

Mount Vale Care Home
Enter and View Report

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Background

What is Healthwatch?

Healthwatch North Yorkshire is the independent champion for people using local health and care services. We listen to what people like about services, and to what could be improved. We share these views with the people who have the power to make a difference.

What is Enter and View?

Part of the local Healthwatch programme is to undertake Enter and View visits. Our team of authorised representatives conduct Enter and View visits to local health and social care services to find out how services are being run and make recommendations where there are areas for improvement. Healthwatch Enter and View visits 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.



healthwatch
North Yorkshire

Mount Vale Care Home



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Details of the visit to Mount Vale Care Home

Service address	Yafforth Road, Northallerton, North Yorkshire, DL7 8UE
Service provider	Barchester Healthcare
Date	Friday 15 September 2023
CQC rating	Good
Care home manager	Helen Lewis
Contact number	01609 662 058

Summary

Purpose of the report

In this report, we summarise the findings gathered during the visit on 15 September 2023, as well as feedback shared through survey responses gathered before and after the visit.

Purpose of the visit

- To visit and gather views of the residents and their relatives and the experiences of the services provided.
- To observe the ongoing care being provided for the residents and their interaction with staff and their surroundings.

During the visit

Our authorised Enter and View representatives visited the home and spoke with residents, residents' relatives and friends, and care home staff.

We heard from:

- **13** residents,
- **9** residents' friends or family members,
- **16** members of staff,

whose feedback forms the basis of this report and our rating of the Mount Vale Care Home.

General information

Mount Vale Care Home is part of Barchester Healthcare. It offers 24-hour nursing care and residential support as well as expert dementia care. It is situated in a former maternity hospital in Northallerton.

Mount Vale Care Home consists of two separate units, a general residential/nursing unit on the ground floor and a dementia unit on the first floor known as Memory Lane.

Key findings

We found that at the time of our visit Mount Vale Care Home was operating to a good standard. The care home is well kept, and the environment meets the needs of the residents. Staff are kind and caring and generally seemed to enjoy their work environment. Residents appeared to be well cared for and generally reported being happy with the home.

These findings were based on our observations, and reflect the general happiness of residents, family and friends of residents and staff members as described in their feedback.

However, there were a few issues highlighted and we have made suggestions for review and improvement. The main findings were to address perceived staff shortages, improve communication between staff and management, including adequate and timely access to the resident care plans, and ensure activities are accessible to all residents.

Additionally, based on our findings from three Enter & View visits conducted in 2022 and 2023 to care homes managed by Barchester Health Care, where carpets are predominantly used as an approved flooring style, we recommend that the providers explore alternative cleaning methods, incorporate odour-neutralising products, and consider different or combined flooring options (or implement timely updates) to effectively address persistent concerns about urine odours in the network care homes.



Positive feedback

- The care home is well-maintained, with a comfortable and welcoming environment for residents and visitors.
- Residents have access to a range of amenities including a café area, cinema room, daily activity program and a pleasant garden area.
- Residents on the whole feel safe and well cared for.
- Residents have access to a variety of meal choices and a majority feel the access to food is adequate or better.
- Staff interact in a caring and positive manner and residents are generally happy with the quality of care.
- Majority of staff members report a job satisfaction with a feeling they have access to adequate training.

Recommended areas for improvement

- **Activities.** Ensure that activities are accessible to all residents with an interest in participation and look for opportunities for one-to-one interaction for those unable or unwilling to participate in group activities.
- **Encourage socialisation.** Encourage residents to socialise, particularly utilising mealtimes. Consider the use of external resources to facilitate socialising, including visitors and volunteers.
- **Resident care plans resource.** Ensure there is sufficient IT equipment (computer/laptop etc.) to cover all staff to access and update care plans.
- **Staffing levels.** Look at opportunities to improve resourcing around stress points like early mornings, mealtimes and overnight.
- **Staff support.** Staff would benefit from regular contact with management to feedback on changes in residents' requirements and to review processes in a timely manner.
- **Monitoring essential health checks.** Proactively facilitate necessary health check-ups, reduce reliance on family involvement, and ensure timely access to the assessments. Recognition of the difficulties involved in accessing services, such as dental care, should be emphasised.

About this visit

Mount Vale Care Home is run by Barchester healthcare and provides care to its residents in Northallerton, North Yorkshire. Mount Vale has capacity for 62 beds. At the time of the visit, **58** people resided there, 31 in the general residential/nursing unit and 27 in the dementia unit. Residents vary in age from 63 to 99 years old, and a larger number of females reside in the home - 44, compared to 14 male residents.

The current manager has been in post since 2015.

This was an announced Enter and View visit arranged with the care home manager. The purpose of this visit was to capture the experience of life and care within a care home environment and to identify examples of positive working practice. We did this by observing the residents engaging with staff and their surroundings and by speaking with the residents to understand their experience, as well as having observed a mealtime /lunch.

We asked relatives and staff members to provide their experience and views of the care home by completing a survey.

Prior to our visit, we provided information about the Enter and View visit which was made available for people to read in the reception area in the home. It included surveys for staff and relatives to complete and how to access the survey digitally. The survey was available up to 10 days after our visit.

On the day, 4 of our authorised representatives conducted observations. We spoke with **13** of the 58 care home residents, who shared their thoughts and experiences of living at Mount Vale Care Home. During our insight gathering, we used a survey to help our discussions which focused on quality of life and care in the home.

9 family and friends responded with their experience and views of the care home. We also heard from **16** members of staff who work in the home. Mount View currently has 52 members of staff in caring roles, and this represents the totality of 76 staff available in the home. The staff respondents had been in their posts for periods ranging from 4 months to 12 years.

Of these respondents, not all of them were able to provide an answer to every question and some respondents preferred not to answer the questions.

Findings

Environment

On the initial observation of the care home, our authorised representatives found the building to be in an excellent state of repair, it was well maintained, clean and tidy. Parking was accessible and plentiful.

There is a well-maintained garden area with some seating. During the visit authorised representatives did not observe any residents using the outside space, residents did however indicate in their feedback that they enjoyed the use of the outside space.

On entering the home there is an attractive manned reception area with information and notice boards. Sheets outlining daily activities for the week were available.

Accommodation

The care home has two floors which are accessible via a lift. Lifts and doors had coded access. Reception, toilets, dining room, lifts and outside space were all clearly identifiable. The corridors are predominantly carpeted which did result in a slight odour of urine when the authorised representatives visited the Memory Lane Unit.

There is a café area behind reception for residents and visitors. Activities are also carried out here.

There are the lounge areas in each floor (unit), and some easy chairs in the corridor on the ground floor were being used by residents, to sit and read or have a chat. There is also a quieter seating area at the end of one of the corridors.

The dining areas are comfortable; however, the ground floor room is relatively small.

In the living areas, there were chairs of a similar nature. It is best practice to provide a diverse range of seating options. This should include chairs of various heights, sizes, and designs, including both armed and armless chairs. Such an approach ensures that residents with different preferences and needs can find suitable seating arrangements.

Drinks were available in communal areas and in residents' rooms and were easily accessible. Authorised representatives noted limited interaction between

residents in the lounge with most watching tv, reading or asleep. There were no activities taking place during the visit other than the above.

Bathing facilities are separate with three showers on the first floor and two showers plus a bath downstairs.

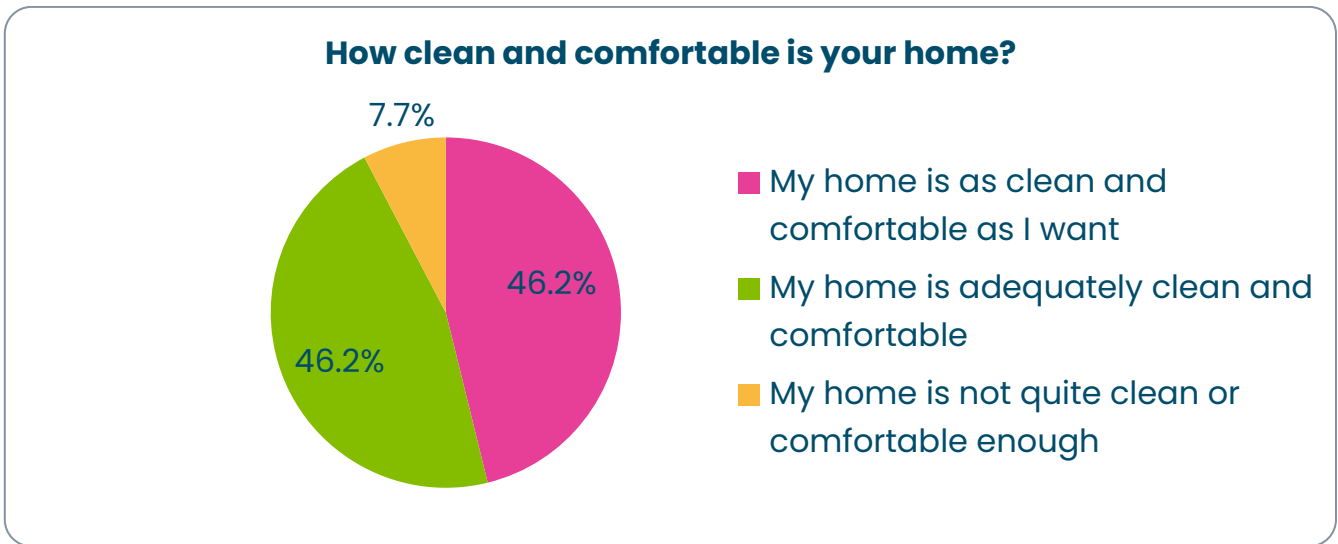
The residents' bedrooms had names on the doors but no pictures which would be beneficial for residents with dementia.

All rooms are single use with an ensuite toilet / washbasin, and they are clean and tidy with some decoration and personal items. There is adequate space for both residents and staff to move freely in the rooms.

Cleanliness and hygiene

Our representatives noted that overall, the care home was clean. The first-floor dementia unit initially smelled of urine, but this was rectified during the visit.

We asked residents about the cleanliness of the home.



12 (out of 13) residents that spoke with our representatives feel the home was clean or adequately clean, 1 resident felt that the home is not quite clean or comfortable, and comments suggest the bedding could have been changed more frequently and the room made more comfortable.



I'm happy with my room, I have all I need here.

Most friends and relatives felt the home was clean and comfortable, however, one relative commented on the uncleanliness of the dementia unit:



Sometimes the smell of urine and faeces is rather strong in memory lane.

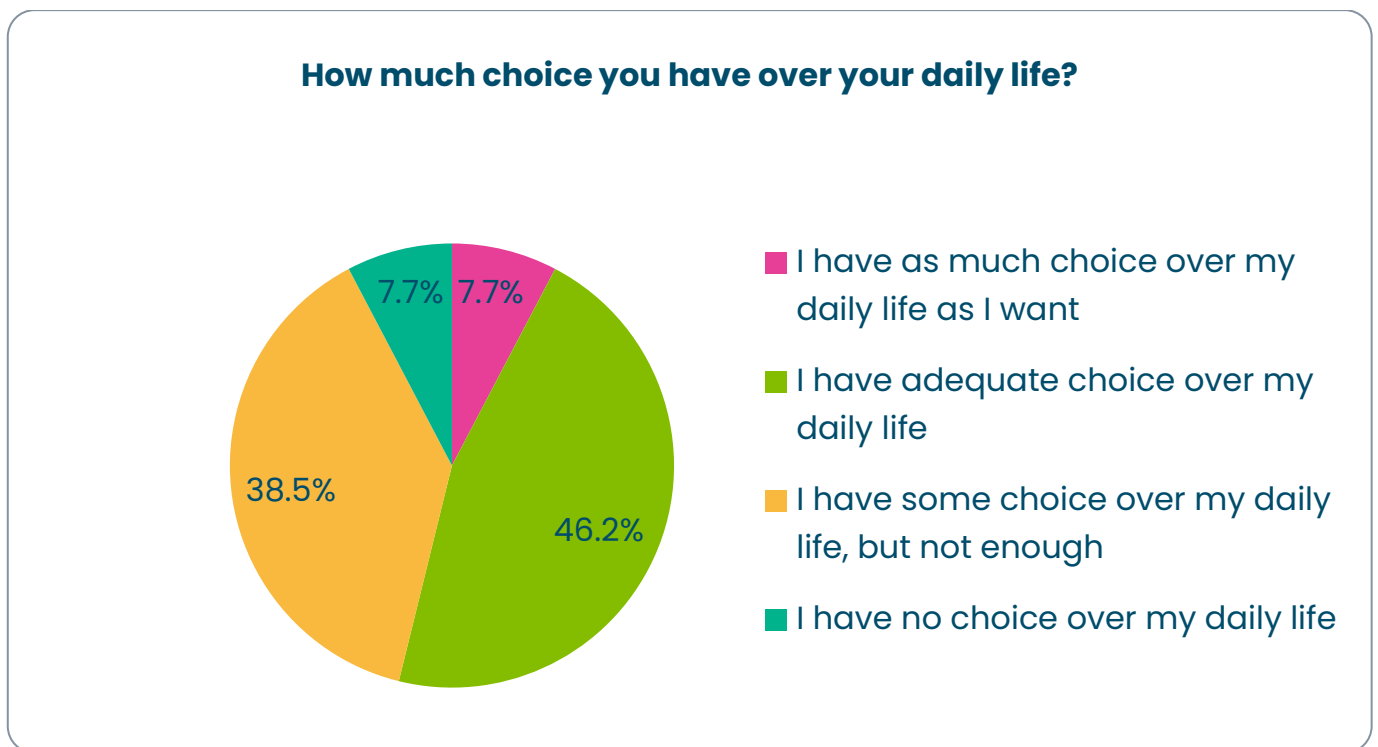


Quality of life

General happiness

Residents were asked whether they were happy living in the care home and how much choice they had over their daily life. (By choice we meant could they get up/go to bed when they want, can they go where they like in the home, do they choose what to wear each day etc).

Of the 13 residents who responded the majority said they were happy living at the home. Some negative feedback referred to a preference to be in their own homes rather than any issues with Mount Vale.



7 of the 13 residents who responded said they had at least an adequate choice over their daily life. Of the remaining 6 residents, 5 felt they had not enough choice and 1 felt they had no choice over their daily life. The specific barriers to their choices were for the most part unclear although one resident commented that a regular pain relief was not always given.

Most relatives (7 out of 9) felt their loved one was happy at Mount Vale Care Home.



The staff downstairs are always very friendly.



Food and drink

Residents and relatives were asked to share their views on the food and drink. Our representatives observed a mealtime (lunch) in the home.

Residents were viewed eating their meals in the dining room but also some in the lounge, corridors or in their own rooms. There were choices observed on the menu, but they were limited.

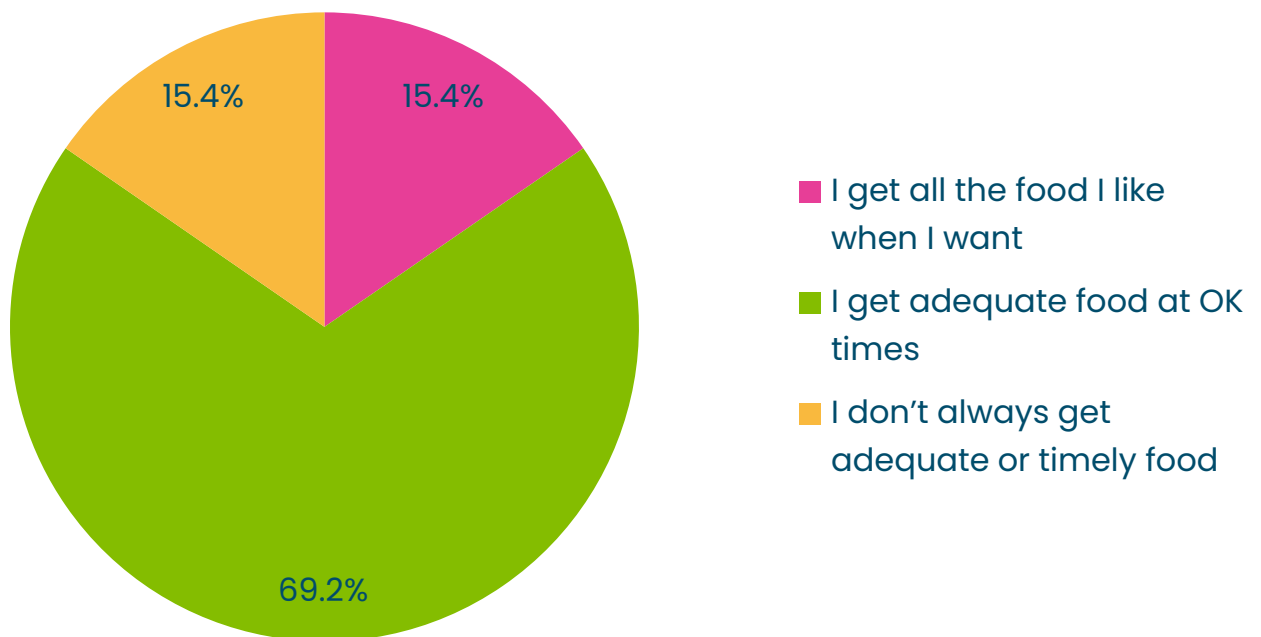
Residents appeared generally to be enjoying their food and drink, however, there was very little interaction between themselves and not a great deal with staff members.



Eating experience sadly appeared clinical and joyless.



Do you get the food you like when you want it?



11 of the 13 residents felt they got adequate or better food when they want it with the other two feeling it was not always adequate or timely. One resident remarked on the wide choice available.



There is a choice, but not much variety it can be bland at times.



8 of the 9 friends and relatives felt the food options and quantity were adequate or better. Several commented approvingly on the choice available whilst one fed back the following:



Food is not always hot or sufficient.



Residents were happy that drinks were readily available and said that they able to reach drinks when they want.

Almost all family members confirmed that drinks are readily available, with one commenting that in warm weather they could be offered more frequently.

Our representatives observed that all residents had access and were encouraged to drink.

Activities

Residents were asked if they spend their time doing things they value and enjoy. Relatives and staff were asked if residents have regular access to activities in the home.

On the day of the visit authorised representatives noted a printed-out activity schedule, but nothing organised was taking place during the visit.

Over half of residents felt they did not spend enough time doing things they enjoy or value. This was for the most part due to physical limitations preventing residents from joining in. A few residents said they enjoyed access to the garden and watching films.

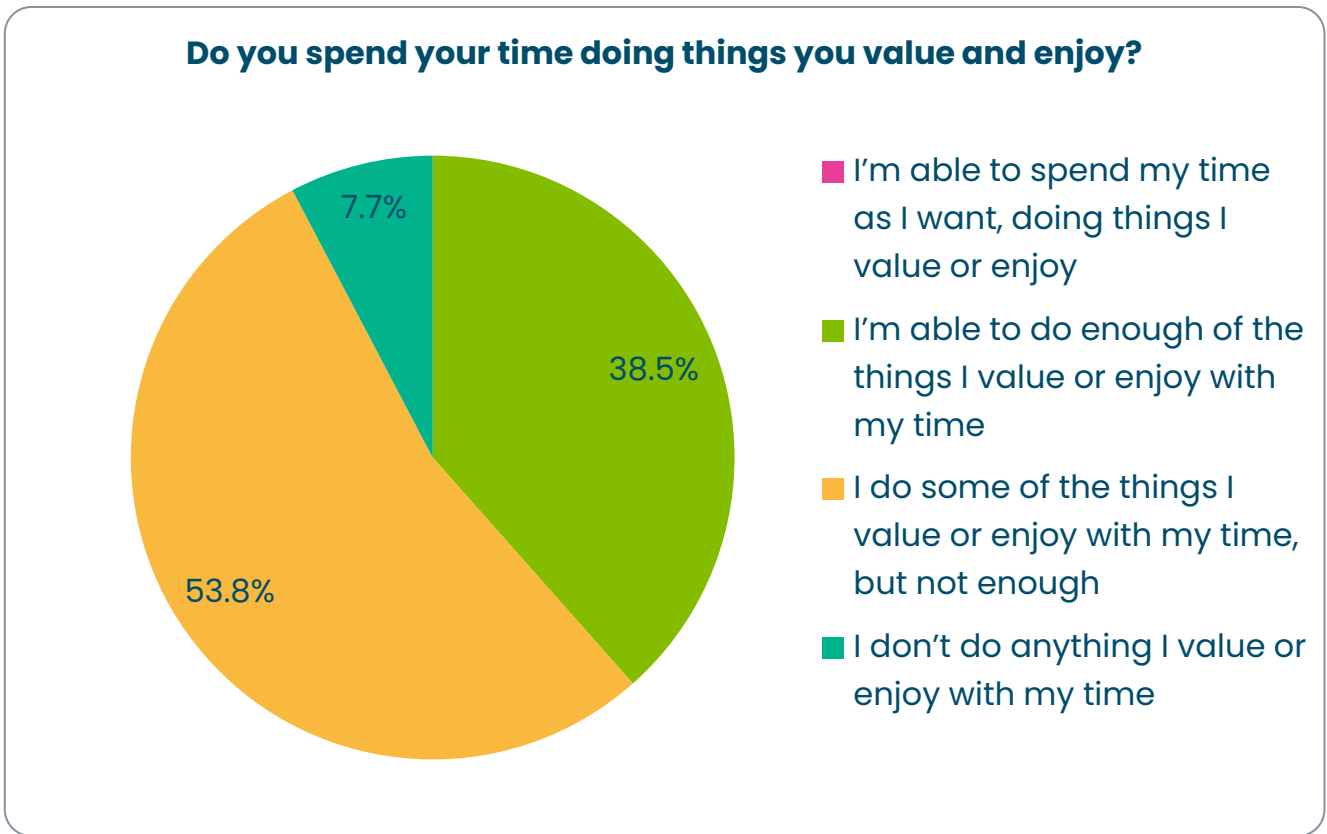


Enjoying participating in activities, such as watching films or going out into the garden - or out to a nearby shop.



6 of the 9 responses from friends and family agreed that residents had regular access to activities. Specific examples included watching films, singing, and

visiting the garden. The same number also said they received invitations to participate in activities and outings.



Every week there is an activities diary in her room.



The 3 respondents who felt their relatives did not have regular access to activities mentioned lack of mobility as an impediment and one specifically questioned how much was available to residents of the dementia unit if they did not like to go downstairs.

Our representatives noted that both the cinema room and café area are quite small and may struggle to accommodate many residents for activities. This combined with daytime staff being very busy left the impression that any supported or one-to-one activity would be difficult.

Staff noted several activities including going to the pub, playing games, entertainment shows. Several mentioned taking residents to the garden or for walks.

Several staff also noted that opportunities to engage with residents on a one-on-one basis, especially with those who stay in their rooms, were limited due to workload, or did not occur.



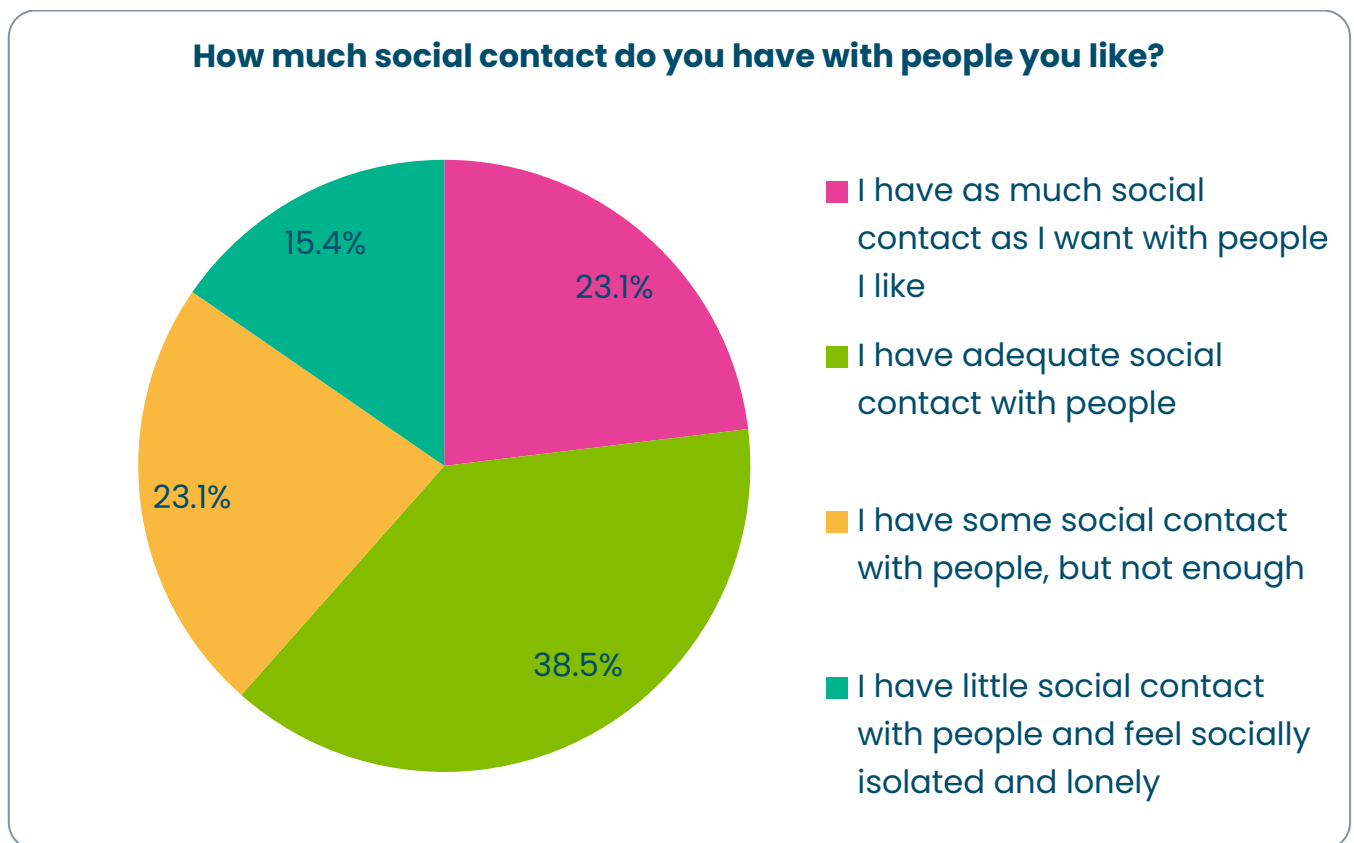
Not much is offered to residents nursed in bed, it's probably just us talking to them or of course any interaction from family or friends.



The home is visited on a weekly basis by Bambi – a miniature chihuahua, who belongs to the activity coordinator. The minibus is available for resident outings.

Social contact

Residents and their relatives were asked about their social contact and our representatives observed interactions between residents, relatives, and staff.



As illustrated above most of the residents felt they had at least an adequate amount of social contact, however, 5 out of 13 residents felt they had little or not enough social contact. Residents very much viewed this in the context of contact with family and friends as well as social interaction within the care home.



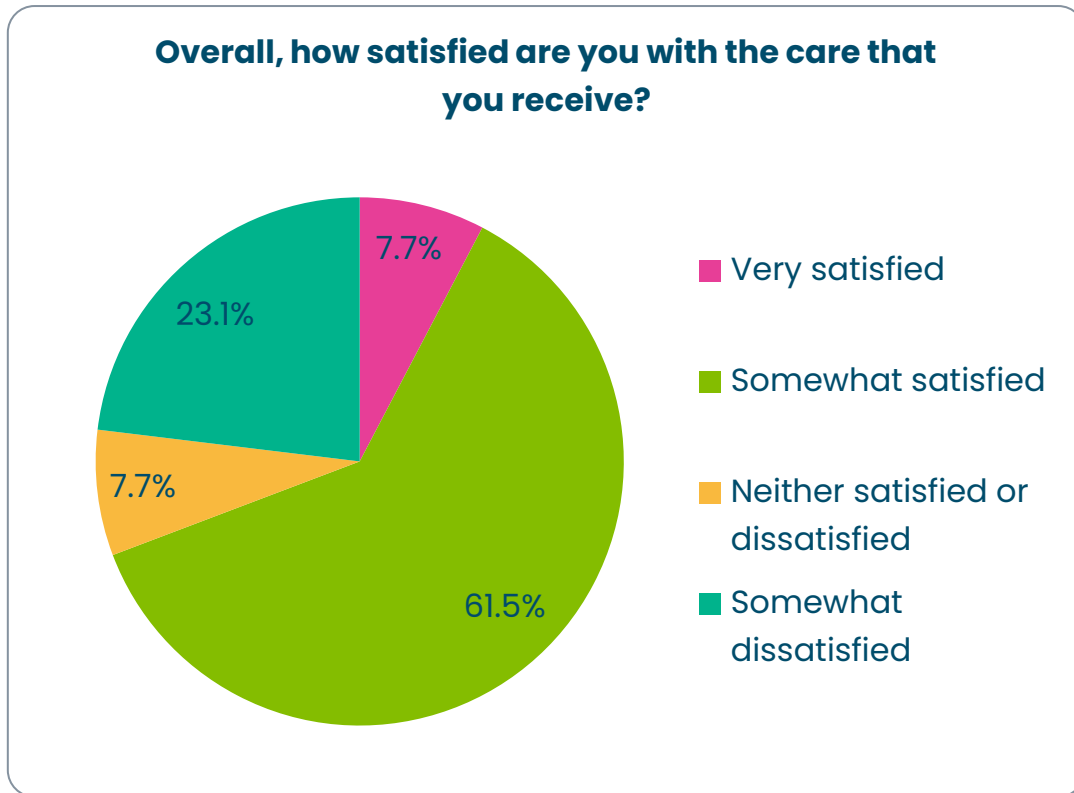
My daughter comes every week and I have friends who visit, that's why I prefer to stay in my room.



Quality of care

Residents and relatives

They were asked whether they felt they/their relative was well cared for. We also observed whether residents looked well cared for during our visit.



The majority of residents were somewhat or very satisfied with their care. The opinions generally reflected that the needs of residents were met.



The resident sleeps well and enjoys the food provided plus activities available.



Of the residents who were ambivalent or somewhat dissatisfied, the feedback tended to reflect frustrations with being in a home and feeling staff are unable to take the time to do more with them.



Staff have a lot to do.
I am often last to be helped into bed, sometimes I feel a bit left out.



All respondents reported feeling at least adequately presentable with 5 out of 13 reporting feeling clean and able to present themselves as they would like. Our

representatives noted that all residents were properly dressed and well groomed.

We also wanted to know whether residents feel like they need additional help with anything, such as help to eat or drink, and if they receive enough help.

10 out of 13 residents indicated that they required additional help with 90% feeling that they were given sufficient help. Where help was needed and not always provided residents raised concerns with staffing levels



I need help dressing and going to the toilet, the staff are good in the main and help, but there doesn't seem to be enough staff lately.



Relatives and friends were asked if they contribute to individual care plans.

6 out of 9 relatives and friends reported that they contributed to their friend/relatives' individual care plan. Responses were primarily referring to financial contributions. Two thirds of relatives reporting that staffing levels were sufficient. The others questioned whether the dementia unit had sufficient staffing for the needs of residents.



There never seems to be enough staff on the memory lane for all of the dementia patients. To spend time with the resident? they all seem to be rushing around busy & very little quality time.



Staff

We also wanted to know how well informed the staff are about the residents they look after in terms of their individual likes and dislikes, food/drink requirements, hobbies/interests.

Less than half of the staff who responded felt they were well-informed about changes to the service. They positively highlighted their ability to contribute at meetings but indicated that only one computer is available for the staff team, limiting access to information and updates about the residents and their care plans.

Staff noted that residents have a record of their likes/dislikes in their rooms including favourite meals and drinks. Staff also noted that feedback from family members and outside agencies was always actioned.

Concerns about lack of information for staff stemmed from lack of time or inadequate communication channels.



No opportunities for discussion with the manager. No chance to feed back about the the impact of changing needs of residents.



In the feedback session with management representatives were informed that the managers door was always open.

There was a question as to whether this was adequate given junior staff may not have the confidence or time to avail of the access to management.

Safety and staff levels

Residents, relatives, and staff were asked whether they feel there are enough staff, and we asked the residents if they felt safe in the home.

Two thirds of residents felt there was an insufficient number of staff to care for them.



Definitely seems to me to be short staffed, the staff work really hard but it's a matter of waiting your turn!

Lately it takes longer for staff to answer my bell, especially if I need to go to the toilet, this can be difficult.



Relatives mostly felt that resourcing was sufficient (6 out of 9). As was mentioned previously staffing concerns from relatives referred to the dementia unit specifically. This was echoed by staff who acknowledged the additional time requirements of residents with additional needs.



The work has become harder - partly due to increasing needs of new residents.



Of the staff responses eight felt there were enough staff, seven felt staffing levels were insufficient and one recorded a response of not applicable.

Specific concerns were raised about staffing levels early in the morning and about the quality of care that can be delivered under current staffing levels.

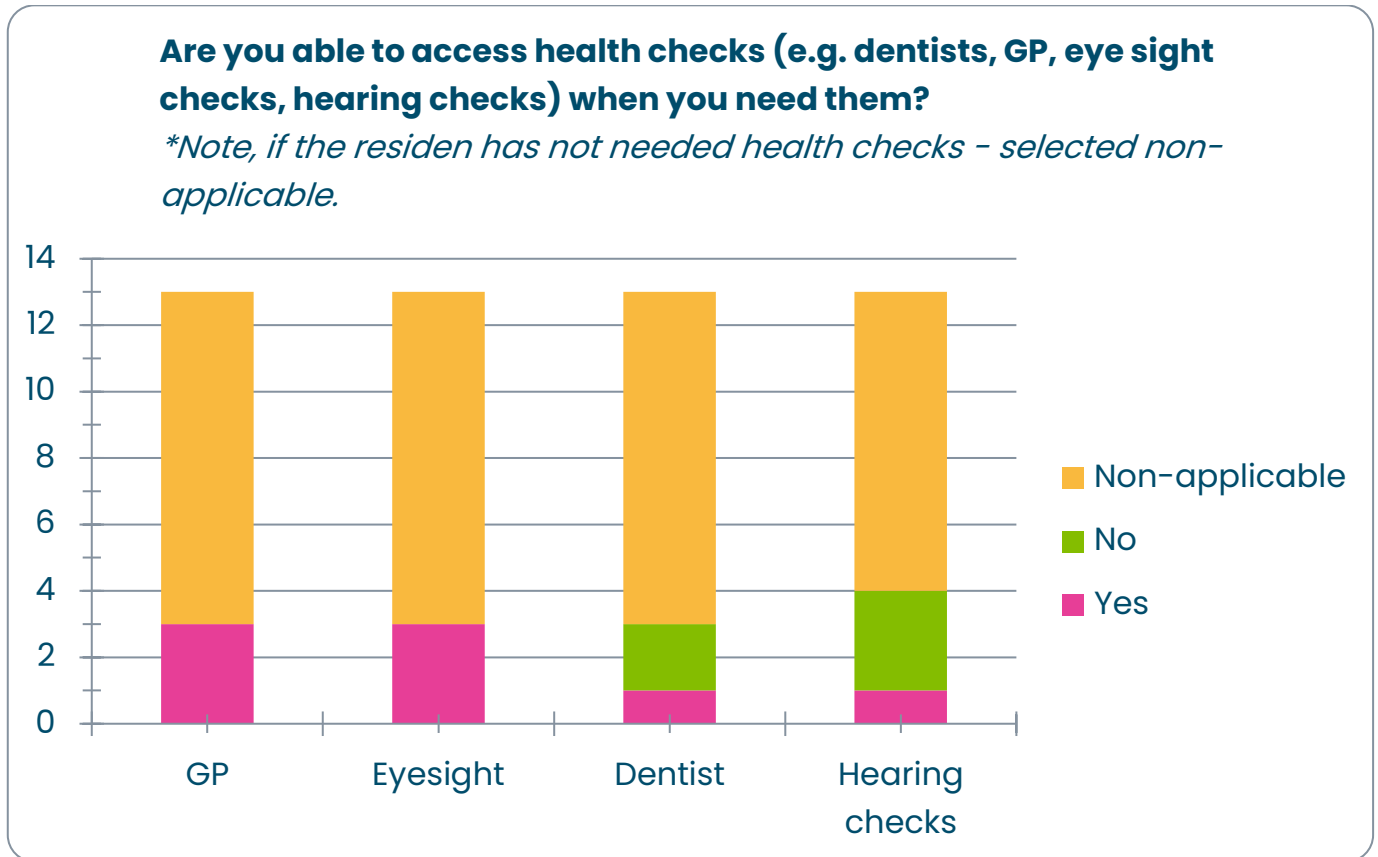


Staff identify that whilst they feel happy with working in this home, they definitely feel levels of staffing are an issue, and impacts upon their ability to deliver the level of care they want to!



Health checks

We asked residents and friends/ family if they had been able to access relevant health checks during the pandemic.



Regarding the accessibility of health checks, the survey responses from 16 residents split between categories:

GP visits

Three residents indicated that they could access GP visits when necessary, suggesting satisfaction with this aspect of healthcare. 10 respondents said that they did not need GP visits, possibly indicating their current health status or the care they receive.

Eyesight checks

Three residents stated that they were able to access eyesight checks when needed. The other 10 residents said that they did not require eyesight checks, possibly due to their existing eye health or care. One resident voiced a concern about the repeated disappearance of glasses, affecting a desire to read, and causing evident distress and highlighting a noteworthy issue.

Dentist appointments

One resident said they could access dentist appointments as required. Two respondents expressed difficulty accessing dentist appointments, highlighting some challenges in this area, whilst the remaining 10 residents said they checks were not needed.

Hearing checks

One resident reported being able to access hearing checks, indicating that this aspect of healthcare was available to them. Three residents indicated they couldn't access hearing checks, suggesting potential gaps in hearing care services. Nine residents did not require hearing checks, possibly due to their hearing health or care situation.

Time constraints meant that some residents were not able to elaborate on the details of or impacts of the health checks.

There is a sense that certain check-ups may rely on family involvement rather than the care home's responsibility.

Friends and relatives reported in arranging health checks, including eyesight and hearing checks, dental care, and hospital appointments.

The availability of healthcare professionals such as GPs and dementia nurses within the home was acknowledged.



Dental and eyesight altering checks must be supported by the family and not the home!



Most staff reported that residents' care plans recorded their oral health, hearing, and communication needs.

One member of staff commented on the difficulty of arranging a dental appointment.



Raising concerns and issues

Residents, family, and friends

We wanted to know if they had any concerns about the service, would they know what to do.

11 out of 13 residents said they would know what to do if they had concerns.

This indicates that residents are generally confident in how to raise issues or concerns, however, there was a comment regarding not seeing the Manager on a regular basis.

Time constraints meant the topic was not explored fully with the remaining two respondents.

All nine friends and family respondents indicated they knew what to do if they had concerns about the service, residents, staff, or management. Their responses included speaking to a senior staff member, such as the nurse in charge or contacting Care Quality Commission (CQC) and discussing concerns with the care home's manager.



Found them helpful and concerns resolved satisfactorily.



Others mentioned specific concerns raised, including financial issues and safeguarding complaints, which they were generally happy with the response from management.

One respondent mentioned sending an email with concerns and awaiting a response.



Staff

How do they feel?

We asked staff about working in the care home.

All 16 staff who responded said that they enjoyed working in Mount Vale Care Home.



Lovely place to work.

I love working in such a supportive home.



Staff members generally noted that the home management was supportive, they express a commitment to their work and the residents they care for, however, some talk about several challenges.

Several staff members mentioned the increased workload and need for additional staff, led by growing needs of new residents, especially in the mornings. Some feel that they often must rush through their duties due to understaffing, preventing them from dedicating sufficient time to residents.

Some mentioned that although they receive quality training, several staff said that there is a notable lack of managerial support, particularly in terms of staff well-being.

Feedback from comments also highlighted several areas where the home could enhance its support for the staff working environment:

- Provide tables in bedrooms to enable residents to eat comfortably.
- Acquire additional weighing hoists and chairs, considering the reduced usage downstairs.
- Recommended a wider range of availability of specialised beakers, and cutleries for those residents who encounter difficulties with their meals.
- Consider a general increase of equipment availability.
- Addressing the need for new commodes.
- An additional laptop required to process records efficiently and ensure a structured approach to familiarising staff with individual care plans.

One response suggested adding a hostess to the dementia floor to help with serving meals and drinks to free up carers to perform their role. They feel that staffing cuts have made it difficult to maintain high care standards.

Overall rating

We asked residents, family and friends of residents, and care home staff how they would rate the home out of 5 (with 5 being the best).

Residents: (3.7/5)



Friends and family: (4.1/5)



Care home staff: (4.3/5)



Acknowledgements

The Healthwatch North Yorkshire Enter and View team would like to thank the manager, staff, friends and families of residents, and residents for letting us access the care home, and for sharing their views with us. Thanks also to our dedicated volunteers who helped support this Enter and View visit.

Disclaimer

This report is not a representative portrayal of the experiences of all patients, relatives, and care home staff, but an account of what was observed on the day of the visit and shared with us by those who completed our survey. Note: Some of the residents we spoke with have cognitive impairment which can impact their ability to answer the questions.



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