

HW Reference: 20190219
Time & Duration of Visit: 10.00am - 1.50pm
Number of people engaged with: 10
Managers Name: Mike Lythgoe

Enter & View Residential Care Report 1/2019

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

The Old School House Residential Care Home

Main Road, Gilberdyke, East Yorkshire HU15 2SG

Date of visit: 18th February 2019

Date of publication: 30th April 2019

HWERY Representatives: Denise Lester & Michelle Harvey

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 home was initially visited by Healthwatch East Riding of Yorkshire (HWERY) in November 2017; following a routine 12 month re-visit to the home to check on recommendation progress, the home requested that HWERY use the E&V process to inform them of further recommendations to help them implement changes to support their on-going improvement and development programme - this was the first planned visit used for this purpose.

Summary of Key Findings

The Old School House and Courtyard is a residential care home providing accommodation and care for up to 41 older people some of whom are living with dementia. The accommodation is provided in two distinct areas dependent on level of need. A third area 'The Courtyard Bungalow' is undergoing a change of use and is being re-developed into a facility specialising in mental health; this area and part of the garden are currently 'out of bounds' due to ongoing building work. The kitchen is also undergoing refurbishment.

Recommendations/Observations

Since the initial visit from Healthwatch the new manager and deputy have implemented many of the initial recommended changes and both acknowledge that they are in a period of on-going improvement and development. In the long term, improvement lies in the creation of a staff culture which is accountable and more open to change. In the short term, however, Healthwatch recommends the following as being relatively easy to achieve and a starting point for on-going improvements and future development:

- All staff to be provided with and to wear name badges.
- Signs or posters to be displayed around the home to detail daily menus, activities/trips out, a calendar, the weather. These to be current, visible and easy to read. A clock to be provided for the main lounge.
- A dining area to be defined in the large main lounge using the round tables and window space already available. Tables to be set with cutlery, napkins, condiments, by a designated member of staff possibly with help from residents. Residents who are able, to be encouraged to take their meals at these tables to promote and encourage social interaction.
- Re-launch the 'Key Worker' system. Specific responsibilities should be outlined to staff for the residents that they are responsible for; residents should be made aware of their 'Key Worker' and their specific responsibilities - in part by the introduction of posters on the back of residents doors (an example of which has been supplied by HWERY).



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.

On arrival, the member of staff in the entrance was aware of the visit from Healthwatch and a signing in book was available.

The main entrance is secured via a keypad with a bell provided for staff to answer as visitors arrive; areas of the home which are not accessible to residents are also secured with keypads, which offer a much improved level of safety for residents since the last full visit by HWERY in November 2017. The home appeared clean with no discernable odours present throughout and hand gel to aid infection control is available to use throughout the building.

First impressions are that areas of the home are 'tired' and are in need of redecorating and refurbishment in places, though some areas have been redecorated and much improved since the last full visit in November 2017; however it is understood that this is an ongoing process which will take time to complete. Areas that were undergoing refurbishment were kept out of bounds for residents to maintain a safe environment. The home has a handyman who was praised by the manager for his work and attitude and was busy on the day of our visit.

A call system is in place which sounds an alarm and indicates the area where assistance is required on a board sited in a corridor. The alarm was activated a number of times during the course of the visit and reaction/response times to the alarm seemed to vary; however, residents we spoke with said that they felt safe and that a member of the care staff would always be available to help them if required - although they did not actually know what the sounding alarm was for.

Fixtures and fittings supported mobility and independence and appeared to be maintained to a safe condition. Main areas of the home were kept free from clutter and any potential trip hazards for residents which again, was much improved since the last full visit in November 2017.

The food hygiene rating at the home has recently dropped from 5 (very good - the highest score possible) to 2 (improvement necessary); the Food Standards Agency Report shows that this is due to the physical condition of the kitchen which is subsequently undergoing refurbishment to address the areas of concern, rather than the management of food safety which was found to be generally satisfactory and hygienic food handling which was good.

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 staff were clean and tidy and wore a uniform which were of different colours according to their role; none of the staff however wore name badges which made them difficult to identify for both residents and visitors.

Fixtures and fittings supported mobility and independence. We saw handrails fitted to walls, those in The Courtyard were painted in the same colour as the walls; although the more recently decorated School House part of the building had more effective contrasting handrails to aid residents with a visual impairment or those living with Dementia - this should be extended to all areas of the building as part of the refurbishment programme.

We saw a hoist being used effectively to move a resident to a chair in the lounge.

During the course of the visit we heard some examples of staff effectively communication with residents to help them decide on their lunchtime meal choice; however at other times staff seemed less engaging with residents although not unpleasant.

There was a weekly rotating menu which was varied and provided a choice for residents; however the only menu which we saw on display for residents was not current and was a small A4 poster on the wall of a corridor, making not particularly visible and quite difficult for residents to read. Several residents we spoke with were happy with the food provided and said they were given 'plenty to eat', another said 'We get a choice of food, but they'll always get you something else'.

Residents mostly ate alone at portable tables in the large lounge although large dining tables are available; this meant that some residents had not moved from the same chair throughout the course of the visit and that they had only interacted with any person that had chosen to directly approach them. We felt that mealtimes could be made a more social and enjoyable occasion by setting tables and encouraging residents to sit together, improving both the social interaction of residents and their physical movement.

Some residents required help with feeding and we saw care staff providing support where needed, although we also saw one gentleman who had fallen asleep with his food untouched in front of him - no support was being offered to him and the meal remained in place for some time and would have gone cold during this time. One resident also told us 'I sometimes feel rushed when I'm eating'.

We viewed garden areas and patios from inside the building; although much of the outside area is not presently in use due to the ongoing building works. Several of the residents we spoke with said that they would like to be able to sit outside, one told us 'I'd like to go outside to drink my cup of tea when the weather is nice - I'm a country girl and that is what I'm used to at home'. The home has now purchased a number of pet rabbits which are housed within the inner courtyard for residents to spend time with and enjoy should they wish.

How caring do service users find the service?

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

We saw that staff spoke with residents in a compassionate and caring way and appeared to know their likes and dislikes. Residents spoke highly of the care staff and the support and help they received; we observed however that staff were busy carrying out tasks and spent little time talking and interacting with residents unless they were directly involved with carrying out their immediate care needs.

Presently residents do not have active named carers/key workers, although the manager and deputy said that they believed this had been something that had been in place in the past, the system was not currently being applied and could be an area of improvement for the future.

Residents had their own rooms which they were able to personalise with their own possessions. One married couple with spoke with were able to share a double room and were very happy with their accommodation, they told us 'We spend most of our time in our own room together, we like just talking to each other and just being in each-others company. We generally come out for meals and other things now and again, but we're very happy in our own space'.

There is now a part-time designated activities coordinator in post and the role is shared between other members of staff when they are free or the activities co-ordinator is not in. There were photographs of residents engaged in various activities but none of these were current. A number of residents we spoke with felt there was little offered for them in the way of activities apart from watching the television, but one told us 'I know there is a bingo and a quiz sometimes and chair exercise once per week, but other than that I don't know'. Residents spoke only of one trip out which was to a local garden centre.

Although there is not a dedicated hairdressing room a hairdresser does visit the home on a regular basis.

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

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

The care home offers respite and day care for those that require it.

There is a complaints procedure in place, but none of the residents we spoke with had ever made a complaint; they felt however they could speak with any of the carers or the manager if necessary. Residents told us that they felt they were well cared for and that help and support was always available if needed.

One resident told us 'I like it here - there's plenty of space especially for when the grandchildren visit, we can fit everybody in'.

The home do not currently hold residents or relatives meetings; however the deputy manager told us that they have recently distributed questionnaires to relatives and are in the process of gathering responses, ready to form an appropriate response or carry out relevant actions.

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.

The current manager and deputy have told us that they are aware that there are still many improvements to be made to bring the home up to the required standard and to the standard that they personally envisage for the home. They have expressed a wish to

engage with Healthwatch East Riding to support them in bringing about necessary improvements by using the Enter & View process as a way of implementing resident led recommendations.

One resident told us felt that the home had improved since the present manager had been in post.

In the long term, improvement lies in the creation of a staff culture which is accountable and more open to change and this should be led by the current management team.

The manager told us that he felt staffing levels were adequate and that recruitment was never a problem; most of the staff currently in post are from the two local villages.

Two members of staff we spoke with said that they very much enjoyed working at the home. They also said they would particularly miss the residents and couldn't imagine working anywhere else, they felt that they had received all the training they needed but had difficulty remembering what it was.

Response from Setting:

I found the report to be accurate and a true reflection of all areas observed and discussed.

A very helpful and positive visit, we have asked for and agreed further support and visits to ensure we reach and maintain the standards we aspire to.

Signed on behalf of HWERY

Matthew Fawcett

Date: 30/4/19

HW Reference: 20190326
Time & Duration of Visit: 1.30 - 5.30
Number of people engaged with: 3 staff
Managers Name: Mike Lythgoe

Enter & View Residential Care Report - 2/2019

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

The Old School House Residential Care Home

Main Road, Gilberdyke, East Yorkshire HU15 2SG

Date of visit: 26th March 2019

Date of publication: 25th June 2019

HWERY Representatives: Denise Lester & Pam Wakelam

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 home was initially visited by Healthwatch East Riding of Yorkshire (HWERY) in November 2017; following a routine 12 month re-visit to the home to check on recommendation progress, the home requested that HWERY use the E&V process to inform them of further recommendations to help them implement changes to support their on-going improvement and development programme. An initial visit was carried out on the 18th February 2019, this visit is the next planned visit which will continue to seek to move the home forward in a positive way and should be seen as such.

The representatives of HWERY (one of whom had visited before), were keen to stress at the outset of the visit, the supportive nature of the process; full E&V was not done on this occasion, but the process was followed concentrating on areas of recent concern outlined by both CQC since 2015 and HWERY reports from November 2017 to now.

The overall outcome of this visit was to:-

- Understand the management and staffs understanding of why things had not improved.
- Give the home focussed attention on areas for improvement.
- Provide the management team with both long term and short term objectives to improve the standards of care provided for residents.
- Share good practice gleaned from visits to other homes.
- Check on progress towards previous recommendations (Visit 1 - 18/02/19)

Summary of Key Findings

The home is one of five homes owned by 'Roseville Care Homes'. The home has a mix of residents, male and female, low and high dependency. They offer long and short term care, respite and day care; a significant proportion of the residents have some form of dementia. Both the manager and deputy are keen to work with HWERY to implement the necessary changes required for improvement. It was noted that improvements made since a previous HWERY visit in November 2017 have been maintained, fire exits remain clear and the home is generally free from clutter, hazardous areas are locked and visitors are routinely asked to sign in.

Recommendations/Observations

Opportunities were taken to share some good practices from other homes to assist in the overall improvement process; however a set of specific recommendation were made, some of which were outstanding from previous visits:

Recommendations and progress since last visit (18/02/19)			Progress
COMPLETE	PROGRESS HAS BEEN MADE	STILL NEEDS ADDRESSING	
All staff to be provided with and to wear name badges			
Signs or posters to be displayed around the home to detail daily menus, activities/trips out, a calendar, the weather. These to be current, visible and easy to read. A clock to be provided for the main lounge.			
A dining area to be defined in the large main lounge using the round tables and window space already available. Tables to be set with cutlery, napkins, condiments, by a designated member of staff possibly with help from residents. Residents who are able, to be encouraged to take their meals at these tables to promote and encourage social interaction.			
Re-launch the 'Key Worker' system. Specific responsibilities should be outlined to staff for the residents that they are responsible for; residents should be made aware of their 'Key Worker' and their specific responsibilities - in part by the introduction of posters on the back of residents doors (example supplied).			

Name badges - temporary badges have been trialed, but the design has proved to be been impractical; therefore should be reviewed again.

Signs & posters - the new clocks in the communal areas are a great example of good signs which are easy to read, bright and cheerful. This principle needs to follow though to other matters including: menus, activities, special events and a calendar showing month/year and weather would be beneficial to residents.

Dining areas - the staff should continue to encourage residents to eat at the communal dining tables where possible to aid socialisation. Staff need to be aware that residents who eat in arm chairs with tables in front must if possible have the table moved to one side afterwards (*be aware of the 'Reduced Restrictive Practice' issues - A national programme of work which although mainly relating to mental health could be related to care homes*).

Key Workers - It is imperative that this process is implemented ASAP. The process should identify not only which residents they are responsible for but also roles and responsibility as Key Workers. The Key worker for each resident should be displayed in their room to advise the resident and their families/friends. An audit tool should be devised to audit the process on a (to be determined), regular basis. This objective needs to be seen as the main one for the coming month until HWERY return.

New recommendations:

- Staff Training Matrix to be updated regularly & dates of future training identified and noted.
- A staff board stating 'who's who' and who is in charge for each shift/ who is on duty would be beneficial placed around the entrance area for visitors & residents.
- Hasten the planned painting of the banisters around the home in a colour that allows them stand out from the wall to assist residents in identifying them and so use them; also the painting of the door ways for the same reason.
- Review frequency of staff meetings (presently every two months); consider increasing frequency until necessary improvements in standards have been met and consider introduction of short weekly senior staff meetings to review progress.

Full Report

Background

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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.

A faint smell of urine was noted in the some of the corridors of the home and was immediately mentioned to the manager.

The home still appears very tired looking with regard to environment - décor etc. The manager is planning minor improvements re décor e.g. door-ways and handrails are to be painted a different colour from the walls so they stand out to assist residents.

Work has now been completed on the kitchen to improve. The most recent Food Hygiene Rating inspection resulted in the rating dropping from 5 to 2, and prompted action to improve the décor that was deemed not acceptable by that inspector. The kitchen areas are of a good size and proportion and all appeared to be well managed and clean - the improvements appear to be in line with the concerns expressed by the Food Hygiene inspectors.

Other major improvements planned include a new computerised care planning system which the staff will input via hand-held devices and a new 'call system' with digital displays around the home, making it easier and quicker for staff to respond. This will also be able to be audited to establish use by residents / time of day etc. An 'Innovation Grant' is being sought to fund this development.

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?

Some staff wore name badges but not all - this had been an objective from the previous visit; temporary badges had been made but staff understandably felt they were too big and

with sharp edges would hurt a resident when bending over to assist them, so they need reviewing again.

Preparations were being made for lunch to be served and as this had been a concern on previous visits the timing of this visit was planned to observe this activity. Two communal areas are used for residents' meals; in one they were mainly seated at round tables set for meals, in the second, residents mainly remained in the chair they already occupied with tables pulled in front of them. Communal tables were however available and on this day only one lady used them. This was commented on and set as an objective to improve on the last visit - sitting with other residents at meal times allows for social interaction and is to be encouraged. There appeared to be enough staff for the care to be delivered and the assistance given at lunch time to those needing it was noted.

Signs and posters were still lacking, though we were told materials are being prepared; however we noted the following:-

- New digital clocks with time day and date displayed in red, of a good size to easily be read in the two communal rooms, this is an excellent addition.
- Menus notices still being formulated. We did see the photographs of meals to be used in a folder in the kitchen.
- Posters of social events that had taken place using photos were in evidence but were mainly up to 2+ years old.
- The activity board was displayed but could be improved. When asked about activity plans for Easter nothing had been thought about to date as far as the manager knew.
- It had been suggested previously that residents and families having easy access to such things as playing cards, jigsaws, dominoes etc. might be useful however there was no evidence. Concern was expressed that residents, particularly those with dementia, may pick up and swallow small pieces if too easily available. Other homes however do successfully manage this.
- The outdoor areas still need some attention to make them attractive.
- Two pet rabbits were noted and appear to be well looked after and happy with access to an enclosed area when out of the cage and do come in to be petted by residents.

How caring do service users find the service?

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

Specific observations were not made during this visit; however during the course of the visit no concerns were apparent regarding the caring nature of the staff.

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

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

Task led work still continues and 'Key worker' implementation processes are progressing very slowly; full implementation of this process would solve many other issues.

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.

On arrival we were met by the manager who was expecting us, the manager appeared open and keen to have our help.

A tour around was requested to familiarise with the homes layout and allow for observations of developments linked to the previous reports set objectives. The manager acknowledged the concerns of the CQC and HWERY as valid; as previously reported he has been in post in this home for just over a year, but has been with the 'Roseville Care Homes' group much longer.

The manager feels he has good support from the group with regular visits from a senior staff member to support him; although he informed us that he continues to have staff compliance problems and one senior member has just been but on a 'capability' process and is gathering the necessary evidence to proceed with this process.

The manager feels that the development of the Bungalow has taken the homes management eye and focus off the main home and even such things as maintenance has suffered as the maintenance person has been called away to assist with the bungalow refurbishment. We were advised that the need for this development is centrally led by the company but has to be managed locally.

Opportunities were taken to share some good practices from other homes to assist in the improvement process:

- A Managers weekly objective plan - to assist in follow through of delegated work and processes.
- Paint all toilet and bathroom doors a colour only used on them to assist residents and visitors to identify them.
- Bum bags for staff to carry a supply of protective products with them i.e. Gloves/Aprons/Red bags/hand gel to allow easy access to the products as required.
- National group reviewing 'Restrictive Practises' with an aim to reduce the incidences. Mainly relates to Mental Health but could relate to any care setting re. use of such things as lunch tables.
- A Manager of another home is doing a research project on 'Fluid intake' and its effect on such things as confusion/falls etc. A short discussion around fluid balance management needs to be progressed next visit as HWERY representative noted that there did not appear to be easy access to drinks e.g. drink stations though she was assured that this subject was addressed by the staff to ensure a good fluid intake.

Training was an area for improvement also noted by the CQC - there are still improvements required; however an external training consultant is now delivering mandatory training and we were shown a training matrix; unfortunately this requires updating.

HWERY representatives offered to attend a staff meeting to explain in person the purpose of their visits, important since they are going to see a few visits the coming weeks/months. At this time the aims and objectives of the visits can be outlined and it is hoped that staff buy in can be obtained for the changes needed to move forward; this offer was met positively by the manager and deputy.

Response from Setting:

This is a very positive working relationship and I am very much looking forward to the positive outcomes.

Signed on behalf of HWERY		Date:
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HW Reference: 20190430
Time & Duration of Visit: 12.45 - 3.00pm
Number of people engaged with: 1
Managers Name: Mike Lythgoe

Enter & View Residential Care Report - 3/2019

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

The Old School House Residential Care Home

Main Road, Gilberdyke, East Yorkshire HU15 2SG

Date of visit: 30th April 2019

Date of publication: [Office to complete]

HWERY Representatives: Denise Lester & Pam Wakelam

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Main Purpose of Visit

The Old School House Residential Care Home was initially visited by Healthwatch East Riding of Yorkshire (HWERY) in November 2017 following a routine 12 month re-visit to the home to check on recommendation progress, the home requested that HWERY use the E&V process to inform them of further recommendations to help them implement changes to support their ongoing improvement and development programme. This visit was the third in a series of planned visits designed to concentrate on areas of recent concern outlined by both the CQC since 2015 and HWERY reports since November 2017; whilst being essentially supportive the main objectives of this visit was to:

- Discuss with management any issues affecting progress and improvement since the last visit
- Check on progress towards recommendations from the last visit and focus on probable short and long-term targets for improvement.
- Agree short term improvement targets for the next visit.

Summary of Key Findings & Progress towards Recommendations

On arrival we had a long discussion with the manager and were updated on changes made to the management of 'Roseville Care Homes' and progress made towards achieving the recommendations from previous visits. We had a tour of the home to include The Bungalow, during which we were shown progress towards the recommendations and improvements made so far.

Since the last visit there has been a major management restructure of "Roseville Care Homes" (owners of The Old School House). Two new appointments have been made at the Head office. These are both external appointments and seem to be having a beneficial impact at home level. The development of the new onsite facility "The Bungalow" is near completion but is now centrally led and managed allowing the care home manager to fully focus on the main facility. The manager feels that he still continues to have staff compliance problems and is proceeding with the "capability process" on a senior member of staff.

Both the manager and deputy are still keen to work with HWERY to implement the necessary changes required for improvement. All improvements made since the initial visit in November 2017 have been maintained; work towards other recommendations is ongoing as detailed further in this report.



Recommendations/Observations

As with previous visits, opportunities were taken to share some good practices from other homes to assist in the overall improvement process; however, a further set of specific recommendations were made and progress checks from previous visits:

Recommendations and progress check from visit of 18/02/19			Progress
COMPLETE	PROGRESS HAS BEEN MADE	STILL NEEDS ADDRESSING	
All staff to be provided with and to wear name badges			
Signs or posters to be displayed around the home to detail daily menus, activities/trips out, a calendar, the weather. These to be current, visible and easy to read. A clock to be provided for the main lounge.			
A dining area to be defined in the large main lounge using the round tables and window space already available. Tables to be set with cutlery, napkins, condiments, by a designated member of staff possibly with help from residents. Residents who are able, to be encouraged to take their meals at these tables to promote and encourage social interaction.			
Re-launch the 'Key Worker' system. Specific responsibilities should be outlined to staff for the residents that they are responsible for; residents should be made aware of their 'Key Worker' and their specific responsibilities - in part by the introduction of posters on the back of resident's doors (example supplied).			

Name badges - the design of the temporary badge has been reviewed. New badges are on order and are expected soon. Perhaps the company could consider a corporate name badge used for all homes in the group. This would make each unit cheaper by virtue of the quantity ordered.

Signs and posters - new clocks in communal areas are a great example, of good signage. Daily menu boards with photos of meals to be served were on display. A staff board showing which staff were on duty was displayed in the entrance and an activity board was on display but still needs to be improved. Displays of photos of social events still need to be updated. A transfer for a bedroom door is on order to help a resident find his room. The transfer is designed to make the bedroom door resemble the front door of a house and will be rolled out to further rooms if successful.

Dining area - our visit was towards the end of lunchtime. Staff are continuing to encourage residents to eat at the large round tables, response from residents varies on a daily basis.

Key Worker system - has been re-launched. We saw posters on the inside of residents' doors which had the name and a photograph of their key worker and their specific responsibilities; the posters should now be signed and dated by the staff member and a copy be included in their files.



Recommendations and progress check from visit of 26/03/19			Progress
COMPLETE	PROGRESS HAS BEEN MADE	STILL NEEDS ADDRESSING	
Staff Training Matrix to be updated regularly & dates of future training identified and noted			
A staff board stating 'who's who' and who is in charge for each shift/ who is on duty would be beneficial placed around the entrance area for visitors & residents			
Hasten the planned painting of the banisters around the home in a colour that allows them stand out from the wall to assist residents in identifying them and so use them; also, the painting of the door ways for the same reason			
Review frequency of staff meetings (presently every two months); consider increasing frequency until necessary improvements in standards have been met and consider introduction of short weekly senior staff meetings to review progress.			

Staff Training Matrix - we saw that a comprehensive online training matrix has now been updated. This matrix still needs to be emailed to the HWERY office. Since the corporate restructure there are now 4 trainers who work across all homes in the group.

Staff Board - a staff board with details as above was on display in the entrance. The manager agreed that this was a work in progress and that its presentation required improvement.

Painting of bannisters - this was very much in evidence. Several bannisters and some bathroom doors have now been painted in a contrasting colour to the walls. Other painting was also in hand. It was pleasing to note that the idea shared by HWERY representatives on the last visit had been adopted. All bathroom and toilet doors now have a designated colour- dark blue - making it easier for residents to locate them.

Frequency of staff meetings. Full staff meetings are now planned every 6 weeks. Separate staff meetings are to be planned for senior staff - the recommendation is for these to be weekly whilst the improvement process is ongoing.

New recommendations & targets for next visit:

- Continue to maintain/work towards, progress, improvements and recommendations.
- Update the new work stream spreadsheet with defined objectives based on CQC and HWERY recommendations. Email this document to HWERY.
- Manager to consider detailing weekly objectives both personal and for the home.
- Outdoor seating and garden areas to be tidied in preparation for the summer period and the wishes of some residents to spend more time outdoors.
- Arrange a staff meeting for May 13th at 2pm (as agreed with HWERY representatives). The purpose of the meeting is to ensure that staff understand who HWERY are, why they are assisting the home and to ensure buy in from the staff as a whole.
- Keep under review the Key Worker system to ensure it is embedded in the care delivery within the home.
- Review the work of the new Activities Coordinator to understand progress, future plans and ongoing commitment to the role. We would look to have some time with the staff member at the next visit.



Impact and Additional Observations

Since our last visit an Activities Coordinator has been appointed, this is a full-time post for 35 hours a week with a ring-fenced budget; the new appointee is very keen to move things forward. We were shown a file with details for every resident showing activities/trips that they would enjoy, this file is to be progressed to contain a report showing which residents have taken part in which activities.

Preparations for the implementation of 'CareDocs' a hand held computerised system for care planning and management is nearing completion. The home's Wi-Fi will need upgrading to accommodate this, a date for this upgrade is planned with BT - progress will be reviewed at the next visit

The manager recognises that the existing call system is outdated and funding is being sought for its replacement - an update will be given at the next visit.

It is to be noted that allocated monies for some improvements (e.g. upgrade of the call system) have now been diverted to Orchard Court, South Cave due to their poor CQC report and work needed to make urgent improvements e.g. a new lift.

Planned Staff questionnaires had been left for completion - 14 had been returned; these were left for the manager to read and then forward to HWERY.

Future Planned Visits:

May 13th 2pm - HWERY representatives to attend a staff meeting.

June 4th 1pm - Next full Enter and View visit.

Signed: *M. Harvey*

Date: 08/05/19

