



Enter and View Report

Rivelin House

Tuesday 24th March 2015

healthwatch

North East Lincolnshire

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Report Details

Address	15-21 Albert Road, Cleethorpes, DN35 8LX
Service Provider	J Hayes and L D Hayes Limited
Date of Visit	24/03/15
Type of Visit	Announced/Unannounced visit (see Methodology on page 5.)
Representatives	April Baker, Andrea Burdett & Patrick Neary

Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report related to findings observed on the date listed above. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch North East Lincolnshire.

What is Enter and View

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of trained volunteers, who are prepared as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as “announced visits,” where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as “unannounced visits.”

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 services first-hand.

Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Food & Drink, Safeguarding, Staffing, Personal Care and Medication
- To observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

Methodology

This visit was an announced/unannounced Enter & View visit.

An announced/unannounced visit is where we send a letter to the care home 6 weeks in advanced of a date we have in mind, letting them know we intend to visit soon. A letter will then be sent approximately one week before the visit date we have and then we will turn up in that week unannounced.

Summary of Findings

- A light and cheery Care Home, where Hygiene standards appeared excellent.
- Staff were very welcoming.
- A dementia friendly Care Home.
- Residents appear well cared for and are treated with dignity and respect.

Details of Visit

Environment

When we arrived we were met by the deputy manager, Rachel who took us round the home because the manager was busy with a CQC inspector. Both the manager and the CQC inspector introduced themselves and we decided to make our visit as brief as possible because of the CQC inspection.

The home had a secure entrance and had, both a visitors book and hand sanitizer in the reception area.

The decor was light and cheery and there was nothing malodorous. The majority of the rooms were carpeted which appeared to be fairly new and the dining room had hard floor covering. Hygiene standards appeared excellent.

The 39 rooms have colour coded doors to assist people with dementia. There are memory boards and sensory boards in the corridors, some of which have detachable items that can be removed and replaced by the residents.

There is a smoking room off the main lounge that leads into a patio area which all residents can access. The area is protected by a safe wall. We were told there are plans to extend this area into a garden ready for the summer.

Food and Drink

The dining room was spacious and light with tables for 4 people and residents could sit where they wanted but tended to keep to the same place by choice. Residents could also choose to take their meals in their room or in the lounge depending upon their preference. Residents who were able, could make their own drinks in the dining room and a water dispenser, which had a large notice above prompting adequate consumption of water, was available 24 hours a day. Visitors could also make their own drinks and stay for meals at a small, nominal charge.

There are four weekly menus providing something different for each day of the individual week. We saw the lunch menu for the day of our visit. It looked healthy and provided a choice of two main meals.

While we were there a staff member was going round with a drinks trolley which also had cakes, biscuits and crisps if anybody wanted anything to eat.

Safeguarding, Concerns and Complaints Procedure

There was a notice board in the reception area displaying photographs of staff members and complaint and thank you forms were available for residents and visitors to fill in.

It was made clear that comments were welcome on how the home could improve.

Meetings with residents, family and staff were held every 2 months.

We were shown care plans, selected at random, which were kept in the staff office.

These were very comprehensive and contained relevant risk assessments. The plans were reviewed every month but would be changed immediately should the need arise.

Staff

There were 7 staff members on duty at the time of our visit. All were busy, helpful and friendly.

Promotion of Privacy, Dignity and Respect

Dignity initiatives were displayed on a notice board and staff members were aware of the need to knock before entering a resident's room with the exception of a safety issue. Any personal discussions took place in private.

I observed an agency carer feeding a yogurt to a resident. The carer was sat next to the resident so that they were both at the same height. She was patient and allowed the resident to eat at her own pace.

Recreational Activities

The home employs an activity co-ordinator, Vanessa who works 27 hours per week. There was something planned for every morning, afternoon and evening. These activities were displayed on a board near the dining room and the name of the activity was supplemented by a symbol. Both were large enough to be easily seen.

While we were there an old, nostalgic film was being shown in the main lounge and residents were given popcorn marshmallows etc. in order to give a cinema feeling. Vanessa was trying to organise carpet bowls for residents not interested in the film but those asked did not want to take part, preferring to stay where they were.

There were two other small lounges. One was just off the main lounge and the other at the front of the house. The front lounge had a military theme with one wall containing military memorabilia and an army camouflage covered the fire

place. This looked very attractive. The male residents preferred this lounge but all residents could use any of the lounges if they so wished.

When possible residents were assisted to go out for shopping, meals, walks etc.

Medication and Treatment

The home had a separate treatment room which also housed the medication trolley when not in use. The treatment room was always kept locked.

One member of staff, usually the deputy manager, administered the medication for the whole. We were told by the deputy manager that she had received training in the safe handling of medication.

Residents

All residents were clean and well dressed and willing to talk to us.

Relatives and Friends

There were no relatives or friends present when we visited but they were welcome to visit at any time.

As already stated, relatives and friends were able to stay for meals for a small, nominal charge.

Recommendations

- Remove an old carpet from outside the patio area as soon as possible as it was a potential hazard and unsightly.

Other than the minor recommendation above, there are no other specific recommendations to make at this time as our team were more than happy with the visit.

We feel that our congratulations must go to all at Rivelin House for their excellent standards of care.

Service Provider Response

- The Carpet which was outside on the patio area was removed on the 26th March from the home, we were awaiting collection.
- Sharon Long had made some minor comments on the original report and these have been accepted by Healthwatch and incorporated into the final report.

Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (**Contracts manager for HWNEL**)
- Julia Wong (**Quality Programme Officer CCG**)
- Sue Cooper (**Lead nurse-quality at the CCG**)
- Brett Brown (**Contracts manager CCG**)
- Antony Hall (**CQC inspection team**)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view