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Service Address:	Cold Bath Road. Harrogate HG2 0HW
Service Provider:	South Yorkshire Care Ltd (Mary Fisher House)
Date and Time:	27th April 2017 10.30am -2.15pm
Authorised Representatives:	Gill Stone (Lead) Richard Cyster, Gill Braiithwaite

Background

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.

Acknowledgements:

Healthwatch North Yorkshire would like to thank the service providers, 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 dates 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 during the visit.

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.

METHODOLOGY

- Formal notification was sent to the Service Provider
- The Visit Lead conducted a pre-visit questionnaire over the phone and provided information on the Enter & View process.
- The Service Provider was given the opportunity to raise any questions or comments prior to the Visit taking place.
- The Service Provider was notified of any key areas of the services that the team were planning on visiting.
- The Visit Team consisted of 3 authorised representatives
- The visit consisted of short interviews with staff, conversations with residents and relatives and observations.
- In total the team spoke to:

  0 Relatives / Friends

- At the end of the visit, the Visit Team communicated key findings with Ms Rae Fox, and explained that a report would be received within 20 working days. The Service Provider was then allowed to provide their response for inclusion within the final report.
- The management were given the opportunity to respond immediately to the findings detailed at the time of the visit.

SUMMARY FINDINGS GIVEN TO SERVICE MANAGEMENT:

- The first impression on entering the Home was of a busy, bustling, positive environment which was light, clean and airy. However there was at the time of our visit a pervading aroma of food being cooked.
- The staff all appeared positive, informed, welcoming and responsive to the needs of the residents, the Home does not currently have any agency staff working there.
- Signage at the Home, on the busy Cold Bath Road near to traffic lights made it difficult to immediately identify the Home.

- We were impressed with the ready availability of hand sanitizers and paper towels in communal areas, bathrooms and bedrooms.

- The main lounge had the T.V. on- with no residents in the room, and the chairs could be arranged in smaller informal groups rather than all arranged around the outside walls.

ADDITIONALLY WE FOUND:

- Mary Fisher House was originally 2 semi-detached properties which have been converted into a single 3 storey property with an extension. There is a garden to the front of the property accessed by a wooden gate which is kept bolted. To the left of the front path is a paved area with table and several chairs, to the right of the building is a single driveway leading to the back of the property which is not secured. There is very limited parking at the back of the property although there is offsite parking on a side street, a short walk from the Home. None of the garden area was sufficiently secure for residents to have free access to the grounds.

- Although the Home is on a busy commuter road into the Town, little traffic noise was to be heard inside the property –apart from when a bedroom window was seen to be open on the 3rd floor. There are local shops, restaurants and local parks for residents enjoyment.

- The Home is light, airy, well-furnished and equipped. All rooms viewed, being of acceptable proportions and all have ensuite facilities, although none included a shower. Residents can have their own telephone in their room if they wish.

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- The Home is a Residential Care Home which specializes in Dementia care, currently the Home accommodates 22 residents, with a maximum capacity of 24.

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- All rooms have emergency call systems and there are floor sensors available when staff feel it necessary for a residents safety.

- There are 21 staff in total including kitchen staff that work shift rotas over 7 days. There is usually 3 staff on during the day and 2 staff working at night. There are no trained nursing staff employed in the Home, however, there is a regular turnover of care staff.

Environment

The Home is arranged over 3 floors and currently accommodates 21 residents with an additional resident currently in hospital, and there is one resident in End of Life Care. The age of residents varies from the youngest at 72 to the oldest at 103. All residents apart from 2 have had clinical assessments for cognitive impairment. There is an intention by the Manager that Deprivation of Liberty Safeguarding orders will be invoked on 2 of the residents. Front door security is ensured by a door key code, and there did not appear to be any other rooms or lift key code. Most rooms have the names and pictures of the occupant on the door, as well as one or two bedrooms having “Dignity Pledges” attached to them

All rooms are well proportioned, corridors are wide for wheelchair access and have handrails they are light, airy and well decorated. The lift provides access to the upper floors and was large enough to accommodate a wheelchair, but not large enough for a stretcher. – There is some awareness of a

dementia friendly environment in that the bathroom doors were a contrasting colour to the other bedroom doors and did have words and pictures indicating their usage, although the usage was not apparent unless standing in front of the door.

Accommodation on the top floor is mainly for the more able bodied and independent residents as the main corridor between the 2 original houses has 2 sets of short flight steps, these are negotiated by 2 chair stair lifts for residents unable to use the steps.

Although each floor has a bathroom the main one used for residents is the one on the middle floor which is large and allows the use of a hoist –of which there are 2 in the Home. There is a body map behind the bathroom door with detailed information on where different creams are to be applied on a residents body.

There are two lounges for resident's use, one immediately on the left on entering through the front door, which is the main residents lounge and has a T.V. and reading material and is used for crafts and activities. The second lounge is at the other end of the main hallway near the lift and was regarded as the quiet lounge for residents who wanted to be quiet.

CARE (Safe, Caring, Effective, Responsive)

Residents,

The Home currently has 22 residents, of which 20 have had clinical assessments for cognitive impairment, and 2 we were advised will be assessed for D.O.L.'S orders. The age range of residents varies from the youngest at 72 to the oldest at 103.

The residents who have been clinically assessed have the details included on their respective Care Plans. Before residents are accepted at the Home, management visit the proposed resident to do an in depth pre-assessment for suitability. Discussion will also be had with Social Services, the GP, District Nurses and family to ensure that the Home can meet the needs of the proposed resident. Of the current residents some are funded by North Yorkshire County Council and others, approximately 50% of residents, are self-funding.

Residents are encouraged to bring their own furniture and personal effects for their own rooms and we were advised that some did so. All residents we observed were clean, tidy and well-dressed according to their needs.

Visitors including children are welcome at any time, as are family pets. Residents can go out with family for a meal or the relative can stay at the Home for a meal. Management has an "open door" policy, which encourages open discussion with residents, relatives and staff.

At the present time there has been no need for accommodation for a couple, however should the need arise, the situation would have to be re appraised as there are rooms that could accommodate two people.

Activities and Enrichment

Activities for residents are provided by an activities coordinator, who on the day of our visit was on holiday. However we were informed that she is relatively new to the Home so is getting to know the

residents and their preferences. She works 25 hours per week which is now being arranged over 4 days per week –Monday, Tuesday, Thursday and Friday to see how residents respond to the new activities arrangement.

Current activities include making Easter Bonnets –which were on display in the lounge, dominoes, jigsaws, colouring books and "yesteryear" cards. The Manager also wanted to introduce outdoor activities- such as visits to the shops -taking small groups in wheelchair accessible taxis.

Meals

We observed the lunch period in the dining room which was a reasonable sized room for the 16 residents taking lunch. The décor is pleasant and welcoming with a tiled floor and several tables laid to accommodate 2 or 4 people. All the 16 residents in the dining room were intent on their meal, with staff on hand to assist where needed –although none appeared to require assistance eating. Staff did however provide drinks to residents where needed.

Lunch is the main meal of the day with a choice of 2 hot dishes which are advised to residents on the menu on each dining table as well as on the Notice on the dining room door –which was difficult to read from any distance. Lunch is served from 12.30pm to 1.30pm.

Breakfast is available from 6.0am to 9.30am. Tea is served between 4.30pm and 5.30pm –where there is a choice of two lighter meals - one hot and one cold. In between those times -10.30am, 2.30pm and 7.30pm there is a tea trolley available for residents to have a drink and snack. The evening trolley offers milky drinks for those residents who wish to go to bed early. There are no facilities for residents or visitors to make drinks and snacks however, staff are always willing to arrange these for residents and visitors.

We were advised that special diets are catered for including diabetics, gluten free and those residents on warfarin. One resident always takes her meals in her room so one member of staff sits with her for a period of time to ensure that she has fluids with her meal.

Staff

We spoke to Management, Care Assistants, and Housekeeping - in total 4 members of staff.

All staff initially have training following their recruitment which includes First Aid, Health and Safety, Moving and Handling, Dignity and Respect, Dementia, Fire Safety and COSH. Head Office is involved in delivering mandatory staff training, some of which is done by external companies, on-line or workshop style. Additional staff training is provided either on line or from external companies.

The Home currently has a resident in End of Life Care and there are no staff employed at the Home who is trained in End of Life Care, assistance and support is provided to the Home for this resident by Community Nurses and the local G.P.

At the present time we were informed that the Home has been actively looking to recruit a maintenance staff member, although general recruiting for care staff does present problems for the Manager who has devised her own filter method for potential applicants to minimise time wasting.

All staff we spoke to were aware to whom they should speak if they had any concerns for residents, colleagues or themselves, initially taking any issues to the manager and then to Head Office if the matter had not been resolved. Two members of staff said that since they had been employed at the Home they were not aware of any patient issues that had needed to be resolved by the Manager.

All staff said that because the Home was small they had the opportunity to become familiar with all the residents, their individual backgrounds and their current needs and idiosyncrasies.

Staff were very positive in that they would definately recommend the Home to family and friends.

Visitors and Relatives

On the day of our visit we unfortunately did not have the opportunity to speak to any relatives or friends of any of the residents in the Care Home.

ADDITIONAL FINDINGS

External Services to Support Residents' Experiences

The Home has a hairdresser that visits the Home weekly. The Optician and Chiropodist visit the Home as needed by the residents and each resident has their own dentist. There is no difficulty with the Home obtaining equipment for residents, which is done through either the local G.P. or community nurse. The problem the Home has is in the collection of redundant items from the Home

New Technology

The Home does not currently have Telemedicine – a service provided to many organisations by Airedale hospital, whereby a medical diagnosis can be obtained immediately via a video link at the resident's bedside. This facility is available 24/7 and avoids the resident having to be taken to hospital. Management expressed an interest in this service for their residents.

Care Plans for those in End of Life Care

The Home does not employ nursing staff, neither do they have care staff specialised in End of Life care. However for those residents at the end of their life who wish to remain in the Home then Community nurses and the local G.P. provide the necessary care and support to them. There are tailored Care Plans for all residents and End of Life Care Plans for those residents who want to put in place their final wishes: in addition there is an End of Life audit regarding DNR.

External Support for the Home.

All residents, except 2, are registered with Spa Surgery with a designated G.P. who visits the Home every 2 weeks. Prescriptions are electronically transferred from the G.P. surgery to Boots pharmacy which prepares and delivers MDS blister packs for all residents on a monthly basis.

All staff said that the Home had a good relationship with the G.P. and local health and care providers.

Hospital Discharge

There have on previous occasions been difficulties with residents being discharged from the local hospital without prior notice to the Home, the resident has been inappropriately dressed and discharged has been at an incorrect time.

LINKS TO WIDER HWNY WORK PLAN PROJECTS

Care Plan Approach

End of Life care

Rural Communities' Access to Health Services

The Patient Experience of Yorkshire Ambulance Service Handover

Delays Young People's Access to Mental Health Services

RECOMMENDATIONS

This report highlights the good practice that we observed and reflects the appreciation that residents felt about the care and the support provided. The Manager has the vision and commitment to encourage her staff and the knowledge of each individual resident that allows her to be a good carer at an individual level. However as a result of our observations, we are making the following recommendations:

- Signage to the Home could be improved for the ease of identifying the premises.
- Rearrange chairs in the lounge to more informal groupings. Turn the T.V. down or off when residents are in the dining room, that is no one in the lounge.
- Where feasible improve the environment to be more dementia friendly for those residents with dementia.

SERVICE PROVIDER RESPONSE:

Thank you for your time and your feedback is truly appreciated. The recommendations regarding the signage will be forwarded to Head Office for their consideration. The recommendation regarding the signage within the home, as we explained this is part of an ongoing to project to update and ensure that the signage is appropriate for all people who visit and reside in the home. As for the recommendation regarding the chairs, to clarify, the chairs are moved during the day to suit the activity taking place at that time.

Also, you have mentioned that there is no end of life trained person on the premises, again just clarify that end of life training is part of our current training and ongoing training. We are supported by the District nurses and the local GP in the administration of end of life medication.

Thank you very much for your support and comprehensive report.