

HW Reference: 20181218B
Time & Duration of Visit: 1:30 - 4.00 (2.5 hours)
Number of people engaged with: 8
Managers Name: Amanda Gell

Enter & View Residential Care Report

Specialism/Service: Accommodation for persons who require nursing or personal care, Dementia, Physical disabilities, caring for adults over 65 years

Northfield Manor

Long Lane, Driffield, East Yorkshire YO25 5UT

Date of visit: 18th December 2018

Date of publication: 30th April 2019

HWERY Representatives: Denise Lester & 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

Northfield manor is a 38 room care home that is currently at full capacity. The home has two sections a residential side and a wing for specialist support for those living with dementia. The home is located in Driffield and comprises of the main building, and safe and secure gardens which have vegetable patches.

The home offers a wide range of activities and trips out and maintains fantastic links with the local community, particularly the 'First Steps' programme with the local pre-school. The home tries to make the home as much like home as possible, a sentiment which was echoed by those that we spoke to. The home is very clean, tidy and well maintained and we were told by both residents and their families that they are well supported by caring staff and that the management is very supportive and involved in the day to day running of the home.

Recommendations/Observations

- From feedback received from Staff Questionnaires, ensure that staffing levels are reviewed on a regular basis (with an input from care staff) to ensure that staff do not feel overstretched and feel able to support residents to the very best of their ability.



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.

The Home was originally a tuberculosis hospital, then a nurses training facility until it became a home in the 1980s; the home then had an extension built in 2005. The grounds comprise of the main building, and safe and secure gardens which have vegetable patches, the home used to have chickens but that area will now be used to pet house rabbits. The home has two areas a residential part and a specialised area for those people living with dementia; the residents range in age from someone in their 50s to over 100.

The home has 38 rooms and is at full capacity; of those rooms eleven have en-suite facilities. There are an additional eight toilets, two bathrooms and a wet room. The home employs 46 people, 35 care staff, eighteen full-time and seventeen part-time. Absences are covered by their own staff. At the time of the visit the home appeared to have adequate numbers of staff on duty.

When arriving at the home the main entrance has a 'buzzer' system to access the building. We were asked to sign in and were escorted to the manager's office.

The home has its own on site handyman who handles home repairs, external contractors are called upon as necessary. The home appeared clean, tidy, well maintained and free from any odour or any apparent hazards, with infection control procedures in place. The fixture and fittings appear to be safe. Fire evacuation procedures are in place, fire exits were clear and extinguishers were present around the home.

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

There is a call system in place which announces where the call is coming from, for example room 18, assistance required.

Residents told us that they feel safe and secure in the home, with one resident saying 'We do very well here, it's nice and safe'.

How effective do service users consider the service to be?

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

Residents have access to all of the services they need e.g. dentist, optician, podiatrist, community nurse and GP. A hairdresser visits each week and there is a dedicated hairdressing area.

Staff appeared to be clean and tidy and wear a uniform, so are clearly identifiable to both residents and visitors.

Equipment is used in the home to support the needs of residents, we were told that staff are trained to use the equipment and that training is regularly refreshed.

We observed that staff have great communication skills and speak to residents with dignity and respect; staff were also observed being supportive and empowered residents to make their own choices and act as independently as possible.

Residents can have their own pets by arrangement and the home has a number of its own animals that the residents enjoy.

Food is cooked and freshly prepared on the premises. The menu is on a five week rota but changes every six months and tends to use seasonal ingredients. The home offers a cooked breakfast every day along with toast, cereals and fruit. There is a choice of two hot meals at lunch but the home will also provide sandwiches, salads and light snacks; again there is a choice of two hot meals for the evening meal and assortment of other cold options and desserts. Residents can choose where they eat; the main dining room has been decorated to be like a tea room.

Daily food and fluid charts are used as necessary and weights are monitored weekly/monthly as appropriate.

Relatives told us, 'I would recommend care here', another stated 'It was the friendly atmosphere the moment we walked into the building that, we knew it was the right place for our family'.

How caring do service users find the service?

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

The home has open visiting hours and provides at least one weekly external trip, sometimes less in the winter due to inclement weather.

The home has great links within the local community, engaging with knit and natter group, First Steps Pre-school, Driffield Primary School, Brownies, the local church, local fairs and 6th form students. One of the highlights of the home is the links with the Pre-school and the 'First steps programme'; the project takes children from the local preschool and they visit every Friday in term time to engage with the residents on a number of subjects. This works in two ways, it helps with any loneliness and isolation that any of the residents may experience but it helps the children in developing their confidence and communications skills. The Manger describes it as 'like the television programme home for 4 year olds, only we were doing it first'. One resident said 'It's great seeing the little children, getting to chat with them and see their little smiling faces'.

The home is sensitive to the transition from home to care home; the home involves the family as much as possible in making sure that residents move goes well and that they

settle into their new home. The home tries to make the home as much like home as possible, a sentiment which was echoed by those that we spoke to.

Residents told us 'The care given by carers is brilliant', another said 'the staff are really patient, really caring'.

A relative stated 'It's clean friendly and has lots of activities; it's a very caring place'.

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

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

Residents meeting are held every 3-6 months, relatives are welcome to attend but normally would have a one to one meeting with the manager.

There is a full time activities coordinator, who provides a wide range of activities, throughout the day; these can be seen on the daily board; this can be trips out, activity in the home or activities brought in such as donkeys that visited the home as part of pet therapy.

Most of the residents are Christian and regularly attend the local church and the local vicar and priest attend the home; if any residents had any other religious or cultural needs would be supported by the home.

Residents have access to telephone, Wi-Fi, computers and Skype, although none of the current residents choose to use skype.

Pets are allowed at the home, there is currently a dog, cat, fish and a budgie living at the home with their owners.

Residents and relatives can complain to the manager and there is also a complaints process in place, though no-one that we spoke to had ever felt the need to use it.

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.

All of the residents that we met spoke positively about the management team and relatives said, 'Engaging with management, has given me confidence that a positive approach to my mother's care and 'Met my mother's needs, best home we visited'.

The home doesn't have any problems recruiting or retaining staff, only one staff member has left in the last 2 years. Staff meetings are usual every 2-3 months but will arrange a meeting if required.

Staff told us that they feel appreciated and management was approachable; staff feedback was also wholly positive about the residents, other staff and the home in general; however via the Healthwatch questionnaires, half of staff respondents told us that they felt they needed more staff - although this was not mentioned by the residents. When queried the management confirmed that the ratio of staff to residents was correct.

Some comments from staff were as follows:

'The most enjoyable part of my job is having time to chat to the residents'

'Making sure the residents are happy and well cared for is what I like about the job best'

'Getting to know residents is one of the best parts of the job'.

Training is provided in house and externally as necessary. The home uses auditing, supervisions, appraisal and regular meetings to help make sure Quality Assurance Systems are in place.

Response from Setting:

We are really pleased with the report and do what we can to make our home as much of a 'home' as we possibly can.

Signed on behalf of HWERY	<i>Matthew Fawcett</i>	Date: 30/4/19
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