



Enter and View Report

Yarborough House Care Home

Friday 20th May 2016

healthwatch

North East Lincolnshire

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Report Details

Address	30-34 Yarborough Road Grimsby DN34 4DG
Service Provider	J Care (UK) LTD.
Date of Visit	Friday 20 th May 2016
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	April Baker, Freda Smith & Carol Watkinson

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 welcoming, homely care home with a strong emphasis on residents being involved with activities.
- Storage seems to be an issue at the home with various bits of equipment and items being stored randomly around the home.
- Some issues around general health & safety.
- Residents appear well cared for and are treated with dignity and respect.

Details of Visit

Environment

We were shown around Yarborough House Care Home by a senior carer. At the time of our visit it housed 22 residents, some of whom had dementia. The accommodation is in single bedrooms over two floors, with six en-suite rooms. The first floor can be accessed by two staircases and a lift.

On our arrival we noted a signing in book, sanitising gel and a board with staff photos in the entrance area. Access to the home was via a keypad. Our first impressions were that the environment was homely, but rather cramped. Most areas were carpeted, but the dining room had laminate flooring and this unfortunately felt sticky to walk on, also wheel chairs stored were being stored in here. The home was a comfortable temperature apart from the conservatory which was extremely hot although only mid-morning. Once this was mentioned a carer opened a window and said windows and doors are usually opened when necessary.

The resident's rooms had personalised signs and looked comfortable. The decoration throughout was generally adequate, but we noticed the kitchen door leading in from the hallway was dirty and didn't inspire confidence, particularly as it led into a food preparation area. There was an unpleasant odour near the downstairs toilet although the rest of the building was quite fresh.

Both flights of stairs had open access for all residents. We discussed this with the senior carer in charge and she said it was a concern they had looked into, but that it was not deemed safe to install gates.

Food and Drink

There was a daily menu board in the dining room which was filled in during our visit. We were told residents are given two choices for their main meal which is served in the middle of the day. The menu is on a three weekly rotation. Snacks are available at any time on request and a lighter meal is served later.

We saw a notice that aprons are to be worn when entering the kitchen, but these were only available outside when approaching from the hall entrance. When approaching from the dining room they were on a worktop at the far side of the kitchen.

We further observed that two sacks of potatoes were being stored in the hallway and that food in the fridge was not dated, despite again a clear instruction on the door regarding the latter. When we arrived at about 10.30 a.m. there was a dirty plate on the floor in the entrance hall and dirty breakfast crockery still in a resident's room. We noted these were quickly removed.

We were assured that residents are encouraged to drink frequently but there were several untouched drinks around and also biscuits just left on the table (without a plate) in front of residents.

Safeguarding, Concerns and Complaints Procedure

There was a Complaints Procedure in place, details of which were posted in the reception area along with a Suggestion's Box.

There were some health & safety concerns around the care home as mentioned under the "Recommendations" section on page 9 & 10 of this report.

Staff

The normal staff allocation is 4 carers in the morning; 3 carers in the afternoon, plus an extra person between 16.30hrs. and 20.00hrs, and 2 carers overnight. We also saw 1 domestic, an activities co-ordinator and 1 kitchen worker. There are no dedicated laundry staff.

The staff all seemed happy in their roles, but appeared unsure of some policies and procedural issues. For example, not being aware of issues re Mental Capacity Act (MCA) and taking pictures/videos of residents. Also there was a lack of awareness regarding which residents were subject to DoLS orders.

Promotion of Privacy, Dignity and Respect

Residents were addressed by their name and treated with respect and all interactions with staff appeared relaxed and cordial. Rooms could be seen to be personalised as several bedroom doors were left open. We were shown a laminated sheet taken from a resident's room that detailed his keyworker and their role.

Recreational Activities

There was a large weekly activities board near the entrance and this also detailed when the co-ordinator would be there for resident's information. Activities included Chair-based exercises, Bingo, and Pamper Days. The activities co-ordinator had been doing some 1:1 work when we arrived and then began a reminiscence group in the Cherry Tree lounge. There was a relaxed and very interactive atmosphere. Trips out are also organised for those able to participate. Overall we were impressed by the variety of activities on offer and it was good to see most residents engaged in these. The co-ordinator impressed us with her dedication and enthusiasm.

Medication and Treatment

We saw the medication room and this, the trolley and controlled drugs cabinet were all locked appropriately. The room, which doubled as a staff room also stored care plans. The district nurse comes in, as required, to meet nursing needs.

Residents

All residents were dressed appropriately and appeared content, those spoken to seemed quite happy. There was evidence of good interactions with staff.

Relatives and Friends

We spoke to two relatives and one said he was so pleased he joked that he was booking his own room there. Another said the home was okay and their relative was happy being there. There is a suggestions box for people to use and relatives meetings are held regularly.

Recommendations

Overall we were satisfied with the standard of care seen within Yarborough House Care Home. There were some recommendations though around health & safety as mentioned below.

- There was an armchair directly under the television in the conservatory positioned in such a way that a resident could hit their head when standing up. This was mentioned by us and it was to be moved straight away but we would ask that this chair be permanently relocated to ensure safety.
- One of the downstairs toilets had a toilet seat that although it was secure it sat at a strange angle and again could be dangerous. We would ask that you speak to the handyman to see if he can have a look at this.
- There were a number of items and equipment stored under the stairs including a hoist that stuck out so far someone could injure themselves on it as well as wheel chairs stored in the dining room and bags of potatoes being stored in the hallway. Although the storage issue was already discussed with one staff member mentioning the possibility of an extension, we would suggest still speaking to the service provider still and exploring some short term storage options until that work is completed.
- An unattended mop and bucket was left out downstairs and other pieces of electrical cleaning equipment were a potential hazard upstairs. Please remind staff to put away equipment if left unattended.
- Various toiletries had been left in the downstairs wet-room and the floor was still very wet with tissues on it. The door was wide open without any warning signs. Please remove toiletries from the reach of residents when the room is unattended and ensure the floor is dried after use or a sign is put up warning residents of the wet floor.
- Upstairs the boiler room had the key left in it. This was removed and hung out of reach once mentioned. Please remind staff to remove the key when the room is unattended.
- We followed up on the issue covered by CQC regarding the use of CCTV but the senior member of staff seemed unaware of this or the need to gain permission. The manager, Marion Bourn, who was not there at the time of our visit was contacted and said it had been mentioned at a relatives meeting and verbal agreements given. Minutes to be forwarded to Healthwatch to confirm this.

- We would like to recommend offering refresher training for staff around Deprivation of Liberty Safeguards (**DoLS**) and The Mental and Capacity Act (MCA).

We would just recommend that issues highlighted above and particularly around safety are addressed urgently, including resolving storage problems as discussed.

Service Provider Response

Firstly we welcome visits from such bodies in effort to regularly evaluate our processes, we are offered the opportunity to continually improve. In regard to the recommendations, please see below actions taken:

- The armchairs are sometimes moved around during activities, every effort will be made to ensure the area underneath the TV is avoided.
- The toilet seat has a fitting lose, this has been replaced.
- An additional storage unit has been purchased and we are in the process of moving redundant items across. Consideration should however be given to the use of equipment. Namely a number of service users regularly require the use of wheelchairs and hoists, as such must be kept to hand.
- The cleaning team have been advised to ensure that no products are left unattended.
- A wet-floor sign is generally used in the wet-room. Toiletries are also stored correctly once the service user has been assisted back into their room. We will however ensure this is done immediately.
- The boiler room key would have been an oversight and staff will be reminded.
- CCTV has been a matter of careful consideration. It should be noted, signage is around the home to make everyone aware of the presence. Furthermore, there are only four internal cameras, which cover offices, entrances and the kitchen. There are four external cameras which cover the grounds. No communal lounges or private areas / rooms are covered by CCTV cameras. The purpose of the cameras are for safety and security purposes only.

Once again our thanks to the team for offering their time for the visit and indeed assisting in our strive for excellence.

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)
- Lydia Golby (Lead nurse-quality at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew (CQC Inspection Manager Hull, NEL, & NL)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view