

# Enter and view report

Rivermead Care Home, Malton

August 2022

# Contents

Background.....	2
Details of the visit .....	3
Summary .....	3
About this visit .....	5
Findings .....	6
Quality of life .....	7
Quality of care .....	10
Care during COVID-19 .....	13
Changes implemented since COVID-19 .....	15
Raising concerns and issues .....	15
Staff.....	16
Overall rating.....	17
Acknowledgements.....	17

# Background

## What is Healthwatch?

Healthwatch North Yorkshire is the independent champion for people using local health and care services. We listen to what people like about services, and to what could be improved. We share these views with the people who have the power to make a difference.

## What is enter and view?

Part of the local Healthwatch programme is to undertake enter and view visits. Our team of authorised representatives conduct the visits to local health and social care services to find out how services are being run and make recommendations where there are areas for improvement. They 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.



## Details of the visit to Rivermead Care Home

Service address	123 Scarborough Road, Norton, Malton, YO17 8AA
Service provider	Barchester Healthcare Homes Limited
Date	19 August 2022
CQC rating	Good
Care home manager	Sarah Jackson
Contact number	01653 696942

## Summary

### Purpose of the report

In this report, we summarise the findings gathered during the visit on 19 August 2022, as well as feedback shared through survey responses gathered before and after the visit.

### Purpose of the visit

- To visit and gather views of the residents and their relatives and the experiences of the services provided.
- To observe the ongoing care being provided for the residents and their interaction with staff and their surroundings.

### During the visit

Our authorised enter and view representatives visited the home and spoke with residents, residents' relatives and friends, and care home staff.

We heard from 16 residents, seven residents' friends and family members, and 11 members of staff whose feedback forms the basis of this report.

### Key findings

We found that at the time of our visit Rivermead Care Home was operating to a good standard. These findings were based on our observations, and reflects the general happiness of residents, family and friends of residents and staff members.

The general feedback from everyone was positive with ratings of more than four out of five being given by residents, relatives, and staff.

The most significant issue raised was about staff and particularly the number of agency staff that the home must use. Permanent staff were praised, and their hard work recognised, but a number of residents were nervous of agency staff or felt they were not known and didn't share their names with residents. A lack of activities available was also noted.

## **Positive feedback**

- Overall, residents, friends and family members, and staff are generally happy with the home.
- The residents felt positive about their personal cleanliness and hygiene and that of the home.
- The feedback from residents and relatives about the food was positive.
- There was good feedback about the permanent staff.
- Staff enjoyed their work and majority would recommend the care home to friends and family.

## **Recommended areas for improvement**

- Internal signage could be larger and have more colour contrast to support those residents with cognitive impairment.
- A review of staffing should be undertaken to ensure there is adequate staffing levels at all times and a plan to reduce reliance on agency staff.
- Provide more activities for residents to enhance quality of life.
- Ensure that residents are able and encouraged to eat in the dining room for their meals.
- Review communal toilets in the dementia unit and introduce grab rails and colour contrast toilet seats.
- Ensure that all relatives are encouraged to contribute to their loved one's care plan.

## About this visit

Rivermead Care Home is run by Barchester Healthcare Homes Limited and is in Ryedale, North Yorkshire. The home has 70 beds, and at the time of the visit, 69 people resided there. Most were there for long term care and support, four were there for respite care and four beds were block booked. The current manager has been in post for two years.

This was an announced enter and view visit arranged with the care home manager. The purpose of this visit was to capture the experience of life and care within a care home environment and to identify examples of positive working practice. We did this by observing the residents engaging with staff and their surroundings and by speaking with the residents to understand their experience. We asked relatives and staff members to provide their experience and views of the care home by completing a survey.

Prior to our visit, we provided information, which was made available for people to read in the reception area of the home. It included surveys for staff and relatives to complete and how to access the survey digitally. The survey was available up to 10 days after our visit.

On the day, four of our authorised representatives conducted observations. We spoke with 16 residents, who shared their thoughts and experiences of living at Rivermead Care Home. During our insight gathering, we used a survey to help our discussions which focused on quality of life and care in the home, and the impact of COVID-19.

Seven family members and friends responded with their experience and views of the care home, and we heard from 11 members of staff who work in the home. Staff respondents included a range of staff working across the care home. Respondents included agency staff, those who had worked at the home for a few months and those who had been there for a number of years.

Not all respondents were able to provide an answer to every question and some respondents preferred not to answer every question.



# Findings

## Environment

On the initial observation of the care home, our authorised representatives found the building to be in a good state of repair. There was good signage to find the home when driving there. However, the signage on the building itself and to the reception area was poor. The authorised representatives were approached by someone else visiting the home to ask how to get in when they were there.

There is a car park, but it is small and was very busy on the day of the visit.

The care home is in a quiet residential area but quite a long way from local amenities. There is a garden and an enclosed quadrangle, which can be accessed by residents in the dementia unit. All residents need to be accompanied when they go outside.

Seating was visible in a smoking area. At the time of the visit, this was only used by staff members.

The care home reception area was clean and tidy. The reception had a notice board, which included information about activities and displayed staff photographs and included names of the staff.

## Accommodation

One wing of the building has a locked dementia unit with 37 beds. The other area, separated by the reception, has 33 beds for frail older people, many of whom need nursing care. There is a key code needed to pass between the different wings.

The décor was of a very good standard throughout. The residents' rooms had good identification, especially in the dementia unit, where the doors of residents' rooms had the person's name and photograph or a picture to help them identify their room.

Signage in communal areas could be larger with more colour contrast.

Not all bedrooms were ensuite. There were accessible toilets available for use by anyone. However, the communal toilets, including in the dementia unit, did not have colour contrast seats or grab rails.

Some bedrooms had small wardrobes, which meant there wasn't a lot of storage. One of the residents commented on this.

Residents in the dementia unit interacted with each other and staff. There was less interaction in the frail older people unit, but there were few people in the communal lounges. All the residents who were seen, were well dressed and appeared well cared for.

## Cleanliness and hygiene

Our representatives noted that overall, the care home was clean, with no unpleasant smells.

### We asked residents about the cleanliness of the home.

All residents felt that they were either fully or adequately clean and well presented. Fourteen residents said that the home is fully or adequately clean with one saying it is not clean enough. One person said her room is hoovered daily but another said that theirs isn't.

## Quality of life

### General happiness

**Residents were asked whether they were happy living in the care home and how much choice they had over their daily life. (By choice we meant could they get up/go to bed when they want, can they go where they like in the home, do they choose what to wear each day etc).**

The residents who responded were generally happy with one saying "it is as good as any hotel across the world" and others adding "it is as good as Buckingham Palace compared to other homes" and "as good as a home could be". A few people said they would rather be in their own home and one hoped they would not be staying long.

Twelve residents said they have as much choice as they want or adequate choice over their daily life. Four said they have some choice, but not enough.



"The quality of life is as good as Buckingham Palace when compared to other homes."





## Food and drink

Our representatives observed a lunchtime meal. Most people seemed to enjoy the food with one exception and staff were helping people who needed assistance. After the lunch one resident shouted that they were hungry and when would they get food. They were told that lunch had finished and accompanied to their room. It was not clear if any further action would be taken.

**Residents and relatives were asked to share their views on the food and drink. Our representatives observed a mealtime in the home.**

Fifteen of the residents said they either have as much food and drink as they want when they want, or it is adequate. One person said they don't get adequate or timely food and drink.

One resident said: "Kitchen staff are excellent - good food choices. I am pre-diabetic with a special diet sheet from my doctor which the kitchen staff provide well." Another resident added there was plenty of food at set meals so they are never hungry. One felt that the food was not to their liking, but acknowledged they were set in their ways; another was disappointed that there was no alcohol.

Several residents said that they had to eat evening meals in their room. The representatives raised this with the care home manager who was going to investigate and ensure residents were encouraged to eat in the dining room.

Most of the relatives' comments were that the food was good, but one person said that the choice was not always good. Others commented that there are not always enough staff available to encourage people to eat who need help.



"The food looks lovely - but needs more mealtime staff to encourage residents."

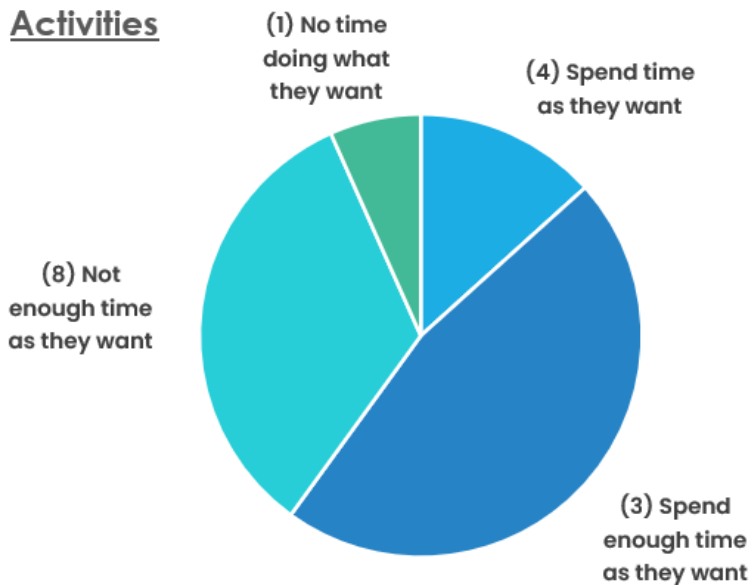


## Activities

When our representatives ask to speak with the activity coordinators during our visit, we were informed they were on annual leave, so there were no activities happening.

**Residents were asked if they spend their time doing things they value and enjoy. Relatives and staff were asked if residents have regular access to activities in the home.**

### Activities



Two residents said they can do things they value and enjoy as much as they want; seven said they are able to do enough of the things they value and enjoy; five said they do some of the things they value and enjoy, but not enough and one person said they don't do anything they value or enjoy.

Some residents mentioned enjoying activities, particularly outside the home when these happened. One person felt there weren't things on offer that she would like to do and another that activities have reduced since COVID-19.

Staff added that there are regular activities including scrabble club, videos, and day trips. Of the four relatives that responded, three felt there weren't enough activities. One relative did mention that her husband had been cycling in Dalby Forest, an activity he enjoyed.



"I enjoy the Pets as Therapy dog visits every fortnight."



## Social contact

**Residents and their relatives were asked about their social contact and our representatives observed interactions between residents, relatives, and staff.**

Four of the residents said they have as much social contact as they want; four have adequate social contact; three have some social contact but would like more and three people feel they don't have enough social contact and feel isolated and lonely.

Many residents have visits from friends and family, and one said they take part in as many activities as they can.

Most of the relatives who responded said they visit regularly with many visiting daily or several times each week.

## Quality of care

### Residents and relatives

**They were asked whether they felt they/their relative was well cared for. We also observed whether residents looked well cared for during our visit.**

Three respondents said they were very satisfied with the care their relative received, two were somewhat satisfied and two somewhat dissatisfied. The feedback was mixed with some things like food and hygiene praised by one relative but criticised by others.

One relative mentioned that there were not enough toilet visits and her relative was left in the same continence pad for too long. Another mentioned it had been a month since her relative's hair was last washed that her teeth were never clean. Others said their relative was well cared for and the home had been very good, aware of the loved one's needs and had done their very best to support the relative in trying to secure [NHS Continuing Healthcare](#) funding.



"The carers and nurses, all the staff are friendly to my sister, showing proper concern toward me as their visitor."



**We also wanted to know whether residents feel like they need additional help with anything, such as help to eat or drink, and if they receive enough help.**

Half of the residents who responded said they didn't need help. Of those who felt they didn't get enough help, they raised concerns about a lack of staff to help at night and concerns with agency staff, including nervousness to ask for their help.

**Relatives and friends were asked if they contribute to individual care plans.**

Two of the five relatives who responded said they had contributed to their loved one's care plan. The remaining three said they were not asked to contribute.



“My husband had a set of routines at home, and they have managed to continue this as much as possible, due to his deterioration.”



**Staff**

**We also wanted to know how well informed the staff are about the residents they look after in terms of their individual likes and dislikes, food/drink requirements, hobbies/interests.**

There was a mixed response to this question. Four staff members said they were very informed, two somewhat informed and one somewhat uninformed. One person who commented said that all the information is in a resident's care plan and another said senior staff keep them updated with information about the residents.

Staff reflected that information in each resident's care plans included an oral health plan, which includes a person's product preferences and any prescribed items. It also includes any sight, hearing or communication needs as appropriate.

## Safety and staff levels

**Residents, relatives, and staff were asked whether they feel there are enough staff, and we asked the residents if they felt safe in the home.**

Eleven residents said they feel as safe as they want. Four said they feel adequately safe, but not as safe as they would like. One person said they do not trust the agency staff and are not happy to be showered by them.

Of the 15 resident responses, five said there were enough staff and ten said there was not. There was disappointment about the number of agency staff where residents don't know their names. People mentioned having to wait a long time when they ask for help, particularly at night. There were many positive comments about the permanent staff and recognition they were doing their best.

Staff's views reflected those of residents with three staff members saying there are enough staff and four saying there are not. The comments recognise that shifts are always covered but the care home relies on agency staff, and these are not always reliable.

Relatives had a similar view whereby five said there wasn't enough staff and two said there was. The relatives recognised that some of the issues they identified with care is due to a lack of staff and that there aren't as many activities as there might be due to this issue. One relative said, "It is no good showing 8 to 10 residents into the main lounge with one carer on duty, then expecting that carer to leave the room to deal with other things."



"My husband always was a very active man. He never sat for a long time, but there is not enough staff to support and encourage physical activities. He is really upset."



## Sensory health (including oral health, sight, and hearing)

**We asked residents and friends/ family if they had been able to access relevant health checks during the pandemic.**

Residents who responded said that appointments were restricted during Covid. Three residents had been to dental appointments outside the home, two were taken by family and one was taken in a taxi by a staff member. Most residents who responded had received eye tests, often in the home, or been to the eye clinic. Only two people responded about hearing tests with both saying they had been able to access hearing checks or appointments. It was not clear if these were at the home or elsewhere.



## Care during COVID-19

### Staff

**What is your experience on working in a care home during the pandemic?**

Not all the staff respondents had worked at the home during the pandemic. Those who had found it scary, difficult, hard, and stressful. One commented they felt safe, and others recognised the positive steps the home put in place to keep people safe, like testing and a visiting pod.

Staff reflected that things are starting to get back to normal now, but the impact is still being felt. This is seen in colleagues with long COVID-19, impact on staffing levels and the remaining limitations of wearing masks, which is particularly difficult in the dementia unit.



“It took me out of my comfort zone as we had never expected anything quite like it. As a nurse, you must get on with it and do the best you can. I found it very frustrating and upsetting looking after residents who you know well and watching them become ill and pass away from COVID-19.”



## Residents

### Do you feel safe against COVID-19 in the care home?

Every resident who answered this question said they feel safe from COVID-19. One said, “the home was very good during COVID-19.”.

## Residents and family and friends

### Has the home implemented any changes to make sure you/they are able to contact loved ones during the pandemic? Could anything have been done better?

Only five residents answered this question. Four said that positive changes had been made and one that they hadn't. Two people said they had used technology, including one to keep in touch with a relative abroad.

Relatives reflected positively on the increased use of technology to stay in touch and the pod, garden and window visits were appreciated.

## Changes implemented since COVID-19

### Staff

#### We asked for their views on whether any positive changes were implemented in the care home during the pandemic.

Staff didn't recognise many positive changes. They were aware of the increased workload due to testing and keeping the residents safe. The positive changes were the flexibility of visiting areas including the pod and the increased use of technology for residents to stay in touch with family and staff to contact GPs.



# Raising concerns and issues

## Residents, family, and friends

**We wanted to know if they had any concerns about the service, would they know what to do.**

Of the ten residents who responded, nine said they were confident in what to do with most mentioning contacting the manager or deputy manager, raising it with a family member or at the residents' meeting. However, one person felt that residents don't have a voice in the residents' meeting.

Relatives had the same approach. Five said they would talk to staff members, or the manager. Only one person said they didn't know what to do.

**We also asked if they had been happy with how the concern had been dealt with in the past.**

One resident, who has a long-term condition, was disappointed at the medical help she received, particularly that she hadn't had access to a physiotherapist or neurologist. She had raised her concerns.

Relatives provided mixed feedback. One raised their concerns with the deputy manager, but later when talking to the home manager realised that information had not been recorded or shared. Another relative said they raised an issue of disappearing nightclothes and were just presented with a large bin to sort through. Whilst others felt they were listened to, and their concerns were dealt with in the best interests of the resident.





## How do they feel?

### We asked staff about working in the care home.

All eight respondents to this question said they enjoyed working at the care home. Five of the seven respondents said they would recommend Rivermead Care Home to their family and friends. One staff member said they wouldn't want any of their family to go into any care home.

When asked about improvements to working at the care home, the main comment was about increasing staffing levels. One other comment was about improving communication within the staff team.



"I love Rivermead Care Home. It is a very welcoming place to work, and the residents are lovely."



### We wanted to know whether the staff feel well informed about changes to services in the home.

Of the respondents to this question, five said they were fully informed and five made additional comments. One of the comments was from someone who was on their first day and other comments noted a daily staff meeting to share updates, and that changes are notified. One person said often they feel they must ask about changes, rather than be informed.

Other comments noted the manager's open-door policy and that she does act on suggestions and lets colleagues know what has happened because of their suggestion. For example, the daily staff meeting was changed from 10am to 11am to ensure the medicine round could be completed before the meeting.



## Overall rating

We asked residents, family, friends of residents, and care home staff how they would rate the home out of 5 (with 5 being the best).

**Residents: (4.5/5)**



**Friends and family: (4.1/5)**



**Care home staff: (4.3/5)**



## Acknowledgements

The Healthwatch North Yorkshire enter and view team would like to thank the manager, staff, friends and families of residents, and residents for letting us access the care home, and for sharing their views with us. Thanks also to our dedicated volunteers who helped support this visit.

## Disclaimer

This report is not a representative portrayal of the experiences of all patients, relatives, and care home staff, but an account of what was observed on the day of the visit and shared with us by those who completed our survey. Note: Some of the residents we spoke with have cognitive impairment, which can impact their ability to answer the questions.



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