

## Visit Final Report

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### SERVICE PROVIDER DETAILS

**Name:** Four Seasons Healthcare

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

**Date of Visit:** 10<sup>th</sup> 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.