

Visit to
West View Lodge
Care Home

27th January 2025



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Healthwatch Hartlepool

West View Lodge Care Home

Enter and View Report

Visit to West View Lodge – Monday 27th January 2025

1. Introduction

On 27th January 2025 Healthwatch Hartlepool conducted an Enter and View visit to West View Lodge. The visit was our first to the home in two years and due its size and complexity was conducted by a six person visiting team.

The visit followed parameters and safeguards mutually agreed by all parties which were formulised in a Risk Assessment which can be found in Appendix (1). All members of the visiting team were accredited Healthwatch Hartlepool Enter and View visitors and had successfully completed all mandatory training modules and a full DBS check.

The visit focused specifically on the care, support and wellbeing of residents at West View Lodge in both the residential and reablement/intermediate care sections of the home. This included discussions with residents, family members and staff as well as observations by members of the visiting team.

Details of visit

Details of visit:	
Service address:	West View Lodge Care Home
Service Provider:	Marton Care Homes Ltd
Date and Time:	Monday 27 th January (2pm – 5.30pm)
Authorised Representatives:	Margaret Wrenn, Carol Sherwood, Jane Tilly, Bernie Hays, Carol Slattery and Stephen Thomas
Contact details:	Healthwatch Hartlepool, 1st Floor, Greenbank, Waldon Street, Hartlepool, TS24 7QS

2. Background – West View Lodge

West View Lodge is situated in a residential area in the north of Hartlepool. It is a purpose built building and has 74 bedrooms (some en-suite), 54 of which are for long stay residents including people living with dementia, people aged over 65 and people with a wide range of physical disabilities. The remaining 20 beds provide intermediary services on a short term basis for people who need rehabilitation following a stay in hospital or an illness or crisis in their own home.

The care home is one of 14 owned by Marton Care Homes Ltd which are located across the North of England. It is the groups only home in Hartlepool and is managed by Wendy Collins. West View lodge's most recent CQC Inspection took place in April 2022, the outcome of which was a "Good" rating.

3. Aims of the Visit

Our overall aims were –

- To gather feedback from residents and family members of their impressions of care provision at West View Lodge in both residential and intermediary care sections of the home.
- To gain insight into the day to day provision of care within the home and the service including intermediate care provision.

4. Methodology

The visit to West View Lodge was conducted by Healthwatch Hartlepool on a semi-announced basis. The home was initially given a four week time frame during which the visit would take place. However, this was extended by a week due to an outbreak of sickness and diarrhoea at the home. Although Covid restrictions no longer apply, the visit was conducted sensitively, and the visit risk assessment was adhered to.

Prior to the visit the Home Manager completed a questionnaire, the responses to which can be found in Appendix (2). We also provided the Home with a questionnaire to be completed by family members of residents, the responses to which can be found at Appendix (3).

Given the dual nature of the home, additional questionnaires were developed for use in the Intermediate care facility.

The visit to both services were conducted by two three person teams, on Monday 27th January 2025 between 2pm and 5.40pm. During the visit the teams spoke to residents,

visitors and staff and concluded with a de-brief meeting with Maya Sullivan and Poppy Rodway, at which key findings and observations were outlined.

5. The Visit Part 1 – Intermediate Care

On arrival at the Care Home, we were warmly welcomed by the Deputy Manager Maya Sullivan and signed the visitors' book.

The visiting team was shown to a TV-lounge and spent some time preparing. The Intermediate care visitors then met with staff members Alisha and Poppy. Alisha and Poppy are senior carers and oversee the ground floor Intermediate care units. We introduced ourselves and explained our role and the purpose of the visit.

We asked if there were any rooms that we shouldn't visit, because of illness or any other concerns. We were informed that room 9 was awaiting an ambulance, room 4 unsettled and room 17 unable to communicate verbally, but could use a wipe board for communication. We added that we do not interrupt any work going on, or hinder staff in any way whilst they're working.

Alisha and Poppy explained that there are always 3-4 therapy/intermediate care staff on duty daily. However, on this visit there were 5 therapy staff present. They work from 8am-5pm, 7 days a week. From Monday to Friday cover is provided for crisis admissions until 8pm and 6pm on a weekend.

Although there are 20 beds in the Intermediate Care units, at the time of the visit there were only 5 patients on each unit. In total we spoke to 5 patients, five therapy staff and 2 students who were on placement from Hartlepool College of Further Education.

Alisha and Poppy said that the discharge report from the hospital did not always reflect the needs of the person getting discharged for further therapy intervention. An example given was that the report showed that the patient was receiving the assistance of one person, however when they arrived at Westview Lodge they required the assistance of two persons. To enable a safe discharge from hospital, the therapy staff have requested that care home staff now complete a joint visit to the ward to assess the patient who requires further therapy intervention at West View Lodge, before being discharged back home.

Intermediate care support provision had previously been up to a maximum of 6 weeks; however, it is now up to 4 weeks and then reviewed accordingly.

Recently, a "virtual bed" has been introduced to support community crisis admissions.

Alisha and Poppy explained that staff are managed by 400hrs on days and 200hrs on night shift.

At the Intermediate Care unit, we visited patients who had come from hospital or home.

On this occasion all patients had come directly from hospital. However, one patient was unable to come straight to Westview Lodge and was redirected to another care home for 2 weeks' due to an outbreak of D&V in Westview Lodge.

Alisha and Poppy also highlighted the fact that they have excellent support from Heidi Lawson from Hartlepool Borough Council Social Care Commissioning Team.

There is a Falls programme insitu. Residents are also referred to the community falls team who visit the Intermediate Care unit on request.

Patients are assessed and progress recorded daily. Environmental visits are completed by the Physio/Occupational Therapist and followed up on their return home. The patients and their families are kept informed and updated on their progress, with equipment, adaptations and care packages put in place before discharge.

The social workers have a weekly meeting on Thursday to discuss their patient's progress. However, if patients show signs of little or no progress following therapy intervention, then a social worker or ISPA (Integrated Single Point of Access) will be contacted for a reassessment of need

6. Independence

Although the patients are not admitted for long term care at the initial assessment, they can still take part in the daily activities as well as their therapy intervention.

Patients were observed whilst having therapy intervention. Healthwatch members introduced ourselves to the therapy team. The therapy team have a gym with all equipment and adaptations in situ to support the patients during their stay at Westview Lodge.

One patient said that therapy staff discuss their therapy intervention to progress their mobility/transfers. The patient feels that the therapy and care staff have listened and supported them to progress further. They are happy with all the staff at West View Lodge.

A patient arrived at Westview Lodge after a 6-month hospital stay. He was here for 4 weeks initially; however, it was extended to 6 weeks and had now extended again due to D&V and therefore limited therapy intervention.

He had been discharged from James Cook to West View Lodge. He was told early on Saturday morning that he would be discharged that day. On the day of discharge there was no ambulance available until 5.30pm. He was given a sandwich for lunch as he had

missed main mealtime at James Cook and then only offered another sandwich for tea on arrival at West View Lodge. Following therapy intervention at Westview Lodge, progress has been made and now liaising with a Social Worker, with the aim of returning to his parents' home for further therapy rehabilitation in the community. He explained that staff discussed a programme of activities the day after he arrived on Saturday night. He was extremely happy with Westview Lodge, as he felt he was getting lots more rehab interventions since leaving hospital. It was a big improvement, and therapy staff listen and help towards becoming more independent. Plans have been made for discharge; however, upto now, no definite date has been given. The Social Worker and the Occupational Therapist have been assessing the property and further discussions with the family have taken place to assess the patient's needs.

Another patient told us that due to safeguarding issues they were unable to go back to their own home. They went on to say they would like to remain at Westview Lodge as a permanent care home resident following therapy intervention. The patient required assistance with personal care and also support with social care. Due to their anxiety regarding finances while absent from home and having no family, they are awaiting further social work intervention. However, they were absolutely elated to be able to take their guinea pig into the home. The handy man takes it out daily so the cage can be cleaned, and the staff make a fuss when they visit the patients room.

7. Dignity and Privacy

Staff are respectable and polite. Most patients told us that they are called by their preferred name. However, one patient said that they prefer to be called by their nickname but get their full Christian name instead.

Staff knock on room doors before entering, but most patients we visited had their doors open.

Patients who can wash and dress are encouraged to continue. However, those who require assistance get help and support when needed. They are encouraged to participate in therapy to promote independence and return to their baseline before going back home.

Patients who require equipment, adaptations, or mobility aids to promote their independence have it either placed in their rooms or in another room for safety reasons.

Patients told us they are generally happy with their rooms. However, one patient suggests that their room is comfortable and accessible but a little small. One patient required assistance with daily catheter care. Staff are always respectful and polite.

Therapists were said to be very helpful and advised patients to stop if they are struggling during therapy sessions.

8. Food and Nutrition

There is a daily menu and a choice of snacks etc. However, if the patients did not want what was on the menu alternatives are provided. Kitchen staff had a list of patients who have any food allergies.

There were plenty of drinks and snacks available for the residents in their rooms. However, it was noted that in the patients dining/lounge area, there were water dispensers with no water in or cups available.

Overall, patients were very happy with the meal choice and can choose to eat wherever they wish. There are plenty of fluids available in their rooms. There are snacks and healthy food options on request. One patient said that they prefer lemonade rather than water which was available.

Another patient said that they can choose their breakfast the night before from the menu. Other choices are made for the rest of the day from the daily menu and handed in. One patient suggested that they would like larger portions.

9. Involvement and Respect

Patients from both Intermediate Care to whom we spoke said all staff and therapy staff are pleasant and polite.

They keep the patients and their families up to date with their progress following therapy intervention and with how and when things are progressing in the lead up to discharge.

All patients who have been issued with mobility equipment, Rota stands, slings and hoists, are either in the patients' rooms or placed in another room for safety. A family member felt that personal possessions and money are safe. Family members manage some residents' finances.

10. Safety and Security

Some patients were aware that the fire alarm was tested and they know what to do. Patients use the buzzer to enable them to have the support of the care and therapy staff.

Staff have regular mandatory training, Safeguarding, Health & Safety, Catheter Care, Dementia Training and Infection Control. Two staff are trained in Manual Handling and also Training the Trainer. Therefore, when new staff are employed, staff can train them

in manual handling and do not have to wait for other services to be brought in to train new staff.

Patients felt that their possessions and money are safe during their stay at West View Lodge. They also told us that they felt safe and well looked after. However, some patients said that they would not know how to report an accident or who to speak to.

One patient said that there is a safeguarding issues at their own home. This is a concern and awaiting social work intervention. The patient is naturally very anxious but said West View Lodge staff are helpful in liaising with social workers.

We visited a small dining area with a table and four chairs. We also noticed 3 Zimmer frames, 3 wheelchairs and a Ross return. The equipment should have been placed in an appropriate storage area until next needed.

11. Health and Wellbeing

Patients said that care and therapy staff ask them how they are feeling. The therapy staff encourage the patients to engage in therapy to promote their independence and confidence to return home.

The therapy staff have a board in the therapy room with all the patients who are admitted for Intermediate Care (assessment). They keep a daily report of the patients' progress and liaise with patients, carers, family members and social workers regarding discharge plans. They arrange environmental and home visits, equipment, adaptations as and when required to support the patient's safe home discharge.

A GP from the Millenium practice visits the residents on a Wednesday. They liaise with family members of residents who lack capacity.

During the visit a lady came out of a room into the corridor and said she was waiting for an ambulance to take her mother to another care home as she was dissatisfied with her mother's progress, felt it had deteriorated and wanted her to be moved.

12. General Comments & Observations

The patients had their names and room numbers on the door. The care staff and handyman were very supportive with one of the patients who was admitted for Intermediate Care and was able to bring their family pet into their room.

The patients had equipment, adaptations and therapy intervention to promote their independence to return home.

Care staff work as part of a multidisciplinary team with the therapy staff to enable the correct patients are admitted for therapy intervention.

Staff raised concern that they are the only care home in the town that accepts residents/patients under 60 years of age. Last year a patient was admitted with alcohol issues and staff struggled to meet the patient's needs. They said that they felt vulnerable and were not trained to support this type of admission. They also had not been supported by the mental health team. (Discussed at length with Maya Sullivan – Deputy Manager, at the end of the visit),

13. The Visit Part 2 – Residential Care Service

On arrival at the home, we rang the bell for entry, signed the visitor's book, and saw the notice, asking all visitors to sign on entry. We were welcomed by Maya Sullivan, Deputy Manager at the home. The Manager Wendy Collins, then showed us to a room where we could prepare ourselves for the visit. Wendy was busy at that time, so we commenced the visit. Three of us were looking at the Residential part of the home. The rest of our colleagues were looking at the Intermediate Care part.

Once ready we asked a member of staff if there was anywhere in the residential unit that we should not visit, either because of illness, or any other reasons. We were assured that we could go anywhere in the Unit.

There are 74 beds in the home, of which 20 are Intermediate Care.

The home is licensed to take adults from 18 yrs old up.

During this part of the visit, we spoke to nine residents, and one relative, whilst observing what was happening in the home in general.

14. Independence

There were activities and things for the residents to do each day. Chair exercises this morning, and this afternoon, most of the residents were watching a film.

The residents can choose when to get up and go to bed. One resident likes to be in her pyjamas at 5-15pm each evening.

The residents are supported with doing things, moving about and getting out and about if required.

Personal items and choice of decoration in rooms is encouraged by the home staff.

Relatives and friends can visit at any time, but it is suggested that mealtimes, are kept free so that the residents can enjoy their meals.

The residents can vote in elections if they wish, but apart from one resident who preferred a postal vote, and one who had not received any papers, the rest declared themselves non-political.

Those residents who chose to handle their own finances did so, but in the main, relatives sorted this out for them.

15. Dignity and Privacy

The residents all agreed that staff knocked on their doors before entering. In many cases, the doors were left open all day and closed at night.

Assistance with washing and dressing was provided discreetly to those who required the help.

The residents were able to bathe/ shower when they wished. If the staff were busy, they may have to wait for a little while, and this was accepted as normal practice.

Staff always called the residents by their preferred name.

If the residents wished to practice their own religion, this is encouraged, but one resident informed us that no-one visited from the church. This was discussed with Deputy Manager at the end of the visit.

“This is Me” Information was on some of the doors, regarding the resident, but some were not aware of this.

16. Food and Nutrition

The residents enjoyed the temperature and quality of the food. One resident always asked for small portions, and one resident felt that the portions were too small.

They could enjoy their meals wherever they chose, and this was supported, but were encouraged to use the dining room if possible.

During the visit, two students from the local college, were asking each resident if they would like a cold drink, before the tea and coffee was available.

Assistance was given with feeding and drinking if required, and one lady explained that her brother came in to feed her.

Healthy food options were available.

17. Involvement and Respect

The residents felt that, in the main, the staff were all respectful and polite, and concerns raised were satisfactorily dealt with. One resident said she had no concerns, but that her brother would deal with anything like that.

Most of the residents didn't know, or weren't sure whether they were included, or ideas sought about changes and improvements to be made at the home. One resident said they were.

They all felt that things were explained to them in a way they could easily understand. Some of the residents felt that staff took the time to listen, and talk to them, but one said No, and one said the staff were too busy.

Asked if they knew how to make a complaint or give a compliment. One said the family would deal with that. One said they had no complaints, and the rest agreed that they did.

The residents all agreed that the staff support and help them with day-to-day tasks.

18. Safety and Security

All residents knew what the fire alarm sounded like, and what to do if they heard it.

Most of the residents felt safe using hoists and other equipment, but one lady said “usually”, and one said ‘No’ However, there was always staff there to help and support them if necessary.

Asked if they felt that their personal possessions and money were safe, many of them said ‘Always”, one didn’t know, one wasn’t sure and one said ‘No”. This was discussed at length with Maya Sullivan at the end of the visit.

They all felt safe living in the home. Accident reporting was discussed with them, and they were certain that staff members reported any accidents which occurred.

19. Health and Wellbeing

Residents agreed that staff ask how they are feeling, and if they are happy with their daily care.

Residents were not sure about if their needs changed if they were involved in making decisions about their care, but the relative to whom we spoke felt they were.

The residents are all encouraged/assisted to exercise. One of the residents enjoys walking.

Regular access to GP’s Optician’s Dentists and Podiatrists is dealt with by the Manager or her deputy. We discussed this at length with the Deputy Manager at the conclusion of the visit.

The residents agreed that if they rang for attention, they sometimes had to wait if the staff were busy, but they always came.

20. General Comments and Observations: -

On entry we noticed that the home, is clean, bright airy, and appeared to be newly decorated. It was odour free except in one room 55, which we discussed with the

deputy manager at the conclusion of the visit, and she was aware of the problem, and the home was in the process of dealing with it.

There were plenty of notices around the home, regarding daily activities, and forthcoming events of entertainment.

Whilst looking around we observed one resident visiting a toilet 3-4 times in quick succession, and although the rest of the bathrooms were clean and warm, this one, on inspection had faeces on the underside of the toilet seat. Discussed with Maya who immediately contacted the housekeeper, who arranged for a cleaner to sort out the problem. There appeared to be the same problem with two more toilets in the vicinity.

We noticed there were blue toilet seats on those toilets used by the residents living with dementia

There were also plenty of pictures depicting the Town in times past.

21. Conclusion of the Visits–Residential and Intermediate Care.

Once both visiting teams had completed their visits, we all met up in the room where we started from and the Deputy Manager (Maya Sullivan) and Senior Care Worker (Poppy Rodway) joined us there.

We explained that we were impressed with the cleanliness and decoration of the home, The staff all looked smart, and professional too. They were also very helpful when directing us around the home. The corridors were wide with plenty of easy access for both staff members and wheelchairs,

One of the residents had told one of our members that they didn't think their valuables were safe in the home, because at some point recently, £60 had been taken from their room and a member of staff was dismissed. Maya was surprised at this and said she wasn't aware of this happening but would discuss it with Wendy Collins.

One lady to whom we spoke had been treated after injuring her foot, and whilst speaking to her we noticed that her right-hand fingernails were very long, and her left-hand nails were dirty. We asked Maya who was responsible for hand nail care in the home. Maya said it was the responsibility of the Activities Co-ordinator.

Those residents who were bed-bound, appeared comfortable, clean and well cared for at this visit.

Maya explained that when clients were admitted to the home, they were encouraged to join the Millenium GP practice, as they had a very good rapport with the Doctor there. He rang every Tuesday to enquire if all was well and attended every Wednesday to check on the residents, and offer treatment or advice whenever required. Residents

could, of course, remain with their own GP if they wished. Maya's colleague explained that when dealing with other surgeries in the Town, they were told that Community staff were compromised by shortages, and in one instance, they were told that they could certify the death of one of their residents themselves. Naturally they refused to do this.

There were also ideas being put in motion in the home, to provide a monthly Newsletter, which would contain lots of pertinent information relating to the home, it's staff and residents.

Whilst we were discussing admissions to the home, Maya explained that they had been asked to admit a man with alcohol problems from hospital, where according to hospital staff his behaviour had been fine. When he was admitted he caused mayhem, keeping other residents awake, and threatening to "Smash the face in" of a staff member who was heavily pregnant at the time. The person also broke a pane of glass in the front entrance door. Staff and other residents were left feeling very concerned at this occurrence. They had mentioned to the Local Authority, the fact that they didn't feel they were equipped to deal with people with addiction problems, but were advised that the admission would go ahead.

When discussing those residents who would like to follow their religion and possibly attend church, we passed on some good practice that we had been made aware of at another local home. They had the masses/services beamed via Wi-Fi into the home, which was proving very popular with their residents.

We thanked Maya and her colleague for their time and patience, and the openness and honesty afforded to us at this visit.

22. Recommendations

- 1)** The Home should be commended for the general progress that has been made since our last visit. In particular, good practice was noted with regard to Intermediate Care joint visits with care/therapy to assess patient fitness and ongoing therapy requirements prior to discharge.
- 2)** West View Lodge is not a suitable location for people with drug/alcohol dependency issues and no further placements of this type should be made.
- 3)** Placement planning for college students should be improved, including exploring the possibility of manual handling training, in order to add value and increase learning opportunities to the placement experience.

- 4)** More pertinent dialogue required with North Tees and Hartlepool Hospital Trust staff, regarding information around essential care requirements of patients who are discharged to Intermediate care service at West View lodge.
- 5)** Look into the possibility of allowing Church services/masses to be zoomed into the building for those who would like to attend a service/mass.
- 6)** Check communal toilets more frequently, for cleanliness, especially after what seemed to be excessive use of one particular toilet by a resident, whilst we were on the premises.
- 7)** Progress the development of a monthly newsletter to further enhance communication with residents and their families.
- 8)** Safety equipment should always be returned to designated storage areas and not left in communal settings such as dining rooms.
- 9)** Water dispensers in dining rooms to be filled and ready for use, with cups available.

Appendices

APPENDIX (1)

<h1>HEALTHWATCH HARTLEPOOL</h1> <h2>VISIT RISK ASSESSMENT- ENTER & VIEW VISIT</h2>				
Location of Visit West View Lodge		Assessment Prepared by Stephen Thomas		Date of Assessment - Amended 20/01/2025
Date of Visit Between 6 th January and 10 th February			Date Checked and Agreed by Home Manager	
Comments - DRAFT Risk Assessment for proposed Enter and View visit to West View Lodge by Healthwatch Hartlepool between 6 th January and 10 th February 2025				
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"> Residents Staff Family members 	Pre-visit Precautions <ul style="list-style-type: none"> The visiting team will be limited to four Healthwatch Hartlepool Enter and View representatives If available, visitors will be up to date with Covid vaccinations 	High	<ul style="list-style-type: none"> HWH Development Officer to ensure that visitors present all relevant documentation prior to the visit and that it is made available to other parties on request.

	<p>and other visitors</p> <ul style="list-style-type: none"> E&V visitor 	<ul style="list-style-type: none"> If available, visitors will have had the annual seasonal flu vaccine. 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 visiting team will adhere to the usual protocols around the conduct of visits as specified in national and local guidance. 		<ul style="list-style-type: none"> Home Manager (or designated representative) to provide HWH with copies of all relevant 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 The Home Manager (or designated representative) will provide a full briefing around H&S requirements which the visitors will be expected to follow during the visit. The visit will be limited to communal areas and 1:1 discussion with residents, family members and staff. If requested, visitors will wear PPE in line with the policy of the Home and any underpinning legislative requirements during the visit, including mask, gloves, and apron. If the Home reports an outbreak (Covid, Flu, sickness/diarrhoea etc) the visit will be postponed. Members of the visiting team who are ill at the time visit is scheduled to take place will not be allowed to participate and if necessary, the visit will be postponed and rescheduled. 	<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' family members and visitors to minimise the need for face-to-face contact. 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 visitors will dress in a manner which minimises infection risks in line with the Home’s health and safety policies. • Visitors will display their Healthwatch Hartlepool ID badge at all times. Failure to do so will bar them from taking part in the visit. • Visitors will observe all general H&S policies and practices of the Home and any instruction they receive from home staff during the visit. • All visitors will have completed the full HWH E&V training programme, and other required training inputs, and have a recent and verified DBS check. • Should a safeguarding concern arise during the visit, the lead visitor will immediately report the incident to the Home Manager and HWH CEO/Development Officer. A decision will be made as to whether the visit should be suspended. • The visitors will notify the HWH Office that they are safely home at the end of the visit. 	<p>High</p>	<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 • Visitors to contact HWH to confirm safe arrival home on conclusion of the visit. • Healthwatch Hartlepool Development Officer to ensure that the Home Manager is fully aware of the legislative parameters which govern the conduct and delivery of Enter and View visits • If a safeguarding concern arises, HWH and Care Home Safeguarding Policy/procedures will be followed
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APPENDIX (2)



Pre Visit Questions For Manager - West View Lodge

A. About The Home

B. Staffing

C. Activities

D. Safety and Security

E. Wellbeing

F. Other issues

Any other comments/observations

Not completed



Family Engagement Questionnaire - West View Lodge

Residents (5 returned)

Summary of Responses

Introduction

1) How long has your relative been a resident at Westview Lodge?

- Nearly 3 years
- About six weeks
- Around 4 months
- 1 year
- Over 12 months

2) Are staff polite, approachable and friendly?

- Great staff, couldn't fault them at all, friendly, helpful and caring
- Yes they are friendly and always take notice when they are asked.
- Yes
- Yes
- Staff are very kind

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

- Can only speak for my mother but yes always positive and friendly
- Yes, I have even made friends with another resident.
- Yes
- Yes
- Always very helpful

4) Are staff available when you or other relative need them?

- Yes
- I can always find one to help if needed
- Yes
- Yes
- Mostly, but occasionally may be busy with another resident

5) Have you been involved in your relative's care plan?

- At the time of mum entering care and ongoing with staff
- No I haven't, it is my son who sees to all that. He arranged her ambulance and looks after details of her money
- Yes
- Yes

- Yes
- Yes

6) How does the home communicate with you?

- When I visit, if there are any issues staff will contact me
- They mostly contact my son and he lets me know if any problems
- I visit daily, talk to me all the time and informed of any decisions that need to be made
- Phone or when visit
- Always speak to me when I visit or phone if anything happens

7) Does your loved one speak positively about the home and their carers?

- Yes she enjoys interactions with staff and other residents
- Yes, she has settled in well
- Doesn't speak but is very settled
- Most of the time
- Yes, mostly

8) When you visit does your loved one appear clean, tidy and well dressed?

- Yes – no issues
- Yes, they look after all that, never had any complaints
- Yes always, appearance always up to scratch
- Yes, no issues
- Most of the time
- Always looks smart, and clean

9) Are you happy with the standard of care your loved one is receiving?

- Yes, very happy.
- Overall, yes, but sometimes think they could do more
- Yes, no issues
- Yes
- Yes, very happy

Activities

10) What activities does your loved one enjoy?

- Does not engage much, enjoys photos, 1:1's and family visits
- Not really sure. I know they do have things going on in the home, but she doesn't always join in due to her deafness. She does have hearing aids.
- TV, knitting, quizzes
- Singing
- TV, quiz and jigsaw puzzles

11) What activities does your loved one engage in?

- 1-1
- A few things at the home
- Unsure, especially as she is unable to walk
- Not many, but does get asked

- Watches TV a lot I think does a quiz with other residents

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

- Yes, activity staff spoke to him around what he would enjoy to include him
- Yes
- Yes
- Yes, but he doesn't participate much
- Yes

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

- Yes to discuss care plan and social worker reviews
- Yes – no issues
- No never but probably my son has
- Yes
- Yes to review care plan

Environment

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

- The cleanliness is fine but resident toilets need an upgrade and decoration
- Yes, no odours
- Yes, the cleaners seem to around a lot looking after the rooms
- Yes
- Yes always very clean

15) Do you think that you loved one's room reflects them?

- Yes, very much so
- Yes, own bedding, photos and own snacks
- Yes – no issues
- Yes
- Yes, pictures and other items from home

16) Are you happy with the cleanliness of their room?

- Yes, very
- Yes, cleaned daily
- Yes
- Could be cleaner
- Yes

Visiting

17) Are you able to visit in person?

- Yes, regularly
- Yes – every day
- Yes, always visited in person
- Yes – anytime
- Can visit whenever

18) Does the home have set visiting times or are you able to visit when you choose?

- 8am – 10pm, I think
- Can visit anytime
- No set time, come and go as you wish
- Visit most days, anytime
- Never a problem, visit at any time

19) Does the home have any health and safety guidelines which you must follow?

- Yes I believe so, they have regular fire safety drills, if there is sickness you can't come in
- Masks to be worn if infection present. When this occurs notices around doors and families informed.
- Only in times of possible infections
- Yes when there are outbreaks of virus, no visiting
- If there is illness or sickness can't visit

20) Do you know who to speak to if you want to make a complaint or compliment staff?

- I try to find head person if needed
- Senior on duty or Wendy, the Manager
- I would tell staff or manager
- Yes, office staff
- Yes Wendy the Home Manager

21) Is there anything else you wish to tell us?

- I have no issues; the home is comfortable. The only thing which needs addressing for me is the toilets.
- Staff are really good, nothing is a problem, really happy with the care
- She seems to have settled down here but does have moments when unsettled.
- None
- All in all we are very happy with the care. We were worried when she first came here but the staff have been great, and she is well cared for.

Family Engagement Questionnaire – West View Lodge

Intermediate Care (2 returned)

Summary of Responses

A. Discharge/Admission to West View Lodge

1. Was your relative in hospital or at home, prior to admission to WVWL?
 - Hospital x2
2. Were you involved in any discussions about your relative's future care needs before they were discharged from hospital or admitted to WVWL from their home?
 - No x 2
3. Were you given a clear explanation of why your relative was going to West View Lodge, and what would happen whilst they were there?
 - Told that they were coming for rehab to help recover before going home
 - Not really, told it was part of recovery plan before going home, but didn't say what would happen
4. Were you told how long your relative was likely to be staying at WVWL before going home?
 - No
 - Possibly up to 4 weeks
5. Did your relative's admission to WVWL go smoothly, and was transport provided?
 - Yes
 - Yes, went really well, they will be back home quicker than expected

B. Therapy & Support

1. Have staff from the therapy team talked to you about the programme of activities and support your relative will receive during their stay at WVWL?
 - Yes
 - Yes, they are very helpful
2. Do you feel that any questions you have about your relative's care and support have been fully answered and that you have been listened to?
 - Yes
 - Always
3. Do you feel that the therapy and support your relative is receiving is adequate and appropriate?
 - Yes
 - The therapy has been first class
4. Have staff told you how long your relative is likely to be at WVWL and what will happen when they return home regarding any ongoing support needs?
 - Yes (2)

5. **Have there been any discussions regarding adaptations to your relative's home or equipment that may be required when your relative returns home?**
 - Yes (2)
6. **Do you feel that communication about ongoing therapy and future support requirements has been clear and adequate?**
 - Yes
 - Since leaving hospital communication with the staff at West View has been very good

C. Food & Nutrition

1. **Is the food varied, plentiful and well presented?**
 - Mostly
 - Food is ok
2. **Has your relative the choice of where to eat his/her meals?**
 - Yes
 - Likes to eat in own room
3. **Is assistance available if required?**
 - Yes (2)
4. **Are there sufficient drinks available?**
 - Yes
 - Yes, plenty available

D. Health & Wellbeing

1. **Are you happy with the personal care given to your relative?**
 - Yes
 - Yes, care has been very good, staff are very kind and helpful
2. **Are they clean (nails, hair, teeth, etc) and offered the chance to bathe/shower often?**
 - Yes (2)
3. **Are their clothes their own and clean?**
 - Yes (2)
4. **Is medication given on time?**
 - Yes
 - As far as I know

E. Safety & Security

1. **Do you think your relative is safe and secure at WVH?**
 - Yes (2)
2. **Does he/she appear to be happy using equipment such as hoists and walking frames?**
 - Yes
 - The staff have been very helpful, so they feel very safe
3. **When you visit, are staff available to help and support as required?**
 - Yes (2)
4. **With regard to personal articles are you happy that your relatives' belongings are safe?**
 - Yes (2)

F. Complaints

1. If you are not happy or have an issue of concern, do you know to whom, how and where to pass on your complaints?

- Yes
- Manager or therapy staff depending on issue

Any other comments about any aspects of your relatives care at WVL?

- None
- none

24. Provider Response

Apologies for the delay in responding-I would like to take this opportunity to thank the Healthwatch Team for their visit to Westview Lodge Care Home-we will not be challenging the report and are happy with the content and will be taking actions around the areas that have been highlighted to continue to ensure improvements are made in ensuring the safety and wellbeing of the residents in which we care for.

Victoria Straker, Regional Manager, Leeds Regional Office, Marton Care Homes

25. Acknowledgement

Healthwatch Hartlepool would like to thank Home Manager Wendy Collins and the staff team for the warm welcome into the home and for answering our many questions which they did with openness, transparency and good humour. We wish them all well for the future.

Also, our thanks go to the family members who took time to complete our questionnaire and residents and visitors who spoke to us on the day of the visit.

Finally, we also want to thank staff from Hartlepool Borough Council's Commissioning Team for their help and support in preparing for and facilitating our visit.

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