



Details of visit

Service address:

The Hall, Chestnut Street, Thornton-Le-Dale, North Yorkshire,

Service Provider:

York Heritage

Date and Time:

10th November 2015

Authorised

Chris Gosling (Lead), Dawn Hodge, Ann Barnes and Julie Janes

Representatives:

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.

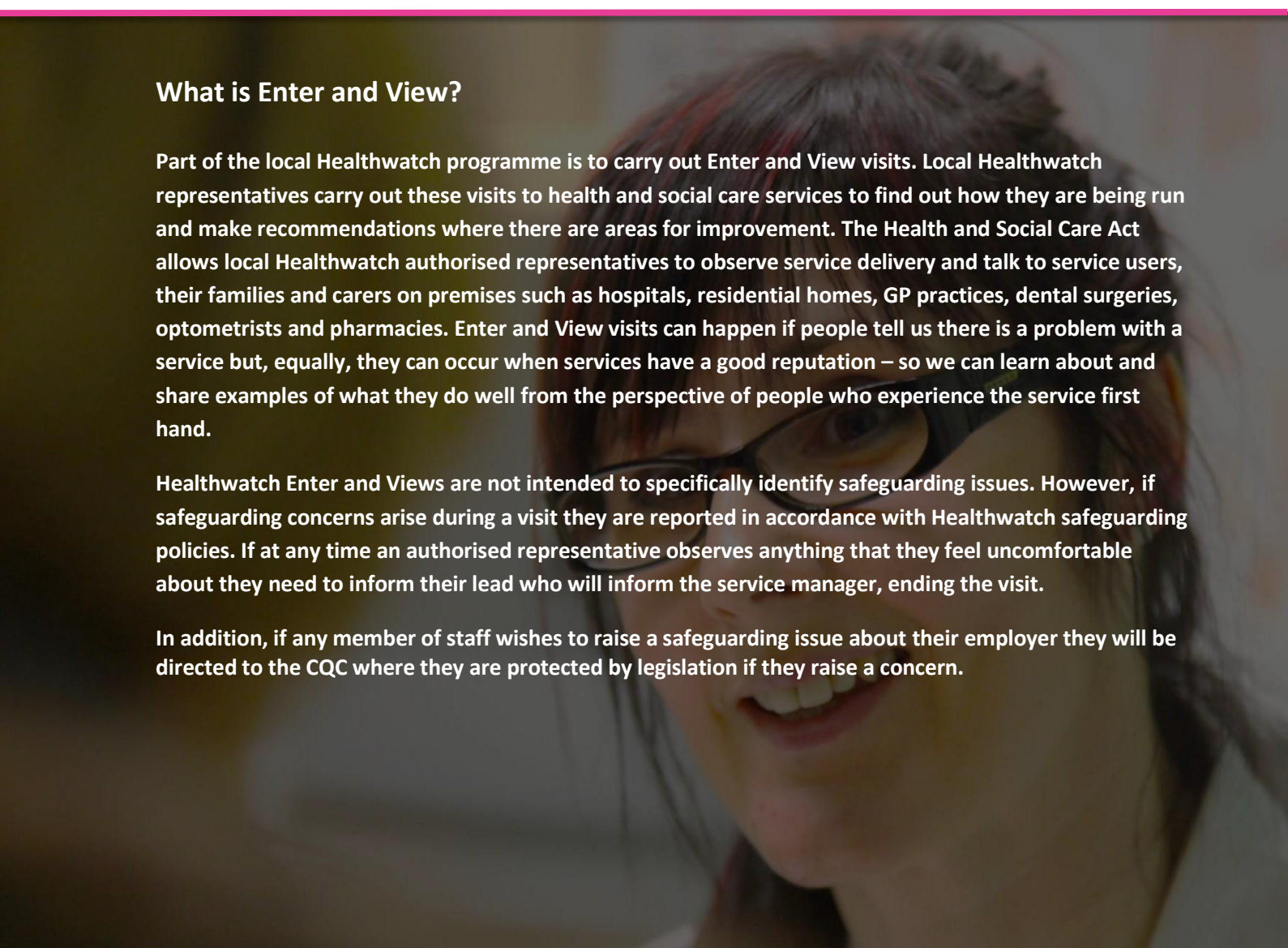


What is Enter and View?

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 gathering evidence on our 3 Health and Social Care priorities for 2015/16, which are: the Care Home relationship with the local hospital; experience of discharge from the local hospital (residents and staff); and responsiveness of the Care Home to the needs and concerns of residents and relatives/carers.

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.



Summary of findings

At the time of our visit, our overall observations show that the Home is extremely well run and effective in giving a very good standard of care. The interests of the residents were of paramount importance in the running of the Home.

- All Staff are well trained, experienced and deliver care to a very high standard.
- Residents' rooms and suites are maintained to a high standard and all have excellent en-suite facilities.
- The Management and Staff are always keen to develop new practices to improve care for the residents.
- The Activities co-ordinator is successful in arranging a wide range of activities with a good degree of active participation from the residents.
- The Home is not a Nursing home but has excellent support from the GP practices and the Community Nurses.
- The Home is very well integrated into the local community and the owner, Mr Chris Mitchell, plays a very active part in the running of the Home and is known to many of the residents and to staff.



Results of Visit

Thornton-le-Dale has a population of a little under 2000 and at its centre is The Hall Residential Care Home, which was formed in the 1600s as a gentlemen's residence. As such it is a Grade 2 listed building. A large extension was added in the 1960s and a smaller one a few years ago. Both extensions added suites with their own lounge and en-suite facilities. The home has 47 bedrooms.

ENVIRONMENT (INCLUDING PREMISES)

The Hall Care Home is an imposing building and is beautifully situated very close to the centre of the village. It is surrounded by gardens with the local beck running alongside. There is a large car park. As the building is Grade 2 listed this has prohibited further development, such as a conservatory, but recently the home did obtain permission to install an additional lift in the premises.

The entrance lobby is secure and contains names and photos of the on-duty staff, as well as the usual administration notices. The Reception area is a busy crossroads and the desk appears to always be manned during office hours. All public areas have high quality carpet fitted for the safety of residents (they do not have to walk on slippery floors) and there is a policy of renewing the carpet every 2 years.

The standard of decoration is very good with walls not having the usual scuff marks from wheelchairs and walking frames. The furniture looks comfortable and of high quality. As well as the main lounge and a good sized dining room, there is a quiet room plus other sitting areas scattered around. Being an old building some of the long corridors are sloping with variable widths and we did not observe anywhere that allows 2 wheelchairs to pass each other in the corridors.

There are five housekeeping staff who very much arrange holidays between themselves. We noticed that the Home was very clean and tidy during our visit. Each bedroom or suite has a deep clean each week and after the housekeeping staff go off duty at 3:30pm it is the responsibility of the carers to clean up any spills etc.

Residents are allowed to decorate their rooms as they wish and also move in their own furniture and hang their own pictures etc. from the walls, which the full time maintenance worker normally carries out. The curtains in residents' rooms are different to make each room individual, and one area of innovation is that all the doors to residents' rooms are fitted out as a front door, all with similar door knockers. This is to enforce to the residents that this is the front door to their own home. They can decorate their doors in whatever colour they wish, except for blue as this is reserved for toilet doors. The resident of room number 10 chose black for obvious reasons and it looks exactly like No 10 Downing Street. We were told that this innovation has since been adopted by other care homes. The en-suite facilities are equipped and maintained to a very high standard.

The manager of the Home does a 'clip-board' tour of the building each morning to note changes of care for residents and also jobs that need doing. These are then entered in the Communication Book and the Domestic/Maintenance Book so that all staff are aware of any problems. This might sound a little over complicated but the system works and the care of the residents, the cleanliness and good decorative order of the Home all bear evidence to this.

CARE (SAFE, CARING, EFFECTIVE AND RESPONSIVE)

The Home does take residents diagnosed with dementia and there is no segregation or 'secure' area for residents with dementia as they are allowed access to all public areas of the home. Access and exit to/from the Home is carefully monitored and the Home does not accept 'wanderers' as residents.

The interaction between staff and residents was friendly and caring with staff obviously knowing the residents' personal circumstances. All the residents that we spoke to praised the care and thoughtfulness of the staff.

At lunch we observed two carers and one resident's husband helping residents to eat and making and engaging in conversation. In the dining room there was a great deal of conversation and a hub of activity – possibly unusual in care home dining rooms. Staff were sensitive to the residents' sensory needs by bending down/kneeling to talk to them, although on one occasion one member of staff was rather loud in asking questions about progress with eating a meal whilst still approaching the resident.

The Home has a defibrillator but ensures it is only used on residents who wish. This is highlighted through having a red heart sticker attached to the emergency call button if the resident has made a DNAR declaration. If the resident dies in their room a butterfly sticker is also attached to the name tag to inform housekeeping staff of the situation.

The Home also has 3 local DBS checked volunteers who do one to one activities with residents who stay in their rooms, whether this be reading, watching football or any activity of interest to the resident. The Home also encourages residents and their families to use Skype etc. as Wi-Fi is boosted around the Home. The management encourages the residents' families and friends to maintain contact, allow visiting at any time and will print emails in large print for them. There is a monthly Newsletter for residents and their families, with the September copy giving details of events and new staff- members, as well as advance notice of the residents' meeting and also the Family Forum where families can meet the Owner and ask questions. Details were also given about the annual hosting of free Christmas lunches on 7th, 8th and 9th December for all people over 65 living in Thornton-le-Dale. The Home also gives a free Sunday Lunch to families who are visiting their relative on that day, and even to someone who still visits for Sunday lunch even though his relative passed away some time ago.

The Home has a well-equipped hairdressing salon and when hairdressing is taking place it is turned into a social occasion for gossip and socialising for both men and women.

FOOD

The daily meals are Breakfast, which is served in rooms, although some early risers might have it in the dining room. Coffee/tea and biscuits is served at 10:30am, and we saw Lunch being served in the dining room. At 3:15pm there is afternoon tea and 5.30pm there is supper in the dining room. There is a monthly rotation of the menu for lunch with at least two choices for the 3 courses. The menu is displayed on the door and pictures of the food for those that require it. Residents do not have to choose what they require to eat until they arrive in the dining room. Special diets are catered for and a 'soft menu' is available.

The kitchen itself is large and well equipped as the kitchen used to serve both the Home and an attached restaurant. If some residents are in need of extra nutrition, the staff know about the situation and monitor what is being consumed. The residents that we talked to said that they enjoyed the food.

CARE STAFF

The care home provides all new residents with a service user guide, which contains the names and qualifications of all staff. The senior care assistants are trained to NVQ Level 3 and Care Assistants NVQ Level 2, or in a few cases working towards a NVQ Level 2.

Care staff that we talked to were very positive about their training, with mandatory training covering the usual subjects but in addition all staff were trained in dementia, end of life care and food hygiene. This ensured that staff were able to cover staff shortages in areas that they were not normally employed in and also understand the needs and requirements of the residents. If care staff have a particular interest in a relevant course, i.e. diabetes, then this can be arranged with the agreement of the Manager and Owner. The Owner, Mr Chris Mitchell is particularly interested in dementia and has just taken a degree in dementia so that he can input more into their care. The Home also offers dementia training to family and friends so that they understood the stages of the illness.

Key workers were each responsible for 2 residents with daily notes in the residents' logs. These were then updated on a monthly basis into the care plans and any deterioration or improvement noted, and possibly entered into the Communication Book.

The Activities Organiser takes a very active role in the Home with a great deal of success. As she is from Thornton-le-Dale her links with the community are well placed. She has managed to bring the community into the Home with the full support of the Manager and the Owner. The activities programme is in large print, with some inventive pictures included, and shows a host of activities from nail painting (for the ladies), poppy making, quizzes, games afternoons and exercise and music to name but a few.

Although care staff are very busy, and at night there are 2 hour observations, they are very supportive of each other. Several staff have been there for many years and one member of staff recently moved to Scarborough but continued working at The Hall despite a 1 hour daily commute. When asked "What needs to change?" she was stumped to come up with a suggestion.

There has been active discussion between Care Staff and the Manager over shift patterns and workload. As a result, extra Care Staff were added for a 07:00am until 1.00pm shift in order to reduce the night shift workload. All staff are able to book holidays several months in advance and they cover for each other for absence. As a result of this cooperation the Home do not use expensive agency staff or bank staff. The Manager is very proud and supportive of her staff

VISITORS AND RELATIVES

The Home actively engages with relatives, carers and friends of the residents, and as a result of this pro-active policy none of the residents at the moment have no visitors. The policy of relatives/carers being able to stay for Sunday lunch for no charge must make life much simpler for the visiting family and encourages visiting. Due to a rather late request from us the Manager was not able to arrange an interview with a resident's relative/carer but I did make contact with one family member, who was rather in a hurry, but he did say that his mother was very happy in the Home.

RELATIONSHIPS WITH LOCAL SERVICES

The home is not a nursing home but has a very close relationship with two GP surgeries. These are Pickering and Sninton (a surgery run by West Ayton GP surgery) and their GPs and Community Nurses provide a 'fantastic' service. Staff are on first name terms with the Community Nurses who at the moment call in every day to administer to two insulin dependent diabetic residents. A chiropodist also calls once every 6 weeks.

The Home has a policy for transfer of residents either to another home, or in emergency situations to Hospital, and the 'falls policy' covers observations hourly for the first 6 hours and then 2 hourly observations if there is no obvious injury. If an injury is obvious either the GP or ambulance will be called.

If a resident needs extra nutrition an appointment with a Hospital dietician is normally sought. On average this results in an 8 week wait and then the dietician requires a 4 week dietary history of the resident. By this time the Home has in most cases managed to establish a weight gaining programme that is producing positive results.

Discharge from Hospital to the Home can be challenging in that there has been instances of residents being discharged very late into the night, even when the Home had been informed that the resident would not be discharged. In order to reduce distress for the resident the Home will always accept the resident. The management of the Home realise why this is happening but it is of no comfort for the resident.



Recommendations

This is a very well run and managed Care Home so there is little that we can recommend in the way of improvements. We did think though that some better signage for toilets on the ground floor would be helpful for visitors.

Service Provider response

No response was received from the Service Provider.