Enter and View Report | Single Provider

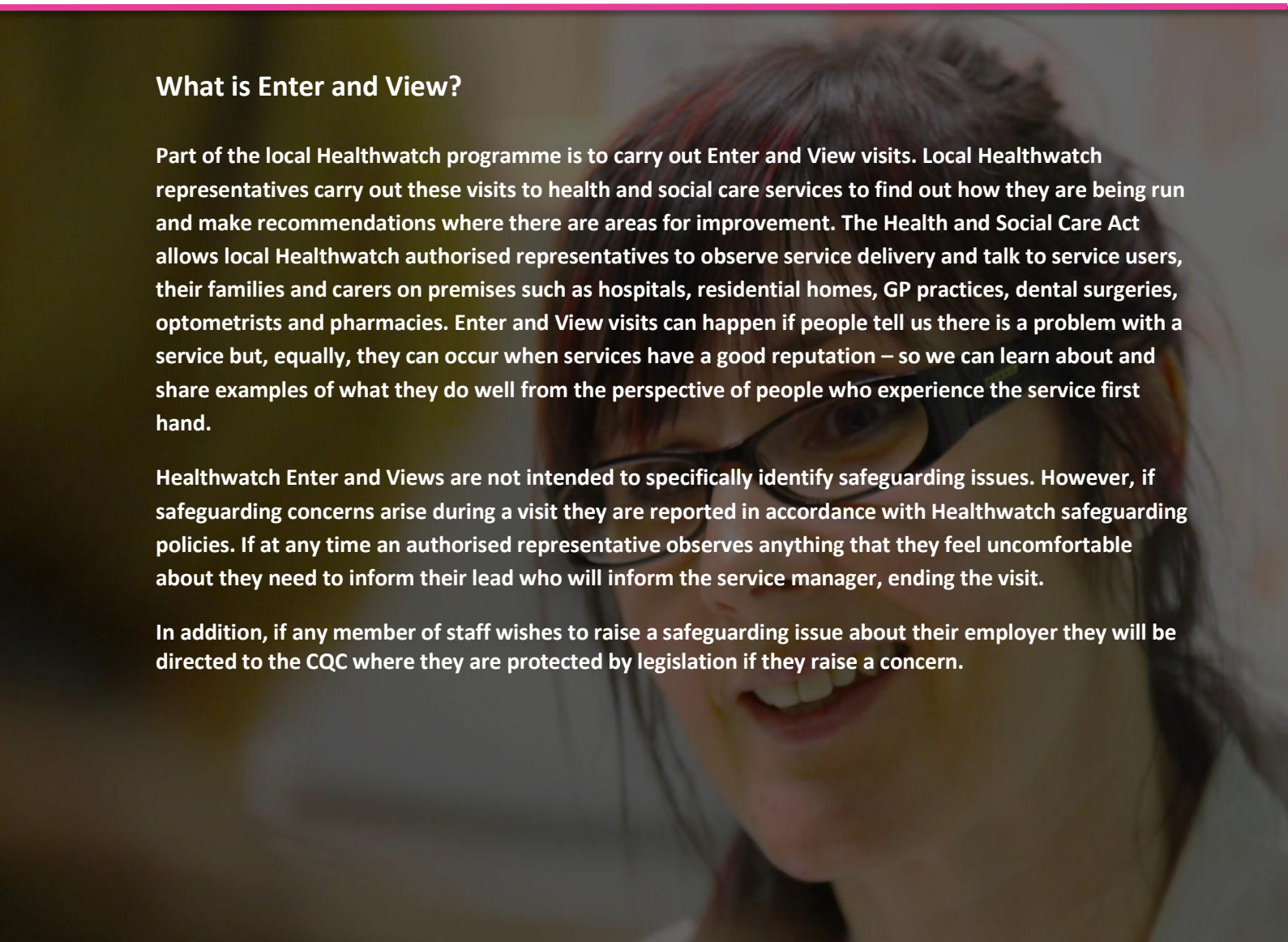
Details of visit	
Service address:	Long Meadow Care Home, 60, Harrogate Road, Ripon. North Yorks. HG4 1SZ
Service Provider:	Long Meadows (Ripon) Ltd
Date and Time:	24th November 2015
Authorised Representatives:	Gill Stone (Lead) Patricia Staynes, Jennifer Clare.
Contact details:	Healthwatch North Yorkshire

Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views 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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

- To gather the views of residents, relatives and staff to their experiences and views of the services being provided to them.
- Identify good working practice.
- Make observations of the care being provided to the residents and their interaction with the staff and their surroundings.

Strategic drivers

Contribute to our wider programme of gathering evidence on our 3 Health and Social Care priorities for 2015/16, which are: the Care Home relationship with the local hospital; experience of discharge from the local hospital (residents and staff); and responsiveness of the Care Home to the needs and concerns of residents and relatives/carers.

Methodology

This was an announced Enter and View visit.

Following the formal notification of the visit sent to the service provider, the visit lead arranged to telephone with the service providers' nominated person(s) in order to complete a pre-visit questionnaire, explain the visit process, and answer any questions that the service provider may have about the visit. The visit lead also shared the visit plans with the service provider, including the areas of the service that the visit team planned on visiting, so that relevant staff would be notified in advance, thereby minimising or avoiding disruption to the normal day to day running of the service. It was also an opportunity for the service provider to notify relatives and residents of our proposed visit and the opportunity they had to speak with the visit team on the day.

The visit team of three authorised representatives (including the visit lead) were not allocated specific staff and residents to consult in order to maximise the number of contacts engaged and avoid duplication of contacts. Authorised representatives conducted short interviews using semi-structured interview questions with members of staff at the care home. Topics such as quality of care, relationship with residents, support from NHS services and staff training were explored. In total we spoke to approximately 15 people, comprising residents, relatives, staff and management.

A large proportion of the visit was observational, involving authorised representatives observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and their surroundings. There was an observation checklist prepared for this purpose.

At the end of the visit, we communicated the key (headline) findings of our visit to the Registered Manager (Clare Staddon) and the Responsible Individual (Sheila Clargo) and explained the protocol of "what happens next" following our visit, including timings and expectations. This allowed the Management to respond immediately to some of our findings, as well as ask the visit team any further questions.

Summary of findings

- Long Meadows is a nursing and care home housed in what was originally a large detached family residence set in extensive grounds on the outskirts of the Cathedral city of Ripon.
- The extensive grounds consist of trees, shrubs, herbaceous borders and lawns, which require minimum maintenance. It is apparent on entering the grounds that they are sadly neglected, overgrown and in need of some remedial work to improve the overall appearance of the Home on entering the property.
- On entering the Home there is a pervasive malodour that only varied in intensity in different parts of the home, but persisted throughout our visit. The configuration of rooms within the Home make it appear like an unfathomable rabbit warren. All rooms viewed, whether bedrooms, dining room or seating areas appeared drab, unwelcoming and particularly dark in corridors and had an overall air of an institution rather than the feel of being a warm, welcoming "home" to its residents.
- The Home specialises in 24-hour nursing care, but does have residents with multiple health difficulties, including residents with dementia and some that have suffered a CVA (stroke). Only 13 -15 of the current 38 residents had sufficient cognition to respond to our questions, according to the Manager. Only 14 residents attended for lunch indicating that 24 residents were in their bedrooms whether by choice or necessity.
- All bedrooms are equipped with an emergency call system which can only be cancelled by staff attending the room. This system is however inappropriate for residents with more advanced stages of dementia, and we evidenced that the call system had been disconnected from the wall socket in two bedrooms that we visited.
- Safety gates at the top and bottom of both staircases were either open or ineffective in the purpose of being a safety precaution for residents.
- Staffing levels include 2 nurses working the 7.00am until 2.30pm shift, with only one nurse working the afternoon shift and one nurse during the night shift. There are 5 care assistants working the morning and afternoon shifts but only 2 working the 8.00pm until 7.00am shift.
- There is no specific facility for family members to stay overnight, however where a resident is near the end of their life, recliner chairs are available for relatives to use.
- The Management, residents, staff and visitors all appear to be on easy, friendly, supportive terms with each other.

Results of Visit

ENVIRONMENT

Long Meadows Care Home is situated to the south of Ripon town centre, off the busy main Harrogate road. There is an impressive open entrance to the property, which is set back from the main road and screened by mature trees. At the time of our visit the Home had two large white buntings hanging on the front entrance walls advertising vacancies for nursing staff, which somewhat detracted from the initial impression of the Home.

The property has been adapted from the original substantial family residence, and has had several additions to the property over the years. The property stands in large grounds, mainly comprising lawns with herbaceous borders and although we visited on a miserable November day. It was obvious there was little garden maintenance, as the whole area looked unkept and uncared for with fallen soggy leaves strewn along the herbaceous borders, particularly at the main entrance where the first impression of the Home is made. There is a courtyard area that appears secure which is used by residents and staff when the weather is suitable; however the majority of the extensive grounds are not secure, so residents do not have the opportunity to take advantage of strolling in the gardens, getting some exercise and fresh air.

Access into the building was up a series of stone steps with no obvious access for wheelchairs. On entering the building through the keypad secured outer door we were met by a pervasive malodour of urine, that persisted to varying degrees throughout the Home during our entire visit.

The entrance area had a notice board on the wall indicating the daily meal menus, and our Healthwatch visit. We noted a free standing hand gel dispenser placed on the table in the entrance hall with a paper notice for its usage, but saw no further indication in the Home of any further hand gel dispensers or usage at all, and concluded that it had probably been put in the hall for our benefit.

The lift to the second floor was not working during our visit, and therefore one of our team was unable to access the 2nd floor for her observations. This called into question how in an emergency a bedridden or wheelchair bound resident on the 2nd floor, requiring medical attention at a GP practice or hospital, would exit from the 2nd floor to the ground floor.

On being shown around the Home by the Manager it became apparent that navigating the corridors and negotiating some of the corners was difficult with equipment, as many of the walls and skirting boards had been damaged. On the 2nd floor several of the corridors appeared narrow, dark, empty and unwelcoming. Several of the bedrooms visited had just adequate furnishings, but few seemed to have any personal possessions apart from a few photographs. Doors had basic information on but no personalised signage of the occupant, and one bedroom door we noted had a bolt, on the outside, at the top of the door.

The 2 staircases are fitted with gates at the top and bottom but we saw that both gates on the upper floor were not secured when we were walking round, and a gate on the lower floor had been left open. These are situations that are a potential safety hazard for resident, particularly those with dementia.

Décor around the home was bland and rather shabby, although some of the carpets and curtains were attractive. There were few pictures or flowers apart from some dusty, drab plastic flowers, and the furniture appeared generally functional and sparse. In the activities room there was a kitchen unit and cupboards, indicating that this room may have had a different purpose in the past. In two areas we noted the seating for residents was arranged in a row along the wall facing a television screen that was on, in one area there were no residents present.

The Home has capacity for 46 residents with 40 single rooms and 3 shared bedrooms - these are rarely used except for married couples. Only 7 of the bedrooms have en-suite facilities. There are 3 bathrooms upstairs and 4 downstairs and include 2 with hoists, one with a Parker bath and a wet room. At the time of our visit there were 38 residents, the majority of whom are referred from social services, so are not necessarily self-funded. Admittance to the Home follows a pre assessment of the individual done by the Manager. Residents usually require general care and according to the Manager, nursing care takes priority over those residents with dementia, of which she advised there are currently 11 who have had dementia assessments. However on the pre-visit questionnaire we were advised that only 35-40% (13 -15) of residents had the capacity to engage with us.

Referral to the Home is usually from Harrogate General Hospital, or a GP practice. The Home also accepts patients needing respite care. We were advised that the Home cannot accept individuals who have a tendency ‘to wander’ as the Home is not secure, a fact we witnessed on our observation.

On the 2nd floor of the Home, in 2 of the residents’ rooms that we visited, there were commodes that had been used several times with open lids in full view of the residents. This was extremely offensive as well as being a safety and health hazard, and were not providing any dignity or respect for the occupying resident. Similarly in the toilet off the activities room, the raised toilet seat was stained and dirty and also a health hazard.

We observed that the signage on the doors on the ground floor had both words and pictures indicating room usage, however these signs were so incongruous in the overall décor of the Home that we felt that they had only recently been put in place. Little or none of the general décor in the communal areas were dementia friendly, and neither were residents' bedrooms.

Each bedroom has a bell call facility which can only be deactivated by being physically turned off in the bedroom by a member of staff. The room call bells are answered in order. There are also emergency bells and assistance bells in each bedroom. We noted that in 2 occupied bedrooms we visited, that the call system had been removed from the socket preventing the resident calling for help or assistance.

We observed that the position of the beds within each bedroom had the bed facing away from the door so that the upper body of the resident in bed was not in immediate view of staff entering the bedroom.

We also noted on our observation that 2-3 bells were ringing on the 2nd floor, which seemed to take some time for staff to respond to.

CARE (SAFE,CARING,EFFECTIVE,RESPONSIVE)

Residents

The Home currently has 38 residents, of which 11 have some level of dementia, including several residents with Deprivation of Liberty (DoL's) Safeguarding orders on them - the result of the Cheshire Judgement which required any resident who cannot verbally communicate to be placed under a Deprivation of Liberty order. According to the Manager, only 5 residents are bed bound and are physically turned every two hours to avoid pressure sores, a fact that we were unable to verify.

All residents have a key worker, and each resident has a Care Plan, and where appropriate an end of life care plan that the Home has instigated on a voluntary basis, and is not part of a wider CCG, hospital programme. Trainees talk to residents and encourage them to talk about their background, relationships, emotional needs and culture, although at the time of our visit all residents were Caucasian. They are also asked how they wished to be addressed.

We spoke to several residents, all of whom said they felt safe in the Home, whether they liked being there varied from 'alright' to the majority saying that they were 'looking forward to going home'.

Most said that they had not made friends there and that they did not do any activities with other residents. Few indicated that they had visitors despite the Home saying that they have an open door policy for visitors. During our visit we only observed one visitor to a bed bound resident.

While observing on the 2nd floor, a resident appeared at her bedroom door saying she was thirsty. On querying whether she wanted us to get her assistance from a care assistant, or would she like to come with us to find her a drink, she became distressed about leaving her room, and said the corridor had 'strange things going on with noises and shouting'. Fortunately a care assistant arrived and provided her with a drink.

Activities for residents are provided by an activities co-ordinator, who works 16 hours a week. There are activities for residents, usually in the afternoons, including bingo, outings, and there are regular visits from PAT dogs. However one respite care resident said that he did not join in these activities as they catered to the 'lowest common denominator'. Other residents said they felt every day was the same and 'nothing special ever happened'.

All residents we saw appeared appropriately dressed, clean and tidy, with fingernails and hair clean, neat and tidy.

Meals

We observed lunchtime in the dining room, but did not notice the use of any hand washing or hand wipes being used either before or after lunch by any of the residents.

It appeared that none of the crockery or cutlery used by residents to eat their lunch was dementia friendly, when there were obviously several diners with dementia.

Menus for the day are displayed in the main entrance area and in the entrance to the dining room. The Home has a resident chef who provides meals and caters for any resident who has specific dietary requirements. On the day of our observation the main courses offered for lunch were poached haddock and a lamb and vegetable pie. If residents did not like or want either of the meal options then there were alternatives available to choose from.

We were advised by residents that breakfast was served at 8.30am, lunch at 12.30pm and tea at 5.00pm, which they thought was too early as they needed a snack before they went to bed. Some provided this for themselves.

Lunch was scheduled to be served at 12.30pm, and residents were already seated and waiting, all having been provided with a drink, however the lunch trolley did not arrive in the dining room until approximately 12.40pm. Although there were 14 residents seated in the dining room, there were possibly only 3-4 residents that had the capacity to engage in conversation. According to one resident who lamented that there were so few residents she was able to talk to, she was losing one of her companions later in the week as he was only in the Home for respite. Both residents said that lunch was getting later and later, a fact we noted when returning to the dining room at 1.45pm as some residents were still seated and eating, all of which made lunch a very protracted affair.

Care assistants were on hand during the lunch period to help and assist residents where needed, which was all done in a calm manner for the benefit of the residents.

Staff

We spoke to Management, Nurses, and Care Assistants. Several of the staff said that they had worked at the Home for several years, other staff members had only been at the Home for a few months. There is shortage of nursing staff, hence the buntings advertising for such at the main gates. Agency staff are used to filling the gaps and are usually long term and therefore familiar to the residents.

We were advised by management that staffing was in accordance with RCN guidelines and as such the Home had 2 Nurses and 5 care assistants on the 7.00am until 2.30pm shift, 1 Nurse and 5 care assistants on the 2.30pm until 8.00pm shift, and 1 Nurse and 2 care assistants on the 8.00pm until 7.00am shift. The Home also has a care assistant, who works from 8.00am until 4.00pm, dealing with nutrition, hydration and activities

One Staff member said she worked from 7.00am until 8.30pm. When queried about working 2 shifts back to back, she seemed to think that this was normal practice, saying that she worked on either floor and also worked the night shift.

All members of staff we spoke to were positive and enthusiastic about their work and the residents that they looked after. Several said that they had recently had training, some in house, on Moving, Handling and Lifting, Safeguarding, dementia awareness and food preferences.

There is an induction programme for all staff when they initially recruited, and there is ongoing training for all staff including NVQs.

Three staff members independently said they thought that it would be beneficial for residents if they had more activities and had more opportunities for outings away from the Home.

Staff ask residents how they wish to be addressed with most choosing by their firsy name, but there are some who prefer being addressed by their title. All staff we spoke to were aware of the procedures to follow if they had any concerns about their work or the care and safety of the residents. They felt that issues that had been raised had been dealt with quickly and professionally by management.

One carer when asked how staff managed to bathe so many residents with what we considered to be an inadequate number of bathrooms to meet all the residents' needs, they responded that the residents were bathed as often as staff could manage to do it, and that 'we only have one pair of hands'.

One carer said that she felt that there should be more carers on the night shift. It is difficult to understand how staff can safely meet all the demands of a mainly physically and mentally impaired resident population in an environment as convoluted and laborious as Long Meadows, whilst still being able to provide a safe, comfortable, risk free environment for them on such low night staffing levels.

Some staff said they would be happy to recommend the Home to family and friends.

Visitors and Relatives

During the several hours we were at the Home, we only had the opportunity to speak to one relative who was visiting his father, who was bedridden in a bedroom on the ground floor. He said that he was generally satisfied with the service his father was receiving at the Home, and said that he felt his father was safe in the environment. The personal care he received was satisfactory although his father was not happy with the comfort of the bed he had been given, complaining that it was 'lumpy'. The son also commented that there were dementia patients in adjoining rooms to his fathers and that call bells were constantly ringing.

He said that they were now being consulted and kept informed of developments on issues arising, but that had not always been the case. There had been an issue in the past month when his father had been in hospital a couple of times and his discharge had been delayed on 2 occasions as a result of ambulance problems. Since moving into the Home 4 months ago, his father had been to hospital twice and yet he (the son) was only advised after his father had been admitted.

ADDITIONAL FINDINGS

We were advised that two GP practices in the area attend the Home when requested, and also do a regular fortnightly clinic at the Home. A chiropodist visits every 4 to 6 weeks, the optician visits every few months and the Dentist will attend if requested, though most residents go to the dental practice. A hairdresser attends every Tuesday.

We were advised that there is frequent contact with social services, as well as Macmillan and palliative care nurses who visit when requested. It would appear that few residents are transferred to the Hospice and are only admitted to hospital if acutely ill.

The Home holds a monthly inter-denominational service for those residents wishing to attend.

The Home from our observations obviously has a high number of its residents with a high level of dependency. There were only 14 residents in the dining room, several of whom had to be assisted there by wheelchair or walking frame, and of the 14 for lunch only 3-5 had any capacity. Although the Manager advised that there were only 5 bedbound residents, then we can only conclude that the 24 residents that did not attend for lunch were in their bedrooms either by choice or necessity.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents and relatives felt about the care and support provided. However as a result of our observations, we are making the following recommendations:

- There appear to be too many residents with multiple difficulties: dementia; non-communication; immobility; long term severe health problems; and staffing levels are inadequate to meet each and every residents' basic needs of daily living. This is evidenced by the well-used and unemptied commodes in two residents' bedrooms, which were a health hazard. Staffing levels need to be reviewed upwards to avoid putting residents at risk and to maintain their dignity and respect, which was not the case for the two residents with the well-used commodes.
- Identify and eliminate the malodour pervading the Home by deep cleaning the offending objects, whether that be the carpets or furniture.

- The Home environment needs to be more consistently dementia friendly in its flooring, décor and signage, with particular regard to the toilets and bathrooms' signage and colour.
- Corridors need better lighting and bedrooms need signage to assist residents in finding their way around the Home, particularly for those with dementia.
- The gates at the top and bottom of the stairs need to be urgently reviewed and revised as they are a safety hazard particularly for dementia residents.
- Dementia progression for each and every resident is and will be different. The use of china crockery and metal cutlery present a potential safety threat to residents with dementia and as such consideration should be given to changing to unbreakable equipment that does not pose any risk to any resident.
- All residents should have hand wiping facilities before or after meals to avoid spreading germs and infections. Where residents are immobile or unable to comprehend, then it is essential this facility is available.
- Immediately clean or replace the unhygienic toilet seat in the activities room toilet as it is a health hazard.
- The walls, corners and skirting boards in the corridors need redecorating and then protecting from future damage by equipment and wheelchairs.
- Consider alarming the bedroom doors of residents with dementia, so that as their condition deteriorates, staff can be confident residents are safe in their room, unless the door alarm sounds.
- Consider clearing the garden of all the detritus and provide a secure area outside the Home where residents can stroll in the gardens and sit in comfort, enjoy the views and benefit from the fresh air in a safe, secure environment.

Service Provider response

Long Meadow Nursing Home wished to clarify the following points:

- There are 11 residents who have had a diagnosis of dementia, instead of 13-15 of the current residents having sufficient cognition to respond to questions.
- The Call bell system has been disconnected in 2 rooms. Some residents are unable to use the call bell, and a risk assessment is in place for this.
- Wheelchair access is available through the activity lounge, and was available for the authorised representatives to view.
- The hand gel for visitors is always at the front door, and is purchased regularly. There are purchase orders available for this. All staff have their own hand gels provided which they carry with them and use regularly.
- The lift had a mechanical fail on the day of the visit, and an engineer was called so it was repaired later on in the day.
- Residents with dementia have nursing needs, and if it is felt that the nursing needs outweigh the dementia needs then they are nursing clients.
- In response to 'signage on the doors on the ground floor had both words and pictures indicating room usage, however, these signs were so incongruous in the overall decor of the home that we felt that they had only recently been put in place' - the Home wishes to clarify that these signs have been in place since January 2012.
- In response to 'According to the manager, only 5 residents are bed bound and are physically turned every 2 hours to avoid pressure sores, a fact we were unable to verify' - the Home wishes to clarify that this is documented on turn charts.
- Staff are able to work shifts that they prefer, which in some cases is two shifts back to back. The option of shorter shifts is available.
- Where a Resident said their bed was lumpy, the Home would like to confirm the resident has an air mattress to prevent pressure damage.

- Where a relative of a resident has commented that they were only made aware of the resident's hospital admission, the Home wishes to confirm that the relative was informed as soon as it was decided that the Resident would be admitted.

Additional Comments made:

- Very limited verbal feedback was given after the visit and we were informed that everything would be in the report. More verbal feedback would be beneficial.