



## **Enter and View Report**

Ravendale Hall

6<sup>th</sup> June 2017

# healthwatch

## North East Lincolnshire

### Contents

Enter and View Report.....	1
Report Details.....	3
What is Enter and View.....	4
Methodology.....	5
Details of Visit .....	6
Recommendations.....	9
Service Provider Response .....	10
Distribution.....	10

## Report Details

Address	Ravendale Hall East Ravendale Grimsby South Humberside DN37 0RX
Service Provider	South Yorkshire Care Limited
Date of Visit	Tuesday 6 <sup>th</sup> June 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Mary Morley, 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

- The staff treated residents with dignity and respect and addressed all residents by name
- Food looked plentiful and appetising
- Some concerns around a resident accessing the dining room
- We twice observed call bells ringing for several minutes
- A number of activities and trips out are on offer for residents.
- All residents were well dressed and appeared contented

## Details of Visit

### Environment

Ravendale Hall is an old, listed building set in the countryside and having its own large grounds. The décor, as befits the building, is quite old fashioned but it was clean and tidy.

We were met and shown round by the manager, Michelle Peters, the home is run by South Yorkshire Care Ltd. and in March this year became a nursing home. Michelle is now registered as the manager; this was not the case at the time of the last CQC visit. The home has 34 beds, but currently only houses 16 residents. The manager said there was a mixture of residents who mostly have dementia, but they also house people with learning disabilities. Others are just elderly and one was homeless before he came to them. The accommodation is in single bedrooms over two floors, each with its own wash basin. There is one en-suite and this has been converted at the resident's own expense as she has been there for over 20 years.

On our arrival we noted access to the home was via a keypad or by ringing a bell to be admitted. There was a signing in book and sanitising gel in the entrance porch. We were taken in to the library area initially. This area was very imposing with bookshelves and a video library. We noticed it had an old sewing machine and other reminiscence artefacts. However, when we enquired it didn't appear it is used much by residents. There were two other larger sitting rooms. These were both carpeted and most of the chairs had soft furnishings. We commented on this and were assured if there was an accident it would be cleaned immediately and if necessary removed and destroyed. Although there were some pictures, it felt there could be more, particularly upstairs. Perhaps one of the lounges could become a more stimulating room, with reminiscence items such as those in the library. The other could remain a quieter sitting room.

The stairs have been blocked off and a lift is used to access the first floor. We looked in one occupied room, with permission, and this was clean, tidy and had personal belongings in it. We also saw two other rooms and were assured that, when a resident leaves, all rooms have a deep clean. All rooms have security boxes in them so residents with capacity can store their valuables safely. For others, treasured items can be put in the office safe.

There were clear visual signs such as toilet, bath, shower, bed etc. around the building and numerous hand sanitisers. We were told that the building is soon to have a program of refurbishment and residents have been allowed to choose the colour of their rooms and doors. This would also be an opportunity to introduce other dementia friendly principles such as different, but uniform colours for toilet doors. We did note that the dining room clock was 10 minutes fast and feel this could be disorientating for some residents.



## Food and Drink

The home has a 5 star Hygiene rating. There was a pictorial menu board for the day's meals on display in the dining room. This was up to date and had a choice of two hot main meals for their twelve o'clock lunch. We saw the beginning of this service before we left. We noted only six residents were due to have their meal together. We were assured others who ate elsewhere would be assisted as appropriate. Staff wore aprons and gloves to serve the meals and the food looked plentiful and appetising. Special diets such as purée, fortified or diabetic foods are catered for. Cold drinks were offered to everyone at lunch and are available throughout the day. A lighter tea is served later and the menu is quite flexible.

## Safeguarding, Concerns and Complaints Procedure

All staff receive safeguarding training and safeguarding issues are monitored regularly. There is a complaints procedure in place.

At lunchtime one female resident was trying to access the dining room by propelling herself in her wheel chair using just her stockinged feet. The carpet gripper was a barrier for her as it is higher than the others. Whereas we appreciate the importance of maintaining independence for as long as possible, we were concerned that her repeated efforts could have propelled her forward and onto the floor. Help was offered, but this was declined initially and only accepted after several minutes of failing to get into the room. The resident commented "every day!". The footplates had been removed from the wheelchair.

Also at lunchtime we twice observed call bells ringing for several minutes. The second one was only attended to when we drew the staff's attention to it. There were staff around who appeared to be free to respond at the time. The manager was in a meeting.

## Staff

The normal staff allocation is 1 manager, 1 nurse, 1 senior and 2 carers. There are also a domestic, a cook, an activities co-ordinator and a handyman employed daily. Overnight there is 1 nurse and 2 carers. One resident has 1:1 care from 7am to 3pm and this is included within the given allocation. Volunteers are all D.B.S. checked.

All staff attend an induction course and all undertake mandatory training. This is delivered by a mixture of in-house, online and external courses. The manager is currently working towards NVQ Level 5. Additional courses undertaken by some staff were End of Life, Dementia Level 3, Nutrition and Diabetes.

We felt it was difficult for residents and visitors to clearly identify the different roles of members of the care team as all their uniforms were navy and very similar. This was particularly pertinent as the staff photo board was very out of date. The manager had her name and title embroidered on her uniform and we suggested this should be adopted throughout. To avoid it becoming too expensive, sew on embroidered badges could perhaps be used.

## Promotion of Privacy, Dignity and Respect

The home has four Dignity Champions who do regular audits, specifically on Personal Care, End of Life and mealtimes. The manager regularly attends local meetings on this and finds them very informative. There was a Dignity Tree in the hallway.

Residents were addressed by their name and treated with respect. They are able to go back to their rooms at any time during the day if they want and can get up when they like in the morning. Staff were seen to knock before entering resident's rooms and doors had resident's photo on them and personal belongings in them. There was a useful reminder for staff in the hallway in the form of a wall sticker: "Our residents do not live in our workplace, we work in their home".

## Recreational Activities

There was a weekly activities board in the hallway. The activities co-ordinator was there during our visit and going to take residents out on a shopping trip in the afternoon. Other activities listed for the week included bingo, a quiz and singing. Residents apparently enjoy playing some games and we were shown a musical reminiscence bingo game that is clearly popular. The home has a resident cat and the manager sometimes brings in her dogs as a form of pet therapy. There are also chickens in the grounds.

The home currently hires a mini-bus for trips out but would ideally like their own as this could also be used to facilitate easier visiting for some people, given the, although idyllic, rather remote nature of the home. This could in turn promote increased occupancy. Recent trips out have included ones to the pantomime, the seaside and different pubs.

## Medication and Treatment

We saw the medication room and drugs cabinet were all locked appropriately. Care staff have 3 months of medication training before being allowed to administer medicines. Since the change of status to a Nursing Home in March of this year their own nurse is available to support nursing need assisted by outside agencies as appropriate.

The manager is proud of her record of increasing the QS infection control rating from 53 to 81 since being in post and will look to continue this improvement.

## Residents

All residents were well dressed and appeared contented. There is a room set aside for a visiting hairdresser to use. We spoke at some length to two male residents and they were both quite happy in the home and said the food was good. We also spoke to a female resident who was about to go out with her sister and she said she was comfortable there.

One of the residents we spoke to had a world map on his wall and this provides



endless topics of conversation. Further, as an example of the home's flexibility, he often gets up at 3am to check the premises, because he used to be a night-watchman. This behaviour does not upset other residents therefore it is accepted and he then returns to bed to sleep once again.

The resident who had been homeless is now being considered for warden controlled accommodation which is a good step forward.

### **Relatives and Friends**

We spoke to one relative who said she was pleased with the home and that it has improved over the last year, the manager is very approachable and the staff caring.

## Recommendations

Overall we were satisfied with the standard of care seen within Ravendale Hall and commend Michelle's "hands on" and enthusiastic approach.

We would just recommend that:

- A risk assessment should be undertaken, if not already carried out, with reference to the resident who is propelling herself by her feet in a wheelchair.
- The call bell should always be answered promptly and staff should have clear guidelines about responding.
- Staff should explore having embroidered names to aid identification and the staff photo board should be updated.
- Whilst the refurbishment is taking place perhaps some soft furnishings could be replaced with ones that are waterproof and can be wiped clean. These would not only be more hygienic, but would minimize the risk of odours. We would welcome a chance to return after the alterations.
- Extra reminiscence pictures, artefacts could be introduced to make the environment more stimulating,

## Service Provider Response

Michelle Peters, manager said: I would like to say I am very pleased with the report and I take on board any recommendations, which I might add were small. I also like the fact that I was mentioned in the fact that I am hands on which is what I do every day and for someone to see that proves that you can be a manager that doesn't sit in the office at a desk, you muck in like you should and this way you get to know changes in your residents. They say a second set of eyes is better so I would like to say thank you again to the 3 ladies that came to the home.

## 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](http://www.healthwatchnortheastlincolnshire.co.uk/enter-view)