

Enter and View report

Scorton Care Village, Richmond

August 2022

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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 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 go out to local health and social care providers 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 specifically to identify safeguarding issues. However, if such concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.



Details of the visit to Scorton Care Village

Service address	Scorton, Richmond, DL10 6EB
Service provider	DMP Healthcare
Date	31 August 2022
CQC rating	Good
Care home manager	Carmen Alina Bacoanu
Contact number	01748 812 345

Summary

Purpose of the report

We summarise the findings gathered during the visit on 31 August 2022, as well as feedback shared through survey responses gathered before and after.

Purpose of the visit

- To 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 representatives visited the home and spoke with residents, residents' relatives and friends, and care home staff.

We heard from 18 residents, 45 residents' friends or family members, and 41 members of staff whose feedback forms the basis of this report.

Key findings

We found a mixed picture at the time of our visit to Scorton Care Village. Representatives had a different experience in the nursing wing compared to the residential area. Our representatives' impressions didn't always tally with the views of residents or most of the responses from family and friends. Our findings reflect this. These findings were based on our observations and the comments and reflections of residents, family and friends of residents and staff members.

Note: we did not ask family/friends whether their relatives were in Elizabeth House or Archery Bower House, so we cannot directly relate their feedback to either house. We did not ask staff which part of the care village they worked in.

Most of our time was spent in Elizabeth House, the residential home. Some representatives did visit Archery Bower House. The overall feeling was of a clear difference between the two houses. Representatives found Elizabeth House to be dated in terms of décor. They saw the residents mostly keeping themselves to themselves. It was quiet and had an institutional feel to it. Archery Bower House had a very different feeling. Even though some of the residents were very ill, there was energy and active engagement between residents and staff with a more inviting and home-like décor.

Positive feedback

- Staff were friendly and were good at encouraging and supporting residents to eat at mealtimes.
- Both Elizabeth House and Archery Bower House were clean and tidy.
- Archery Bower House had a positive atmosphere with a great energy and interaction between staff and residents.
- Relatives' feedback was overwhelmingly positive and praised the care and consideration given to loved ones living at the home.
- Relatives found the staff helpful and that they are kept up to date with developments (including during COVID-19) and find it easy to contact the home.
- Many relatives said that they were happy with their relative living in Scorton Care Village if they couldn't be at home and they were very confident they were being well looked after.



Recommended areas for improvement – for Elizabeth House

- Update the decoration in Elizabeth House and include dementia friendly elements including colour contrast on toilet seats, switches, and rails.
- Learn from the positive elements of Archery Bower House to introduce these into Elizabeth House.
- Provide more activities and stimulation to engage residents and encourage interaction in Elizabeth House.
- Ask for feedback on food provided to see if any improvements could be made to encourage residents to eat more, where appropriate.
- To review and include signage in corridors, increase the font size and improve signs from the car park to the building entrances.

About this visit

Scorton Care Village is run by DMP Healthcare and provides care to its residents in Richmondshire, North Yorkshire. The home has 90 beds, and at the time of the visit, 84 people resided there, including some people receiving end of life care. Elizabeth House is the residential side and provides care for up to 54 people. Archery Bower House provides nursing care for up to 60 people. Residents varied in age from 57 to 100. The current manager has been in post since 2020 and has worked for DMP Healthcare for six years.

This was an announced visit arranged with the care home manager. The purpose 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. 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 why we were coming, 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, four of our authorised representatives conducted observations. We spoke with 18 residents, who shared their thoughts and experiences of living at Scorton Care Village. During our insight gathering, we used a survey to help our discussions, which focused on quality of life and care in the home, and the impact of COVID-19.

45 family members and friends responded with their experience and views of the care home, and we heard from 41 members of staff who work in the home. Staff respondents had worked at Scorton Care Village for between a few months and more than six years. The staff worked in varied roles as carers, care assistants, nurses, team leaders, chefs, housekeeping roles and more.

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



Findings

Environment

On the initial observation of the care home, our authorised representatives had mixed views on the buildings and internal decoration. They felt there was a difference between the residential and nursing areas, where the nursing home was felt to be better decorated and feel more homely.

This visit focused on Elizabeth House, the residential side. This was found to be dated and uninviting, with older fixtures and fittings that required renovation and updating. One representative said it felt institutional. The garden area for Elizabeth House was similarly found to need some attention. While there were some colourful flowerpots, the grass and benches looked in need of further work.

Signposting to the car park and from the car park to the home could be improved.

On entering the home, it appeared clean and tidy, but with a smell of cleaning fluid, which we felt added to the institutional feel. Staff were friendly, however it took some time for a member of staff to answer the doorbell.

There weren't any posters or information about activities or meal options available in the reception area. There were some care home review cards, information about dementia and a hot weather risk assessment¹ available.

Accommodation

Corridors were wide, clean, and tidy. External doors were locked, and residents needed help to get outside. Signage, including pictures, was included on communal room doors, but this was small and there was no corridor signage.

The lift was a platform type and could only be operated with help. When the representatives used the lift, they needed help to open the door and one felt they were going to get stuck. The representatives were informed that the Fire Service has found the lift to be safe, but they were not comfortable using it.

The residents' rooms were all single with ensuite bathrooms and all were clean and tidy. Residents were able to have their own belongings and decorations in their rooms and there was good storage.

Elizabeth House didn't appear to include any dementia friendly elements. For example, there was no colour contrast on handrails, switches, or toilet seats.

Cleanliness and hygiene

Our representatives noted that overall, the care home was clean and tidy, and residents were clean, well dressed and appeared cared for.

We asked residents about the cleanliness of the home.

Sixteen residents said they felt the home was adequately clean and comfortable or as clean and comfortable as they want. One person felt it wasn't quite clean enough.

¹ At the time of the visit, England was experiencing very hot temperatures, so it is positive that the home had undertaken the risk assessment and displayed information for residents and visitors.

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).

Most of the residents said they were happy living there. Those who didn't, said they wanted to be back in their own home. No one said anything negative about living at Scorton Care Village.

Two residents said they have as much choice as they want over their daily life, six said they have adequate choice, seven feel they have some, but not enough, choice and two felt they didn't have any choice. Many of the comments reflect the frustrations of ill health on people's ability to do things limiting what they can do. Others said they have made friends in the nursing home (Archery Bower House) and are happy.



Food and drink

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

12 of the 17 respondents said they get adequate food and drink. Three said they get all the food and drink they want when they want and two people said they don't get adequate food and drink when they want. Most people who commented said they liked the food and one person commented on the delicious lunch they had just had. One person said their food isn't to their taste, another that it can be boring and someone else that it can sometimes be late.

Our representatives saw people having lunch. They were disappointed that the residents didn't interact with each other. Meals were mostly eaten in silence. We saw people with special diets eating pureed food and staff helping residents who needed assistance or encouragement to eat.

Activities

Representatives did not see many people in communal areas. Most people spent time in their own rooms and there was no sign of any activities taking place on the day of their visit. The activity board said there was arts and crafts activity in the morning and photograph reminiscing in the afternoon, but neither was evident. One person was having their nails done by a staff member and one person had been to the shops with the activities coordinator.

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.

Four residents said they can spend their time as they want, one said they can do enough of the things they value, eight do some things they enjoy and value but not enough and three people said they don't do anything they value or enjoy with their time.

Most of the comments reflected that people's sight, hearing or mobility issues prevented them doing what they wanted. Some said they would like to go out more, but don't want to bother the staff who are very busy (residents need staff to help them go outside).

Most of the relatives who responded (79%) said their relative/friend had access to activities. Activities mentioned included bingo, singing, dominoes, baking and Jubilee Party earlier in the summer (to which relatives had been invited). One person said the activities coordinator takes photos of her relative taking part in activities and puts them up on their bedroom wall. A number of people said that they are aware of activities, but don't think that their relative can or would want to take part, however they know that staff do encourage them to get involved. Only two people said they didn't know about any activities.

Staff also mentioned a range of activities, including walks, the local vicar visiting, supporting people to go to church and trips out. They also mentioned doing things one-to-one with people who are bed-bound.



"I do a lot of reading and watching TV. I like to go for stroll in the garden. I would welcome more activities."



Social contact

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

Three residents said they have as much social contact as they want, four have adequate social contact, seven said they have some social contact but not enough and two people said they feel isolated and lonely.

Some people said they have lots or some regular visits from family and friends. Others said they have no one visiting them. One person said that staff don't talk to them.



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.

24 relatives (92% of respondents) said they were very satisfied with the care at Scorton Care Village. Two people (8%) said they were somewhat satisfied.

Almost all the comments were positive with people reflecting that the home had dealt extremely well with residents with challenging behaviour resulting from dementia. They said they helped people and their relatives to cope with that, where other care homes had not been able to. Other relatives reflected on the excellent care and were confident their loved ones were safe and being well looked after.

The only concern was from a relative who felt that urinary tract infections (UTIs) are not taken seriously enough.

95% of respondents (21) said their relatives and friends had everything they need. Staff did everything they could to support relatives. However, one person said they felt more could be done to stimulate residents. This tallied with our

representatives who also felt more should be done to engage residents at Elizabeth House.



“Excellent medical and general care is given. As a family, we know mam is well cared for, given high quality meals and all her medical needs are being met.”



“The activities lady is amazing and goes out of her way to help. The care my father receives is excellent and the whole team work so hard to provide residents with fantastic care. The food is amazing and always smells delicious.”



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.

All the residents felt they were adequately clean and presentable. Four out of six said they get additional help when they need and two said they do not. Two people would prefer food cut up to the processed food (‘mush’) that they currently get, and one said they feel they are on their left on their own far too much.

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

16 relatives/friends (73% of respondents) said they were asked to contribute to care plans. Ninety-five per cent of relatives/friends who responded added that they felt informed regarding any concerns about their loved ones.



“The care home sent me the life history form to fill in.”



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.

70% (16) of respondents said they feel fully informed about residents likes and dislikes, 30% (6) felt somewhat informed. Information is saved electronically, but staff are encouraged to ask residents about what they like. Dietary needs are discussed, and a dietician gets involved via the local GP if needed.

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.

All residents said they feel safe. 14 out of 17 respondents said they feel as safe as they want to and the remaining three said they feel adequately safe.

Residents were split on the number of staff with seven saying there were enough staff and seven that there are not enough. Residents said the staff are good and friendly. One said they respond quickly if needed, but others commented that the staff always seem very busy, particularly at night.

Relatives were more positive about staffing levels with 84% (21) saying there were enough staff and 16% (4) feeling there are not enough.

Most staff (85% or 17) said they think there are sufficient staff but three people didn't agree. One comment was from someone who felt they had to rush between residents, didn't have time to chat and sometimes had to leave activities in the middle if someone else needed help. One said, 'Everyone is so busy, I don't like to bother them'.



"As in any similar situations, care problems do arise, but Scorton do their best to alleviate them. The patients always come first."



Sensory health (including oral health, sight, and hearing)

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

Two out of seven residents said they had accessed dental appointments during COVID-19. It wasn't clear if the other five had not needed to access appointments or hadn't been able to. Three people had eyesight appointments and two people had been for hearing checks.

Two of five residents said they get the help they need from staff with glasses, hearing aids or false teeth. Three said they didn't get the help they need.

Eight relatives mentioned their loved ones needing appointments. One person said that the optician and podiatrist had been to the home and one that they had taken their mother to the dentist.

Care during COVID-19

Staff

What is your experience on working in a care home during the pandemic?

Staff reflected on a very difficult time during COVID-19. One staff member had to be taken to hospital by ambulance from the care village due to COVID-19. Staff were scared and felt that more support was given to NHS services than care homes. It was a challenging time, but many staff felt they had the personal protective equipment (PPE) they needed and things were well managed, with teams pulling together.



“The whole staff pulled together as a team, and we all supported each other. I sometimes helped in other roles within the home to relieve pressure. The only downside was the rudeness staff faced from resident’s families who took their frustrations out on staff.”



Residents

Do you feel safe against COVID-19 in the care home?

All the five residents who responded said they feel safe against COVID-19.

Residents and family and friends

Has the home implemented any changes to make sure you/they are able to contact loved ones during the pandemic? Could anything have been done better?

Most relatives (83% of respondents) said they had been able to stay in touch with their relatives since the start of the pandemic. Relatives mentioned telephone and Zoom calls (with help from the activities coordinator if needed), window or garden visits, room visits, wearing PPE and regular newsletters from the home, which enabled them to stay in touch.

Some people had not been able to visit during the pandemic or found it more difficult. One resident with Alzheimer's could not use the technology offered, even with support, so the person's relative had to wait until face-to-face visits were restarted to see them.

All relatives felt they were kept up to date with developments by the staff. This was either through email, newsletters, or phone calls.

Changes implemented since COVID-19

Staff

We asked for their views on whether any positive changes were implemented in the care home during the pandemic.

Several staff mentioned improved hygiene and infection control because of COVID-19. Technology was used during the pandemic to allow residents to stay in touch with family and this has continued.



“Through lockdown, families could only speak or see their loved ones through video chat or phone calls. This has now encouraged families to video call more often if they aren't able to visit.”



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.

Seven out of eight residents said they know how to raise concerns and all who responded said their concerns had been dealt with well.

All the relatives/friends were confident about raising a concern, although many said they do not have any concerns. One person mentioned that there are feedback forms readily available and another that details of procedures are shown clearly in reception.

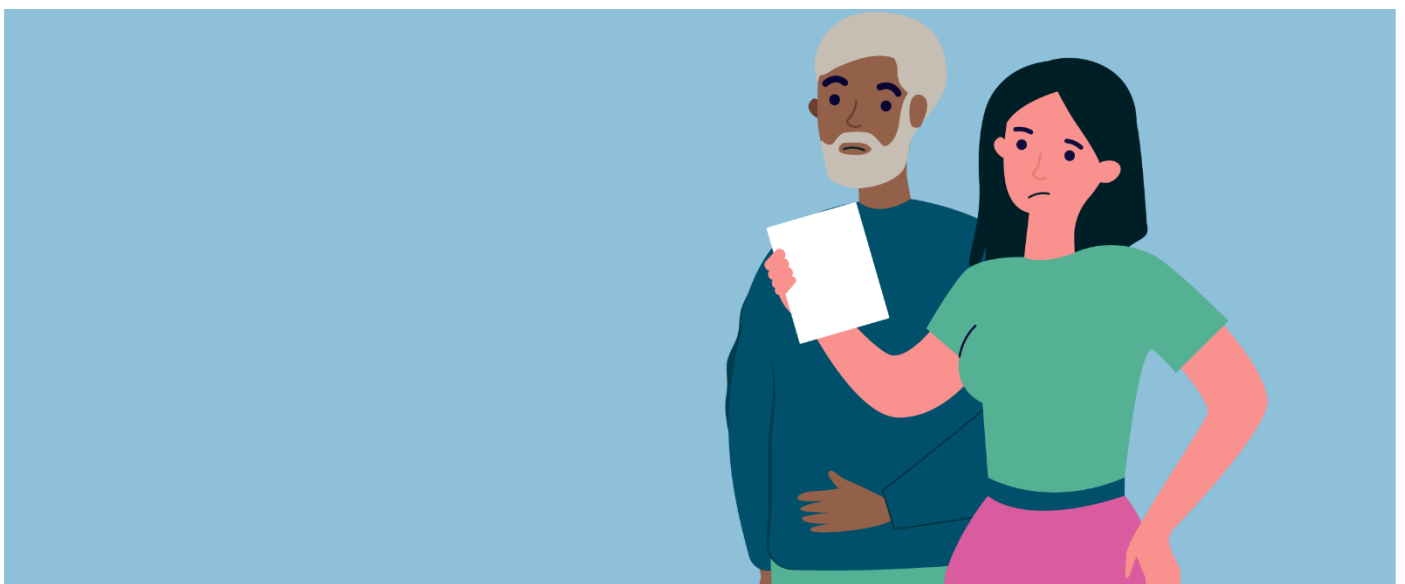


"I don't have any concerns. I know they are doing their best."



We also asked if they had been happy with how the concern had been dealt with in the past.

Almost all the relatives who responded were very happy with how any concerns had been handled. They felt listened to and that issues were addressed quickly and effectively. Only one person felt that things hadn't been dealt with well with staff saying they were aware of the issue, but it could not be resolved.



Staff

How do they feel?

We asked staff about working in the care home.

All the staff who responded (21) to this question said they enjoyed working at the home. Comments included good team working, feeling supported and Scorton Care Village being a good place to work.

Nineteen of the respondents (76%) said they would recommend the home to family or friends. Those who didn't say they would said that they hope their family members wouldn't need the level of care and would be able to stay at home, others said it was the only care home they'd seen, so didn't feel able to comment.

Twenty-two respondents (80%) felt they had enough training, but a few staff members wanted more.



"I love to engage the residents with some activities, however, there is a challenge as we have to raise the funds for that."



We wanted to know whether the staff feel well informed about changes to services in the home.

Three quarters of the respondents (16) said they felt well informed about changes, three said they didn't and two gave other comments. These included that the person didn't always feel fully informed, but they worked part time and thought that might be an issue. Most staff members felt able to raise suggestions and that they were listened to.



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: (4/5)



Friends and family: (4.5/5)



Care home staff: (4.4/5)



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 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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