

# **Enter and view report**

Firth House Care Home, Selby

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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 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. Our 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.



#### Details of the visit to Firth House Care Home

Service address	18 Firth Mews, Millgate, Selby, YO8 3FZ
Service provider	Anchor Hannover Group
Date	22.08.2022
CQC rating	Good (07.07.2022)
Care home manager	Pearl Margaret Millin
Contact number	01757 213546

## **Summary**

#### **Purpose of the report**

We summarise the findings gathered during the visit on 22 August 2022, as well as feedback shared through survey responses gathered before and after.

#### **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 representatives visited the home and spoke with residents, residents' relatives and friends, and care home staff.

We heard from 17 residents, 29 residents' friends or family members, and 48 members of staff whose feedback forms the basis of this report.

## **Key findings**

We found that at the time of our visit Firth House, it was operating to a good standard. These findings were based on our observations, and reflects the general happiness of residents, family and friends of residents and staff members. The overall impression was the care home provided a homely environment with friendly staff.

However, there were a few issues highlighted and we have made suggestions for review and improvement. One of the main areas we identified for improvement, which impacts the quality of life is to provide more opportunity for residents less able to walk to participate in activities and improve social interaction.

#### **Positive feedback**

- Overall, residents, relatives and friends were very positive about the service and care provided.
- The food was of good quality with a wide choice available.
- Staff interacted and provided care and support, considering the needs and requirements of the residents.
- There was good signage on room doors and landmarks to help residents with cognitive impairment.
- Staff regularly checked the sensory needs (sight, oral health, and hearing) of the residents and recorded these in their care plans.
- The care home responded well to the pandemic by improving infection control procedures and implemented communication methods between residents, family, and friends.

## Recommended areas for improvement

- Provide opportunity for more activities and social interaction for those residents unable to move around voluntary.
- Ensure cleanliness and hygiene standards are maintained throughout the care home.
- Improve signage for visitors allowing access to the different units and garden.
- Review staffing numbers at night and during mealtimes to encourage and aid residents with their eating if required.

#### **About this visit**

<u>Firth House</u> is run by Anchor Hannover Group and provides care to its residents in Selby, North Yorkshire. The home has 41 beds, and at the time of the visit, 40 people resided there aged over 65 and most were there for long term care and support. The current manager has been in post for 24 years.

This was an announced 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. 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, three of our authorised representatives conducted observations. We spoke with 17 care home residents, who shared their thoughts and experiences of living at Firth House 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 and the impact of COVID-19.

29 family and friends responded with their experience and views of the care home, and we heard from 48 members of staff who work in the home. Most of the staff respondents had worked at the home for several years.

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



## **Findings**

#### **Environment**

On the initial observation of the care home, our authorised representatives found the building to be in a good state of repair, with seating and a large water feature at the front of the property. Our representatives noted that parking was very limited on site, however, there is a long stay car park nearby. We noted that there was a lack of signage to direct people to the home.

There is an enclosed garden area at the rear of the home with seating available which is accessed from a communal living area. All residents are able to go out into an enclosed garden, sited in a courtyard style setting and with views of parkland located behind the home (with high railings around). Our representatives visited the centrally located garden, which was available to view from a good number of rooms and communal spaces in the care home.

On entering the home, via a locked door our representatives were greeted by a very friendly and helpful receptionist. They found lots of information available to visitors including the latest Care Quality Commission report and photobooks representing the life of the residents. There was a digital signing in and out system that asked COVID-19 related questions when signing in and provided opportunity to give feedback when signing out.

Access to the lift was visible from the reception area and appeared to be in good working order. Our representatives observed that there was very little traffic noise or disturbance inside the care home.

#### **Accommodation**

Accommodation is split into four wings spread over two floors. Two were dementia units and two were residential units. Communal areas were well decorated with different chair styles, and we observed them to be well set out.

The corridors were clean and decorated with lots of 'old' items on display on the dementia floors which helped as markers for navigation. We noted a lack of signage to direct visitors to the units and no sign directing to the garden. The dementia units were kept locked which is appropriate to keep residents safe.

We found large print signs with resident names on every room door and this included relevant additional information on whether the residents wanted privacy.

The residents' rooms were single use with ensuite bathrooms. We found them to be clean, well decorated and tidy with room for movement around the bed, and chairs to allow visitors to sit down.

We noted hoists, walking frames and wheelchairs were available.

#### Cleanliness and hygiene

Whilst most of our representatives did not notice any unpleasant smells throughout the care home, one did notice a strong smell in one of the rooms in the dementia unit.

#### We asked residents about the cleanliness of the home.

Overall, most of the 13 residents that responded felt the home was clean and comfortable. One commented that the cleaning had not been quite as good as usual due to staff absences and holidays, but that it was still adequate. A few relatives commented that the carpets in resident's rooms needed more vacuuming.

## **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 17 residents we spoke with, most said they were happy living in the care home ('the caters are 100% helpful' and 'it's a good home', being two of the comments). Of the remaining respondents, three explained they were somewhat happy, and three told us that they are not happy. One of those did not want to be in a care home generally and another felt very unhappy about their life. We raised this with staff as an immediate concern and they informed us the resident was being monitored by the mental health team.

When asked about choice, most of the residents that responded (10 out of 12) told us they have adequate choice over their daily life, but two respondents explained whilst they had some choice it was not enough.

#### 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.

We observed residents eating together and enjoying their food. They were happily chatting away with the radio playing in the background. Food and drink looked appetising, and residents were nourished, and there was a choice of two main courses.

Many residents shared their views on food and drink with the majority (12 out of 14) explaining they received adequate food and drink at OK times, with one person commenting 'good choice available and the quality is good'. However, two felt they did not always get adequate or timely food and drink one stating 'The lunch is served from 12:30 but I feel nervous to wait until then. My comfort lunchtime is just about 12:00 so I would prefer to have it earlier. The food is good'.

Relatives gave a mixed response to this question, one said 'the food always smells and looks appealing. There is a choice every day.' Another said, 'the kitchen staff are wonderful, and they give person-centred care. They go out of their way to provide things for my relative even though it's not on the daily menu'. Whilst others said that food is poor and were 'disappointed with food provided and the level of supervision during mealtimes. My relative needs encouragement and prompting to eat'.

#### **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.

During the visit we observed a new magic table being used and saw a list of the activities available.

Of those 13 residents that responded to our question most felt they were able to do enough of the things they value or enjoy. Of the remaining four they noted they were able to do some of the things they enjoy but not enough and explained ill health had mostly impacted their ability to join in with activities.

Majority of staff responded that residents had access twice a day to a programme of activities in the home and some outings to local places too. One staff member said 'There's a variety of activities we do, lots of food tasting, physical exercises, musical experiences, trips out to the park and different places, flower arranging, puzzles and coffee and a chat' whilst another commented 'There are various activities for the residents that can leave their wing, including sport, exercise, quizzes and singers but there is little provided for those nursed in bed or in their rooms'. Whilst some staff said those in bed receive one to one time, some felt more could be done to encourage residents to attend activities.

All the relatives that responded (21 out of 28) said their loved one has regular access to activities in the home. One said: 'My family member's mental needs have been well provided for by many and varied entertainment and stimulating activity sessions, which they have enjoyed together with the other residents'. Another commented the weekly activity workshops are baking and sampling of food from other cultures: 'I receive weekly emails of activities for that week. Staff post photos and videos on social media of our events'.



"My family member takes part in numerous activities.

Although they are in a wheelchair, they are always included and enjoy socialising with other residents. They take part in bingo, art, flower arranging, and quizzes."



# Relatives were also asked if they received invites to participate in activities/outings.

Majority of residents said they receive invites, however, one person commented that COVID-19 restricted relatives from participating in events at Firth House and things have not returned to how they were pre-pandemic.



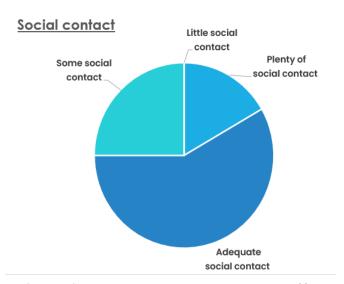




#### **Social contact**

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

Of the 12 residents who responded, the feelings were mixed. One resident said: 'I don't want people to talk to me', whilst another noted staff have a chat in the residents' room sometimes.



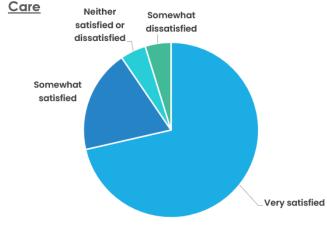
Our representatives found residents interacting with each other and the staff. Residents and visitors happily chatting. We also noted that staff interacted well with residents and seemed to be aware of their specific needs.

## **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.

Of all the 13 residents that responded they felt adequately clean and presentable. Two mentioned a podiatrist had visited to look after their feet.



Most relatives said they were very satisfied with the care of their loved ones. One said that the staff are always pleasant and upbeat.

Those few relatives that were only somewhat satisfied commented: 'I feel sometimes she is just left alone a lot of the time because of her aggressive condition. I think the staff need more training in dementia care'. One person said: 'Hygiene care is insufficient. Rooms are not kept clean, and grounds are not well kept'. Another mentioned 'my relative's personal appearance is sometimes below what I would expect – dirty hands and nails, for example'.

Our representatives noted that the residents were properly dressed and well groomed. They also commented that residents can use the hairdressing salon, that can accommodate two or three people at a time, on a weekly basis. The services in the salon are provided by the activities staff members. Our representatives also noted that a toilet off the salon was being used as a storeroom for various items and boxes. This would mean that a resident would struggle to use this toilet, if needed urgently.

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.

Of the eight that responded seven felt they received enough help and praised the staff for dealing with things quickly. One person commented nothing is too much trouble and was delighted when they helped them prepare for an outside visit.

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

15 of the 21 respondents said they had been asked to contribute towards care plans and majority of relatives (17 out of the 21 responses) said the home communicated with them on a regular basis to make them aware of how loved one is doing and what activities they are involved with.

#### 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.

Of those 40 staff members that responded the majority said they were very informed about residents, and the remaining seven felt somewhat informed. One person commented 'Although a lot of this information is in their care plans, you don't have time to read the care plans when you are working. I feel that a spreadsheet with the key likes/dislikes and needs of the residents would be useful to refer to. Due to GDPR (General Data Protection Regulation) this would likely have to be locked in the relevant wing's care plans but would be easier to refer to than getting out 10 separate care plans'.



"We receive an updated dietary summary sheet each week, informing us of all residents' food allergies. Other information is kept up to date in their personal plans."



## 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.

Most residents and relatives felt there was an adequate number of staff to care for them or their loved ones. Of those in the minority, they felt that there wasn't adequate staffing. One resident felt that staff changes made it difficult as it can take time to get used to new staff. One relative told us that there is not enough care given in general. 'Residents are left on their own for long periods of time', they added.



"The staffing alters, with different staff coming in and takes time to accept new staff. Although, all the staff are very kind and good."



This mirrored the staff responses with 32 out of 40 noting they felt there were enough staff. Those staff that didn't agree with this felt there were gaps at night and agency staff were not always willing to do some of the jobs and other permanent staff then had to do them with some saying they would like more staff so they can spend longer with residents rather than rushing.

Of the 16 residents that responded to our question about feeling safe in the home, the majority noted they felt as safe as they want and the remaining two felt adequately safe but not as safe as they would like.

## 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.

We had very little response from the residents about the sensory health questions and of those that responded the answers were mixed. Some had received health checks during the pandemic and three residents said an optician visited the home. One respondent was currently waiting for a hearing appointment and five residents noted that they received help to wear and maintain appliances for sensory health needs.

Of the six relatives that responded they said their loved ones had needed to access sensory eye health checks and these were carried out in the care home and were satisfactory.

#### We asked staff if resident's care plans recorded their sensory needs.

All the staff respondents said that sensory health needs were recorded in the healthcare plan. One person said the care plans contained details about oral hygiene including cleaning teeth or denture and any concerns are raised with team leaders to follow up. Another said, 'Within the personal plan is information on recent eye tests, what type of glasses they wear etc' and what type of hearing aid left / right ear or both, whether NHS hearing aid or private and who to contact if any problems'.

The staff respondents also commented that the resident's communication needs were included in their care plans and this involved language spoken and whether they had a stroke or dementia.







## Care during COVID-19

#### Staff

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

Most of the staff that responded said their experience was hard, stressful and felt under pressure because of a shortage of staff, as well as an emotional time with the loss of residents.



"It is hard work and at times scary, but we have a great team that pulled together and got through it."



It is not a surprise that most respondents noted that it was particularly hard working in a care home during the pandemic. Nevertheless, the responses show that things are significantly better as things are "slowly" getting back to how they were before the pandemic.

#### Residents

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

Majority of the respondents (9 out of 10) felt safe against COVID-19 in the home. 'It was stressful, but we are OK' said one.

## 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?

Only six residents responded and of those the majority said that changes had been implemented. One said the care home had implemented the use of face time and one relative said their loved one found it difficult to hear on a phone.

#### Staff

We asked staff if there have been any positive changes in how your care home communicates with and between different groups during the pandemic.

Majority of respondents said there had been positive changes in communication, with the use of new technology which has enabled them to contact family and friends and be involved with online activities such as quizzes with other care homes. One person said that time was given to involve residents in online quizzes nationally with other Anchor care homes and another person stated: 'More things are able to be done online, residents have had more activities opened up to them through iPads and Zoom 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.

Of the 26 staff respondents, most said there have been positive changes with many commenting that infection control improved including training and that they spent more time with residents as loved ones were unable to. One person said, 'Definitely spent more time with residents which is always nice and something I will always make time for'.



"We got training from NHS on infection control, and we are resident centred."



## 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.

Most of the residents and their friends and family said they knew what to do and would speak to the staff or care home manager.

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

Of the five residents that answered, they were happy with how issues were dealt with and of the 11 relatives that responded the majority were happy.



"Sometimes there is a positive outcome, other times there is the usual kind of excuses – for example, staffing levels or 'we will look into it!'. I have had concerns in the past with my relative's health and wellbeing which have always been resolved to great satisfaction".



#### Staff

#### How do they feel?

#### We asked staff about working in the care home.

All 43 staff that responded enjoyed working in the home. One staff member said, 'I enjoy working at Firth House. All the staff are supportive and welcoming', whilst another commented 'It is challenging, but I feel I really make a difference'. One person said they 'enjoy working in the home, however, I feel the home could check in more with staff wellbeing'. A few staff also suggested training should be whilst on shift and not on days off, so they have more work/life balance.



"I love my role as a carer. It is exhausting, rewarding, demanding, can be challenging in some areas, although every day is different. I look forward to going to work to see all the residents who have become like family."



#### We also asked if they would recommend the home to family and friends

Of those that responded the majority would recommend the care home to family and friends with some staff members commenting that they have used the care home for family members.

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

Most staff felt they are kept well informed of any changes to services with one person commenting that sometimes they feel information gets held back or not fully communicated. Most noted that their input is acted on and this is usually listened to during team meetings. One person commented that if their suggestion wasn't acted on, they were given an explanation as to why.



## **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: (4.7/5)** 



Friends and family: (4.3/5)



Care home staff: (4.6/5)



## **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 residents, relatives, and care home staff, but an account of what was seen 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 affect their ability to answer the questions.

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