



healthwatch
East Riding
of Yorkshire

Virtual Care Home Engagement Project



Report

Red House

September 2021

Healthwatch East Riding of Yorkshire
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Overview/Background

Red House is a care home registered to provide personal care and accommodation for up to 48 older people. Red House offers specialised dementia care and physical support to older people. Red House's provider is HICA.

Red House is situated in Bridlington, close to local amenities and has sea views.

Red House is a single storey building which has 48 beds and divided into two 24 bed communities. Individuals have rooms with some en-suite facilities and access to communal areas.

Red House has hairdressing facilities, internal courtyards, garden areas, and a "Rempod" pub which is used as a "reminiscence" aid, which holds themed activities and events.

Methodology

We began engagement with Red House in September 2021.

We gave notice to the Home that we would be conducting the virtual engagement, this consisted of a letter for the manager explaining the days and times of the engagement, posters and flyers to distribute to staff and residents, advertising the purpose of our visit, and paper questionnaires that could be completed by staff and residents if they chose to. They were also given Healthwatch's freepost address to send material to.

Staff were then able to contact our volunteer coordinator to book an appointment to discuss their experiences at a mutually convenient time during the weeklong engagement.

Managers section

The manager of Red House is Leah Davies. Leah has been a care home manager for around 21 years, and the manager of Red House for 6 years.

Details of the home

Leah thinks that the CQC rating of 'Good' accurately reflects the level of care the home provides.

Red House currently has 44 residents, with 48 beds available in the home. 28 of these rooms have en-suite facilities but there are 10 additional residents' bathrooms and toilets.

The home employs 32 full-time members of care staff and 8 part-time members. There are 7-8 members of care staff on shift during the day and 3 staff who cover the 'twilight' shift (early evening to night-time), and 4 or 5 on a night shift. The home employs 13 other members of staff.

The home uses a Dependency Tool which helps to work out staff hours.

Staff absences are covered by marginally over staffing shifts, cover from other homes in the company and movement of staff within the team, for example the home's cleaner who is trained in care may pick up additional hours. The home also employs an in-house 'handyperson' and HICA has a senior handyperson and estates department.

Staff have individual training plans in line with mandatory training as detailed on the electronic system. Additional training can be explored at supervision and appraisal meetings. The training is provided through the company training and development department who have designated trainers. The home has also used external training means for infection control training, donning and doffing PPE and others.

The home can provide day care/respite care, but only if there are vacancies in residential beds and dependant on that individual's needs and compatibility with existing residents.

Life at the home

Residents' food is provided through the Apetito service, which is then reheated on site. The home cooks things such as cooked breakfasts and light bites on site. Apetito provides specialist meal provision and the home's staff are trained in fortification of food and specialist diets.

Menu/Food options are clearly displayed for residents to look at in communal spaces and reception. Residents are offered the choice of two mains per day but additional options are offered and prepared. The menu is on a 4 week rotation basis but is also monitored by Kitchen Assistants to be adapted in line with resident feedback. The home has a food hygiene rating of 5.

Each resident's weight and fluid intake is monitored through food diaries and fluid charts, residents are weighed weekly or monthly in accordance with their individual needs and condition. The 'MUST' nutritional screening tool is used, which works out a resident's BMI and looks at how much they eat and drink, and gives a score if the resident is at risk of malnourishment. The 'GULP' risk assessment tool is also used, which is the level of

hydration: so the amount a person is drinking, the colour of resident's urine, etc. This gives a rating of risk which can go in their care plan.

Health checks

The condition of the residents' hearing, and hearing aids, are checked in accordance with person centred care plans, and any changes or concerns are referred to their GP for auditory referral.

Residents would usually have their sight checked annually, however due to COVID restrictions this has been delayed. Leah explained that opticians are now visiting again, and the home use the service Vision Call. If residents prefer their own optician, then residents can use these and a carer or their family will take them.

Residents have 6-weekly podiatry visits and access to specialist hospital foot care if needed. This is recorded and monitored in the professional visits area of the care plan.

Leah specified that the home does experience problems accessing both the incontinence assessments services and mental health services. Leah explained that there can be quite a backlog with assessments to prescribing continence aids, however this was largely due to COVID and things to appear to be progressing now.

Leah explained that they have also experienced issues with the hospital discharge process, for example residents being discharged with incorrect medication, cannulas still in or residents identified needing oxygen therapy but this not being detailed on the discharge note nor communicated to the GP.

Care plans are reviewed and evaluated monthly, and every 6-12 months there are formal reviews where residents and relatives are involved. Any immediate changes to care would be discussed with residents and family to agree outcomes and then these would be reflected in the care plan. The home has a computer system called Fusion Care Plan Package, which gives alerts if something is not done.

Most residents have end of life plans in place, though in some cases, for instance if the resident has communication needs such as through dementia, then a capacity assessment would take place and if deemed to lack capacity then best interest discussions would be completed to agree a plan for that individual.

Each resident's friends and family are informed of their relative's care and activities through ongoing contact and updates when they visit the home, through social media, video calls and email communications. Activities Coordinators also help residents write letters and post cards to their relatives. Any changes to care or health are discussed at time with families through phone calls.

Residents' wellbeing

Residents' meetings were suspended due to COVID restrictions (due to social distancing), but Leah has continued to ensure that residents' views are collected individually. However, meetings are to be resumed imminently.

We asked the home if they provide external trips to their residents, and currently at the home this is on an individual basis after a risk assessment. Prior to COVID the home would arrange a full range of external trips to places such as garden centres, dementia friendly cinema, rental beach hut, inter homes sports tournaments, etc. Despite COVID restrictions, the home ensures residents feel connected to the local community through

virtual community events, for instance online church services and exercise sessions, participation in competitions such as the local scarecrow festival, and visits from the local mayor, etc.

Residents are assessed on their likes, dislikes, etc. and answer “getting to know you questions” upon admission to the home, which enables staff to find activities to engage them and to identify like-minded residents to “buddy” up with.

The home uses behavioural charts which indicates any changes in behaviour or residents becoming withdrawn or lonely. These are colour coded and indicate whether a resident is settled or unsettled, engaging well or not, whether they are agitated or upset, or if they are sleeping a lot and depressed. It can help identify triggers. HICA (Head office) send this out. All residents have a “lifestyle profile” which details key things such as the resident’s social needs. The admission assessment of residents’ needs also identifies any religious and cultural needs and how these may be met.

The home has a policy in place which monitors concerns and full complaints. Leaflets detailing the home’s complaint procedure are provided to residents on their admission and are given to relatives in brochures, and also on display in the foyer of the home so all are notified of the process.

None of the home’s residents are from the BAME community, however Leah has information available should a resident be admitted from the BAME community which includes specialist risk assessments in relation to COVID.

Visiting

There are no specific restrictions on the number of visitors allowed to come to the home, however for logistical reasons and to reduce footfall throughout the home, the visits are by appointment only and take place within a designated visiting pod. The home has also put arrangements in place for those residents who find the pod visits distressing and therefore have enabled their families to visit in rooms. All visits are subject to lateral flow tests, unless the visitor had been identified as an essential care giver and they are included with the weekly PCR testing. Relatives and friends can take residents out subject to negative lateral flow tests and have been provided with the government guidance on areas that are seen as high risk and may require isolation on return. Throughout the pandemic any deterioration in a resident’s condition means that restrictions on visiting can be lifted and families can visit in rooms at any time they wish for an undefined period of time.

Staffing and support

Leah feels supported in her role as a manager, and has support from other managers within her company including senior management. Leah has also been supported by East Riding Council, particularly throughout the pandemic through arranging virtual visits, facilitating a WhatsApp support group and setting up a designated COVID team to support the home.

Leah explained that it has been stressful and time consuming coordinating the visits and facilitating safety measures such as testing, however to ensure wellbeing this is essential.

Leah did not previously experience any difficulties with staff recruitment and retention, however this is occurring increasingly, with several staff leaving social care and very few suitable candidates applying for the available positions. Leah explains that there are also

potential retention and recruitment issues relating to the change in the social care act regarding vaccination. They had to make a decision not to admit any more residents until they had recruited more night staff as they would not be able to adequately staff the night shifts.

The home has a robust attendance policy, but unfortunately despite this some absences cannot be managed due to COVID guidance. There have also been instances when children of staff are required to isolate when their schools get a rise in cases and the staff members cannot obtain any childcare.

Staff meetings were previously held every three months but this has been suspended due to social distancing requirements, and are scheduled to resume again this month. Staff have their own designated folder where they can receive documents on updates from the home, company or external professionals. The teams are briefed to share information and all the staffing team have signed up to a rewards app which provides staff with updated company guidance, for instance PPE guidance. HICA also have virtual surgeries where staff can communicate with senior management, to discuss any concerns or worries they may have.

Leah works with many other organisations, such as the frailty team, the falls team, dieticians, speech and language, physio, occupational therapists, specialist mental health support, external training providers such as Dove House hospice who have been running specialist PPE training. Leah also gets regular support from the medicines management team.

The home has quality assurance systems in place and has regular audits in areas such as medication, catering, care plans, environment, infection control, finance, health and safety, staffing, etc. The results of these audits are formulated as an action plan to address any shortfalls and these are entered on the company database. This allows HICA Quality assurance and compliance team to have an overview of the service and they also complete spot checks within the home to ensure that the information entered on SharePoint is reflective of these action plans. As actions are addressed this is entered onto the system so it can provide a live and current view of how quality is being reviewed.

Within the Quality Assurance system there is also a review of comments, concerns, complaints, compliments with actions and any associated lessons learned. Accidents and incidents, safeguarding are evaluated and risk rated and again lessons learnt identified.

Red House Virtual Engagement - Tour

In the entrance to the home there are testing kits and a temperature monitor.

There is a visiting room and a hairdresser's just off reception.

There are hand rails in the corridors and the medication room is keypad locked, as is the sluice room. Some corridors are having the handrails replaced but residents do not use this area. Some of the darker corridors are being revamped with new lighting.

There are 4 bathrooms and 2 shower rooms. Some residents have an ensuite toilet and washbasin.

All their toilet doors are painted yellow and have a picture of a toilet to help residents to find them. Everything is on one level. Bedroom doors have been painted the resident's favourite colour.

There are 4 small inner courtyards. These are all accessed internally. They have been decorated in different themes, one with sand and a picture of the sea and an ice cream hut where they serve ice creams to residents when the weather is warm. Garden activities are carried out with residents and they have gardeners who are supplied by HICA.

There is a lounge with a TV and views of the sea. They also have a large activities tablet. Residents can play air hockey on screen along with lots of other activities. The tablet is interactive and residents can also watch virtual shows on it.

They have a reminiscence lounge with wedding photos of some of the residents. There is a specific dementia area in the home but there is some mixing of residents.

There is a server and a drinks trolley which goes round twice in the morning, lunch time and in the afternoon and evening. They serve water, juices, milkshakes, tea and coffee. Residents can have wine or beer if they like with their evening meal. There is a supper trolley at 9 pm.

There was an Activities board up with pictures of activities and the residents doing various activities. They include a wish list for if residents would like to do something in particular.

There is external access to a large area of garden but this needs a gate putting on before residents can use it. They have requested this be done. They encourage residents to continue their old interests. Before Covid residents would go to "Men in sheds" and one lady used to do flower arranging.

There is a staff room with a laptop in there for training. It is not a large room so they limit it to 2 members of staff at a time. There is a donning and doffing area. They have lots of PPE.

Residents can provide their own furniture for their rooms or this can be provided for them. They also decorate resident's rooms in accordance with their wishes.

There are bird feeders outside of the home and if someone likes to sit in a particular room staff will put bird feeders near the window.

Staff section

The staff we spoke to range from 18 years' experience at the home, to the most recent joining the team over a year ago. We spoke to a staff from a variety of roles.

Many staff did not believe that there are enough members of staff on duty, though some said that most of the times there were. Staff did state that absences are managed as reasonably as they can be, as it can be difficult to cover at short notice.

Most staff members we spoke to felt confident to raise concerns and that it would be acted upon promptly, however some answered that they didn't always feel able to voice concerns or feel that they would not be listened to if they did.

The majority of staff felt adequately trained, but did answer that if any additional training were available, particularly in safeguarding, then they would be interested in completing it. Staff stated that their training needs are regularly reviewed and updated. Staff felt that they had adequate induction when they first started the role.

Nearly all staff said that the home has adequate fall measures in place, however it was mentioned that more padded crash mats could be acquired to help ensure adequate supply.

The staff we spoke to had all been offered the COVID vaccination, and all answered that the home has adequate supplies of PPE, Sanitiser, etc.

Many staff did not feel that they have suitable time to support residents to meet their needs, mostly due to being short staffed, or due to the residents' nutritional needs. Similarly, many staff did not feel they were always able to provide enough support for residents at meal time for the same reasons. But this being said, some staff disagreed with this, stating that they are able to provide enough support.

Most staff explained that they felt they knew the personal preferences of the residents, such as personal histories and likes and dislikes, and most felt that residents are treated with kindness and compassion.

We asked staff what they enjoy about their role, and many answered that they liked the variety the job gave them and that it differed day to day, many said they enjoyed seeing residents happy and enjoyed making a positive impact and a difference to individuals' lives.

“That each day is different”

“Seeing residents happy”

“Knowing I have done my best to make residents happy and content”

“Knowing that I am making a difference to individuals' lives hopefully having a positive impact”.

Staff answered that team leaders / senior staff arrange appointments for GPs, Opticians, foot care, etc.

All staff feel that their setting provides person centred care, and all said that they understood residents' preferences and choices for end of life care. Most staff also said they felt confident in the use of technology to help support residents.

The home has two activities coordinators in post. The activities co-ordinator decides which activities are provided, but residents' input is also taken into account, with these views being taken at resident meetings.

Resident opinions and preferences are catered for and put into care plans, however some staff said that this could do to be updated more frequently.

The home offers outside activities such as walks, shopping, and visits, etc., these took place pre COVID and are beginning to increase. Residents are able to sit outside in the garden when the weather is nice, residents having access to four secure courtyards throughout the building.

Support

We asked staff if they felt they received enough support within their role or get the necessary guidance. Many staff said that they do receive support and feel valued by management, however some said that they did not always receive this. Staff explained that management are sometimes approachable, but some staff said that they were asked to come back later and feel they have a lack of "one to one" connection. Staff stated that they believe that the home is well managed and well run, however some staff did say this was not done to its full potential.

When asked if there was one thing you could change about your current setting, staff said that they would like to be able to spend more time with each resident, the pressures of COVID and the impact of this on staff workload, for there to be more staff hired, and for the home to have its previous sea views which have been obstructed by building work.

Residents

We asked residents what they thought about the staff members who they worked with. Most residents praised staff, saying that they are well looked after and that staff are lovely and approachable.

“They look after me.”

“I've been here before. The staff are lovely here.”

“Everyone here is brilliant. They look after me and do a smashing job”.

“Fine. I have no complaints.”

"50/50, being discrete"

We asked if residents had a designated member of staff who looked after them. Most said they did not have anyone specific but were looked after by a mixture of individuals. We asked residents if they were unhappy about something, did they know who to speak to regarding this, and residents explained that they knew they could speak to the manager to raise a complaint,

“I do have a key worker but they keep swapping them about so I'm not sure who it is.
Not sure who I'd speak to.”

“Yes. There's a lady here now.”

“All the staff look after me. (no one specifically).”

“A couple of nurses who look after me.”

“I could speak to the manager.”

“I've no problems.”

“No I don't know who I think that would be.”

“Yes I do. I can voice my concerns.”

We asked residents what their thoughts were on the home's meal options, and if there is plenty of choice available. Most residents praised the food and said that there are always alternatives available if they don't like what was being offered to them. The majority of the residents we spoke to did not have any specific dietary requirements that had to be catered for.

“There is a choice but it's the same and it gets a bit boring so I had an omelette today.
You can ask for something different.”

“I had fish and chips. The food is good. There was custard for pudding.”

“Yes I like it, I have a choice.”

“Edible - if there's something you don't like, I'm offered something else - I won't starve.
There are two or three options which you can pick. There's a menu choice for dinner.”

"50/50, I like some of it very much."

"I can't eat fruit and vegetables. I've had an operation on my stomach so I can't eat that."

"Not really, I like most things. I like the nice things and there's not a lot I don't like."

We also asked residents what drink options are available to them, and how often they are offered these. Residents said that they are able to have extra drinks but often these must be requested. Residents say there lots of snacks available if they need them, such as slices of cake and pieces of fruit.

"I've just had one cup of tea today. You don't get tea at lunch time unless I ask. Can't have alcohol on a night."

"Lovely cups of tea. I don't drink alcohol. They'll do anything for you."

"Orange juice, a cup of tea if I ask. If I want a drink I have to ask for one."

"I don't know, I only drink tea. In the summer when it's hot I have an orange squash."

"Choice of drinks. Favourite is blackcurrant; not bothered with wine."

All the residents we spoke to said that they liked their room, and most said that they found their bed comfortable and warm, and had a television in their room which they enjoyed. Residents were also able to have some of their own things around them, such as bedding, chairs, furniture and a television, also decorative items like photos. We also asked about residents' views out of the window, and many said they could see the sea or the gardens which they found pleasant. The residents also said their rooms are fresh and clean, being cleaned very regularly.

"Yes. It's alright."

"There's bedding, a chair, sideboards and wardrobe and a tv. I can have photos."

"Yes I'm sat in my chair in my room now. I have 3 tapestries I've done on the wall. I like doing tapestries. I don't do them now. They're getting expensive. I'm never bored as I can always think of something to do."

"Yes. I have a TV to switch on. It's alright and couldn't be better. I have my notepad, my clock and my TV. I like it."

"It's alright to sleep in, it's comfortable and I sleep well. I don't think I've got many personal things round. I get up in the morning, get dressed and go out. I spend a lot of time in the day room, but not much outside. I sit with all the other patients."

"It's a lovely room; only small."

"(The bed) it's a bit springy it's old like me. I've got a single room. I have drawers and my wheelchair. I've a toilet and sink. There's everything I need."

All the residents we spoke to said that they do have access to a buzzer, and that staff mostly do come and respond quickly.

“Yes I do. They sometimes come quickly. There aren't many of them only 4.”

“Yes I have. They come to see me if I press it. I can reach it.”

“Yes, they come as quickly as possible. They're always good and do their best.”

“Yes I do. I've never rang it so I wouldn't know how quickly.”

“Yes, staff respond quickly.”

Activities in the home

We asked residents what activities they liked taking part in, and they answered that they enjoy a range of things, such as reading, crafts & woodwork, watching television, doing crosswords, or chatting to other residents. The residents said there is not an activities board but they are notified on what activities are taking place via staff letting them know.

“We don't have games but we used to. I don't know why we don't now.”

“Reading and embroidery. I don't join in as I'm still short of breath. They do have activities but I like to read and watch tv and do crosswords.”

“I do woodwork. I am making an electronic clock right now. It's coming on good. I don't like dominoes or those games.”

“Talk to the other residents, not anything to do really, I like knitting but I don't do that here. I've lost the use of one hand, so I don't do it often. Anything that comes along I have a go. Bingo, dominoes, drafts.”

“I just wait until things happen; I'm chair-bound now.”

We asked residents if they had access to the garden. Residents said there are garden areas, but some said they are often not able to access these if a staff member is not available to take them out there.

“Not really if there aren't many staff on. You can't go out. Nobody comes and you can't go out. Can't take visitors in the garden but they could take me to the seaside. There's only 2 staff so we can't go out much.”

“Yes, but I don't go out as I get breathless.”

“I've been out there with a friend and was out there for quite a while. It's nice out there.”

We asked residents if they feel supported within the home, and all answered that they do feel well supported at the home and feel that are catered for and needs are met.

“Oh yes, they look after everything for me. They switch on the TV when I ask and they might watch it with me. I really have no problems.”

“If I needed help I'd get it. Everyone looks after me, no problems at all.”

“Yes, well supported, but some I feel safer with than others, not meaning they're cruel but I prefer to be with some.”

Many residents we spoke to had accessed services such as the dentist, district nurse and have visited a GP practice. Residents explained that they have seen GPs both in practices and within the home, and have online or over the phone. None of the residents we spoke to use a hearing aid, but one resident did request to have their hearing checked due to struggling with this.

“I have to go out so they can see me at the hospital. I need wax melts doing for my ears. I've been waiting a long time for this.”

“You can see them if you want to see them but I haven't needed to. My dentures broke and these aren't very good but I can eat with them.”

“I went for a B12 injection at the surgery. I walked there. If I want to see the doctor here they come to see you.”

“I've seen the dentist - I had alterations done and a full set of new teeth. I see the eye doctor at the hospital. I got new specs.”

“I don't think so, I've been here a few months and in that time I haven't seen anyone. I'm getting old so I can't remember.”

“Yes, can see the district nurse when required.”

“I need my hearing sorting out. This is my biggest problem. I haven't had a hearing test for 18 months. My hearing is a problem.”

Visiting

All residents said that they have been able to see their relatives, with many seeing their loved ones most days, and even go on walks/trips with their loved ones. Residents can speak to their loved ones on the phone, with some residents having weekly phone calls if their family member cannot see them in person.

“No not since lockdown. My nephew used to come and see me.”

“Yes my son comes most days. He sees me through the window but he took me to the sea front on Sunday. I wouldn't go walking on my own.”

“My family have been but not often. They only stay for half an hour when they do come.”

“None of my family live nearby, but my son comes for the day and takes me out sometimes which I'm allowed. I lived in Essex before I moved here. I'm not particularly happy as I'm missing my family and it's a long way for them to come.”

“Grandson, a son and "a couple of cousins" visit. Special arrangements are made for visits, and can speak with them online too.”

Relatives

Relatives explained that staff are polite and friendly, and all the interactions they have seen between residents and staff are positive and friendly. Relatives explained that staff are available when their friend/relative needs them, and that there is always someone there to speak to when necessary or if there is a concern that needs to be raised.

“Yes, all the staff are very polite, friendly and approachable.”

“Yes, all the members of staff that I have spoken to are polite and friendly.”

“Yes, all the interactions I have observed between residents and staff are friendly and positive.”

“Mum always speaks positively about how nice the care staff are.”

“Yes, I’m not aware of any occasion when staff have not been available to my relative or myself.”

“Yes, there is always someone available to speak to and to help out with any issues raised.”

All relatives that we have spoken to have been involved in their loved one’s care plan and most have been kept informed of any changes. Most relatives are kept in communication with the home via email or by telephone, and often in person when they are visiting their loved one. The majority of relatives answered that they have been invited to attend meetings regarding their loved one’s care, however some stated that they had not been asked to do this. Many did explain that they had regular email or telephone dialogue if there were any specific issues.

For those relatives we spoke to with loved ones that are able to communicate, all of them said that their loved one speaks highly of staff and describe their interactions with staff as positive. The majority of the relatives we spoke to explained that they are fully satisfied with the care that their loved ones receive.

“Yes, my relative speaks positively about the carers and Red House”.

“Speech not good but appears responsive to them”

“Without the care received especially during COVID lockdown my mother would not be here today. I could not be more grateful for their care and attention”

We asked relatives what activities their loved ones enjoy and take part in, and their relatives answered a range of things, such as reading, taking part in crafts, socialising with other residents, taking part in the home’s activities, watching sport, watching television and going out on visits with family. Residents are encouraged to join in with the home’s activities.

“Yes, my relative is encouraged to join in with activities, but declines to do so as they wish to spend the majority of time in their room watching television.”

“Not sure what they get involved in as not being updated during crisis.”

Relatives are happy with the cleanliness of the home and their loved one's room, and all feel that their loved one's room reflects them as a person, being able to have personal items around them such as televisions, CD and family photos on the wall.

“Yes, the cleanliness of the home meets to the satisfaction of myself and my relative.”

“I have not been inside the home because of COVID restrictions but on regular ‘window’ visits to mum her room always looks clean and tidy.”

“Unfortunately, due to COVID-19 restrictions I have not been to access my relative's room to date. However, I have taken a number of personal items for my relative such as pictures and ornaments and these have been displayed in the room to the satisfaction of my relative.”

“Yes, mum has her own TV, CD player, framed family photos on the wall, her own bedside lamp, mantle clock, ornaments, etc.”

All relatives are now able to visit their loved ones in some form, with visits taking place in the designated visiting pod, in other separate rooms that have been cleaned specifically for that purpose, and the residents going on external visits with family members to places like the sea side. Any visits to the home must be preceded by a negative lateral flow test and with the use of PPE, such as masks, aprons and gloves. Visits are made by appointment only. Pretty much all relatives know where to make a complaint if necessary.

We asked relatives if they had anything else they wanted to share with Healthwatch East Riding, and they mentioned the following:

“I worry about the mandatory vaccine agenda and human rights issues with this.”

“We are absolutely delighted by the care given by Red House to X and the positive helpful attitude of any member of staff we have spoken to in the past 18 months during Covid.”

“At the time when it was necessary for my relative to receive 24 hour care and support due to the deterioration in their health, I spent many hours reviewing CQC inspection reports, etc., to ensure the most suitable care home was found. I have certainly not been disappointed in the care and support given to my relative by the staff at Red House. The home is well run by the Registered Manager and the staff in all departments treat my relative and other residents in a respectful and caring manner for which I am truly grateful. As I do not live locally to Bridlington I am only able to visit once every fortnight, however, I telephone every other evening to have a chat with my relative and the staff are always friendly and obliging and nothing is ever too much trouble.”

“Just the biggest thank you to Leah and team for working so hard through this difficult time and getting my mum through with excellent care.”

Recommendations

1. Introduce yearly hearing tests for all residents. Hearing aids should be checked twice yearly by an Audiologist.
2. Review all residents' mattresses to ensure they are comfortable and in a good working order.
3. Increase garden access for residents, perhaps arrange with the activities coordinator
4. In recognition of the difficulties currently facing care homes nationally, due to mandatory vaccination, perceived risks of working in care, burn out etc. Action be taken throughout the East Riding to assist care homes with recruitment and retention of care staff. This could perhaps be assisted by the newly announced Government support package- see link: [Support package to protect care sector this winter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/support-packages-to-protect-care-sector-this-winter)

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Distribution

This report has been distributed to the following:

- Healthwatch England
- the Care Quality Commission (CQC)
- East Riding Clinical Commissioning Group
- East Riding of Yorkshire Council
- the Healthwatch Humber network

Virtual Engagement Project- Feedback from Services

Feedback from the service- Red House

Leah Davies

Date- 28/01/22

Comments:

- Leah felt that whether staff had suitable time to support residents to meet their needs is staff perception, and not reflective of the care delivered as domestic and activity staff assist with nutritional needs and staff are instructed to seek assistance at mealtimes from deputy / manager if they need it. Peoples nutritional status hydration status and weights are monitored which indicates that needs are being met
- Hearing tests are available for residents in usual circumstances and are provided by visiting opticians or trips to local opticians. Audiology appointments for hearing aids come direct from the NHS. Both of which have had service interruption due to Covid and routine audiology NHS appointments were cancelled, and there is still a backlog relating to this and there is also service interruption and appointments have to be cancelled if Red House is in outbreak status (2 positive tests at any one time)
- Residents mattresses/ bed condition are reviewed daily by the domestic team who strip and clean them prior to remaking and if a mattresses/ bed is found to be in poor condition new mattresses/ beds are requested from our estates department. 90% beds are hospital style beds with low to medium pressure relieving static mattresses.
- Some individuals are assessed for dynamic pressure relieving mattresses and these can be perceived by some older people as being lumpy due to the alternating pressure relieving cells under the mattresses, but unfortunately they are assessed by nursing services as requiring these.
- Leah states that there has been no building work that can obstruct the view