

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.