

HW Reference: 20190326  
Time & Duration of Visit: 1.30 - 5.30  
Number of people engaged with: 3 staff  
Managers Name: Mike Lythgoe

## Enter & View Residential Care Report - 2/2019

Specialism/ Specialism/Service: Accommodation for persons requiring nursing or personal care, Dementia, physical disabilities, caring for adults over 65 years

# The Old School House Residential Care Home

Main Road, Gilberdyke, East Yorkshire HU15 2SG

Date of visit: 26<sup>th</sup> March 2019

Date of publication: 25<sup>th</sup> June 2019

HWERY Representatives: Denise Lester & Pam Wakelam

**Disclaimer:** This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

## Main Purpose of Visit

This home was initially visited by Healthwatch East Riding of Yorkshire (HWERY) in November 2017; following a routine 12 month re-visit to the home to check on recommendation progress, the home requested that HWERY use the E&V process to inform them of further recommendations to help them implement changes to support their on-going improvement and development programme. An initial visit was carried out on the 18<sup>th</sup> February 2019, this visit is the next planned visit which will continue to seek to move the home forward in a positive way and should be seen as such.

The representatives of HWERY (one of whom had visited before), were keen to stress at the outset of the visit, the supportive nature of the process; full E&V was not done on this occasion, but the process was followed concentrating on areas of recent concern outlined by both CQC since 2015 and HWERY reports from November 2017 to now.

The overall outcome of this visit was to:-

- Understand the management and staffs understanding of why things had not improved.
- Give the home focussed attention on areas for improvement.
- Provide the management team with both long term and short term objectives to improve the standards of care provided for residents.
- Share good practice gleaned from visits to other homes.
- Check on progress towards previous recommendations (Visit 1 - 18/02/19)

## Summary of Key Findings

The home is one of five homes owned by 'Roseville Care Homes'. The home has a mix of residents, male and female, low and high dependency. They offer long and short term care, respite and day care; a significant proportion of the residents have some form of dementia. Both the manager and deputy are keen to work with HWERY to implement the necessary changes required for improvement. It was noted that improvements made since a previous HWERY visit in November 2017 have been maintained, fire exits remain clear and the home is generally free from clutter, hazardous areas are locked and visitors are routinely asked to sign in.

## Recommendations/Observations

Opportunities were taken to share some good practices from other homes to assist in the overall improvement process; however a set of specific recommendation were made, some of which were outstanding from previous visits:

Recommendations and progress since last visit (18/02/19)			Progress
COMPLETE	PROGRESS HAS BEEN MADE	STILL NEEDS ADDRESSING	
All staff to be provided with and to wear name badges			
Signs or posters to be displayed around the home to detail daily menus, activities/trips out, a calendar, the weather. These to be current, visible and easy to read. A clock to be provided for the main lounge.			
A dining area to be defined in the large main lounge using the round tables and window space already available. Tables to be set with cutlery, napkins, condiments, by a designated member of staff possibly with help from residents. Residents who are able, to be encouraged to take their meals at these tables to promote and encourage social interaction.			
Re-launch the 'Key Worker' system. Specific responsibilities should be outlined to staff for the residents that they are responsible for; residents should be made aware of their 'Key Worker' and their specific responsibilities - in part by the introduction of posters on the back of residents doors (example supplied).			

**Name badges** - temporary badges have been trialed, but the design has proved to be been impractical; therefore should be reviewed again.

**Signs & posters** - the new clocks in the communal areas are a great example of good signs which are easy to read, bright and cheerful. This principle needs to follow though to other matters including: menus, activities, special events and a calendar showing month/year and weather would be beneficial to residents.

**Dining areas** - the staff should continue to encourage residents to eat at the communal dining tables where possible to aid socialisation. Staff need to be aware that residents who eat in arm chairs with tables in front must if possible have the table moved to one side afterwards (*be aware of the 'Reduced Restrictive Practice' issues - A national programme of work which although mainly relating to mental health could be related to care homes*).

**Key Workers** - It is imperative that this process is implemented ASAP. The process should identify not only which residents they are responsible for but also roles and responsibility as Key Workers. The Key worker for each resident should be displayed in their room to advise the resident and their families/friends. An audit tool should be devised to audit the process on a (to be determined), regular basis. This objective needs to be seen as the main one for the coming month until HWERY return.

## New recommendations:

- Staff Training Matrix to be updated regularly & dates of future training identified and noted.
- A staff board stating 'who's who' and who is in charge for each shift/ who is on duty would be beneficial placed around the entrance area for visitors & residents.
- Hasten the planned painting of the banisters around the home in a colour that allows them stand out from the wall to assist residents in identifying them and so use them; also the painting of the door ways for the same reason.
- Review frequency of staff meetings (presently every two months); consider increasing frequency until necessary improvements in standards have been met and consider introduction of short weekly senior staff meetings to review progress.

# Full Report

## Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically

- Strategic Context & Relationships
- Community Voice & Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice & Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

## Main Findings

### How safe is the setting for service users?

By safe we mean people are protected from abuse or avoidable harm.

A faint smell of urine was noted in the some of the corridors of the home and was immediately mentioned to the manager.

The home still appears very tired looking with regard to environment - décor etc. The manager is planning minor improvements re décor e.g. door-ways and handrails are to be painted a different colour from the walls so they stand out to assist residents.

Work has now been completed on the kitchen to improve. The most recent Food Hygiene Rating inspection resulted in the rating dropping from 5 to 2, and prompted action to improve the décor that was deemed not acceptable by that inspector. The kitchen areas are of a good size and proportion and all appeared to be well managed and clean - the improvements appear to be in line with the concerns expressed by the Food Hygiene inspectors.

Other major improvements planned include a new computerised care planning system which the staff will input via hand-held devices and a new 'call system' with digital displays around the home, making it easier and quicker for staff to respond. This will also be able to be audited to establish use by residents / time of day etc. An 'Innovation Grant' is being sought to fund this development.

### How effective do service users consider the service to be?

By effective, we mean does residents care, treatment and support achieve good outcomes and promote a good quality of life?

Some staff wore name badges but not all - this had been an objective from the previous visit; temporary badges had been made but staff understandably felt they were too big and

with sharp edges would hurt a resident when bending over to assist them, so they need reviewing again.

Preparations were being made for lunch to be served and as this had been a concern on previous visits the timing of this visit was planned to observe this activity. Two communal areas are used for residents' meals; in one they were mainly seated at round tables set for meals, in the second, residents mainly remained in the chair they already occupied with tables pulled in front of them. Communal tables were however available and on this day only one lady used them. This was commented on and set as an objective to improve on the last visit - sitting with other residents at meal times allows for social interaction and is to be encouraged. There appeared to be enough staff for the care to be delivered and the assistance given at lunch time to those needing it was noted.

Signs and posters were still lacking, though we were told materials are being prepared; however we noted the following:-

- New digital clocks with time day and date displayed in red, of a good size to easily be read in the two communal rooms, this is an excellent addition.
- Menus notices still being formulated. We did see the photographs of meals to be used in a folder in the kitchen.
- Posters of social events that had taken place using photos were in evidence but were mainly up to 2+ years old.
- The activity board was displayed but could be improved. When asked about activity plans for Easter nothing had been thought about to date as far as the manager knew.
- It had been suggested previously that residents and families having easy access to such things as playing cards, jigsaws, dominoes etc. might be useful however there was no evidence. Concern was expressed that residents, particularly those with dementia, may pick up and swallow small pieces if too easily available. Other homes however do successfully manage this.
- The outdoor areas still need some attention to make them attractive.
- Two pet rabbits were noted and appear to be well looked after and happy with access to an enclosed area when out of the cage and do come in to be petted by residents.

#### **How caring do service users find the service?**

By caring, we mean that the service involves and treats people with compassion, kindness, dignity & respect.

Specific observations were not made during this visit; however during the course of the visit no concerns were apparent regarding the caring nature of the staff.

#### **How responsive to their needs do service users find the service?**

By responsive, we mean that the services meet people's needs.

Task led work still continues and 'Key worker' implementation processes are progressing very slowly; full implementation of this process would solve many other issues.

#### **How well-led do service users consider the service to be?**

By well-led, we mean that the leadership and management assures the delivery of high quality and person-centred care, supports learning and innovation and promotes an open and fair culture.

On arrival we were met by the manager who was expecting us, the manager appeared open and keen to have our help.

A tour around was requested to familiarise with the homes layout and allow for observations of developments linked to the previous reports set objectives. The manager acknowledged the concerns of the CQC and HWERY as valid; as previously reported he has been in post in this home for just over a year, but has been with the 'Roseville Care Homes' group much longer.

The manager feels he has good support from the group with regular visits from a senior staff member to support him; although he informed us that he continues to have staff compliance problems and one senior member has just been but on a 'capability' process and is gathering the necessary evidence to proceed with this process.

The manager feels that the development of the Bungalow has taken the homes management eye and focus off the main home and even such things as maintenance has suffered as the maintenance person has been called away to assist with the bungalow refurbishment. We were advised that the need for this development is centrally led by the company but has to be managed locally.

Opportunities were taken to share some good practices from other homes to assist in the improvement process:

- A Managers weekly objective plan - to assist in follow through of delegated work and processes.
- Paint all toilet and bathroom doors a colour only used on them to assist residents and visitors to identify them.
- Bum bags for staff to carry a supply of protective products with them i.e. Gloves/Aprons/Red bags/hand gel to allow easy access to the products as required.
- National group reviewing 'Restrictive Practises' with an aim to reduce the incidences. Mainly relates to Mental Health but could relate to any care setting re. use of such things as lunch tables.
- A Manager of another home is doing a research project on 'Fluid intake' and its effect on such things as confusion/falls etc. A short discussion around fluid balance management needs to be progressed next visit as HWERY representative noted that there did not appear to be easy access to drinks e.g. drink stations though she was assured that this subject was addressed by the staff to ensure a good fluid intake.

Training was an area for improvement also noted by the CQC - there are still improvements required; however an external training consultant is now delivering mandatory training and we were shown a training matrix; unfortunately this requires updating.

HWERY representatives offered to attend a staff meeting to explain in person the purpose of their visits, important since they are going to see a few visits the coming weeks/months. At this time the aims and objectives of the visits can be outlined and it is hoped that staff buy in can be obtained for the changes needed to move forward; this offer was met positively by the manager and deputy.

***Response from Setting:***

*This is a very positive working relationship and I am very much looking forward to the positive outcomes.*

Signed on behalf of HWERY		Date:
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