

Enter & View Residential Care Home Report

The White House Residential Home

29 Beverley Road, Drifffield, East Yorkshire YO25 6RZ

Date of visit: 28th March 2017

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HWERY Representatives: Carol Dyas & Peter Horrocks

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 measure the impact of previous visits to Residential Care Homes across the East Riding of Yorkshire conducted between January 2015 and March 2016 and check on recommendation progress.

Previous Recommendations

- The small garden sitting area is entered directly from the Dining Room through large sliding doors which are lockable. We were assured that when residents use this seating area they are always accompanied by a member of staff and not left alone. From this small garden sitting area however, is a path leading directly into the Car Park at the rear. Whilst it is not envisaged that residents or staff would be sitting outside during winter months or inclement weather, it is recommended that a gate or some form of fencing enclosing the small garden, is erected as soon as possible.

Summary of Key Findings

The recommendations had been followed - access to the rear car park is now prevented by a gate.

The White House is a small home having 17 residents at the time of our visit. Care is individualised and well-spoken of. The White House is part of a four-home group.

Recommendations/Observations

Wherever possible HWERY should support efforts to improve relationships between care homes and hospitals during transitions of care.



Full Report

Background

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.

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

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to ensure that recommendations for change are heard and responded to by relevant decision makers.

Main Findings

How safe is the setting for service users?

The home feels peaceful and calm, décor is dated but everything is clean and comfortable. A couple of ladies were sitting in the foyer happily watching the world go by.

There are no unwanted odours.

Fire exits are clearly marked. Hand gel is readily available. All rooms have a call system.

Medicines management is well organised now.

A new wet room has been provided and more toilet/bath improvements are coming.

How effective do service users consider the service to be?

Community nursing input to the home was said to be "brilliant". Assessments for incontinence services can take rather a long time. One lady was still awaiting a decision eight months after her assessment and five more await assessment.

Hospital beds which are no longer required could be removed more quickly.

There is a lack of continuity when residents are admitted to hospital. "Passports" are mislaid and discharges untimely. "We are not on the same side".

General practitioner input is well coordinated from Drifffield's two practices. A chiroprapist attends monthly.

There is a weekly hairdressing service.

How caring do service users find the service?

Care is individualised. Care plans are reviewed monthly - all have sought to include end of life care with input from families where possible.



Seven questionnaires completed by relatives reported satisfaction with the level of care; one said that his mother was really happy and that the manager "did a really good job". Another visitor said how happy she was with the care provided and praised the food.

Some rooms are personalised by having the name and photo of the occupant on the door. The manager is seeking to make these signs more permanent.

How responsive to their needs do service users find the service

The White House offers respite care admissions but not day care.

Activities include outings and 2 - 3 sessions per week in the home though it can be hard to engage some residents in organised activities. A trip to Sledmere was imminent using a hired bus.

The White House provides care according to the needs and wishes of the individual resident.

One couple share a double room. Most residents have a degree of memory loss but only one displays challenging behaviour at times, one chooses to remain in bed. None requires help with feeding. Only six have troublesome incontinence. Meals are taken in locations throughout the home according to residents' preferences. There is a four-week menu.

Residents can bring their own items of furniture into the home if needed. One looks after his own money.

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

We had useful discussions with the home manager Sharon Simcox who took time to show us round the home. She is well supported by the group's owners and her peers in other homes.

Staff levels seem good with three carers on duty during the day and two (soon to be three) at night. Six staff completed questionnaires and gave positive feedback.

Staff training is well organised using the Curve system and includes medication. Hoist training is done separately.

<i>Signed on behalf of HWERY</i>	<i>Matthew Fawcett</i>	<i>Date: 21/4/17</i>
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