

Enter & View Residential Care Report

The Old School House & Courtyard

Main Road, Gilberdyke, East Yorkshire HU15 2SG

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Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Main Purpose of Visit

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

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

Summary of Key Findings

The Old School House & Courtyard is part of Roseville Care homes and offers residential care, respite care, short breaks and day care for up to 41 residents. The accommodation appeared to be divided into three areas, dependant on level of need; two areas within the main School House and another lower dependency area called the Courtyard Bungalow.

Residents said that they have access to the services that they need such as doctors, dentists, opticians etc. Residents reported very mixed views on the level of care that they received and expected; some are happy with the level of care and attention that they receive and others feel more isolated and uninformed. A range of activities are offered and some trips out, however not all residents take part or are aware of exactly what is on offer.

Recommendations/Observations

- Fire exits are cleared of all obstructions and kept clear at all times
- All visitors should be required to sign in to adhere to safeguarding procedures
- All potentially hazardous areas are kept locked at all times to safeguard residents
- All outdoor areas are cleaned and routinely maintained to allow safe access for residents
- Residents meetings are held to gather residents views and offer opportunity to respond



Full Report

Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically

- Strategic Context & Relationships
- Community Voice & Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice & Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Main Findings

How safe is the setting for service users?

Upon arrival at the home the member of staff who greeted us was unaware of our pre-arranged visit; although we were allowed access to the premises and were shown to the manager's office, but without being asked to sign in. The manager requested a care-worker to show us around the home.

The home appeared to be divided into three areas, dependant on level of need of the residents, each separated by key-coded locks. Some other areas of the home (such as the kitchen) could be locked to prevent access to residents; however we were taken through an unlocked store room, which did not appear to close properly and stored a large amount of insecurely stacked equipment (in the higher dependency area of the home) which was frequently used as a cut-through to another corridor.

A corridor in the higher dependency area had been stripped of its pictures and photographs as a resident had been removing these items and throwing them. In the same area a cup of tea appeared to have been thrown against the wall, leaving a wet area on the floor that had not been cleared up; the care worker providing the tour arranged for this to be cleared once it was discovered.

In another area of the home we observed a designated fire door that was completely obstructed by stored wheelchairs and walking frames.

There were a number of secure outdoor areas for residents use, some in better condition than others. One area was clearly used as a smoking area as a large number of used cigarette butts were left on the floor; there was also a broken umbrella which was wind damaged and a large number of weeds - leaving the area untidy and unappealing for residents. One resident said 'What's the point of going outside - what is there out there, there's not even a chair to sit on', which was apparent in some outdoor spaces.

There was hand gel available to use to aid infection control.

Residents felt that their medication was managed well; one stated 'Medication is very good, we always get that in good time and exactly when we need it'.

In some areas of the home there was a clear underlying, unpleasant odour.

In the Courtyard Bungalow that housed more independent residents, there was a half used tin of cat food left out on a worktop that had been used to feed a stray cat that had befriended the residents. The cat was also allowed into residents' rooms and was seen to be sleeping on one resident's bed.

How effective do service users consider the service to be?

Residents said that they have access to the services that they need such as doctors, dentists, opticians etc. and told us that the staff help them arrange any necessary visits, one resident told us 'I find it quite good - if you have a problem, then if they can't help you, they will find someone who can'.

Fixtures and fittings within the home supported independence; there were hand rails through-out the home and equipment to support mobility visible and in use by some residents.

There were communal dining spaces available in each different area of the home for residents use and residents could choose where they wished to eat, one lady told us of how she always likes to eat in her room and how staff delivers her meals to her at each mealtime. In the Courtyard Bungalow there was a small kitchenette stocked with basic food supplies so that residents could make their own toast, cereal and drinks etc. to maintain some level of independence.

The home has a food hygiene rating of 5 (the highest score possible) and we were shown around the kitchen, the cook showed us some of the menus that were on offer and demonstrated how individual requirements are logged catered for. One resident reported that 'The food is nice', another said 'There's no choice, you just get what you're given, but I don't complain'. Residents generally said that they were happy with the food provided and drinks and snacks were being offered and distributed to residents in one of the communal areas during the visit.

Residents reported mixed opinions of how staff interacted and engaged with them. One resident said 'Everyone's friendly here, including the residents'; another housed in the Courtyard Bungalow said 'We don't see much of the staff, they just leave us to it'.

How caring do service users find the service?

Residents reported very mixed views on the level of care that they received and expected. In what appeared to be the main communal lounge one resident said 'I enjoy general life in here', another said 'I lived in a flat on my own and I was slowly disintegrating, so I moved here and now I have company'. A visiting relative commented 'I'm happy with the care, I'd give it 10 out of 10'. Others however, particularly in the Courtyard Bungalow, felt less well cared for. One resident who chose to remain isolated in her room and although was capable, chose to remain in her bed commented 'I'm very depressed and I don't see the point in getting up. The staff just leave me to it - they might not even like me for all I know'. Another resident commented 'I hate it, but that's nothing to do with the home really, I'd just rather be in my own home'.

During the course of the visit, there were only limited opportunities to observe interactions between staff and residents; those that were observed were friendly and positive, but staff appeared generally busy carrying out other tasks and were not observed spending much time talking/interacting directly with residents. Staff that helped and directed us during the visit were polite, helpful and friendly.

There is no designated activities co-ordinator in post, the role is shared between the cook and various carers who chose to provide activities during their time off; however there are a number of activities that take place, evidenced by photographs displayed on the walls. Some residents said that they were unaware of the activities that took place, one lady commented 'I don't know what goes on and nobody asks me what I want to do, so I just stay in my room'; another said 'Nobody comes and tells me what's going on, but I'm here of my own choice so I can't complain' and 'There's not a lot of things that actually go on, but they do sometimes put you in touch with other people and we raise money for different things'. A small group of residents that we spoke to told us about a visiting saxophonist that received mixed reviews, some residents had enjoyed having a visiting musician while others said 'It was a row'.

A Therapy Dog visits on a weekly basis was seen on the day of the visit and is very much appreciated and enjoyed by residents. The residents in the Courtyard Bungalow have adopted a cat that visits of its own accord and they very much enjoy spending time with him and caring for him.

There had been a trip to Bridlington provided earlier in the year but residents reported that there are not many trips arranged and that they would like to get out more. Some residents said that they never get out and expressed it as a particular point of frustration, particularly those more independent residents in the Courtyard Bungalow.

Residents said that there is a hairdresser that visits regularly and a lady that does nails as well.

How responsive to their needs do service users find the service?

The residents that we spoke to on the day did not feel that their views were listened to and that if they did complain, the response rate to their complaints was slow. One resident said 'If you complain you're just made to feel that you're moaning'. Another said 'The men just put up with things, but the women complain to try and make things better for the men as well'. One resident said that she became very frustrated when her concerns were not addressed and said that she tells staff three times and if nothing happens the third time, then I tell my son and he has to get things sorted for me'.

Some residents said that repairs could sometimes be slow to be completed. One resident complained 'I know of TV's that do not work, but they never seem to get sorted'.

In the Courtyard Bungalow residents said that they had complained about being overlooked by neighbouring houses on an evening when the lights were on; despite numerous requests to have the curtains closed, residents said that their requests had been denied which left them feeling very exposed and feeling a distinct lack of privacy.

Via relative questionnaires distributed prior to the visit, two relatives felt that the service was responsive to their needs and those of their relatives and one relative chose not to comment.

Residents are able to personalise their rooms with their own personal items and belongings.

How well-led do service users consider the service to be?

The manager was only spoken to briefly at the start of the visit and to say goodbye at the end of the visit; we were handed over to a member of the care staff to have a tour of the home - the manager did however submit a number of staff and relative questionnaires that had been completed prior to the visit.

Relatives that had completed questionnaires said that they were happy with the leadership and management of the home but did not comment on their relatives perceptions of this aspect of their care. Residents in the Courtyard Bungalow commented that they never see any members of the management team from the home, just regular staff, so they couldn't comment.

The majority of staff that completed questionnaires felt that they were adequately trained to carry out their role effectively; however one did not and another would like more training on dealing with pressure sores and challenging behaviour.

The home appears to be adequately staffed; however out of six members of staff that completed questionnaires, five members of staff said that they did not feel that they got to spend enough time with residents and only one did. A senior care assistant also said 'I feel that I have enough time to spend with each resident to administer their medication, however I feel that the care assistants do not have enough time to spend with residents'.

There were some areas of the home that appeared quite tired and in need of decoration and the outdoor areas were also in need of tidying/routine maintenance being carried out, which was commented upon by some residents who found them quite unappealing. There was also damaged equipment in one of the bathrooms that had been there for some time without being removed or repaired. It was unapparent as to whether there was a designated person responsible for routine maintenance and repairs.

Response from Setting:

The home has offered no response to the report (3rd January 2018).

Signed on behalf of HWERY

Matthew Fawcett

Date: 10/1/18