

Details of visit:

Service address:

Service Provider:

Date / Time:

Authorised

Representatives:

Contact details:

123 Scarborough Rd, Norton, Malton, North Yorkshire YO17 8AA

Barchester - Rivermead Care Home

10th September 2014 / 11am – 4pm

Gill Stone, Chris Gosling, David Ita (Supervisor)

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

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

- In response to an invitation by the service provider for Healthwatch to give constructive feedback
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experiences of residents, relatives and staff and any ideas they may have for change.

Strategic drivers

- Healthwatch North Yorkshire 2014/15 priorities and the impact on Care services
- North Yorkshire Better Care Fund vision for integrated person-centred care

Methodology

This was an announced Enter and View visit.

We approached a member of management before we spoke to anyone in the care home 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 medical reasons.

Authorised representatives conducted short interviews using semi-structured interview questions with three 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.

Authorised representatives also approached four residents at the care home to informally ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services from the care home were explored, to help with our wider engagement work. Two relatives (family members) were also spoken to, one who was with a resident at the time. They explained to everyone they spoke to why they were there and took minimal notes.

When they had finished speaking to staff, service users and their relatives they left them with some information leaflet explaining the role of Healthwatch North Yorkshire.

A large proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service users engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.





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 with regard to Dignity and Respect

- Residents looked tidy and clean, we saw no evidence of lack of dignity or respect.
- Residents had a nominated Carer to look after their personal care and deal with concerns.
- Residents told us that they were generally happy with the food, and there was evidence of good choice.
- Staff told us that they received training, and generally seemed to enjoy working there.
- We saw evidence of social activities, and service users were given the option to take part.
- Some relatives raised concerns about low staffing levels as well as limited support with residents other health needs.
- Not all care staff were fully appraised of the resident's condition or wellbeing.

Results of Visit

This Care Home is purpose built on one level, and caters for a combination of frail elderly and adults with different stages of dementia. The building and its surroundings seem to be in a very good and well maintained condition with fairly modern furnishings, despite having been in existence for over 20 years. There are dedicated buildings or units within the service that provide differentiated care depending on the identified need of the resident. There are a total of **57** residents within this service, with 33 residents in Malton Unit (Dementia) and 24 residents in Westow Unit (Frail Elderly).

Environment

There was a light airy feel about the place with plenty of natural light. Our observations suggest that a high standard of hygiene is being maintained. The home was really clean and free from any unpleasant smell.

The building is arranged so that there are small courtyard/garden patches where the residents can sit out in warmer weather to enjoy the sunshine, and gardening. The overall impression of the building is that it is welcoming and fit for purpose. The corridors were free of obstructions and there were lots of pictures mounted on the walls along the corridors.

Interaction between Residents and Staff

We saw evidence of staff interacting with residents in a friendly and pleasant way.

Residents

We spoke to four residents in total, one of which also had a family member with them. Most of the residents were spoken to in their own rooms although the door was always left open

throughout. The residents all commented very positively about their experiences of living in the care home, with very positive remarks made about the food, laundry and care staff. However, whilst talking to a resident, we observed a carer who was administering drugs to residents from the drugs trolley come over and place the tablets on the table (in the usual clear plastic cup), inform the resident and then walk away without ensuring the resident had taken their tablets.

Food

We didn't observe the residents eating their meals, although most informed us that their meals were usually served to them in their rooms either as a matter of choice or health need.

Recreational activities/Social Inclusion

There is an Activities Coordinator who runs events to involve the residents as much as possible. We observed a flower arrangement activity session, where 6 residents were taking part. There was soothing music in the background, which made the atmosphere very calming and comfortable, especially for residents with dementia. The coordinator appeared very passionate about involving residents in her activities, and was careful to check on each participant to ensure they were all ok. Residents are given the choice to take part in activities, which are varied daily. Some of the residents we spoke to seem to enjoy the activities sessions, but commented that it was better when there were more activity coordinators.

Involvement in Key Decisions

We were not made aware of any forums that existed for residents to contribute to influencing key decisions about their experiences of their care home.

Concerns/Complaint Procedure

The manager confirmed that they have a complaints procedure and whistleblowing policy, and that staff are encouraged to whistleblow. However, we found no evidence of any staff or resident having used it before.

Staff

All staff were smartly dressed, and when spoken to seemed very enthusiastic about their work, highlighting the emphasis on person centred care as one of the best aspects of the job. The care home appears to be very good at retaining some staff, as we spoke to care staff who had been working there for 12 years and more. All staff spoken to confirmed that they had undertaken all mandatory training, although we were concerned when some staff didn't know what "safeguarding" was.

Visitor and Relatives

We spoke to two relatives during our visit, and both were very keen to acknowledge the nursing care as very good. Both were however less enthusiastic about the quality of general care their relatives were receiving. It is worth noting that we didn't observe any evidence of inadequate general care. We did however observe a relative concerned that staff were not very observant about her mother's general care, as the resident in question had an infected toe, which seemed to have gone unnoticed until the relative spotted it.



Additional findings

Although not directly observed, feedback received from staff and relatives suggests the following:

- The hostess service that existed until recently was very valuable in freeing up care staff to devote more time to preparing residents rooms while they came down for morning tea and coffee.
- A recent change in the appointed GP from the local practice has resulted in concerns with medicine management.
- Relationship with GP out of hours service could be improved in order to avoid emergency admissions.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents felt about the care and support provided.

- The findings indicate that not all staff were fully appraised of the personalities, likes/dislikes and general wellbeing of the resident they were caring for, and there was also some evidence of a lack of attention to detail where physical injuries had gone unnoticed. We therefore recommend that you review your hand-over procedures from one care staff to another, so that staff are always well briefed before they start their shift. A reasonable amount of paid time needs to be allowed for a thorough hand-over process.
- We recommend that you consider introducing a resident and/or relative forum to allow people to share their thoughts on the quality of their or their relatives care experience. These views if shared openly and honestly can be very helpful in driving up standards of care and making the service even more attractive to new interests.

The staff indicated that you have problems with a GP practice, Please send details of individual issues to Healthwatch North Yorkshire and we will ensure these are passed onto service providers and commissioners.

Due to the personal nature of your work, you may want to consider putting all your staff through safeguarding training, which is currently being delivered by North Yorkshire County Council. Healthwatch North Yorkshire can assist with this if necessary.

Service Provider response

Rivermead were happy to welcome a visit from Healthwatch, I have read your findings and have noted comments made by both residents and staff.

We invite residents and their families to meet with us at Rivermead every three months the next meeting is to be held on 22nd November. We also hold three monthly staff meetings.

Trained staff hand-over is undertaken at the end of each shift, care staff are updated verbally and also written hand-over between shifts.

All trained staff take part in annual drug competencies. On the day of your visit Erika Tennant deputy manager and Carol Lintern head of the memory Lane Community attended a meeting at Derwent surgery with Dr Lee and the Pharmacist from Boots which was positive.

Staff are all given safeguarding training which is updated through supervision and annual training updates.

