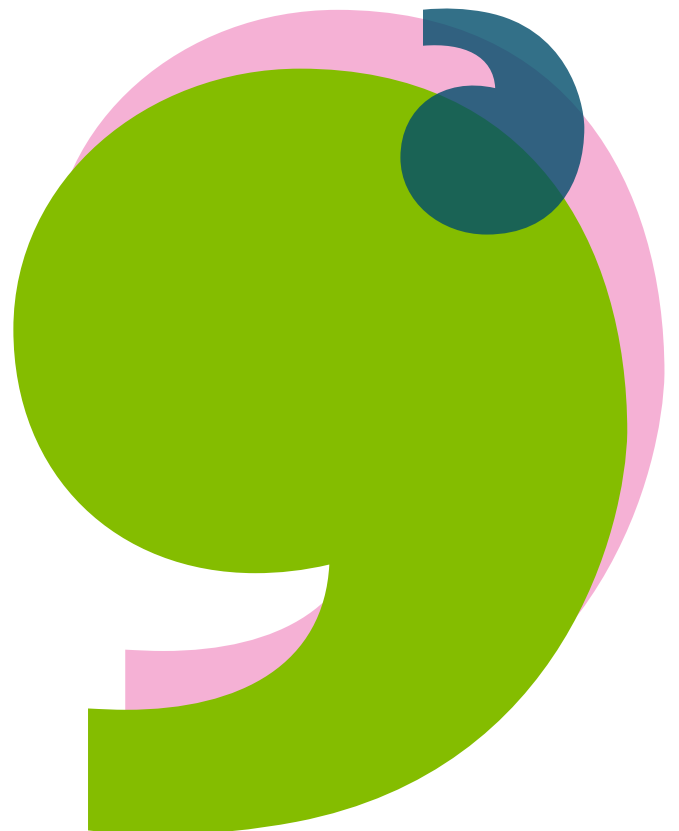




Enter and View revisit report

Raynesway View

5 April 2017



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1 Introduction

1.1 Details of revisit

Details of visit:

Service address	Foyle Avenue, Chaddesden, Derby DE21 6TZ
Service provider	Derby City Council
Date and time	5 April 2017, 10.00 am to 12.30 pm
Authorised Representatives	Rebecca Johnson and David Corrigan
Date of original visit	6 February 2014
Contact details	Healthwatch Derby, The Council House, Corporation Street, Derby DE1 2FS
Declaration of interest	There were no declarations of interest on this visit

1.2 Acknowledgements

Healthwatch Derby would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. It is not a representative portrayal of the experiences of all service users, visitors and staff, only an account of what was observed and contributed at the time.

2 What is Enter and View?

Part of the Local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch authorised 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 and nursing 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 Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

This visit was part of Healthwatch Derby's work around residential and nursing homes in the city, looking at the experiences of the residents, their visitors and the staff. It was a revisit to see if the recommendations from the last visit have been implemented and to identify any new ones, to check any best practice examples are still in place and to see if anything else has changed. This report should be read in conjunction with the original report.

2.2 Strategic drivers

Residential and nursing homes are one of Healthwatch Derby's key priorities to ensure the services within the city are of adequate quality and meet the expectations of the service users and their families.



2.3 Methodology

Prior to the visit, the home is contacted in order to explain the purpose of the revisit and to arrange a date. Therefore, this was an announced visit.

The visit consists of talking to the manager, tour of the facilities and resident interviews. Authorised representatives take advice from staff as to which residents should not be approached/are unable to give informed consent. They introduce Healthwatch Derby and Enter and View, gain their consent to take part and explain that they can withdraw at any time. They ask structured questions in an informal manner.

Visitor and staff surveys are left with freepost envelopes. The surveys include introduction, consent and withdrawal information, questions about their views and experiences and contact details for Healthwatch Derby and other relevant organisations.

A draft report and full anonymised survey results are sent to the home which then has 28 days to respond. The finalised report is sent to the CQC, Derby City Council, Southern Derbyshire and Hardwick Clinical Commissioning Groups and published on the Healthwatch Derby website.

2.4 Description of service

Raynesway View is a residential home, providing personal care for up to 35 adults aged 65 years and over in single rooms, there were 18 residents at the time of the visit. It is based in a quiet residential area close to local amenities and public transport links.

The manager and staff at Raynesway View are looking at more personalisation or self-centred care and easy access for residents. As part of this, resident of the week may be introduced where the staff will look at their care plan and review it with their family.

In the daytime there are usually four care assistants and one senior care assistant who is responsible for direct care and medication, two kitchen staff and two domestic staff, there are usually three care assistants on duty overnight. Staff check on each resident every 30 minutes. There is a full training programme for staff which includes first aid and manual handling. A new monthly staff meeting has been introduced and all staff are encouraged to attend.

One senior care assistant and one morning and one afternoon care assistant have attended training regarding activities. There is a committee for arranging activities and a daily planner for activities. Activities include art and craft, reading newspapers, music therapy once a month with CD and instruments, other entertainers, children from a local school, a chaplain visits weekly and holds church services and also takes his dog. The residents at Raynesway View have a



bird called Barry who was adopted from Warwick House. Photograph albums of activities are on display.

New menu card holders are being introduced as well as flip folders for the menus so that they can be handed to residents rather than having to look at them on the wall. Family members are welcome to come and eat with the residents and mix and talk. Residents choose their meals on the day. There is a flexible breakfast time which consists of porridge, cereals and toast and a cooked breakfast a couple of times a week. There are two hot options at lunchtime but there are frozen meals available if any residents do not like what is on the menu, a hot pudding and a sweet trolley. At teatime there is a variety to choose from including sandwiches or a hot option, crisps, biscuits and fruit. As well as the meals, fruit is always available at mealtimes, cake in the morning and biscuits and cut up fruit in the afternoon. Drinks are available at various points round the building as are snack baskets containing biscuits, crisps and chocolate bars. A birthday cake is made when it is a resident's birthday, the lounge is decorated for tea and a photograph of the resident is put on display.

GPs from both local practices visit for a weekly ward round. Two hairdressers visit weekly.

2.5 Results of visit

Environment

There is a courtyard seating area for residents and their visitors to use with large games, bird bath and a barbecue. New texture items and colourful benches are being introduced.

Everywhere was very clean.

Many areas and rooms are very light and airy.

Paintwork in some areas, especially corridors, needs refreshing.

Facilities

The home has a small car park but on street parking is also available.

Hand gel is available in reception near the signing in book for visitors and staff to use.

A Derby in the Good Old Days display and pictures of old movie stars can help residents with reminiscence.

The lift was nice and bright and a new stair lift was being installed at the time of the visit.

The area inside the front door used to be an alternative seating area but has now been turned into a tearoom for the residents with tablecloths and an old fashioned tea set. There is also an activities board and digni-tree on display.



Each lounge and dining area has nicely co-ordinated curtains, chairs and pictures which provide a homely feel and more variety of chairs now gives more choice in height and firmness. There are a variety of different sitting areas, including a conservatory, so residents can choose if they want to watch television, chat or sit quietly. A new small lounge upstairs is decorated in a modern style and has a television, newspapers and magazines. One of the old lounges was too big and is now used for entertainment. Since the last visit there is a new separate dining room with tables for four residents.

Bedroom doors have room number, name and photograph of the resident, the name of their link worker and fire and evacuation information. There are different sized bedrooms, this is useful for being able to use hoists and other equipment in the larger rooms. Bedroom furnishings are nicely coordinated, residents can provide their own furniture and are encouraged to personalise their rooms with photographs and so on. If a resident has not got any family members, staff will help them to personalise their bedroom. The bedrooms all have non slip floors, they do not have en-suite facilities but commodes are used during the night.

There are 10 toilets and five shower/bathrooms available. They are all clean and spacious and have handrails. Notices in the toilets act as a reminder for staff on how to check for urinary tract infections and details of what to do if they occur.

There is a small kitchen facility upstairs for residents and visitors and a similar one is planned for downstairs.

Evacuation mats are kept near the stairs upstairs and staff take part in a weekly evacuation drill.

Information

The home is clearly signposted to the front and side of the building.

Lots of useful information is displayed on the front door. This includes a note asking visitors to be patient as staff may be busy.

Near the signing in book is a display of photographs with name and title of the staff on duty.

There is an idea, complaints and thank you display.

Dignity Do's are on display and all staff members are Dignity Champions.

Signs on room doors (for example, toilets) have both words and pictures on them.

Each resident's care plan is in a large file. However, there is a smaller grab file with all of their daily information including all about me, which is useful for regular agency staff and hospital visits, and likes and dislikes - a copy of this is kept in the resident's bedroom. Every resident has a Medication Administration Records (MAR) folder which has their name and photograph on, it includes any relevant notes, contact details for their GP and information on medical conditions and allergies.



Medicine trolleys are kept in the medical room. Medication is administered in there and then walked to the relevant resident.

Residents

Residents all appeared to be clean and comfortable. They were interacting well amongst themselves as well as with staff and visitors. Some residents were taking part in a game of skittles with tin cans, there was music on in the background and all of the residents in the room were engaging well with the activity.

Staff

Staff were seen interacting well with the residents and some visitors and all came across as caring and friendly. Some staff and residents were sat together in the tearoom, another member of staff was chatting to some residents about activities.

Visitors and relatives

Visitors were chatting to both residents and staff.

2.6 Survey results

A total of 14 surveys were completed.

Resident surveys

- How do you feel about living at this home?
1 out of 2 responses said happy.
1 out of 2 responses said neither happy nor unhappy.
- Do you feel that you are respected as an individual at this home?
2 out of 2 responses said yes.
- Do you feel that you can make informed decisions about your daily life?
2 out of 2 responses said yes.

Staff surveys

- Do you feel that there are enough care assistants on shift at this home to meet the needs of the residents?
4 out of 6 responses said yes.
1 out of 6 responses said no.
1 out of 6 responses said don't know.
- Do you feel that there are enough housekeeping staff on shift at this home?
3 out of 7 responses said yes.
3 out of 7 responses said no.



- 1 out of 7 responses said don't know.
- Are you satisfied with your present job?
7 out of 7 responses said yes.
- Do you feel that you are asked to do things against your better judgement?
6 out of 7 responses said no.
1 out of 7 responses said don't know.
- Do you feel you have enough time to fulfil your duties on shift?
4 out of 6 responses said yes.
2 out of 6 responses said no.
- Do you feel you receive adequate support at this home, both physically and emotionally?
7 out of 7 responses said yes.
- Do you feel your work is valued at this home?
7 out of 7 responses said yes.

Visitor surveys

- Are you made to feel welcome when you come to visit this home?
5 out of 5 responses said yes.
- Do you feel that visiting times are flexible at this home?
5 out of 5 responses said yes.
- Are visitors supported by the staff at this home in regards to visiting, or taking the resident on daytrips?
4 out of 4 responses said yes.
- Do you feel that the staff are friendly and helpful at this home?
5 out of 5 responses said yes.
- Are you happy with the service of physical and medical care provided at this home?
5 out of 5 responses said yes.
- Are you happy with the service of emotional care provided at this home?
5 out of 5 responses said yes.
- Are you happy with other aspects of service at this home, such as food and activities?
5 out of 5 responses said yes.

- Do you feel that the resident's care plan is followed successfully?
5 out of 5 responses said yes.
- Do you feel you are fully informed and kept up to date with the health and care of the resident?
5 out of 5 responses said yes.
- Do you feel that the residents are treated with respect and dignity?
5 out of 5 responses said yes.

2.7 Evidence of best practice

- Last visit
 - Residents had some input with the refurbishment which took place last year - for example, colour schemes and choosing the chairs.
 - Private seating areas at the top and bottom of the stairs. Bottom area had a net curtain for privacy and top seating area had books.
- This visit
 - A note on the front door asks visitors to be patient as staff may be busy.
 - Snack baskets containing biscuits, crisps and chocolate bars are available at various points round the building.
 - A copy of a small grab file care plan with each resident's daily information including all about me, which is useful for regular agency staff and hospital visits, and likes and dislikes is kept in their bedroom.
 - Notices in the toilets act as a reminder for staff on how to check for urinary tract infections and details of what to do if they occur.

2.8 Recommendations

- Last visit
 - The door frame in the lounge/diner downstairs and the paint on the window in the upstairs dining room should be repaired.
 - The home should consider providing a dedicated activities programme to improve the residents' quality of care.
 - Raynesway View should consider applying to the Derby City's Bronze Dignity Award.



- This visit
 - A sign near the hand gel in reception could encouraged more people to use it.
 - Some areas, especially in corridors, need redecorating.

2.9 Comparison to last visit

- The private seating areas are still available. However, the one at the bottom of the stairs is going to become a shop.
- There is a more structured activities programme.

2.10 Service provider response

The service provider did not have any issues with the report.