

Details of visit:

Service address:

Service Provider:

Date / Time:

Authorised

Representatives:

Contact details:

Yafforth Road, Northallerton, North Yorkshire. DL7 8UE

Barchester Healthcare Limited – Mount Vale Care Home.

19th November 2014 / 10:30am – 4pm

Adrienne Calvert (Visit Lead), Julie Janes, David Ita (Supervisor), Julie Midsummer.

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 four 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 22 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 acting manager (Benet Ormerod), 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.

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:

- Beautiful premises very clean and inviting with all rooms having en suite facilities.
- No purpose facility for family to stay overnight.
- No institutional routines, as residents have full control over their day.
- Dementia unit (called Memory Lane) was excellent and had a local flavour to suit the homes catchment area.
- There were good monitoring systems in place for residents with medical support from the centre.
- Really good team spirit with a solid internal and external management structure.
- A sensory room is due to open in the New Year.
- Safety inspections of equipment were not dated therefore it was difficult to follow an audit trail of inspections.
- A vibrant activities programme with a dedicated organiser in post.

Results of Visit

Mount Vale care home used to be the old maternity home for Northallerton and surrounding areas. Prior to this it was a wealthy local merchant’s home. Some reconstruction has taken place for change of use. It provides an impressive ‘hotel’ like environment. There are 61 single rooms each with en suite facilities; however 10 rooms are currently unoccupied. The Home is part of Barchester Healthcare Ltd. The Home provides nursing and personal care, alongside expert care for those living with dementia in their dedicated Memory Lane Community.

Environment (including premises)

All rooms are en suite, smart, tidy and well decorated. The beds are electronically adjustable, and residents are encouraged to bring their own small personal items. The lounge is large and well set-

out with attractive décor and furniture. There is ample space for residents and their families to spend some quiet time together.

The manager has started a process of refurbishment, with the dining room shortly to be completely redecorated with new carpet and drapes. There is also a private dining room where residents can hold birthday parties or entertain family.

Memory Lane (Specialist Dementia Care)

This is an excellent facility for those living with dementia. The rummage drawers, each with different coloured knobs and containing tactile items that residents can remove. These are returned by staff when found.

Historical prints of nearby towns line the corridor, front pages of newspapers with headlines about significant events from the 1960's that residents will recall. 'It is all about stimulating the long term memory'. There were also clothing and headgear around that residents would recognise from their youth.

Only two residents had memory boxes on their doors. None had photographs of the resident or family in them. The manager informed us that this was the choice of the resident/family.

All the doors were the same colour which meant that there were no memory prompts for confused or forgetful residents. The manager explained that residents/families did not want the doors decorating. There is a policy of 'no going into another resident's room'.

There was an activity kitchen where residents were supervised to undertake simple cooking. This facility was left open and the power on to the oven, microwave & hob which could be a health & safety risk to residents who wander in. We were assured that residents would be removed from the area quickly if they did wander in.

The activities co-ordinator has initiated a sensory room, funded through fundraising, which can be used to calm/soothe agitated residents. It can also be used to stimulate residents that are less active. This room will be officially launched early in 2015.

Care (Wellbeing, Dignity, Respect and Safety)

All residents spoken to were happy and felt safe, appearing smartly dressed and having conversations with each other very freely. We observed staff acknowledging residents as they passed by, with some interacting with residents in a friendly and pleasant manner. Residents appeared comfortable and were very complimentary of staff.

The home had made a huge impression on the life of a resident, who latter passed away, that her family sent a letter to the home which said "there was no better place where their relative could have ended her days other than at home".

There was a smell of urine in the corridor. Staff commented that 'some things' were harder to remove from carpets. We asked the manager if he would consider having floor covering that was

easier to clean and maintain, but he stated that noise was a factor to consider when looking at floor coverings.

Instances are recorded on individuals progress and evaluation report. All physical instances are reported to the family of both parties, including records of verbal and physical aggression are kept.

Routine procedures are supported by centralised policies and procedures that are monitored by Barchester Healthcare, and advanced care plans which cover Percutaneous Endoscopic Gastrostomy (PEG) feeding are in place. There is a dedicated End of Life care policy, and all care plans are reviewed with relatives.

One of our representatives experienced a serious urine leak from a catheter bag onto a carpet in a resident's room. She brought this to the attention of care staff who dealt with the overflowing catheter bag at once. Residents use 'Attends' incontinence pads instead of TENA pads, which is the residents and staff preferred choice, However the former is supplied free by the NHS while the latter has to be purchased separately by the provider.

We observed very few hand wash or gel containers around the home, however the manager stated that they followed advice from the Harrogate & District NHS Foundation Trust, which can be found at <http://www.hdft.nhs.uk/patients-visitors/infection-control/community-infection-prevention-and-control/>.

Meals

There was no pre-ordering of meals as all ordering was done at table. It was very much a 'restaurant' service. The menu for the day was at the door of the dining room and had at least three choices for each course. The left hand page listed alternative lighter choices if nothing on the main menu appealed. Meals could be taken in the dining room or in resident's rooms, although some residents chose to eat in the lounge. There is a monthly cycle of menus and seasonal food is always used, and afternoon tea is also provided for those who want it.

One resident was most upset about the late arrival of her food, which was cold. When we spoke to the chef who was relatively new, he stated that there were teething problems regarding equipment and staff, but he was satisfied that he could now work more efficiently having received management support on this issue.

There are ongoing weight assessments with a monthly weigh in. Anyone at nutritional risk is weighed weekly. 3 residents currently have weight issues and require fortified food.

Recreational/Social Activities

We observed a vibrant programme of activities with photographs displayed in the entrance hall. We observed a well laid out notice board with information about weekly planned activities, newsletters, information posters, quizzes and word search booklets. Residents often choose to join in an activity when they like what is on the rota. Special events were acknowledged and there were planned activities for special dates i.e. Armistice day, Christmas etc. We also observed a fun chair game of balloon badminton in the lounge.

A Pet As Therapy (PAT) dog comes in regularly to visit residents. One resident with Huntington's disease only reacted to animals therefore when the PAT dog was in attendance she was at her most animated. There is a mini bus to take residents to appointments or on outings, which is adapted for wheelchairs, and residents are free to go out on their own if they have suitable ambulatory skills & mobility, although there are no residents currently in this category.

Nursing and Other Care Staff

A need was expressed for another member of staff on the Frail Elderly Floor (Ground Floor). The manager stated that an extra member of staff had recently been recruited and was due to start work the following Monday. There are two nurses on each floor supported by 5 Health Care Assistants (HCA) on the ground floor and 6 HCA's on the first floor. Any bank staff used were explicitly contracted to Barchester Healthcare.

Team spirit was stated to be excellent with staff helping each other out throughout the home, and we observed staff singing with residents. Staff told us that they enjoyed working at the home and one member of staff said; "we make a good team and try to improve the life of residents".

There were daily 'standing meetings' and a good handover procedure in place. There is a handover sheet and the nurses start 15mins before the HCA's as part of the handover process.

Barchester have their own online 'academy' that delivers all Mandatory training and keeps records of completion. Barchester also has a robust national, regional and area management structure. There are specialist managers at Regional level and each visits the home bi-monthly.

We observed a staff team meeting which was well organised and managed. The meeting had a relaxed and friendly atmosphere.

Additional Findings

- Few rooms would accommodate a reclining chair. There is no overnight accommodation for families needing to stay. This was surprising considering the number of residents on Palliative and End of Life care that the home accommodates. However, the manager told us that plans to turn his current office into a family bedroom were underway.
- Working for such a large organisation means that the staff sometimes feel forgotten. Staff stated that "a pat on the back" sometimes from Barchester Healthcare would be much appreciated'.
- A hairdresser comes in 3 times a week, and as there is a dedicated hair salon within the home, residents can choose to use their own hairdresser.
- There are relatives meetings held once a quarter, with an average attendance of about 8 relatives. There is a relative's notice board.
- The residents pay a flat rate of £974 per week, which is paid monthly.
- There is a church service once a month and communion is offered.
- Some residents have telephones in their room, some have mobiles. Their families are responsible for paying for landlines.
- Deprivation of Liberties Safeguards (DOLS) training and assessment is ongoing at present. The

Clinical Services Manager is currently part way through the exercise. There has been in house training and all staff are doing the North Yorkshire County Council training. Recently a DOLS decision has been awarded to 4 residents.

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:

- Plans for an overnight visitor facility should be progressed, especially for relatives of residents on the end of life care.
- A health and safety risk assessment should be carried out on the kitchen on the memory lane community, which is currently kept open with kitchen utensils accessible in unlocked drawers. This should assist the home in ensuring the safety of dementia residents who may sometimes wonder.
- Safety Inspections of equipment should include a date the inspection was undertaken. This will provide a clear audit trail of inspections.
- As the staff are the homes greatest asset, an acknowledgement from Barchester of this fact would be very welcome by staff.

Service Provider response

The home was delighted to welcome Healthwatch members and thank them for the helpful Report and Recommendations.

- We are in discussions with the Regional Director and the Property Services Manager on how the provision of an overnight facility can best be met.
- A Health & Safety Assessment has been carried out in the residents' dining area on the first floor (Memory Lane Community). The cutlery drawer has been fitted with a lock.
- The hoists and other equipment used in the home are regularly inspected. The dates of inspections, name of inspector as well as projected inspection dates are listed. All the details are kept in the Equipment Log Book held by the Maintenance Manager. This is viewed regularly during the Quality First regular visits by the Regional Director.

