

Enter & View Residential Care Report

Thorn Hall Residential Care Home

Main Road, Thorngumbald, East Yorkshire HU12 9LY

Date of visit: 26th February 2018

Date of publication: 4/4/18

HWERY Representatives: Chris Mills & 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 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

Thorn Hall is a privately owned home that is currently undergoing some planned construction work to make the home bigger. The home currently has space for 10 residents with six currently living there; once the ongoing construction is complete the home will have around 20 beds. The home is well staffed; the physical environment will improve as construction work is completed.

Residents that we spoke to on the day all made positive comments regarding the care that they receive and consider that they are treated well, in a caring manner and they very much enjoy the food.

Recommendations/Observations

- Improve security of the front door to ensure entry and exit is only gained by those authorised to do so (this includes staff, all visitors and residents)
- All visitors should be asked to sign in, to adhere to safeguarding and H&S procedures
- Remove any misleading Fire Exit signs that are not in use during on-going building works
- Ensure all restricted areas are locked to ensure the safety of residents
- To further enhance the existing activities programme, the introduction of an activities timetable (with input from residents) would ensure a set range of activities are routinely provided that complement the existing individualised provision



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?

Approaching Thorn Hall we drove up a long driveway down the side of the home, the driveway had some pot holes and led to a small gravelled carpark, although there are not many car parking spaces available at present.

On arrival at Thorn Hall we rang the doorbell and were let into the building. It was apparent that the front door was not locked and people could open from either side of the door; this was concerning as there were construction works happening outside and the grounds were open without locked gates or fences.

We were not actually asked to sign in, although we noticed a signing in book and signed ourselves in.

Once inside the home we were in the communal lounge and introduced to the manager.

There were no unpleasant odours and the home looked to be clean and tidy. All fixtures and fittings we saw during the visit appeared safe and secure.

We spoke to the manager about various points (before taking a tour of the home), and were shown some staff training files and the medicine management procedures; the medicine cabinets were both locked and logs and temperature controls were up to date.

As we looked around the home we saw that all rooms had a call system in place and there were infection control stations dotted around the home.

The kitchen door was locked as we went in to view it and the kitchen was very clean, organised and had food hygiene rating of 5 (the highest score possible).

We were told of other rooms in the home where residents cannot access such as the laundry room; however when we were shown into the laundry room the door was not locked. In the laundry room there were COSH cleaning materials stored.

We also observed a door with 'Fire Exit' signage that was obstructed and latched; the manager told us that the door was not in use because of the construction work going on beyond the door.

How effective do service users consider the service to be?

Thorn hall has very good links with outside services for the residents to access. The home uses the two GP practices based in the nearby village of Hedon; we were told the GP visits the home every 8-12 weeks plus any times needed for priority. The home uses '543 Dentists' who visit for annual check-ups and again when needed. There is a 6 monthly check up from Vision-call opticians and a chiropodist visits every 8 weeks.

The home also has good relationships with the district nurse, falls team, speech and language and McMillan.

There is a 4 week rotating menu which offers a varied choice for the residents. Breakfasts and suppers were advertised as the same each day, but a variety of choices are available. Residents can also have snacks throughout the day. The cook works until 1pm so the main meal is served at lunchtime, with dinner being restricted to food such as sandwiches, beans on toast, toasted sandwiches or omelettes etc. All food is cooked fresh on-site.

Residents can currently choose to eat in their room or in the communal area at individual folding tables; there is currently no dining area due to the construction work. The manager acknowledged communal space is limited at the moment due to the on-going building works. All of the residents spoken to on the day said that they loved the food and one also commented 'We get choices, which is good'.

When walking around the home we saw handrails down corridors and in bathrooms to aid independence and to help prevent falls; hoists available for getting in and out of the bath.

Each resident has their own room with a picture of them outside to help them to identify the room. Residents can personalise their rooms with their own belongings, such as pictures, ornaments and teddies etc. Each room has a sink and commode; no rooms are en-suite.

There is a communal bathroom with WC and 2 other toilets; toilet doors are painted a different colour to other doors to help residents identify them, they also have dementia friendly signage on bathroom and toilet doors.

There is a large garden to the front of the home and land to the rear of the house with fantastic views of the fields.

How caring do service users find the service?

Pre-assessments are carried out with residents and their relatives prior to moving into the home; this is the starting point for the residents care plans which are then added to continually during their stay at the home. Care plans are reviewed monthly or when needed. All residents have a key worker assigned to them; key workers also carry out some of the residents shopping requests.



Comments made by residents regarding their care were all positive, for example one resident said, 'The staff are very caring' and another commented 'We are all treated well, kept clean and given clean clothes every day'.

Via a relatives questionnaire, one relative stated 'Great staff, well trained but care about the residents and always put them first. Mum loves them all. A very big thank you to each and every one of them'.

Residents have little need for handling money; any service which requires payment can be paid by the home and a monthly invoice sent to a relative to settle. Some of the residents do have their own money but only small amounts.

A hair dresser visits the home every Wednesday.

There is currently no activities coordinator employed by Thorn Hall. We were told by the manager that once the construction work is complete and more residents are living there, they will restructure the staffing levels and look to employ an activities coordinator or have a dual role member of staff with responsibilities for activities. We were informed that activities take place each afternoon and staff ask the resident's ad-hoc what they would like to do each day. We witnessed bingo being played by five residents on the afternoon of our visit.

The home does not offer much external social events due to lack of interest from the residents. Residents were invited to the local school nativity but nobody wished to attend. We were told that one lady was taken out on a short shopping trip as per a request from her during a 1 to 1 conversation. Another commented 'I would like to get out more with my family but my mobility is a problem for them and me'.

A neighbour has animals and is happy for the residents to help with feeding and petting the animals.

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

Thorn Hall offers both respite care and terminal care; respite can be requested in advance.

Both residents and their relatives are involved in care plans.

We heard that the home approached end of life care in a nice way, starting with discussing the resident's wishes around resuscitation and other beliefs they may have before later introducing conversation around end of life wishes. We thought this was a positive way to take some of the uncomfortable talk away from the initial plan.

There is a complaints procedure in place and we were told residents are aware of the process to follow should they be unhappy.

How well-led do service users consider the service to be?

The manager showed various audit folders which she uses as part of her quality assurance checks. We also looked at one residents care plan folder which had her 10 likes and dislikes listed in there.

The home does not employ a maintenance worker, though we were told has good relationships with a few outside contractors who they contact when works need to be



carried out, these include plumbers and decorators etc. We did notice some areas of disrepair, however we were told that that final touches will be looked at towards the end of the main work.

Staffing levels were explained: each night there are two carers, one being a senior. Daytime staffing is three carers, the manager plus the cook in the morning. Two days a week the cook works extra in the role of a cleaner. At current levels of occupancy the staffing levels are more than sufficient.

New staff at Thorn Hall have an induction period where they work shadow shifts until they are comfortable in taking on day to day duties independently. All staff complete their care certificate and have training delivered throughout the year; they are also encouraged to complete e-learning and distance training.

There are staff meetings held for day and night teams bi-monthly with full staff meetings held every 6 months.

Staff spoken to during the visit said, 'Working here is enjoyable, homely and a good atmosphere for both staff and residents'; also 'Very homely. Because we are a small home we get to know each resident better, it is more personal for them'. Another commented 'The manager accommodated my job hours around my home life after having a baby. I didn't want to leave the job so am really grateful'.

Response from Setting:

Overall the report is a balanced and fair view of the service we provide. Good advice and feedback given on the day.

Signed on behalf of HWERY	<i>Matthew Fawcett</i>	Date: 4/4/18
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HW Reference: 20190325b
 Time & Duration of Visit: 14.00 - 15.30
 Number of people engaged with: 2
 Managers name: Jen Cawkwell

Thorn Hall Re-visit Report

Date of first visit: 26th February 2018

Date of publication: 15th April 2019

Date of re-visit: 25th March 2019

HWERY Representative: Pamela 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

Healthwatch East Riding conducted an Enter & View visit at Thorn Hall within the last twelve months. From the visit Healthwatch would make a series of recommendations to help drive improvement based on service user feedback.

COMPLETE	PROGRESS HAS BEEN MADE	NOT STARTED
Recommendation		Progress
Improve security of the front door to ensure entry and exit is only gained by those authorised to do so		
All visitors should be asked to sign in, to adhere to safeguarding and H&S procedures		
Remove any misleading Fire Exit signs that are not in use during on-going building works		
Ensure all restricted areas are locked to ensure the safety of residents		
To further enhance the existing activities programme, the introduction of an activities timetable (with input from residents) would ensure a set range of activities are routinely provided that complement the existing individualised provision		

Summary of Key Findings & Progress towards Recommendations

The front door of the home was locked on arrival and throughout the visit; we were asked to sign in on arrival. Any misleading fire signs have been removed and the doorway and access have now also changed due to the building works. All restricted areas were found to be locked, e.g. the laundry. A whiteboard in the orangery now identifies the 'activity of the day'.
 The previous visit reported on the extensive building works being carried out and it was pleasing to note the outcome of the completed work so far; as the work continues and so affects environmental issues it will continue to need to be well managed.

Impact and Additional Observations

Work in the Orangery has now been completed; all toilet and bathroom doors are painted blue and hand rails around walls are to be painted blue as well so that they stand out to residents. The home has rooms for 11 residents with 10 presently residing. There is a plan to demolish the communal space that joins the home to the private residency building it is adjoined to; the space will be replaced in another area of the home so it will not lose that facility - there are two communal areas as well as the dining area.
 The manager's dog attends daily and is welcomed by all.

To address 'Fluid Intake' issues the home has introduced 'Thirsty Thursday' once a month when staff and residents make milk shakes of their choosing etc.

Activities information - more could be made of advertising what is available/happening each day around the home.

The manager is studying for her Level 5 certificate and her research project is based on the following: '*How fluid balance affects the elderly*'.

This project looks how fluid intake or lack of it can effect falls, disorientation etc.

The manager has agreed to share her finished project - when available - with HWERY so that other homes can, as appropriate, benefit from relevant findings.

Signed: *M. Harvey*

Date: 12/04/19