

Details of visit:

Service address:

Service Provider:

Date / Time:

Authorised

Representatives:

Contact details:

South Crescent, Ripon, North Yorkshire. HG4 1SN

Maria Mallaband Care Group – Skell Lodge, Ripon.

30th October 2014 / 10am – 3pm

Gill Stone, Patricia Staynes, Jill Edmondson (Visit Lead), 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, patients, 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 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 gathering evidence on our three Health and Social Care priorities for 2014/15, which is; Hospital Discharge and post Hospital support arrangements, GP Out of Hours services, and Support for unpaid Carers.
- North Yorkshire Better Care Fund vision for integrated person-centred care

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 four authorised representatives (including the visit lead) were split into teams and visited different areas of the care home, including residents' rooms (supervised). 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. In total we spoke to approximately 20 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 and service users engaged with staff members and their facilities. 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 service providers' nominated person(s), and explained the protocol of "what happens next" following our visit, including timings and expectations. This allowed the service provider to respond immediately to some of our findings, as well as ask the visit team any 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 any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. This protocol was strictly adhered to by each 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 very good standard of care:

- The manager is very passionate about the home, and as a result the rest of the staff team hold her in very high regard, and respond positively to her leadership.
- Staff showed a lot of passion and enthusiasm for their work, which stemmed from very good leadership by Lynda Harland the Care Home Manager.
- Residents looked tidy and clean, we saw no evidence of lack of dignity or respect.
- Residents told us that they were very happy with the care received and that staff showed a lot of attention to detail.
- Relatives and visitors very happy with the quality of care given to the residents.
- 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.
- There is no suitable office or meeting space for staff and manager to have meetings and/or complete necessary paperwork.

Results of Visit

Skell Lodge Residential Home is a luxurious Victorian property in the popular North Yorkshire town of Ripon. It is located on a private road just a short distance from the historical Ripon city centre, Cathedral and Racecourse. The home provides residential/personal, day care and respite care. The large detached property can accommodate up to 23 elderly residents in a variety of single and double bedrooms all individually decorated, and most with en-suite facilities.

Environment (including premises)

The bedrooms were very individual, some with personal items such as bedding and pieces of

furniture, and most had ornaments and photos which obviously had happy associations. The home itself has a very warm feel to it, a little like a home from home, with relatives allowed to visit anytime.

Care (Wellbeing, Dignity, Respect and Safety)

Our observations show that there is little or no discontent amongst residents. All are positive in their attitude to their lives, environment and staff. We spoke to several residents about their experiences of care received at the home, and they were all very happy and complimentary of staff for always going the extra mile in providing person-centred care. Their views and experiences could be summed up in the comments made by two residents – one said “he would be happy to spend the rest of his time there”, and another said “If I am having an off day I get as much help as I need, and I am not rushed, in fact I can stay in bed if I like”.

Given that this home caters for elderly residents, some with Dementia or Parkinson, it is reassuring to see that residents are still afforded a good degree of freedom to be wherever they want to be within the home and beyond whenever they wanted, yet confident that help was always nearby. Some residents need more support than others, however all residents are aware that they can have assistance whenever required. One resident even had her bed made for her without asking or needing it done, but this act of consideration appears to be the norm.

Of the 21 residents currently living in the home, about half (10) came down at lunchtime, most with walking frames and one on a wheelchair. The remaining 11 residents were either in bed, or preferred to have their lunch in their rooms.

All residents appeared clean, tidy and in some cases smartly dressed (jewellery, pearls, locket etc.). Many residents say they have made friends here, as a good number of residents are local to Harrogate or Ripon, and so have a lot in common, which makes visiting times seem a bit like a daily reunion because even the relatives know each other.

Visitors and Relatives

We spoke to a number of relatives and other visitors, who seemed to frequent the home a lot. One of the relatives spoken to confirmed that the home was recommended by a friend. She was very happy with the care her mother received, and she thought that the communication from the home was excellent. Her mother considers herself ‘very lucky’ to be in Skell Lodge and she has complete peace of mind that her mother is happy here.

Another relative commented that she had total confidence in the manager and staff. As an example, her mother’s hearing aid was missing and she was contacted by staff, hence why she is here today to resolve this issue. She could not emphasise enough how good the manager and staff were to residents, stating that “Lynda (the manager) turns all negatives into positives and makes the whole situation better for everyone”.

We also observed several friends and family (children included) in the lounge area after lunch, all of

whom were talking to/engaging with residents and staff, apparently evidencing the 'home from home' ethos of the service. For example, children were moving around freely from one room to another whilst behaving appropriately. This just seemed like any other family home with plenty of family visiting!

Recreational/Social Activities

There are a range of activities available 2-3 times a week, usually in an afternoon. These can either be individual or group activities. We spoke to the "Activities Coordinator" who arranges activities including games, quizzes, sewing, crocheting, as well as reminiscing about the life experiences of each resident. Other recent activities included planting poppies for "Armistice Day". Some residents also go out for walks or shopping into Ripon, usually in wheelchairs.

Nursing and Other Care Staff

The Manager and staff are encouraging, supportive and have a very positive attitude in the home. We observed care assistants always smiling and friendly, which seemed to come naturally. The home felt so warm and welcoming, that some staff even singing as they went about their daily duties. The commitment of the Care Home manager and staff is such that staff are very willing to be called upon at any time to stand in whenever there is shortage due to sickness or other absences. This also means that the home never has to resort to using agency staff because this system seems to work very well.

Every member of staff spoken to said they loved their jobs (very enthusiastically), and their length of employment did not seem to affect their enthusiasm. Staff seem to know the residents really well (likes, dislikes, relatives etc.) as the home is not too large. Staff are also very proud of the décor and furnishings, as they proudly showed off their lovely upstairs bathroom, describing plans for decorating toilet next door.

When asked about what made this home special, a member of staff replied; "we work as a team and discuss things together and make joint decisions. We are all trying to make 'these years' as happy as possible for each resident, because residents come first all the time and it's a happy place."

Additional Findings

- Respite care is also available if there are any rooms spare. Social Services often phone the manager and to check availabilities. Respite can be for as short or as long a time as necessary.
- GPs are in and out a lot; they come to staff meetings and share information with staff so that they can help the residents as much as possible.
- There are 3 GP practices that attend to the residents and provide out of hours services. If an emergency arose, and no GP attended then 999 would be called.

- District Nurses provide 24/7 cover to the home.
- Staff are not adequately trained to support residents with dementia, although there is access to a specialist dementia nurse.

Recommendations

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

- The manager and staff are in desperate need for an office /meeting room space that they can use to carry out their administrative duties. The existing space is not fit for purpose, and sometimes forces staff to have confidential meetings with relatives or complete confidential paperwork around the dining table.
- Care staff should be provided with dementia awareness training in order to equip them with the necessary skills to understand how to interact with and support residents with dementia. Local Charities like Dementia Forward, based in Harrogate, would be able to support you with such training.

Service Provider response

We found the report to be a true reflection of how we operate as a team at Skell Lodge.

Recommendations:

- We have spoken to Dementia Forward in Ripon and for a small Donation they are organising Dementia Training for all Staff at Skell Lodge.
- Because Skell Lodge is a Listed Building we would have great difficulty in changing the structure of the building. The Office referred to in your recommendations is mainly a care station and is a site that everyone knows they can locate us from, I do actually have another Office just above the first floor that all visiting professionals, visitors and family members frequent if they wish to speak in private.

