



Details of visit

Service address:

Oak Trees Care Home, Main Street, Alne, York YO61 1TB

Service Provider:

The Fisher Partnership

Date and Time:

23rd September 2015

Authorised

Representatives:

Julie Janes (Lead), Jenny Clare, Hilary Arksey, Chris Gosling

Contact details:

Healthwatch North Yorkshire

Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, 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 date 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 at the time.

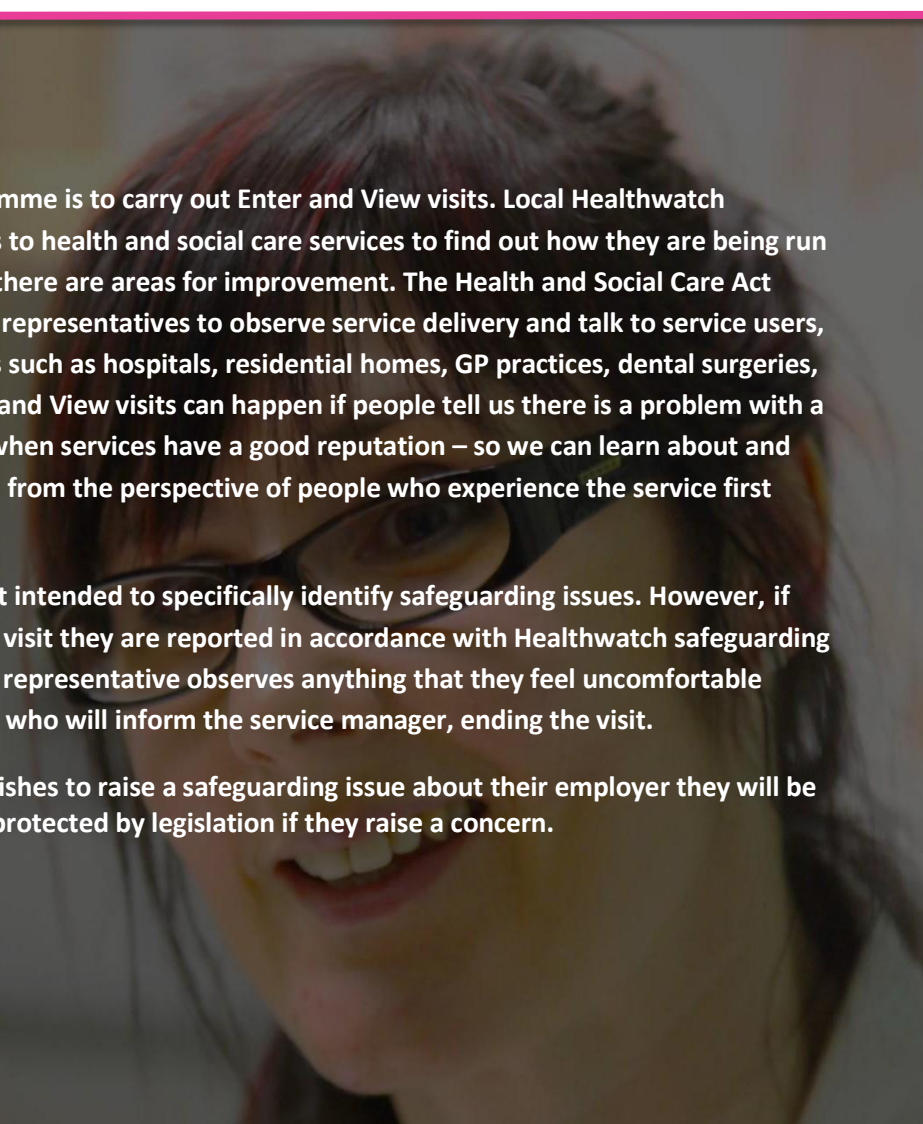


What is Enter and View?

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 of their experiences of the services being provided.
- Observe the care being provided to residents and their interactions with staff and the surroundings.
- Identify examples of good practice.



Strategic drivers

- Contribute to our wider programme of work looking at the quality of care delivered in residential homes for the elderly.
- The responsiveness of Care Homes to the needs and concerns of residents and their relatives.
- The relationship between care homes and their local acute hospital, especially regarding admission and discharge.

Methodology

This was an announced Enter and View visit.

Formal notification of the visit was sent to the manager of Oak Trees Care Home. The visit lead talked with the manager over the telephone to: complete a pre-visit questionnaire; explain the process; and agreed an outline programme for the visit, including areas of service the team wanted to visit so that relevant staff could have advance warning and disruption to the day to day running of the home be minimised. It also allowed for the manager to think about who and how we could guarantee talking to visitors given that so few residents had capacity to talk with us directly.

The team of four authorised representatives (including visit lead) were given a conducted tour of the building including communal areas and, with permission, residents' rooms. Working in pairs the authorised representatives spoke with nursing, care, maintenance staff, catering staff and visitors, following a semi-structured interview format. In total we spoke to 13 members of staff and visitors. Topics explored included, quality of care, staffing levels, training, staff-resident relationships, and home – hospital links.

We used a check list to record observations of the surroundings, watched interactions and saw how residents engaged with staff and with their surroundings.

At the end of the visit we summarised our findings and then fed back the key findings to the Manager, Deputy and Richard Inman a Director of the Fisher Partnership.



Ethical considerations

As we moved around the home we were careful to introduce ourselves to the most senior staff member present and found them to be aware of our visit and prepared to answer questions. They informed us about routines and activities we would see, and interpreted behaviours and actions of residents where relevant. The home had posted notices about the planned visit and we left leaflets explaining the role of Healthwatch North Yorkshire.

Summary of findings

Overall we found Oak Trees to be operating to the highest of standards of care, treating residents with Love, Dignity and Respect.

- Oak Trees runs in converted farm buildings. Corridors are rather narrow, floors uneven in parts and no two bedrooms are the same. Despite its quirky layout, which makes cleaning and maintenance a challenge, we found it to be clean, tidy and light, providing a very pleasant environment for residents and staff.
- The Manager and her Deputy demonstrated the highest quality of care for residents and their families and model the very best caring, professional behaviour. Staff are warm and responsive to the needs of residents, treating them with compassion, dignity and respect.
- A good deal of emphasis is placed on Oak Trees being the residents' home. Residents are encouraged to make their rooms their own. Family and friends are welcomed by name with those that we spoke to saying that they were well supported by staff.
- Food is cooked on site using local produce where possible. There are always two choices and alternatives can always be found and specific dietary needs met. Weight is monitored closely and input from a Nutritionist is sought where necessary.
- We observed staff carefully assisting residents with eating without seeming rushed - this was despite the fact that more than half of the residents need feeding in their rooms. Lunch time was a lengthy process and may have implications for personal care, e.g. toileting of other residents.
- Staff Training is thorough and comprehensive. Much is available via distance learning. End of Life Care is delivered to all staff by a local company and staff spoke very positively about the training delivered on site being fun and informative.
- Residents' medication is stored in security lockers in their room. Controlled drugs are stored in the treatment room.
- Relationships with the 3 GP surgeries used by residents are exceptional. The Manager and Deputy meet with each every six weeks and review individual resident's health situation.
- Hospital admissions are exceptionally low. Only one resident had been admitted in 2014 and staff could only recall five in the past three years.
- Residents and their families are the centre Oak Trees' operations.



Results of Visit

ENVIRONMENT

The building is attractive from the outside and is set at the end of a short drive, where there is a tarmacked area. A sign indicates staff parking beyond the building but there were no signs to show where visitors should park their cars. Inside was warm and welcoming, though there were no photos of staff, or anything to indicate which staff were on duty at the time. Staff also do not wear name badges.

Accommodated in converted farm buildings, Oak Trees offers a choice of two lounges, conservatories, a spacious dining area and a beautiful secluded rear garden. Hallways are narrow, and floors slope, especially upstairs. We saw appropriate adaptations, such as grab rails in bathrooms and hand rails in hallways. Despite the quirky layout, with

each room individualised, all the parts we visited were clean and free from dust. There is a male housekeeper who manages 2 Laundry and 2 cleaning staff and undertakes the day to day maintenance alongside a handyman. The Matron, or deputy, regularly checks all areas for cleanliness and maintenance issues.

No two rooms are the same and each reflects the needs and interests of residents. There are few en-suite rooms, but such are the numbers of highly dependent residents which means that this is not an issue.

Whilst Oak Trees is not EMI registered, the home does accept residents who have dementia symptoms when their nursing needs supersedes their mental state. When we commented that the décor and labelling around the home could be more dementia friendly the manager explained that the severity of nursing needs confined the most confused residents to their beds or rooms.

PROMOTION OF PRIVACY, DIGNITY AND RESPECT

We noted that staff consistently made their presence known before entering a resident's room and used their preferred means of address. Staff were seen to be very aware of sensory difficulties, bending close to people with hearing loss and kneeling, or sitting, where they could easily be seen when chatting with residents.

There are two nurses on each daytime shift with six carers. The home employs male and female carers; any preference is noted in residents' care plans and adhered to except in exceptional circumstances. Residents and staff are reassured by always having at least one male carer on at night. Many staff have worked at the home for a long time and attendance is very good. Agency staff are very rarely used, but when used they are most commonly for nursing cover.

Managers and staff consistently emphasised that Oak Trees is the residents' home. We saw evidence of care being individualised for each resident, from the arrangement of their room to their food and meal preference, and the extraordinarily low hospital admission record. Everything possible is done to have residents cared for in familiar surroundings by people that they know.

There is an excellent handover procedure. Each resident is listed on a pre-printed form for 'blocks' of rooms that relate to carers' areas of responsibility. The form summarises each resident's situation and is updated with the latest situation/care requirement. They are used as the basis of the handover and then kept in the office for reference to ensure confidentiality.

Residents use one of three nearby GP surgeries. Collaboration between the home and surgeries is exceptional. The Manager and/or Deputy visit each surgery every six weeks or so to discuss the health situation of each resident. Medicines are stored in locked cupboards in each resident's room. Other controlled drugs are stored in the Treatment Room, accessible to the Nurses on Duty.

Most of the residents are very dependent and bed bound. As and when walking aids are required an assessment is done by the physiotherapist, who specifies what is needed. They'll advise families if items are brought privately, otherwise an application is made to the GP for permission to acquire. Some requests are not granted due to budget constraints but items of equipment left by previous residents can sometimes be used.

A chiropodist visits every six weeks, a hairdresser visits weekly and Vision Call visits to check sight. Diabetic residents are seen by a specialist podiatrist.

PROMOTION OF INDEPENDENCE

Whilst many residents need a lot of individual support, the emphasis is on them self-caring as much as possible. The Manager sited particular success with a woman who couldn't be managed in the community and eventually needed to go to hospital. She was there for 8 weeks and remained unable to return to her own home. In the six or so weeks she was at Oak Trees her health improved and stabilised, her confidence improved, she began self-caring again and has returned home for the time being.

Although very few residents are able to make full use of the social facilities or participate in group activities many do enjoy the various sorts of entertainment included in the programme and are visited in their room by the activities coordinator. Able bodied residents are free to move about the home and staff help the less mobile to reach their preferred day time spot in a conservatory, lounge, or garden.

Residents meetings are held every 3-4 months. Menus and food are always discussed first when the Caterer is present. Discussions then move on to the activities programme and to matters raised by residents. There is an open invitation for relatives and friends to attend though response is mixed. Just one relative had been present at the meeting held the previous day. One of the visitors we spoke to was unaware of the open invitation.

CARE (SAFE,CARING,EFFECTIVE,RESPONSIVE)

Visitors - Relatives

We knew beforehand that very few residents could engage meaningfully with Healthwatch representatives and agreed that, other than incidental comments in passing, we would rely on talking with visitors about the care of their loved ones. Relatives said they were delighted with the care their loved ones received.

One male relative, whose mother-in-law had been at The Oak Trees for 6 to 8 years, reported that, although care assistants changed quite frequently, he found them good, caring and efficient. He added that "I'm very pleased with this place, it's good. The new manager (3 years) has upped the game a bit." He was confident the carers knew what to do for his mother-in-law; she always appeared clean and well looked after and staff knew what to do in an emergency e.g. when she was choking. At the outset he had been concerned that male carers sometimes helped bath female residents, however he didn't think his mother-in-law would object so he had not pursued the matter.

Another relative knew Oak Trees well. Her mother-in-law lived there in 2000 and her mother, now 92, had been there since 2014. Her mother had been assessed by the Deputy Manager in the district hospital and a specific care plan drawn up for her. It had been modified over time to deal with changes in her situation. The home is meticulous about keeping her up-to-date with anything that has affected her mother. She found all the staff pleasant, friendly and welcoming - 'They were warm, caring and efficient without being over business like'. She mentioned particularly how staff had helped her with the worry and guilt of transferring her mother's care from herself to the home - 'They really look after families, remembering me, and the names of my children, even after a year'.

The relationship forged with families extends beyond the death of a resident. Many continue to drop in for activities, or just a cup of tea. One woman currently brings cake 2-3 times a week.

Staffing and Training

Until recently nursing staff has been very stable. At the time of the visit the staff team was two nurses short, although one had been recruited and was due to start work shortly. The shortage required the occasional use of bank nurses, which had put pressure on the time that the Deputy Manager has for training.

There's a wide and valuable skill mix amongst the staff. There is a part-time physiotherapist on the staff. Some of the nurses have had tissue viability training and/or hold palliative care certificates. A number of carers are from Romania. Two of them hold Romanian nursing qualifications, one has a Romanian Physio qualification and another is a qualified social worker but has been unable to find work here. Other staff and visitors commented that Romanian staff had high order English language skills.

A core of staff have worked at Oak Trees for many years, one for 26 years altogether. Managers work hard to accommodate the needs and wishes of staff. Whilst most care and nursing staff work 12 hour shifts on three days one week and four the next, some work other shift patterns that meet their family or personal needs.

The high dependency of residents keeps nurses and carers very busy. There are two nurses, one on each floor. Six carers are assigned in pairs to 'block off' rooms for getting residents up, washed and fed for breakfast. Carers we spoke to all mentioned how residents needed to be turned regularly, and checked for pressure sores. We saw charts on which these checks were recorded. During the afternoon carers spend time with individual residents chatting, playing games or helping with hobbies.

Management is committed to developing staff. The Cook started by washing up in the kitchen and was offered the opportunity to take on cooking duties and was encouraged, like other staff, to complete relevant NVQs. Managers are happy to take on unqualified carers with the right attitude, and train them from scratch. Staff spoke highly of the training available to them. Four carers hold Level 3 NVQs.

Moving and handling training is delivered in house. Several staff commented that training to use a new, high tech bath had been practical, fun and memorable. Staff have access to distance learning on a range of topics including dementia, health and safety, infection control and fire. All staff have had training in End of Life Care delivered by TYRO Training.

Staff meetings are usually held once a year, but one is long overdue. The manager explained some newer, or less confident staff, didn't speak up in the meetings. She felt it was more productive for her to talk to staff individually to gather their views and suggestions. Without a written record of formal meetings it was impossible to track how and by whom new ideas were initiated, or to measure their progress.

Food

There are always two choices, and alternatives if required, at each mealtime. Menus are planned on a 4-weekly cycle, with changes between summer and winter, and if something is not popular it is replaced. Kitchen staff go out of their way to meet the specific needs and fancies of individual residents. For example, one lady has a fried egg sandwich twice a day without fail and cannot be persuaded to have anything else, and a man had not wanted his dinner yesterday but then had the full three courses in the middle of the night. It was stated that 'if it's something anyone might get in their own home, then we'll try and do it here'. The kitchen caters for birthdays, producing special cakes for residents and their families.

To feed 22 residents in their rooms was like a military operation. The staff/resident ratio means that lunch took a long time overall. The nurse in charge, and the kitchen staff, were told of anyone who ate little or nothing and the resident would then be encouraged to eat at other times. Residents are weighed once a month and advice is sought from the Nutritionist as necessary. Staff knew which residents were causing concern.

Recreational Activities

There is a part time activities coordinator. Noticeboards were up to date and were well laid out. They provided a range of useful information and details of the up-coming activities. We saw displays of items made and photographs taken during recent activities. In the afternoon, when care staff have time, they play games with residents confined to their rooms or help them with their hobbies.

We visited on a Thursday when there are no activities scheduled as residents are often too tired to attend having been to the hairdresser in the morning. The Newsletter on the Fisher Partnership website reported numerous activities at Oak Trees earlier in the year that had centred around national and religious holidays, and about food and activities with an Indian theme.

Staff we spoke to mentioned that more events would help keep residents with capacity active and additional coordinator time would provide better for residents confined to their room and needing one to one attention.

ADDITIONAL FINDINGS

Whilst visiting care homes Healthwatch volunteers are taking the opportunity to enquire about each homes relationship with, and experience of other local NHS services. From Oak Trees we learnt that:

- Oak Trees' residents are largely drawn from surrounding villages. Many are able to remain registered with their local doctor. Others, from further away, chose to register with any of the three nearest surgeries. Some GP surgeries make a charge to provide 'enhanced services', perhaps regular visits to care homes, though this is not the case at Oak Trees. Relationships with all three local surgeries are very good, based on the regular six weekly visits the Manager and Deputy make to each surgery to discuss the health situation of every registered resident. Matters can be discussed whilst they remain minor, progress to outpatients appointments or other services are monitored closely and chased up early. Both the home and GP have a feel for the prognosis for each resident.
- Some nurses on the team have been on Tissue Viability Training. The home works closely with the local Tissue Viability Nurse – when more expertise is needed nurses complete forms and refer directly keeping delays to a minimum.

- All the residents are very dependent and many are bedbound so there isn't much call for walking aids. Where they are needed, there can be considerable delays in getting the right aids for residents. The part time Physiotherapist assess each new resident on arrival, checks that any equipment they bring with them is appropriate (it often isn't) and determines what equipment best meets their needs. She advises the family if they buy privately, otherwise applies to the GP for permission to acquire. Some requests are not granted, possibly because of budget restraints and positive responses take a long time to come through.
- Admissions to hospital are exceptionally low. Just one so far this year and no more than 5 in the last three years. Even with this limited number of discharges the home has experienced poor discharge practice, including poor letters about findings and on-going treatment and residents returning with incomplete drugs.



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:

- Improved signage at the front of the building would help first-time visitors park their cars and find their way more easily.
- Badges on uniforms can be a safety risk when working closely with residents. Instead, many homes display named photographs of staff in or near the entrance to help residents and visitors to learn who is who.
- A board showing which nurses and staff are on duty would let visitors know who they might see on that particular visit.
- As the time for redecorating the interior comes round it may be helpful to residents and visitors to consider making the décor more dementia friendly.
- The Manager and her Deputy demonstrate the highest quality of care for residents and their families and model the very best caring, professional behaviour. They are both approaching retirement; thoughts about succession planning now could go some way in ensuring the high standards and homely environment they have achieved is not lost.

Service Provider response

No response was received from the Service Provider.