

Enter & View Residential Care Report

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

Red House Care Home

St Annes Road, Bridlington, East Yorkshire YO15 2JB

Date of visit: 25th March 2019

Date of publication: 25th June 2019

HWERY Representatives: Michelle Harvey & Emma Pullan

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 visit was part of a Healthwatch East Riding programme to carry out a required number of Enter & View visits per year to collect the views of people whilst they are directly using services. This will then contribute to its remit of helping ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care.

It is important to note that Enter & View is not an inspection; it is a genuine opportunity to build positive relationships with local Health & Social Care providers, provide opportunity to demonstrate that providers support service user engagement and give service users the opportunity to give their views in order to improve service delivery.

Summary of Key Findings

Red House Care Home is a large home purpose built home with 48 beds, split over 2 sides of the home - each side with a different level of dependency; at the time of the visit, 47 beds were occupied. All rooms are on the ground floor, 27 of which are en-suite; the remaining rooms are served by 9 additional bathrooms/toilets.

The home has several spacious communal areas, including traditional sitting rooms, recreational areas and large dining areas. There are 2 courtyards and a small garden area. During the course of the visit, both the manager and deputy clearly conveyed the importance of person-centred care within the home and this ethos was also prevalent amongst all of the staff that we met during the visit.

Recommendations/Observations

- De-clutter the main residents notice board to ensure that all notices can be clearly seen to ensure residents have clear access to information that they may need
- Consider 'advertising' activities/events more prevalently in various parts of the home to help ensure all residents are aware of what is offered e.g. the Sunday Service



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.

On arrival, the receptionist was aware of the visit from Healthwatch and directed us to sign in before introducing us to the manager and deputy manager.

The main entrance (where the manager's office is located), is secured with a buzzer system to alert staff to a visitor at the main entrance. Leading off the main foyer area in each direction, is a separate corridor which houses the laundry and staff only areas, which are also both secured by keypad, offering a high level of safety and security for the residents.

During the day, there are eight care staff on duty and four staff work the overnight shift. There was a visible staff presence in all areas of the home supporting residents as and when required.

First impressions are that the home is clean and tidy with no discernible odours. The home is light and neutrally decorated. During the visit, the manager explained that the floor was in the process of being changed from carpet to wooden flooring; most of the home has already been completed and the remaining carpet will be replaced with wood effect flooring in the near future which will aid cleaning, infection control and provide a safe surface for residents to walk on.

Fixtures and fittings supported mobility and independence, and appeared to be well maintained to a safe condition; we observed one resident making his way to the dining room, using the contrasting coloured hand-rails for support.

The home is kept clear of clutter and any trip hazards, with fire exits clearly marked and easily accessible; dementia friendly signage is in place throughout the home.

Some resident meals are cooked on the premises and others provided by 'Apetito'. The home has been awarded a 5 (the highest score possible) by the Food Standard Agency in November 2017. During our visit, we observed residents being served breakfast and lunch, there were no safety or hygiene concerns and residents were being supported appropriately to eat.

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?

Residents have access to medical professionals, as well as the falls team, speech and language specialists and dietician. During our visit, some of the residents had appointments with the hairdresser who visits 3 times per week; there is a dedicated salon in the home with a timetable for appointments clearly displayed on the door.

All staff were well presented, wearing uniform and name badges, so were easily identifiable; staff were also seen to use aprons and gloves at appropriate times.

Throughout the visit, we witnessed staff effectively engaging with residents, taking part in activities and communicating with residents to help them decide on their lunchtime meal. Staff were also seen encouraging residents to eat and drink and offering support when needed; one gentleman who was very slow to eat during breakfast and kept dozing, was gently and patiently encouraged to eat 'even just a little' and was also offered an alternative that he might like better.

There is a four weekly rotating menu which is varied and provides a choice of meals for the residents; menus incorporate pictures to give residents visual aids when deciding what to eat for lunch and are displayed in the dining room; residents also have a choice of where they would like to eat their meals. Of the residents we spoke to, all were happy with the food on offer and all reported that they had enough to eat and drink, one also told us 'They all know exactly what I can eat, so I know I don't have to worry because I can only eat certain things without it making me poorly'.

At meal times, small tables seating 4-6 residents are laid with table cloths and appropriate cutlery etc.; refreshments and fluids are available all day; one resident telling us 'One of the best things about living at the home is that I can always have a cup of tea'.

During the course of the visit, we saw staff leading activities such as crafts, and stickle bricks, sometimes with a group, but also on a one-to-one basis. One lady had an I-pod and ear phones and was singing along and listening to her own playlist, a member of staff helped her find her favourite song and sang along with her. We saw that the home had taken part in the local 'Care Home Games' and had their certificate proudly on display.

The residents have access to 2 courtyards that are secure and accessed through the dining rooms at either end of the home. One courtyard has been decorated with wall murals in a beach theme; there are deck chairs, sand and beach paraphernalia to enhance the experience of residents; the manager explained how these areas are particularly important for those residents who feel unable to go out on trips as they now find it too overwhelming, but can still enjoy similar experiences to others within the safety and security of the home. The manager also explained that during the summer months, residents are given money and are able to purchase ice cream in the courtyard. There are seating areas in both courtyards and during our visit we saw residents independently using the space for fresh air and to smoke - one resident described the courtyard area as 'her escape', she said 'I love being able to just go out there whenever I want for my me time'.

The home also has a variety of recreational rooms, each set up with a different purpose. One such room is set up as a pub, complete with back screen, tables and chairs and piano. There is also a room decorated and furnished in a vintage style as a dedicated reminiscence lounge, in which residents can reminisce about the past or use as a quiet lounge/ more private space when visitors or partners come. In the higher dependency section of the home, there is also a lounge where residents can go for some quiet time or to have their own space should they feel that they need it, this area also provides ready access to activity boxes, musical instruments and art products etc., all of which can also be used for therapeutic purposes. There are also a number of 'activity boards' throughout the home, fitted for example with different types of latches, fastenings and knobs etc. which are of great aid to those residents living with Dementia an offers another type of stimulation.

How caring do service users find the service?

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

We saw carers consistently interact with residents in a kind, caring and respectful manner. Residents spoke highly of the care staff and the help and support that was provided, one told us 'Staff don't change, they are the same ones which I like and they are all helpful and pleasant', another said 'Everybody is so good and helpful'; of one member of staff they said 'She's a good un'. From the observations that we made, staff seemed knowledgeable about the needs and likes and dislikes of individual residents and person-centred care came across as a top priority from both staff and management alike. When one resident became quite distressed because she couldn't find her purse and didn't know where her money was, a member of staff responded swiftly and calmly and offered assurance to the resident and calmed her.

A visiting relative commented on the fact that the same staff work at the home and this level of consistency is of great help to her husband and herself in building trusting relationships and providing consistency of care; she said that she can visit anytime and is always made to feel welcome during her daily visits. She also told us that her husband had also stayed at a different home and the difference was quite remarkable, here she knew that her husband was well cared for and she had no worries about both the level and the consistency of care that was provided.

Relatives are involved in care plans and each relative we spoke to or responded to our questionnaire, reported that they are happy with the care provided.

Residents each have their own room, with their picture outside the door (where permission has been given); residents are able to choose which picture they would like. Residents can also choose how to decorate their door; some residents had opted to decorate in their favourite teams' colours and badges. Residents told us that they can have their room however they want it; one told us 'If I wasn't here I don't know where I'd be - probably on the streets! I don't have much but I have my own room and I like it just as it is'.

There is an activities coordinator in post and an activities notice board on display in the main foyer - although this wouldn't often be seen by residents due to its location. During our visit, we witnessed residents engaged in activities which included making greeting cards, stickle bricks and reading. The manager keeps record of which residents take part in each activity, this allows the activities coordinator to identify when there are residents being missed and schedule some activities that are better suited.

How responsive to their needs do service users find the service? By responsive, we mean that the services meet people's needs.

The home offers day care and respite dependent on whether there are any available beds. All residents have end of life plans in place and any religious or cultural needs are included in the person centred care plans. On request, some residents are visited from a religious leader of their faith and a Sunday Service was advertised on the activities board; however one resident told us 'I miss going to church because I don't think that they do that here'. Residents have access to a telephone, internet, computers, Skype and 'playlists for life'; access to these services was on display on the main notice board; although it was a little cluttered which meant that some information was not that easy to find/read.

Resident meetings are held every couple of months and relatives are welcome to attend - minutes were on display on the main notice board.

Via our questionnaires, relatives told us that they feel able to raise any concern or complaints should they need to; residents also told us that they would be happy to report any concerns or complaints to a member of staff, however, none had felt the need to do so.

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.

The home is led by the manager and deputy manager who oversee all staff, most of which say they feel supported within their role; however some staff reported that they sometimes feel that they do not feel comfortable reporting concerns.

Relatives speak positively about the management and leadership and are happy with the current management team.

The majority of staff reported that they enjoy working in the care home. Staff levels appear sufficient both day and night and staff are provided with up to date, relevant training; staff absences are effectively managed, making use of other in-house staff rather than agency if possible, offering consistency to residents and families. Some staff reported that they would like to spend more time with residents. Staff meetings are held every 2-3 months.

During the course of the visit, both the manager and deputy clearly conveyed the importance of person-centred care within the home and how they understood the constant need for self-review to ensure that the home consistently upheld and improved standards of care; the ethos of person-centred care was also prevalent amongst all of the staff that we met during the visit.

Response from Setting:

Many thanks for the visit and positive feedback which we will share with our stakeholders.

Signed on behalf of HWERY	Date: