilee Community Centre
- 27th November - 2pm - 5pm - Guild Hall, Cheadle.

Keele University

Healthwatch Staffordshire has been working closely with Keele University in respect of their Community Experience Placements and Community Leadership Project working with both Year 2 and Year 5 Medical Students.

We currently have a cohort of four Year 5 Medical Students who are working on a 15 week project as part of their training and volunteering Community Leadership Project and will focus on community services. The survey has been developed with a focus on services in the Newcastle-under-Lyme area and Healthwatch volunteers have been conducting the surveys with patients and carers during the w/c 26th October and 2nd November. The Medical Students have also developed a GP survey for completion by GPs in the local area. The surveys will then be analysed and a report produced. The Medical Students will be presenting their project at Keele Medical School on 2nd December and Healthwatch Staffordshire have been invited to attend.

NHS Complaints Advocacy Service

Since the NHS Complaints Advocacy service has been in operation in-house from 1 February 2015 we have had contact with over 100 people requesting a range of information, advice and support from the in-house team. Services available include Self Help Information Packs and one to one support from our advocates. The service has its own Freephone number of 0800 161 5600 or text ‘Healthwatch’ with name and number to 60006. Leaflets and posters are available by contacting the team on the number above or e-mailing to advocacy@ecstaffs.co.uk

During Quarter two, Engaging Communities Staffordshire (ECS) opened 110 new cases- seeing a peak of 47 in September. Again, this is an increase in the previous quarter’s figures. The majority of referrals are coming through PALS referrals and we are continuing to build strong professional relationships with PALS to ensure the referral stream increases as more people become aware of their right to advocacy support.



In the last quarter, we have made changes to the NHS Complaints advocacy website page, to include more easy read and large print documents and links to support people who have learning disabilities to enable them to make a complaint. We have also ensured the website is accessible in other languages and in larger print.

ECS continues to increase awareness and usage of the service and will continue to monitor the level and pattern of referrals. Increasingly, ECS will engage with the public at events and public venues and is creating partnerships with other agencies and organisations within Staffordshire to ensure clients are signposted to the service and to ensure the service has an increased presence amongst members of the public and staff within the NHS.

All clients are provided with detailed and comprehensive information about the service on initial contact and Client support plans are drafted and agreed with all clients and recorded on our case management system. This forms the basis of the client’s instructions throughout the case.

Outputs and Throughputs

Table 1a- Number of cases opened, closed and ongoing

Status	2015 / 2016 Q1			2015 / 2016 Q2			2015 / 2016 Q3			2015 / 2016 Q4			YTD
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	
No. of New Cases	15	31	43	38	25	47							199
Ongoing	33	59	80	105	123	147							324
On Hold	18	19	20	20	20	20							20
Closed	16	7	8	22	14	25							92
Av Duration of Closed Cases (m)	211	322	224	236	354	325							267

Table 1b- Number of opened, closed and ongoing cases by client location

District	2015 / 2016 Q1			2015 / 2016 Q2		
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Cannock Chase	22.2%	22.2%	11.1%	0.0%	33.3%	77.8%
East Staffordshire	22.2%	77.8%	44.4%	100.0%	0.0%	44.4%
Lichfield	0.0%	0.0%	11.1%	0.0%	0.0%	33.3%
Newcastle-under-Lyme	11.1%	33.3%	0.0%	66.7%	11.1%	66.7%
South Staffordshire	0.0%	22.2%	11.1%	0.0%	0.0%	33.3%
Stafford	33.3%	44.4%	77.8%	33.3%	22.2%	88.9%
Staffordshire Moorlands	0.0%	55.6%	66.7%	66.7%	66.7%	44.4%
Tamworth	0.0%	0.0%	0.0%	33.3%	33.3%	55.6%
Other	11.1%	11.1%	11.1%	22.2%	22.2%	22.2%

Table 2a- Time taken to acknowledge cases compared with targets

	Target	2015 / 2016 Q1			Q1 Total	2015 / 2016 Q2			Q2 Total
		Apr-15	May-15	Jun-15		Jul-15	Aug-15	Sep-15	
Acknowledgement times for cases closed in the quarter		Actual	Actual	Actual		Actual	Actual	Actual	
% of cases acknowledged within 48 hours	98%	100%	100%	100%	100%	100%	96%	100%	100%
% of cases contacted by an advocate within 5 working days	98%	100%	90%	100%	97%	100%	96%	100%	99%

Table 2b- Time taken to resolve cases compared with targets

Time take to resolve cases compared with targets		2015 / 2016 Q1			2015 / 2016 Q2		
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Resolve time for cases closed in the quarter	Target	Actual	Actual	Actual	Actual	Actual	Actual
% of cases resolved within 6 weeks of opening	15%	56%	29%	63%	50%	36%	52%
% of cases resolved within 3 months of opening	25%	100%	43%	75%	64%	57%	64%
% of cases resolved within 6 months of opening	60%	100%	100%	100%	100%	86%	88%
% of cases resolved within 1 year of opening	90%	100%	100%	100%	100%	100%	100%

Hard to Reach Engagement

Healthwatch Staffordshire has a dedicated Community Engagement Lead, Jo Hall, who focuses on our hard to reach engagement work across the County. The specific areas Jo has been involved with thus far include:

- Homeless and rough sleepers
- Substance mis-use
- Learning Disabilities
- Not in employment, education or training, CSE and mental health.
- Mental Health
- Gypsy and travellers

Jo has focussed on developing professional contacts and networks, attending and facilitating drop-in sessions and group discussions with service users, facilitating referrals into Healthwatch services including NHS complaints advocacy and meeting with the gypsy and traveller community as well as supporting a wide range of activities related to our mental health project work. Jo will also be supporting our developing programme of work on young people participation and prisons.

Jo is also working with learning disability partners to develop our easy read literature.

Engagement Activities and Drop-in sessions

Please see below a schedule of events and activities where Healthwatch Staffordshire has attended/had an engagement stand in order to raise awareness of Healthwatch, provide information and signposting materials and gather feedback from patients and service users as well as recruiting Members and Champion volunteers.

SCVYS Your Thoughts Matter....so let's talk event - Leek	Monday 12 th October 6-8pm	Haregate Community Centre, 46 Queens Drive, Leek, ST13 6DJ. Informal engagement event for young people to gather feedback regarding issues that affect them in their local area. Pizza and drinks provided.
Keele SU University Volunteering Fair	Tuesday 13 th October	Opportunity to promote Healthwatch Staffordshire and recruit young people as Healthwatch members and Champions.
Macmillan Event Victoria Centre, Station Road, Biddulph	Thursday 15 th October 5pm-9pm	Macmillan Community Event 'Coping with Cancer' aimed at PABC Opportunity to raise awareness of Healthwatch Staffordshire. To make PABC and support groups aware of the services and Macmillan Partnerships within the area.
New model of care Public Event - Moat House, Festival Park	Friday 23 rd October 1-4pm	Moat House, Festival Park. Public consultation regarding new model of care My Care My Way. Healthwatch Staffordshire and Stoke have been asked to provide an independent chair, Healthwatch Stands (at Staffordshire venues) and facilitate table discussions. 10 Facilitators per 100 people required.
Ageing and HIV Workshop	Saturday 31 st October 10.30am-3.30pm	Skyroom, Hanley YMCA. Healthwatch stand and to answer questions at workshop - together with resources and services to help. Places limited, priority given to people living with HIV.

Event Schedule October - November 2015



<p>New model of care Public Event - Fenton Manor</p>	<p>Tuesday 3rd November 2-5pm</p>	<p>Fenton Manor. Public consultation regarding new model of care My Care My Way. Healthwatch Staffordshire and Stoke have been asked to provide an independent chair, Healthwatch Stands (at Staffordshire venues) and facilitate table discussions. 10 Facilitators per 100 people required.</p>
<p>New model of care Public Event - Core Longton</p>	<p>9th November 6-9pm</p>	<p>Core Longton. Public consultation regarding new model of care My Care My Way. Healthwatch Staffordshire and Stoke have been asked to provide an independent chair, Healthwatch Stands (at Staffordshire venues) and facilitate table discussions. 10 Facilitators per 100 people required</p>
<p>UHNM Staff Focus Groups</p>	<p>Wednesday 11th November 10-12pm 2-4pm 6-8pm</p>	<p>Focus groups with UHNM staff regarding feedback following transition of services RAB Thomas Lecture Theatre, Post Graduate Medical Centre, County Hospital.</p>
<p>Community Health Event</p>	<p>Thursday 12th November 10-2pm</p>	<p>Community Health Event at Redstreet Community Centre, Newcastle. Organised by SSOTP, Newcastle Adult Services. Healthwatch Stand.</p>
<p>New model of care Public Event - Staffordshire Moorlands</p>	<p>Friday 20th November 3-6pm</p>	<p>Staffordshire Moorlands Council, Churnet Room. Public consultation regarding new model of care My Care My Way. Healthwatch Staffordshire and Stoke have been asked to provide an independent chair, Healthwatch Stands (at Staffordshire venues) and facilitate table discussions. 10 Facilitators per 100 people required.</p>
<p>UHNM Staff Focus Groups</p>	<p>Monday 23rd November 10-12pm 2-4pm 6-8pm</p>	<p>Focus groups with UHNM staff regarding feedback following transition of services. FF03, Clinical Education Centre, Royal Stoke.</p>
<p>New model of care Public Event - Bentilee Community Centre</p>	<p>Monday 23rd November 10am-1pm</p>	<p>Bentilee Community Care. Public consultation regarding new model of care My Care My Way. Healthwatch Staffordshire and Stoke have been asked to provide an independent chair, Healthwatch Stands (at Staffordshire venues) and facilitate table discussions. 10 Facilitators per</p>

		100 people required. Staffordshire
Expert Citizens Insight Event	Tuesday 24 th November	Kings Hall, Stoke. Voices of change, independence and empowerment in Stoke on Trent. Keynote speakers and workshops. Healthwatch stand.
New model of care Public Event - Guildhall Cheadle	Friday 27 th November 2-5pm	Guildhall, Cheadle. Public consultation regarding new model of care My Care My Way. Healthwatch Staffordshire and Stoke have been asked to provide an independent chair, Healthwatch Stands (at Staffordshire venues) and facilitate table discussions. 10 Facilitators per 100 people required.

Enter and View Programme

Our programme is supported by a pool of 34 active volunteers and the portfolio of enter and view visits over the last few months has focussed predominantly on a schedule of 11 hospital visits as part of our project to evaluate the transition of services across University Hospitals of North Midlands NHS Trust with one further visit to take place in November.

The analysis and reporting of which will be included in our overall evaluation report which is due for completion by mid-December.

We have also visited several care homes and those specific to the Newcastle-under-Lyme and Staffordshire Moorlands area including Pine Meadows in May and follow-up visit in September. Copies of the reports are attached for your information. Further follow-up activity on progress for this home will be done initially by letter and then assessed for possible further follow-up visit if concerns continue.

We have also been working with NHS England to facilitate focus groups in prisons as part of the quality monitoring programme. Prisons visited so far:

- 1) Monday 5th October 2015, HMP Oakwood
- 2) Tuesday 21st October 2015, HMP Hewell

We are due to conduct two further focus groups before the end of the calendar year:

- 1) HMP Drakehall
- 2) HMP Swinfen

The focus groups are to inform the clinical review visits that NHS England undertake as the commissioners of the services in the prisons.

Prisoner Engagement Work

The work around prisoner engagement is currently being developed and we are looking to arrange a working group to develop some assessment criteria and training for this piece of work. This programme will also be supported by our active volunteers who will have specific training.

Young People Engagement and Participation

One of our priorities for this year is the development of robust engagement and participation mechanisms with young people and a “Youth Healthwatch”. Kerry-Jane Kelly, our Engagement Co-ordinator, who started with us in September, is leading on this work and below is a summary of activities thus far:

Young People’s Healthwatch so:

- Your Thoughts Matter so Let’s Talk Young People’s Events- Supported SCVYS
- Keele University Volunteering Fair - recruiting young people as members & volunteers
- South Staffordshire College - Health & Social Care Student workshops/volunteer recruitment
- Creating a database of partner organisations working with young people
- Researching Young People’s/Youth Healthwatch services nationally - best practice
- Networking/partnership meetings - Youth Participation Partnership, SCVYS, CCGs, CAMHS, Staffordshire Fire Service, Street Games/Door Step Sports, Children’s services engagement meeting -Staffordshire Police, FYI families Lichfield, youth groups.

Young People’s Healthwatch Next Steps

- Staffordshire University - Health & Social Care student workshops/volunteer recruitment
- Stafford College - Health & Social Care student workshops/volunteer recruitment
- Wolgarston High School, Penkridge - student engagement and volunteer recruitment
- Working with Jo Hall, Brighter Futures - engaging with hard to reach young people
- Healthwatch Staffordshire young people engagement events delivered in partnership - CCGs, Staffordshire Police, Fire Service, schools, voluntary sector and private organisations delivering services for young people.
- Development of young person’s volunteer role description and volunteering policy
- Designing of promotional materials and website for a young people’s Healthwatch - views of young people



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Visit Final Report

SERVICE PROVIDER DETAILS

Name: Four Seasons Healthcare

Premises visited: Pine Meadows Care Home, Park Rd, Leek, Staffordshire ST13 8XP

Date of Visit: 1st May 2015

Time of visit: 10.30am

Home Manager: Marina Machin

NAME OF AUTHORISED REPRESENTATIVES:

- | | |
|--------------------|--------------------|
| 1. Sandy Turner | 3. Harry Ferguson |
| 2. Glenys Robinson | 4. Maggie Matthews |

SUMMARY OF FINDINGS *(PLEASE INCLUDE A DESCRIPTION OF THE PROVIDER)*

The home is purpose built, the building itself is in need of urgent maintenance and repair. The gardens look unkempt and there is a pond at the front of the building in desperate need of cleaning.

The front door is unlocked and appears difficult to monitor from the office or anywhere else in the building. There is nothing to alert staff to people coming and going.

Internally, the rooms appeared adequately furnished, however there was no personalisation to the bedroom doors in the EMI Unit to make it easier for the residents to recognise their own room. One of the bathrooms observed required maintenance and cleaning.

1. PURPOSE OF VISIT

Put in a small paragraph about why the visit was undertaken

CQC found that there had been no improvements to the way in which the provider deployed staff within the nursing unit to ensure that there were sufficient skilled staff to meet people's needs safely.

It was also noted that staff did not always follow care plans to ensure that residents received their care safely. Residents were put at risk because incorrect equipment was used to transfer people safely. Residents were not always able to alert staff because call bells were not made available to them. Which means that staff were unable to respond to resident's needs in a timely manner.

RECOMMENDATIONS

Please use bullet points for the recommendations and if needed any reasoning behind the recommendations.

- Staffing issues to be addressed immediately.
- External and internal repair and maintenance needed urgently.
- Health and safety of the residents to be considered especially the pond at the front of the building.
- Cleaning regime to be looked at, mal odours were evident and unclean bathrooms observed on the visit.
- Consideration must be given to a robust activities programme.

2. OBSERVATION AND FINDINGS

These should be summarised under the following headings:

SECTION 1: PHYSICAL ENVIRONMENT (include evidence & approach used)

Pine Meadows Care Home is set on the edge of the local park in the market town of Leek. It is not accessible to local shops nor are there any public transport links nearby. It provides nursing and residential care.

As you walk towards the front door, there is an overall impression that the building and surrounding area is tired and in need of tidying up and repainting, the gardens appear unkempt.

There is a pond near the door which is in dire need of cleaning, there are fish in the pond but the water is so dirty they can hardly be seen. There is no safety fencing around the pond, just a thin piece of wire.

The front door is unlocked and visitors can walk straight into the building without a member staff seeing them, the office is off to the right quite a way from the entrance. There is a signing in book on a table by the front door but it is left to trust whether people sign in or not. There are no pressure sensors which may alert staff to people entering or leaving the building and no CCTV was evident. There was a slight smell of urine on entering the hallway.

There is a small lounge off the main hallway which is used for meetings, training etc. There are 66 bedrooms plus two which can be shared. At present there are only 59 residents and as the home is subject to a Large Scale Investigation (LSI) no further residents can be admitted at present.

There are two maintenance men employed one full time and one part time. The Representatives were not able to ascertain how many hours the employees did and exactly who was responsible for organising decoration, repairs or safety of premises as there were no members of senior staff present for most of the visit.

SECTION 2: STAFF (include evidence & approach used)

(PLEASE INCLUDE STAFF FEEDBACK/ STORIES AND/OR COMMENTS)

Number of Staff employed:

50 carers are employed - 15 of which are Senior Carers

There are 8 qualified nurses

There are 2 senior and 8 other cleaning staff.

There are four shifts:

8am-8pm
8pm-8am
8am-2pm
2pm-8pm

The staff spoken to were unable to give a breakdown of who was on duty and when. Whilst the visit was taking place, the home were trying to get cover from an agency for the night shift.

There is a high proportion of agency staff used as many of the permanent staff left when the former matron Barbara Jackson resigned her post after 17 years.

Some of the staff roles are interchangeable between cleaning, caring and organising activities.

Sharon who was in charge of the catering showed the Representatives the kitchen which was well stocked with fresh food. She has menus on display which she changes regularly. She also has a list of special dietary requirements for residents. She takes great pride in her work as do the rest of the staff who all appeared happy and enthusiastic. Fresh cakes and pastries are baked each day. There is a chef, cook and 8 other kitchen staff.

A member of staff told the Representatives that there were real issues with staffing and it not unknown for the units to have more agency staff on duty than regular staff. They use Depeol plus 3 other agencies, they try to use the same staff and have a profile for each nurse.

Training was done electronically and records were seen by the Representatives. They also conducted group training on site and used contracted companies for things like PEG training. Some of the training was mandatory. There was a new model of training being used: Learning PEARL. Training was done in working hours and there were no charges made.

One of the agency staff had taken it upon herself to organise agency cover for the later shift as there were not enough staff to cover she said “this was not uncommon” and she said “the organisation was very poor and there would be

three agency staff covering the afternoon shift”. She did make a point of saying that the residents were not at risk.

The comment was made that, “There were always different staff on duty which meant that there was no continuity for the residents”.

SECTION 3. SERVICE USER EXPERIENCE

(include evidence & approach used)

(PLEASE INCLUDE SERVICE USER STORIES/ COMMENTS IN THIS SECTION)

The residents are seen by GPs from Moorlands Medical Centre when it is required. Claire Kirkham, Community Matron visits each week as does the hairdresser. Teeth, eyes and feet are seen to as needed. None of the staff were trained in nail clipping.

One of the care staff organises some activities for the residents apart from a sing-a-long that happens on a Friday afternoon. There did not appear to any other activities done on a regular basis. There was no evidence of a dedicated activities area or list of activities. Due to the fact that the activities are organised by one of the carers, it would appear that they are not qualified for this purpose.

The EMI Unit was visited, this was whilst lunch was being eaten. The Representatives were asked not to enter the dining room and disturb the meal. The Representatives were shown a couple of the bedrooms which were reasonably well furnished. The name plates on the doors were typed in very small font making it difficult to read. There was nothing personal on the doors of the bedrooms to help the residents recognise their own rooms.

One of the bathrooms observed was in a very bad state of repair, the toilet seat was damaged and looked unclean. There were towels in the bath and an open cupboard with old clothes, toiletries etc. strewn around.

The lounge had decent chairs and the television was switched on even though there were no residents in there. There was a noticeboard on the wall which displayed nothing at all.

Further along the corridor there was a nice small room opening onto a patio area which was unused, this could be made into a lovely quiet area for the residents who could, sit out when the weather allowed.

The quality of the food appeared good and there were always fluids available on request but also set times.

The Representatives spoke to one resident who was very happy with his care, he said that the food was good, he had his own furniture in his bedroom and also has a mobility scooter. He is allowed to feed the birds and has his dog in his room, he has been a resident for 18 months. Another resident spoke to said that the food was generally ok. She was able to go to bed when she wanted and chose her own clothes each day.

One of the carers was observed talking politely with a resident. Two of the carers were also observed struggling to lift a resident to the standing position.

SECTION 4. RELATIVE/ CARERS EXPERIENCE

(include evidence & approach used)

(PLEASE INCLUDE ANY FEEDBACK OR COMMENTS FROM RELATIVES/ CARERS IN THIS SECTION SHOULD THEY BE AVAILABLE TO TALK TO YOU)

There were no relatives/carers at the home at the time of the visit.

SECTION 5. ANY FURTHER OBSERVATIONS

(include evidence & approach used)

(THIS SECTION IS FOR YOU TO NOTE ANY FURTHER OBSERVATIONS OR EVIDENCE THAT YOU MAY THINK IS RELEVANT)

When arriving at the home at 10.30am the Representatives were told by the recently appointed Administrator that the Matron and the Area Manager were both in town at a meeting with the Council. There did not appear to be anyone else who had been left in charge.

The Administrator attempted to phone the Matron and the Area Manager but was unsuccessful. She then phoned another Four Seasons Healthcare home which was 10 miles away and asked the Matron there to come and speak with the Representatives, which she did.

Due to there being no managers available and the Administrator having only been in post for 6 weeks, information asked for was not readily available. Staffing did not appear to be adequate for the number of residents but the residents did look clean and cared for.

Representatives of Healthwatch Staffordshire were left feeling uneasy about the many issues they observed whilst at the home. There were obvious staffing problems. The Manager should have in fact been on annual leave the day of the visit but it did not appear that anyone had been given overall responsibility for the home in her absence. The question of what would happen in an emergency is raised by the Representatives.

The home has a rundown feel about the place and the décor needs refreshing. The conservatory was 'smelly', and the toilet raisers in the bathroom were stained and dirty. The bathroom appeared to be used as storage areas, cluttered and grubby. The building is in need of urgent repair and maintenance.

SECTION 6. ANY FOLLOW UP ACTION REQUIRED?

PLEASE ADD ANY FOLLOW UP ACTION THAT MAY REQUIRED (E.G. VISIT, CALL TO THE PROVIDER ETC)

A follow up visit is urgently needed to see if any of the issues raised have been addressed.

SECTION 7. DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

SECTION 8: PROVIDER RESPONSE AND INTENDED ACTIONS

Healthwatch Staffordshire contacted the home to see if they had any comments regarding the report.

Healthwatch did not receive any feedback from the home.

Visit Final Report

SERVICE PROVIDER DETAILS

Name: Four Seasons Healthcare

Premises visited: Pine Meadows Care Home, Park Road, Leek, Staffs. ST13 8XP

Date of Visit: 10th September, 2015

Time of visit: 10.30 am

Home Manager: Position vacant

Deputy Matron: Joanne Bowerbank

NAME OF AUTHORISED REPRESENTATIVES:

1. Glenys Robinson
2. Sandy Turner

SUMMARY OF FINDINGS *(PLEASE INCLUDE A DESCRIPTION OF THE PROVIDER)*

The home is purpose built. From the outside, the building looks as if it needs some tidying up, for example: the gardens need trimming, there was a piece of cable hanging down the outside of the wall. The pond is still so dirty it was impossible to see if there were any fish alive or not.

The front door now has a key pad installed, previously there was an 'open door' policy in operation.

1. PURPOSE OF VISIT

Put in a small paragraph about why the visit was undertaken - Our first visit to Pine Meadows had been in May of this year followed in July by one from CQC, this visit was to see if any improvements/changes had been made after our recommendations

On our previous visit there were a great many Agency staff used who were unfamiliar with the residents and their needs
Staffing issues are now in the process of being addressed and fewer Agency staff are being used, Four Seasons has a bank of their own staff which they deploy around all their Homes as required.

External repairs still need addressing, work has been done and continues to be done internally

Health and safety of residents (with relation to access to the pond) has been addressed by the key pad fitted on the front door

The cleaning regime appears to have improved there being no mal odours as you entered the front door

The bathrooms are being upgraded and old equipment replaced

There is still no Activity Co ordinator in place although an advertismant has gone out for this position

RECOMMENDATIONS

Please use bullet points for the recommendations and if needed any reasoning behind the recommendations.

No recommendations were given following this visit.

2. OBSERVATION AND FINDINGS

These should be summarised under the following headings:

SECTION 1: PHYSICAL ENVIRONMENT (include evidence & approach used)

Pine Meadows Care Home is set on the edge of the local park in the market town of Leek. It is not accessible to local shops nor are there any public transport links nearby. It provides nursing and residential care.

The gardens at the front of the building could do with tidying up and the pond is still extremely dirty. We saw no evidence that there was a safety net covering it.

The front door is now locked with a key pad in situ, we did not have to use this as there were two members of staff leaving the building as we arrived and also in the hallway was the deputy matron Joanne who welcomed us and took us into the small meeting room after we had 'signed in'. There was a welcoming aroma of cooking as we entered the building

There are 66 bedrooms, two of which can be shared. At present there are 48 residents, 11 less than when we visited in May. Two have moved on for various reasons and 9 have passed away. The Home is still subject to an LSI and can therefore not admit any further residents

There are two Maintenance men employed but Joanne who has only been in post for two weeks was not yet sure of their roles and responsibilities

SECTION 2: STAFF (include evidence & approach used)

(PLEASE INCLUDE STAFF FEEDBACK/ STORIES AND/OR COMMENTS)

Joanne told us that they were using less Agency staff and that Four Seasons used a bank of peripatetic staff in their Homes, they were still trying to recruit more permanent staff.

A Clinical Lead was in the process of being appointed. She told us that staff morale had been very low when she arrived but that she had seen an improvement over the past couple of weeks.

There is still no Activity Coordinator in post although this has been advertised.

Unlike our previous visit the staff now know who is 'in charge' at the Home at any given time.

Staff are being encouraged to read Care Plans and Joanne does some dip sampling of this on a daily basis.

Staff had previously complained that they did not have time to regularly shower residents, this had been addressed and staff trained in how to encourage the reluctant residents.

There were previous issues on the safe storage of medicines by staff, they had now received further training to address this.

Joanne was unable to tell us if any staff had been trained in nail clipping.

She wasn't aware there were any issues to the response to 'call bells'.

There had been a new catering company taken on and the existing staff had been 'TUPEED' across so no one had lost their job.

Staff training was done 'online' either in work time or if completed at home then staff were paid for their time. A new training programme had been introduced which was proving challenging for some of the less computer literate

SECTION 3. SERVICE USER EXPERIENCE

(include evidence & approach used)

(PLEASE INCLUDE SERVICE USER STORIES/ COMMENTS IN THIS SECTION)

We spoke with numerous residents who all appeared to be happy with their placement, enjoyed the food and liked the staff.

One lady who had been a resident for 15 months said she was happy and could get up and go to bed when she wanted. Another resident said the food was okay but she had chicken 2 days running and thought she was having it again that day.

It was noted on the CQC report that there were a considerable amount of residents who had not had a DOLs assessment, Joanne is aware of this and is working through this steadily.

On the EMI unit it was pleasing to see that the doors of the rooms had been personalized, there was a new carpet in the corridor and nice pictures on the wall.

The small lounge that we commented on last time was now in use and the Patio area had been tidied up and a greenhouse, table, chairs and sun shade put out there making a very pleasant area for residents to sit in.

Brightly coloured notice boards had been purchased and had information on.

The bathrooms were in the process of being revamped and new equipment fitted although one was being used as storage facility but presumably this is a temporary measure.

A bathroom on ground floor was in need of a clean and again being used for storage and cupboard needed tidying.

In the residential lounge there was a CD player playing familiar tunes to which the residents were singing, it was a shame that there was no member of staff in there encouraging everyone to join in, the conservatory annex to this room was the only area in which you could detect a smell of urine

We inspected quite a few bedrooms, many of which are empty and being used as storage. We were concerned to see that in one of the occupied rooms there were 10 large packs of 'Inco' pads on the floor, this room would have also benefitted from the tall greenery outside the window being cut down to give more light and a view of the main entrance

There were a lot of new chairs about and more stored in one of the empty bedrooms, there was a smell of fresh paint and we saw numerous workmen busily employed upgrading the premises

We were a little surprised to see the chairs in the lounge on 'Fir cones' in two straight rows, hopefully this had been for some activity rather than a permanent arrangement

SECTION 4. RELATIVE/ CARERS EXPERIENCE

(include evidence & approach used)

(PLEASE INCLUDE ANY FEEDBACK OR COMMENTS FROM RELATIVES/ CARERS IN THIS SECTION SHOULD THEY BE AVAILABLE TO TALK TO YOU)

We spoke with two sets of relatives who said they were quite happy with the care their Mothers were getting and that they were aware of the Complaints procedure should they need it.

One member of staff felt that the changes being made were good. Another member of staff was unhappy about the way new job positions were being handled. A third member said time served didn't seem to matter but was reluctant to discuss.

SECTION 5. ANY FURTHER OBSERVATIONS

(include evidence & approach used)

(THIS SECTION IS FOR YOU TO NOTE ANY FURTHER OBSERVATIONS OR EVIDENCE THAT YOU MAY THINK IS RELEVANT)

When we arrived at Pine Meadows on an unannounced visit we were made very welcome by the newly appointed deputy Matron Joanne, she took us in the meeting room and gave us a hot drink. Due to her being in post such a short time there were some things she still had to acquaint herself with but she was open and honest with us. She appeared to be very enthusiastic about her role and the future of the home.

Lynn Block is a peripatetic Manager for Four Seasons and she is also working at Pine Meadows until their own Manager is appointed, we did not see her to day as she was on annual leave.

The Manager from a sister Home in Weston Coyney arrived as she was providing support to Joanne while Lynn was on holiday.

Joanne was unable to enlighten us as to why the previous Healthwatch report had not been commented on and after enquiries were made of Paul the Area Manager it appears that the electronic copy may have been sent to the previous Managers PC and present members of staff were unable to access this! He had no explanation as to why the hard copy had been ignored and apologized profusely.

SECTION 6. ANY FOLLOW UP ACTION REQUIRED?

PLEASE ADD ANY FOLLOW UP ACTION THAT MAY BE REQUIRED (E.G. VISIT, CALL TO THE PROVIDER ETC)

We did not see any major issues on our visit today, staff morale seemed to be improving, changes were being made in line with recommendations. I believe it would be advantageous if we were to visit again in the future when the LSI embargo is lifted, the vacant rooms have been filled and permanent staffing achieved.

SECTION 7. DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

SECTION 8: PROVIDER RESPONSE AND INTENDED ACTIONS

We have received no response from the Provider to date.

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