

Details of visit:

Service address:

16 Station View, Harrogate HG2 7AJ

Service Provider:

Station View – North Yorkshire County Council

Date / Time:

13th August 2015 / 10am – 3pm

Authorised

Sylvia Bagnall (visit lead), Richard Cyster, Gill Braithwaite.

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, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

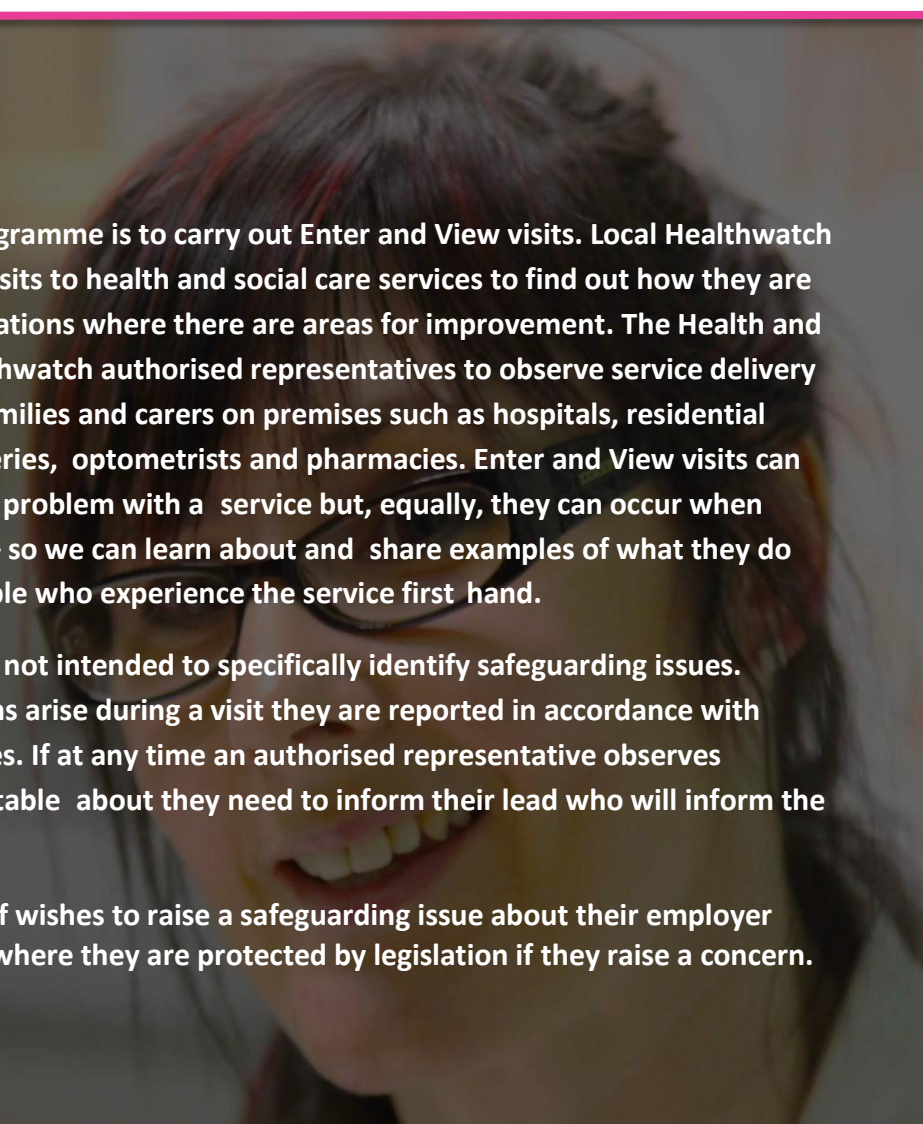
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents, relatives or carers and staff, only an account of what was observed and contributed to at the time.

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.



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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 understand their interactions with staff and the surroundings.

Strategic Drivers

- Contribute to our wider programme of work looking at the quality of care within care homes.
- The relationship between care homes and their local acute hospital, especially when it comes to admission and discharge.
- Responsiveness of Care Home to needs and concerns of residents and their relatives/carers.

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 meeting with the service providers' nominated person 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 three authorised representatives (including the visit lead) visited different areas of the care home, including residents' rooms (supervised). As Station View is geographically divided into three separate areas, Rehabilitation, Interim and Respite/Day Centre, it was appropriate that one representative worked within each of these areas in order to maximise the number of contacts engaged and avoid duplication. The team conducted short interviews using semi-structured interview questions with six members of the staff (including the Deputy Manager and Nominated Lead), eight residents and two relatives/carers.

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 findings of our visit to the acting Manager (Linda Denham), and explained the protocol of 'what happens next' following our visit, including timings and expectations. This allowed the acting 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. Their advice was taken as to whether any residents should not be approached due to their inability to give informed consent or due to safety or other medical reasons. The protocol was strictly adhered to by each member of the visit team, and prior to any conversation with a resident, we introduced ourselves, gave them an explanatory leaflet explaining the 'Enter and View' process 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 with regard to Dignity and Respect.

- Residents looked tidy and clean, we saw no evidence of dignity not being respected
- We saw evidence of staff interacting with residents positively and regularly, including checking they were okay if they had been sitting for a while.
- The Home was very clean and welcoming, with all rooms being very light and airy and of good proportions. Most of the rooms looked on to the gardens, which are very well maintained, colourful and attractive. Chairs are positioned in various locations in order that residents are able to sit quietly if they so choose, or join other residents in communal areas.
- All staff have taken part in dementia training and there is a 'dementia champion'
- As Station View is primarily a short term facility, there is no overall personal alert system; however there is a 'telecare system'. All staff carry pagers which 'bleep' to notify them when a bedroom door is opened, and there are dedicated staff responsible for each unit.

Results of Visit

Station View is a Care Home run by North Yorkshire County Council. It is situated close to a busy main road and a railway level crossing. There is a good sized car park in front of the main entrance which allows easy access for hospital transport and staff/visitor parking. The Home has a total of 39 single rooms (none of which are en-suite), arranged in small clusters of up to 8 in a large, single-storey building.

The Home was opened in 1981 with the objective of providing respite beds clustered in a number of short-stay units. Although officially registered as having 39 rooms only 37 are available due to the need to use two as storage rooms for operational reasons. Its principal function is to provide rehabilitation, assessment, respite care and temporary accommodation whilst residents wait for beds to become available in long-term care homes, or to return home. There were only 16 residents present at the time of our visit.

Environment (including premises)

There are numerous facilities with baths and showers, and these have curtains around them for privacy, with lots of 'handles' for support. This ensures the dignity of the residents, together with a safe environment.

There are a number of inner courtyards and garden/patio areas, however, the layout can be somewhat confusing and signage could possibly be improved. There are various large, airy, bright day rooms with jigsaws, painting equipment books etc. Residents can even take their meals there if they so choose. There are no 'lines of chairs', but small and large tables with chairs available and the spaces are pleasant and welcoming and overlook the gardens which are well tended, colourful and attractive. There is a television set; however, as all rooms also have television sets, watching is not encouraged in the communal areas. These are very much 'hands on' centres and verbal communication is very much encouraged.

The walls are full of bright and colourful paintings, collages etc. completed by residents. These 'communal' rooms are very popular and continuously in use. There are also tables, chairs and umbrellas in the gardens for residents use. These rooms were primarily designed when Station View ran a very successful Day Care Centre with high numbers attending each day. However, the numbers using this service have considerably reduced over the years.

The Home is extremely light and airy and has plenty of natural light. A high standard of hygiene is obviously maintained and the Home was free from any unpleasant smell.

Care (Safe, Caring, Effective & Responsive)

The Home has no medically trained staff and relies on input from the named GP and from District Nurses. Occasionally, residents admitted from hospital find it difficult to manage in the Home environment and have to be referred back. Although all staff have been dementia trained and one of them is a dementia champion, the Home is unable to manage more advanced cases of dementia and will often refer on to Woodfield House which provides a specialist dementia-friendly service.

Due to the location of the Home near a busy main road and a railway line, it is important that staff are immediately aware if any residents have decided to 'go walkabout'. Unless there is a Deprivation of Liberty Safeguard (DoLS) in place, residents are allowed to come and go as they please, although they are encouraged to inform staff if they are leaving the premises. There is a coded lock on both the inside and the outside of the front door. The code is changed frequently but not regularly, and there is a good rationale behind this decision. All other doors to the outside are alarmed so that staff are notified via their beepers whenever one of these doors have been opened.

In keeping with the rehabilitation ethos of the Home, most residents appeared to be ambulant, albeit generally with the assistance of frames or other walking aids. (There are rooms in each 'area' containing equipment aids, such as walking sticks, Zimmer frames etc.). In one of these rooms there are 'steps' to enable residents to practice going up and down stairs. Residents felt they could be

more adventurous in their rehabilitation, knowing that if something happened there would always be a member of staff on hand. They felt they could push themselves further than if they were on their own at home.

Each resident has his or her name written up on a whiteboard in the main office, with discrete codes used to identify different resident needs or wishes. Sensitive or confidential agreements like 'Do Not Resuscitate' agreement is made in partnership with both the resident concerned and their family. We understand that these agreements are discussed with the GP and/or District Nurse on a regular basis.

The name of each resident is on their bedroom door, with a photograph when appropriate and if wished by the resident. Residents' rooms have a 'homely' feel as they can bring in their own clothes and belongings, although sometimes, if this is a very short stay, this is not possible. Residents may have a key to their room should they request this.

Station View is a unique location in that each area has an enclosed garden where residents can sit. As staff are passing each area on a regular basis, they can ensure that residents are safe at all times. All doors to the outside are alarmed. There are orange 'cords' throughout the Home which can be used in an emergency.

There is a small hairdressing salon and a hairdresser visits when required. Residents can either use her service or ask their regular stylist to visit. There is provision for visiting pets and a 'Pets as Therapy' (PAT) dog regularly visits the home. A PAT Donkey had also visited in the past.

Station View has a registered list of primary care services, e.g. dentists, pharmacy, optician, podiatry etc. Residents can either choose to use these or opt for their own preferred service provider, which will always be contacted when requested.

The ethos of Station View is to maximise the incentives for residents to move on, back to independent living, or wherever is appropriate. There are no long-stay residents, reflecting the gradual move away from long-term provision within the County. There is a weekly multi-disciplinary team meeting at which all residents' progress, needs and wishes are discussed.

All documentation relating to residents are brought to this meeting, including a very comprehensive 'Support Plan' containing residents' likes/dislikes/requirements and an Assessment Form showing all medical history and requirements. Occasionally, after a resident is discharged, their bed is kept empty for a few days in case they encounter difficulties and need to return to the Home. Residents generally stay for an average of four weeks, however, due to the complexity of some resident's health and wellbeing needs, this may be somewhat extended.

Food

Meals are prepared on-site working from a menu that repeats every five weeks. Residents are always offered an alternative to the meals on offer generally, and the kitchen can cater for all special diets, including soft food diets. Although there are staff vacancies in the kitchen, there was no reduction in

service standard as staff are very supportive and flexible when help is required. The impact of needing more staff is felt most acutely on a Sunday when a full roast dinner has to be cooked, including alternatives, as well as food to be available for supper also.

Fresh food is generally sourced locally with tinned and other food sourced from Wakefield through the Yorkshire Purchasing Organisation. The kitchen staff are very enthusiastic about the food they serve and do their best to look after the requirements of the residents, whatever that might be.

The kitchens are clean and tidy and very well equipped, and residents advised the food was 'excellent'.

Care Staff

At the time of our visit only 16 people were resident, with 4 having moved on during the previous week. The number of residents for which the Home can comfortably cater for has been limited to 24 due to staffing difficulties. There are a number of vacant posts, including that of a Registered Manager. A proposal is currently under consideration to extend the rehabilitation unit from 8 to 14 beds, dependent on available funding and successful staff recruitment.

The Registered Manager post is currently vacant; however, there is a Deputy Manager in post who has worked at Station View for seven years. After the suspension of two senior staff, the present Deputy Manager has worked hard to improve Station View processes, and is at present arranging staff training and regular staff meetings. However, this is not easy as there are approximately 40 staff and many work different shifts. There is a mixture of younger and older staff, some having worked at the Home for some considerable time.

We felt that the caring attitude of staff and the fact that some have stayed so long at Station View is in part due to the fact that there are no agency staff employed here. All staff are permanent employees recruited through North Yorkshire County Council. There is always a shortage of good suitable staff and, unfortunately, it takes time to find the right people. Meanwhile, the staff are very flexible and are always willing to assist in any way that is appropriate.

The age range of residents varies. Residents can be as young as 50yrs, although generally the age range is between 80 and 100yrs old, with younger residents mostly resident following a stroke episode.

Every resident we talked to had nothing but praise for the staff and their attitude towards residents. Residents felt "comfortable" and "safe" and one resident described Station View as "heaven", and said without it he "wouldn't be here". They felt that all staff were responsive to their needs and went "that extra mile" to provide support and help, whilst encouraging independence, where appropriate.

Visitors and Relatives

As there is often a very high turnover of residents due to the rehabilitative focus of the Home, friends and family are free to come and go as they please. There is a keypad on the door, however, friends and family are given this code when their relative is admitted. If any resident has few or no visitors, social workers are often notified. All relatives/friends are allowed to join residents for meals (for a small charge), as long as this does not upset other residents. Relatives occasionally visit the home before the resident arrives. They are made welcome and shown around, introduced to staff and generally made aware of what Station View has to offer.

Relationship with Local NHS Services

Station View operates chiefly as a respite and rehabilitation service with strong links to the local Social Services Short Term Assessment and Reablement Team (START). Linda Denham, the leader of this team, is based at Station View one day a week and served as the nominated lead during the visit. There is also a good working relationship with the Community Rehabilitation Team, and both START and Stroke Teams are represented at the weekly multi-disciplinary team meetings.

The Home has a good relationship with, and is well supported by, a local Primary Care Practice (Beech House Surgery). There is a named GP (Dr Keenleside), who liaises with the Home and attends whenever required. A District Nurse and a Physiotherapist also visit at least once a day. Residents admitted from outside the area also are registered with Beech House Surgery for the duration of their stay.

In line with its principal functions, the Home receives a large majority of its referrals from Harrogate District Hospital, with whose staff it has an excellent working relationship. Prospective residents are assessed pre-referral by Social Services and then again by staff from Station View. Communication is usually by telephone; however, staff will occasionally visit the hospital in order to conduct the assessment in person. If referral is agreed and appropriate, hospital transport will generally bring them to the home (taxis are occasionally used if appropriate). The journey can be somewhat protracted at times, but residents' experience of poor discharge is always reflected back to the hospital.

INTERVIEWS

Interview with Domestic Assistant

Her responsibilities include cleaning residents' bedrooms, including deep cleaning when they move on, and general cleaning duties. She has been trained as a Domestic Assistant and will always introduce herself to new residents and get to know them while they are at Station View. She has also received training in Food and Hygiene, First Aid and Manual Handling. She thought the services at the Home were good, particularly the activities in the Day Centre, including the library, the knitting

box and the karaoke machine. She feels confident that she can make any concerns known and that they will be dealt with appropriately. She said that she would be happy to recommend the Home to her friends and family and wished that her grandfather had access to similar provision when he needed it.

Interview with Relative

A mother and son were interviewed. The son advised that his mother has been in Rehab for four weeks and is now in respite for four weeks. She is hoping to return home to live with her daughter. He thought the Home to be excellent at meeting his mother's needs, believing that she has progressed well here. He believes that a placement at Station View is quite a sought after option in Harrogate. He felt that Station View was ideal for his mother's needs. Apparently, she is especially happy taking part in the activities on Sundays in the Day room, including the quizzes and the singalongs.

Interview with Interim Resident

This lady had been in Harrogate hospital for six weeks, followed by four weeks in Station View rehab before moving to an interim bed. She strongly felt that the staff were "perfect, wonderful". She had got to know a lot of staff and residents and felt very safe and cared for in the home. Staff helped her to bathe and she enjoyed this. Nothing was "too much trouble". The food was "marvellous, better than a hotel". You could have as much or as little as you liked and choose the day before from a menu. If there was nothing you liked, they would go out of their way to find something for you. She was waiting to go into a new flat near to her son and advised that the physiotherapist would be doing an assessment before she moved to make sure she had all the necessary equipment and support she needed.

Conversation with Senior Resource Worker

This lady had worked at the Home for many years. She had noticed changes over the years from a high use of the day centre to a very low number at the present time. Some residents reduced their hours because of the cost. Obviously, ways of working had changed and become computerised, which was not popular with everyone. Also, most training was now done electronically, which she felt was not particularly effective. She came across as an extremely conscientious person who wanted to help people and make their lives better while they were in the Home.

Interview with a Resource Worker

This lady is a full-time resource worker who worked shifts and her weekend pattern had recently been changed from every other weekend to 2 in 3 weekends, and this had an impact on her social life. She did not receive training after starting in her role due to problems with previous management. However, this was now being addressed by the Deputy Manager was arranging appropriate training through North Yorkshire County Council. She thought that the staff morale was affected by not having a manager in post and at the home every day. She was keen to get to know the personal likes and dislikes of residents; however, this took time and because some residents did not stay for long, it was not always possible to get to know them properly. She felt that if there were

more staff this would improve the personalised care provided to residents. For example, residents could be taken for walks and there would be more time for “chats”.

Interview with Resident

Lady had been in Station View for a month and had received excellent care. She felt her room was very comfortable, she had a lovely view of the garden and could watch the birds on the feeders, which was very therapeutic. She preferred to have her meals in her room and felt the food was excellent with plenty of choice. She only liked very small meals, and the staff respected this. She was being helped to start to walk again after a very traumatic medical procedure but did not feel she was being rushed, just “nicely encouraged”. She could receive visitors at any time and the staff were always around should she need support of any kind. She would recommend Station View to anyone and felt “wherever you were; you could not get better care”.

Additional Findings

- Winter pressures experienced at Harrogate Hospital do on occasion put pressure on Station View to accept new referrals so that hospital beds can be released. However, the needs of the patient are carefully assessed by Station View who will only accept those who will benefit from their services.
- Occasionally, when residents’ medication and other items essential to the safe care of newly referred residents are missing following their discharge from hospital, the hospital is contacted and they send a taxi with ‘whatever’ has been missed .
- There were issues with transport from the hospital and patients were often on transport vehicles for longer than necessary, sometimes up to 4 hours before arrival at the care home.
- Occasionally there were instances of patients being discharged from Harrogate Hospital when the specific patient requirements were not in place at the Home, e.g. non-delivery of special mattress.
- It was observed that chairs around tables were on “sliders” which made it much easier for residents to move backward and forward. Also, some chairs had “shoes” which could be raised and lowered to assist residents with mobility problems.

Recommendations

This report highlights the good practice we observed and reflects the appreciation that residents and relatives felt about the care and support provided. There is no doubt that the staff and management are a group of exceptionally caring people who go about their business professionally, with utmost respect for their residents. As a result of our observations, we would make the following recommendations.

- We believe that the position of Registered Manager should be filled as soon as possible in order to ensure that the high standards of care we observed are maintained and built on. We are aware this situation is being addressed and sincerely hope the right person is recruited as

soon as possible, as there is no doubt that the absence could have an a negative impact on staff morale.

- We believe that good communication between Harrogate hospital and the Home is essential to ensure a smooth transition of newly referred residents. Action is required to ensure that any failings in the current system are addressed, particularly with regard to discharge and transport requirements.
- More high-visibility signage throughout the building would make it easier for residents and family/friends to find their way around.
- Care plans could be redefined and improved to prevent duplication.
- Station View should continue to recruit permanent staff through North Yorkshire County Council.

Service Provider Response

My thanks to Sylvia and colleagues for putting this report together and reflecting Station View in an overall positive light ,the staff will be pleased as they have tried so hard to deliver a high service after the issues with their departed managers.

There are areas in the report that need a little clarification as follows:

Page 4 - Summary of Findings (last point) –There is both a call bell /alert system ,and in addition there is a telecare system which enables the people to experience the use of telecare solutions ,such as the wearing of pendants, wrist band alerts ,bed sensors ,door sensor alerts these can enhance safety for the person whilst in the home ,but also assist with the assessment of what type of telecare equipment will be of benefit when they return home .

Page 4 - last paragraph - The home when originally opened provided both long stay and respite stay beds, over the years it has become a unit for temporary stays only, as it gives more incentive for the people and/or their families to think more about returning home when they can.

Page 8 - Relationship with Local NHS Services (first paragraph) - the Community Rehabilitation Team visit nearly daily to set up and support the residents rehabilitation programmes, and attend the weekly Multi-disciplinary Team meeting.

Page 10 - Additional Findings (3rd bullet point) - We may have exaggerated this somewhat, and I am not sure on numbers and how factual.

RECOMMENDATIONS

In relation to our actions on each of the recommendations:

Point 1 - The post of Registered Manager continues to be advertised and we are endeavouring to fill this as soon as possible; however we want a person of the right calibre so will not recruit unless the person meets all the essential criteria. Meanwhile we are continuing to ensure that the home is supported by Mangers with appropriate experience, knowledge and availability to provide staff with

guidance and encouragement and set and monitor standard of service delivery.

Point 2 - Harrogate District Foundation Trust Hospital value the work that Station View do and have systems in place for reporting and addressing poor discharges. A member of the Station View Multi-disciplinary Team and myself attend a Discharge Steering Group chaired by a senior Manager of the Trust, which is looking at discharge arrangements, and improving communication is one major theme.

Point 3 - We welcome the team pointing out that more high visibility signage would make it easier for residents and family/friends to find their way around; hence we are currently in the process of adding more signage. We are going to ask for feedback from visitors on this and will modify on their comments.

Point 4 - I think the reference to Care plans should possibly be overall records which are NYCC County wide procedures .The staff feel there is a lot of duplication and is not relevant for the purpose of this unit. This is being raised through the appropriate management channels.

Point 5 - We have every intention of continuing to recruit permanent staff through NYCC and not use agency staff.