Enter & View Visit Report

Name of Service: **Thornhill House**

Service Address: **Church Street, Great Longstone, Derbyshire DE45 1TB**

Date of Visit: **2 May 2019**

WHAT IS ENTER AND VIEW? Healthwatch Derbyshire (HWD) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN Tel: 01773 880786.

1. Visit Details

Service Provider: John Thornhill Memorial Trust

Time of Visit (From/To): 10.30am to 3.30pm

Authorised Representatives (ARs): Shaun McElheron (Lead), Wendy Percy

Healthwatch Responsible Officer: Ruth Beedel (Enter & View Officer)
Tel: 01773 880786 or Mobile: 07714 258041

2. Description & Nature of Service

Thornhill House is a purpose-built care home with 19 en-suite rooms providing accommodation for older people from the village of Great Longstone and the surrounding area. All rooms were occupied at the time of the visit.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit

4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

5. Purpose of the Visit

The visit will explore the quality of life and quality of care experiences within the service using, wherever possible, engagement with residents, relatives/friends of residents and staff members.

The views and practical experiences of residents, family members/friends and staff will be recorded. Areas of resident satisfaction, good practice within the service and any areas for improvement will be noted and form the basis of a formal, written report.

In addition to the general themes to be explored during the visit, topics or themes specific to the service and prompted by intelligence received, will be investigated.

To make observations and look for evidence in the following areas:

- Developments and improvements to standards and services during the past two years
- The activities offered to residents and their suitability, frequency, variety and personalisation for the individual
- How residents are included in the local community and its events and how local people are involved in the activities and events at Thornhill House.

6. Strategic Drivers

Healthwatch Derbyshire maintains a statutory responsibility to undertake Enter & View visits to a variety of NHS and Social Care adult services which receive any income from public funding.

An Enter & View visit is not an inspection but is complementary to the regulatory and quality monitoring work undertaken by the Care Quality Commission. However, whilst Healthwatch has a power of entry to services to undertake Enter & View, only areas that are considered 'public/communal' within a service visited may be legally accessed unless invited to do so otherwise. Further information regarding Enter & View may be obtained from the Healthwatch Derbyshire website:

http://www.healthwatchderbyshire.co.uk/about/about-enter-and-view/

Healthwatch Derbyshire is responsible for receiving information and feedback from the public about local health and social care organisations and the services they provide. All nominations for Enter & View are scrutinised through the Healthwatch Derbyshire Intelligence and Insight Action Group (IIA) to determine whether an Enter & View is appropriate and would benefit both the service and the provider and/or commissioner of that service.

7. Introduction/Orientation to Service

On arrival ARs met the matron, Diane Duncan, and were invited in to undertake their visit. ARs had a 15-minute introduction to the setting where they were advised on any circumstances that they should be aware of and/or may reasonably restrict some aspects of their visit. These were outlined and acknowledged as being:

- Advised not to talk to the resident in room 1 as she gets agitated very easily.

ARs were also advised as to which residents were most suitable to engage with and which staff might be available to talk to during the visit. An orientation tour was given and general introductions to residents and staff were made during the process.

8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

Information was recorded on the ARs' checklists and questionnaires, along with making supplementary notes.

9. Summary of Key Findings

The ARs spoke to five residents, five staff (including the manager) and three relatives during the course of the visit. They found:

- A nicely presented care home that is clean, well maintained and with care provision that is praised by residents and relatives
- A seasonal menu which rotates every six weeks providing good quality food for residents with varying preferences
- A broad range of activities is provided for residents
- The majority of day care staff, the manager and kitchen staff were observed by ARs during the visit
- Some repairs required to flagstones on the patio as these presented a trip hazard

- A review of internal and external navigational signage is required.

10. Detailed Findings

10.1 Location, external appearance, ease of access, signage, parking

Thornhill House is situated in a quiet location on the outskirts of Great Longstone village which has a shop, church and public houses as well as cottages. The home is on a road off Church Lane and the small directional sign at the end of the road was partially covered in foliage; no signs were noted in the village itself. One relative said it was not easy to find the home and, although there is a small car park in the grounds, parking can be difficult.

Thornhill House is a pleasant, purpose-built single storey building with well-maintained gardens. There is level access via a pathway with a handrail.

10.2 Initial impressions (from a visitor's perspective on entering the home)

The entrance was a clean and pleasant environment with a hand sanitizer for visitors to use. The staff were welcoming on answering the door. ARs noted the display of staff names and photos, CQC inspection rating from December 2016 and a selection of information leaflets.

Reception had a bench and a seat and a table with photo albums of residents enjoying a variety of activities. There was also a post box for general use.

10.3 Facilities for & involvement with family/friends

Visiting times are flexible and residents can meet visitors in their rooms or the communal areas. Some residents have their own phone and others use the home's cordless phone to keep in touch with family and friends.

The staff contact family members by telephone or email to keep them updated and they receive a monthly statement detailing their relative's expenditure.

Camp beds are available for relatives wishing to stay overnight in the resident's room or a cordoned off staff room area.

10.4 Internal physical environment

10.4.1 Décor, lighting, heating, furnishing & floor coverings

Décor was pleasant and artwork made by residents was displayed on the walls. There was good lighting throughout the building, and much of it was adjustable. Carpets in rooms and corridors were clean and well laid, no trip hazards were noted. The en-suites had cushion flooring and both bath and shower facilities were available.

Residents' rooms were of a good size enabling hoist and wheelchair transfers. They looked homely, several residents had their own furniture, pictures and bedding in their rooms.

It was noted that the dining room tables were wheelchair-accessible

10.4.2 **Freshness, cleanliness/hygiene & cross-infection measures**
All areas were clean and fresh smelling with adequate ventilation and a comfortable temperature throughout. Hand scrub and gloves were located on all corridors and in all rooms.

All areas were clean and tidy and laundry and waste sacks were emptied regularly.

10.4.3 **Suitability of design to meet needs of residents**
The home is purpose-built, all on one level with wide corridors although there was no navigational signage for residents and visitors. The manager explained that signage is minimised to make the premises more like a home than a commercial building. Most residents are accompanied when moving around the building.

Toilet facilities were readily accessible near communal areas and all were wide enough to accommodate wheelchairs and walking aids. Light switches and door handles were easily accessible to wheelchair users.

The lounge and dining room had games and jigsaws available for residents' use. In the lounge there was a large television showing a calming view of a fish tank. Several chairs had footrests and there were ample footstools available.

10.5 Staff support skills & interaction

10.5.1 **Staff appearance/presentation**
Staff were smartly dressed in clean uniforms and were polite and friendly. They reported that they enjoyed working in the home and some had been there a number of years.

10.5.2 **Affording dignity & respect**
Staff were observed to be very respectful and gained consent when working with residents. They have both male and female staff, although there is not always a male carer available on all shifts.

10.5.3 **Calm, empathic approach to care giving**
Staff were caring and understanding of residents' needs when working with them and worked at the resident's pace. Staff bent down when talking to individuals to be on the same level and to ensure eye contact. Staff were observed gently reassuring a resident by placing a hand on her shoulder.

10.5.4 **Attentiveness & pace of care giving**
The ARs observed two staff walking with a lady with a Zimmer frame, one followed with a wheelchair and when the resident had had enough, they directed and assisted her into it.

10.5.5 **Effective communications – alternative/augmentative systems & accessible information**
The manager confirmed that there are no residents requiring communication aids such as signs or symbol systems. The home does not have a hearing loop installed.

Staff areas such as the laundry room have signs on the door. Some residents' rooms have their photo on their doors.

10.6 Residents' physical welfare

10.6.1 Appearance, dress & hygiene

All residents looked clean and tidy and their clothing was well pressed. Residents have the choice of what to wear; one lady said she looks in the cupboard and decides what to wear.

Residents' oral hygiene is maintained and staff assist when needed.

10.6.2 Nutrition/mealtimes & hydrations

The dining room was in the conservatory and the tables were laid with cutlery, serviettes, condiments and jugs of water and juice. A board displays the food choice from the menu which residents have input to and which changes every six weeks. The food looked well-presented and appetising (chicken biryani and rice) and residents looked to be enjoying the meal. Some residents choose to eat in their room and relatives can also have a meal. The ARs were offered lunch and hot drinks during their visit.

Drinks are available in the kitchen and from the trolley which goes around all the rooms. One resident said it was possible to have food any time; he has a sandwich before going to bed.

ARs observed residents being assisted to eat. This was unhurried and at the individual's preferred pace. Staff were patient and respectful whilst assisting with feeding.

10.6.3 Support with general & specialist health needs

A GP visits each week and there is a specific book for staff and residents to log requests for an appointment with the doctor. A private physiotherapist visits every month, the chiropodist attends regularly and other healthcare professionals are booked as required. Arranging domiciliary dental care is problematic; a dentist does visit but there is a long wait for appointments.

The home has a dysphagia nurse and an incontinence nurse and receives support from the McMillan Nurses.

10.6.4 Balance of activity & rest

The home has an activity co-ordinator, Claire, who was highly praised by residents. She spends much time with them engaging them in activities each afternoon. Some residents remarked that she never assumes a resident who does not normally take part will always have that view; she invites them to join in the activity.

At the time of the visit, some residents had gone on a trip to Matlock Meadows. They will be attending the church flower show. There is also an opportunity for the men to attend the Men's Luncheon Club. The previous week some little lambs had been brought in which residents enjoyed. The bingo sessions are always popular but individuals are also able to pursue their own interests. The home purchased a greenhouse for a resident who likes to grow vegetables which are then cooked for meals in the home.

One lady who is 103, until recently did embroidery pictures. These are displayed on the walls along with paintings done by other residents.

10.6.5 **Ensuring comfort**
The communal lounge had comfortable chairs and footrests, ceiling lighting and table lamps provide a suitable level of light. Some residents have their own cushions for the chairs. Activities can be done in the lounge or the dining room.

10.6.6 **Maximising mobility & sensory capacities**
There are walking aids, wheelchairs and hoists available and all corridors have handrails. Staff assist with the care of hearing aids and spectacles. One man said he has his glasses checked but cleans and changes his hearing aid batteries himself.

10.7 Residents' social, emotional & cultural welfare

10.7.1 **Personalisation & personal possessions**
Residents can bring their own furniture and belongings to personalise their rooms. It is possible to have a telephone line, television and internet connection in each room. Pets are allowed but there are none at present.

Residents do not have keys to their doors and there are no double rooms but they have two adjoining rooms with a connecting door.

10.7.2 **Choice, control & identity**
Residents are encouraged to manage their own money and can go out alone although most go with relatives. One man has a regular meeting and breakfast at Hassop Station and has lunch at his family home once a week.

There is a smoking shelter outside and alcohol is available; one man has beer and wine in his room and likes a glass of wine with his evening meal.

10.7.3 **Feeling safe & able to raise concerns/complaints**
Every three months there is a residents' meeting, chaired by the activity co-ordinator.

The residents ARs spoke to were aware of how to make a complaint. One said he had complained about the metal strip between the carpet in his room and the en-suite being loose. It had been taped down but had become loose again.

ARs observed residents speaking freely with staff and a visitor asking the nurse how her son was.

10.7.4 **Structured & unstructured activities/stimulation**
A core group of residents participate in activities arranged by the co-ordinator (see 10.6.4). Residents were having nail care, massage and the visit by the hairdresser on the day of the visit.

The ARs did not observe any activities as residents had gone to Matlock for the afternoon. The residents explained that the activity co-ordinator talks to everyone to find out what they are interested in and tries to provide suitable activities. Activities take place both inside and outside the home.

10.7.5 **Cultural, religious/spiritual needs**
Residents attend church if they wish and the vicar comes to the home to give communion each Wednesday. The manager informed the ARs that people's spiritual needs would be catered for whatever their religion.

10.7.6 **Gardens - maintenance & design/suitability for use/enjoyment**
The gardens are well laid out and cared for; seating is available and there is a gazebo and BBQ area in the summer. Bird feeding stations were seen outside residents' rooms and the home has its own pet rabbit. See also 10.6.4.

The ARs noted two broken flagstones and informed the manager who was unaware of the situation but the damage looked very recent.

11. Additional Issues

11.1 Comparisons with previous Healthwatch visit(s)
No previous Healthwatch visits recorded.

11.2 Comparisons with the most recent CQC report
The findings of the visit were comparable with those of the Care Quality Commission inspection of December 2016.

Resident and family satisfaction with the care and support received was extremely high and staff commitment to person-centred, individualised care was evident. The environment was clean, fresh and homely with opportunities for residents to personalise their rooms and surroundings.

Residents were encouraged to pursue interests and hobbies and to participate in activities and trips arranged by the activity co-ordinator. The activities offered were varied and adapted to suit individuals' preferences and needs; there was a balance between stimulation and rest.

11.3 Other observations/findings of note
ARs were on the premises for almost six hours so had much opportunity to observe how the home was run and to see staff perform their duties. Staff were not always aware that the ARs were nearby so the good care observed was genuine.

ARs talked to residents, staff and visitors and all were keen to put their names to the positive comments about the home and the care provided. People were given the opportunity to be anonymously critical if they wished but only high praise was received.

The matron, Diane Duncan, and the activity co-ordinator, Claire, were specifically praised by residents. The dedication of Michael Maiden who was responsible for maintenance and health and safety was apparent in the high standard of upkeep of the building and grounds.

12. Elements of Observed/Reported Good Practice

- Staff worked with residents at the resident's pace and care was unhurried
- Staff were caring, friendly and respectful
- Relatives liked the home and the staff; they felt that their relative was well cared for
- Relatives said that staff keep them informed about their family member
- The food and varied menu were highly praised
- Staff, visitors and residents spoke highly of the care, support and dedication of the home's matron, Diane Duncan.

13. Recommendations

13.1 Consider better navigational signage en-route to the home
13.2 Repair the broken patio flagstones as a matter of urgency
13.3 Consider discreet navigational signage in the corridors
13.4 Review whether large print/braille/signage for the visually-impaired is necessary within the home
13.5 Continue to source a visiting dentist to provide dental treatment to residents
13.6 Ensure that repairs to the piece of loose carpet are completed promptly and to the satisfaction of the resident.

14. Service Provider Response

(This is to be returned to Healthwatch Derbyshire **no more than 20 working days** from receipt of this draft report. The response may correct any factual inaccuracies that may have occurred and/or bring to light any significant factors relating to the report content that the provider would wish to add. **The response must also include a brief but clear "action plan" in relation to each recommendation made.**

	Recommendation	Provider response
13.1	Consider better navigational signage en-route to the home	Signage to home x3 requested from Highways
13.2	Repair the broken patio flagstones as a matter of urgency	Broken patio flagstones changed 16.6.19
13.3	Consider discreet navigational signage in the corridors	It is not in keeping with the ethos of the home to have internal signage but at the next residents meeting it will be discussed and acted upon as the residents wish
13.4	Review whether large print/braille/signage for the visually-impaired is necessary within the home	At this time anyone with visual impairment is always accompanied around the home due to immobility if this changes it is something, we

	Recommendation	Provider response
		would review with the individual resident concerned
13.5	Continue to source a visiting dentist to provide dental treatment to residents	I am awaiting a Bakewell dentist who has recently moved premises and now is wheelchair friendly. She is researching the equipment needed to do domiciliary visits. I am waiting to hear back from her
13.6	Ensure that repairs to the piece of loose carpet are completed promptly and to the satisfaction of the resident	Repairs performed 16.6.19 to the satisfaction of the resident