

Details of visit:

Service address:

Service Provider:

Date / Time:

Authorised

Representatives:

Contact details:

Neville House Care Home, Neville Crescent, Gargrave, BD23 3RH

North Yorkshire County Council

30th June 2015 / 11am – 3pm

Gill Stone (Visit Lead), Patricia Staynes, Richard Cyster.

Healthwatch North Yorkshire, Blake House, 2A St Martins Lane, York. YO1 6LN

Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, residents, 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 to 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 looking at the quality of care within care homes.
- The relationship between care homes and their local acute hospital, especially when it comes to admission and discharge.
- Responsiveness of Care Home to needs and concerns of residents and their relatives.

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 a telephone conference 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) visited different areas of the care home, including residents' rooms (supervised). The visit lead allocated each authorised representative 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 12 people, made up of residents, relatives, and staff.

A large proportion of the visit was observational, involving the 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 (Lynn Lord), 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 there were any residents who 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 member of the visit team, and prior to any conversation being held with a 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 good standard of care:

- The Home was very clean and welcoming with all rooms viewed, being of good proportions.
- There are no en-suite facilities in any of the 25 bedrooms.
- There are officially only 2 residents with dementia.
- All bedrooms are equipped with an emergency call system, and all residents wear emergency call buttons.
- There is an Independent Living Facilitator (ILF) who produces a dynamic activities and outings programme for residents.
- This Home, residents and staff are extremely well integrated into the local community who volunteer, visit and help in the Home on a very regular basis.

Results of Visit

Neville House was purpose built in the 1960's to provide accommodation for the elderly and those with physical disabilities. The Home provides 25 registered beds primarily for residential care, with no nursing care provided, neither is the Home registered for dementia patients.

Environment (including premises)

The accommodation is a flat roof, 2 storey building surrounded by residential accommodation of similar construction. The extensive grounds and gardens of the Home are well manicured and well stocked with many flowering bushes. There is ramp access to the front door, a summerhouse in the gardens for residents, which was occupied at the time of our visit, and a glass fronted porch to the front of the building, again in use at the time of our visit, for residents to sit and chat and view the delightful gardens.

The Home has a light, airy and spacious feel from first entering the building to visiting several of the upstairs bedrooms. In the main wide hallway there was a prominent notice advising residents of

activities and outings that were available to them, there are toilet facilities, and a "talking" lift to the upper floor. There are 3 rooms available downstairs for the use of residents as well as a large, light and airy dining room.

At the time of our visit 2 residents were doing a quiz with one of the volunteers in the smaller lounge. In the main lounge, background music was a constant, which did not appear to deter residents from sleeping, although having a conversation with some residents was difficult because of how loud the music was. In the 3rd room there is a little shop for residents to buy toiletries and essentials as well as ice cream and soft drinks. The Home also has the services of a Library including audio books which is maintained and serviced regularly from Skipton Library.

On the 2nd floor all of the 25 bedrooms are single with a washbasin, but no bath, shower or toilet facilities within it. 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 is a wet room and 2 of the bathrooms are shortly to be refurbished. There are also facilities on the 2nd floor for the visiting weekly hairdresser, and also kitchen facilities for those admitted for respite care in order to maintain some of their independence; although it was not in use at the time of our visit. There are 6 short stay rooms available of which 2 are permanent. The Home also makes available Day Care provision from Monday to Friday as may be required. Also on the 2nd floor is a computer facility for residents to use to Skype their family, which one of the residents, with the help of a Care Assistant, uses regularly to see and talk to her son in Canada.

None of the communal areas or toilet facilities were dementia friendly environments in flooring, decor or signage.

Care (Safe, Caring, Effective and Responsive)

The age range of residents is currently between 83 and 101 years, and comprises mainly female residents. The only male resident was bed bound on the day of our visit; he has dementia as well as other health problems.

We spoke to several residents including two immediately after lunch who said they were happy in the home, felt safe in the environment and said the staff were very attentive and helpful to them.

We observed the interaction between staff and residents during our visit. Most of the residents attending the dining room for lunch appeared able to eat their food unaided, albeit some were much slower than others, but there were staff on hand to help where it was required.

We were advised that there were frequent activities for residents as well as trips out; Boundary Mills being a recently recalled shopping trip. The Home opened its gardens last weekend to the local community, offering local people cream tea as part of a continuing fund raising exercise for the Residents Amenities fund. There are strong links with the community, as children from the local school often attend to play games like dominos with the residents; the residents in turn attend Bingo sessions at the local village hall.

According to the Manager there are officially only 2 residents with dementia, however after talking to several residents it would appear that this could be an underestimation, as several residents appeared disengaged from their surroundings.

Meals

We observed lunchtime in the dining room where the daily menu was posted on the Notice board next to the serving hatch. There was both the lunch and tea menu for the day, together with an alternative items menu. According to the resident cook, who has been at the Home for 22 years, food is a 6 weekly menu with choice and dietary needs and preferences catered for. In addition she provides home made cakes and other delicacies for residents and visitors.

Care Staff

We spoke to the Care Assistants, the majority of whom had been working at the Home for several years. They all enjoyed their work and the friendly staff environment, they all knew the residents well, and called them all by their preferred first names. Staff are encouraged to go on a "Life Journey" with residents to foster relationships and understand their background, needs and wishes in order to facilitate "person centred" care around each individual resident.

Staff were aware of how concerns were dealt with, and if any issues arose who to report to. Most have had training whilst at the Home including NVQ's in Social Care, and more specific training such as Health and Safety and Food Hygiene. All staff are first aid trained and are required to keep all their training up to date.

Staff team meetings are held every quarter, providing opportunities for shared learning and for concerns to be raised.

Visitors and Relatives

We only had the opportunity to speak with one visitor, although we also spoke to a local volunteer.

The relative has had her husband in the Home since January 2015, as she was finding it difficult to cope with him at home and their local GP instigated his move to the Home. She said she was feeling much better since he became a resident and the responsibility for his care was transferred to the Home. She was happy with the care and attention he was receiving, as he was "getting the care he needed", and she said the staff were very supportive.

The local volunteer comes 1 or 2 times a week to help with the activities for residents, but comes in more often when there is a special event like an open coffee morning. She generally assists the Independent Living Facilitator.

Additional Findings

- The Home has the facilities for Telemedicine provided by Airedale Hospital, where a medical diagnosis can be obtained immediately via a live video link into the resident's bedroom, avoiding the need for a trip to hospital unless deemed necessary. This facility has been used about 3 times a month in the last few months, and according to the care home manager, is a "brilliant" service for the residents.
- There are currently no residents with an End of Life prognosis. However as District Nurses visit on a daily basis, the Home has been made aware of the Advanced Care Plan for residents who become in need of palliative care.
- The Home is not "dementia friendly" in its environment, and staff haven't been trained accordingly, even though there are at least 2 residents officially diagnosed with dementia.
- The Manager and staff have a dilemma due to the fact that the Home has been earmarked by North Yorkshire County Council for closure at some point in the future, despite ongoing refurbishment, although residents have not been informed in order to avoid making residents anxious or worried, as some have already experienced relocation from a Care Home in Settle to Neville House. The intended closure has however led to at least one member of staff seeking alternative employment elsewhere.
- This Care Home has strong links with the local rural community of Gargrave and its environs, where most of the residents previously lived. There are continuous interactions between residents, staff and the villagers which we witnessed during our visit. We got the impression that this was a valued and stimulating resource, offering a range of facilities to a well-supported group of residents with varying levels of need.

Recommendations

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

- Consider reducing the volume when playing background music in the main lounge, in order to allow for meaningful conversations between residents, staff and visitors.
- Consider some positive action for your dementia residents, whether that is in the form of dementia awareness training for some staff or in making the Home environment more dementia friendly for the residents.

Service Provider response

Thank you for your report, overall I felt it was a positive report with lots of encouraging comments. With regard to the recommendation about:

“Consider some positive action for your dementia residents, whether that is in the form of dementia awareness training for some staff or in making the Home environment more dementia friendly for the residents”

All staff have had dementia awareness training which has been completed online, and I can evidence this if needed. We also have a senior night worker who is also a dementia champion.

In terms of making the home more dementia friendly I have spoken to my Care service Manager, who knows someone who works for the Dementia Collaborative in Harrogate. She is going to ask if they can point us in the right direction. I have also been given another contact in order get professional advice.

We want to be proactive in supporting all our clients and will look at ways to do more in the way of making the home more Dementia friendly. We have started to look at signs which would allow toilets and other rooms in the home to be more clearly identified.

Thank you very much.