

# healthwatch Cumbria

The Dales Residential Home, Maryport

12<sup>th</sup> December 2013



your  
**voice**  
**counts**



## Enter & View Report

Healthwatch is the independent consumer champion for health and social care customers and patients in the England.

Healthwatch Cumbria has the statutory right (Health & Social Care Act 2012) to carry out Enter & View visits to health and social care services to gather the views and experiences of customers, patients, families and staff for the purpose of service improvement. Service providers have a duty to respond to our reports and recommendations.

Healthwatch Cumbria will share its findings with Healthwatch England, the Care Quality Commission, Commissioners and the public.

<b>Service:</b>	The Dales Residential Home, Maryport
<b>Service Manager:</b>	Mr Iredale
<b>Date of Visit:</b>	12 <sup>th</sup> December 2013
<b>Unannounced/announced:</b>	Unannounced visit
<b>Visit Team:</b>	Sarah Allison, Valerie May, Janet Thompson
<b>Date of last CQC Inspection:</b>	10 <sup>th</sup> December 2013

**For more information on Healthwatch Cumbria please visit:**

[www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

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## Introduction

Healthwatch Cumbria has a planned programme of Enter & View visits for 2014/2015, covering a variety of health and social care services operating in the county.

Healthwatch Cumbria is constantly receiving intelligence about a wide variety of health and social care services and the intelligence is used to help to decide where to carry out Enter & View visits. This information includes both concerns and compliments about services. All care home services provided in Cumbria have received a letter from Healthwatch Cumbria through Cumbria County Council explaining the purpose of Healthwatch Cumbria Enter and View visits and advising that a programme was being developed. These letters were sent out prior to the first Enter and View visit taking place.

The current sample of care homes was confirmed at the end of November 2013.

Following this, Healthwatch Cumbria embarked on a further information gathering process in preparation for these visits speaking with stakeholders including CQC, Cumbria County Council and Cumbria Safeguarding Board.

The Enter & View visits took place between December 2013 and February 2014 and were carried out by an Enter and View Lead (EV L) and a number of Enter and View authorised representatives (EV ARs).

During our visit we talked and listened to the views and experiences of residents, families, friends and staff, and made observations against the following criteria:

- Environment – Fabric & Facilities
- Service Provision and Management
- Nutrition (meals & diet)
- Exercise, Activities & Mobility
- Personal Support & Choice

## **Methodology**

During all Enter & View visits we use a variety of methods to gain an understanding of the service including:

- **Oral questioning (using open questioning techniques)**
- **Informal discussions (using non-leading prompts)**
- **Observations**

We talk to managers, staff, residents and visitors and request information including a menu, staff rota and activities plan. The E&V L ask if there are any sensitivities around particular customer needs on the day of the visit which we need to be aware of i.e. risks, infections, and serious illness. On this occasion we were informed that a DoLS review was taking place in the main administration office at the time of our visit and so we would be unable to access some information stored there.

The Enter & View authorised representatives (EV ARs) observe residents and staff going about their daily tasks. We make observations about the general environment, condition and presentation of the home, support and care received by residents and interactions between staff and residents.

Residents, visitors and staff views and comments are formally recorded anonymously to protect identities. Letters explaining Healthwatch Cumbria and the purpose of the E & V visit are left for families. The letters also include Healthwatch contact details should families wish to raise any concerns or forward compliments about the service.

This report relates to a specific visit carried out during a point in time and therefore is not representative of all service users but acts as a 'snap shot' of daily life within the service.

## **The Dales Residential Home**

The Dales Residential Home is a privately run care home for 40 elderly residents in Ellenborough, Maryport. The home has a separate EMI unit situated in a recently extended/refurbished area of the home.

For more information go to: [www.thedales.org](http://www.thedales.org)

The registered manager is: Mr Graham Iredale

On the 12 December, the Healthwatch Enter & View team arrived at the home unannounced, introduced themselves and explained the purpose of the visit to a member of staff. The team was taken to the ground floor lounge and the E&V lead provided an overview of the role and functions of Healthwatch explaining the purpose and methodology of an Enter and View visit to the senior manager present.

## **Environment – Fabric & Facilities**

The Dales sits on a main road above the town. It has the appearance of an old school/church at the front and joins a larger building to the side/rear. To the front of the premises is a car park and seating area (beside the house) for residents use with tables and chairs. The area at the rear of the home is where the bins and other items are located.

The vestibule area has a signing-in book and hand gel container. On entering the hall the office is to the right and there is a door into the dining room on the left side. The dining room provides access to a corridor to the TV lounge, a corridor to other rooms and stairs to the first floor and EMI unit.

On the ground floor the main corridor leads to resident's rooms and another lounge, which opens onto an even bigger lounge area and to a conservatory on the front of the building, which looks out towards the road.

Residents have individual bedrooms in the main house. The heavily decorated sitting room (situated behind the television room) is equipped with substantial furniture, a grand piano, patterned carpet and decorative lighting. The curtains are open to the conservatory. There are classic paintings on the walls and dark wood skirting boards and doors. There is a walking machine in the corner of this room and also a pool table.

The lift is located in this large lounge at the end of the home.

### EMI Unit:

The EMI unit is a new facility, situated on the first floor in a newly refurbished/extended area of the home. Access to the unit is through a keypad entry system into the dining area. The EMI lounge is modern in décor, and very light, airy and clean. The room is adapted to meet the needs of residents, and is set out to accommodate residents in groups and individual areas. The room overlooked the Ellenborough and the town beyond.

The EMI unit is designed in a quadrant. The manager explained that this was a deliberate design so that residents can find their way back to their starting point, do not get lost and it is less confusing for them.

The bedrooms in this part of the home are similar to others but include en-suite bathrooms (toilet and washbasin). There is a wet-room style walk-in shower in the bathroom on the EMI unit, this is to accommodate the needs of wheelchair users and able bodied residents alike.

The EMI lounge is modern in décor, very light, airy and clean. The room is adapted to meet the needs of residents. It is of medium size with seating arranged in groups and for individual use. Residents appeared content and well cared for.

There is a large patio area leading from the EMI unit. It is decked and has planters/raised flower beds for residents to enjoy. A summer house is also available for residents and there are ramps for wheelchair users.

### Ground Floor Areas:

We passed several residents seating in various lounge areas, the TV was on and some residents were watching this while others were sleeping in chairs or passing time.

Some other residents were sleeping or resting in their own rooms.

A member of staff came into the dining area and moved a sleeping resident into a wheel chair, however they only ensured that her feet were lifted up after initially trying to push the chair and feeling resistance.

A trolley was full of resident's files and staff sat at one of the tables in a corner of the dining room writing up notes at the end of their shift.

We saw the afternoon tea trolley on its round, some residents had tea in the lounges and some preferred to be at a table in the dining room. The tables were already laid for the next meal.

A group of women were seated in the lounge with the television on quite loud but residents were not watching it, the curtains were closed. There was a decorated Christmas tree in the lounge and 4 wheelchairs pushed to one side of the room.

### **Environment Observations**

<b>Positive Observations</b>
Resident bedrooms are of a good size with many being personalised.
There was a sense of community within the home and both residents and families liked that fact that The Dales was a family-run business.

<b>Improvement Observations/Considerations</b>
The land to the rear of the home was a little unkempt. At the time of our visit there was disused furniture next to the waste bins.

Consider how to tidy this area, or clarify its purpose and provide screening.

The sun lounge/conservatory door was not locked and the room was cold at the time of our visit.

Consider access to sun lounge/conservatory – should it be available at all times for residents? If so, ensure adequate heating is provided.

Some areas of the conservatory looked cluttered.

Consider reviewing what items are stored in the conservatory and investigating if there are other rooms which would be better used as storage areas.

The hand gel container in the vestibule on the day of our visit was empty.

Consider allocating responsibility for ensuring that this and all other sanitising containers are filled regularly to ensure hygiene standards.

It was noticeable that some areas of the home were in need of redecoration.

Consider, if not already doing so, developing a programme of improvement/refurbishment to update areas in the home in need of a refresh.

## **Service Provision and Management**

The EV L concentrated on the management of the home and the EMI Unit, and asked to speak to staff and seniors to gain an insight into operations.

EV AR 1 & 2 spoke to residents in the main public areas of the home spending time in the hallway and ground floor reception rooms, as well as in the dining room. Conversations took place with residents, staff, and visitors. The E&V team also spoke with family members visiting relatives.

The Manager, informed us that the home employs 27 staff in total and can accommodate 40 residents.

### **Staff**

Staff turnover is low overall, current staffing structure is:

- 1 manager
- 1 deputy manager
- 1 admin
- 3 cleaners
- 1 senior housekeeper
- 2 cooks
- 2 maintenance
- 7 morning shift carers
- 5 back shift carers
- 2 night shift carers
- 1 apprentice
- 5 of the carers are seniors

### **Staff Organisation**

There were 4 staff present in the EMI Unit during this visit in addition to the manager and deputy manager, it appeared that the level of care was planned to meet the needs of residents in the EMI unit.

In the EMI unit a resident and staff member were interacting by letter-spell board. The resident had been admitted from hospital because she had deteriorated but was making good progress at The Dales. The manager explained that staff were using letter/spell boards to enable the resident to communicate. Staff have adapted methods of stimulation to suit her needs i.e. during bonfire night rather than distress the resident with the loud noises from fireworks staff used earphones to play her soothing music whilst she

watched the firework display with her family. We were told that the family were very appreciative of this.

We observed this resident spelling out 'you are my rock' to a staff member on her communication board.

### **Staff training**

Six carers are dementia based and are studying with Sterling University (Best Practice in Dementia Care – Level 3).

### **Services**

Day care residents from nearby towns are also catered for and integrate on a daily basis with residents. The home also caters for Christmas Day and Christmas stays. Referrals come via Adult Social Services. The manager explained that the home had gained a good reputation for being able to support those people who could be seen as more difficult to support. The Iredale family had run the home for many years and had built up a solid reputation for care.

In the downstairs TV room, it was observed that a very elderly resident was asking repeatedly for help. Another resident had the only buzzer in the room, she told us that she did not like to use the buzzer to call for help for the first resident, because the staff would blame her if the first resident then said there was nothing wrong when they arrived.

We spoke with couple visiting a family member who had been in the home for 2 years, *'she is looked after well, rooms are nice, slight worry (from staff) if she loses weight. She settled in well and we are welcome anytime and have no grumbles. There's often a sing song or film or quiz going on and we think the boss is wonderful. Some of the young girls (staff) are brilliant, feel relaxed about her being here. The bedding is spotless and pretty, she always has her own clothes, there is a photo of her in her room and most of her rings are kept in the safe.*

*She couldn't watch her TV as the colour is poor, we brought her own TV in with her but it's not compatible, we haven't asked about where it is now. TV is on a circuit here. There is nowhere private but the bedroom, the front space (conservatory) is often full of equipment – but they got her moving again and she can get around the home. She has help to bath and get dressed etc. She gets her feet and hair done. We are invited to social service reviews'.*

Another family member told us that his mother had been in The Dales since August 2013 following a slight stroke and being dehydrated in her previous care home. She was taken to the West Cumberland Hospital where she got good care but they (the family) were then only given days to find somewhere to place her.

The family member went on to explain that The Dales was chosen as Maryport and the hospital lies between where the 2 brothers live, the home looked ok and would accept their mother, they had *'seen others but there weren't many options'*

The family member told us *'care here is good, extremely good, but the place is (looking around) well – some areas need some TLC. Mam is in a state of decline though looks well in herself, we have been told we can pop into the office and they will let us know exactly how she is, it's been ok. She has assistance with her meals, and gets lots of cuppa's, so is well looked after that way. Once she was left to sleep as they don't always wake them. End of life has been discussed, and overall there have been no problems'*.

### **Service Provision and Management Observations**

<b>Positive Observations</b>
Evidence of regular social care reviews.
Evidence of availability if hairdresser and chiropodist.
Evidence of assistance being appreciated for baths and dressing.

<b>Improvement Observations/Considerations</b>
Not every resident had personal access to a buzzer and those that do did not always want to use them on behalf of another resident.
Consider how all resident's can access a buzzer or support those residents that hold one to feel comfortable to use it on behalf of other residents.
Distressed residents can be distressing for others.
Consider if staff can be encouraged to move distressed residents away from the common areas so that they can be listened to in a more private setting.
A comments, feedback and compliments log should also include all complaints, from family members and residents. All complaints should be recorded and investigated (as is already done) with the outcome informing learning for all of the staff team.

<b>Comment from a family member</b>
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A family member said *'the girls (carers) are brilliant and my mam is well cared for, she's safe and happy and I can relax knowing she's well cared for. I wouldn't change a thing'*.

### **Nutrition (meals and diet)**

The manager explained that there were always 2 choices for main meals but alternatives could be provided on request and tea/coffee were available on request.

We observed two residents in the EMI unit eating their lunch a little later than others and were told that this is something that the home can cater for in line with resident's needs. One resident was being supported to eat lunch but the other was managing on her own, although she did fall asleep at the table and was left there for a little while until a staff member approached her. It was explained that the resident didn't like to be disturbed or hurried along whilst she was eating and occasionally she did fall asleep but staff were aware of this.

We observed residents moving freely in and out of the dining area for snacks, meals, drinks. Family members are welcome to join the relatives for meals.

### **Nutrition (Meals and diet) Observations**

#### **Positive Observations**

Meals available at different times to suit resident's needs and choice.

Afternoon tea is clearly viewed as a social time and looked forward to by residents.

#### **Improvement Observations/Considerations**

Dining tables are laid well in advance of the next sitting.

Consider delaying laying the tables for the next meal to maximise the opportunity for the dining room to be used as a meeting place (or for an activity.)

#### **Comments from residents**

*'Food, some of it's alright but it all depends who is cooking. Sometimes hot and sometimes it's not'*.

*'I sit at the table and feed myself, I really like what they bring me'*.

## **Exercise, (mobility and activities)**

Trips out are provided and have included visits to Allonby for ice cream, Maryport Aquarium, Whinlatter, Houghton Hall Garden Centre, a minibus ride through the Christmas lights, McDonald's and school carol concerts.

The manager is hoping to set up Skype for residents to keep in touch with families.

A room on the ground floor has been used in the past to show films. Mr Iredale explained that there had been a mixed response from residents as taste in films varied.

There were some exercise machines in the conservatory area.

Some residents had been involved in local history sessions, which they had thoroughly enjoyed. We have been advised that spontaneous activity also takes place.

### **Exercise, mobility and activities, Observations**

<b>Positive Observations</b>
Trips are provided to local destinations which will give good variety to residents' daily routines.
Proactive use of technology with the planned installation of Skype.

<b>Improvement Observations/Considerations</b>
There was no evidence of a displayed time-table for activities.
Consider a weekly timetable of activities displayed for residents in an easy read or pictorial format.
There were plenty of different spaces/environments which could be utilised for activities.
Consider using all of the different environments available to suit people's moods and activity levels.
It was reported that the only private space available for family visits are resident's bedrooms.
Consider how to ensure that private space can be made available at all times for family members to enjoy more intimate time together.
It was reported that one resident had experienced difficulties with their own

TV in their bedroom.

Consider ways to ensure that TV is available for residents when required in their own rooms

**Comments from residents**

'Nobody comes to do anything'.

'Somebody comes with her guitar and sings the same old fashioned things – I don't go through'.

'I'm not bothered, I like watching the telly'.

## Personal Support & Choice

Several residents were spoken to and all appeared to be very content, happy and well dressed. Families were welcomed into the unit and appeared to be very happy talking to their loved-ones and others.

E&V AR I sat with a gentleman in the dining room at a table where there was still an uneaten plate of dinner and a second resident who was asleep over the table. The gentleman was upset with one of the staff, who he said, had promised him coffee that morning but he hadn't received it. The member of staff sitting close-by did not engage with the resident and continued to write up her notes.

The resident went on to say *'I am waiting for the boss now'*, and complained about his hearing aid and other matters while the staff member was close-by but not taking any specific action. Eventually one of the new duty team tried to address the resident's complaints. The resident remained seated at the table until afternoon tea was brought, at which point the resident appeared happier.

One resident was asking to go to bed in the middle of the afternoon, however the staff member instead asked if she would like a kiss on the head. It was unclear if the staff member had not properly understood the residents' request, or if she was trying to distract the resident from her initial request so that her sleep pattern was not disrupted. We did not have an opportunity to speak to the member of staff for clarification.

### **Personal Support and Choice, Observations**

<b>Positive Observations</b>
Residents appear to appreciate and value the support given by staff members.
Family members spoken to were very confident and happy with the support and care given at the home.

<b>Improvement Observations/Considerations</b>
Consider, outside of medical reasons, how staff support residents in making their own choices and how these can affect the residents' health and wellbeing.
An act of affection was observed between a staff member and resident.
Consider how to ensure that this type of behaviour is acceptable to both parties.

In an above example a male resident was very vocal in his unhappiness at a member of staff.

Consider that all members of staff are trained in confrontation management and that senior members of staff offer appropriate support when these situations arise.

**Comments from residents and family members**

*'The carers come and get you up, you get up when the carers come and get you up, it was 10.15 today but I don't mind, I got up early yesterday as I had to go to hospital'.*

*'I have a choice to sit here or go downstairs'.*

*'I don't like it because it's noisy, so I like to sit here (in the TV room)'.*

*'In the evening they come to you and take you to your room, if you want to go to bed, you can and if not, you can stay sitting. You can ring or wait for them to come to you'.*

*'I can go to my room at any time – I just ask them to take me, my room is alright'.*

## **Summary**

Overall the home shows many positive practices and attitudes, however as noted in this report there is possible scope for improvement in some areas and we would encourage both management and staff to consider these.

Considerations in this report are designed to prompt some discussion about possible improvement activity which would be of benefit to staff, residents and families.

Healthwatch Cumbria would like to thank the staff, residents and visitors from The Dales Residential Home who took part in this Enter & View visit.

## **What do you need to do now?**

In line with the statutory regulations for this work, you now have 5 working days to respond to us if you feel that any aspects of this report are inaccurate. We have provided a response form to help you to do this. If we have not heard from you by 27 May, we will assume that you have accepted the report as an accurate record. If you have requested a change we will get back in touch to discuss this.

Once any changes have been agreed we will send a final version to you on 2 June. You then have 20 days to make a formal response to any of the issues raised in the report. **The deadline for responses is 27 June.**

Finally, we will be publishing all of the reports, together with the responses from each Care Home, and an overarching report summarising all the key findings on our website: [www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

A copy of this report will be sent to CQC, Cumbria County Council, and any other organisation that requests it.

If you wish to discuss this report with a member of Healthwatch Cumbria please contact us on 01900 607208