



**Enter and View Report**

**Whitby House, Ellesmere Port**

**20 November 2023**

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## Report Details

<b>Address</b>	Whitby House 99 Pooltown Road Ellesmere Port CH65 7AE
<b>Service Provider</b>	Larchwood Care
<b>Date of Visit</b>	20 <sup>th</sup> November 2023
<b>Type of Visit</b>	Enter and View with prior notice
<b>Representatives</b>	Amanda Sproson Tricia Cooper Jennifer Young - Volunteer
<b>Date of previous visits by Healthwatch Cheshire West/East</b>	17 <sup>th</sup> January 2020

This report relates to findings gathered during a visit to the premises on specific dates as set out above. The report is not suggested to be a fully representative portrayal of the experiences of all the residents, friends and family members or staff, but does provide an account of what was observed by Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visits.

## What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of staff and volunteers, who are trained as Authorised Representatives to carry out visits to health and care premises.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports are circulated to the service provider, commissioner, the CQC and relevant partner organisations. They are also made publicly available on the Healthwatch Cheshire websites:

- [www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view](http://www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view)
- [www.healthwatchcwac.org.uk/what-we-do/enter-and-view](http://www.healthwatchcwac.org.uk/what-we-do/enter-and-view).

## Purpose of the Visit

- To engage with residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives

## Methodology

### **This Enter & View visit was carried out with 'Prior Notice'.**

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were not given.

Prior to the Enter and View visit the service was asked to display both the letter announcing our visit and a Healthwatch Cheshire poster in a public area. The service was also asked to share surveys amongst residents, friends and relatives. Members of the Healthwatch team visited the service prior to the Enter and View visit to deliver paper copies of the surveys.

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care Home was made aware that we would be coming on the morning of the visit.

### **Preparation**

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service

- Any previous Healthwatch Cheshire Enter and View reports
- The Care Home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

### **About Whitby House**

Whitby House Care Home is a purpose-built Cheshire facility that offers a number of personalised care packages.

There are 36 bedrooms, of which 26 were occupied at the time of our visit.

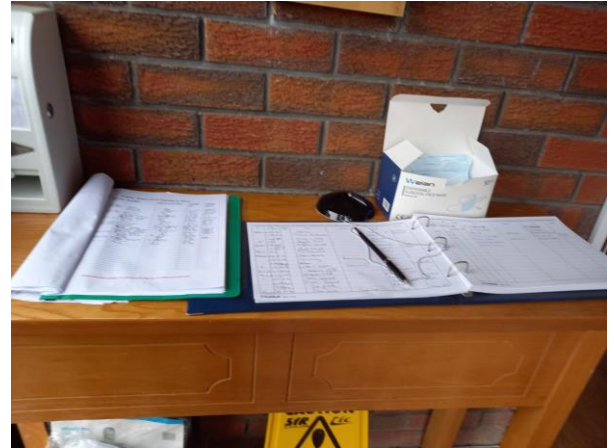


# Findings

## Arriving at the care home

The day Healthwatch visited was very wet and dark, and winter time, so the outside was not looking as appealing as visiting during summer months when colourful flowers would have been seen.

In the entrance to the home was a small porch area, which had a signing in book on a small console style table.



There was a lot of information on the walls, all on A4 printed sheets, and was very small and hard to read.

On arrival we signed in and then waited for the buzzer to be answered. We were greeted by the Activities Co-Ordinator, and when we requested to see the Manager, two ladies with their coats on approached. These were the Manager and Assistant Manager, who were going out to buy potatoes, because they had run out.

## Treatment and care

### Quality of care

Healthwatch asked what should we be seeing in the home? The Manager told us "Happy residents, personalised rooms, this is encouraged. We are led by what residents want to do."

Healthwatch received five completed residents' questionnaires, and the residents told us that "The staff are lovely.", "Staff are very caring.", "Staff are very good.", "I am getting well looked after." and "I enjoy the company."

Healthwatch asked if there was anything the residents would change. Of the five that responded, four said they would not change anything, and one resident commented "I would change the size of the bedrooms and bathrooms, as they are too small to get hoisted in."

All five residents told Healthwatch that they have a good relationship with staff.

The Manager told us "The home uses Whitby Health Partnership. A GP visits every Wednesday and will come out in between to support residents. Occasionally a nurse practitioner will come out. All five residents who responded said they had access to a GP/Nurse.

Healthwatch asked if a resident could stay with their own GP, and the Manager responded "Whitby House would be fine with this, but GPs in Ellesmere Port look after specific care homes, and won't come out to a home if it's not under their practice." The Manager also told us they feel residents receive a better service due to this because of the continuity, "The GPs get to know the residents."

If a resident becomes unwell and needs additional care, Healthwatch asked if the home is able to keep them at Whitby House, or would they normally go to hospital? The Manager said "It would depend on the problem. If end of life, there is back up support at Whitby House, for example, Hospital at Home team who can give antibiotics at the home. There are advanced care plans for most residents which states their wishes."

A hairdresser visits weekly, on a Wednesday, and there is an additional charge for this. The Manager commented that "It's very much what the residents want." All five residents who responded said they use the hairdresser.



Residents can request their own hairdresser to visit if preferred. The Manager commented "It's their home, we give them choices."



"A chiropodist visits every 6 weeks. Some residents have their own. If they are diabetic the resident will have an NHS chiropodist that comes in." All five residents who responded to the questionnaire stated they were aware that a chiropodist attended the home.

The Manager also told Healthwatch "Residents have access to a dentist at Bridgewater at Fountains in Chester." Of the five residents who responded to the questionnaire, one said "I know about the dentist.", two said they did not and two

did not respond to the question.

When we enquired about an optician, the Manager commented "Vision Call will come in every 12 months or so, or sooner if needed. Some residents prefer to use their own." Of the five residents who responded, four said they were aware that the Optician visited, and one resident responded they didn't know about the Optician.

The Manager also told Healthwatch "We use Ellesmere Port Pharmacy in the town Centre." Other health services visit - the physiotherapist and occupational therapist will come in occasionally if required. A dietician, speech and language therapist, the Tissue Viability Team (if the resident has a wound), Infection Control team, Macmillan team, mental health nurse from the GP surgery as and when needed. Of the five residents who responded, one said they knew about other health services that visited the home, one said they did not know about any other health services that visited the home. Three did not respond to the question.

During our visit Healthwatch noted that predominantly residents remained in bed in their night clothes. The Activity Coordinator advised us that the residents on the first floor were bed ridden.

Healthwatch observed four residents in the ground floor lounge and two residents were sitting in chairs in their rooms. These six individuals were the only residents that Healthwatch observed in their day clothes.

During our visit we did not hear any bells or call alarms being sounded, so cannot comment on how long it would take to react.

## **Privacy, dignity and respect**

When Healthwatch asked how residents' privacy, dignity and respect are promoted, the Manager informed us "All staff are trained and they complete a course in dignity and respect. Most of the staff have been here a long time so they know how we work, as do agency staff. Residents' bedroom doors will be closed if staff are providing personal care."

All five residents who responded to our questionnaires, said they felt respected and treated with dignity. Four residents felt they had privacy and one said "I sometimes feel I have privacy."

Healthwatch did not observe any alternate systems, accessible information, hearing loops or large print information during our visit. However, we were informed that Whitby House will use assisted hearing devices that residents can hold if they cannot cope with hearing aids. The home will obtain large print books from the library for residents if they need them.

## **Understanding residents' care plans**

During our discussion with the Manager, we learnt that "residents have care plans, and these are reviewed monthly or sooner if there is a change." and "residents have involvement in their care plan, if they are able to. Residents will let the staff know what they want."

We asked if relatives have involvement in their loved one's care plan when appropriate, and we heard that staff receive information from residents and from relatives. "There are review meetings with the social worker, nurses from the Continuing Health Care Team and nurses from Whitby House. They will go through the care plan with the residents, often over zoom (because the nurses are not always local)."

All five residents who responded told Healthwatch that they felt cared for, and all five also said they felt safe.

## Relationships

### Interaction with staff

During our visit, the Activity Coordinator guided us around the home. She greeted all residents and chatted with them. However, we only observed two carers, one nurse, a lady with the snack trolley and a lady returning laundry. Healthwatch did not observe any interactions between any other staff members and residents.

The Manager told us the relationship between staff and residents “is pretty good, they get on really well. One resident didn’t like a particular carer or having men look after her, and we respected this.” Also “The staff get to know the residents, and the Activity Coordinator will gather life stories so they can talk to the residents about their families, pets etc.”

Healthwatch heard the relationship between staff and residents’ friends and families is good and most families feel very relaxed when they come into the home. Staff will offer lunch to the husband or wife who are visiting, because they find the resident will eat better when they have company. Whitby House encourages family and friends to visit at meal times.

When asked if they socialise with other residents, of the five who responded, one resident said “No,” two residents said they did and two did not respond.

We asked residents what they did during the day, and four residents responded they read or watch television in their room. Two said they watch television in the lounge and one commented that they did not watch television, and one resident commented that they “did not take part in exercise classes.” Healthwatch also asked “Do you take part in group activities?” and one resident said “No,” one said “Sometimes,” and one resident said “Yes.”

Healthwatch did not see any residents’ personal information during our visit.

We noticed some staff were wearing name badges and some were not. The Manager stated “Staff should be wearing name badges”, however she was not wearing one, and when asked why not they added it was because the residents know her.

During our visit Healthwatch observed that there did not appear to be many staff on duty, and those at the home were busy carrying out tasks. They spoke to Healthwatch staff only when we spoke to them.

The only interaction we saw between a staff member and a resident was with the Activities Coordinator whilst escorting us around the home.

Healthwatch did not observe carers' interaction with residents or interaction between staff and friends and family during our visit to Whitby House.

### **Connection with friends and family**

During the visit by Healthwatch we observed several friends and relatives arriving to visit loved ones.

Healthwatch asked "How do you keep in touch with friends and family?" Of the five residents who responded to the questionnaire, four responded "They come and visit me." One resident commented "I contact them on my ipad or laptop."

No friends and family questionnaires had been filled in prior to our visit, however we did manage to speak to some friends and family while at the home.

One resident's sister commented "My sister has been here for a short amount of time, because she could no longer live in her own home, and she is settling in well."

One relative commented that her loved one always had their meals in the bedroom and was worried that they did not have enough socialisation.

Another commented that "No problems have come to light so far."

A visitor commented that their loved one was "happy to be in bed, and we bring food from home to try to tempt them to eat, as their appetite is not good."



Healthwatch asked if the residents have involvement in what activities take place, and the Manager replied "Yes, they have monthly meetings with the Activities Coordinator."

One resident told us "I like playing bingo the best."

Another told us "I like staying in my bed."

The Activity Coordinator advised Healthwatch "There will be a quiz for the residents later today." When asked "How happy are you with the activities on offer?" four responses were received - one resident said "Satisfied" three residents said "Very happy."



In the downstairs lounge there was a small white tree which the residents make seasonal or event related craft items for. We were told that recently it had been adorned with poppies, and that the residents would be making Christmas decorations for the tree.

Healthwatch asked "Are you kept up to date with what activities are taking place each week?" Four out of the five residents said "Yes." One resident did not respond to this question.

They were also asked if they are involved in choosing what activities take place. Three residents responded "Yes", one resident responded "I don't know." One resident did not respond to the question.

When asked if special events were celebrated, the Manager informed us they celebrate residents' birthdays and will put banners up. The home celebrated Armistice Day and Halloween. "Residents get involved with crafts and hanging pictures on the wall." They had a scarecrow competition, via the Activities Coordinator, which were made of straw. Of the five residents who responded to the questionnaire, one said "They sometimes celebrate special events." Two residents said "They celebrate special events." Two residents did not respond to the question.



Healthwatch only saw four residents in the lounge who could potentially participate in these activities.

Of five residents who responded, two said they took part in one-to-one activities, one said "Sometimes," and two did not respond to this

question.

The Activities Coordinator advised Healthwatch "I work 30 hours per week, Monday to Friday 9.30am - 4.30pm." We felt this would not be sufficient time for one-to-one activities to take place with all of the residents who remained in their beds. However, we were advised by the Manager "There are lots of one to ones; reminiscing, beauty therapy massages, nails, watching their favourite television programmes."

The Activities Coordinator told us that she does shopping for residents who do not have friends or relatives to do it for them, or if the resident desperately requires something, and they have a trolley with a few basic items that residents can purchase. She also told us residents can have a daily paper delivered if they wish.

In the lobby area Healthwatch saw a magnetic board with pictures of recent events which had taken place, including the King's Coronation and a resident celebrating her 100<sup>th</sup> birthday.

Whitby House has its own minibus, and the Manager commented that "We go to the shops, pub and market". They will take residents to family and friends, if the family/friends cannot go out of their own homes.

Healthwatch asked the residents if they go out locally, or further afield. Of the five residents who responded, two said they did, one said they did not, and the remaining two did not respond to the question. Two of the five



residents told Healthwatch that they did not go out further afield. The remaining three residents did not respond to this question.

The Activities Coordinator added “We take the residents out in the summer months to the woods, the River Dee and to the bar.”

## Person Centred Experience

Healthwatch asked how the home would ensure residents’ experiences are person centred. The Manager responded “Lots of information on their background is gathered from residents and family and put in the care plans so the plans are personal to them. Staff will ask residents what they want to wear. They will give them choices.” They also added “We do not have a resident of the day, we involve all residents each day.” Healthwatch noted the difficulty of this with the ratio of bed ridden residents.

Healthwatch enquired if they conducted resident meetings, and we were told they have care plan reviews monthly and reviews with families. We learnt they try to have friends and relative meetings monthly, and one was held last month but no-one came (a poster was put on the door downstairs).



Regarding access to/provision for religious and spiritual needs, the Manager responded “Yes, we will bring any church in regularly.”

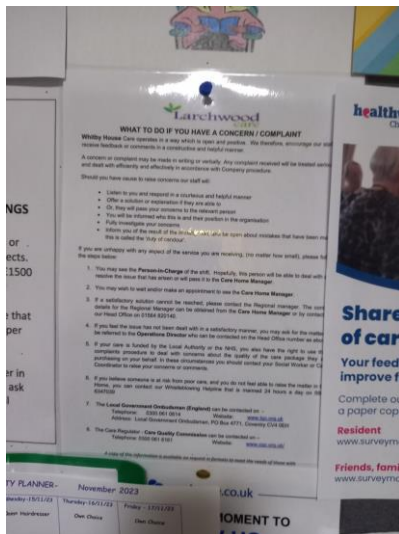
When asked if they have their spiritual needs met within the home, four of the five residents responded “This is not required.” One resident did not respond to this question.

Healthwatch enquired how residents would raise complaints, concerns or feedback, and the Manager commented that “they will speak to a member of staff or will ask to see the Manager. Residents can speak to their relatives, social worker etc, so concerns are usually raised verbally. All residents have a service user guide in their bedroom, which has details on how to raise complaints.”



Regarding how friends and relatives can raise complaints, concerns or feedback, “Sometimes they do this in person and will come to the office.

We have easy read leaflets in the porch for complaints and feedback. Contact details for CQC, social services and Head Office details are also in the porch if friends and family want to contact them.”



Of the five residents who responded, four said they knew how to feedback comments, concerns and complaints.

There is a printed A4 sheet in a plastic acetate folder in the entrance foyer, with a good deal of information on raising a complaint or giving feedback.

There was also a stand with feedback forms to complete, and just inside the foyer on the notice board there was a Healthwatch poster asking for feedback.



We asked a visitor if they knew how to feedback a concern or complaint, “No, I have no idea, nobody has ever discussed this with us.”

Regarding visitors, we were informed “We do not have protected visiting times. No booking is needed, and visits can take place anywhere in the home, eg, in the lounge, dining room, bedrooms or outside. Whitby House will contact family if they are worried about anything.” The Manager also added that if the home was in outbreak “Whitby House would use mobile phones and do video calls on phones or the iPad. During Covid we had window visits and used the pod in the garden.”

## Environment



The home is located on a quiet housing estate and is accessed from a very narrow single track which is in poor condition. The signage is only visible when travelling in one direction on the road, so the turning was initially missed. If you miss the turning off the track, it leads you to a very narrow dead end.

The building looked its age, and the interior reflected this. The corridors were very narrow, poorly lit and very sparsely decorated. We noted that the corridors were no longer carpeted, and were now laid with a lino style covering, this was laid in sections and the joins were a little bumpy and visible.



Whilst walking around the home Healthwatch noticed on the door frame of one of the residents' upstairs rooms was a very small sign, at eye level, stating "Emergency evacuation rescue mat located on top of wardrobe in this room." In the event of a fire this could very easily not be seen.

The Activities Coordinator told us that Whitby House has a fire alarm drill once a month.

In the questionnaire Healthwatch asked residents if they were happy with the temperature, noise levels and tidiness of the home. Of the five who responded, three residents were "Very happy" and two were "Happy" with the temperature in the home. All five residents were "Very happy" with the noise levels in the home. Two residents were "Very happy" and three residents were "Happy" with the cleanliness in the home. Four residents were "Very happy" and one resident was "Happy" with the tidiness of the home.

## Communal Areas



Whitby House is laid out over two floors, with residents' rooms leading off from the corridors. These corridors are narrow and blandly decorated, with little wall art, and the lighting is poor.

Without seeing a mobile resident with a mobility aid, it is very difficult for Healthwatch to comment as to whether the corridors would be accessible.



During our walkaround of the home we noted that the downstairs dining room light had bulbs which were not working and needed replacing.

Healthwatch also observed that the dining room upstairs was void of dining furniture and when we asked why this was, we were told "Because everyone is bed ridden and take their meals in bed." This could lead to loneliness and social isolation.



We also noted that the ceiling in the upstairs dining room needed attention, and any leaking areas should be repaired if not already done

The furniture in the downstairs dining room looked relatively new and was clean. We did note that the curtains had no labels on them regarding being flame retardant.

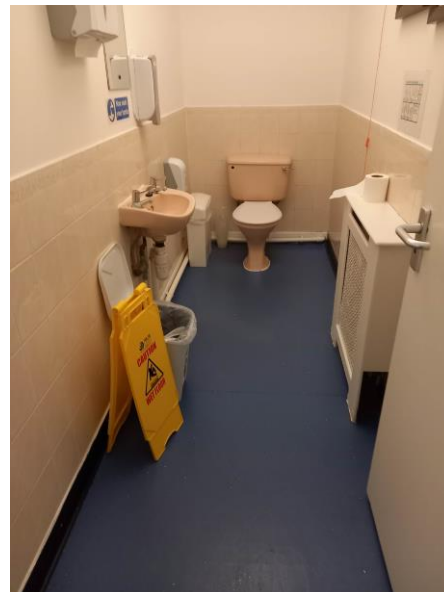
In the downstairs bedrooms, the furniture, including the basins, appeared to be of a more dated nature



than the fittings observed in the rooms upstairs. When Healthwatch enquired about this we were informed “There is a programme of updating taking place.”

There was a slight lingering odour throughout the home, and we observed that several rooms had commodes in them.

The temperature throughout the home was pleasant and the home was quiet.



There are bathroom facilities on both floors, however Healthwatch observed that some toilet facilities had no disabled aids at all. We also noticed that the main bathroom on the first floor was being used as a storage area, and we were told it was “Because the residents are all bed ridden.” On enquiring about their personal care, we were advised that the residents “will be given a bed bath.” During our visit Healthwatch noted that we only saw six residents in their day clothes.

The ground floor of the home has a separate lounge and dining room. The lounge area had a television, a fish tank, numerous piles of board games and craft items for use, and a patio door leading to the garden. The activity tree is also located in the downstairs lounge. The dining room downstairs has three





tables that were set ready for lunch.



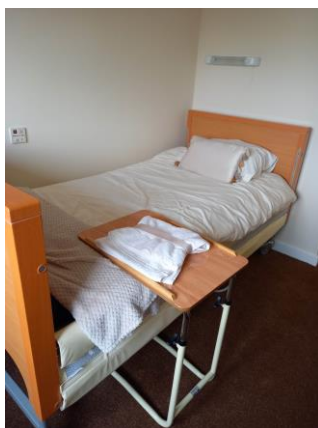
The first floor has a combined lounge/dining area, and was noticeably sparse.

Healthwatch asked the Manager if residents can choose where to have their meals, and she told us "The residents tend to like eating in the lounge but can also eat in the dining room, or their bedrooms."

We enquired if pets can visit or live in the home, and were informed that "Yes, lots of pets visit. None are living in the home, except fish."

## Residents' bedrooms

Of the 36 bedrooms in Whitby House none were ensuite. 33 rooms are compact in nature, with a single bed, a small handbasin, a set of drawers and a wardrobe. Residents are encouraged to decorate their rooms with their personal belongings, and this was observed by Healthwatch.



Three bedrooms are of a much larger size, with much more floor space and, in addition to the furniture listed above, also had two wing backed chairs and a coffee table. On asking whether or not a couple would be able to share one of these larger rooms, the Activities Co-Ordinator responded that "it is not allowed here." However, the Manager told us "The home had had couples before, but they had had separate rooms as they did not want to share."

All of the rooms had a window and natural light, though not every room had a lovely view. Some rooms did have a view of the garden.

All of the rooms had the resident's name on a name plate on the door, and all five residents who responded to the questionnaire told Healthwatch "We have personalised our room."

## Outdoor areas

The garden was accessible from the lounge area on the ground floor, and there was outdoor furniture, raised planters and a lawned area. The garden was not looking at its best because of the time of year of our visit.



The Activities Coordinator told us "people come in and help with gardening with the residents, and they grew tomatoes this year."

We also heard that residents garden in the summer, and relatives will join in.



Healthwatch asked the residents "Do you spend time outside?" Of the five residents who responded to the questionnaire one said "No", two said "Yes," and two residents did not respond to the question.

## Food and drink

The menu was displayed in the foyer, and a four weekly menu hung in an acetate folder in the lounge area by a large map of the world. The Activities Co-Ordinator told us "The residents stick an arrow on the map, and where it lands we will have food from there." We observed a laminated sheet in both dining areas with residents' names and what they always had for breakfast. Neither dining area was decorated in an invitingly attractive way.





When the residents were asked if they were happy with the quality of the food, of the five who responded, two said they were very happy, two said they were happy and one was satisfied. Healthwatch also asked if residents are happy with the taste of the food; two responded "Very happy" and three responded "Happy." The majority of the residents who replied were very happy with the choice and quantity of food.

There was a hand written menu of the day in the lounge, but no pictorial menu, and when we enquired why we were informed "Because the residents do not need pictures, as none of the residents have severe dementia."



The Manager told Healthwatch "We have our own catering staff who provide home cooking" and explained residents choose their meals with staff going around in the afternoon, for the next day's meals, and will show the residents the menu options. There are normally two options but the home will have other meal choices available on the day, for example salad or baked potatoes. They also added "There are a couple of choices for lunch and evening meal. The breakfast choices tend not to change but there are different options available."

RESIDENT	MEAL	DIET
1 Patricia Mchale	Cereal	Normal
2 Andy Smith	ASD	Soft
3 Beth Jenkins	Cornflakes	Soft
4 Beth Jenkins	ASD	Soft
5 Beth Jenkins	ASD	Soft
6 Beth Jenkins	ASD	Soft
7 Beth Jenkins	ASD	Soft
8 Michael Collins	Porridge	Soft and moist
9 Pauline Butterworth	ASD	Soft
10 Pauline Butterworth	ASD	Soft
11 Pauline Butterworth	ASD	Soft
12 Pauline Butterworth	ASD	Soft
13 Pauline Butterworth	ASD	Soft
14 Pauline Butterworth	ASD	Soft
15 Pauline Butterworth	ASD	Soft
16 Pauline Butterworth	ASD	Soft
17 Pauline Butterworth	ASD	Soft
18 Pauline Butterworth	ASD	Soft
19 Pauline Butterworth	ASD	Soft
20 Pauline Butterworth	ASD	Soft
21 Pauline Butterworth	ASD	Soft

Healthwatch asked residents when and how they choose meals. Two of the five responded "The day before," one said "The staff tell me what's on the menu," and one resident told us "I choose from the menu." One resident did not respond.

All five who responded said they can eat meals where they would like.

Whilst discussing food and drink, the Manager explained "We cater for special dietary requirements, eg, different textures, diabetics, low fat, fortified, high protein, vegetarians. Some residents have supplementary

drinks. We also cater for allergies. If residents have religious requirements, the home would cater for these.”

Four of the five residents who responded to our questionnaire said their dietary needs were catered for. One resident responded that they didn't know if their dietary needs were being catered for.

Healthwatch observed the snack trolley going around the home. The snacks on offer were biscuits or pureed cake and cream. The Manager shared that “We have a tea trolley with a variety of snacks and drinks that is taken around throughout the day, early morning, mid-morning, mid-afternoon, and supper time.”



The majority of the residents who responded said they were very happy with the availability of snacks and drinks.

Healthwatch did not have any food or drink offered to us during our visit.

## Care Home Best Practice Initiatives

During Enter and View visits, Healthwatch observe which NHS care initiatives have been adopted at the care home. The three we focus on are:

<p><b>MUST</b> (Malnutrition Universal Screening Tool)</p>	<p>A tool used to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.</p>
<p><b>Restore2</b> (Recognise Early Soft-signs, Take Observations, Respond, Escalate)</p>	<p>A tool designed to help staff recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to their care plan to protect and manage the resident.</p>
<p><b>RITA</b> (Reminiscence</p>	<p>A digital reminiscence therapy with user-friendly interactive screens and tablets to blend</p>



/Rehabilitation & Interactive Therapy Activities)	entertainment with therapy. It assists patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.
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Whitby House uses MUST.

The home uses Restore2 observations (they have NEWS (National Early Warning Signs)).

RITA is not used in the home.

Whitby House engages with The End of Life Partnership. The Manager said "We work closely with the Palliative Team, and nurses will do the training with The End of Life Team each year."

When asked what the biggest challenge was, the Manager explained "Trying to hire staff; it has been difficult since the Pandemic."

Their biggest success to date was "Getting through the Pandemic without Covid entering the home. Staff stuck to the rules and gave up visiting family. The home kept Covid out until the vaccinations were in place."

## Recommendations

- Encourage more socialisation between residents
- Improve signage on residents' door frames regarding fire evacuation
- Reinstate bathroom to full usage on first floor
- Reinstate dining/lounge on first floor to encourage socialisation
- Toilet facilities to have disabled facilities
- A wider choice of snacks to include fruit
- Reinstate community links to encourage community engagement
- Improve signage for home to enable it to be seen from both directions. This was noted on our last report in 2020.

## What's working well?

- Residents spoke very highly of the Activity Co-ordinator
- Residents commented that the food was good
- Relatives that we spoke to on the day felt their loved one was well cared for.

## Service Provider Response

Despite repeated attempts over a four-week period we have received no response from the service provider to this report period.

Mark Groves

Healthwatch Service Lead