



**Ryan Care Residential Home**

April 9<sup>th</sup> 2014

**Enter & View report**



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## ACKNOWLEDGEMENTS

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Healthwatch Halton would like to thank the residents and staff at Ryan Care Residential Home for their time and consideration during our visit.

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## WHAT IS ENTER & VIEW

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People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is not to seek out faults with local services, but to consider the standard and provision of care services and how they may be improved.

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## VISIT DETAILS

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Centre Details	
Name of care centre:	Ryan Care Residential
Address:	Elaine Price Court Balfour Street Runcorn Cheshire WA7 4QT
Telephone number:	(01928) 775029
Email address:	
Name of registered provider(s):	T. Ryan
Name of registered manager (if applicable)	Rachel Barry
Type of registration:	Care home service without nursing
Number of places registered:	15

The Enter and View visit was conducted on 9<sup>th</sup> April from 2.00pm to 4.15pm

The Healthwatch Halton Enter and View Team were:

- Sue Ellison
- Dave Wilson

### Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

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## OBSERVATIONS

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Ryan Care Residential Home is a family run care home which provides support and personal care for up to fifteen older people. It is situated close to Runcorn old town, within a short distance of the railway station.

There is a small car park situated close to the home, we had no difficulties in parking as there were plenty of spare spaces at the time of our visit. We did notice that there were no obvious signs from the road to direct visitors.

Situated next to the home is some sheltered housing accommodation - with a separate entrance, which might confuse first time visitors, who could mistake it for Ryan Care Residential Care Home.

The outside of the building was well maintained and clean.

On arrival at the home we were greeted by the manager, Rachel Barry, and we were asked to sign the visitor's book. There is a small area, near the main door, as you enter, which had several framed photographs displayed.

We were invited in to the manager's office by Rachel and we explained the purpose of our visit. We explained the role of Healthwatch Halton and gave Rachel a number of leaflets on Healthwatch.

We asked about the possible confusion for visitors, with the sheltered housing situated in the building next to Ryan Care. Rachel explained that new signage was being arranged which should make it clearer, as this concern had been raised previously by visitors.

Rachel informed us that the Residential Home is a Family run business, which includes her parents, though she said that as manager she makes the final decisions on all matters, and that her family members are treated no differently from other staff members.

The home has 15 residents, 3 men and 12 women, ages range from 60 to 96 - at the time of the visit. We were told that there is currently a waiting list for new residents and there is a low turnover.

The manager runs an open door policy for residents and family members who wish to discuss anything with her. Monthly meetings with residents and families are also arranged.

We discussed residents care plans with the manager and were told that they are reviewed and updated monthly, though many are updated during the month. We were informed that medication is also regularly reviewed. A senior carer administers medication, which is controlled and signed by 2 other staff members.

We were told that there is on-going training for staff e.g. safeguarding, dementia etc. and that Rachel has taken part in the Six Steps training with the Advanced Care Planning Team. All new staff complete an induction training programme and all staff had regular supervision meetings with the manager.

A pharmacist based in St. Helens provides the majority of the Medication, though a local Chemist is used if needed.

We were told that residents can keep their existing GP when they move to the home.

A dental service, chiropodist and hearing aid services are also provided for residents to access.

A Hairdresser is available at the home on Fridays.

Rachel explained that meals for the residents are produced on site and that all menus have a choice of foods, snacks and drinks are also available throughout the day.

There are regular Bingo and Quiz sessions as well as regular sing-a-longs. Residents were taking part in a quiz when we first arrived at the home and were all enjoying a sing-a-long when we had a tour around the home.

Resident's families often take an active part in raising funds to provide extra treats for Residents. A recent Mother's Day Walk raised over £400.

Following our chat with the manager we were given a guided tour of the home and given the opportunity to meet with and talk to residents and visiting relatives.

The home has a large central area which acts as lounge and dining area. It has comfortable sofas, coffee tables and a larger table with dining chairs. A juke-box was playing music to entertain the residents. A number of residents and relatives were sitting in the lounge.

We spoke with the husband of one resident who told us that he was very pleased with the staff and the care at the home which his wife had been receiving since she became a resident. He said that he could speak to the staff if he had any questions.

A resident, who a member of the visiting team sat with, was sitting with one of the soft toys - several of which were situated around the room - in this case a life size fluffy white dog, while another resident was stroking a fluffy toy cat which purred and meowed. The resident seemed to enjoy the interaction with the toy cat. The residents seemed to be comforted and amused by them.

The residents we saw looked well cared for and dressed appropriately.

We were shown around the home and viewed some of the residents rooms, which seemed bright and quite generous in size. We spoke with one male resident who was watching TV in his room. The room was bright and airy. He said that he was very well looked after at the home and the staff were very nice and really helpful. He was very cheerful and spoke with us at length about his life in the Navy.

Throughout our visit there was a pleasant and relaxed atmosphere within the home with plenty of interaction between residents, visitors and staff.

At the end of our visit, we thanked the manager & staff for answering our questions and showing us around the home.

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## SUMMARY

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Ryan Care Residential Home is a small, family run, care home. The home had a warm, friendly and welcoming atmosphere.

The residents & relatives we spoke with were very happy both with the home and the high levels of care offered by the staff.

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## RECOMMENDATIONS

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- Improve signage outside the building to cut confusion with the adjoining Sheltered Housing unit.
- Continue with the good practice that is already taking place in the home

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# APPENDIX 1

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## The Dignity Factors

Research indicates that there are eight main factors that promote dignity in care. Each of these Dignity Factors contributes to a person's sense of self respect, and they should all be present in care.

### 1. Control and choice in practice

- Take time to understand and know the person, their previous lives and past achievements, and support people to develop 'life story books'
- Treat people as equals, ensuring they remain in control of what happens to them.
- Empower people by making sure they have access to jargon-free information about services when they want or need it.
- Ensure that people are fully involved in any decision that affects their care, including personal decisions (such as what to eat, what to wear and what time to go to bed), and wider decisions about the service or establishment (such as menu planning or recruiting new staff).
- Don't assume that people are not able to make decisions.
- Value the time spent supporting people with decision-making as much as the time spent doing other tasks.
- Provide opportunities for people to participate as fully as they can at all levels of the service, including the day-to-day running of the service.
- Ensure that staff have the necessary skills to include people with cognitive or communication difficulties in decision-making. For example, 'full documentation of a person's previous history, preferences and habits' can be used by staff to support 'choices consistent with the person's character'. (Randers and Mattiasson, 2004).
- Identify areas where people's independence is being undermined in the service and look for ways to redress the balance.
- Work to develop local advocacy services and raise awareness of them.
- Support people who wish to use direct payments or personal budgets.
- Encourage and support people to participate in the wider community.
- Involve people who use services in staff training.

### 2. Communication in practice

- Ask people how they prefer to be addressed and respect their wishes.
- Give people information about the service in advance and in a suitable format



- Don't assume you know what people want because of their culture, ability or any other factor - always ask.
- Ensure people are offered 'time to talk', and a chance to voice any concerns or simply have a chat.
- If a person using the service does not speak English, translation services should be provided in the short term and culturally appropriate services provided in the long term.
- Staff should have acceptable levels of both spoken and written English.
- Overseas staff should understand the cultural needs and communication requirements of the people they are caring for.
- Staff should be properly trained to communicate with people who have cognitive or communication difficulties.
- Schedules should include enough time for staff to properly hand over information between shifts.
- Involve people in the production of information resources to ensure the information is clear and answers the right questions
- Provide information material in an accessible format (in large print or on DVD, for example) and wherever possible, provide it in advance.
- Find ways to get the views of people using the service (for example, through residents meetings) and respect individuals' contributions by acting on their ideas and suggestions.

### **3. Eating and nutritional care in practice**

- Carry out routine nutritional screening when admitting people to hospital or residential care. Record the dietary needs and preferences of individuals and any assistance they need at mealtimes and ensure staff act on this
- Refer the person for professional assessment if screening raises particular concerns (e.g. speech and language therapy for people with swallowing difficulties, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or condition, physiotherapist to assess physical needs and posture).
- Make food look appetising. If the texture of food needs to be modified seek advice from the speech and language therapist. Not all food for people with swallowing difficulties needs to be puréed. Keep different foods separate to enhance the quality of the eating experience.
- If necessary, record food and fluid intake daily and act on the findings.
- Make sure food is available and accessible between mealtimes.
- Give people time to eat; they should not be rushed.
- Provide assistance discreetly to people who have difficulty eating. Use serviettes, not bibs, to protect clothing. Offer finger food to those who have difficulty using cutlery, and provide adapted crockery and cutlery to enable people to feed themselves where appropriate.
- While socialising during mealtimes should be encouraged, offer privacy to those who have difficulties with eating, if they wish, to avoid embarrassment or loss of dignity.
- Ensure that mealtimes are sufficiently staffed to provide assistance to those who need it.

- If there are insufficient staff members to support those who need it, introduce a system of staggered mealtimes.
- Develop or make use of existing volunteer schemes to help give support to people at mealtimes.
- Encourage carers, family and friends to visit and offer support at mealtimes.
- Don't make assumptions about people's preferences on the basis of their cultural background - people should be asked what their preferences are.
- Ensure all care staff members, including caterers, have access to training.
- Raise awareness of the risk of malnutrition and the importance of providing good nutritional care.
- Ensure staff have the skills to communicate with people who have dementia and communication difficulties. Visual aids, such as pictorial menus, and non-verbal communication skills may help people to make choices.
- Gather information on the older person's needs and preferences from people who know them well.
- Ensure that centre care staff have sufficient allocated time and the skills to prepare a meal of choice for the person, including freshly cooked meals.
- For residential and day care, implement best practice in food procurement ensuring food is of good quality and is, where possible, local, seasonal and sustainable.
- Carry out regular consultation on menus with people using the service.
- Wherever possible, involve people using the service in meal preparation.
- In residential settings, where access to industrial kitchens is denied, provide facilities for people to make drinks and snacks.
- Ensure that fresh water is on offer at all mealtimes and freely available throughout the day.

## Hydration

- Encourage people to drink regularly throughout the day. The Food Standards Agency recommends a daily intake of six to eight glasses of water or other fluids.
- Provide education, training and information about the benefits of good hydration to staff, carers and people who use services, and encourage peer-to-peer learning.
- Provide promotional materials to remind people who use services, staff and carers of the importance of hydration.
- Ensure there is access to clean drinking water 24 hours a day.
- If people are reluctant to drink water, think of other ways of increasing their fluid intake, for example with alternative drinks and foods that have a higher fluid content, (e.g. breakfast cereals with milk, soup, and fruit and vegetables).
- If people show reluctance to drink because they are worried about incontinence, reassure them that help will be provided with going to the toilet. It may help some people to avoid drinking before bedtime.

- Be aware of urine colour as an indication of hydration level (Water UK, 2005); odourless, pale urine indicates good hydration. Dark, strong-smelling urine could be an indicator of poor hydration - but there may be other causes that should be investigated.

#### **4. Pain management in practice**

- Raise staff awareness that people may not report pain, that it can have a significant impact on dignity and well-being and that it can be identified and treated.
- Enquire about pain during assessment
- Ensure that night staff receive equivalent training on pain identification and treatment to those working during the day
- Use assessment guidance to support professionals to assess for pain in people with communication problems.

#### **5. Personal hygiene in practice**

- Support people to maintain their personal hygiene and appearance, and their living environment, to the standards that they want.
- When providing support with personal care, take the individual's lifestyle choices into consideration - respect their choice of dress and hairstyle, for example.
- Don't make assumptions about appropriate standards of hygiene for individuals
- Take cultural factors into consideration during needs assessment.

#### **6. Practical assistance in practice**

- Make use of personal budgets to provide people with the help they want and need.
- Help people to maintain their living environment to the standards that they want.
- Tap into or develop local services to provide help for people in the community e.g. gardening, maintenance.
- Make use of volunteers.
- To reduce risk of abuse through people being identified as not coping and subsequently targeted, encourage centre owners and landlords to carry out external repairs.

#### **7. Privacy in practice**

- Ensure a confidentiality policy is in place and followed by all staff (including domestic and support staff).
- Make issues of privacy and dignity a fundamental part of staff induction and training.
- Ensure only those who need information to carry out their work have access to people's personal records or financial information.
- Respect privacy when people have personal and sexual relationships, with careful assessment of risk.

- Choose interpreters with the consent of the person using the service.
- Get permission before entering someone's personal space.
- Get permission before accessing people's possessions and documents
- Provide space for private conversations and telephone calls.
- Make sure that people receive their mail unopened.
- Ensure single-sex bathroom and toilet facilities are available.
- Provide en suite facilities where possible.
- In residential care, respect people's space by enabling them to individualise their own room.
- Consider issues of privacy if a person requires close monitoring or observation.

## **8. Social inclusion in practice**

- Promote and support access to social networks.
- Resolve transport issues so that they do not prevent people from participating in the wider community.
- Build links with community projects, community centres and schools to increase levels of social contact between people from different generations.
- Identify, respect and use people's skills, including the skills of older people gained in previous employment.
- Give people ordinary opportunities to participate in the wider community through person-centred care planning.
- Involve people in service planning and ensure ideas and suggestions are acted upon.





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