

HW Reference: 20171127B

Time & Duration of Visit: 13.30 - 16.00

Number of people engaged with: 8

Enter & View Residential Care Report

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

The Limes

Scarborough Road, Driffield, East Yorkshire YO25 5DT

Date of visit: 27th November 2018

Date of publication: 21st January 2019

HWERY Representatives: Denise Lester & 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

The Limes is a large care home providing care and support for elderly people, some of whom may be living with Dementia. On the day of our visit there were 94 residents with three bedrooms still available; 93 rooms have en-suite facilities and there are nine additional bathrooms/toilets. The residential accommodation is over two floors with a passenger lift to the first floor. Residents with dementia are accommodated in a separate area on the ground floor and this area is staffed separately. There are several large welcoming communal areas, a dedicated hairdressing salon and a sensory room; there are also safe garden areas with outdoor seating and tables.

Recommendations/Observations

- Some rooms had patio doors leading to the garden, these could be made safer with signage or stickers on the glass to make them more apparent for residents when closed.
- Corridors mostly were fitted with handrails; the home might consider extending these to cover all appropriate areas.
- Extend dementia friendly signage to cover all communal areas and residents' rooms. Consider a method of signage which is more durable than laminated sheets.

Full Report

Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically

- Strategic Context & Relationships
- Community Voice & Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice & Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Main Findings

How safe is the setting for service users?

By safe we mean people are protected from abuse or avoidable harm.

The home was clean, fresh smelling, and tidy and infection control measures were in place. All bedrooms were fitted with a call system that residents clearly knew how to use; the manager told us that a new and more effective system was due to be fitted in the New Year.

Some areas of the home - kitchen, laundry and other service areas were not accessible to residents and were kept locked. Medicines were also kept in a locked cupboard and appeared to be administered and audited in line with current requirements - one resident that we spoke with was clear regarding which medicines she was taking and why.

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

There was a complaints procedure in place, details of which were displayed in the entrance; we were told by residents that they would tell the manager if they had any complaints.

During our visit staffing levels seemed to be adequate and residents were being cared for as appropriate.

We were told that maintenance was dealt with promptly by a handyman and that there is regional support also available as necessary.

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?

Staff were all presented well and appeared clean, tidy and were all wearing uniforms; but not all were wearing name badges.

We saw moving and handling equipment being used effectively; we observed one gentleman being carefully lifted from his seat onto a wheelchair using a hoist.

Residents have regular access to the services they need i.e. hairdresser, chiropodist, podiatrist. District nurses also visit each day and a GP does a monthly check up and then additional visits as required.

We saw that the kitchen was very busy, clean and tidy with a food hygiene rating of 5. We were given a copy of the four weekly menu and the food choices for each meal were displayed clearly on a chalkboard. The home also switches between summer and winter menus. We were told that hydration levels were monitored, residents weighed monthly, diet and fluid charts completed for those at risk and dietary adjustments/supplements given as required. Juice was available in the dining room for residents and guests to help themselves. Residents we spoke with liked the food they were given and said they always had plenty to eat. One lady said the only complaint she had was that sometimes the food was cold. It was teatime at the end of our visit and we saw that residents were being encouraged to eat in the dining room, but could eat elsewhere if they wished.

How caring do service users find the service?

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

Residents appeared well cared for and we saw that interactions between residents and staff were positive, warm and friendly. Each resident has a named carer, with no more than three residents assigned to a single member of staff.

There are three activities coordinators in post providing cover for seven days to organise activities for both mornings and afternoons and separate activity schedules provided for the dementia unit; although one member of staff told us, 'Sometimes the activities don't go ahead on weekends'.

As well as in-house activities, residents were able to enjoy trips out using a HART minibus which could be hired weekly; previous external trips have included a sightseeing tour of the East Riding, Bridlington, various garden centres and Kilnwick Percy.

We were given a 'Christmas Newsletter' which contained the schedule for Christmas activities for residents and visitors, the schedule included trips out, visits from 'entertainers' as well as in house activities which included a staff pantomime. The activities team also try and make residents aware of what's happening in the wider world and community by hosting parties for events such as the World Cup and the Royal Wedding. All residents had their own room which they were encouraged to personalise with their own belongings.

Resident's money is kept by the home, locked in a safe and monitored by admin staff, to be used as required for trips, occasional shopping, hairdressers etc.

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

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

Residents each have a key worker. Care plans are written in consultation with relatives and an end of life plan is included as appropriate. Care plans are regularly reviewed and adapted as necessary. The home also offers respite care if rooms are available

Residents' and relatives' meetings are held every three months; amongst other things any complaints are aired and discussed at these meetings. The manager told us that she also has an open door policy and she is happy for staff, residents or relatives can raise any issues at any time.

We saw that the environment was responsive to residents' needs, the home included areas of interest e.g. the 'Wedding Room' for conversation, reminiscence and relaxation, tactile items were displayed on corridor walls and children from the local secondary school had recently painted murals on perimeter fencing in the garden area. The school also attends to sing with the residents throughout the year.

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 the day of our visit we spoke with the manager, two residents and five staff. We had a tour of the premises and time to look round unaccompanied. We also had a large number of staff and relatives' questionnaires returned as well as the manager's questionnaire all of which were useful. The returned questionnaires all contained positive comments regarding management and leadership. The majority of staff felt supported in their roles and said that management were approachable and helpful, we were given comments such as:

'The manager is supportive in both work and personal issues'.

'I love my job - I've worked her for over 15 years'.

'It's a nice home to work in, I've worked in worse homes than here'.

'Staff levels are good in my team'.

However some of the comments we received during the visit were less positive, some staff told us:

'Staff levels can be short; another member of staff on each shift would help greatly'.

'We don't get to spend enough time with the residents'.

'I don't always feel appreciated. Sometimes the management doesn't say hello or good morning'.

'We need more staff on shift, there are almost 100 residents and we can't always meet their needs'.

'Rarely get thanked by management at the end of a shift or week - the hard work doesn't feel appreciated'.

'When someone calls in sick and not covered things get missed'.

'Better communication from community nurses would help us in our jobs'

There seemed to be no issues regarding staffing levels which appeared to be adequate at the time of our visit, we were told by the manager 'Staff levels don't run short and when someone is sick with short notice three team leaders work with care staff. There have been recent changes made to staffing'.

Staff training is provided in line with mandatory requirements; although several staff mentioned in their questionnaires that they would benefit from more dementia training.

Response from Setting:

Overall a good positive report. Always helpful to have external visits and fresh eyes as this helps us to improve.

Signed on behalf of HWERY	<i>Matthew Fawcett</i>	Date: 18/1/19
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