

Visit to Stichell
House
Residential Care
Home

May 2022



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Healthwatch Hartlepool Stichell House Residential Care Home Enter and View Report

Visits to Stichell House, 11th May 2022 + 13th May 2022.

1) Introduction

In March 2020 Healthwatch England instructed all local Healthwatch organisations to follow government guidance and stop all face to face engagement with the public, including Enter and View visits. This prompted local Healthwatch organisations to develop other ways in which the delivery of health and care services could be observed and monitored. This was partially achieved by the development of virtual visits which enabled limited, but valuable insight into the delivery of services in health and care settings.

With the gradual lifting of Covid restrictions it has become possible to reintroduce a degree of face to face Enter and View activity and our visit to Stichell House is our first “live” Enter and View activity since the initial lockdown in March 2020.

However, Covid 19 is still with us, and the visits to Stichell House were conducted in a proportionate and responsible manner. This was achieved by means of two one person visits to the Home and additional virtual discussions with the Home Manager and staff from Hartlepool Borough Council’s Commissioning Team. The visit followed parameters and safeguards mutually agreed by all parties and formalised in a Risk Assessment which can be found in Appendix 2.

Details of visit

Details of visit:

| | |
|-------------------------|---|
| Service address: | Stichell House Residential Care Home Greatham Hartlepool TS25 2HS |
|-------------------------|---|



| | |
|------------------------------------|--|
| Service Provider: | The Hospital of God at Greatham |
| Date and Time: | 11 th and 13 th May |
| Authorised Representatives: | Margaret Wrenn, Bernard Hays, Stephen Thomas |
| Contact details: | Healthwatch Hartlepool, The Orcel Centre Wynyard Road Hartlepool TS25 3LB |

2. Background

Stichell House is a residential care home set in the grounds of the Greatham estate. It offers 35 en suite bedrooms, communal lounges, and a dining room where residents can come together and socialise should they wish to do so. At the time of the visit there were 34 residents. The home is registered to provide accommodation for persons who require nursing or personal care, care for adults aged over 65 years with dementia and adults with physical disabilities and sensory impairments. Stichell House currently has an employment establishment comprising of 1 manager, 4 duty managers, 18 care staff and 9 domestic care assistants. A comprehensive package of training is offered to all staff, further details of which can be found in the Manager Questionnaire in Appendix 3.

3. Aim of the Visit

The visit to Stichell House was the first actual visit conducted by Healthwatch Hartlepool since the start of the Covid pandemic in 2020. As mentioned in the introduction, due to ongoing Covid concerns the visit was a learning experience for all parties. It was delivered within parameters agreed with the Home and the Commissioning team of Hartlepool Borough Council by means of limited visits by one Healthwatch member and virtual discussions with the home manager. Our overall aims were -

To gather feedback from residents and family members of their impressions of care provision at Stichell House and how it has evolved during the pandemic.

To gain insight into the day to day provision of care within the home and the service provided.

4. Methodology

As already mentioned, this was the first actual enter and view visit conducted by Healthwatch Hartlepool since the outbreak of the pandemic and as such required considerable preparation and planning. A three-person team, comprising of two Enter and View trained volunteers (Margaret Wrenn and



Bernie Hays) and the Healthwatch Development officer (Stephen Thomas) were chosen to conduct the visit. The team initially familiarised itself with Healthwatch England guidance on conducting visits and engagement activities and most recent government guidance. Initially it was hoped that the visit would take place in January 2022, but elevated levels Covid infection rates led to a mutually agreed pause. Consequently, plans were made for the visit to take place in April, but an outbreak of diarrhoea and vomiting led to the visit being further postponed until May.

Two visits to Stichell House took place on 11th and 13th May by Margaret Wrenn and a follow up virtual discussion with the Home Manager Lynsey Thurlow took place on 24th May at which Bernie Hays and Stephen Thomas were also present, together with Graeme Martin from the local authority Commissioning Team.

Given the limited opportunities to speak directly to visitors and family members due to ongoing safety concerns, a questionnaire was circulated to family members of residents who regularly visited the home. A copy of the questionnaire and a summary of responses can be found in Appendix 2.

5. Findings

The visits were announced visits to Stichell House care home and were conducted in 2 sessions,

Session 1. Wednesday 11.05.2022.

Session 2. Friday 13.05 2022.

Healthwatch member carrying out the visit is: - Margaret Wrenn.

These visits have been carried out in response to the concerns raised by a relative, regarding the long-term care of her mother whilst in residence at the above.

This is a 35 bed Home, at present 33 beds are occupied - 1 resident is in hospital in Bishop Auckland.

The Home is accessed by a remote access door which is actually on the first floor of the building, which means there is also a floor in the basement, as well as one above (3 floors in all) The Home is set in beautiful grounds, with well-tended gardens which are easily seen from most of the single rooms in the building.

I was allowed entry to the building by a member of staff, who asked that I had my temperature recorded by a special gadget on the wall. Luckily, this was within normal limits. I had completed a lateral flow test before entering the



building, and I was wearing PPE, which included a visor so that I could make myself understood when conversing with staff and residents, plastic apron and gloves. (both disposable)

I was warmly welcomed by the Manager, Lynsey Thurlow, who has been in post for just over one year.

I introduced myself, and Lynsey and I discussed the reason for this visit, which is to ask residents and their relatives standard questions about their lives in the Home.

I asked Lynsey if there was anywhere in the home that I should avoid, if anyone was particularly poorly or with other problems which would cause them distress if approached. Lynsey advised, and I followed that advice.

In all, of the two visits, I managed to speak to 7 residents, 2 relatives, and 5 members of staff including the Cook and her assistant, who explained that their menus are changed on a three weekly basis. Breakfast, which had been served, consisted of porridge, cereals toast and/or a cooked breakfast if requested.

The dining room was light, airy and well proportioned, and tables set out invitingly. Cook explained that snacks and drinks were available at any time, and there were three tea-rooms, one on each floor of the building, where residents and their relatives could make themselves a hot drink, and biscuits were also available.

Independence

There is a large lounge available, and lots of areas where there are armchairs, for those who wish to sit comfortably and quietly, and one or two of the residents were using these areas at my visits. At one of the visits, most of the residents were in the lounge, enjoying a quiz, with a member of staff, and there was much laughter and hilarity. The interaction between the staff member and the residents was obviously very good.

There are other activities on offer, and the residents are encouraged to join in, depending on their ability and choice. Gentle exercise is also encouraged.

Friends and relatives were able to visit at any time, until the onset of the Pandemic and guidance from Public Health England was followed at all times, albeit the changes were sometimes difficult to understand.



All of the residents interviewed said that they could get up and go to bed when they were ready.

They all said that staff support them with moving about, or getting out and about, and were always available if and when required.

Those who wished to vote were encouraged, but mainly those who were interviewed "Didn't want to bother"

In all, except 3 of the residents, handled their own finances at present.

Dignity and Privacy

All except one of the residents interviewed said the staff knocked before entering their rooms.

When bathing or showering, assistance was always provided discreetly, and all agreed that they could bathe or shower as often as they wished. Sometimes, the residents had to be encouraged, especially if they were already dressed, or if it appeared to have been a while since the last bath or shower had been taken. Two of the resident's daughters helped with their mum's toilet as they were essential care givers, and were quite happy to assist their mums whenever they could.

All agreed that staff members called them by their preferred names.

All said that they were able to practice their own religion if they wished, but not many of them bothered.

Food and Nutrition

All of the residents said the quality, quantity and temperature of the food was excellent. One lady who had had some dental work done, said that sometimes she has to ask for something else, because she does not feel that she can cope with that particular meal. The kitchen staff always changed her meal for something she can manage.

Residents can choose where to eat, and assistance is given with eating and drinking either in the dining-room or their own room if required.

There are always drinks available during the meal if required, and staff encourage the intake of fluids.

Healthy food options are available.



Involvement and Respect

At this point a relative mentioned that she thought there was a lack of communication with the family members at times. She frequently had to ask about her mum's condition, and particularly during the Pandemic when the guidance on visiting care homes was changing, she felt that the staff were not always aware of the updated changes, and that even as an essential care-giver, she found that she had to insist on visiting her mum at times. Apart from this, her mum looked well cared for, lovely and clean, and at this visit quite cheerful too.

All of the residents said that staff were respectful and polite, and one commented that if they were not she would "Tell them off"

They felt that in the main the staff took time to listen and explain things clearly so that it made sense to them.

They all knew how to make a complaint, or pass on a compliment, but in some instances, members of their family would deal with this.

When required, the residents said that staff helped them with day-to-day tasks.

Safety and Security

All of the residents interviewed said they felt safe living in the Home, that their personal possessions were safe too. Some of their relatives looked after their personal things, and took care of their finances too.

Those residents who required help with equipment such as hoists and walking-frames felt quite safe, and that staff supported them if needed.

There were no hazards observed during the course of the visit.

They all remembered what the fire-alarm sounded like, and what to do if they heard it, as did the relatives who were there.

Health and Wellbeing

The residents said that the staff often asked how they were feeling and if they were happy with their daily care. If their needs changed, they were not sure



whether they were involved in making decisions about their care, they thought that their relatives were more involved with those decisions.

One relative said she had needed to ask about changes in her mum's condition, and to be more involved in changes to her daily care.

They all, as far as they knew, in the present situation with Covid, had access to Nurse practitioners, or Community matrons. The staff made sure that the residents had access to any treatment that was required, including dentistry and opticians.

The residents interviewed were asked, that if they rang for attention did the staff arrive quickly, and they said they understood that staff could be busy with other residents, but in the main yes.

Speaking to a carer from an agency, who was sitting talking to one of the residents who was in bed, said she loved coming to the Home, because the staff were so friendly, and it had a lovely atmosphere. She could be sent anywhere but preferred Stichell house, and she loved the residents. Whilst I was there another member of staff popped in to ask how the resident was, and she was delighted to see her. This is normal practice with the staff in this home.

6. General Comments and Observations

On admission to the home, there were 35 rooms, all a decent size and all en-suite. at present 33 are occupied.

On the lower floor, where most of the residents were living with dementia, their en-suites had red toilet seats, which makes it easier for them to see where they are, this is good practice when caring for those residents so affected, and research has shown that coloured items in the bathrooms/toilets can improve orientation, and makes these areas recognisable for people with dementia, suggesting that this may prevent accidents in these areas.

All of the staff members wore uniform and looked smart and neat, and whilst speaking to them they were enthusiastic about their caring roles, cared deeply about the residents and were very knowledgeable about their needs and subsequent care.

At present they are using electronic ipads to record whatever care and treatment is given to each resident, on each shift. This means that at the end



of the day, they have a comprehensive record of all care given to each resident.

Whilst on the lower floor, I noticed a smell of stale urine emanating from two of the rooms, this was discussed with Lynsey when I returned to the office at the end of the visit.

The staff members to whom I spoke, all said that they had access to training, and refresher courses, using a new package called ELFY. These were online courses, both mandatory and optional, and when each course was completed, the information was kept on file, so that each carer built up a portfolio of exactly where they were with their training needs, and each was becoming more experienced in their career.

The residents looked well-cared for and happy. The staff clearly knew each resident, and there appeared to be good interaction between them. Staff could recognise any changes of mood or general health, and respond to it. This was particularly evident during the pandemic, when it was absolutely crucial that any changes in residents' health was noted and reported immediately.

7. Summary of visit

I returned to Lynsey's office after I had finished my second visit to the Home. I explained that I had been pleasantly surprised and impressed by what I had found whilst visiting Stichell House, and especially by the commitment of the staff employed there. Lynsey explained that before she had taken the post, the Managers and staff had done a sterling job in keeping the home running under very difficult circumstances.

There were just a couple of small things to discuss.

1. That the entrance to the Home was looking a little "tired" decoratively, and Lynsey explained that they have a rolling programme of updating the premises, as and when funding allows. All bedrooms are re-decorated and re-carpeted as each room is vacated.
2. The smell of stale urine in two of the rooms downstairs. Lynsey was aware of this, and was in the process of replacing carpets in those rooms with vinyl flooring to facilitate easier cleaning.

Lynsey explained that the staff have monthly Health and Safety checks and meetings, where any incidents and/or accidents are discussed and dealt with.

Lynsey herself is preparing to attend a Safeguarding course, which when completed will allow her to be Safeguarding Champion in the Home.



ELFY. Training for carers. Online, both mandatory and optional. It is intended to have an "Elf of the Month, for the carer who has managed to do the most training in that month

I asked Lynsey whether each resident who needs the hoist, had their own sling, to avoid cross-contamination. She assured me that that was the case.

8. Recommendations

1) The Home reinstates regular residents and relatives' meetings which were cancelled during the pandemic. This will provide a forum where problems may be more easily ironed out, especially what some relatives feel is a lack of meaningful communication around general care of their relatives.

2) The Home also looks to develop a regular newsletter for family members which could be distributed electronically or by hard copy as a means of keeping families updated of developments, changes, and activities.



9. Appendices

Appendix (i) –

Relative Questionnaire Feedback Summary (3 returned)

Introduction

1) How long have they been in the home?

9 weeks

4 years 3 months

4 weeks

Care

2) Are staff friendly/approachable?

I have found all staff to be very polite, friendly, and approachable at all times. They are helpful and willing.

Staff are wonderful both to my mother and me as her essential care giver. They go above and beyond to treat me as one of the family.

Yes absolutely

3) Are interactions between residents and staff positive and friendly?

Yes. They show respect to the residents and are helpful.

Always.

From what I have seen, yes.

4) Are staff available when you or a relative/friend need them?

Yes. They have an open door policy and are always there for relatives.

Yes. Staff are always available when mum or I need them.

Yes. Regardless of work pressures, always find the time to be available, however priorities and staffing challenges take priority and residents care comes first which is essential.

5) Have you been involved in your relative/friends care plan?

Yes, each review we do together.

Yes, care plan prior to entry and have been advised I am invited to twelve week review.

Yes, this was shared immediately mam moved in.

6) How does the Home communicate with you?

Verbally when I am at the Home, and they telephone me when questions may arise at other times.

Phone, email, personal contact when visiting and by post.

In person and telephone/email

7) Does your loved one speak positively when in the Home?

Yes – mam finds the carers to be friendly and helpful.



Yes

Always, has nothing but praise for the staff and the home overall.

8) Are you happy with the care your loved one is receiving?

Always

Yes

Yes, very happy

9) When you visit is your loved one clean, suitably dressed and tidy?

Only been in Home short time but no issues so far.

Always well cared for and looks presentable.

Yes, mams needs and routines always carefully considered.

10) What activities does your loved one enjoy?

Bingo, singers, quizzes, being outdoors, crafts, watching TV, movies etc.
Not a lot of involvement in activities so far as Covid lockdown and D&V outbreak had effect on activities.

Most activities mam is happy to engage and enjoys the interaction.

Enjoys service and communion, hymn singing and outside music groups who come to Home.

11) What activities does your loved one engage in?

All activities.

Craft activities.

Most activities unless feeling unwell or tired.

12) Are they encouraged by staff to join in activities?

Yes

Yes, always come to ask if they want to attend activities.

Yes, normally staff aware to go to collect mam and encourage her to attend.

13) Have you ever been invited to attend meetings regarding your loved ones' care?

Yes, as and when required.

Not yet as review not due.

Still early days and have just had initial review when moved in.

Environment

14) Are you happy with the cleanliness of the Home?

Very!

Yes.



Absolutely, very clean and tidy.

15) Do you feel your loved ones' room reflects them? Are they able to make it their own?

Encouraged to bring own items into room including furniture if desired.

Yes, she has her own furniture, mats etc.

Yes, mam very happy and has own furniture which enables mam to feel comfortable with her own belongings which she recognises.

16) Are you happy with the cleanliness of your loved one's room?

Yes.

Yes.

Yes, always been cleaned prior to any morning visit.

Visiting

17) Are you now able to visit your loved one in person?

Yes.

Yes.

Yes.

18) How is the home facilitating this?

Entry requires negative LFT, temperature check, hand sanitisation and sign in details. Also, PPE equipment available at all times.

Negative LFT, temperature check at door and mask/apron and gloves to be worn at all times.

Require negative LFT, temperature check and PPE worn, sign in and out.

19) Do you know who to speak to if you have a complaint?

Yes, complaints procedure advised prior to residency.

Yes.

Yes.

20) Is there anything else you would like to tell us?

Yes, Stichell House was excellent at facilitating the Essential Care Givers into the care home. The staff have worked closely with relatives throughout the pandemic to ensure we have kept up to date with what was happening.

Considering the short period of time mam has been a resident, all staff have made mam's transition to her new home so welcoming and have



been so accommodating in ensuring mams care needs and wellbeing are met. It is still very early days and family, along with staff, have supported all the needs asked, which has allowed mam to adapt so well. I am personally grateful and confident this is the best place for mam to b



Appendix (ii)

1 HEALTHWATCH HARTLEPOOL

2 COVID RISK ASSESSMENT- ENTER & VIEW VISIT

Location of Visit Stitchell House

Assessment Prepared by Stephen Thomas

Date of Assessment 19/04/22

Date of Visit To be confirmed

Date Checked and Agreed by Home Manager

Comments - DRAFT Risk Assessment for proposed Enter and View visit to Stitchell House (date to be confirmed) by Healthwatch Hartlepool

3

| What are the hazards/risks associated with the visit? What could happen? Please list | Who is particularly at risk? | What precautions or existing control measures are presently taken? | Risk of accident/dangerous occurrence of non-compliance High/Medium/Low | Actions |
|--|---|--|--|--|
| Risk of infection (Covid, Flu or other) from members of the visiting team | <ul style="list-style-type: none">ResidentsStaffFamily members and other visitors | Pre-visit Precautions <ul style="list-style-type: none">The visiting team will be limited to one Healthwatch Hartlepool E&V representatives.The visitor will be double Covid vaccinated and also had their Covid booster. This will be evidenced prior | High | <ul style="list-style-type: none">Pre-visit virtual meetings with Home Manager (or designated representative) and HBC Commissioning Team to agree visit protocols and parameters |

| | | | | |
|---|--|--|-------------|--|
| | <ul style="list-style-type: none"> E&V visitor | <p>to the visit through presentation of their Covid Vaccine Passport, a copy of which will be made available to the Home Manager and HBC Commissioning team.</p> <ul style="list-style-type: none"> The visitor will have had the annual seasonal flu vaccine, confirmation of which will also be provided prior to the visit. Visitor will take a Lateral flow test on the day of the visit and provide proof of a negative outcome to Home Manager before the start of the visit. The Home Manager will provide HWH with any relevant H&S policies which the visitor is required to be aware of and observe during the visit. The visitor will attend a pre-visit virtual meeting with the HWH Development Officer, Home Manager (or designated representative) and HBC Commissioning Team representative to agree final visit H&S arrangements and protocols. | | <ul style="list-style-type: none"> HWH Development Officer to ensure that visitor presents all relevant vaccination documentation prior to the visit and that it is made available to other parties. Visitor to ensure they have undertaken all required tests (PCR and/or Lateral flow) prior to the visit and that evidence is provided of a negative outcome. Visitor to attend any virtual preparatory meetings with HWH Development officer, Home Manager (or designated representative and HBC Commissioning Team) as required. Home Manager (or designated representative) to provide HWH with copies of all relevant Covid and general H&S policies prior to the visit |
| <p>Risk of infection (Covid, Flu or other) from members of the visiting team</p> | <ul style="list-style-type: none"> Residents Staff Family members and other visitors E&V visitor | <ul style="list-style-type: none"> Visit Precautions On arrival at the Home, the visitor will present all relevant documentation referred to above and their HWH Identity Card. The Home Manager (or designated representative) will provide a full briefing around H&S requirements which the visitor will be expected to follow during the visit. | <p>High</p> | <ul style="list-style-type: none"> Identification of best practice to ensure risk minimisation at pre-visit virtual meetings Agreement of strict set parameters within which the visit will be conducted Development of pre-visit questionnaire for residents' |

| | | | | |
|---|--|---|------|--|
| | | <ul style="list-style-type: none"> The visit will be limited to a short of communal areas (conducted by the Home Manager or their designated representative) and 1:1 discussion with residents or family members in the Homes designated covid safe area. The visitor will always wear full PPE in line with the policy of the Home and any underpinning legislative requirements during the visit, including mask, gloves and apron as well as observing social distancing requirements. If the Home reports an outbreak (Covid, Flu, sickness/diarrhoea etc) the visit will be postponed. | | <p>family members and visitors to minimise the need for face to face contact</p> <ul style="list-style-type: none"> Cancellation of visit if the home reports an outbreak (Covid, Flu, sickness/diarrhoea etc) |
| <p>General Visit Safety measures</p> | <ul style="list-style-type: none"> Residents Staff Family members and other visitors E&V visitor | <p>General Requirements</p> <ul style="list-style-type: none"> The visitor will dress in a manner which minimises infection risks (e.g., short sleeved shirt, no jewellery except wedding ring) Visitors will observe all general H&S policies and practices of the Home and any instruction they receive from home staff during the visit. The visitor will have completed the full HWH E&V training programme, have a recent and verified DBS check and will be an experienced representative. The visitor will notify the HWH Office that they are safely home at the end of the visit. | High | <ul style="list-style-type: none"> HWH Development officer to ensure the visitor is aware of and compliant with all policies, procedures and requirements relating to the conduct of the visit Visitor to contact HWH to confirm safe arrival home on conclusion of the visit. |

Appendix (iii)



Suggested Discussion Questions For Manager - Stichell House

A. About The Home

- Owners – The Hospital of God at Greatham
- Number of residents/beds? – 35 beds, currently 34 residents
- Registration, what services are you registered to provide? Accommodation for persons who require nursing or personal care, Caring for adults over 65 yrs Dementia, Physical disabilities, Sensory impairments
 - Dementia friendly? Yes
 - Specific Care needs of residents (eg living with dementia)

B. Staffing

- Number/types of staff? 1 manager, 4 duty managers, 18 care staff, 9 domestic care assistants (provide domestic and care support),
- Staffing levels day/night?
- Staff Qualifications (including managers)? NVQ level 2 & 3, Manager enrolled on Level 5, awaiting start date.
- Staff Turnover Staffing has proven much more difficult since the pandemic, staff were lost due to the mandatory vaccinations, this also made recruitment difficult, care work appears to less appealing to many, often due to the low wage experienced across the sector. Retaining staff has proved challenging due to the availability of jobs in the sector, it is currently an applicant's market!
- Staff training mandatory/optional? (for example, dementia awareness and safeguarding) All staff have recently been enrolled onto ELFY, our online training platform, all mandatory training plus job specific optionals are

available for staff. This allows managers to monitor and manage training being completed by staff.

C. Activities

- Activities Co-ordinator? Full time Wellbeing coordinator, 5 days per week
- Daily activities Group activities ie Bingo, dominoes, quiz, One 2 one sessions, nail care, Prayer and care group, communion service, outside entertainers ie singers, musicians
- Special occasions Parties for special occasions ie Platinum jubilee, Christmas, easter, Halloween,
- Do you find out about your residents areas of interest and try to accommodate them? Yes, information is constantly being gathered regarding residents likes and dislikes and accommodated wherever possible.

D. Safety and Security

- Safeguarding procedures Any concerns that may present as a safeguarding issue are followed through following the Safeguarding procedure, staff receive safeguarding training and a safeguarding guidance file is available in the manager's office.
- Access to the building Key pad entry into the main door of the building, code is only given to staff members, families, visitors etc are requested to ring the bell to be granted access.
- Trips and falls Accidents and near misses are monitored for trends, patterns etc. Falls referrals are made via SPA

Personal possessions and money Items of monetary or sentimental value can be kept in the safe in the manager's office at the individuals request. A

10. Acknowledgements

Healthwatch Hartlepool would like to thank Home Manager Lynsey Thurlow and her staff team, residents and family members of residents at Stichell House who helped to make our visit informative and enjoyable.



We also want to thank staff from Hartlepool Borough Council’s Commissioning Team for their help and support in organising and facilitating our visit.

11. Service Provider Response

