

Details of visit:

Service address:

28 Thirsk Road, Northallerton. DL6 1PH

Service Provider:

Vorg Limited – Southwoods Nursing Home.

Date / Time:

13th November 2014 / 10am – 3pm

Authorised

Julie Janes, Sue Staincliffe (Visit Lead), Julie Midsummer, David Ita (Supervisor).

Representatives:

Contact details:

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

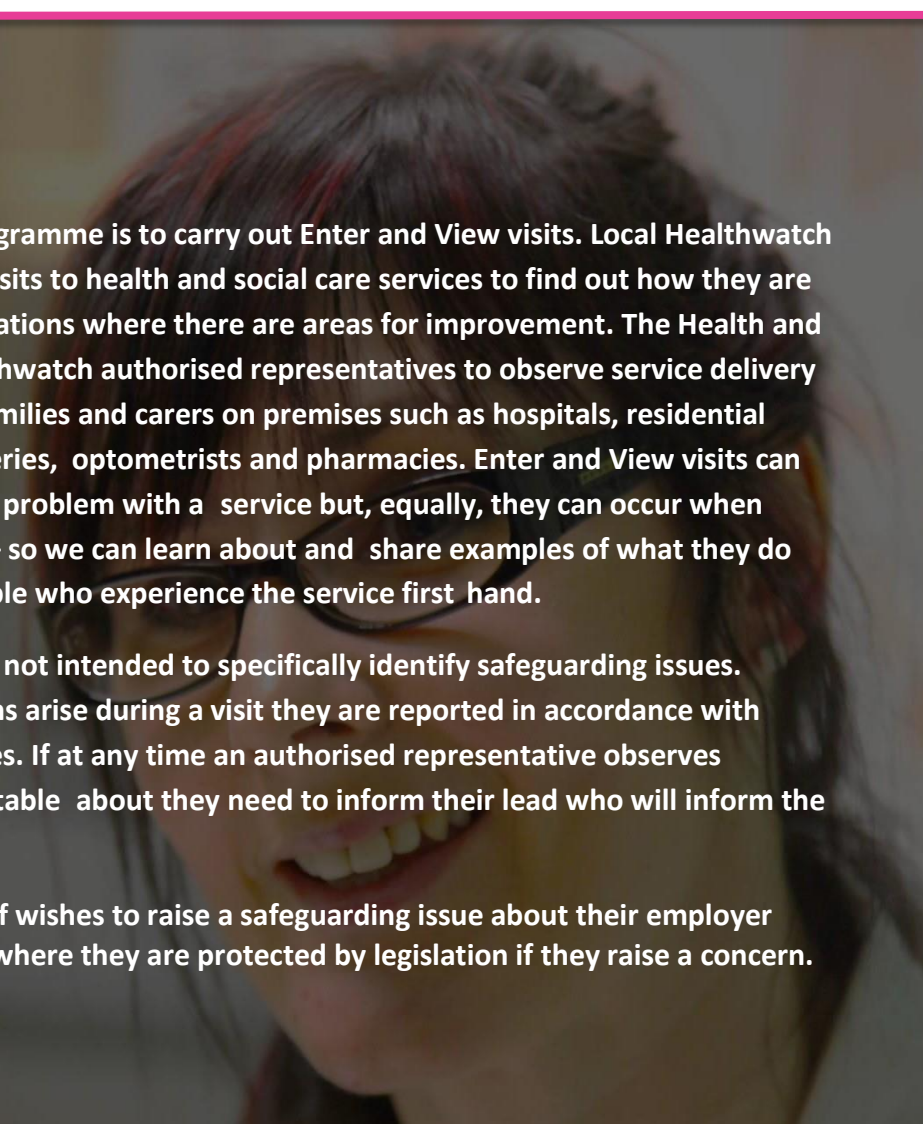
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients, relatives or carers and staff, only an account of what was observed and contributed at the time.

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 are; 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 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 13 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 (Pamela Jackson), 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 any residents 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 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:

- Residents looked tidy and clean, we saw no evidence of concern regarding dignity and respect.
- We saw evidence of pleasant friendly staff interacting with relaxed and smiling residents, positively and regularly, including just checking they were okay if they had been sitting for a while.
- 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 menu, alternatives were offered on request, special diets catered for and assistance to eat and drink provided.
- Staff told us that they enjoyed working for the home and we saw evidence that they received regular training in providing a service centred on dignity and respect.
- We saw evidence of a variety of social activities and that all service users, their family members and the care staff were included and given the opportunity to take part.
- Some rooms need re-allocation for single occupancy, as double rooms remain unoccupied because potentially new residents prefer not to share.
- There was an obvious lack of safe storage space in the home, with potential trip hazards and fire safety risks.

Results of Visit

Southwoods Nursing Home is a large Edwardian style Villa situated in Northallerton town, which is the heartbeat of North Yorkshire; with ample parking and easy, level access to the town centre. It provides 38 registered beds for nursing or residential care, but no dementia care.

Environment (including premises)

There was a homely feel about the place with pictures, plants and ornaments set around the room décor that was sympathetic to the style of the building, however there was a general omission of

room signage and labelling, for example no label on sluice room door.

The visitors signing in book was not immediately obvious and we did not see a sign asking us to sign in, which is especially useful for fire drills.

Our observations suggest that a high standard of hygiene is being maintained. The residents' areas were clean and free from unpleasant smells; we also observed the carpet areas being cleaned while we were there. There were items of general 'clutter' and some rooms used by staff and visitors were 'tired' and ready for refurbishment.

The building is arranged so that the residents can sit out in warmer weather to enjoy the sunshine and garden and there is space for a BBQ area at the rear of the Home.

The corridors were wide with handrails, although not entirely free of obstruction with some wheelchairs left along the corridor outside resident's rooms where space inside the room was cramped. On the day we visited the lift to the first floor was out of use and the repair engineer was present and working on it.

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)

Residents had an assigned named nurse and key member of staff to manage their personal care, showering, bedroom issues, weekly weight measurement, as well as working with relatives to resolve any problems.

Residents told us they were happy with the care they received, and all the residents we saw appeared clean, well nourished, alert and well dressed. However residents in shared rooms sometimes felt a lack of privacy, for example with choice of television program or whether to have it on or off. All rooms had the residents name on the door, and not all rooms had en-suite facilities, although staff informed us that they always provided gowns and other clothing to ensure privacy and dignity when moving between the shower rooms and residents rooms.

Call bells were always answered within 5 minutes when we were there, and we saw evidence of residents having use of walking aids and named wheelchairs for their personal use to enable them independently access the home and go outdoors, with help always nearby if they needed it.

Food

All meals are prepared in the home, with diets and special requirements catered for. We saw evidence of a special meal prepared for a resident who had difficulty swallowing. Breakfast, lunch, tea and morning and afternoon drinks and snacks were available, and when we observed residents eating their lunch and asked about their experience, they all said that the food was excellent.

Visitors and Relatives

Resident and Relative meetings are held quarterly and we observed one of these meetings in progress. 2 residents, 3 relatives and the manager and deputy manager were present at the meeting we observed. Plans for meals on Christmas day, Boxing Day and New Year were discussed and residents and relatives were involved in decision making. A staffing update, planned Christmas fair and other social events were also discussed. And when residents and relatives raised concerns about staff and other protocols with the manager, she sought to assure everyone about resolving all their concerns.

Visitors told us they were made to feel welcome like a part of the family and they were confident their relatives were well cared for. They were offered refreshments when visiting.

Recreational/Social Activities

There is an Activities Assistant who involves the residents as much as possible in the activities she organises. One resident, who really enjoyed folding napkins as an activity, was allowed to do this. Others were reading or making things with the activities co-ordinator. We also understand that exotic animals had been brought into the home to keep the residents entertained, and time was often spent with another resident who was unable to leave his room, engaging him in craft work as a gift for his grandson.

Trips out are organised by bus hire, and we saw evidence of previous visits made to the coast. Locally, walks are taken and staff volunteer to help with family and friends.

Nursing and Other Care Staff

All the staff were smartly dressed in uniform, and were very friendly toward us and the residents. All staff told us that they enjoyed working there and that they had received mandatory training like moving and handling, safeguarding and health and safety. Some have additional skills in dementia care, tissue viability, teaching certificate and palliative care.

We observed excellent, sensitive interaction between staff and residents in a friendly and positive way. Residents sitting in the lounge were spoken to regularly as staff went about their daily duties.

The manager and assistant manager are very passionate about the home, and since coming to post 2 years ago, have been credited with improving the quality of care at the home. We were informed about their plans to transform the corridor upstairs to resemble a "regular street", with paved floor boards and 'brick effect' and wall papers, and resident doors repainted (different colours) to appear like the front door of a regular home. This is all in an effort to improve the experience of residents, and make the care home feel very much like a regular home.

Additional Findings

- The care home had a bed ban imposed 3 years ago by Social Services due to poor care, but this has recently been lifted largely due to the remarkable job of the manager and assistant manager, who came into post 2 years ago, and have successfully transformed the quality of care in the home.
- Physiotherapy, speech therapy and podiatry are referred to the community health care team.
- Residents use their own local dentists and opticians.
- The Home provides respite beds and day care but is not a provider of dementia care
- The manager was concerned that many residents discharged from hospital did not arrive at the home with an up to date care plan, therefore making it difficult for the care home to tailor their services to the needs of the patient. In some cases the care plan arrived a couple of weeks after the resident had been discharged, but only after many enquiries being made by the care home.
- Some resident's notes were left on window ledges and tables, unattended and accessible to passers-by.
- We were informed that Social Services do not often share all useful information about clients they intend to place in the care home either for respite or nursing care, which can sometimes lead to inappropriate placement. In one case a dementia patient was inappropriately placed in the care home by social services, which put unnecessary pressure on staffing resources to appropriately care for the resident.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that patients and relatives felt about the progress the care home has made under the leadership of the manager and assistant manager. However as a result of our observations, we are making the following recommendations:

- There is a need to ensure that there is appropriate signage and labelling for visitors and relatives, for example your sluice room.
- To resolve your lack of storage, and avoid trip and fire safety hazards, you could convert one of your unused double rooms to accommodate your storage needs. We recommend that you review your residents shared rooms.
- Staff should be more vigilant about where they leave confidential resident notes, and always use the available office or staff room to complete any necessary paperwork.

There is potentially an opportunity for the double room to be converted to a single, with the other part used for storage, which could lead to your rooms being fully occupied.

Service Provider response

- There is a need to ensure that there is appropriate signage and labelling for visitors and relatives, for example your sluice room **(To be completed by end December 2014)**.
- Staff should be more vigilant about where they leave confidential resident notes and always use the available office or staff room to complete any necessary paperwork. **(All staff made aware and acted upon)**.

