healthwatch North Yorkshire
Improving Health & Social Care Together

Details of visit:

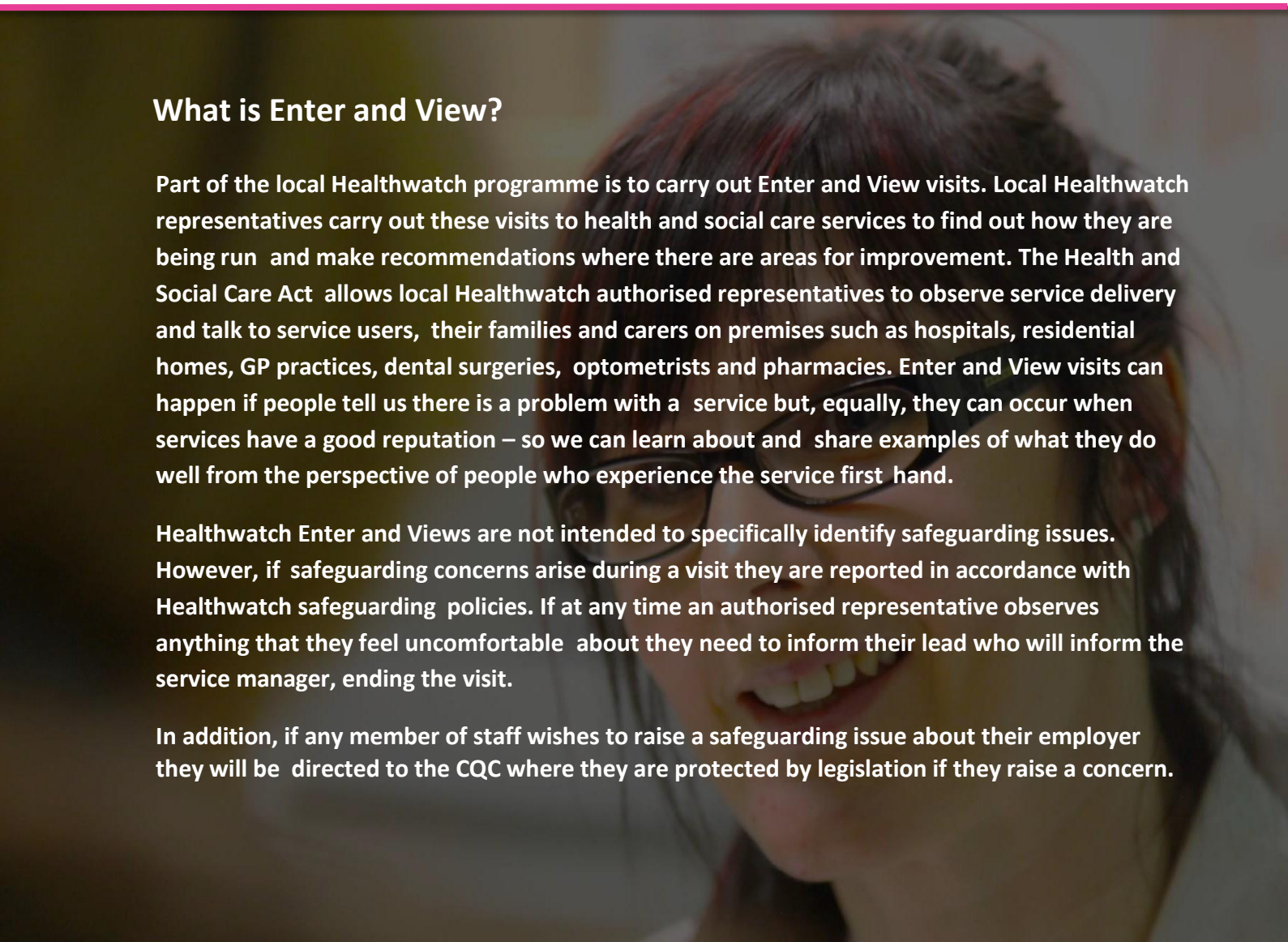
Service address:	Station Road, Threshfield, Skipton, North Yorkshire BD23 5ET
Service Provider:	Threshfield Court Care Home – Barchester Healthcare Limited
Date / Time:	30th September 2015 / 11am – 3pm
Authorised Representatives:	Gill Stone (visit lead), Patricia Staynes, Richard Cyster
Contact details:	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 patients, 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.

Contents

Purpose of the visit

- To gather the views of residents, relatives and staff in relation to their experiences and views about the care 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 looking at the quality of care within care homes in North Yorkshire.
- 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.

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 to telephone 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 three authorised representatives (including the visit lead) visited different areas of the care home, including residents' rooms (supervised). The visit lead allocated each authourised representative, including themselves, specific staff and residents to consult in order to maximise the number of contacts engaged and avoid duplication of contacts. 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 17 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, the facilities 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, Liz

Hodgkinson, and explained the protocol for "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 there were any residents who should not be approached due to their inability to give informed consent, or due to safety or any other medical reasons. We had previously been advised that of the 52 current residents there were only 3 or 4 who had total mental capacity. This protocol was strictly adhered to by each member of the visit team, and prior to any conversation being held with a resident, we introduced ourselves, offered 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 Home on entry is clean and well cared for, with all rooms viewed, being of good proportions.
- All bedrooms with the exception of 2 rooms are single occupancy. There is only one double room and a large single that could be used as a double room if required.
- Most bedrooms have en suite facilities of a washbasin and toilet but no shower or bath. There is shower and bathroom facilities on each floor with a wet room on the second floor
- There are only 2 bedrooms on the ground floor that have en-suite facilities.
- All bedrooms are equipped with an emergency call system which can only be cancelled by staff attending the room. Where residents have more advanced stages of dementia and staff need to be more vigilant, then bedroom doors can be alarmed so that care staff are alerted when a resident leaves their bedroom and wanders, which is particularly useful at night.
- There is an activities and outings programme for residents devised by the activities coordinators, although one of three coordinators is currently on long term sick.
- There is no specific facility for a family member to stay overnight, although subject to room availability this could be catered for.
- The Home, residents and staff appear well integrated into the local community where many of the residents originally resided, and from where relatives visit regularly, some daily.

Results of Visit

Threshfield Court care and nursing home is an imposing three storey building in extensive, well stocked and maintained grounds. It was formerly a country house hotel and sits within attractively landscaped and well-maintained gardens, which attract a wealth of wildlife. The home is part of Barchester Healthcare Limited who own and manage several care homes in North Yorkshire and throughout the UK. Threshfield Court provides 24-hour nursing care for older people as well as specialist care for people living with dementia in their Memory Lane Community, for which Threshfield Court has received recognition over the last few years. The home has the capacity to accommodate up to 58 residents across three separate floors with varying designs to meet different needs.

Environment (including premises)

Threshfield Court has a pleasant, clean spacious feel on first entering the building. In the café area where visitors and residents can sit and chat, there was a prominent notice board with photos of recent activities undertaken by residents to Kilnsey Farm and Grassington, and flag bunting around the walls. The ground floor accommodation is for frail elderly residents of which at the time of the Observation there were 28. The ground floor has 2 spacious well-furnished lounges and a very attractive, well lit, dining room with small dining tables that each seat 4 residents. Each table was attractively presented with linen napkins and a vase of flowers. There were 17 place settings laid for lunch on the day of our observation. The menu for the day was displayed prominently, with the lunch choices of tuna steak and roast pork. Residents have the choice of eating in the dining room, their own room or in adjacent lounges if they prefer. There are carers on hand to assist with feeding if needed.

At the time of observation there were activities, involving wooden hoops and balloons, taking place in one of the lounges with 8 residents present. Visitors, including a dog, coming and going to see friends and relatives as the Home tends to accommodate people from Threshfield and the surrounding environs. Access and exit from the secured building is by keypad, the combination for which is skillfully disguised. The lift to upper floors is also keypad controlled and 'timed out' in a similar manner to the external doors.

The first floor accommodates up to 21 residents with varying degrees of dementia, in two separate living areas with dining and lounge facilities, "Memory Lane" incorporates the Coniston and Hebden units for residents with dementia. Both areas are secure with access via keypads to both the lift and doors. Coniston had 11 residents, some of whom had visitors at the time of our observation. This area had memory boxes on residents' bedroom doors containing memorabilia from their past experiences. The wall furnishings and decorations were vibrant, with photos and pictures on the walls of past times. Hebden unit had 8 residents although this unit could accommodate more residents but the isolation of some bedrooms made it difficult for staff to monitor and supervise in a totally safe environment.

Overall these two units had what appeared to be a convoluted design arrangement due essentially to the configuration of the rooms and narrow corridors on this floor. The furniture and fittings in the

dining rooms and lounges were not as commodious as those on the ground floor, and it was noted that no flowers or linen napkins were provided on any of the dining tables on this floor.

The third floor accommodates 10 residents, again with their own dining and lounge facilities with secure lift and door access to the area via keypad. Again on this floor there are memory boxes on residents' bedroom doors containing personal items. This appears an easier unit to supervise than that on the second floor with only 1 main corridor from which most rooms open onto. 'On all floors there were some butterflies on bedroom doors indicating that anyone passing should "pop in". The dining room had the daily menu on display as on the other floors.

It was noted by all the observers that particularly on the second and third floors of the Home there were unpleasant odours prevailing.

It was also commented that although the Home has 52 residents, all of which, with the exception of 3 or 4 have some level of cognitive impairment, that the flooring, décor and signage throughout the Home were not consistently dementia friendly. Similarly it was observed that there appeared to be a lack of hand gel dispensers for hand hygiene purposes in any of the areas observed.

Residents

The average age of residents in the Home is 80 years, and apart from 4 residents, the remaining 48 have some level of cognitive impairment. Referral for admittance to the Home can be from the family, GP, hospital or another Home. An in depth assessment is carried out to assess suitability for admittance, some applicants are refused due to lack of suitability and potential behavioural problems that could be disruptive and disturbing for existing residents.

We spoke to 3 residents on the ground floor who indicated they were happy in the home and felt safe and comfortable in the environment. They said staff were kind and helpful to them, always tried to listen to what the residents were saying, particularly if a resident was upset, although residents felt that staff were usually very busy, and hence did not like to bother staff.

One resident commented that she felt the gardens and grounds made a huge difference to the Home and she loved being surrounded by greenery.

We observed the interaction between staff and residents during our visit and over the lunchtime. There were several residents attending the ground floor dining room for their lunch, with varying degrees of assistance to eat their food, albeit some were much slower than others, but there were staff on hand to help where it was required. A few residents remained at their table after lunch and appeared to doze, while others sat in lounge chairs also sleeping. There appeared to be little or no interaction between different residents.

There was one resident recently admitted to the Home with an End of Life prognosis. However it appears she improved, and on the day of our observation was sitting in the lounge.

Food

We observed lunchtime in the ground floor dining room where the daily menu was posted on the Notice board next to the kitchen area. Speaking to a staff member in Hotel Services, who has been at the Home 15 years, the menu is rotated on a 5 weekly basis. She serves the meals and carers assist where a resident needs help. There are drink stations provided on the ground floor so that residents can keep hydrated, as well as having drinks provided at mealtimes. Wet wipes are provided after meals to residents.

Nursing and Other Care Staff

Nursing staff and Carers were appropriately dressed for their workplace, although none of them wore a uniform to identify their position, but they did wear a name and identity badge.

We spoke to Nursing Staff, Care Assistants and Administrators, several of whom had been working at the Home for many years. They all enjoyed their work and the friendly staff environment, they all knew the residents in their areas well, and usually called them by their Christian names. Staff are encouraged to interact with residents in order to understand them and their background, their needs and wishes in order to provide “person centered” care around each individual resident. One Carer said she was a key worker to 4 residents, with each resident having their own personal care plan which is reviewed twice a day. Staff were aware of how concerns were dealt with, if any issues arose who they reported to.

Most staff have had training whilst at the Home, including NVQ's in Health & Social Care, and more specific training like Moving and Handling, Pressure Sores and Continence as well as Safeguarding Adults and Deprivation of Liberty Safeguards (DoLS). Most of the staff we spoke to were not first aid trained, but are required to keep all their other training up to date with the assistance of the deputy manager, who is also the in-house trainer. We were advised that nursing staff do have training in End of Life care.

We were informed that due to their rural location, recruiting staff, particularly nursing staff, could be difficult especially if the applicant does not drive because public transport is almost non-existent. The Home has to use agency nursing staff to meet their staffing needs. Current staffing in the Home is 2 Nurses and 9 Carers during the day, and 2 Nurses and 5 Carers at night.

We also spoke to the lady from Quality Improvement Community Service visiting the second floor. She advised that she was one of 3 part time and 1 full time members of staff based at Fisher Medical Centre, one of the local GP Practices in Skipton. This GP Practice has the responsibility for all the Care Homes in Craven in terms of promoting quality care and assisting in developing and agreeing Advanced Care Plans with each resident in the Home.

Visitors and Relatives

We had the opportunity to speak to three relatives, all male with wives or mothers resident within the care home. Two of the relatives were pleased with the Home, one relative said his mother had visibly improved since being admitted, in that she had regular meals and was encouraged to eat by the care staff. He felt he was kept fully informed of his mother's progress and he would know what to do if he had any concerns. Of these two relatives, one lived locally and was happy that his wife was now safe and secure in the Home as he could no longer look after her safely at home. He thought the personal care she received and the care staff were "marvelous". He could visit every day, help feed his wife meals, watch T.V. with her or join in the sing along if he wanted. In essence he was allowed to come and go as he wished.

The third relative was less impressed with the Home, His mother has been at Threshfield for a few years and is a resident on the second floor which according to him was 2nd class accommodation compared to that on the ground floor. The dining furniture was in poor condition, there were no flowers, fruit or table linen, and there was a lack of activities or mental stimulation for residents like his mother. His major annoyance however was with the 14^{o}C temperature on the second floor, caused by problems with the new heating system and a total lack of alternative heating for the residents. He was so annoyed he removed his mother temporarily from the Home. He stated that it took 12-15 hours to get some heaters into the Home, during which time residents were getting colder. He felt there was weak management in letting such a situation arise in the first place. He also pointed out that normally there was no music in the Home and that the pictures on the second floor had only been put up the day previous to our observation, in his words "all dressed up for your benefit". He did however provide a copy of the letter of apology from Barchester Healthcare to relatives about the problems arising from the new heating system.

Additional Findings

- The Home has the facility of Telemedicine access to Airedale Hospital where a medical diagnosis can be obtained immediately via a video link from a resident's bedside. One staff member said that Telemedicine was a "God send" as the system can help prevent disruptive and sometimes unnecessary late night trips to hospital and a long wait in Accident and Emergency.
- We were advised that volunteers from the local community drop in sometimes to help in the Home.
- Unfortunately the Home was unable to quantify the average number of times telemedicine was actually used each month, but did advise that this information would be held by the local CCG if required.
- Community Nurses visit weekly and the local GP from Grassington will attend when needed.
- The Home is already implementing Advanced Care Plans for residents, with the assistance of the Quality Improvement Community Service from Fisher Medical, so that a resident's needs and wishes for their end of life care can be documented and then subsequently acted upon.
- The Home benefits from a delightful garden and grounds and yet during our observation on a

warm, sunny September day, there was not one resident walking or sitting in the garden.

- The Home has had 3 managers since the last CQC Inspection in 2013, with the current incumbent being in post only since June 2015.
- Within the grounds of the Home is sheltered housing - The Stables, and speaking to one of the residents, who owns her bungalow, she said that she has the use of the facilities in the Home and goes to a coffee morning each month. Her bungalow has a call button to the Home in case of an emergency.
- This Care Home has strong links with the local rural community of Threshfield, where most of the residents previously lived.

Recommendations

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

- Consider more indoor activities in all units to stimulate dementia residents.
- The Home should be more consistently dementia friendly in its flooring, décor and signage in all areas for residents.
- Utilise the garden and grounds more, either for walks with relatives, sitting, reading or suitable outdoor activities.
- Address the pervading unpleasant odours on the second and third floors.
- Implement hand gel dispensers or appropriate and accessible hand washing facilities, particularly near dining areas.
- Consider First Aid training for all Care Assistants.

Service Provider response

Page 6, third paragraph - point to note that hand gel dispensers are not used routinely by Barchester Healthcare and the local CCG infection control team are aware and have not raised this as a concern. Hand sanitiser is in reception and at the entrances to all of our communities. Hand gel is placed outside the rooms of residents if an outbreak occurs and at that point we would follow the guidance supplied by the local CCG Infection Control Team.

Page 8, second paragraph - point to note that the lowest temperature recorded at the time of our heating issue was 16◦ C although the home and Barchester Healthcare have acknowledged that the temporary measures taken initially in response to this were insufficient. Additionally a radio/CD player is located on Coniston that is often on. The home acknowledges that the content of this paragraph was as reported to Healthwatch North Yorkshire from a relative.

Response to Recommendations:

- Via the Dementia Care link nurse carers are being encouraged to utilise the available resources to help stimulate dementia residents to compliment the activities team provision.
- The overall environment will be reviewed with the support of the Barchester Healthcare Dementia Care Support Team to work towards improving the environment.
- Via the Dementia Care link nurse carers are being encouraged to consider opportunities to take residents out into the garden when the weather permits to compliment the activities team provision.
- A full deep clean has already taken place throughout the home to address the unpleasant odours encountered and this is monitored on a daily basis by the management team. If this proves not to be successful and the odour returns, a rolling programme of refurbishment is in place and a new carpet will be requested.
- Hand gel dispensers contravene Barchester Healthcare Policy but all staff ensure that they wash their hands in line with the Barchester Healthcare Food Hygiene and Infection Control Policies and the local CCG Infection Control Policy. Hand sanitiser is in reception and at the entrances to all of our communities. Hand gel is placed outside the rooms of residents if an outbreak occurs and at that point we would follow the guidance supplied by the local CCG Infection Control Team.
- All nurses have First Aid training to ensure that there is always at least two first aiders on site and this training is also offered to the care assistants and activities team some of whom have also had the training prior to the Healthwatch visit.