



Details of visit

Service address:

Scarborough Hall, Mount View Cl, Scarborough, North Yorkshire YO12 4EQ

Service Provider:

Brighterkind

Date and Time:

21 October 2015

Authorised

Representatives:

Julie Janes (Visit Lead), Janet Toker, 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.

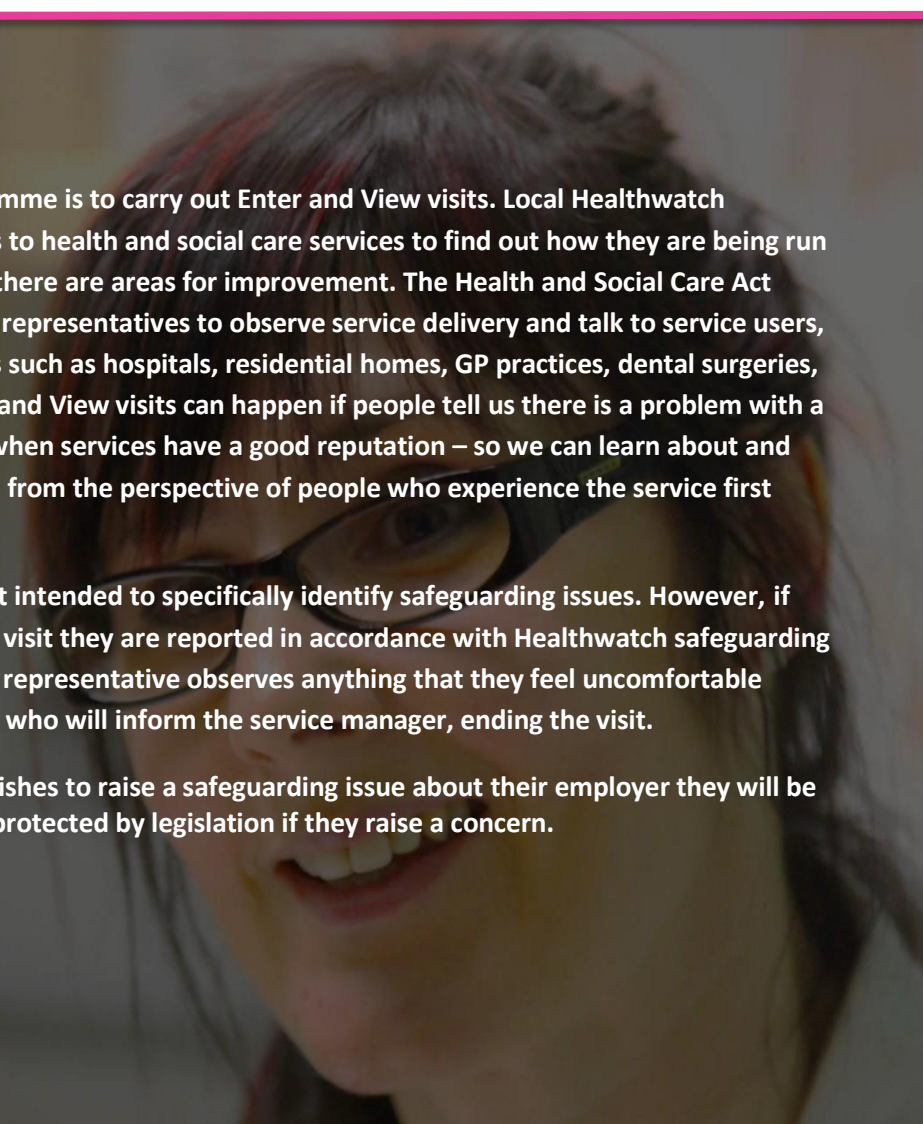


What is Enter and View?

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 to their experiences and views of the services being provided to them.
- Identify good working practice.
- Make observations of the care being provided to the residents and their interaction with the staff and their surroundings.



Strategic drivers

- Contribute to our wider programme of work looking at the quality of care delivered in residential homes for the elderly.
- 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 when it comes to admission and discharge.

Methodology

This was an announced Enter and View visit.

Formal notification of the visit was sent to the manager of Scarborough Hall. The visit lead asked the manager to complete a pre-visit questionnaire that provided the visit team with useful background for their visit. A telephone call to the manager outlined the process and agreed an outline programme for the visit. This allowed the manager to think about which staff, residents or visitors we might talk to and to organize things so that there would be minimal disruption to the day to day running of the home.

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 and catering staff and visitors, following a semi-structured interview format. 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 and her Deputy.



Summary of findings

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

- Scarborough Hall is housed in modern, purpose built premises with 85 single en-suite rooms. The premises are bright, airy, clean and well maintained.
- There is effective security measures between floors that keep wandering and confused residents safe.
- Residents and Family members spoke very highly of Scarborough Hall. Family members were confident that the place was well run and that their loved one was in good hands.
- The Manager and her Deputy demonstrate 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.
- Staff Training is thorough and comprehensive. Staff spoke very positively about the training opportunities they had been given and about the progress they had made.
- Activities staff run an extensive programme that makes a valuable contribution to the overall wellbeing of residents.
- A good deal of emphasis is placed on Scarborough Hall being a resident's home; they are encouraged to make their rooms their own.
- The home works closely with GPs, District Nurses and with the Hospice at Home Team when required.
- Food is cooked on site and served in well-appointed dining rooms. There are always two choices and alternatives can be found and specific dietary needs met. Weight is monitored closely and meals appropriately fortified or supplemented as required. We observed staff carefully assisting residents with eating without seeming rushed.



Results of Visit

ENVIRONMENT

Scarborough Hall has 53 Dementia and 32 Residential rooms arranged over three floors. It provides residential care, dementia care and respite. It is housed in a modern building having been purpose built in 2008. It is set in a residential part of Scarborough, with a corner store and bus stops nearby. The exterior was neat and clean and looked to be well maintained.

There is a welcoming, staffed, reception area and the premises beyond were light, airy and spotlessly clean. Corridors and doorways are wide and a large lift serves the upper floors. All the bedrooms are en-suite and personalised with residents' own furniture and belongings. Residents and their families decide whether to put photos on the door or use the memory boxes on the wall outside their rooms.

Some communal rooms had recently been updated and redecorated. They, and corridors, were tastefully decorated with retro pictures, calming scenes and slogans. There were appropriate secure doors and we saw the call/alarm system working for residents to call staff. There is a portable alarm for use in the garden.

Dining rooms on each floor are spacious, each with kitchen area where meals are served from and they are with tea making facilities, dishwasher, microwave etc.

We visited a 'reminiscence' lounge displaying items that residents would recognise from their younger days. There didn't seem to be much that resident could interact with and staff said that residents' interest had declined over time and it wasn't used much at all.

It was pleasing to see chairs in common areas arranged in small groups, rather than just set round the walls. In a lounge area facing east, three residents were sat in chairs arranged in a group by the window overlooking Oliver's Mount. Music was playing softly in some parts of the home - residents were heard humming along to familiar tunes in one area. There are enough open areas that residents can find quiet spots or spaces with the music that they like.

The garden was neat and easily accessible from the conservatory with appropriate seating for residents. A small area of garden is kept for residents to potter.

PROMOTION OF PRIVACY, DIGNITY AND RESPECT

Residents were consistently acknowledged by staff in passing; there is excellent rapport between staff and residents. We noted that staff 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.

Managers and staff consistently emphasised that Scarborough Hall is the residents' home. We saw evidence of care being individualised for each resident, including arrangement of their room, their food and meal preferences and smoking choice.

Everything possible is done to have residents cared for in familiar surroundings by people that they know.

PROMOTION OF INDEPENDENCE

We observed able bodied residents moving freely about their designated area of the home and visitors coming and going at will.

Residents are encouraged to put their mark on their own rooms, with furniture, pictures and collectables, despite the challenges this presents to cleaning and care staff.

The extensive activity programme, the food and drink choices at meal times and decisions about personal care and dressing provide opportunities for residents to express their independence. Each Dining Room has a kitchen area with kettle, microwave, toaster etc. After risk assessment some residents are encouraged to help themselves to drinks and snacks.

CARE (SAFE,CARING,EFFECTIVE,RESPONSIVE)

Residents

All the residents we saw, in and out of their rooms, appeared well cared for and comfortable. We spoke to five residents all together; each of them was very complimentary about the care home and the staff. Staff are sensitive to their moods, offering sympathy and encouragement or being light hearted and jocular - 'I can't wait to see staff in the morning, they give me a lovely cuddle if I'm low'.

They spoke highly of the activity programme, especially the trips out. On the day we visited we saw residents playing quoits, we watched an activity coordinator managing Christmas Card making and another taking a recollection activity. One of the elderly female residents with dementia had been a piano teacher. It was easy to spot her room by the music displayed in the memory box outside. She played the piano regularly and other residents went along to listen.

A single male, who was much younger than the average resident, had been encouraged to visit York by train to attend guitar sessions. He was very complimentary about staff 'they solve any problem day or night'. Like all the others he praised the 'good food' and the fact that the care home does birthday cakes and a buffet for events. He also praised the 'domestics' as they were 'very friendly' and he always had fresh clothes.

It was evident from our visit to the laundry that there is an excellent system for caring for resident's clothes, from labelling items when residents first arrive, to washing, ironing and returning items to the correct room - generally within 24 hours.

We saw how staff make a point of chatting to residents in lounges and in their rooms. We learnt from our discussions with residents and staff that 'getting up and putting to bed times' offers quality one to one time that residents look forward to and staff find most rewarding.

Care plans are comprehensive. There are two entries in each 24 hours made by care staff at night and in the daytime and there are additional reports if there has been an incident. There is a separate section for GPs and other medics to make entries. Considering a 'Resident of the Day' in rotation on each floor ensures that Care Plans are reviewed at least monthly.

Scarborough Hall is committed to caring for residents in the home. Staff know that they won't flourish in hospital; managers work hard to keep residents out and, if they have to go in, they get them out as soon as possible. There are good relationships with GPs, District Nurses and the hospice at home team. The wait for services from dietician, occupational therapist and physiotherapists is frequently unreasonably long.

One of our team met the visiting Foot Healthcare Practitioner who calls regularly. All 'new' residents have an initial assessment that is written into their care-plan. Particular attention is given to diabetics. She was well aware of the dangers of poor circulation leading to ulcers and amputation and checks thoroughly and reports early signs.

Meals

All staff receive food handling training. Team members visited the modern, well equipped kitchen and talked to the Chef.

The menu rotates monthly and is different in summer and winter. Kitchen staff are well aware of individual preferences and always offer alternatives if nothing on the menu suits. Allergies are clearly listed in the kitchen and special diets and soft food catered for. There is also a list of residents about whom there are nutritional concerns when a fortified diet is put in place with monthly/weekly weigh-ins.

At lunch, tables were laid with cloths, napkins and the menu of the day. Staff served individuals with their choice and offered wine, juice or water. We ate at a table in the ground floor dining room and observed two staff and a relative sensitively helping residents with their food. Our meals included fresh fruit and vegetables; each course was well presented, looked appetising and tasted good.

We saw recently acquired crockery and cake stands as plans are well underway for a traditional high tea experience for residents.

Staff

We spoke with 11 staff between us. At the time of the visit there were 73 staff on the books, mostly full time. Any rota gaps are covered by bank staff and/or with members of staff who want extra shifts. Agency staff are not used. Standard shift patterns are 12 hours days – 3 days one week, 4 the next.

Wherever we went in the home, staff presented themselves as happy and enjoying their work. The Manager and Deputy greeted all the residents by name, took time to answer queries and modelled the friendly and professional behaviour expected from all staff.

There is an effective staffing structure. In addition to the manager and deputy manager, there are 3 team leaders - one on each floor. Team leaders have supernumerary days each week for admin, record keeping and supervision etc. There is a senior carer on each floor, on each shift, who supervises the hands on work of the care staff.

Whilst 12 hour days are the norm for most care staff, efforts are made to accommodate the shift needs of people with family or other commitments. 'If they are the right calibre, we will do all we can to accommodate them'. Rotas are worked out well in advance; staff are able to make long term plans for home life and holidays.

Staff wear different colour uniforms, depending on their role. The senior carer on each shift wears a red tabard when distributing drugs from a trolley to signify to staff that they should not be distracted.

Staff receive supervision every two months and team meetings are held every six weeks. Minutes are distributed to those who cannot attend.

All the staff we spoke to were very positive about their work. One had been in her first care job for just seven months and had loved it from the outset. She is already trained to senior carer level and is very positive about the future – ‘I know I want to do this for the rest of my life’. Another longer term staff member was equally positive. She explained how she had been supported and developed throughout her time there and has completed lots of training. She has completed the Train the Trainer award and conducts induction training, dementia training and other sessions as required.

From our own observations and comments made by staff it is clear that team spirit is high. They told us that staff mix socially and this contributes to strong bonds being made. They felt that the management of the home was very good. Things were well organised so that things ran smoothly and they felt they could go to the manager at any time and she would try to resolve any problems.

Visitors and Relatives

We spoke to two visitors. They both spoke very positively about Scarborough Hall.

One explained how her views were based on experience of her mother having been in three other homes previously, each proving unsuitable as time and Alzheimer’s progressed. She explained that whilst she has strong views on Mental Health Care in general, she has nothing but praise for Scarborough Hall. She is satisfied with how the carers look after her mother and had high regard and praise for, the manager. She said that “There is an amazing atmosphere, everything is organised and things function well.”

She said the activities available are good and sometimes her mum participates. In her view there was scope for improvement as she thought it should be possible to make more use of residents’ remaining skills. She sited how her mum loves to prepare the vegetables for a meal and does so when she is on home visits, yet doesn’t get to do that in Scarborough Hall.

She also felt there was scope for there to be more of a partnership approach between family members and staff when planning her mother’s care. It was surprising that she was unaware of the friends and family meetings. When we raised this with the Manager she realised that the written invitations were sent to her brother, as the formal contact and clearly, the invitation was not being passed on. They are going to tell her in future when she visits.

Recreational Activities

There is one male and two female activity coordinators on the staff. They run a wide-ranging programme from scrabble, chess, bridge and quizzes, to more physical chair exercises and music with some movement. There are 3 ‘physical’ activities per week, including short walks if possible. Trips to local beauty spots are arranged regularly with wheelchair adapted taxis used. In winter they utilise the BBC Archive to show old films of Yorkshire or anywhere that helps residents remember their childhood. They also use music to encourage participation with the music ranging from the 1940s to the 1980s. Men enjoy the ‘Cabaret Night’ with music and a film.

A resident’s attendance at an activity is recorded in their care plan along with comments about their involvement, interest and mood. It was surprising to find that there was no overall record of who had attended what activity and when; how staff felt the session went; any feedback from residents; or what might be done differently in the future. That said, there is no doubt that the friendly atmosphere and the wide range of activities help residents keep active, get to know each other, share interests and make friends.

Staff Training and Development

There is a three day induction programme and all staff then take the mandatory training, including ‘moving and handling’. After induction staff have access to a rolling programme of training provided by Brighterkind and also by 4 in-house training staff. All staff are encouraged to take relevant NVQs. We heard about ‘cross training’, housekeepers are trained in moving and handling residents and all staff receive training in dementia care.

Management is committed to providing residents with end of life care. Specific staff have had training in pain management, symptom relief and bereavement.

Training is taken seriously. We heard from managers and staff that ‘warnings’ are issued to staff who are not meeting training deadlines. Miss more than 3 and the individual is removed from the rota until work is completed.

Housekeeping

The head housekeeper leads a team of 8 staff with, normally, 2 per floor. She has a monthly budget for ordering all cleaning materials, gloves, aprons etc. for not only housekeeping needs but also for the kitchen and laundry. She is hands on, covering holidays and sometimes doing shifts at short notice when someone is off sick. There is a rolling program of 'deep cleaning' 2 residents' rooms each day, which means they are all 'spring-cleaned' thoroughly once a month.

During our visit a team member, in a corridor, noticed a smell of urine coming from a nearby room. She walked back down the corridor ten minutes later, the smell was gone. Clearly staff had dealt with the incident quickly and efficiently.

Laundry

It was evident from our visit to the Laundry that staff there work efficiently operating a well-organised system for dealing effectively with residents' clothes, towels, bedding and soiled items.

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 Scarborough Hall we learnt that:

- Support from GPs, District Nurses and Hospice at Home team is excellent and enables them to provide end of life care and keep residents in their home.
- Brighterkind company policy is to send all residents who have fallen to hospital to be checked for possible head injury. There had been 124 such 999 visits since January.
- Residents had attended 76 outpatient appointments at Scarborough Hospital since January. Sometimes relatives accompany residents, otherwise a member of staff is sent. Waiting times are often long as it is not unusual for the whole trip to take 5-6 hours. This is exhausting and worrying for residents and disrupts work routines.
- There had been 41 admissions to hospital, including Cross Lane, in the same period.
- They have known residents wait 5-6 hours for transport after discharge. They use taxis now whenever possible and meet the costs. Residents have been discharged in the middle of the night.
- After long stays in hospital they have had residents returned to them with pressure sores and/or bad urine burns after being left in wet pads.
- The home has had families ringing up asking if a resident can return because the care has been poor or there is no assistance with eating or food and water has been left out of reach
- Residents admitted with a broken hip after a fall won't flourish in hospital; the home asks for early discharge and gets them back as soon as possible
- Scarborough hospital does not handle dementia well, especially if there is challenging behaviour e.g. they had received a call from a ward asking if they could help with a resident who was refusing medication.
- Members of the Community Assessment and Rehabilitation Team (CART) often say they can't help dementia patients. For example, the home had asked for a physiotherapist to visit a dementia patient who was losing mobility. After a cursory look at the resident the physio declared that 'she has dementia and won't retain instructions that I give her' and left. This was despite staff saying they would do any exercises with her and make it fun.
- There are very long waits for services from dieticians, OTs physios etc. It can take 3-4 months to get proper, considered information from a dietician.



Recommendations

Scarborough Hall may like to consider the following:

- Keep accurate records of attendance and levels of participation in activities. Such a simple record would also allow patterns of attendance to be monitored – How many attend/why are they not attending? Is this popular? Should we repeat it?
- Explore the feasibility of involving relatives in the development, review and modification of care plans.

- Check that invitations to the family/friends meetings are going to the right people for every resident.
- Researching reminiscence lounges in other Dementia homes with a view to rejuvenating the ones at Scarborough Hall.

Service Provider response

The Care Home confirmed that the content of the Report is accurate.
