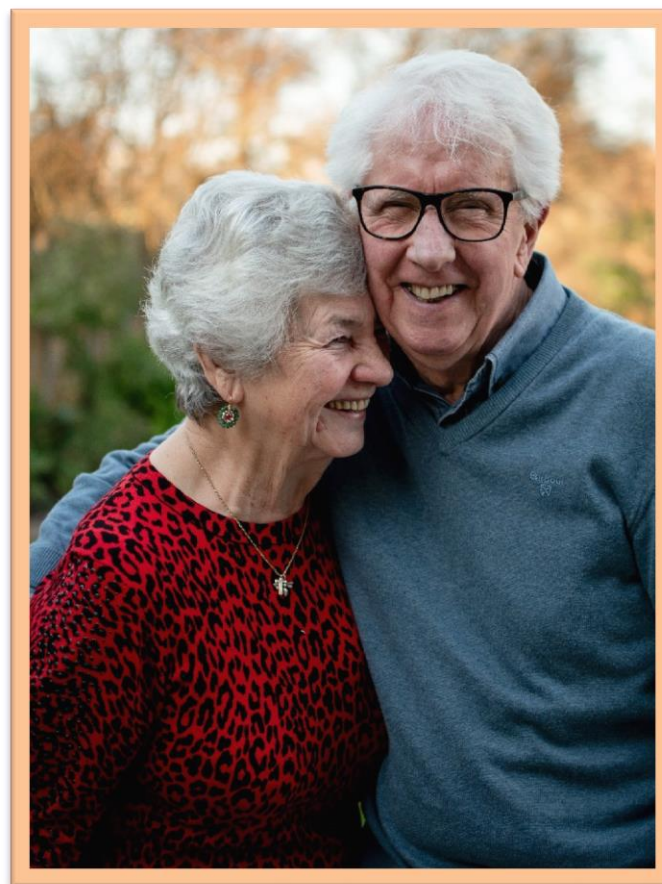


GETTING TO GOOD

A report on how one residential home worked with Healthwatch East Riding of Yorkshire to use the Enter & View process to support them in achieving a CQC rating of 'Good'



SEPTEMBER 2019

The views, opinions and statements made in this report are those of the residents, staff and relatives of Care Home S.

This report is a summary of the work that we carried out with Care Home S to support them on their journey of improvement.

This perception may not reflect the exact experience of every service user, relative and staff member of Care Home S; never the less it is a representation of the information Healthwatch East Riding of Yorkshire collected.

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About Healthwatch East Riding of Yorkshire

Healthwatch East Riding of Yorkshire (HWERY) is the independent champion for people who use health and social care services. HWERY exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. HWERY share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

HWERY have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary - Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

Enter & View

Healthwatch East Riding of Yorkshire has the power to 'Enter and View' health care providers to observe matters relating to health and social care services.

The Enter and View activity for HWERY involves visiting any publicly funded health and social care services in the East Riding. We visit so that we can see what is going on and to talk to service users, their relatives and Carers, as well as staff. From those observations and by listening, we are able to provide recommendations to help improve service delivery for those people accessing the services provided. Enter & View gives service users the opportunity to give their views and opinions in order to improve service delivery.

Every local Healthwatch across the country has the legal power to carry out an Enter and View programme. Enter and View is not an inspection and our team are not inspectors like the Care Quality Commission.

We are charged with collating the views and experiences of the people receiving care as well as friends and relatives.

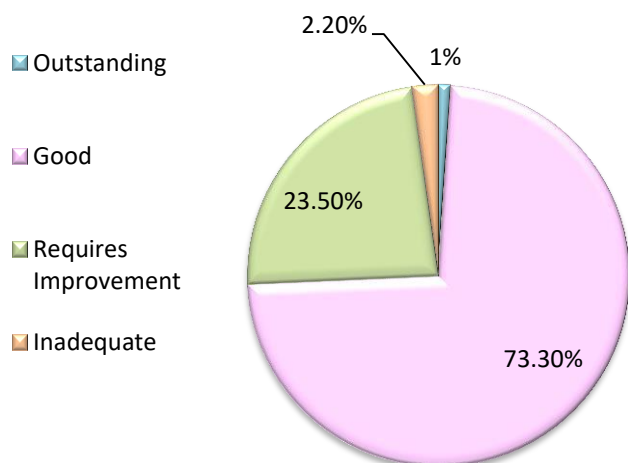
Enter & View is the opportunity for authorised representatives to:

- Visit Health & Social care premises to hear and see how service users experience the service
- Collect the views of patients and residents at the point of service delivery
- Collect the views of Carers and relatives of service users
- Observe the nature & quality of services
- Collate evidence based feedback
- Report to providers, CQC, Local Authority & NHS commissioners as well as any other relevant partners

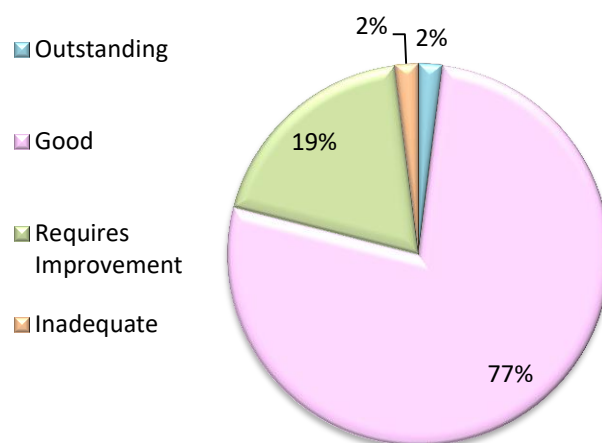
National Picture

Data released in September 2018, show 1 in 5 care homes in England are rated as Requires Improvement or Inadequate by the Care Quality Commission (CQC). Whilst this is an improvement on the 2017 figures, which showed that 1 in 4 care homes rated as Requires Improvement or Inadequate, there are still vast improvements to be made across the country.

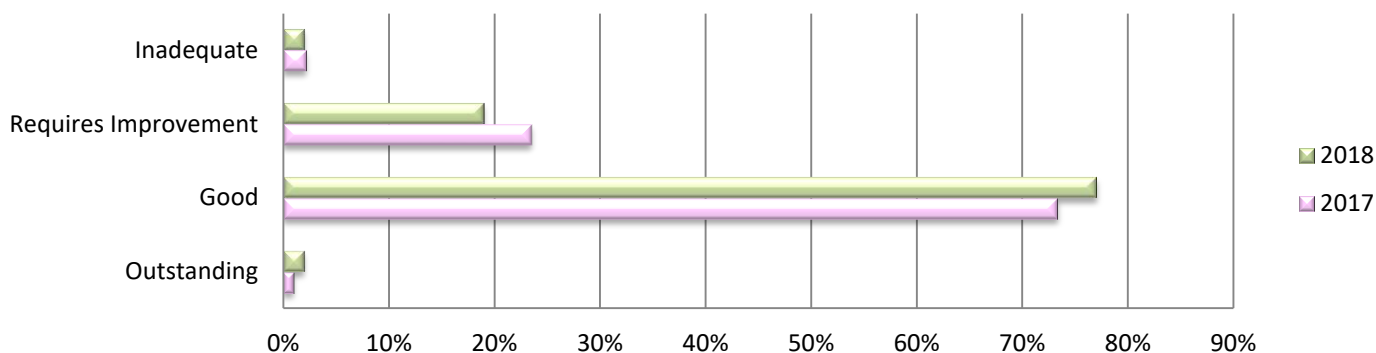
National CQC Ratings 2017



National CQC Rating 2018



National CQC results



Local Picture

Locally, of the 136 residential care home in the East Riding of Yorkshire, 15% are rated as 'Requires Improvements' and 1% (1 home) as rated as 'Inadequate'. The majority of homes (79%) are rated as 'Good' with the remainder 5% rated as 'Outstanding'.

Healthwatch East Riding of Yorkshire delivers a continuous programme of Enter and View visits to Care Homes and other health and social care settings across the East Riding, to support in gaining insights and making recommendations to support in maintaining and raising the quality of provision.

Background

Care Home S is one in a group of four residential homes. Other homes within the group have been inspected and rated as 'Good' by the Care Quality Commission (CQC) and one rated as 'Outstanding'.

In November 2017, Care Home S was inspected by the Care Quality Commission (CQC) and East Riding of Yorkshire Council Quality Development and Monitoring Team (QDMO) in response to safeguarding issues that were raised, and received a rating of 'Requires Improvement' with safety being identified as 'Inadequate'.



Feb 2018 CQC Rating

Following on from the inspection, Care Home S held a number of meetings with the East Riding of Yorkshire QDMO and safeguarding teams, as well as the CQC, and developed an improvement plan which was shared with all professionals involved with the service.

The registered manager that was in post at the time of the inspection was replaced by a manager from another home within the group until a permanent replacement was identified for the long term. Both managers worked closely together to ensure the long-term sustainability of planned improvements for the home. Additional to this, the home approached Healthwatch East Riding to enlist the support of the Enter and View process to further support in driving improvements.

HWERY were happy to offer this support, and agreed to deliver three initial planned Enter & View visits, and an unannounced visit, to obtain resident-led recommendations to make improvements.

Methodology/Approach

Prior to conducting visits, questionnaires were sent to Care Home S to gauge the general feelings amongst the manager, staff, residents and families. During visits we spoke with residents and staff to obtain an idea of what improvements needed to be made and observed care delivery.

Planned Visits

Through a series of planned visits, our approach was to observe practice, gather service user feedback and make recommendations on how to improve the overall service.

Unannounced Visits

The Home were made aware that an unannounced visit would be taking place over the course of HWERY involvement, although they were given no indication of when this may be.

Staff Meeting

In order to gauge the feeling among staff and the new management, HWERY attended a staff meeting that allowed HWERY and the management team to update staff on the changes that needed to be made and how they would be implemented.

Surveys

Surveys were sent to the Home, ahead of HWERY visiting to allow the HWERY representatives to understand the views and opinions of staff and residents.

Round the clock support

Care Home S were made aware that although visits would be scheduled, they would be able to access advice and help at all times by contacting the HWERY office.



CQC Reports



CQC Inspection Report Summary Feb 2018

• **Inadequate**

This service was not safe.

- There was insufficient staff working to meet people's needs safely. They did not always have the skills and knowledge required to keep people safe. People who had been assessed as needing one to one care did not always receive that support.
- Staff and managers were not clear about their responsibilities with regard to safeguarding people and some incidents had not been notified to the local authority.
- People had been restrained by staff locking them in their rooms with no decision making having taken place with professionals or families.
- Some areas of the service posed a risk of infection.

CQC Inspection Report Summary Feb 2018

• **Requires Improvement**

The service was not always responsive.

- Care plans were in place outlining people's care and support needs but these were not always detailed.
- Activities for people were not consistent and there was little evidence of one to one support for people.
- People had raised complaints with the service but these were not recorded so no actions were seen.

CQC Inspection Report Summary Feb 2018

• **Requires Improvement**

The service was not always effective.

- Staff did not always receive appropriate training or have their practice checked to enable them to provide effective care for people, particularly where people's behaviour challenged staff.
- Staff were not able to demonstrate a clear understanding of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- People's nutrition and hydration needs were not always met.

CQC Inspection Report Summary Feb 2018

• **Requires Improvement**

The service was not always caring.

- People told us that staff were caring and we saw some positive interactions between people who used the service and staff but other people's support needs had not always been considered by staff.
- Staff did not always respect people's dignity.
- Staff had not always encouraged people to retain skills and independence leading to deterioration in one case.

CQC Inspection Report Summary Feb 2018

• **Requires Improvement**

The service was not always well led.

- There was a registered manager in post but feedback about the support staff received from management varied. Staff did not always feel supported or listened to.
- The quality monitoring of the service was not effective. Although some audits were completed they did not have associated action plans and no learning from the outcomes of these audits was taking place.



Staff Meeting & Planned Visits

Staff Meeting

The purpose of attending the staff meeting was to ensure the care home staff understood the purpose of the Healthwatch visits and the seriousness of the issues HWERY and the management team had been working towards addressing.

Key points addressed:

- CQC Inspections - Inspection process and standards.
- The highlighting and addressing of issues and staff not being complicit when seeing unsafe practice.
- Acknowledgement of work completed and underway.
- Restriction on admissions being lifted imminently.
- 'Employee of the Month' and 'Team Player' awards.

The staff in the meeting were receptive and showed a positive attitude to all that had happened and to moving forward as they have been doing so to date. The work and support of the management was acknowledged by staff.

First Visit

The initial visit to the home was carried out in March 2018 and was the first in a round of four planned visits. This was used to identify initial progress made since the CQC inspection of November 2017 and offer further advice and recommendations based upon observations and discussions held with residents' staff and managers. It was evident that the home had taken swift action to address the insufficient staffing levels, with staff present in each area of the home resulting in all residents in communal areas being supervised at all times.

Medicare alarms had been fitted to all residents' doors to alleviate what had previously been seen as a perceived need for doors to be locked. Medicine management procedures were now in place and weekly medication audits introduced.

Work had been done to introduce new infection control measures. Examples of which included new, washable communal lounge chairs and the addition of two new house keeping staff, both of which had a care working background and an understanding of the importance of cleanliness and hygiene as well as the ability to effectively interact and support residents if needed. Progress was ongoing with laundry facilities with upgrades planned that would allow soiled and clean laundry to be kept entirely separate.

When asked how things had changed, one staff member told us;

“Staff attitudes have changed; I will say it how it is. Negative feedback has had an effect, but morale is now getting better because I now feel well supported and we are like one big family. If you have a problem they support you and if you have appointments, they are flexible - it's things like that that help you do your job when you're here”

Residents now had access to services they needed, such as GP's, district nurses, chiropodist and the falls team. Residents were offered a range of meals on a rotation 4 weekly menu and both cooks had recently attended nutritional training courses.

The communal areas had been re decorated and new furniture purchased. Colours were chosen to contrast with the surrounding to aid those with dementia and progress was being made to improve dementia friendly signage.

Due to increases to staff levels, residents were now receiving better one-to-one care and attention. Residents now had named carers who were responsible for their care plans, a change that was welcomed by staff as this allowed them to complete plans in adequate detail. Staff also informed us that a 30 minute handover was happening at shift change and essential information was now being passed on. Steps were in place for weight monitoring and some staff had attended training in the importance of hydration.

A three weekly activities timetable had been put into place and was on display in the communal area. Interactions observed during this visit were friendly, supportive and encouraging. Residents were being encouraged to eat and walk independently from one room to another and praise was given appropriately.

A 'Wish Tree' had been introduced in the form of a wall mural with residents' photographs. Each resident had chosen a personal goal/target which they would like to achieve and work was being done with each resident to help them achieve this. An example of this was one resident who was at the time, bedbound setting a goal of visiting the sea front, with steps were being taken towards achieving this goal.

A restriction on relatives visiting times had been lifted and relatives were free to visit at any time.

Staff reported that with the new management, things had improved rapidly and credited this to the management being approachable and responsive. Existing staff were undertaking a seemingly robust training programme and regular appraisal meetings were taking place to monitor progress of individuals and to address poor performance if required. Staff were able to demonstrate how the training they had previously completed was having a positive impact upon the standards of care provided and given the opportunity to work across different sites within the group to observe and share good practice. A chat room called 'The Hub' had been launched to ensure all members of staff are kept updated on current developments and issues at the home.

Recommendations – first visit

Following on from the first visit and what HWERY observed, a set of recommendations were made:

- **Introduce a 'GOB' (Glimpses of Brilliance) book to help improve staff moral and support staff to recognise and encourage existing good practice.**

It was identified by staff that there had previously been a blame culture at the home, with staff and managers quick to point the finger when things did not go to plan. Recognising good practice and skills in colleagues is a great way of boosting moral and sharing best practice.

- **Display photographs of residents taking part in activities and introduce personal photograph albums to stimulate residents' memory and recall of events.**

Although activities were in place, there was little or no evidence of residents taking part. Some residents that were spoken to needed reminding or encouragement to recall taking part.

- **Contact the 'Nutrition Team' to get further advice on residents nutrition**

Training had been sought for the importance of hydration and the kitchen staff had taken part in nutritional training. Contacting the Nutrition Team for further advice will be beneficial to ensuring residents are able to access healthy meals.



“Building relationships with residents is most important”

The second visit focussed on making general observations around the home and to inform of further recommendations based upon observations and discussions held with residents, staff and managers. Enquiries were also made into progress towards implementing recommendations made from the first visit. It was clear to see that Care Home S had made progress and had purchased a new notice board with the intention of using it to display photographs of resident activities. Contact had not yet been made with the Nutrition Team, however this was planned.

During this visit, Healthwatch noted that some of the fire exit signage was obscured from sight. We also noted that there was no fire exit sign in the music room, for which there are two doors and only one of those that can be used as a fire exit. It was also noted that dementia signage was situated high up on walls and doors and should be lowered to eye level. One resident was seen without any footwear, while another was witnessed having difficulty keeping her slippers on. Both of these incidents could be potential fall hazards, and were highlighted to the manager as a matter of urgency.

Recommendations – Second Visit

- Review ‘Fire Escape’ signs to ensure that they are all accurately located and not obscured.
- Ensure that all Dementia Friendly signage is displayed at eye level for residents
- Review footwear policy/process to minimise the risk of trips and falls.

During the third planned visit, it was once again evident that the staff and management team were striving to make the necessary improvements and were open and receptive to any suggestions that are made. Many of the previous recommendations were in the process of completion or had already been fully implemented. Good practice was observed and staff were seen effectively communicating with residents. A positive step had been taken in personalising the environment for residents with a new display board to show photographs of residents taking part in activities and spending time with relatives.

Time was taken during the visit to go through the policies with the manager. Although there were adequate policies in place, discussions were held with regard to the benefits of cross referencing policies across all platforms and how this could be achieved to improve outcomes for staff and residents. The management were very open, honest and receptive to discussing ideas on how this could be best achieved. It was apparent that the office space in the home is small and cramped and therefore the management were advised that a 'de-clutter' could improve the working environment, making it more effective work space and create a better impression.

In the dining room, metal table cloth clips were found lying on top of tables. It was suggested that for the safety of residents and staff that these be replaced with plastic clips. It was also suggested that the current spotted pattern table cloths used were replaced with plain coloured cloths that are more dementia friendly. One member of staff told us that residents with dementia would sometimes try to 'pick up' the spots on the patterned cloth leading to confusion. The time and date on the display board had not been updated and showed a different time and date to the display in other communal areas, thus confusing residents further.

During the visit it was noticed that there were a lot less activities taking place than in previous visits and from scrutiny of the activities timetables and after speaking to some residents, it seemed that some activities may be a little repetitive and potentially being accessed by the same few residents. This was supported by comments made by a few staff via the staff questionnaires. From discussions held with residents, it was suggested that 'Pet Therapy' might be beneficial and meet the interest of a number of the residents spoken to.

“The activities could be varied and mind stimulating, the residents are excellent but the Coordinator’s abilities are limited with them”

“The Activities Coordinator sorts out the activities. Same thing, same residents, it’s not fair on others.”

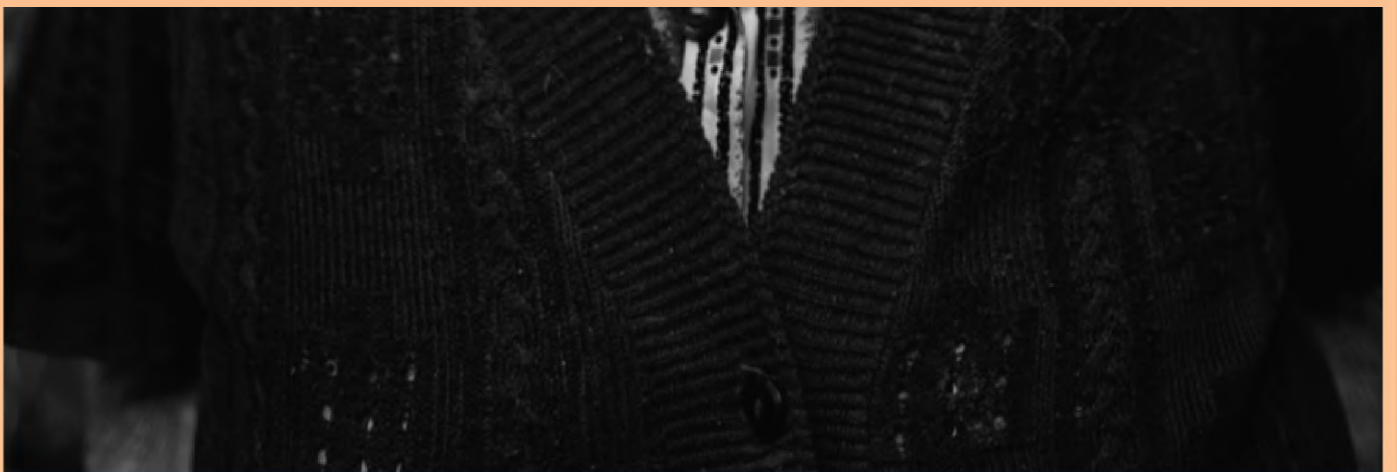
Staff told us that they still find the evening period very busy when many of the residents choose to want to go to their rooms and need assistance at a similar times. The manager told us that the home was currently trying to recruit a member of staff for the 'twilight shift' to alleviate this, however, there was always a member of staff 'on-call' should a situation arise or should additional support be required.

Recommendations – Second Visit

- Cross reference policies across all platforms to ensure clear designation and easier access and reference for all staff.
- Replace table cloths to a more Dementia Friendly design (no patterns) and replace metal grips with plastic grips.
- Review day and date notices to make more visible and understandable for residents, ensuring details are updated and accurate/consistent in each room.
- Log and regularly audit each resident's inclusion in activities to ensure all are accessing appropriate activities on a regular basis.
- Investigate the provision of 'Pet Therapy' an additional activity option.
- Consider adjusting some staff on day shift to an 8am start/8pm finish to alleviate potential staff shortage during busy evening period.



Unannounced Visit



Unannounced Visit

The purpose of the unannounced visit was to continue general observations around the home and to see how the home presented during the course of an unannounced/unexpected visit. This was the first unannounced visit made to the home by HWERY and due to Care Home S not expecting the visit, the manager had another meeting to attend. The deputy manager stepped in and was able to discuss the progress made towards the previous recommendations. The Home continued to make good progress and implement improvements made both from our recommendations and their own identified objectives.

In response to a recommendation made by HWERY, a new report form had been devised for use by the Activities Coordinator to show the activities by day/week that each resident had taken part in. This is reviewed by the manager and senior staff weekly and ensures that each resident took part in some form of activity that they enjoyed.

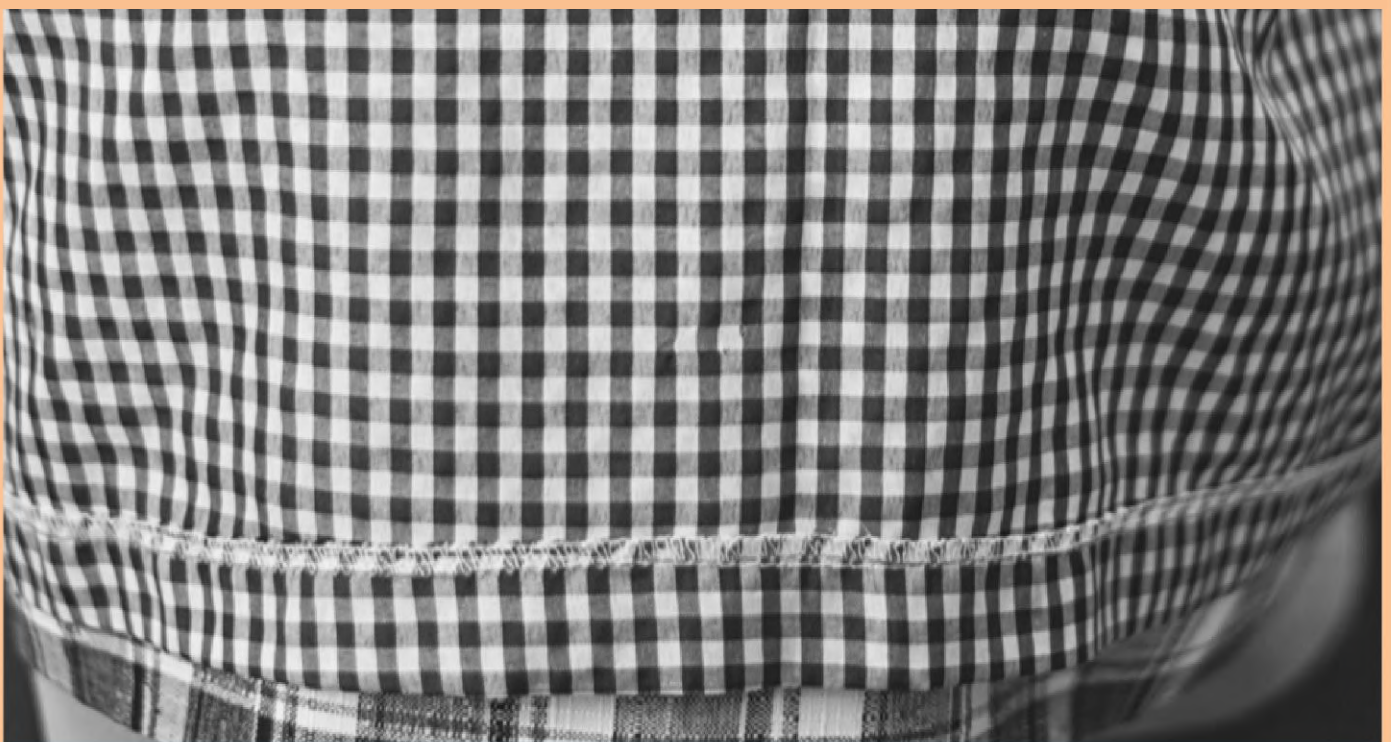
Senior management had taken on board recommendations made in regards to cross referencing policies and this was now being undertaken at group level, as well as conducting an investigation into the foot wear policy highlighted in visit two. Management had also introduced a 'Policy of the Month' project, which entailed a different policy being reviewed by staff on a monthly basis.

There had been some recent staff dismissals made, however, this was seen as a positive move with management not being afraid to address poor practice or performance as necessary. Agency staff were being used to fill any identified gaps until appropriate staff were recruited.

No further recommendations were made during this visit.



CQC Inspection - July 18th



CQC Inspection Report Summary Sept 2018

The service is SAFE

- Risks associated with people's care and support were assessed and managed.
- Improvements had been made to the control and prevention of infection systems within the service and we found the service to be clean and hygienic.
- Staffing levels had been increased and maintained. There was sufficient staff deployed to safely respond to the individual needs and circumstances of people using the service.
- Staff had the skills and knowledge required to keep people safe.
- Staff and the management were clear about their responsibilities in relation to safeguarding people from abuse and incidents had been appropriately notified to the local authority.
- Medicines were managed safely.

CQC Inspection Report Summary Sept 2018

The service is EFFECTIVE

- People were supported to maintain their nutrition, health and well-being where required. Staff worked in partnership with other health care professionals to meet people's ongoing health needs.
- The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 to make sure people's rights to make choices and decisions were adhered to. We found information was not always recorded to support decisions made in people's best interest following the Mental Capacity Act.
- People were supported by staff who had regular access to training and supervision.

CQC Inspection Report Summary Sept 2018

The service is CARING

- People's privacy dignity was respected. People were involved in making day to day decisions about their care.
- An increase in staffing levels meant that care and support of people who used the service was responsive to their preferences and individual needs.
- People and their relatives told us the staff were kind and caring, and we saw examples of positive, caring interactions between people and staff.

CQC Inspection Report Summary Sept 2018

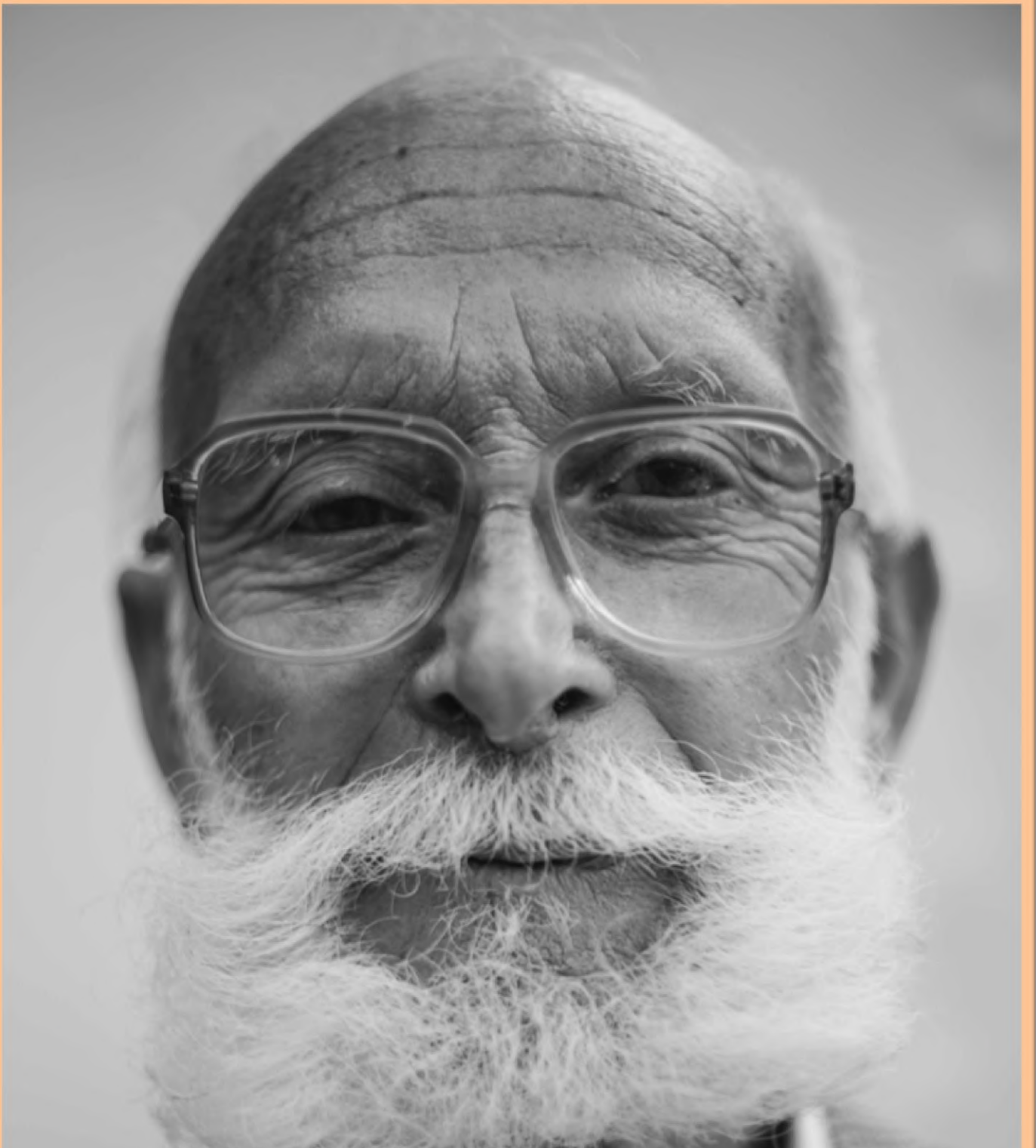
The service is RESPONSIVE

- Care planning records had improved. Care records were in place for each person and included guidance for staff about how people wished to be supported. Further work was needed to ensure the care plans held relevant information for staff to support people when they showed signs of distress.
- Activities had improved and people benefitted from these by having regular social stimulation.
- People and their relatives knew how to make complaints. When complaints had been made these had been responded to in line with the provider's policy.

CQC Inspection Report Summary Sept 2018

The service is WELL-LED

- There had been a change in the management team in the last six months and we could see a number of significant improvements had been made.
- We received positive feedback from people, relatives and staff about the registered manager, and the changes that had taken place in the service.
- The registered provider had governance systems in place to monitor the service. The registered manager identified through their checks and observations when actions were needed to improve the quality and safety of the care delivered.



Re-visit - June 2019



In June 2019, HWERY re-visited Care Home S. The purpose of the visit was to determine how well the home was progressing with the recommendations made from previous visits. The visit was also an opportunity for the management to advise of any further changes or improvements that had been made or were planned. The visit incorporated a meeting with the management team, as well as a tour of the home and some brief conversation with staff and residents.

The full list of recommendations made across all visits and progress towards these, was as follows;

COMPLETE	PROGRESS HAS BEEN MADE	NOT STARTED
Recommendation		Progress

Summary of key findings and progress towards recommendations

Since the last visit made by HWERY, a new manager had been appointed, however, this had happened in the last month and therefore, she was not fully aware of all the recommendations that HWERY had put into place and the extent of the work and number of previous visits that had taken place.

The 'GOB' book, although initially introduced in March 2018 is not currently in use; however, the new manager could see the merits and is looking at re-introducing this incentive for staff. The cross referencing of policies has improved since the early visits by Healthwatch, however, this is still an area that could developed further. The manager will be reviewing the process in due course.

Activities in the home were now much more person-centred and are also tracked and monitored to ensure all residents are engaged in activities; both group and 1:1 activities are organised as appropriate. The home is also working with outside groups such as 'Motivation and Co' who provide armchair aerobics/exercise. There are also organisations visiting, offering a variety of group/singers.

Differing shift patterns have been trialled that best meet the needs of residents e.g. 9:9 to accommodate those who like to get up later and a twilight 7:11pm shift when required during the busy evening period. Despite still having some difficulties in recruiting permanent staff, the home continues

to develop and appear to be providing a consistent level of person centred care for their residents. Residents appeared happy, settled and well cared for.

The new manager demonstrated that she had a clear sense of the home's existing strengths and weaknesses and how, moving forward, she would like to continue to develop the home and staff for the benefits of its residents. The management team have expressed that they are happy to work with HWERY in the future via the Enter and View process as it clearly had a beneficial effect upon the home and would support future improvement and developments.

Conclusion

In conclusion, through using the Enter & View process, HWERY were able to assist, advise and guide Care Home S on the necessary improvements needed to get the desired 'Good' CQC rating. This demonstrates the improvements that can be made through residential care homes engaging with the informal process, which subsequently benefits all concerned via recommendations that are person centred, specific and achievable. The aim of the Enter and View programme is to ensure that improvements are made that have a direct and positive impact on the residents. By utilising the Enter and View programme, residential care homes can be sure they are capturing the voices of residents, whilst also making use of the support and experience offered by Healthwatch.

Acknowledgments

HWERY would like to thank all staff and residents at Care Home S for working with us, sharing personal experiences and accommodating us during all visits.

We also pay thanks to the management team for inviting us to complete this piece of work and taking on board our recommendations with enthusiasm and dedication to the improvement of the service.