Neville House

Gargrave, Craven, North Yorkshire

August 2018

Contents

Introduction

1.1 Details of visit

Details of visit:	
Service Address	Neville Crescent, Gargrave. North Yorks. BD23 3RH
Service Provider	North Yorks County Council (Neville House Care Home)
Date and Time	30th August 2018 - 10.30am -3.00pm
Authorised Representatives	Gill Stone (Lead), Richard Cyster Chris Brackley (Board Member, Observer)
Contact details	01609 797438

1.2 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.

1.3 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 a snapshot of what was observed and contributed during the visit.

2 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 observe how they are being run and make recommendations. 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 take place 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.

2.1 Purpose of Visit

- Healthwatch North Yorkshire visited this Home previously, in June of 2015. This report can be found on our website. As a follow-up, this visit was made in order to gain another snapshot view of the facilities and observe whether any of the initial recommendations had been further developed.
- To visit and gather the views of residents, relatives and staff to their experiences and views of the services being provided to them.
- To identify the good working practice
- To observe the ongoing care being provided to the residents and their interaction with the staff and their surroundings.

2.2 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 two authorised representatives and one observing member of the board.
- The visit consisted of short interviews with staff, conversations with any available residents and relatives, and observations.
- In total the team spoke to:

  5 Staff including the Manager (Mrs Margaret Rooke)

  2 Residents

  0 Relatives/Friends
- At the end of the visit, the Visit Team communicated key findings with Mrs Margaret Rooke, and explained that a report would be received within 20 working days.
- The management were given the opportunity to respond immediately to the findings detailed at the time of the visit.
- The Service Provider was allowed to provide their response for inclusion within the final report, which can be found below.

2.3 Summary of findings given to service management

- The first impression on entering the Home was welcoming, light, airy and homely with a very positive ambience, assisted by the aroma of many vases of cut flowers.
- The environment, since our last visit three years ago, has shifted to a more “dementia friendly” environment with the addition of two staff who are dementia champions. Although currently only two residents have clinically assessed dementia, additional features could help. Typically, toilet and bathroom doors could be painted a different colour with right angle signage on the wall indicating their purpose.
- Although the Home is not a dementia care residence, the intent of the Authorities over the longer term is to ensure that people remain in their own homes for as long as possible with the right support package. As a result, there is a greater possibility that those in residential care may need a “dementia friendly” environment.

2.4 Key points

- Neville House was purpose built in the 1960's to provide accommodation for the elderly and those with physical disabilities. There is no nursing care provided and the Home is not registered for Dementia patients, although we were informed that 2 residents had had clinical assessments for dementia.
- The Home currently accommodates 19 residents, with a maximum capacity of 24. 2 previous double bedrooms have been made into single rooms because of their location, up a short flight of stairs.

- Staffing levels vary during a 24-hour period. There are usually 3 care staff, 1 Team leader and the Independent Living Facilitator (ILF) during the day. At night there are 2 care staff and 1 team leader. The Home has a total staff complement of 32.

3 Results of visit

3.1 Environment

The accommodation is a flat roof, 2 storey building surrounded by residential accommodation of similar construction material. The exterior of the Home appears to have recently been repainted giving a welcoming appearance to the property, although the signage of the Home is confined to a small notice to the left of the exit to the property.

The extensive grounds and gardens of the Home are well manicured and well stocked with many flowering shrubs and bushes. There is ramp access to the front door, a summerhouse and gazebo in the gardens for residents, and a glass fronted porch to the front of the building with seating for the use of residents.

We were advised that a fence is going to be erected shortly around part of the property to give a safe and secure area for the residents.

On entering the Home through the key coded door the impression was light, airy and spacious, giving a feeling of calm, despite the buzz of activity that we observed.

In the main wide hallway there was a prominent notice advising residents of activities and outings that were available to them, also a notice board with the photos and names of all the individual members of staff. There are toilet facilities, and a "talking" lift to the upper floor.

There are 3 lounge rooms available for the use of residents as well as a large, light and airy dining room. At the time of our visit residents were gathering in the main lounge to do a crossword puzzle. This room is a large, comfortable room with 2 large drink dispensers for fruit juice and water, 2 calendar-clocks, a television, and several vases of fresh flowers.

There is also a smaller lounge used as the “quiet room” which also had a lot of fresh flowers, a clock and a television. We were told that the distinctive painting on the wall of a solitary pheasant in a wintry country lane was purchased from monies left to the Home by former resident who had died and the painting was chosen by residents as a means of remembering her.

In the 3rd room there is a little shop for residents to buy toiletries and essentials, as well as sweets.

Since our last visit 3 years ago we noted that there had been several changes to make the Home more dementia friendly, with signage and colour scheme changed and large calendar clocks.

We did not visit any of the now 24 single bedrooms on the 2nd floor, but were informed that all rooms have a wash-basin but no bath, shower or toilet facilities. Residents are encouraged to bring their own mementos and personal effects for their rooms. Each bedroom has an emergency call facility which can only be deactivated by being physically turned off in the bedroom by a member of staff.

There are also facilities on the 2nd floor for the visiting weekly hairdressers.

3.2 Care

The Home at the date of our Observation had 19 residents, with a maximum capacity for 24. Of those residents, we were advised that two had had clinical assessments for dementia.

Each resident has their own Personal Outcome Plan (previously Care Plan) and is assigned their own Key Worker. Plans are regularly reviewed and updated by the Key worker. The previous use of a "Passport" scheme for residents going to hospital has now been replaced with the "Red Bag Pathway" which includes the residents' personal effects, clothes, medication, personal preferences, allergies, food requirements and other relevant information all held in a red bag. This bag accompanies the resident throughout their journey in hospital to their eventual discharge back to the Care Home. We were advised that to date this scheme is working effectively.

There are also Personal Evacuation Plans (PEP's) in place for all residents with doors colour coded to identify the level of risk for the resident.

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.

Family, friends and staff can bring in pets. There are also regular visits from PAT dogs, as well as visits from other animals including goats, sheep and alpaca in the past. The residents did assist in raising some hand reared chicks, but these have all grown now and are no longer at the Home.

We spoke to two residents after lunch who said they were happy in the home, felt safe and comfortable in the environment and said the staff were kind, friendly and helpful to them, although one resident did say that "sometimes residents were not very nice to the staff". Both residents were wearing their emergency call pendants.

We observed that residents and staff were on first name terms with each other. Seventeen of the residents attended the dining room for lunch. The majority ate independently, but two or three received help from staff while eating.

We were advised that there were frequent activities for residents provided by the Independent Living Facilitator. The Home opens its gardens annually to the local community offering them entertainment as part of a continuing fund raising exercise for the Residents Amenities fund. There are strong links with the community, such as visits from the local school where children play games such as dominoes with the residents. The residents also are able to attend Bingo sessions at the local Village hall.

Both residents said the meals were good and there was always a good choice of food. They both found it well presented and enjoyable. They also said that they would know who to speak to if they needed help or had a problem. They could approach anyone on the staff but they each had an assigned Key Worker whom they might go to first if they were on duty. They were both aware that they would be personally involved in any changes or adjustments to their own Outcome Plan (Care Plan). They also were aware of the regular resident meetings that occur every 2 months, to which their families are invited.

3.3 Activities and Enrichment

Activities for residents are provided by an Independent Living Facilitator (activities coordinator) who works 25 hours per week at the Home over a 5-day week, which may include some evening work.

On our previous visit there was a local volunteer who came in 1-2 times a week to help with the residents' activities, but came in more often when there was a special event like an open coffee morning. We did not establish whether this volunteer is still helping in the Home with activities for residents.

Both residents we spoke to said there were plenty of activities to be involved in and the "days went quite quickly". Pictures in the main hall showed residents at recent social events that have been held at the Home.

3.4 Meals

We observed lunchtime in the large airy dining room where the daily lunch menus were posted on the Notice board inside the entrance door before the serving hatch. Lunch is the main meal of the three provided each day. On our visit, the options for the main course were roast pork or ham salad, with fruit salad or ice cream as dessert. The alternative menu offered a pasta bake, toasted sandwich, home-made soup, salad bowl or a jacket potato.

According to the resident cook, who has been at the Home for 25 years, food is a 6-weekly menu with choice and dietary needs and preferences catered for. In addition, she provides home made cakes for the residents and will provide the food for events at the Home.

She said that it is her intention in the near future to try different dishes from different parts of the world as taster dishes for the residents, she will ask them to write down what they prefer and use the information provided in planning her future menus for the residents.

Residents are usually asked about their preferred lunch option in the morning. Lunch is served at 12.30pm.

3.5 Staff

We spoke to Management, Care Assistants and Catering Staff- a total of 5 staff in all. All said they enjoyed their work and the friendly staff environment, they all knew the residents well, and called them all by their first names. Currently the Home is recruiting for a new member of staff to work a 37-hour week. Although there is a rigorous recruitment procedure in place, there are usually problems or issues recruiting staff.[1] The Home does have relief staff available and does not use any Agency staff.

Two of the members of staff we spoke to were Key Workers, each responsible for an individual resident with whom they developed a relationship and an understanding of their background, needs and wishes to facilitate the "person-centred" care around each of the individual residents, and which is recorded and logged in the residents' Personal Outcome Plan.

The residents we spoke to were aware to whom they should speak if they had any concerns for residents, colleagues or themselves. They were aware of how concerns were dealt with, and they said they were dealt with immediately if any issues arose.

We were informed that most staff have had or are having training whilst at the Home including Care Support and more specific training such as Health and Social Care, Food Hygiene, Safeguarding and DOL's. Currently all staff have been trained in End of Life care, with the exception of two new staff who will be trained in the near future. Two members of staff are also dementia champions. All staff are first aid trained and are required to keep all their training up to date. There are quarterly full team meetings to discuss matters.

All staff said they would positively recommend the Home to family and friends, the Home has a "family atmosphere" according to one member of staff. Another commented that over a period of some years she had noticed that the current residents were more unable to physically cope for themselves than those previously in residence.

Another member of staff said that the proposed new fencing would help with safety and security for residents but that gates on the main entrance should also be considered to help improve the security environment for residents. They all said that

[1] The service provider response clarifies this point in section 6.

the new bird feeders in the garden outside the dining room was a big talking point with residents, as were the wonderful flowers in the garden.

3.6 Visitors and Relatives

On the day of our visit we were unfortunately unable to speak to any family or visitors. By the time we had completed our enquiries of the Manager, it was approaching late morning and visitors had left. In the afternoon after our talks with residents and staff, no visitors arrived on the premises.

4 Additional findings

4.1 External Services to Support Residents' Experiences

GP's, District Nurses, Opticians and a Chiropodist visit the Home regularly. There is no difficulty with the Home obtaining equipment for residents, which is done through either the local G.P. or District nurse referral to Occupational therapy and Skipton hospital.

Pharmacy is provided locally by Lloyds Pharmacy. Residents may see a GP with Fisher Medical who have a surgery in Gargrave or alternatively with Dyneley Surgery in Skipton. The dentist visits the Home regularly and if treatment is required then a member of staff takes the resident to the dentist surgery. An Optician visits the Home from Vision Call in Skipton. There are 4 members of staff trained to cut nails, as well as a Chiropodist who visits the Home.

There are 2 Hairdressers who visit the Home weekly, on Tuesday afternoons and Thursdays. Both use the onsite facilities on the 2nd floor.

4.2 New Technology

The Home has the facility of Telemedicine access to Airedale Hospital where a medical diagnosis can be obtained immediately via a video link at the resident's bedside and is a facility that is available 24/7 to subscribing Care Homes. This facility saves the Home having to call out a GP or an ambulance, and the resident the fear and trepidation of a being taken to the emergency department of the local hospital.

4.3 Care Plans for those in End of Life Care

A member of the "Care Home Quality Improvement Service" operating out of Fisher Medical in Skipton visits the Home weekly to chat to and become familiar to residents. It is her responsibility to help residents, in collaboration with their family members if desired, to complete an Advanced Care Plan for each resident in the

Home. To date, we were advised, nearly all residents had an Advanced Care Plan in place.

4.4 External Support for the Home

This Care Home has strong integrated links with the local rural community of Gargrave and its environs, where most of the residents previously lived. The impression received was of a valued, stimulating resource offering a range of facilities to a well-supported group of residents with varying levels of need.

4.5 Hospital Discharge

No difficulties with residents being discharged from the local hospitals were raised during our observation.

4.6 The Future of the Home

Although not raised by any residents and staff at this time, in our previous report (2015), it was stated that the future of the home was uncertain due to the potential for closure. Following on this, the team at Healthwatch North Yorkshire reached out to North Yorkshire County Council who provided the following comment:

> *"In line with the Councils Care and Support where I Live Strategy the council has a commitment to replace its existing Elderly Persons Homes with Extra Care Housing where possible. Any decision to replace a home is subject to a formal consultation with residents and their families. At this time North Yorkshire County Council has not secured a provider to develop Extra Care and no consultation is planned until an Extra Care solution is made available."*

5 Recommendations

This report highlights the good practice that we observed. It also reflects the appreciation that residents and relatives feel about the care and support provided. As a result of our observations, we are making the following recommendations to further enhance the "dementia-friendliness" of the home, above and beyond the calendar clocks and two staff who are currently dementia champions:

- Where feasible, bathroom and toilet door colouring to be uniform but contrasting to surrounding floors, walls and other doors, with 90-degree signage to the wall for ease of identification for residents with dementia.

- Consider increasing the number of staff trained as dementia champions, as well as continuing making the environment more user friendly for residents with cognitive impairment as circumstances and budgets permit.

6 Service provider response

1) Where feasible bathroom and toilet door colouring to be uniform but contrasting to surrounding floors, walls and other doors.

We have acknowledged this comment and we will be liaising with Senior Managers for consideration.

2) Recommendation of 90-degree signage to the wall so people can identify toilets, bathroom etc.

Again this is being discussed and research into the appropriate signage is taking place.

3) Consider increasing the number of staff trained as Dementia Champions as well as continuing making the environment more user friendly for residents with cognitive impairment as circumstances and budgets permit.

Margaret Rooke Registered Manager is looking into the Dementia Friends training for key staff to attend then cascade information to the rest of the staff team this will be alongside the Dementia training all staff complete

May I just say that in 3.5 Staff: the statement that there are usually problems to recruit staff is inaccurate we have had no issues in recruiting usually, but we had offered the post to a lady who unfortunately had to give back word due to personal reasons so we have had to put the advert out again.

Thank you for your visit and feedback

Margaret Rooke

Registered Manager