

healthwatch

Cumbria

Risedale at Lonsdale
and St Georges

28th February 2017

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counts

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Introduction

About Healthwatch Cumbria

Healthwatch Cumbria (HWC) is an independent community based organisation for the people of Cumbria. It was set up to champion the views of patients and people who use health and social care services in Cumbria. The goal of HWC is to make services better and improve health and wellbeing. HWC achieves this by talking and listening to people in all parts of Cumbria and telling providers of these services local people's views and challenging organisations that need to do better and highlighting examples of good practice.

HWC is part of Healthwatch England who act as the national consumer champion for all local Healthwatch.

Details of visit

Service Provider	Risedale Estates Ltd
Service Address	Risedale at Lonsdale and St Georges, Albert Street, Barrow-in-Furness, LA12 2JB
Date and Time of visit	28/02/17 2.15pm
Authorised Representatives	Sue Hannah Robin Powell
Healthwatch Cumbria contact details	Healthwatch Cumbria, The Best Life Building, 4-8 Oxford Street, Workington, Cumbria, CA14 2AH Tel: 01900 607208

Acknowledgements

Thank you to all the Staff, Residents, and family members who took the time to speak with Healthwatch Cumbria and for their valued contributions.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Healthwatch Cumbria has a statutory right (Health and 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, services and the public.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation. This is so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the visit

To engage with residents in care homes in Cumbria to collect and record their experiences of accessing health and social care services, primarily the out of hours GP service Cumbria Health on Call (CHoC).

To identify and champion examples of best practice with regard to resident experience including: surroundings, activities and meals.

Methodology

Healthwatch Cumbria (HWC) telephoned the home to speak with the manager Paula, to inform her of our engagement programme of Enter & View visits to Care Homes in the south Cumbria area. We were informed that she was not on duty at that time. HWC contacted Barbara Redshaw who is the Director of Nursing for the Risedale Care Homes by email to inform Barbara of the programme of visits, informing her that HWC may visit the homes operated by Risedale Estates Ltd. Barbara responded by email and copied Paula in to the email informing us that we would be welcome to visit any of the Care Homes operated by the Risedale Estates Ltd. Paula then also emailed us to inform us that she was aware that we may visit the home and would be welcome to do so.

Findings

First Impressions

On arrival at the home hand gel and a visitor's book were both easily accessible at the entrance to the home and there was a receptionist to greet people on entry.

An ambulance was preparing to take a resident to hospital. The head nurse and nursing staff members were involved assisting with this. We were shown into the residents lounge/dining room to wait for the nursing staff to attend to us. We observed that two drugs dispensing cabinets were left open and unattended with medication on top of them in plastic cups for at least 5 minutes which were accessible to anyone i.e. not locked, or out of reach.

The head nurse returned and we explained to him the purpose of the visit. He was very supportive of the visit and encouraged the staff, residents and family members in the lounge to speak with us. We were left to walk around the home and speak to people freely. He later informed us of how effectively he felt the emergency services had worked together to ensure the best outcome for the resident. i.e. the doctor involved the care home staff at all stages so the staff were able to take bloods etc. at an early stage. He explained that information flowed well between the resident's doctor, staff and the ambulance services and that the ambulance took less than an hour to arrive; as it was non emergency, the head nurse said he was impressed because he had been quoted a possible 4 hour wait.

This home is split into two distinct areas with two separate managers and staff teams. HWC were told by staff that residents tend to stay in one area despite there been nothing to stop them mixing between the two. We observed the décor, staffing and rooms appeared consistent between the two areas with both areas having the potential to open out onto a secure shared well kept garden area that is level and fully accessible for any resident in a wheel chair.

We observed the home was very clean throughout. The general appearance of all residents was good and clothes were clean, well fitting and appropriate with personal name tags to ensure residents were wearing their own clothes.

There were no odours, or noise pollution in the residents lounge and the televisions were at a level that did not make conversation difficult. Chairs were arranged in a style to enhance interaction.

We met with and spoke to 8 residents, 2 family members and 6 staff members. We were invited to talk to one resident in their private room.

Access to Health Services

We spoke to the residents who were sat together in the lounge who all said that doctors would come to see them in the home if required and that they had routine visits from other healthcare professionals such as dentist and chiropractors.

A member of staff said, "We would arrange any necessary travel arrangements in keeping with agreement with the resident's family/carers in order for residents to access health care services."

Meals

Of the residents we spoke to all said they were happy with the choice of food, stating that they had two choices of each course and could select them the day before. If they wanted something off menu staff would usually oblige. We observed that fresh fruit sealed in bags was readily available to residents as were crisps and drinks. All residents we saw had a fresh drink or were offered one by staff and were within easy reach for the resident.

Activities

Residents we spoke to all said that they were extremely happy with the activities offered e.g. hair dressers, quiz, bingo, dominoes, live music, and trips to Preston, trips to coast. One resident said, "I enjoy the "oomph" fitness class. I can do it sitting in my chair." We saw 2 family visitors come in during the visit and both told us how happy they were with the facilities and the care their loved ones were receiving.

We noted that many of the ladies had painted nails; two residents informed us that members of the staff made efforts to paint the nails of those residents who wished to have them done. This was later confirmed by a member of staff.

There were many nostalgic images and photos of film, TV and pop stars from yesteryear on the walls which could be used for reminiscing and all presented at a level suitable for someone in a wheelchair.

One resident told us, "I like the game where you have to match the dots." A member of staff told us she meant dominos. There was a shelving unit with games such as dominos and others that residents can choose from as well as being used for regular activity sessions.

One resident invited us into her room to chat with her where we noticed a bespoke board that portrayed things important to her, i.e. family photos, football team colours, favourite places, and memorabilia.

We noted that some bedroom doors were painted in the style of a traditional house front door.

3 residents we spoke with said that they felt they had "got better" since been in the home, citing the range of activities, staff attentiveness and the companionship of other residents as helping lift their spirits.

Another resident told us that he had previously been in another home where he felt uncomfortable but now he feels settled; his visiting family member agreed that she was very happy with the care and surroundings that her loved one now experiences.

Recommendations and Provider Response

HWC representatives were unable to speak with the home manager during the visit regarding the observation of the unattended medicines trolley as she was not on duty but instead spoke with the Director of Nursing Barbara Redshaw who advised she would visit the home and inform us of the outcome. HWC was contacted by email the next day by Barbara who told us, "I appreciate your feedback regarding an unlocked medicine trolley. I have visited the home and spoken to the manager concerned to explore how this happened. We have two nurses administering meds so that if an emergency occurs one of them can remain with the trolleys. Unfortunately on this occasion there were two emergencies at the same time. Our medications manager has tabled this for discussion at our next medications management meeting and we will explore a protocol should this situation arise again. It is rare, however it will be nice for the nurses to have a protocol if it occurs again."

HWC would recommend improvement be made to the process around managing unattended medicines trolleys. This was made immediately to the Director of nursing as described in the report.

On the way out of the building following the visit we observed the receptionist was talking with what appeared to be a potential future resident's family members. As she showed them around the building the reception area was temporarily unmanned. HWC would recommend that when the receptionist is away from the reception desk that she is provided with a portable notification device such as a bleeper system that could be used to notify her of any persons waiting in reception area as the reception front doors operated by way of an automatic opening entry system allowing persons to enter the building.

Following the visit Healthwatch Cumbria has been informed by the home manager of the following actions that have now taken place as a result of these recommendations.

- All shift leaders on site have been issued with a memorandum that medications must not be left unattended. In addition on the very rare occasion the receptionist has to leave the reception area a sign will be placed on the desk signposting as to where they can receive assistance.