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ENTER AND VIEW REPORT
The Moors Care Centre, Ripon

VISIT DETAILS	
Service Address:	The Moors Care Centre 155 Harrogate Road Ripon North Yorkshire. HG4 2SB
Type of Service	Care Home with Nursing (70 residents)
Service Provider:	Blue Brick Health Care Manager: Clare Erskine
Date and Time:	Tuesday 24th January 2017 08:30 - 16:00
Authorised Representatives:	Julie Midsummer (Visit Lead) Cheryl Johnson Sandra Duggan

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 be delivered as a means to support the wider Healthwatch work plan, and also if people tell us that there is a problem with a service. Equally, they can also 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 provider, service users, visitors, staff and HWNY volunteers for their contribution to this particular visit, and the wider 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 visits.

PURPOSE OF THE VISIT

The focus of this visit was to ascertain the following:

The degree to which residents and their relatives felt that care was provided appropriately, and how involved they felt in the ongoing development of that care.

Whether effective systems were in place to recognise changes in the needs of residents, and to ensure that any changes were communicated appropriately so that they could be acted on.

Whether personal care plans existed, and to what extent they added value to the care provision at the home.

The thoughts of staff and management within the service on the level of support provided to them, and in terms of training and clinical support as residents need become more complex.

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:
    - 16 Staff
    - 20 Residents
    - 2 Relatives / Friends
- At the end of the visit, the Visit Team communicated key findings with the Manager the service, Clare Erskine, 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 OF FINDINGS

The Manager, Clare Erskine, has a vision for the Home which was founded on her commitment to provide the best quality of physical and emotional care, as well as to respect her residents as individuals, with their own needs and preferences.
Overall this home seems to be very well led and well resourced. Staff at all levels appear to take pride in their work and were observed working hard for the benefit of the residents. Training is positively encouraged.
The manager told us about 2 posts which are currently vacant – the deputy manager and a part-time activities coordinator have just left.
Residents appear to be generally happy, and a selection of quotes which we noted to support this are as follows: ***"I love it here", "we have some laughs", "they're nice girls here", "it's brilliant here", "They help sort your problems out"*** and finally, ***"I like the company here, it's better than being on***

your own".
There are challenges with space to accommodate the more popular recreational activities which take place.

FURTHER READING

Training
Training was provided for the staff, with the aim not only to deliver high quality care for residents, but also to build a motivated and engaged team.
Training was delivered both online and through offline face-to-face sessions, by commissioned trainers, the local Community Trainer, and the Mental Health team based in Knaresborough.
To aid on-site learning, the managers had established "champion" roles for staff on each department.
The manager of the home's Dementia Unit is a mental health nurse and delivers on -site training.
The home also sourced free training via the University of York, via a student work experience scheme.
"Endeavour Care" training is accessed for residents who exhibit challenging behaviour. To aide staff in supporting residents with challenging behavior, "Endeavor Care" training has been provided for staff.
All staff appeared well motivated, and happy at the Home .They told us that the manager was receptive to their training needs, and where possible would satisfy their own personal interests. Job satisfaction was evidenced as high.

Care Plans
The home have recently introduced a "key staff member" system. A member of staff we spoke to was the key staff member for 3 residents in the dementia unit. She said that she kept the care plans for these residents up to date. The care plans are reviewed on a monthly basis.
We also spoke to the manager of the dementia unit, who has been in post for 2 months. She is training staff on writing and reviewing the care plans. The unit has 24 beds (23 residents at present) and so the aim is to review 6 care plans per week.
A relative told us that she had been involved in the writing of her husband's care plan. He has been in the home for 6 months. She visits every day but was not aware of a care plan review yet, but told me that the care plan had only been done recently.
Another relative we spoke to felt that, if her husband's needs changed, then the home would respond. She was confident in the staff and particularly in the manager.

Links with Primary Care Services
The home has a good relationship with a local GP surgery which has a GP specialising in dementia care. When needed, staff reported that the GPs respond promptly. When residents come into the home, they can keep their own GP if they wish and if their own GP agrees.
The home holds regular meetings with the pharmacy and GP surgery, and weekly diabetic clinic visits take place. District nurses attend the home as and when required, and were considered to be "excellent" by staff and residents.

Lunchtime
Residents were able to exercise choice e.g. with regard to where they had their lunch, what menu choice they wanted, when they got up in the morning and whether or not they wanted to engage in activities. Further, lunchtime was a good experience with staff gently encouraging people to make choices and to eat. Staff helped those who needed assistance in a respectful manner. It was good to see salt and pepper on the tables giving residents that choice.
There are 2 married couples on this floor accommodated in separate rooms. One of the husbands said he would like to share a room with his wife but the manager later told us that there are no double rooms in the home.

Activities and Enrichment

There is a full-time activities coordinator who has been in post for 6 weeks. Another part-time coordinator has just left.

The coordinator led a sing-along in the morning, in the dementia unit, engaging well with residents. A dominoes session took place later and, in the afternoon, an outside singer came in for the whole home. In both singing sessions, the room was at capacity and it was clear that there was not enough room to accommodate all residents if they had wanted to attend. *As the home increases its intake, this problem will increase.* In the dementia unit, plans are underway to knock a wall down which will improve the capacity on that floor, however we were told that people in the residential unit do not like going upstairs to the dementia unit for activities.

In the dementia unit, there were lots of baskets with collections of articles for people to interact with, hats to try on and an activities room with games, posters and completed crafts displayed on the wall. One lady sat with a 'fiddle' cushion, another with a toy animal. There were photos of a recent pet therapy session. A Burns night is taking place later this week for the whole home and each resident's birthday is celebrated. Residents had memory boxes outside their bedroom doors which contained photos or personal items, and we saw two residents looking at one of these, talking to each other about it.

In the morning one lounge was full with people engaging in a singing activity while in the other lounge, five people were asleep and 3 were awake. Although the TV was on, no one was engaging with it. In the afternoon, a carer asked a resident to choose a DVD which she did. But although the carer started the DVD playing, the volume was very low and this was not addressed.

One lady said that she used to love knitting but doesn't think she could now. Another resident added that she likes baking but also doesn't do it now. Some residents stated that they would like to go out more. While staff do occasionally take people for a coffee at the local supermarket close by, many residents would benefit from other types of outings. One resident said ***"I would like to go out more - shopping or dancing"***. Other examples would be of a resident who used to walk a lot, and has gained weight in the home through lack of activity.

One resident, who goes out with a local charity, Dementia Forward, clearly benefits from his twice weekly outings. He was ready and waiting to go on the day of our visit. This opportunity does not appear to be available to other residents.

ADDITIONAL FINDINGS

Capacity and Choice

In discussions with the Manager about the relationship between her team's current capacity, and the personal choice of her residents, she expressed concerns on instances where care needs became more specialised, with palliative or end of life needs being identified. Currently, clinical assistance was not provided within her service. **Therefore, should a resident express a wish to receive this aspect of care at the home, in preference to hospital admission, she would not be able to provide it.**

The Manager informed us that at present, the home had no End of Life Care Pathway.

The Manager saw it as a priority to obtain updated training for her and her nursing staff in both palliative and end of life care plan design.

Quality of care for people with dementia

The dementia unit had a very good positive atmosphere. Staff at all levels interacted really well with residents and it was obvious that they knew each resident's likes and dislikes.

The unit manager (a mental health nurse) told me that one resident had particularly challenging behaviour but that she had worked out ways of diffusing his behaviour and trained the staff on the unit so that episodes of difficult behaviour have significantly decreased as has the need for

medication.

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 TO CONSIDER

The current manager has been in post since April, and has led numerous positive initiatives. We hope that this proactive attitude to service improvement is maintained.

In accordance with the expressed wishes of the manager, an End of Life Pathway is developed, along with appropriate training if the home continues to offer this degree of care within their premises.

Provisions for training are explored, to deliver clinical assistance of fluid, food and medications (intravenously and subcutaneously) on site as part of either palliative or end of life care, as appropriate.

That the current approach to care plan development and review continues.

That the activities coordinator explores provisions to establish more visits into the local community for residents.

Efforts are made to rekindle the confidence and will of residents, to continue their hobbies and activities, where a lack of motivation is exhibited.

That an additional means of internal communication to residents is developed, beyond the current notice board, which will be more accessible and improve engagement with news, activities, and events.

Consideration is given to maximising the use of available space, so that everyone who wants to attend the more popular events and activities can do so.

SERVICE PROVIDER RESPONSE

The home would like to formally thank the whole visiting team from Healthwatch. We feel that this was a very positive experience, and that through facilitating this visit, we have gained valuable insight into different ways of improving the service through recommendations made by the team.

The home tries very hard to establish a therapeutic environment, through engagement and ensuring stimulating activities are available to all residents. The home has an excellent activities co-ordinator and the whole home team are highly motivated to ensure that each resident enjoys their home as much as possible. Currently, we have a weekly activities planner and this is well distributed around the home and delivered to individual resident's rooms to ensure that there is good communication of events taking place in the home. We have large boards advertising events, both in reception and very clearly visible on the units. We are also updating our web site, and this will include full information of the activities taking place in the home and covering events that have occurred. What we would like to achieve is, a good communication with families and loved ones, and are currently requesting e-mail addresses to ensure that we can electronically inform of forthcoming events. This

will promote open invites to families and friends to the organised events in the home. This is imperative as we are determined the home is viewed very much as part of the community and not seen as separate and isolated. Coming into a care home can be a very daunting experience for people and we are sensitive to the fact that we want people to remain part of the community and continue to enjoy living life to the full and in accordance with individual preferences and wishes. We have very strong links with the local primary schools, local children's drama group, churches and they are very active visitors in to the care home. We also have the benefit of volunteers from the community visiting and spending time with residents in the home.

We are highly interested in promoting resident, wishes, choices and preferences and actively try hard to listen to them as individuals and promote person centred care at every opportunity. This is done through our active promotion of Life Story Work to further understand what is important to residents and trying to empowering them to let us know what they wish to happen in their home. We listen to residents and try very hard to gain their views on what is occurring in the home and what they would like to see happening. This is achieved through regular group and individual meetings and also through surveys and utilising the support of family and friends for those residents who may need a little more support in expressing their opinions. The new activities co-ordinator has produced a monthly newsletter and this is widely circulated within the home and encouragement is given for family and friends to have access to the events of the month and forthcoming events.

The home is passionate about End of Life Care and very much wants to ensure that we can promote kind, compassionate and dignified end of life care when this is needed. The home has an End of Life Care Policy and staffs do complete a mandatory e learning module on this area of care and support for the residents. However, the home is very keen to promote more face to face training to ensure that the staff team can have interactive and reflective study time to ensure that they have the skills and knowledge to support residents at the End of Life Care. Importantly, we wish for staff to have active lead roles in promoting best practice in End of Life Care, this is achieved by having staff take championship roles. These staff develop knowledge and skills and cascade this to the rest of the staff team. We have a staff member who has attended the local hospice training sessions in supporting people at the End of Life and she has taken on the Championship role for End of Life Care in the home. Empowering staff to become teachers is a fantastic way of motivating them to be leaders and achieve a sense of pride and passion in ensuring we provide the best support we can to residents.

The home currently implements end of life care planning based on individualised care plans, working closely with the residents and their families, to ensure that we act in accordance with personal preferences, wishes and choices at all times. On the nursing unit, the nurses are highly skilled and knowledgeable in supporting people at the end of life care. On the residential unit the residents are supported by an excellent supporting community nursing team.

ACTIONS TAKEN, OR PLANNED, IN RESPONSE TO THE REPORT AND ITS RECCOMENDATIONS TO CONSIDER:

End of Life Care

During the visit with Healthwatch the home discussed the withdrawal of the 'Liverpool Care Pathway' from care facilities. Currently the local hospital uses a pathway, however this is being reviewed and another tool is in the process of development. However, this will not be available for some months. Consultation is currently underway to also discuss how this can be integrated into local care homes.

Actions taken following focus discussion:
Manager conducted research into the current evidence based practice, such as key governmental guidance and guidelines in caring well for people at the end of life, documents such as NICE Guidelines, the Government publication "One Chance to Get it Right", the NHS England Leadership Alliance for Care of Dying People's work on "The Five Priorities of Care" and "Care of the Dying Person with Dementia".

This has also encouraged the home to research other key documents and peruse the evidence base regarding End of Life Care and this is continuing at the current time. Gathering the best evidence that will ensure the home implements the latest best evidence to improve the care of residents at the end of life.

The Home has also a planned meeting in March to discuss and disseminate evidence collated and ideas generated into how this can be implemented in our practice in the home.

The Home has contacted our local hospice and discussed End of Life Care Planning and we now have contact with a specialist end of life care nurse, who is available to support the home. The Specialist Nurse is due to visit the home in the forthcoming weeks and has also indicated training and development opportunities for the home team.

The hospice has training in the coming months and the directors of the home are happy to resource this. This is QELA (Quality End of Life for all). This is an intensive training resource covering four days; there are some theoretical elements and also development of practical clinical expertise. In essence one person in the home attends the training and is the change agent cascading best practice and improving the experience of residents at the end of life.

Intravenous Fluids/Hydration Therapy – Antibiotic Therapy in Care Homes
Intravenous therapy is the infusion of liquid substances directly into a vein.

Traditionally local care homes have not used clinical practice in the management and safe handling of intravenous antibiotics or fluids in care homes. This area of clinical practice would need to be explored at a national and local level and systems and structures in place to manage this safely would be formulated. The home would be very open and committed to any future development in supporting care homes to undertake this clinical support to residents.

The home is very keen to embrace improvements to clinical practice that support individuals in the care home. We strongly believe that the residents who reside at the Moors, that "it is their home" and it would be the best environment for them to receive the care they need.
In relation to the infection risk of admission to hospital, this risk would be negated, as the resident receives treatment in their current place of care, with no transfer necessary.

Ultimately, residents will be cared for in their home, with familiar people who understand all their needs and with whom they have developed trusted relationships.

Hospital can be a very frightening place for a vulnerable older adult.

Hydration however, can be used via a subcutaneous route and this is called assisted hydration.

Assisted Hydration
(This procedure involves the administration of a sterile fluid into the subcutaneous tissue)

This is a very person centred and individualised intervention that requires very close collaboration and decision making, between the resident, their families, GP and the care home staff. The home has undertaken training for the nurses in "Assisted Hydration" which was a theoretical and practical session, and took take place in February 2017.

The home is now well prepared to offer Assisted Hydration via a subcutaneous route, should an individual require this intervention. We are fully prepared to support the needs of the individual and also have the knowledge and clinical skills to implement this.