

HW Reference: 20180928A

Time & Duration of Visit: 9:30am - 12:30pm

Number of people engaged with: 15

Enter & View Residential Care Report

Specialism/Service: Accommodation for persons requiring nursing or personal care, Dementia, Caring for adults over 65 years

Kirkella Mansions Residential Home

6 Church Lane, Kirkella, East Yorkshire HU10 7TG

Date of visit: 28th September 2018

Date of publication: 7/1/19

HWERY Representatives: Chris Mills & Steve Mottershaw

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

Kirkella Mansions has capacity for 25 residents; there are 25 rooms, three of which can be double rooms, 10 rooms have a toilet and hand basin the remaining 15 just a hand basin. The home has a fantastic positive feeling amongst its staff, residents and also the relatives. We found the staff to be very caring and passionate for their jobs and the residents living at the home. The management are focused on delivering as good a service as possible for those who live there; they also welcomed any feedback as to ways they can improve the home for both the residents and staff.

Recommendations/Observations

- Ensure Dementia Friendly signs are displayed consistently and at an appropriate height for residents throughout the home and that signs are replaced when worn. The installation of signs on residents on doors would also aid those living with dementia
- Increase the frequency of resident meetings or provide additional opportunities for residents to give feedback e.g. in relation to the activities provided.
- Produce a quarterly relative's newsletter to keep relatives better informed
- Consider reviewing care-plans on a monthly basis to ensure that residents as well as relatives are regularly updated and informed about all aspects of their care, and that residents are routinely involved in the care-planning process



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?

By safe we mean people are protected from abuse or avoidable harm.

Entry to the home is protected by the use of a keypad and is gained by ringing the doorbell and waiting for a member of staff to answer.

On arrival we were asked to sign in and taken to the manager's office where we chatted about aspects of the home before having a tour of the home and its facilities; during the tour we observed that the home was well organised and tidy, with no obvious trip hazards and no detectable odours.

All fixtures and fittings looked safe and well maintained. The care home employs a handy man who deals with maintenance on an 'as and when needed' basis; the manager also does some day to day maintenance as required.

We saw lots of infection control sanitizers, including in the entrance hall to capture visitors on their way in and out of the home.

We were shown numerous areas which residents could not access for their own safety which included the kitchen, laundry, food store and cleaning area.

The home has a food hygiene rating of 5 (the highest score possible).

We observed some of the resident's rooms to have direct access onto the garden/courtyard. The doors leading to the garden from the bedrooms are full glass doors which have nothing visible on them to identify that they are a closed glass door, this could cause a potential hazard as people may try to walk through them; some small stickers applied to the door would alleviate this.

We saw the complaints procedure displayed on a notice board near to the reception area which is for both residents and relatives, a resident told us, 'I know about the complaints procedure but have never needed to complain' and 'I feel very safe here and well cared for'.

How effective do service users consider the service to be?

By effective, we mean does residents care, treatment and support achieve good outcomes and promote a good quality of life?

All of the staff we saw at Kirkella Mansions were clean, tidy and in uniform, which had their name embroidered onto the front so they were easily identifiable; staff told us 'We get two new uniforms every year with our names on them'.

Fixtures and fittings throughout the home generally promote independence, although we felt that more handrails might be beneficial and further support independent movement. We saw moving and handling equipment being used effectively with some residents, and other residents moving freely around the home with the aid of frames etc.

There is some dementia friendly signage around the home, but not to all communal areas; some of the signs were also well-worn and positioned at a height where residents may not be able to see them.

There were menus on display for the residents to see meal choices and residents could choose where to eat; the menu is offered on a rolling four weekly rota. One resident told us 'The food has improved recently' and another 'The food is good, and there is an improved menu that has been introduced in the last few months'. The home has a separate meal time for those who need assisted dining to help free up sufficient staff and provide adequate support; however, staff said that 'An extra member of staff at tea time would really help as it gets very busy'.

The assistant manager told us that the residents have access to all necessary services; the home registers its residents with the GP on Main Street in Willerby, the dentist visits annually, a chiropodist visits every six weeks and a hairdresser visits weekly. The home can also call upon services as and when required.

The home has two house keepers working on a daily basis who complete room tidying and laundry tasks. Relatives are asked to put name tags on the resident's clothes although the home admitted that occasionally items go to the wrong person.

How caring do service users find the service?

By caring, we mean that the service involves and treats people with compassion, kindness, dignity & respect.

During our visit we came across most of the residents at some point and they all appeared clean, tidy and well presented, they looked a healthy weight and cared for. A resident told us 'It's a nice place, I feel well looked after' and 'The staff are nice, they care', another said 'Yes I like it here, it's very nice'. A relative told us 'The staff are caring and very patient'.

We witnessed many interactions between the staff and residents and relatives who were visiting loved ones; all of the interactions were positive and appeared very genuine. We observed that staff responded to individuals needs in a timely manner.

All residents have their own rooms which they can personalise with furniture, pictures and ornaments etc. Due to a raising percentage of residents with dementia we suggested that resident's bedroom doors could also be personalised in some way to help them identify their own rooms and potentially prevent them walking into other people's rooms.

All residents have a named carer; staff are allocated between two and three residents each, for who they are responsible for completing care plans and being the named carer.

This practice gives staff the opportunity to really get to know the residents they are directly responsible for.

Residents have access to their own money whilst at the home with all money being kept in a safe in the office; values are logged in a cash book to effectively manage each individual's balance. Named carers often get things for the resident from the shops; however, residents also take their own money when they take part in outside trips and activities.

Activities take place twice a day, with one morning and one afternoon activity. The home also offers outside activities when possible, usually every few months; these are to places such as Hornsea, the theatre and pantomimes etc. Entertainers visit the home, for example a singer attends approximately every six weeks and 'pet therapy' comes to visit the home four times per year, pupils from St Andrews School and the church choir also perform for residents. There is a notice board with an activities list for the week (Monday to Friday) and individual outings for residents are also listed. There is also someone from the local church who visits the home and offers communion.

When asked about the activities on offer residents gave a mixed response; most of the comments suggested the activities offered were well received, although others suggested that a wider variety of activities should be offered.

When speaking to some of the residents regarding activities we were told the following:

'I have been on individual outings to the library, the shops and to a coffee shop with the activities coordinator. I really appreciate the opportunity'.

'Someone made contact with a volunteer at Willerby Methodist Church who now comes in almost every week to play scrabble with me'.

'I like it here, it can be fun at times, I also like having time to rest in the quiet areas.'

'The activities could be better, I'd like more choice'.

'Activities are only when [activity co-ordinator's] here, and not a lot of variation'.

Staff acknowledged, 'Residents have asked for more activities on a weekend' and 'It's hard to do the planned activities on [activity co-ordinators] day off. They don't always happen' and 'It would be great to have more staff available to offer more external activities'.

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

By responsive, we mean that the services meet people's needs.

Respite care is offered at Kirkella Mansions providing they have vacant rooms; therefore, it cannot be booked in advance, day care is also offered.

The assistant manager told us how the home has moved to an electronic, on-line version of care-plans etc. which not only helps with the organisation, but also the ease of how staff can update and complete relevant documents.

Care plans are currently formally reviewed every three months or when needed. Relatives are involved with the care plans at pre-assessment and are informed of any changes as soon as possible; relatives are also updated on other information, such as a resident needing to see a GP or a dietary change because of weight loss etc.

From speaking with a number of residents, it was not possible to establish if they are involved with the planning of their care, although the assistant manager told us this does happen with the residents and relatives where possible. One resident told us 'I asked about

seeing the doctor again and it's been over 2 weeks since I asked. I have an eye problem and it's still causing me problems. I'm still waiting to hear something from the staff'. Although a relative told us 'We are always informed of anything that has happened with mum. Recently she needed to see the GP, they phoned and told us about it and also what the doctor had said and what was going to happen next'.

End of life care is also discussed at an appropriate time; sometimes at pre-assessment or gradually introduced into conversation as they get to know the resident and their relatives better.

We were told by the assistant manager that resident's meetings are held every six months and relatives are free to attend; occasionally relative only meetings are offered but both meetings are not that well attended. A visiting relative told us 'I wasn't aware we could attend the resident's meetings to see what was happening in the home, however I think I can come and eat with mum'.

Nobody we spoke with said they had ever needed to make a complaint but felt comfortable to approach the management team if they had any issues. One relative told us 'It may not be perfect but mum likes it here, I'd rate it 8.5 out of 10'.

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

By well-led, we mean that the leadership and management assures the delivery of high quality and person-centred care, supports learning and innovation and promotes an open and fair culture.

Staff levels vary throughout the day dependant on need; there are four care staff working in the morning, three in the afternoon and two overnight plus one on call - in addition to this there are other staff available in the home such as the manager and assistant manager, house keepers, cooks and an activities coordinator. The home has full staff meetings every 3 months; however, information is shared daily at briefings/handovers.

From observations made during the course of our visit, it was clear that the home manager/owner is very hands on and well thought of; everyone that we spoke with, including staff, residents and relatives knew the manager by name and all commented on differing areas where he helps out e.g. daily maintenance, activities, helping in the kitchen or assisted dining. Although the manager was on holiday at the time of our visit, the assistant manager was also very knowledgeable about all aspects of the home and held the same aspirations for the continued growth and development of the home especially for the comfort of the residents.

Staff said that they felt the management team were approachable and listened to their needs and from comments they made, they were happy and felt supported in their roles. Staff made comments such as:

'I've worked here for 6.5 years, I love my job'

'I've worked here for 13 years and still enjoy coming to work every day'

'I love the job; the management are fine and very supportive'

'I love my job. It's rewarding and challenging'

All staff are up to date with mandatory training, they also felt they could approach management with any additional training requests to upskill themselves, believing that any requests would be approved; one member of staff told us, 'I asked about doing some end of life training which the manager sourced for me to do'.

The home has recently moved to an e-cert online training resource for the staff, although one member of staff commented, 'I don't mind the online training but preferred face to face so I can ask questions'.

Staff also told us how they can offer suggestions to the management to help make improvements and they are always considered.

Response from Setting:

The home has offered no response to the report (14th November 2018).

Signed on behalf of HWERY	<i>Matthew Fawcett</i>	Date: 7/1/19
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