

**Details of visit:****Service address:****Service Provider:****Date / Time:****Authorised****Representatives:****Contact details:****164 Main Road, Drax, Selby, North Yorkshire. YO8 8NJ****Roche Healthcare Limited – Mansion House.****18<sup>th</sup> November 2014 / 10:30am – 3pm****Julie Midsummer (Visit Lead), Sir Michael Carlisle, David Ita (Supervisor).****Healthwatch North Yorkshire, Blake House, 2A St Martins Lane, York. YO1 6LN**

## Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, patients, 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 patients, relatives or carers 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 in relation to their experiences and views of the services being provided.
- Identify examples of good working practice.
- Make observations as care is being provided to care home residents, and their interactions with staff and the surroundings.

## Strategic drivers

- Contribute to our wider programme of work gathering evidence on our three Health and Social Care priorities for 2014/15, which are; Hospital Discharge and post Hospital support arrangements, GP Out of Hours services, and Support for unpaid Carers.
- North Yorkshire Better Care Fund vision for integrated person-centred care

## 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 meet 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 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 23 people, made up of residents, relatives, and staff.

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 manager (Rachel Sutton), and explained the protocol of “what happens next” following our visit, including timings and expectations. This allowed the manager to respond immediately to some of our findings, as well as ask the visit team any further questions.

## **Ethical consideration**

On entry to any communal part of the Care Home we always introduced ourselves to the most senior member of staff present and informed them of the reason for our visit, and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or any other medical reasons. This protocol was strictly adhered to by each team, and prior to having a conversation with any resident, we introduced ourselves, gave them an explanatory leaflet on “Enter and View” and obtained permission to continue.

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## **Summary of Findings**

At the time of our visit, our overall observations show that the home was operating to a very good standard of care:

- Residents looked tidy and clean, we saw no evidence of concern regarding dignity and respect.
- All residents and relatives expressed satisfaction with the care given at the Home.
- Staff are very passionate about their work, and there is a good sense of team spirit among staff.
- The choice and quality of food are very good.
- Staff development is supported by management, and all mandatory training has been undertaken.

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## **Results of Visit**

Mansion House is based in the village of Drax in Selby, at the heart of the local community. The home has accommodation for up to 29 residents and offers nursing and residential care (both long and short term), day care, palliative care and have a separate Dementia Unit for those requiring more specialist care.

### **Environment (including premises)**

The external approach is unattractive, and uninviting, and does not reflect the homely feel inside.

On the day of our visit, the floor carpets in part of the home were being replaced with vinyl flooring, which is more appropriate for easy cleaning. Staff were visibly pleased with this change.

Within the limits of our remit to assess, the Home appeared adequately equipped. There were personalised slings, regularly checked, and electric hoists. Antiseptic hand washes were appropriately distributed and highlighted, and rooms appeared clean and relatively free of poor odours.

One resident we spoke to complained about his bedding being uncomfortable, so we communicated his concerns to the manager, who assured us that she would attend to the resident’s concerns.

## **Care (Wellbeing, Dignity, Respect and Safety)**

Resident's rooms were clean, and residents are allowed to personalise their rooms with their personal items. One of the rooms we visited was remarkably homely, with a lot of personal touches that would find in a lot of homes. It was obvious that the 88 year old lady who this room belonged to was very proud of her room, and kept trying to show it off, as it clearly made her feel very relaxed and comfortable.

Most of the rooms on the specialist dementia unit were personalised with colour coded doors and letter boxes. This was a deliberate attempt by the home to make each resident's room door feel like the front door of a regular home.

Only 15 out of 26 rooms had en suite facilities, which seemed a little on the low side, however as we were not experts, we sought to ask residents how they felt about this. None of the residents or relatives we spoke to expressed any concern about this. Assurances were given by staff that commodes were cleaned appropriately and regularly, and there was no evidence to the contrary on the day. Residents can choose to have a bath or shower, as both were available.

## **Meals**

The food was varied, with a 28 day menu, and opportunity for personal options if residents wish. The 28 day menu was particularly impressive, as it meant that in an average month, residents always had something different to eat for lunch each day. Clearly a lot of thought and planning goes into this, some of which became evident in how well organised the kitchen was. The chef was particularly passionate about providing the residents with good, nourishing meals as all the food was homemade, well presented, and when we observed lunch, the residents appeared to be enjoying their meals. Specialised diets are also catered for, and residents receive help with feeding where necessary, although while observing lunch we noticed two residents who needed help with feeding having to wait a while until others had been helped with their food.

In extreme cases, where oral intake is not adequate, a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube or a Subcutaneous injection (Subcut) procedures are offered at the Home. It is our understanding that subcut has not been used to date.

## **Recreational/Social Activities**

We were assured that there was a selection of well planned activities with measures to include all residents if they were able, although we were unable to observe any activities during our visit because the coordinator was not present.

## **Nursing and Other Care Staff**

There was good team spirit, and morale seemed high during our visit, with staff smiling and appearing relaxed while going about their daily duties. There appeared to be adequate numbers of

staff, who all had nothing but high praise for their manager. The manager seems dedicated to the care home, as in her own words, “she loves old people”. With a degree in Adult Nursing, Level 5 in Leadership and Management within Health and Social care, and experience of working in the Prince of Wales Hospice in Pontefract, she certainly appears to be both experienced and passionate about her work. Staff attribute the success of the home to her, and it appears that a lot has changed for the better since she took up post.

The home has 5 registered nurses, all with various experiences. 2 of them have a total of 37 years experience in dementia care between them, 1 who has worked with Marie Curie, 1 who has worked in a supportive and counselling role, and another who is recently newly qualified. All the other staff have a Level 2 qualification in dementia care following a 3 day training delivered by Roche Healthcare Training Solutions. New members of staff receive a 2 day induction support with senior staff at the Home, and also undergo additional training in their own time.

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## Additional Findings

- There are 2 GP practices that serve the care Home, one based in Snaith (East Riding) and the other in Carlton (North Yorkshire). However none of these practices pay routine weekly or 2-weekly visits to the home, which would help reduce the number of call outs for what could be considered potentially minor problems.
- All Care issues are referred directly to the GP surgery, who then make further referrals if necessary.
- The home is currently developing its End of life care policy with Roche Healthcare, including its Advanced Care Planning policy and implementing “Wakefield Care Homes Care Pathway for the last Days”.
- The care home showed extra consideration for the residents in their choice of incontinence pads. They chose to use “Tenna”, which is relatively more expensive than the one supplied by the NHS. However, the comfort and practicality for residents was deemed a greater priority than cost, which is highly commendable.

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## Recommendations

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

- There appears to be difficulty in obtaining dental care treatment for residents. We would hope that the manager receives all the support needed from Roche Healthcare to address this essential element of residents’ Healthcare.
- The residents would benefit from having a GP from one of the practices visiting the home every week or every 2 weeks, to do routine check-ups of residents and attend to any minor health needs, thereby avoiding unnecessary hospital admissions through proactive preventative care.
- There is an expressed need for a “quiet room” and a “sensory room” for dementia residents, as this would further enhance their quality of life in the home.
- The approach to the building (front entrance) would benefit from some improvement in order to give a better first impression, and more appropriately reflect the quality within the home itself.



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## Service Provider response

Thank you for the report; it was lovely meeting you all on the 18th November.

With regards to the GP visits, I am going to contact each surgery to get their thoughts on doing a fortnightly 'ward round'.

With regards to dentistry, we are able to access a dentist but only if there is a problem, so they are unable to have regular check-ups. Also, it can be very difficult to get a home visit; they expect service users to attend the surgery.

We would appreciate any assistance that Healthwatch North Yorkshire can offer in order to encourage the local GP and Dentist to consider making fortnightly visits to the home.

