



healthwatch
East Riding
of Yorkshire

Virtual Care Home Engagement Project



Report

The Manor House

Little Weighton
November 2021

Healthwatch East Riding of Yorkshire
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Overview/Background

The Manor House is a residential care home which is situated in the quiet village of Little Weighton in East Yorkshire. It provides care to service users aged 65 and older, and is registered with the CQC to provide care for Dementia and Old Age. There is a specialist care category of Alzheimer's care, registered to care for a maximum of 38 service users, under Park Lane Healthcare Ltd.

Located close to local amenities, there are beautiful gardens with seating, hairdressing facilities and a designated activities lounge.

The Manor House has the CQC rating of 'Good'.

Methodology

Engagement with The Manor House began the week commencing the 22nd November 2021 by advertising Healthwatch's weeklong visit on the home's social media making relatives/friends aware of the visit and how they could access the survey to ensure they had the opportunity to give their views.

We gave notice to the home that we would be conducting the virtual engagement, this consisted of a letter for the manager explaining the days and times of the engagement; posters and flyers to distribute to staff and residents advertising the purpose of our visit, and paper questionnaires that could be completed by staff and residents if they chose to. They were also given Healthwatch's freepost address to send material to.

Through the home's Activities Coordinator residents were able to contact our Volunteer Coordinator to book an appointment to discuss their experiences at a mutually convenient time during the weeklong engagement.

Managers section

The manager is Leanne Hatch, who has been the manager of The Manor House for 3 years.

Leanne believes that The Manor House's CQC rating of 'Good' accurately reflects the level of care that they provide.

There are currently 23 residents and the home has 37 beds, 21 of which have en-suite facilities. There are 8 additional residents' bathrooms and toilets.

There are 13 full-time members of staff, and 3 employed part-time. For the current occupancy levels during the day, 3 care staff are on shift, which goes down to 2 members of staff after 10pm. There are 5 other staff employed. Staff absences have been covered through existing staff picking up overtime where enough notice can be given. Leanne and/or senior staff cover any shortfalls.

Staff training

Staff training analysis is in place along with regular supervisions and appraisals, which help Leanne to identify any further training which may be required. The home has provided this training in online versions, face to face training sessions and long distance learning, depending on the training.

There is a handyperson on site 5 days a week who deals with maintenance and repairs. If additional work is required the home has access to the organisation's maintenance team.

Life at the home

The home provides meals using the Apetito service. Staff oversee the cooking of this food by following their training, with instructions on packaging and dietary information provided to them - although this is pre-cooked. The home provides additional food items for times when this is needed, and the majority of this is generally non cooked items.

Leanne explained that on admission to the home, they ask all residents and their relatives to complete a likes and dislikes form which includes any dietary requirements. The home is then able to acquire dietary information from Apetito to ensure we are meeting everyone's needs. The home also holds taster sessions which allows the residents to try new foods, and the home will then implement these into the menus. Leanne explained that on each daily menu there is a variety of meal options, and they also offer things such as finger foods and lighter meals for those who would prefer these. The home follows any guidance given by the dietitians and SALT teams, etc.

The daily food options are displayed outside of the dining room, and is also written on a board in the conservatory for all the residents to see.

In order to monitor the residents' weight and fluid intake, the home currently use PCS (Personal Centred Software), which allows all staff to have a daily view of the residents' care needs, log their entries and care actions that they have given throughout their shift. They have a daily view of food and fluid intake, along with targets met, etc. Management and Directors have massive oversight of this, and are in regular contact with the home regarding this as part of a wider audit of PCS data. The home also conducts internal audits and make referrals as needed.

Health checks

Unless it is a more urgent issue hearing and sight checks occur annually for residents. These tests had been delayed due COVID-19 but have recently been scheduled to recommence.

The home has a chiropodist come into the home every 6-8 weeks unless this service is needed sooner. Staff also monitors the residents' skin health on a daily basis. Residents' health checks are monitored and recorded through the homes electronic system 'PCS'. This allows the home to add entries when necessary, and monitor for specific residents and specific care needs.

Leanne stated that the home does not have any problem accessing health care services.

Care

The home is not currently providing day care at the moment so that they are able to reduce risks of COVID-19 entering the home. The home however does provide respite care.

Residents have end of life care plans as part of their admission assessment, which are reviewed on a monthly basis and discussed with themselves where possible, and / or their next of kin. The home also has respect forms in place which identify their wishes and agreements.

Care plans are reviewed and updated on a monthly basis unless needed sooner, due to changes in health conditions, etc. Residents and relatives are involved in this process where possible, although most of the residents are living with dementia and unable to aid with this. The home has a good relationship with relatives, and the majority are fully involved and updated about changes in care and care planning.

Leanne stated that the home has regular telephone contact with relatives to inform them of any sudden changes with their loved ones, and video calls where required. Most relatives are visiting the home and therefore receive face to face updates during these visits. The home's social media Facebook page alerts relatives to the activities that have been provided should they choose for this, but Leanne stated that they are also looking at better use of the database of email contact information to enable those without Facebook accounts to know what is going on in the home.

Residents' Meetings are held every 3 months.

Unfortunately, due to the restrictions of COVID the home has been unable to have relatives meetings, although the home does speak to each relative on an individual basis regarding their loved ones. The home also distributes out twice-yearly surveys which are sent to all relatives, and their feedback is analysed as part of our quality management process.

Activities in the home

Unfortunately, due to the pandemic the home has been unable to take residents out on their usual external trips. Leanne explained that prior to the pandemic, the home used to have a local quiz master come in on a weekly basis and the local Knit and Natter group attend every Monday and hold their sessions within the home. The home continues to have good connections with the local school, who are sending cards to the residents for certain holidays, though they used to enter the home for sing-alongs and activities. Leanne

explained that the new homes activities coordinator sees this as a main focus of her work going forward.

In order to identify and tackle any loneliness or difficulties that residents might experience in adapting to life at the home, the home uses a 'PCS' database system which features a personalised 'planned care day' for residents. This allows staff to tailor their daily care actions to suit the resident's needs, rather than this be the same for every resident. They take care to not make this institutional by over-prescribing certain actions, but there is an inevitability that certain things need doing at certain times. By having this more personalised system, it allows staff to be able to identify who requires what support and to identify where each resident requires more care or intervention from staff. Leanne explained that the home's activities co-ordinator will ensure time is spent with new residents, helping them adjust into a new surrounding and staff will also do this where they are able.

We asked Leanne how the home caters for any religious or cultural needs. Leanne explained that the home does not currently have any residents who fall within this group of specific needs, although she states that they would always ensure that they are able to meet the needs of any resident prior to accepting them, by carrying out a pre-admission assessment first and ensuring everything is in place ready for their arrival. Kitchen staff would be informed of this, signage would be implemented and we would enter their likes and dislikes form into the folder in the kitchen.

Visiting

The home is currently asking all visitors who are doubly vaccinated to arrive 30 minutes prior to their scheduled visiting time to take a Lateral Flow Device test. For anyone who is not double vaccinated, then this would be risk assessed on an individual basis and guidance would be given and the home would ideally ask for a PCR tests to be carried out no more than 72 hours before requested appointment and LFD on the day as above.

The home has converted a lounge, which can be entered directly from outside, into a visiting room. Visitors have a lateral flow test 30 minutes before they enter the home. There is an electronic booking system if double vaccinated. They have 1 relative who is not double vaccinated but nearly all have had both and some boosters too. Their relatives have been very supportive and considerate towards all the residents. They also have the option of a closed off, Perspex screened room for those who prefer this, or who they feel there is more risk brought in for an indoor visit.

Support

Leanne explained that she feels very supported within her role as manager of The Manor House. Leanne has worked for the company for 12 years and states that the company have supported her throughout all her various roles with them. Leanne said that if she needs any support or guidance then she knows she can contact the directors and they will provide the support she needs in order to manage the situation effectively.

Leanne stated that the home does not normally experience any difficulties with staff retention, as the home employs a large number of staff many of whom have worked for the company for a very long time. Leanne has found that recently they have had fewer

applicants applying for vacancies and some of the applications they do receive are not meeting the standard required.

Leanne believes that staff absences are managed well, and explained that her staffing team are very supportive and close knit, where everyone tries their best to help out where they can.

The home aims to hold staff meetings every three months although this varies depending on the needs of the home. Leanne stated that the homes directors are currently looking actively at ways to improve the staff group experience, and also to allow for better methods of distribution of important information.

We asked Leanne about what Quality Assurance Systems the home has in place. Leanne explained that the home has internal monitoring and quality management systems in place, and also seek regular opinion from external sources. The home has internal audits that are conducted each month and actions identified and progressed to resolution. These are also analysed by Directors who regularly have input into these actions, and check that audits have been performed. In addition, Directors do regular PCS audits using in-house written software to analyse potential issues regarding weight, fluids, bowels, behaviour, H&S and care delivery, as well as medication audits. They also employ a set of respected external consultants to audit every aspect of the home twice a year, and report their findings to Directors so that action plans can be implemented and issues resolved. The home used to invite pharmacies to conduct medications audits at least annually, but due to the pandemic and staffing pressures, this currently is not being performed.

Lastly, we asked Leanne about the home's complaint procedure. Leanne explained that the complaints procedure goes hand in hand with the Duty of Candour, and is available for staff on their notice board in the staff room. Relatives are able to access this by contacting the home, though it is also within their terms and conditions contract. Leanne has a (currently virtual) open door policy however, and explains she is more than happy to liaise with anyone who has a complaint to make. She emphasised that she believes in tackling issues when they remain small, rather than allowing them to escalate into larger ones.

Tour

The Manor House looked very clean and is beautifully decorated. It was noted that the handrails are a very similar colour to the walls however.

We were showed a screened visiting room. The home has this room in addition to the converted lounge. Visits are now taking place in areas other than designated visiting areas since the government relaxed restrictions, however, generally relatives prefer to use the designated visiting areas.

There was an activities lounge with washing facilities in the room. They used to use this room as a dining room but do not need to use it for this purpose anymore so they can use it for other things now.

We noticed that residents' room doors were all different colours. Each door also had the resident's name and a number on to help them recognise which door was theirs. There is a red carpet through most of the home but the dining room has a hard floor. The carpet looked very clean as did the home.

We were shown a garden area with lots of chairs for residents to sit out if they wish. There was a raised planter so that residents can do gardening activities and an ice cream stall.

There was a large lounge and spacious dining room with a snug area with books and 2 sofas where residents and their relatives can chat more privately. The dining choices are written up on a board and wiped off once the meal is over.

There were pictures of residents and events on the walls. There is a reminiscence area in the lounge and an activities board in the reception area.

The home has 37 beds but currently have 23 residents. They use one bedroom for testing and another for visiting. Leanne said around 21 rooms had ensuite facilities.

The Manor House have a few respite beds and are receiving enquiries.

All the bathrooms and toilet doors are blue with a dementia friendly sign on the door. They have 3 bathrooms, 2 upstairs and 1 downstairs as well as 8 toilets.

The downstairs shower room has been turned into a donning and doffing area for staff.

There are 9 bedrooms downstairs. There are stairs and a lift to get upstairs. There is a locked gate at the bottom of the stairs and a key coded locked door at the top of the stairs.

Residents can bring their own furniture and some of their things but everything needs to be fire retardant and any electrical items have to be checked to ensure they are safe. Residents can put pictures up if they want to.

Leanne said they try to encourage residents to mix but they do not force this.

Residents section

None of the residents we spoke to knew if they had an assigned key worker to look after them, but instead stated that they were looked after by all the staff. Residents explained that if they were unhappy about something, they would discuss this with a member of staff or the manager.

“Don't know. Everyone is very nice.”

“They all look after us.”

“I suppose I would know how to complain but I've never needed to. I can talk to most people here, I can talk to any of them.”

“I would speak to whoever I see the most of. If very serious I'd go to manager.”

All residents said they enjoyed the food the home serves, stating that although they enjoy what is typically offered on the menu, they can request something different if they wanted to. All residents explained that they feel comfortable asking for alternatives when necessary. Only one resident explained that they had a food allergy. None of the residents spoken to had any special dietary requirements other than general likes and dislikes of certain foods.

Residents are offered a variation of drink options, such as hot drinks like tea or coffee, and cold drinks like water or cordial. The residents are able to help themselves to certain drinks. There is a jug that is topped up throughout the day and there is a drinks trolley that goes around the home. Residents explained that any extra food and drinks they want can be requested also.

“Food quite good, sometimes could be hotter. Enjoy the food, soups lovely. Fish today. Like it all.”

“The food is nice. I don't know if I can have something else because I like everything. But if I didn't like it then I would say something. I had fish and chips today because it's Friday.”

“I have a drink now. I would ask for water if I was thirsty. I've not noticed a trolley.”

The residents spoken to liked their bedrooms, with many having furniture from their own home in their room like their bed, television, and other sentimental items like photographs and books. All residents stated that their beds are comfortable. Residents said that they are mostly warm enough within the home, and residents do have access to blankets if needed. The residents have a scenic view out of their window, looking out over the garden area or over the terrace.

Residents all thought that their bedroom is clean and tidy, stating that the staff clean it regularly

“Love bedroom, has own bed from home. Double bed, own pillows, sleeps very well.”

“I can't tell you because I've not been here long enough. It's nice. I went to ballet school and I have my photos from there here.”

“Yes my room is clean and tidy. I don't mess it up very much, it stays tidy all the time. I don't know if get cleaned every day. Staff told us that cleaners go into bedrooms once residents are up and dressed.”

“It's always kept clean. I like to put things away.”

The residents have access to an emergency buzzer to summon staff by their bedside. Residents explained that in the case of needing assistance staff come very quickly.

Activities

We asked residents what sort of activities they like to get involved in, and residents answered that they like to take part in dominoes, card making, listening to music, solo activities, exercise, crossword, reading, arts and crafts.

The residents we spoke to did not know when the activities were taking place, but were informed by staff members and encouraged to join in.

Residents said that they enjoy sitting out in the home's garden when the weather is nice. When the weather improves the home is looking to centre more activities in the garden area.

Residents stated that they feel happy, well supported and safe at the home.

“Prefers to do activities on own. Does exercises given by physio on own. Did Daily Express crossword, thinking of starting again - good for brain.”

“I'm not an activity person. I can just sit and relax and I'm fine. I like to let my mind wander. I remember about when I was on stage doing the ballet. I don't read or watch the television. I don't do any activities here.”

“I read a lot. When at home I would go for walks. I don't do that here but I try to get involved if things are going on.”

“Yes its lovely here. I'm supported.”

“Oh yes. If I wanted to do anything or needed help I could ask and if something really bothering me. Staff are friendly and helpful.”

Healthcare and visits

All residents we spoke to have had a health care appointment in some form recently. Many had seen the GP, who is able to come into the home or offers virtual appointments. Opticians come into the home to check the residents' eye health when needed, and similarly staff come in to do residents' hearing checks when required. A chiropodist comes every 6 weeks and the district nurses come in to see specific residents to help manage their conditions or to administer injections when needed.

Residents explained that they speak to their loved ones regularly, communicating with them over the phone, on platforms such as Zoom/ face time and in person during visits.

“Wife visits and rings work phone every week.”

“Have family and grandchildren. All visit. Son came today, daughter tomorrow, queue waiting. Speaks to people on phone.”

Staff Section

We spoke to a range of staff members in different roles, such as senior carer, domestic, activity coordinator.

Half of staff members thought that there are enough staff members on duty at the home both day and night, and half did not. Staff thought that staff absences are mostly well managed.

Staff feel confident to raise concerns, and know that if they do raise a concern that it will be acted upon.

Staff feel that they had an adequate induction when they first started. The majority of staff feel adequately trained. Staff feel that there are adequate fall prevention measures in place. Staff believed that their training needs are reviewed and they must ensure to renew any training courses annually.

“I was trained well as a domestic. I want to be trained as a carer if given a chance.”

“Yes I feel I am adequately trained.”

Staff feel that the home has an ample supply of PPE, Sanitiser, etc.

All staff felt that they have adequate time to support residents to meet their needs, and are able to provide enough support for residents at meal times. Staff also felt that they know the likes, dislikes and personal histories of the residents that they care for. Staff feel that the setting provides person centred care.

The staff spoken to felt that the residents' opinions/ preferences were catered for and put into their care plans.

Staff believe that the individuals are treated with kindness and compassion.

We asked staff the most enjoyable part of their job:

“Working with our seniors and getting so much back from being with them”

“When I interact with the residents and have a little laugh with them”

“Seeing everyone I look after smile”

Healthcare

The senior carers, the team leader and the manager arrange health care appointments for the residents.

The majority of staff we spoke to understood resident's preferences and choices for end of life care.

Staff said they felt confident in the use of technology to help support residents, for instance IT equipment, Zoom calls/ face time.

Activities

The home has an activities coordinator in post.

The home has not been able to offer any outside activities to the residents, such as walks, shopping, etc. due to COVID restrictions. However residents are able to go outside in the garden regularly in the warmer months.

Support

All staff explained that they feel supported within their role and feel that they get all the necessary guidance from management. All staff claimed that the home's management team are very approachable and helpful. All staff feel that the home is well managed and run.

We lastly asked staff if there was anything they would like to change about their current work setting. Below are the staff responses:

“Better ventilation, like easy access to windows for fresh air on warmer days.”

“Quite content with my job, but to further my career as a carer.”

Family and Friends

All friends and family we spoke to stated that staff members are friendly, helpful and approachable.

Friends and family explain that the interactions they have seen between residents and staff have been positive and friendly. Family and friends also state that their staff are available when their loved one needs them. Family and friends explained that their loved ones speak positively about the home and the caring team.

“Yes, from what we have observed when visiting and when talking on the phone.”

“Yes, my Mum seems happy with the care and friendliness of all the staff.”

“We are not present for the most part when my Mum may need them so that is hard to judge, however when I have been present I feel my mum is attended to well whenever she requires help and is well cared for. When I have need to speak with staff during my attendance, they have always been available.”

The friends/family we spoke to had all been involved with their loved one’s care plan. Family and friends stated that due to COVID they have not been able to attend meetings regarding their loved one’s care.

“Only the capacity assessment, which was going to be conducted by a social worker. Would have preferred to have been told in advance regarding the DoLs Assessment and visit from the optician, rather than after the event.”

The home communicates with the friends/family via email, telephone, written communication and face to face during visits.

The family and friends spoken to are happy with the care that their loved ones are receiving.

Activities

The family and friends we spoke to explained that their loved ones take part in the activities put on by the home. They explain their loved ones take part in activities such as art and crafts, music, ‘cuppa and a natter’, reminiscing and baking. Family and friends state that they are encouraged to take part in activities.

“We are told that our loved one takes part in most of the activities on offer (though our loved one doesn't remember doing so). They particularly enjoy the arts and crafts, music and 'memory lane' discussions.”

“Reading, having a cuppa and a natter, taking part in the organised activities”

“My Mum enjoys the craft activities, the baking and also enjoys the birthday celebrations.”

“Before COVID restrictions I often witnessed the carers encouraging residents to join in the activities.”

Family and friends state that they are happy with the home’s cleanliness, though some had not been able to physically be able to visit the home much due to the COVID restrictions. This was a similar situation for many family and friends when we asked about

their loved ones room and how it reflects them. However those who have been able to see their loved one's room said that they have pictures and photographs from home to remind them of their family and personalise their room.

“We have only physically been in the visiting room (due to COVID restrictions). We can see the dining room and part of the hallway through the windows. What we have seen appears clean and tidy, though the visiting room sometimes has crumbs or paper on the table. We often see the window cleaner washing the windows too.”

Friends and family are able to visit their loved ones in a dedicated visiting room for thirty minutes whilst wearing full PPE, which is a mask, gloves and apron. Friends and family are also able to have garden visits, and visits separated by a Perspex screen. The home is facilitating this through online bookings of appointments, lateral flow tests thirty minutes prior to the visit, the use of PPE and ensuring vaccination status for new visitors. Visits in areas other than designated visiting areas are now happening since guidance was changed by the government, but mostly relatives still prefer to stick to visiting rooms and to other measures put in place to combat Covid-19.

“Each visitor must have at least both COVID vaccinations and preferably their booster. Conduct an LFT immediately prior to the visit (in the home's car park). Wear full PPE (mask, gloves and apron). Lateral Flow Test 30 minutes prior to each visit with result e-mailed through to care home before arriving. I am double jabbed with booster booked in December 2021. Mask, gloves and apron worn during visit.”

“I have my temperature taken before I enter the room, and I have to complete and sign a form confirming I have not been ill, or have COVID symptoms. I also am requested to wear a mask.”

All family and friends knew who to speak to if they have a complaint, explaining that they would contact either the manager of the home or the senior staff member on duty.

We asked the family and friends if there was anything else they would like to tell Healthwatch East Riding of Yorkshire. The answered with the following:

“The COVID rule/ restrictions regarding visits are very strict in comparison to other homes we know of (no consistency across the board) but we understand that it's for the greater good.”

“Due to my work commitments I am not always able to book in advance. I'm not always able to visit Mum when I want to when the Perspex room is booked up.”

Recommendations

1. Healthwatch strongly recommend that handrails are painted in a contrasting colour from the wall to make them more visible to people with dementia and sight impairment as this can save residents falling.
2. Residents to have more opportunities to spend time outdoors safely doing garden activities or going for short walks into Little Weighton.
3. Residents be given more opportunity to do physical activities.

Acknowledgements

Healthwatch East Riding of Yorkshire would like to thank The Manor House , the registered manager, and all the staff at the home for their help and involvement with the enter and view. We would also like to thank all the residents and relatives for their engagement. Thank you to our Healthwatch East Riding volunteers who helped us facilitate the project.

Distribution

This report has been distributed to the following:

- Healthwatch England
- The Care Quality Commission (CQC)
- East Riding Clinical Commissioning Group
- East Riding of Yorkshire Council
- The Healthwatch Humber network
- East Riding Safeguarding Adults Board

Virtual Engagement Project- Feedback from Services

Feedback from the service - The Manor House

Leanne Hatch, Registered Manager

Date- 01/06/2022

- With regard to the comments from relatives about the home being strict with visiting procedures; The Manager stated that the home have relaxed some of these restrictions where they can, and said that most relatives have indicated a desire to keep visiting restrictions for the moment.
- Regarding comments from staff who believe that staffing levels aren't sufficient, the Manager stated that staffing levels are we regularly checked across a number of different theoretical and practical measurements and staffing levels are at a correct level.