



**Healthwatch Cornwall Enter and
View - Visit Report - Porthgwara
Nursing Home October 24, 2014**



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Intial Information:			
Name and address of establishment:	Porthgwara Nursing Home Coverack Helston TR12 6TG		
Date and time of visit (if multiple visits list all):	Friday 24 October Saturday 1 November 10am	Name of contact at establishment:	Melissa Norman
Healthwatch Cornwall authorised representatives involved:	Liz Berryman Pam Pracey		
Acknowledgements:	Healthwatch Cornwall would like to thank the provider, residents, and staff for their contribution to the Enter and View programme. Particular thanks must be given to Melissa for being so accommodating and informative.		
Disclaimer:	Please note that this report relates to findings observed on the specific dates 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, and staff 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.

The right to Enter and View can also be used to engage with people that might be harder for Healthwatch to reach, and/or to find out about any problems or difficulties that providers, service users or relatives and other professionals are experiencing with the health and social care system in general. 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 this visit:

- To pilot Healthwatch Cornwall's approach to an Enter and View visit to test the procedure and documentation.

- To give our authorised representatives experience of conducting a visit.
- To engage with service users, staff and visitors to get an overview of the running of the home and of experiences of the health and social care system.
- Identify examples of good working practice to refer to during future visits.

Methodology:

This was an announced visit at the invite of the manager and owner of the home who invited our representatives to use their home as a 'pilot' to test the procedure and documentation that has been developed.

Healthwatch Cornwall has received no feedback about the home.

An initial 'Pre-visit' meeting was conducted with both Healthwatch Cornwall representatives and the home manager to get an overview of the home and to discuss logistics. Melissa also gave some valuable advice about how the visit might be conducted and reviewed the proposed questionnaire. The representatives were shown around the home to get an idea of daily life in the home and types of care provided. Appropriate timings of potential visits were discussed, together with private areas of the home highlighted and reassurances given about how the visit would be conducted.

On the day of the visit the representatives spoke with the manager before speaking to anyone in the care home and took their



advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. Most of the bedrooms were viewed by the representatives, apart from those occupied by very ill residents. The interviews with the residents were carried out, for the main part, in their room which afforded them privacy. Each resident was given an explanation of the questionnaire prior to the questions being asked and consent sought to take part. The manager also indicated staff that were willing to be spoken to.

Authorised representatives conducted short interviews with six members of staff at the care home.

Authorised representatives also spoke with eight residents at the care home to informally ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services from the care home to help with our wider engagement work. No family members or outside professionals were available.

A large proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service receivers engaged with staff members and the facilities.

Summary of findings:

- Porthgwara can be seen to demonstrate very good practice in many areas and staff and management are to be complimented in generating a friendly caring atmosphere and having such good communication with residents.
- Staff interacted very well with residents including assisting them to eat with dignity and care, and taking the time to talk, listen and laugh.
- The quality of food is very good and

residents enjoy their communal mealtimes.

- The monthly meeting for staff and residents provides everybody with an excellent opportunity to complain, praise or make suggestions about life in the home. The representatives felt that this was a brilliant example of good practice as the residents felt listened to and minor problems are prevented from being escalated.
- Residents seemed happy with the services provided, especially the level of kindness, friendliness and caring given on a daily basis. They said they felt secure and several remarked that they felt as if they were ‘part of a family.’
- Staff appeared to take a very real interest in their work.

Results of visit:

Environment:

Porthgwara has a very impressive setting on the South coast of Cornwall and was a former hotel. It has extensive sea views, a terrace and pretty gardens that are accessible for residents. First impressions are a very ‘homely’ care home, friendly and odour-free. The accommodation is over four levels and two lifts are available that are able to fit a wheelchair and a member of staff in. The home can accommodate 30 residents and there were 28 at the time of the visit. Most bedrooms were visited by the representatives apart from those occupied by very poorly residents. Most were

“Porthgwara is just like home and the staff are all angels.” (resident)



single rooms with en suite facilities with room for personal possessions. They were found to be in good condition and reflective of the individual residents taste.

There is a communal area as well as a sun lounge and the managers glass fronted office overlooks this area making her very accessible to staff, residents and visitors. There is a laundry on the premises and residents appeared to be very clean and well dressed.

The car parking is very limited and the access through the lane was found to be quite difficult to negotiate. The walk from the public car park would be difficult for visitors with limited mobility. The manager indicated that she is aware of this being a concern and limits staff parking to two cars.

Food:

The representatives were provided with a very good lunch during the visit and were impressed to see that special diets are catered well for. Some food is brought in but most is freshly cooked in the kitchen and the menus observed offered varied meals over a period of time and all residents spoken too praised the catering.

Activities:

A timetable of activities for the current month was provided which included a good variety of activities in the home, and also offered outings to those who are able to go out in a minibus. Families are encouraged to take their relatives on outings as there is a limit to how many individual outings that can be enabled by staff. A comment was made that it would be nice if wheelchairs were available to be taken out on visits to get maximum enjoyment. The manager later confirmed that there are wheelchairs available to everyone who needs one, and that there are spares.

One resident commented that there are no longer enough activities that included physical exercise and they would like to see this brought back. The activities calendar did include a few physical activities such as music and movement, skittles and darts on

the grass.

There is a monthly meeting attended by staff and residents including the owners and manager. The representatives were told that the residents feel empowered to have their say about how they feel and make use of the residents meeting to do this. Everyone has the opportunity to complain, praise or make suggestions and this greatly impressed the representatives that the residents have this opportunity to feedback in such a supportive environment. Family members can also attend this meeting.

Access to health care:

The residents' mental and physical health and levels of mobility vary greatly and nursing and palliative care is available. Staff include qualified nurses, care staff, caterers and cleaners.

Residents reported having good access to local hospitals and also having visiting specialists including an optician and a chiropodist. If there is a concern about a resident's health a GP will be called from the St Keverne practice and everyone seemed happy with their GP. A comment was received that there was not always a choice of either a male or a female GP if there was a particular preference indicated by a resident.

One resident indicated that they had had very good treatment at Falmouth Hospital. Another resident commented that they attend cardiology appointments at Helston Hospital and feel they get a good service there.

One resident had received excellent care during a 4 week stay to South Crofty ward



at RCHT Treliske and had then had a smooth discharge to Helston Hospital which was felt to be much improved than in the past.

Another resident told a representative that they have had several admissions to RCHT Treliske where they were left waiting on a trolley - at least six hours on one occasion.

Two residents shared concerns that they had not had their eyes tested for a while.

Staff:

Observations of staff and resident interaction indicated that staff work hard to maintain good relationships with the residents and show kindness and care. This was backed up by conversations with residents who said they felt secure and as if they were 'part of a family'. Allocated staff were observed to spend one to one time with dementia residents. Comments were received that staff often 'go the extra mile for them.'

The owners frequently visit and are proactive in the running of the home. They have a very caring attitude and, although it is run as a business, a lot of thought appears to go into the running of the home.

Staff interviewed agreed the home was well run, that they worked well together and that the manager's door is always open to them to speak with her. The staff all have annual appraisals and attend regular mandatory training sessions

and are given opportunity to expand their practice. A couple of

comments were made that a bit more performance related feedback in between appraisals might be appreciated.

Death was felt to be mainly handled sympathetically with a flower pinned to the bedroom door and all staff informed and supported. However a comment was made that a death was sometimes, it was felt, dealt with rather hastily.

"Management are always willing to take residents' views on board and are open to changes."
(staff)

Staffing levels can be, at times of sickness, inconsistent but extra shifts by staff and bank staff are used to cover. Most residents were full of praise for the home and the staff and only a couple of negative comments were received regarding staffing levels in that it sometimes took staff time to answer the bell but they stressed that

"Staff are wonderful, nothing is too much trouble, very kind. Nice smiles to be woken up by!" (resident)

they were not complaining and understood why this happened on occasion.

One resident commented that not all staff wait to be asked to enter if a bedroom door is closed. Another commented that they are only offered a bath or shower once a week and would like to be able to bathe more often.

Recommendations:

This report highlights the good practice that was observed and reflects the appreciation that residents felt about the care and support provided. Recommendations for the provider are as follows:

- To take an active part in the newly developing Cornwall Care Quality Collaborative as other care homes would greatly benefit from the sharing of good practice that occurs in the home.
- Perhaps give consideration as to whether there are improvements that could be made to the car parking arrangements.
- Ensure that families and friends are aware that wheelchairs should be available to take out with a resident if required.



- Ensure eye tests are up to date for all residents but also ensure that residents are made aware of the process for regular checks so that they are confident that this is monitored by the visiting optician.

- To keep an open dialogue with Healthwatch Cornwall regarding experiences of local health and social care services and the interaction with these services from the homes perspective.

Additional action by Healthwatch Cornwall:

- Record feedback received concerning feedback about external services such as RCHT Treliske and Helston and Falmouth Community Hospital on the organisations database to add to the wider experiences being gathered.

Service provider response:

Thank you for the time you spent with us and for the completed report. We really value a different and independent perspective on Porthgwara. The observations made within the report have highlighted a few improvements we can make and we would like to clarify and respond to some of the comments made in the report.

With regard to the comment about eye tests; information regarding the visiting optician is contained within our Welcome Guide. A copy of our Welcome Guide is available in each resident's room and gives details of everything the resident may like to know about Porthgwara including details of visiting professionals such as optician, dentist and chiropodist. If individual residents feel they require an eye test outside of their normal annual check-up, this can be arranged.

In respect of the comment that there can on occasion be a lack of choice regarding a visit from a male or female doctor, should one of our residents express a preference this

would always be passed on to the doctors who would usually facilitate this choice. The Doctors at St Keverne surgery conform with the new service introduced by the NHS so that a named GP at the practice has overall responsibility for the care and support of an individual resident. This does not prevent a resident from making an appointment or seeing any doctor, of their choosing, within the surgery as normal. We have added a copy of St Keverne Health Centre's "Welcome to the practice" leaflet in the resident drop file in their room in order to further provide information regarding the GP services.

All of our staff have end of life training and the majority also have end of life qualifications. They look after our residents with dignity and respect, kindness and compassion, ensuring that they are supported, well cared for and that they are comfortable at the end of their life. This is our highest priority. For family and friends this is a difficult time and we offer them kindness, sympathy and support. We work closely with and receive many referrals from the Community Palliative Care Nurses (formerly Macmillan Nurses) who often seek a place at Porthgwara for those needing Palliative or end of life care. Care of residents, in the final phase of their life, and after death is never treated hastily at Porthgwara. We understand the emotional impact upon staff who have cared for a resident often for many years can be significant. We offer staff the opportunity to reflect upon bereavement, loss and grief and support this with varied training opportunities.

We note the comments regarding family and friends not being aware of the



availability of our spare wheelchairs. Each resident that requires a wheelchair does already have their own individual named wheelchair. However we will highlight this in our Welcome Guide to ensure residents and their visitors are aware that additional wheelchairs are available. We will also highlight in our Welcome Guide that we have a portable access ramp for use and where visitors may find this. This is lightweight and portable and can be taken out to allow easier access to those using a wheelchair where an access ramp does not exist.

Porthgwara Nursing Home were delighted to be able to help with the pilot test of Healthwatch Cornwall's approach to an Enter and View visit. It was a good opportunity for us to engage with Healthwatch and your two authorised representatives Liz and Pam. We look forward to future Enter and View visits and will, as recommended, keep an open dialogue with Healthwatch Cornwall regarding the experiences of local health and social care services from the homes perspective.

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