

HW Reference: 261119  
Time & Duration of Visit: 11.00 2 Hours  
Number of people engaged with: 5  
Managers Name: Angela Craven

## Enter & View Residential Care Report

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

# Wold Haven Care Home

36 Burnby Lane, Pocklington, YO42 2QD

Date of visit: 26<sup>th</sup> November 2019

Date of publication: 20.01.20

HWERY Representatives: Denise Lester, Pam Wakelam & Chris Mills

**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

Wold Haven Care Home is registered to provide accommodation and care for up to 43 older people some of whom may be living with dementia. It is divided into 2 units. One unit has 36 bedrooms for people requiring residential care and 1 bedroom for respite care. The other unit has 6 bedrooms with re-ablement facilities for short term care for people who need support to return home or to prevent an admission to hospital. At least 3 of these 6 bedrooms are used as part of a multi-agency integrated care hub project and are known as the 'hub beds'. At the time of our visit there were 34 residents in total.

The re-ablement' rooms all have en-suite facilities whilst all other bedrooms only have a washbasin. In addition there are 12 residents' bathrooms/toilets.

Accommodation is all on the ground floor, each unit having lounge and dining rooms and there are very pleasant garden and courtyard areas.



During our visit with spoke with the registered manager, the Senior Care Officer, 4 other staff members, 2 residents and a relative. We also had a tour of the premises, and collected completed questionnaires from the manager, staff and relatives/residents.

## Recommendations/Observations

- Consider signage on bedroom doors in line with the effective dementia friendly signage already on the doors of communal rooms. With residents' and relatives' permission this signage could show the residents' name and a choice of photograph or other image to help residents identify their room.
- Begin to compile a file ready for a possible CQC inspection containing all relevant documentation. This will ensure that references to the good work already being done is not missed.
- Improve daily menu boards by adding pictures of food choices.
- Encourage relatives to attend relatives' meetings by combining with an event such as a cheese and wine evening.
- Consider the purchase of a De-choker. This is a simple hand-held device for use in a choking emergency.

## 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 entrance to the home was locked using a keypad system as were some other areas such as the kitchen and laundry. On arrival we were greeted by a care assistant and asked to sign in. We immediately noticed that the home was exceptionally clean with no malodours. The entrance area was bright and welcoming and had displays of information posters and certificates. These included the most recent CQC rating, details of a very full activities

programme, a digital photo frame showing residents engaged in activities, and a compliments board.

Infection control measures were in place with hand sanitisers and posters on their usage at appropriate points. The manager was able to explain in detail the procedures for fire evacuation, there was a call system in place using either pull cords or buttons. Staff were alerted to calls using pagers, we also saw a 'scrolling' electronic alert mounted in the corridors.

Medicine management procedures were in place. Controlled drugs were secured in a locked cupboard in a locked room. Other medicines were kept individually in cupboards in residents' rooms. Updates were recorded in the electronic care plan - Icare. The senior care workers conducted the medicines check daily and administered them from residents' rooms.

We saw on our tour of the premises that fixtures and fittings looked safe and there were no obvious trip hazards. One resident said that she would 'like a larger room'. Indeed the rooms were small with limited storage a problem with no easy solution. Several staff we spoke with mentioned that the rooms are outdated. One staff member said 'it would be nice if residents had their own toilet/bathroom. Some struggle with the changes when they move in and were used to those things at home'.

We saw that the kitchen was spotlessly clean and well organised..

One resident we spoke with said that she was 'frightened at first about going into a home' but now she felt safe, 'it is like home, someone always comes straight away if I need anything. My family can come to Sunday lunch and my dog is always welcome'.

### **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?

Residents have access to all the services they need. The local GP visits weekly, residents are taken out to visit the dentist and other services visit the home as required. The home utilises the local falls team. The manager mentioned that wheelchairs are difficult to obtain.

There is a hairdressing salon in the home and a hairdresser visits each week.

Fixtures and fittings promote independence. We saw dementia friendly handrails on corridor walls.

We saw staff communicating effectively and compassionately with residents. Residents and relatives said that they couldn't praise staff enough, quote 'people are so nice, there is no-one I don't like'.

All food is cooked on the premises. The home also provides meals for the day care centre next door and operates a 4 week varied menu with the main meal being taken at lunch time. Residents were encouraged to take food and refreshments in the dining rooms but could eat elsewhere if they wished. We saw a group of residents seated around a large dining table having their afternoon cup of tea. A whiteboard in the dining room showed the appropriate menu. When asked about the food, one resident said that it was good but the portions were always too large. Another said 'it is OK but not like home'. Fluids were freely available including in the residents' rooms where we saw jugs of juice.

Residents' weights are monitored monthly or weekly if necessary as is fluid intake.

### **How caring do service users find the service?**

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

All residents have their own rooms which they personalise as they wish, some with small pieces of furniture as well as family photographs, ornaments etc.

Residents and relatives are involved in their care plans. The home uses Icare which is an electronic system. All care staff carry a hand held device giving access to a shortened version of the care plan. Icare is backed up with very comprehensive paper based documentation. Relatives said that they are kept well-informed about all aspects of care. The manager told us that a Key Worker system has been in place for some time, carers having between 1 and 4 residents allocated to them. Candidates are asked about the role of the Key Worker at interview and training on this aspect of care is given during the induction period. All residents have allocated 1:1 time with their Key Worker on a monthly basis. This time is activity led, may involve a trip out but is left to the wishes of the resident as appropriate.

Staff meetings are held quarterly and minutes are posted on the staff room wall. There are also short briefings at the commencement of each shift.

There is a part time activities coordinator in post. Care workers continue with activities when she is not on duty. Outside organisations such as The Lions add to the programme. The activities coordinator organises an impressive programme of activities, social events and trips out. A record of participation is logged in individual care plans. Some residents choose not to take part in activities, others enjoy all that is offered. There is a 'Welfare Fund' to raise money for trips out.

On the day of our visit there had been a visit from 'The Body Shop'. We also saw a jigsaw partly completed on a board and a gentleman choosing and reading a novel from the small library.

Residents' money for small purchases and services such as the hairdresser is kept in a safe and given to them as required. In other cases relatives are responsible for money. Money held on behalf of a resident is regularly audited.

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

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

There is one bedroom which is used regularly for respite care.

Some residents have end of life plans in place. This is left to individual choice due to the sensitive nature of the topic.

Residents' meetings are held quarterly and relatives are invited to attend. The manager expressed a concern about these meetings, saying that attendance is poor and this is something they need to improve on.

There is a complaints procedure in place. Relatives and residents say that they are comfortable raising any concerns which are always dealt with promptly and that their views are listened to.

### 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 home is fully staffed, mostly part time, with up to 8 care staff being on duty during the day and 3 on duty at night. Another 20 staff (domestic, cooks, laundry, caretaker are also employed).

A training matrix is in place and training is provided by East Riding Council. Relatives said they felt that the staffs were very well trained. Several areas, Infection Control, Moving and Handling, have champions.

Maintenance and repairs are dealt with promptly either by the East Riding Council or the home's own caretaker.

We were told that the council provides a robust Quality Assurance System, and organises monthly manager's meetings to share good practice. The home also carries out its own Quality Assurance, carrying out financial, medicines, and care competency audits every 6 months.

Staff spoken with were very positive about the home, the staff team and management. They all said they enjoyed working there and that the management were approachable. They felt that their training was up to date.

#### **Response from Setting:**

*I felt the report was very positive, the suggestions given are welcome and will be looked at and implemented where possible to improve the service. The representatives that visited Wold haven were very friendly, very knowledgeable and gave some really good feedback which is appreciated as this will be used to improve what we do.*

*I enjoyed the visit from Healthwatch and think that the programme is a positive thing for services.*

Signed on behalf of HWERY

*Helen Moore*

Date: 16.01.20