healthwatch East Riding of Yorkshire

Residential Care Provision in the East Riding of Yorkshire

Final Report

November 2016

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Introduction

Through consultation with stakeholders and the wider public, adult social care was highlighted as a priority theme for Healthwatch East Riding of Yorkshire to consider during 2015/16. A recent report by the Kings Fund and the Nuffield Trust has concluded that social care in the UK is under a great deal of strain. It found that nationally:

- Social care for older people is under massive pressure; increasing numbers of people are not receiving the help they need, which in turn puts a strain on family and other unpaid carers.
- Access to care depends increasingly on what people can afford – and where they live – rather than on what they need.
- Under-investment in primary and community NHS services is often undermining the policy objective of keeping people independent and out of residential care. The Care Act 2014 has created new demands and expectations but funding has not kept pace. Local authorities have little room to make further savings and many will soon be unable to meet basic statutory duties without additional funding[1].

The East Riding of Yorkshire is not immune to this challenging landscape for adult social care and, as a champion of patients and the public, Healthwatch East Riding wanted to find out more about peoples' experiences of local provision.

This report into residential care is one of several reports into social care provision in the East Riding that we have published this year. Collectively these reports highlight some of the fantastic provision available in the East Riding as well as making recommendations for areas that could be improved[2].

In order to put this report together, Healthwatch East Riding of Yorkshire carried out a series of 'Enter and View' visits to residential care homes in the East Riding area over an eighteen month period. The purpose of these visits was twofold. Firstly, the visits were carried out in order to review the quality of provision of residential care in the East Riding. Secondly, we wanted to speak to residents of East Riding care homes to find out what matters most to them. Healthwatch East Riding, as the public health and care champion, has a responsibility to ensure everyone has the opportunity to have their say about their local health and social care services. In particular, our research and engagement work is driven by a desire to seek out the lesser-heard voices and amplify them, ensuring they are heard by those in a position to make change happen. Care home

[1] http://www.kingsfund.org.uk/publications/social-care-older-people

[2] http://www.healthwatcheastridingofyorkshire.co.uk/resources/home-care-services-report

residents do not always have the same access to opportunities to voice their opinions about their local health and care services and so part of the reason for carrying out this series of Enter and View visits was to provide an opportunity for them to do so.

Background & Scope

There is a wide variety of options available for older people in need of care and support. Many older people with social care needs choose to stay at home and receive help and support in their own home, others chose to move home to, for example, sheltered accommodation, “extra care” housing or a residential care home. East Riding of Yorkshire Council’s adult services department provides information on the various options available to people who need care and publish a care directory which is available online[3].

In the East Riding of Yorkshire there are 141 privately owned residential Care Homes, 16 of which are registered to provide nursing care, plus a further five homes operated by East Riding of Yorkshire Council[4]. All residential care homes must be registered and inspected by the Care Quality Commission (CQC). Inspection reports and overall ratings for each individual home are published on the CQC’s website alongside further information about the inspection regime and grading system used by the CQC: www.cqc.org.uk.

From January 2015 to March 2016, Healthwatch East Riding of Yorkshire carried out ‘Enter & View’ visits in order to gather the views and experiences of residents, their relatives and staff in residential care homes in the East Riding area. This was done through discussion with individuals (both residents and staff) and through observation of the services being delivered.

What is Enter and View?

The Health and Social Care Act 2012 established local Healthwatch and gave them a number of statutory duties and powers. One of the powers given to local Healthwatch organisations was the ability to ‘Enter and View’ any local providers of publicly-funded health and adult social care services in their area.

‘Enter and View’ visits are carried out by trained and authorised Healthwatch volunteers, who work alongside the Healthwatch staff team. Enter and View visits provide an opportunity for authorised representatives to:

- go into health and social care premises to hear (from staff and residents) and see how the consumer experiences the service;

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[3] www2.eastriding.gov.uk/living/care-and-support-for-adults/residential-care-services/

[4] Figures supplied by East Riding of Yorkshire Council on 5th October 2016

- collect the views of service users (patients and residents) at the point of service delivery;
- collect the views of carers and relatives of service users;
- observe the nature and quality of services;
- collate evidence-based feedback;
- report to providers, CQC, Local Authority and NHS Commissioners and quality assurers, Healthwatch England and any other relevant partners;
- develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

It is important to note that 'Enter and View' is not an inspection; it is about gathering information from service users to add to a wider understanding of how services are delivered to local people.

Where we visited

Over the course of our investigation we visited a total of 25 Care Homes across the East Riding of Yorkshire area. These include a wide variety of providers, from small independent family businesses, to large national provider chains and with a wide geographical spread.

Enter and View visits took place at the following homes:

		Date of Visit
Aarondale House	49 Eastgate, Hornsea, HU18 1LP	11th March 2015
Abermarle Lodge	Baxtergate, Hedon, HU12 8JN	21st April 2015
Allendale House	21 George Street, Hedon, HU12 8JH	7th January 2016
Bessingby Hall	Bessingby, Bridlington, YO16 4UH	28th April 2015
Bluebell House	408 Boothferry Road, Hessle, HU13 0JL	23rd February 2016
Glenfields Care Home	7 Montgomerie Square, Driffield, YO25 9EX	22nd March 2016
Goole Hall	Swinefleet Road, Goole, DN14 8AX	9th March 2015
Hallgarth Residential Home	Hallgate, Cottingham, HU16 4DD	8th February 2016
Holly Lodge	8-10 Station Ave, Bridlington, YO16 4LZ	25th February 2015

Holyrood House	Baxtergate, Hedon, HU12 8JN	18th March 2015
Hook Hall	High Street, Hook, Goole, DN14 5PL	23rd April 2015
Lavender House	69 Welton Road, Brough, HU15 1BJ	8th February 2016
Lindum House	1 Deer Park Way, Lincoln Way, Beverley, HU17 8RN	4th August 2015
Mallard Court	Avocet Way, Kingsmeade, Bridlington, YO15 3NT	17th February 2015
Oaktree House	Station Road, Preston, HU12 8UX	29th March 2016
Queens Residential Home	271 Queen Street, Withernsea, HU19 2NN	2nd February 2015
Sandhall Park	Sandhall Drive, Goole, DN14 5HY	10th February 2016
Shamrock House	69 Hook Road, Goole, DN14 5JN	7th May 2015
Snaith Hall	Pontefract Road, Snaith, Goole, DN14 9JR	18th August 2015
Spring House	21 Eastbourne Road, Hornsea, HU18 1QS	11th February 2016
Swanland House	41 West End, Swanland, HU14 3PE	7th July 2015
The Old Vicarage Care Home	84 Main Street, Skidby, Cottingham, HU16 5TH	20th July 2015
The White House Residential Home	29 Beverley Road, Driffield, YO25 6RZ	28th January 2015
Westwood Park	Langholme Close, Beverley, HU17 7DN	29th January 2015
Woodleigh Manor	Westhill, Hessle, HU13 0ER	7th December 2015

Methodology

Each visit was carried out by a team of two trained Healthwatch representatives, predominantly volunteers. The visits lasted approximately two hours and followed the same structure, guided by a proforma developed by the Healthwatch staff team, with input from both the East Riding of Yorkshire Clinical Commissioning Group and East Riding of Yorkshire Council, and given to volunteers to use during their visit. A copy of the proforma used is attached as Appendix A. After each visit, a report was produced detailing what the Healthwatch representatives found during their visit, their general impressions of the home and the views of any residents and family members they spoke to. Where appropriate, these reports also provided recommendations for where improvements to the service could be made. Individual 'Enter & View' reports for all the visits included in this report can be found at:
www.healthwatcheastridingofyorkshire.co.uk/resources/enter-view-reports.

In August 2015, we conducted an interim review of the project to enable us to gather together our findings from the visits so far and also to evaluate the effectiveness of the visits and make any necessary changes to our approach. The findings from our visits were published in the form of an interim report. A full version of this report, along with the replies to our recommendations, can be found at:
www.healthwatcheastridingofyorkshire.co.uk/resources/residential-care-interim-report

In addition, we made some changes to our approach to Enter and View visits as a result of this interim review. These included:

- Sending our "questions to care home managers" to the home in advance of our visit so that more of the volunteers' time could be spent speaking to residents.
- A de-brief meeting was held after each series of visits which brought together all the authorised representatives who had conducted the visits to share ideas and common themes. A senior officer from the Council's adult services team responsible for commissioning residential care services was also present at this meeting, which was an extremely valuable addition to the process.

Findings

Over the course of the past 18 months, Healthwatch East Riding's Enter and View programme has highlighted a number of key themes in relation to residential care provision in the East Riding. Many of these were reflected in our interim report and have been raised again during our subsequent visits. This section of the report summarises the findings from our interim report, which can be read in full on our website, and then sets out what we have found during our visits this year.

Interim report

The interim report found that, whilst each of the residential care homes visited was different, a number of key themes were apparent across many of the homes visited.

In general the feedback received from residents and their families was positive. One resident we spoke to told us "I would not want to go anywhere else". A relative we spoke to at another home said they "felt very confident with the care [their relative] was receiving" and another at a different home said "I wish every care home was like this, the staff and management are superb and I trust them".

"I would not want to go anywhere else"

There are many examples of good practice that were identified during our visits and these are detailed fully in the individual home reports.

There were, however, a number of concerns identified by residents and/or staff at many of the homes we visited. Some of these related to the physical surroundings and/or fabric of the buildings, which are unique to each home. A perceived shortage of bathroom facilities in two homes was identified as a potential problem area and a number of the homes visited had limited en-suite facilities. The proportion of the rooms at one home that are offered on a shared basis was commented upon as a potential issue for this home, however, none of the residents complained about this. Several minor concerns around access and safety were also raised. A number of the homes visited had recently undergone renovations and others were due soon. By and large our impression was that the homes visited were trying to make the best of the facilities they have on offer and some have been particularly innovative in their approach.

New findings

After our interim report was published in August 2015 and the commissioners of care home services – East Riding of Yorkshire Council and East Riding of Yorkshire Clinical

Commissioning Group – had responded to our recommendations, our visits to residential Care Homes resumed. Alongside our 'Enter & View' work in other areas, Healthwatch East Riding wished to continue its visits to residential Care Homes in order to examine if the issues and themes highlighted in our interim report existed in other homes and to see if the recommendations made in our interim report were being applied on a wider scale. Visiting more homes also gave us the opportunity to identify and highlight any new areas of concern and/or good practice.

"The home is lovely and the staff are great"

Echoing the findings in our interim report, the general feedback we received from residents and relatives was positive. For example, the wife of a resident at Snaith Hall repeatedly praised the care being provided to her husband, as did a number of relatives of residents at Woodleigh Manor. A resident at Spring House told us: "the home is lovely and the staff are great and cannot do enough for you."

In many of the homes we visited, it was clear that the staff felt valued and were comfortable with the levels of training they had received in order to carry out the tasks assigned to them. Some homes had very low levels of staff turnover with some staff members who had worked at the home for over a decade. This level of continuity is very important when trying to build good relationships with residents, especially those with dementia.

It was noted by our representatives that many home managers were working in challenging circumstances with increasingly complex needs of some residents and also with physical constraints working in older buildings, which had not been purpose-built for use as a care home. In both of these areas, for the most part, the homes we visited were getting this balance right.

Areas of good practice

Across the 18 month programme of visits, there were a number of key themes emerging in relation to areas of good practice as well as areas where we believe improvements could be made. Our interim report identified two key areas around quality of care where we believe best practice could be shared across homes to improve the experience of residents across the county.

These areas were in relation to:

- Personalisation
- Dementia Care

During the second phase of Enter and View visits, we identified many more examples of good practice in these areas. We also found good examples of approaches to record keeping in many of the homes we visited. These are shared in greater detail below to enable care homes around the county (and beyond) to learn from the examples discussed.

Areas for improvement

Our interim report also identified some issues that negatively impacted upon the homes we visited and made some recommendations on how these might be addressed. These issues related to:

- The storage of continence supplies and mobility aids
- The effectiveness of patient passports and the wider issue of joined up working between different health and social care actors.

These concerns were raised again during many of the visits carried out during our second phase of Enter and View visits. We recognise that these are not simple problems to solve and recognise that much work is underway, particularly in relation to integrating health and social care organisations. We would like to encourage care home providers and commissioners of other health and social care services to continue to work together to solve these problems and improve the experiences of East Riding's residential care population.

Areas for Improvement and Progress

Storage Issues

The first key area for improvement that was identified in our interim report, and highlighted again in our subsequent visits, relates to storage. The problems identified with storage involved two separate areas:

- Storage and delivery of incontinence pads.
- Return of walking frames and other equipment.

A number of home managers explained to us that the delivery of incontinence pads occurred on a quarterly basis, which caused them significant issues storing the supplies. For example, a home with 25 residents receiving the NHS maximum supply of 3 pads per resident per day would have to store approximately 6750 pads when receiving a delivery. Some of the homes we visited catered for twice this number of residents.

The long time between deliveries also caused problems for new residents or newly entitled residents who must wait for the next delivery, which could be in several months' time. During this time pads would be supplied by either the resident's family or the care home.

As a separate issue, the NHS limitation of 3 pads per resident per day actually caused an individual undersupply of pads depending on the resident's needs. If a resident needed more than 3 pads per day the cost of this would have to be paid for by the individual, their relatives, or the care home. The wife of a resident at one care home told us that her husband required more than 3 pads per day and that she was having to buy the extra pads to supply the home. The Home Manager told us that they spend around £1000 per year supplementing the provision of incontinence pads for their residents.

Notwithstanding the issues around storage, care homes are not allowed to build up a surplus of NHS supplied pads as, when a resident dies, all their remaining pads must be returned to the provider of this service.

In response to this concern, our interim report recommended that: **Suppliers of continence items are contacted to discuss the possibilities of delivering stocks more frequently to avoid the consequent storage issues.**

East Riding of Yorkshire Clinical Commissioning Group (CCG) told us in their response that: "We will consider this in a future commissioning planning round with the provider, Humber Foundation Trust."

During our subsequent visits to residential care homes, issues relating to the provision of incontinence supplies have continued to be raised by care home residents, their relatives and care home staff. Therefore we recommend that:

Recommendation: East Riding of Yorkshire CCG work with residential care providers to review the current provision of incontinence services to Care Home settings to ensure that they are being provided in the best and most effective way for care home residents.

Conversely, the storage and disposal of other equipment used by residents, such as walking frames and specialist beds, when they are no long required was also causing problems. Several care homes reported to Healthwatch that the supplier of such equipment seemed reluctant to take them back. Combined with the storage of pads, this was causing a real issue to some homes and taking up space that could be used for other purposes.

When this was raised as an issue in our interim report, East Riding of Yorkshire Clinical Commissioning Group (CCG) told us that they recognised this problem, noting that "care homes have some responsibility to ensure equipment is collected and we believe that homes sometimes like to keep equipment just in case it is needed, for example, beds and mattresses." The CCG also informed us that the contract for these services would be reviewed in early 2016 and that they intended to "include more in the new specification to target Care Homes and ensure equipment is collected when it is no longer needed for the intended user."[5]

The new contract, which continues to be provided by Nottingham Rehab Limited, began operating from the 1st of July 2016 and therefore after most of the visits where this was raised as an issue with Healthwatch. As part of our routine follow-up work with residential care homes, we will be looking to find out if this new contract is more effective in relation to the collection of equipment that is no longer required.

Communication and integration with health services

For the most part, the homes we visited had good relationships with other health and social care providers, such as GPs, community nurses, dentists, opticians, and pharmacies.

However, issues were raised by some Care Home staff during both the first and second phase of visits. In particular, problems arose when liaising with local hospitals. For

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[5] http://www.healthwatcheastridingofyorkshire.co.uk/sites/default/files/hwery-care-home-visits-eryccgresponse-sep-2015.pdf

example, discharge letters were not always provided when a resident had been discharged from hospital meaning that homes had to make enquiries with hospital staff for medical care details. This is a concern as it could impair the provision of good care.

We were informed by staff in more than one home that residents have been sent back to them from hospital late at night or in the early hours of the morning. In one case, a resident arrived back at a home at 2am and in some distress.

There were also issues regarding the use of 'Patient Passports'. These exist in order to provide immediate and important information for healthcare professionals regarding an individual's medical and care needs. One home informed us that these were often not returned by hospitals. This meant the home would have to create a new passport, causing them a lot of unnecessary work.

These concerns were raised in our interim report and we were pleased that East Riding of Yorkshire CCG agreed to review the current use of patient passports, particularly within Hull and East Yorkshire Hospitals. Nevertheless, the issue of inconsistent use of patient passports and other problems relating to residents' discharge from hospital continued to be raised in our second phase of Enter and View visits. Later this year, Healthwatch East Riding will undertake specific engagement work to find out about people's experiences of being discharged from hospital and provide more systematic and robust evidence of peoples' experiences locally. We welcome the opportunity to work with the CCG over the course of this investigation to enable us to provide a fuller picture where improvements are being made and what further work needs to be done.

Recommendation: East Riding of Yorkshire CCG to keep the use of patient passports by local hospitals under review and liaise with Healthwatch East Riding regarding this matter (in the context of our upcoming review into hospital discharge).

In our interim report we made two further recommendations in relation to joining up health and social care within the East Riding. These were:

- Recommendation 1: Consider the implementation of joint health and care assessments for residents at residential care homes
- Recommendation 3: Investigate apparent inconsistencies in policies between different health and care providers and consider what can be done to improve coordination in the future.

We note that significant work has been ongoing over the past 12 months since the publication of our interim report in order to tackle the wider issue of integration of health and social care services in East Riding. Healthwatch welcomes the involvement we have had in relation to this work through, for example, the Better Care Programme Board and other similar work. In addition, over the past 12 months, East Riding CCG has

been going through a tendering process to procure community services, which covers many of the healthcare services that are accessed by care home residents. Healthwatch have supported the involvement of the public in designing the requirements of those services, which will come into force from April 2017. Again, as part of our routine follow-up work with care homes, we will look for feedback on how the new contract is working in relation to providing joined up care for their residents.

Good Practice and Progress

Our interim report identified two key areas where Enter and View visits had noted examples of good practice, which we believed were important to share more widely. These were in relation to:

- Personalisation
- Dementia Care

In some areas these two areas overlap and we are pleased to report that, in the homes we visited during phase two of the programme, these were clearly a priority. We made three specific recommendations to care homes in our interim report. Our interim report recommended that: **Everyday activities, such as cooking, laundry, making tea and coffee, be available to residents wherever possible, safe and according to residents' own wishes.** In addition that: **All homes look to provide as many opportunities as possible for residents to design their rooms to their own tastes and that, wherever refurbishments take place, residents are involved in designing shared living spaces too.** In relation to dementia care, we recommended that care homes: **actively consider adopting approaches highlighted in the report, wherever appropriate.**

We have been pleased to see that some of these recommendations appear to have been taken on board in some of the care homes we visited. Nevertheless, there are still areas where further improvements can be made and the following examples are given so as to provide care homes with ideas on how they can continue to improve their offer to local people.

Personalisation

In all of the homes we visited each resident had an individual care plan which was created with input from the resident and their friends and family. These were individualised and reviewed on a regular basis. In many of the homes residents had a named care worker in order to encourage good relationship building.

In terms of day to day life, there was good personalisation at the homes we visited. Residents' rooms reflected their individual tastes, even to the extent, in some homes, that furniture from their former home would be brought in. In terms of when and where residents eat, most homes cater well for individual needs and preferences. Most homes operate on a four week rotating menu, which residents told us worked well. Meal times were flexible to individual requirements, within reason, and in many of the homes we visited residents could choose to eat in their room rather than a communal area. Personal tastes were also accommodated during the planning and conducting of

activities and alternatives were available for those not wishing to take part in large group activities.

The following specific examples of personalisation that we witnessed during our visits are shared to give ideas to other care homes to adopt where appropriate:

- When a dining room was being redecorated at Hook Hall, it was the residents who choose the new wallpaper and carpets. The residents were really pleased about being involved in this way.
- At one care home which specialises in dementia care, the residents were able to choose what colour they would like their front door to be painted. This also made it easier for residents to navigate around the home.
- At another home, we spoke to a resident who helps staff with small tasks around the home as they are keen to be active and have no mobility problems.
- Some homes, for example, Oaktree House, keep a written record of residents' likes and dislikes in relation to all aspects of life to ensure that they are provided for despite staff turnover etc.
- One home we visited has a handyman onsite who can make any alterations required to residents' rooms and/or decorate them according to their taste.

Many of the homes we visited were undertaking refurbishment projects. This can provide a great opportunity to ensure the home can be personalised to the tastes of its current residents. We would like to reiterate our previous recommendation that:

Recommendation: When opportunities arise, residents are involved in designing shared living spaces wherever possible.

We also witnessed some really positive examples where care home residents had been given permission and support to be able to continue to carry out small tasks and everyday activities according to their level of ability. This was really positive for the individuals we spoke to who felt empowered by this responsibility. Recognising the limitations and that this will not be for everyone, we would again like to reiterate our previous recommendation that:

Recommendation: Everyday activities, such as cooking, laundry, making tea and coffee, be available to residents wherever possible, safe and according to residents' own wishes.

Dementia Care

Further to our interim report, we found a number of similar examples of good practice in relation to dementia care that we would like to highlight and share so that other care homes can adapt and implement as appropriate for them.

It was clear in many of our visits during the second phase of the project that the care for those with dementia was taken very seriously and most used some form of reminiscence therapy designed for residents with dementia. In many of the homes we visited, staff had received specialist dementia training, specifically from the University of Bradford School for Dementia Studies and we would recommend that all homes examine the training that they offer to include the most up to date training in dementia where appropriate.

In general, the staff in the homes we visited seemed happy, well trained, and had been in post for a number of years. This is important in providing continuity for those residents with dementia and increasing personalisation of care through acquired knowledge of a resident's needs and preferences.

The following specific examples of dementia care that we witnessed during our visits are shared to give ideas to other care homes to follow:

- At one home, each resident's door has a memory box which is glass fronted and contains miniature objects showing their interests.
- A photograph frame was placed on each resident's door with a current picture as well as old photographs of the resident and significant past events to emphasise the individuality and life experience of each resident at another home we visited.
- The use of pictures in addition to words to communicate e.g. at several of the homes we visited the activities board uses pictures alongside written descriptions of what events are taking place to aid communication; at another home this was also used in relation to daily menu displays.
- Several homes we visited use pictures on toilet doors or paint them in a particular colour so that they are easily identifiable by residents.
- Several other homes had installed (or were about to install) a bus stop and telephone box.
- One home had created a dedicated floor for residents with dementia, which they called Memory Lane. It has lots of appropriate memorabilia, including objects to handle and collections of photographs based around various themes.

Other ideas to share

There were many other examples highlighted within the individual reports of where residents and their families gave us positive feedback about their experience of living in residential care. We want to highlight some of these here to encourage sharing and learning between care homes.

Many homes we visited discussed their approach to training their staff and shared positive and constructive feedback with us on training. At some homes, staff struggled to discuss the sensitive issue of end of life care and one had sent their staff on a Dove House training course on the matter. We would recommend this to all homes.

Recommendation: Care Home Managers to make best use of available training on offer from local universities and third sector partners (for example, specialist End of Life training available through Dove House Hospice and Dementia training available from local universities).

One care home manager, whose home had recently been brought under the auspices of a larger group, reflected to the Healthwatch volunteers that she felt much better supported now her home was part of a wider group. Healthwatch would like to encourage all care home providers to ensure that sufficient peer-to-peer support is available for their care home managers. We recognise that this is also facilitated by East Riding of Yorkshire Council's quality and development team and would encourage them to review with their care home managers if there is any further support that could be provided to them.

Recommendation: Care Home providers and East Riding of Yorkshire Council consider reviewing current mechanisms for peer-to-peer support for care home managers to identify any potential gaps.

Conclusions & Recommendations

Whilst it important to note that our 'Enter and View' visits only reflect the conditions encountered on a specific occasion and at certain locations, in general we have found that care home residents in the East Riding of Yorkshire are receiving a good level of care.

Certain issues exist around the décor of older buildings and accessibility levels for residents with differing levels of capability i.e. it may be unsafe for residents with dementia to have access to parts of the building that would be suitable for residents without dementia, but we understand that, in these areas, it is very hard for care home managers to solve these matters.

We are pleased to be able to include in this report updates on progress being made against many of the recommendations made in our interim report, published in August 2015. Nevertheless, it would appear that some of the issues we encountered in our first phase of Enter and View visits continued to be a problem throughout our second phase of visits. The provision of incontinence supplies and communication with other healthcare providers, particularly in relation to discharge from hospital, still remain problems for some care home residents in the East Riding.

From the responses we received to the recommendations in our interim report, we recognise that work in these areas is ongoing and issues may take some time to be rectified. In order to keep up a dialogue between health and social care commissioners and ourselves, we make the following recommendations to East Riding of Yorkshire CCG:

- **East Riding of Yorkshire CCG works with residential care providers to review the current provision of incontinence services to care home settings to ensure that they are being provided in the best and most effective way for care home residents.**
- **East Riding of Yorkshire CCG, alongside Hull and East Yorkshire Hospitals NHS Trust, keeps the use of patient passports by local hospitals under review and liaises with Healthwatch East Riding regarding this matter (in the context of our upcoming review into hospital discharge).**

On a pleasing note, it does appear that the areas of good practice that we identified in out interim report have been taken on board by other homes, if they did not exist already. We would like to see this continued and extended through continued sharing of best practice and make the following recommendations to care home providers:

- **When opportunities arise, residents are involved in designing shared living spaces wherever possible.**
- **Everyday activities, such as cooking, laundry, making tea and coffee, be available to residents wherever possible, safe and according to residents' own wishes.**
- **Care Home Managers to make best use of available training on offer from local universities and third sector partners (for example, specialist End of Life training available through Dove House Hospice and Dementia training available from local universities).**
- **Care Home providers and East Riding of Yorkshire Council consider reviewing current mechanisms for peer-to-peer support for Care Home managers to identify any potential gaps.**

Prior to formal publication of our reports we circulate them to relevant organisations for fact-checking. East Riding of Yorkshire Council took this opportunity to respond to our recommendations, as well as giving some general comments on the report. The response from East Riding Council can be found as Appendix B. Responses from other commissioners and/or providers will be published on our website when received.

Appendix A

Residential Care Enter and View Proforma

The proforma below is to act as a prompt for volunteers, with the aim of guiding the direction of the visit and the questions that are asked, ensuring Healthwatch East Riding receives information that is useful and relevant.

Environment

Observations	
Does it look Clean?	
Is there any odour?	
Safe fixtures and fittings?	

Care Plan

Are residents and their relatives involved in their care plan?	
Are relatives involved in the care plan?	
Do residents each have a named carer?	
Have residents access to the services they need e.g. dentists, GPs, Podiatrist, Opticians, community nurse?	
What are your medical management procedures?	

Privacy, dignity and respect

Can the residents access their money to spend as they choose?	
Do you have an Activities Coordinator or equivalent?	
Are activities provided? If so what?	

Would the residents like anything else?	
Is there a choice of food - menus	
Can residents choose where and when they eat?	
Do residents have access to drinks?	
Do residents have their own room?	
Are their areas in which residents can't go? If there are how are these locked? Do residents have to ask staff for access e.g. to go out?	

<u>Questions for Residents</u>

Do you enjoy the activities?	
Is there anything else you prefer to do?	
Are there any social events?	
Do you enjoy the food? Is there enough of a choice?	
Does a hairdresser come to the home? Is there anyone else you see (e.g. chiropodist)?	
Does your GP come to see you?	
Can you get a drink whenever you want?	
Are you happy with the care provided? Do you feel safe here?	
Is there anything else you would like to see provided?	
Are the staff helpful and friendly?	
Do staff talk to residents? Can you hear them clearly? Can you understand their accent?	

Questions for Relatives

Are you involved with your relative's care package?	
Are you able to attend residents' meetings? Social events?	
Are you happy with the care provided?	
Is there anything else you would like to see provided?	
Do you think it is a safe and caring environment?	
Do you have any concerns?	
If you had any concerns would you feel comfortable raising them?	
Does your relative have an end of life plan?	

Staff

The purpose of our visit is to gather the views of the residents and relatives, however if a staff member approaches you, questions you could ask are:

How do you decide what activities are provided? Is there an activity co-ordinator?	
Are you able to bring external agencies in to provide activities, services, entertainment etc? How do you decide when and how often?	
Do you feel you get to spend enough time with residents?	
Are there any issues/concerns you would like to raise?	

Do residents have an end of life plan?	
Do you feel adequately trained? Is there any additional training you would like? For example, Dementia, Diabetes, Infection control	

Five areas that require including in the report. Consider these issues whilst conducting the Enter and View visit.

Safe

Environment, stairs, lighting, fixtures and fittings Standard of cleanliness Food hygiene \ nutrition and hydration Fire Medicine procedures \ Infection Control \ call systems Laundry

Affective

Rehabilitation aims \ Social work input NHS Services ie podiatry\ community nursing\ aids and appliances \ dentistry Falls team \ CPN \ nursing aids GP involvement \ Hospital interface Monitoring health and weight

Caring

Initial assessment \ care plans (constructed with resident\relative) Staff\resident relationship\ named carer\ communications Residents views \ own rooms \ open visiting \ feel safe? Help with feeding \ menu choice \ meal times Access to money \ hairdressing \clothing

Responsive to Need

Providing day care \ respite care

Giving choice of activities, social events

Care plans being reviewed\ revised \adapted

Residents and relatives meeting?

End of life planning?

Well led

Leadership

Staff levels day and night times

Staff Recruitment \Training of staff - in house\external\ training of support staff

Quality Assurance Systems in place?

Support from CQC\ LA

Appendix B

Response to Recommendations from East Riding of Yorkshire Council
28th September 2016

On Page 17, the report considers the decor of older care homes and levels of accessibility; whilst these could pose some risk to people who have varying mobility/capability, we endeavour to minimise risk through provision of advice on achievable changes to the environment. The ERYC Environmental Health Team provides Health and Safety checks in Care Homes under the relevant legislation and will take enforcement action where this is necessary. ERYC also liaises closely with the Care Quality Commission in respect of environmental concerns as the regulator will take enforcement action where there is unacceptable risk in respect of Health and Safety.

Recommendations

- Incontinence Services - Storage and delivery periods and the supply of continence pads continues to pose challenges for Care Homes; we continue to raise this as a concern with colleagues in ERY CCG and understand that they will be reviewing their contract in due course;

- Patient passports - To support effective communication and achieve safe and speedy hospital discharges, we invited Hull and East Yorkshire Hospitals Trust (HEY) to a Care Sector Forum on 3 May 2016 to present on the challenges faced by hospitals when trying to discharge patients back to a Care Home. At the Forum HEY advised as to their issues and concerns and invited Care Home providers to respond with the challenges and issues they face in their communication with hospitals and specifically in respect of being able to accept hospital discharges back to the Care Home. One of the concerns highlighted by Care Home providers was that of Patient Passports being lost / not returned by the hospital when the resident was discharged back to the Care Home. We asked HEY to respond to the issues highlighted and they returned to the Care Sector Forum on 27 September with an Action Plan comprising of 84 points - one of which is to improve their practice in relation to the safe storage and return of Patient Passports. We look forward to seeing an improvement in this issue through our joint working to resolve problems. In the meantime, we encourage Care Home providers to keep a photocopy of the Patient Passport so that the content is not lost should the document not be returned.

- Resident involvement in the design of shared living spaces - it is good to note that Healthwatch has seen an increase in this good practice. We are currently reviewing our contractual documentation for the forthcoming Care Home specification and will be requiring Care Home providers to promote resident

engagement in all aspects of care home living including that of design and decor wherever possible.

- Engagement in everyday activities - this is already specified within the Care Home contract and we will reinforce the need to promote resident engagement in everyday activities to meet their individual needs and choices.

- Best use of available training - Uptake of training and training opportunities is a regular agenda item at the Care Sector Forums. We were pleased to facilitate and coordinate the Dementia Cascade Training funded by Health Education Yorkshire and Humber which you refer to on Page 15 of the draft report. As part of our duty to promote a high quality care market ERYC facilitates and coordinates a robust programme of training which is offered free of charge to care providers. This supports a high quality, consistent approach to provision of care.

- Peer to Peer Support - The Care Sector Forums provide opportunity for care providers not only to learn of new initiatives but also to network and to share good practice. We have recently offered to support Care Homes in the development of local Registered Manager Networks which would be particularly supportive to 'lone' Registered Managers who may feel isolated and who could benefit from this peer support.