

# **Saint Cecilia's Nursing Home**

## Enter and View Report

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## 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 Enter and View 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. Healthwatch Enter and View visits 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.



**healthwatch**  
North Yorkshire

Saint Cecilia's Nursing Home



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## Details of the visit to Saint Cecilia’s Nursing Home

|  |                                     |
|--|-------------------------------------|
| Service address                                      | 19 Filey Road, Scarborough YO11 2SE |
| Service provider                                     | Saint Cecilia’s Care Group          |
| Date   | 8 August 2023                       |
| CQC rating   | Good                                |
| Care home operations manager                         | Mike Higginson                      |
| Care home registered manager (left before the visit) | Donna Henderson                     |
| Contact number                                       | 01723 353884                        |

## Summary

### Purpose of the report

In this report, we summarise the findings gathered during the visit on 8 August 2023, 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, as well as conducted a planned observation.

We heard from:

- **16** residents,
- **17** residents’ friends or family members,
- **14** members of staff,

whose feedback forms the basis of this report and our rating of the Saint Cecilia’s nursing home.

## General Information

Saint Cecilia's Nursing Home in Scarborough is part of Saint Cecilia's Care Services Group, which has been providing care in the local area for more than 30 years.

Saint Cecilia's Care Services Group is a family-run business, with two nursing homes (one in Scarborough and the other in Whitby) and three care homes (two in Scarborough and one in Pickering) offering services to people with a wide variety of care and nursing needs, includes Saint Cecilia's Day Care, which provides day care sessions for older and vulnerable adults.

Saint Cecilia's Nursing Home is in a suburban location with picturesque views from some residents' bedrooms.

Our authorised Representatives observed Saint Cecilia's Nursing Home building which has five floors with office space and ancillary facilities on the basement floor. The ground floor has communal, dining spaces and bedrooms, and further bedrooms on the first, second and third floors.

## Key findings

We found that, at the time of our visit, Saint Cecilia's Nursing Home was operating at a high standard. The care home is well-maintained, the staff are friendly and helpful, and the residents are well-cared for. These findings are based on our observations, as well as feedback received by Healthwatch from residents, their families and friends, and staff members. They reflect the general happiness and overall environment of the home.

However, there were a few issues highlighted and we have made suggestions for review and improvement including the need for updates to decor in some communal spaces and bedrooms, enhancing parking availability and signage for better accessibility. Additionally, addressing challenges related to room configurations and the provision of suitable toilets and shower facilities should be considered.



## Positive feedback

- The care home is generally well-maintained, creating a clean and inviting environment for residents and visitors.
- Staff members at Saint Cecilia's Nursing Home are described as friendly, kind, and considerate. They are actively engaged in addressing residents' care needs, which contributes to a more dynamic atmosphere in communal areas.
- Residents have a variety of meal choices, and the food is described as appetising and well-nourishing. The availability of different meal options and dietary requirements is appreciated by residents.
- Residents generally feel safe and adequately cared for.
- Staff members report high job satisfaction and feel appreciated in the workplace. Teamwork is highlighted as excellent, contributing to a positive atmosphere



## Recommended areas for improvement

- **Enhance Social Activities.** Improve social engagement among residents by introducing more inclusive and stimulating activities. Consider diversifying the range of activities to cater to various interests and mobility levels. Encourage residents to actively participate in social interactions and events.
- **Decor and Ambiance.** Address the decor in communal spaces and bedrooms to create a more vibrant environment. Use colours, artwork, and decor elements that promote a positive atmosphere. Regularly update the decor to maintain a fresh environment.
- **Parking and Accessibility.** Improve parking availability and signage for better accessibility for visitors. Consider providing visitors with local parking discs to alleviate parking issues and enhance the overall experience.
- **Room Configurations and Facilities.** Review room configurations to optimise space and enhance residents' comfort, wherever possible, to promote independence.
- **Staffing Levels.** Evaluate staffing levels on weekends, holidays, and during shift handovers to ensure consistent care.
- **Continence Care.** Review and improve continence care practices, ensuring that residents' needs are promptly and comfortably met. Train staff to assist residents without causing discomfort and maintain accurate care assessments for each resident.
- **Staff Support.** Review the staff well-being support policy to ensure that appropriate and relevant support is offered to the team and that concerns about workload are addressed.
- **Family involvement.** Reinstate regular meetings with relatives to provide a collaborative platform for families and friends to express concerns, share updates and gather feedback. Enhance family involvement in care planning and reviews.

## About this visit

Saint Cecilia's Nursing Home is run by Saint Cecilia's Care Group and is registered to provide accommodation care to its residents, who require personal and/or nursing care in Scarborough.

The home can support up to 44 people in single rooms (10 en-suite). At the time of the visit, **39** people resided there.

This was an announced Enter and View visit, arranged with the care home manager at the time. The manager, who has been in the post for the past eight years, supported an initial arrangement of the visit and later passed a pre-visit engagement to a home operations manager, who was in charge during the day of the visit and supports the team of authorised representatives.

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 practices. 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 about the Enter and View visit which was made available for people to read in the reception area in the home, as well as on the noticeboards, included surveys for staff and relatives to complete. The survey was available also after our visit.

At the time of the visit, resident ages varied, and a larger number of female residents in the home - 30, compared to 9 male residents.

This service at the nursing home was provided by 57 members of staff, the work shifts were allocated between the day shifts 7.15 am- 8 pm, and night shifts 8 pm -7.30 am.



On the day, four of our authorised representatives conducted observations. We spoke with **16** residents, who shared their thoughts and experiences of living at Saint Cecilia's Nursing Home. During our insight gathering, we used a survey to help our discussions which focused on quality of life and care in the home.

**17** family members and friends responded with their experience and views of the care home, and we heard from **14** members of staff who work in the home. Most of the staff respondents had worked at the home for more than 3 years, and the most experienced member of the team worked for more than 32 years, while some new members of staff had a few months of experience.

Of these respondents, not all of them were able to provide an answer to every question and some respondents preferred not to answer some questions.

## Findings

This section presents a summary of the feedback received during the evaluation encompassing various aspects of the home environment, including communal living areas, dining spaces, and residents' bedrooms. The purpose of this evaluation is to identify strengths and areas where improvements or adjustments may be considered to enhance the overall quality of care provided.

### Environment

On the initial observation of the care home, our authorised representatives found the building to be in a good state of repair. While the building is well-maintained, some feedback suggested that certain areas may benefit from updates.

There was limited parking availability and given that Scarborough is known for its parking challenges, the home could explore further options to improve the parking situation for visitors.

Consideration of providing the visitors with local parking discs – as there is a disc zone parking area around – would help visitors park conveniently up to 3 hours for free and alleviate the parking issue. It's a cost-effective solution that can enhance the overall experience.

On entering the home there is an entrance porch, leading to a clean, well-lit, and inviting reception area. The reception area is prominently branded in a vibrant pink colour and is staffed by friendly and accommodating staff members.

Double doors from reception leading to communal areas and photo boards containing information on staff with photos and photos of home events.



There was good availability of information, leaflets, and noticeboards, including the latest Saint Cecilians' Care Group newsletter for clients and staff. Healthwatch posters and leaflets were also observed. However, some feedback suggested that there are possibly too many signs and information, which could make things confusing.

Toilets were suitable and adapted but signage was not visible from a communal space.

The small outside sitting / garden area in the front of the building was very nice, however, during the visit authorised Representatives didn't observe any residents outside. A member of the staff team, however, shared that the in-front sitting area is sometimes transformed into a space for celebrations.

## Accommodation

The nursing home building has five floors with office space and ancillary facilities on the basement floor. Communal and dining spaces, and some bedrooms are allocated on the ground floor, and more bedrooms on the first, second, and third floors.

Our authorised representatives were informed that the building was adapted from a hotel. This building layout presents a challenge to the staff team, which they were aware of and mitigate as far as possible.



The building is an ex-hotel and it's maintained as far as it could be.



The ground floor corridors were clean but narrow and some parts of the corridors had limited natural light. At the same time corridors and lifts were just wide enough for the wheelchairs.

Our representatives found it easy to see what areas were used for. The larger lounge area was spacious with large armchairs, a TV, and some small tables. It had windows facing the garden and the main road. However, the furniture and decor were functional but lacked colour and imaginative elements. Only 2 residents were seen there. The other ground floor lounge was similar in terms of furniture and decor, but it had more residents present. While there was limited interaction among residents, staff were actively engaged in addressing residents' care needs, giving the room a more dynamic atmosphere.

The staff commented that they periodically change how the living spaces are used to create a refreshed feel.

In the living areas, there were chairs of a similar nature, and to enhance the comfort and accessibility of the living areas, it is the best practice to provide a diverse range of seating options. This should include chairs of various heights, sizes, and designs with both armed and armless chairs. Such an approach ensures that residents with different preferences and needs can find suitable seating arrangements.

Drinks were readily available, but assistance was needed for some residents to access them.

Corridors on the other (top) floors were narrow with a dated decor. Our representatives found navigation difficult initially due to several levels of stair access. Lifts had double-sided access and required a code.

The residents' rooms were noticeably clean. Some rooms have multiple signs of personal items, hand-made works, and photos. However, some rooms are described as lacking space, colour, or stimulating decor.

Some rooms had TV, radio, books, magazines. A number of residents expressed contentment and satisfaction with their rooms.

There was good room for movement around the bed and chairs to allow visitors to sit down in some bedrooms. The storage was adequate, and even personalised in some rooms. However, others had no bath/shower or even toilet facilities, or toilets fitted with a basic privacy curtain only.

Some of this is constrained by the original design of the building.

Noticeably, several residents were primarily bed or chair bound and needed assistance with mobility and daily care. In one instance, a resident had double incontinence and relied on the quality of incontinence pad care.

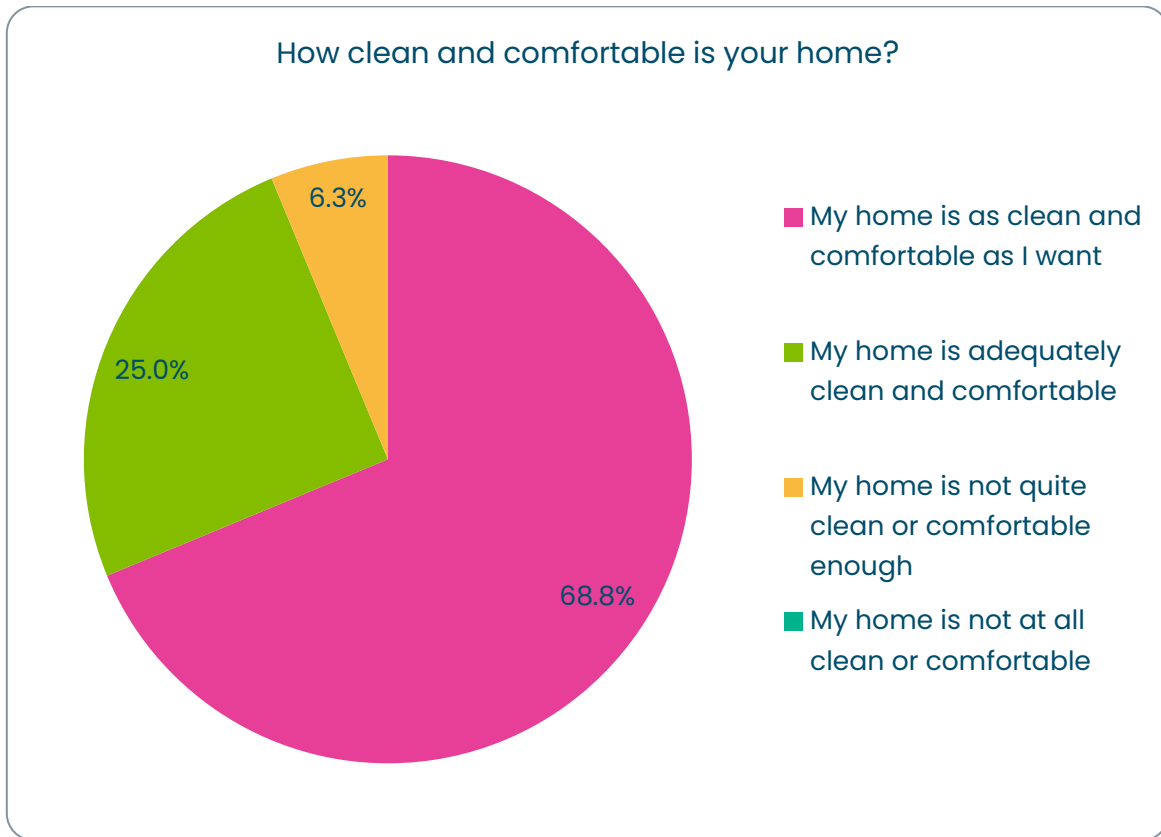
During the post-visit briefing, our authorised representatives emphasised the importance of residents' independence and room accessibility, as well as the accuracy and timing of care assessments.

The management accepted that accessibility was an issue based on the layout of the building. They stressed that room allocations were driven by residents' preference where possible. However, a goal of 100% en-suite facilities would reduce overall room capacity and extensive renovations were impractical.

## 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.**



Out of the 16 residents our representatives spoke to, 15 felt that the home was clean or adequately clean. One resident said that they did not feel clean enough.

A long-standing resident reported that the change in ownership during their residency had brought positive changes to environment and care.

Most relatives said that they feel the home is clean and comfortable, however, one relative commented:



In the main (yes) but it's an older building and would benefit from remodelling.



# Quality of life

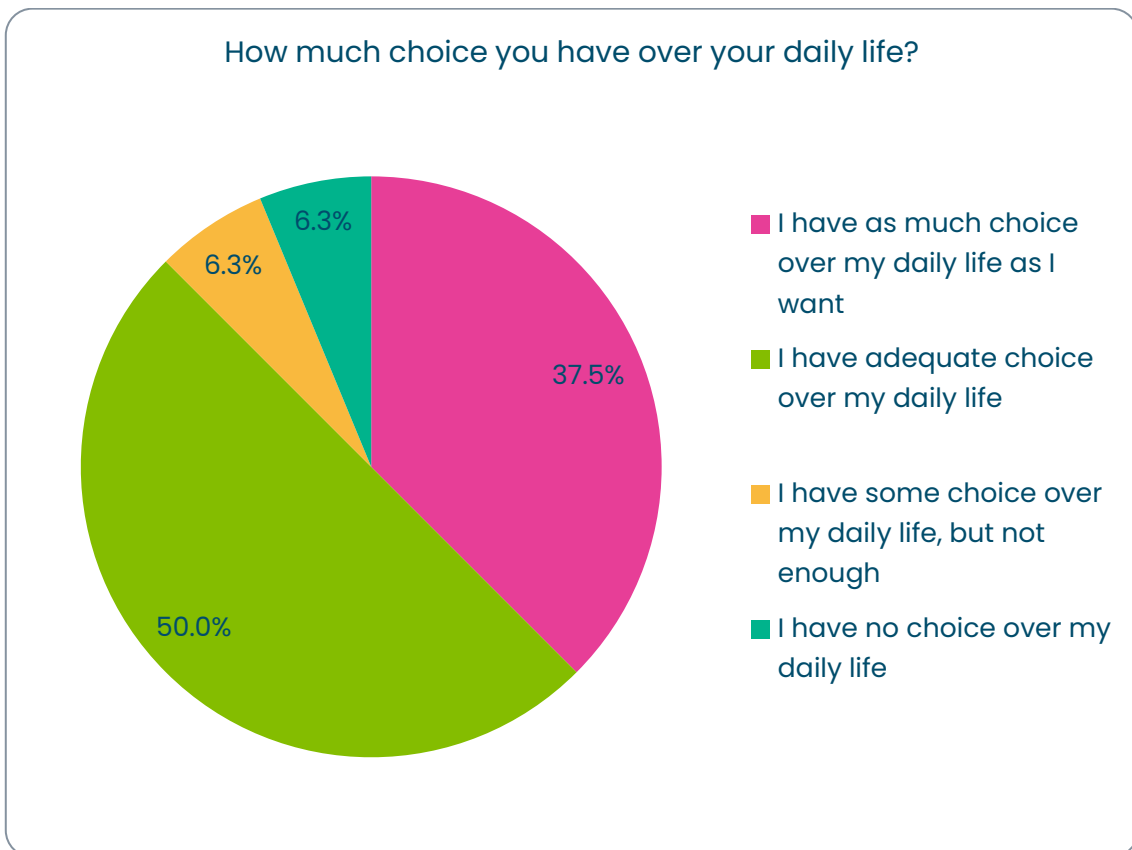
## General happiness

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).

Almost all the residents we spoke with said they were happy or quite happy at the home, with one resident being unhappy.

Six residents said they have as much choice as they want over their daily life. Eight residents said they have adequate choice and one said they have some choice, but not enough. One resident said that they had no choice over daily life, although the specific barriers to their choices were unclear.

One piece of feedback mentioned the residents' champion, who took great pride in this role. The champion actively assists residents facing difficulties, either by directly helping them or by negotiating solutions with the provider. This approach appears to be a valuable practice that fosters self-esteem and validates sense of worth and well-being.



The comments also recognised that residents have good access to TV but express a desire for access to more reading materials.

Most relatives (12 out of 17) also said their loved ones are happy to live in the home.



Great relationship with staff always smiling.



Five family members mentioned that their relatives are unhappy living in the home because they feel like they are losing their independence.



Feels always left till last person.

They want to come home.



## Food and drink

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

Residents were offered food in the dining room or in their own rooms, and had a variety of meal choices, with photos and daily menu options clearly displayed.

We observed residents eating together in the dining room and enjoying their food, served according to their dietary requirements, but there was minimal interaction. One staff member was seen assisting and encouraging a resident with eating.

Food and drink looked appetising, and the residents appeared well-nourished. Our representatives observed the food served and acknowledged the supportive kitchen staff.

One resident mentioned participating in regular meetings with both catering staff and fellow residents.





Out of 16 residents who shared their views on food and drink the majority (8) said that they received adequate food and drink at OK times, and 6 said that they get all the food they like when they want. Additionally, there were several occasions when residents praised the breakfast sausage roll, highlighting its popularity.

At the same time, two residents felt they did not always get adequate or timely food. One resident mentioned a preference for softer food due to their current oral conditions, suggesting it as a potential solution. The feedback was noted by the quality management. The other resident said that the food is ok only.

Residents were happy that the drinks were readily available and said that they able to reach drinks when they want.

Out of the 17 family members who commented, 10 felt that their loved ones receive all the food they like when they want it, and 5 mentioned that their loved ones receive adequate food at acceptable times. One said that they loved ones receive not always adequate or timely food, and one commented that they are not happy at all with the quality of the food provided.



Mum doesn't eat much but receives what she wants.



Almost all family members confirmed that drinks are readily available, with three indicated that drinks service required reminders and assistance.

Our representatives observed the residents drinking a variety of juices/squash and water.

## Activities

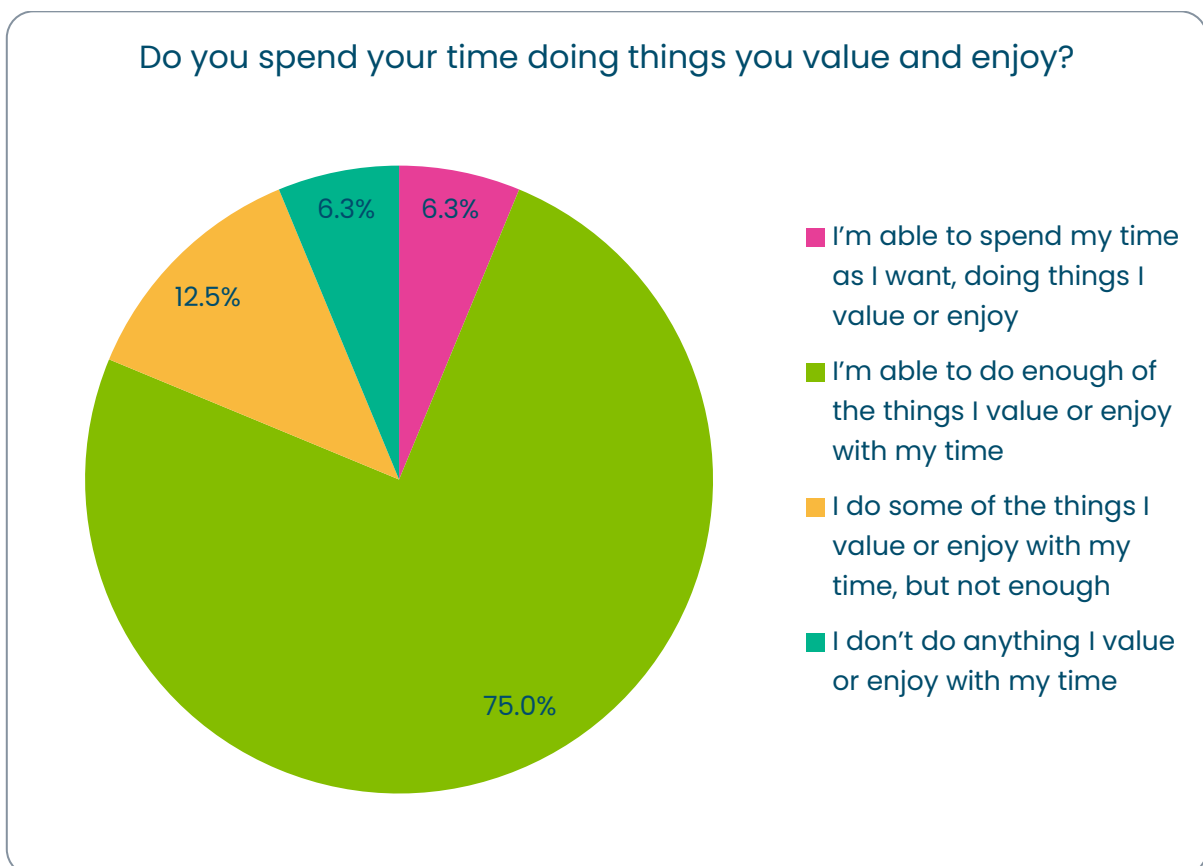
On the day of the visit, there were no activities available for observation. However, one day before the Enter & View visit, there was an event featuring animals in the home, and several residents mentioned this event with very positive feedback.

**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.**

The opinions of the residents (out of 16) are shared between:

- 1 resident said they could spend their time as they wanted,
- 12 said they are able to do enough of the things they enjoy,
- 2 said they can do some things they enjoy, but not enough,
- 1 said they don't do anything they enjoy or value.

Several residents mentioned that they enjoyed a singing karaoke or individual activities, such as reading books or completing puzzles.



However, some residents mentioned a limited ability to participate:



Basically, I watch TV and read my books, and look out of my window with my mirror, that's all I'm able to do. It's fine!  
I'd like to go out, but I'm not allowed, I don't know why!



Two thirds of the relatives we heard from said that there is a good variety of regular activities offered in the home, like karaoke, animal visits, and celebrations when possible. They highlighted that access to activities varies based on individual preferences and mobility.



I visit four times a week so am often there when the activities are on. He loves the animal visits as his family had seven acres of land and there were always cats, goats, chickens, and geese around. Animals are very therapeutic and do their job well.



However, the other third of relatives reflected the difficulty of bed bounded residents to participate in offered or lack of individually designed activities.

There is anticipation of a new activities staff member who might introduce new stimulating activities.



She is unable to take part in any activities. I understand that there will be a new activities member of staff, hopefully she will be able to stimulate her in new ways. The TV is on now, but there is no way she connects with it.



Specific activities mentioned include watching TV, karaoke DVDs, bingo, and visits from animals, which were positively received.

Only 6 family members out of 17 reflected positively on the question asking if they received invitations to participate in activities, some said:



Things have changed since Covid, there used to be more happening at home.

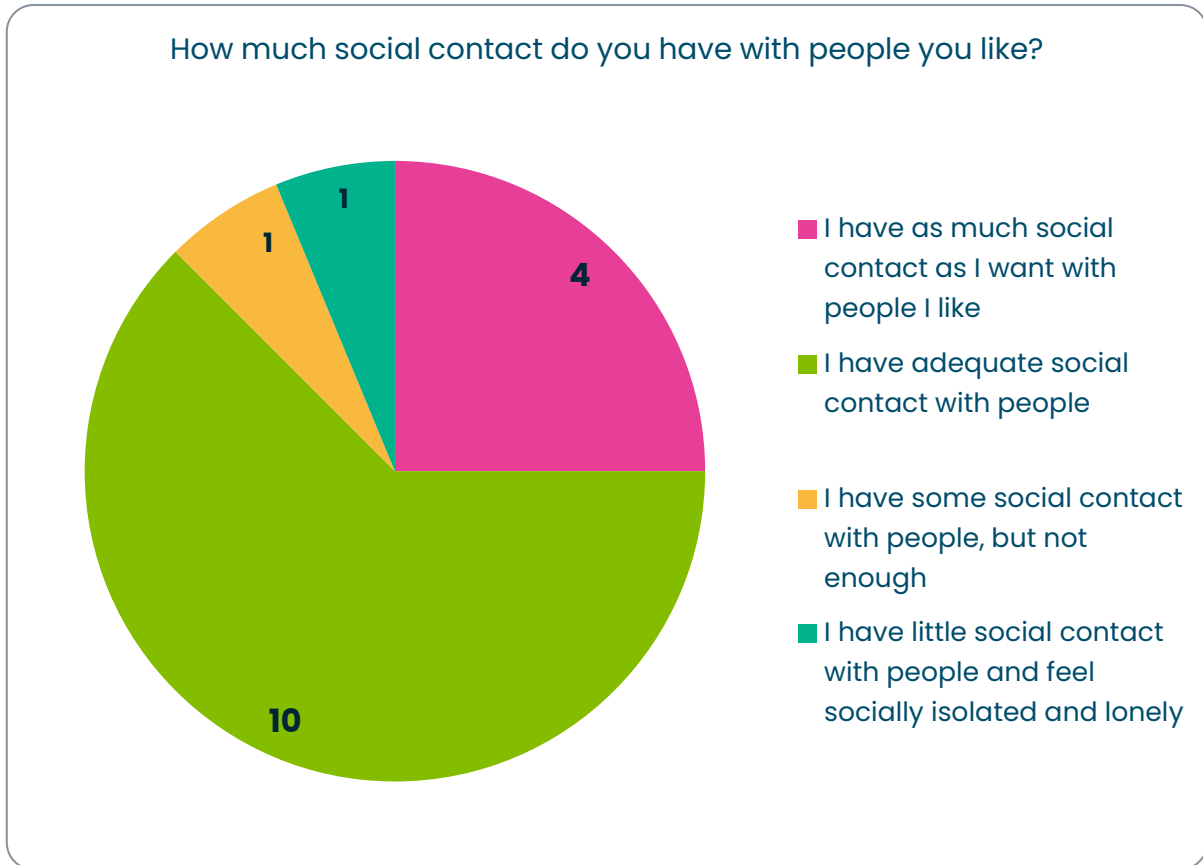


At the same time, staff mentioned a variety of activities and outings are offered to residents, including art and music classes, national day celebrations, minibus transportation for trips, games, karaoke, quizzes, entertainers like singers and harp players, animal visits, and magic shows. However, the availability and success of these activities can vary depending on staffing levels, with some staff taking residents out in their own time.



## Social contact

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



There were six comments provided by residents with various good remarks about their social interactions, and enjoyment of the family visits, however, there also was a comment of lack of personal feelings of connection or loneliness.



I don't really feel connected to the other residents, I'm very different and younger  
I don't see my family, and I don't leave the home.

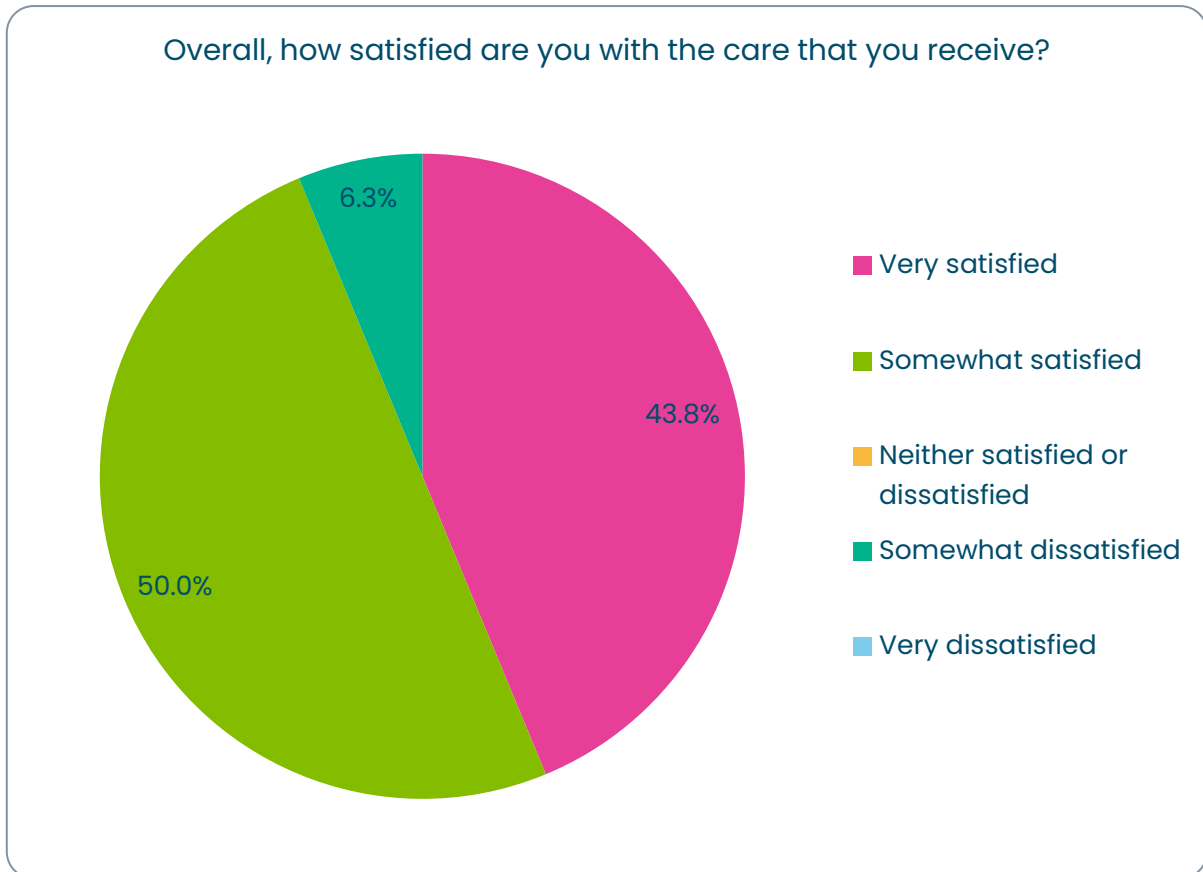


All 17 family members and friends indicated that the care home allows them to visit their friend/relative as much as they want. One added positive feedback about accommodating and supportive staff.

# 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.**



The majority of residents (12 out of 16) reported feeling clean and able to present themselves the way they like. This indicates that their personal hygiene needs are being met.

Our representatives observed residents properly dressed and well-groomed.

A hairdresser was present at the home on the day of the visit, and most were keen to have their hair done. Everyone we spoke to felt clean and presentable in appearance.

Almost every resident we spoke with commented being either very satisfied or somewhat satisfied with the care they receive. Positive feedback was given for the care provided, although some residents mentioned ongoing changes and challenges.



There's a lot going on here at the moment, lots of changes, it's unsettling at times. I may be very old, and bed bound, but I notice these things, I'm sure it will settle down.



Most family members and friends (11 out of 17) feel that there is a good level of care provided to their loved ones, reflected that the nurses, carers and staff are always kind, considerate and helpful.



Some of the staff go above and beyond with making a massive impact on her mental health and overall well-being.



At the same time, a few family members provided their views on how care could be improved:



Staff are all good and are as helpful as they can be, however occasionally agency care staff are needed, care not so good then!



As he is bed ridden, he spends too long alone and has no stimulus, am looking into audible devices as he was a strong book lover.

**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.**

12 out of 16 residents said that they required additional help, with 4 residents saying that they get enough help with their needs.

Among those who needed additional help (9) stated that they do get enough help with these tasks, while 2 residents felt specific concerns about the comfort of the assistance provided.



I don't go to the toilet, I have pads. When I've had food, my tummy can fill up, and also the pads. Some of the staff make my pads too tight and this causes me real discomfort, I suppose they do this to prevent an accident! I just keep telling them it's too tight.



The Healthwatch team raised this concern during the post briefing on the day, addressing the needs of the individual, who preferred to share their feedback anonymously.

Concerns related to continence care and pad changes were well received by the management of the home. They indicate that they are reviewing residents' needs to ensure that pad changes align with their individual care plans. However, both sides acknowledged the importance of knowing the respondent's identity to provide more specific support.

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

The majority of respondents (12 out of 17) are not involved in contributing to the care plan of their loved ones. Some family members mentioned that the staff knew best or that the care plan had been organised by healthcare professionals, or even unaware about a care plan or were not involved in the process of review.



I think we pushed for this at the outset, but we haven't had any input into any reviews.



Overall, it appears that there is room for improvement in involving families in the individual care planning/review processes.

## **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.**

10 of the staff (out of 14) respondents said they feel very informed and 4 were somewhat informed about the residents' needs and likes.

## **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.**

All residents said they feel as safe as they want (14) or adequately safe (2). Some residents felt that more staff are required during the nighttime. 12 out of 16 residents feel staffing is adequate, 4 feel it's insufficient.

Some resident noted that there have been ongoing changes in staff, this was worrying regarding the outcomes but noted that the bells were answered in timely manner.



Not always, but it can take quite a time, (can't exactly tell you how long) especially if I feel I need my pads changed, this can be difficult, but I know they are really busy. I can also hear other bells ringing most of the time.



14 of the relatives who completed our survey said there are enough staff with 3 saying there aren't enough. Also, there were some comments from relatives who had different views, such as a need for additional members of staff to ensure coverage of weekends, holidays, and during shift handover meetings.



Some of the staff are stretched over floors and has impact or late medication, and not being able to use bedpan in time so this makes mum feel very distressed and saddened.



8 staff respondents said they felt there were enough staff and 6 felt that there are gaps in staffing. Those who mentioned gaps noted challenges related to demanding shifts, vacancies, and occasional issues with annual leave and sickness impacting staffing levels.

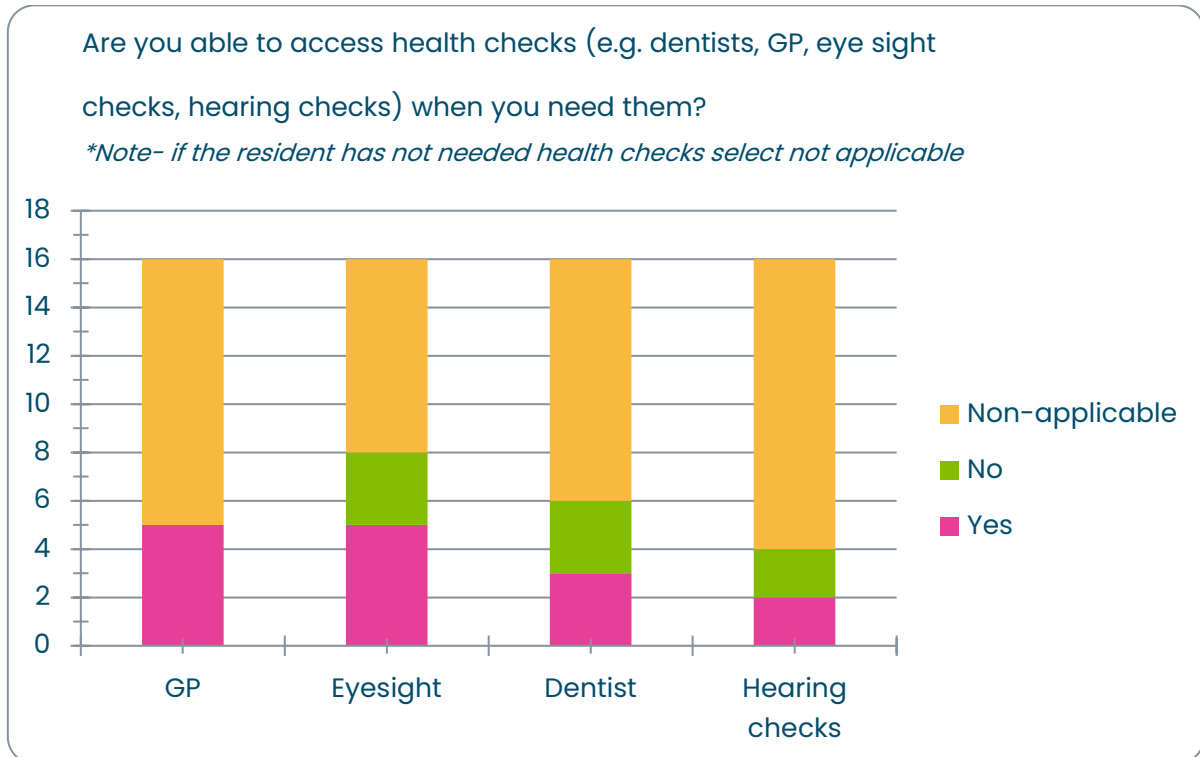


9 hours shift 5 days a week with heavy work is demanding.



## Health checks

We asked residents and friends/ family if they had been able to access relevant health checks, e.g., dentists, GP, eyesight checks, hearing checks.



Regarding the accessibility of health checks, the survey responses from 16 residents split between categories:

### GP Visits

5 residents indicated that they could access GP visits when necessary, suggesting satisfaction with this aspect of healthcare, while 11 respondents said that they did not need GP visits, possibly indicating their current health status or the care they receive.

### Eyesight Checks

5 residents stated that they were able to access eyesight checks when needed. 3 residents reported being unable to access eyesight checks, which could indicate potential barriers to eye care.

8 residents said that they did not require eyesight checks, possibly due to their existing eye health or care.

### Dentist Appointments

3 residents mentioned they could access dentist appointments as required. 3 respondents expressed difficulty accessing dentist appointments, highlighting some challenges in this area.

10 residents did not need dentist appointments, possibly reflecting their dental health or care status.

### **Hearing Checks**

2 residents reported being able to access hearing checks, indicating that this aspect of healthcare was available to them.

2 residents indicated they couldn't access hearing checks, suggesting potential gaps in hearing care services.

12 residents did not require hearing checks, possibly due to their hearing health or care situation.

The additional comments provided by respondents touched on various aspects of healthcare access, including concerns about cancelled chiropodist appointments, a lack of perceived need for certain checks, and effective communication of healthcare needs. These comments provide valuable context for understanding the respondents' experiences with health checks and access to healthcare services.

The majority of family members said that their loved ones are able to access a relevant health check, but some are not yet confident about how to approach the services.

At the same time, staff said that residents' sensory health needs are included in their care plans and these records are reviewed on a regular basis.

This includes details of whether residents have their own teeth, their choice of toothpaste, and toothbrush, and how often they see the dentist.

Staff also mentioned that they keep records about the level of dependency of the residents, and the daily help and relevant maintenance required for each resident.

This also includes anything about communication or language needs. If some residents have difficulties with communication, staff record their capacity, and how to meet their needs.

Two third of residents we heard from said that they were able to receive help to wear and maintain appliances that support their sensory health needs, but a third were not sure or said that they were not receiving appropriate help.

# 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.**

Almost every resident said they knew how to raise concerns, but one said that they were not sure.

Some residents would talk directly to the staff and the manager and others raise concerns via family members.

The family members suggested a variety of channels through which concerns about their loved ones can be addressed, including direct communication with management, staff, as well as involvement of external authorities when necessary.

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

Five respondents said they were happy with how issues were dealt with. Comments also included that some residents did not have any concerns.

Majority of the family members also commented positively:



Yes, all staff are approachable, and Simon has offered an open-door policy on everything so feel very reassured.



However, some were suggested:



Medication being ordered in timely manner is important especially to less aware residents. Mum was without pain relief for 2 days due to not being reordered in time.





## Staff

### How do they feel?

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

All staff members responded said they enjoyed working at Saint Cecilia's Nursing Home. They mentioned that they feel appreciated in this care home and enjoyed working at a convenient location.

All respondents also said they would recommend the home to family or friends.

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

Of the respondents to this question, 10 said they were fully informed, 4 said they were not. Three made additional responses indicated the ability of staff to contribute via staff and management meetings.

#### We asked is there anything staff think the home could put in place to improve staff working environment, conditions or offer more support?



The relative meeting needs to be reinstated on a regular basis.

More effort should be expanded on activities.



Comments also identified some areas the home could improve to support the staff working environment:

- improving some kitchen equipment, such as the food disposer,
- enhancing the sensory area: adding a fish tank in a communal area and improving activities to increase participation,
- requesting more specialist equipment,
- addressing staffing issues and potentially reviewing the skill mix of staff.

And praised the teamwork:



Teamwork is excellent and management treats staff very well asking "How are you?" at every opportunity.



## Overall rating

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

**Residents: (4.1/5)**



**Friends and family: (4.2/5)**



**Care home staff: (4.4/5)**



## Acknowledgements

The Healthwatch North Yorkshire Enter and View team would like to thank the manager, staff, friends and families of residents, and residents for the support of the Enter and View Visit conducted at Saint Cecilia's Nursing Home, and for sharing their views with us. Thanks also to our dedicated volunteers who helped support this Enter and View 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.



## Committed to quality

We are committed to the quality of our information. Every three years we perform an in-depth audit so that we can be certain of this.

[Learn more.](#)

# healthwatch

## North Yorkshire

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