

Healthwatch North Yorkshire (HWNY)

Report to North Yorkshire Care and Independence Overview & Scrutiny Committee (C&I OSC)

Purpose

- Healthwatch North Yorkshire agreed to present a brief report summarising our rationale, findings and approach to our statutory Enter and View visits. This report will also seek to identify opportunities for HWNY to support C&I OSC using our Enter and View activities to make recommendations for improvements to some adult social care services.
- Healthwatch North Yorkshire requests the opportunity to regularly communicate to the C&I OSC on a regular basis what we are doing, and what issues or matters of concern we are picking up through our Enter and View visits and from members of the public about the quality of Social Care services.

Rationale and Approach to Enter and View Visit

Strategic Drivers:

- Contribute to the wider HWNY programme of work.
- Looking at the quality of care being provided, and the variation (if any), across some of the Care Homes serving the citizens and communities of North Yorkshire County.
- Looking at a single issue across multiple services, like quality of food, end of life care etc.
- Responding to local intelligence

Approach:

- To gather the views of patients, relatives and carers in relation to their experiences of and opinion about the service being provided.
- Focus on providing a lay person's view of observations at a particular point in time
- Producing a simple and easily understandable report that gives a balanced view of the service visited.
- Authorised Representatives undergo a series of specialist training (Enter and View, Safeguarding Adults, Data protection, Equality and Diversity etc.), and complete a Disclosure and Barring clearance (formerly CRB).
- Some of our observations never actually make it into the final report due to report formatting guidelines, and observations which do not necessarily fit into our strategic drivers or visit purpose.
- A draft report is shared with the service provider initially, allowing up to 20 working days for a provider response to both factual inaccuracies and our report recommendations. The report is then finalised and made available to key stakeholders including the wider public.¹

Key Findings

- See Appendices pages 5 to 8 for recommendations and responses from some of our visits to Care Homes in 2014.¹

Healthwatch North Yorkshire Offer

Support the C&I OSC in its work by:

¹ See Appendices for statutory framework, visit protocol, report recommendations and provider responses.

- Providing regular update on the views and experiences gathered from citizens and communities about the quality of social care services.
- Regular updates on HWNY Enter and View activities to care homes, and responding to members questions about some of the report findings and recommendations at future meetings.
- Opportunity for more joint working between HWNY and C&I OSC.

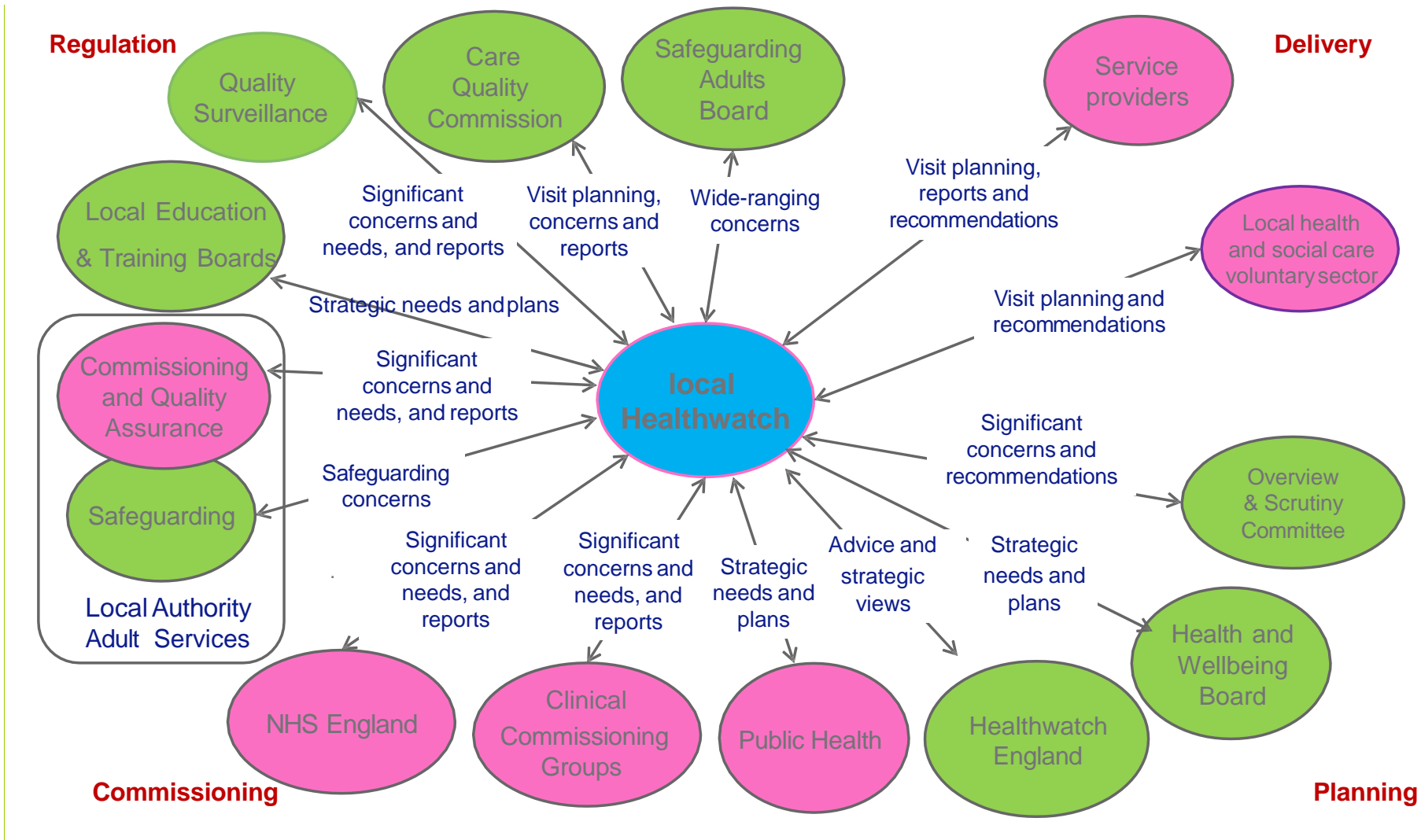
APPENDICES

Enter and View Background

Section 221 of the Local Government and Public Involvement in Health Act 2007 amended by Statutory Instrument No. 3094 of 2012 allow for authorised Healthwatch representatives to undertake visits of premises of Health and Adult Social Care providers within Local Authority areas such as North Yorkshire. These visits are described as "to enter, view and observe". The Regulations make the following stipulations:

- Healthwatch must have an agreed and published "visit Protocol"
- Healthwatch may not undertake visits of excluded premises e.g. parts of a care home which are not communal areas, or premises which are occupied by one or more persons as their home.
- A service provider may refuse a visit if the purpose of the visit is to view excluded premises or to observe excluded activities. A visit may also be refused if it would compromise the effective provision of care services or the privacy or dignity of any person.
- Healthwatch will appoint "Authorised Representatives" who will conduct visits on behalf of the Healthwatch.
- "Authorised Representatives" must obtain a criminal records certificate under section 113A of the Police Act 1997(a).
- A person nominated by Healthwatch will satisfy themselves that the prospective representatives are "suitable for the purposes of entering and viewing, and observing the carrying-on of activities on, premises owned or controlled by a service-provider"
- Where a report or recommendation is made as a result of a Healthwatch visit, the Service Provider(s) must, within 20 working days, acknowledge in writing receipt of the report and provide an explanation of any action the relevant service may take in respect of the report or an explanation of why no action will be taken.

Strategic Partners with whom Healthwatch North Yorkshire works with to achieve service improvements



Visit Protocol

- All visits undertaken on behalf of Healthwatch North Yorkshire must fully comply with the guidance.
- All visits undertaken on behalf of Healthwatch North Yorkshire must be agreed and authorised in advance by the Healthwatch North Yorkshire Operational Lead. A visit request must be made to the Operational Lead detailing the purpose of the visit, normally at least 10 working days prior to the proposed visit.
- A visit report must be produced within 20 working days of the visit detailing any observations or recommendations made by the "authorised representatives". (Service providers must acknowledge and respond to any visit report within 20 working days of receipt)
- The Board of Healthwatch North Yorkshire will nominate up to a maximum of 50 individuals to become "authorised representatives" to conduct any visits on behalf of the Healthwatch.
- Authorised Representatives will agree to undertake training to help them carry out their visit duties in an effective manner. The Staff Team will arrange relevant training and development opportunities.
- The Staff Team will undertake Disclosure and Barring (DBS) clearances for all authorised representatives, at no cost to the individual.
- The Staff Team will act as the "nominated person" on behalf of Healthwatch to satisfy themselves that the prospective representatives are "suitable for the purposes of entering and viewing, and observing the carrying-on of activities on, premises owned or controlled by a services-provider"
- The Staff Team will maintain and update the Healthwatch North Yorkshire Authorised Person Database and will issue all Authorised Persons with written evidence of that individual's authorisation.
- For the safety and security of individuals, any visit must be made by at least two Authorised Representatives. It is recommended that the maximum number of Authorised Members on any one visit is 6, unless circumstances and the type of visit dictate otherwise.
- If an authorised individual does not feel well on the day of the visit, they should refrain from taking part and inform a member of Healthwatch North Yorkshire Staff as soon as possible.
- At all times when conducting visits Authorised Representatives must comply with the Healthwatch North Yorkshire Code of Conduct and Equality and Diversity Policy.
- At all times during visits Authorised Representatives will respect the privacy and dignity of patients, residents, carers and staff.
- Any contravention of this protocol will be dealt with under the Healthwatch North Yorkshire Code of Conduct.
- The Staff Team will offer support and assistance in organising and conducting visits and producing visit reports.

Enter and View Visit Recommendations and Provider Responses

*To view all our published Enter and View reports, [Click Here](#) or visit www.healthwatchnorthyorkshire.co.uk

Service Visited	Report Recommendations	Service Provider Response
<p>Rivermead Care Home, Malton, Ryedale.</p>	<ul style="list-style-type: none"> • The findings indicate that not all staff were fully appraised of the personalities, likes/dislikes and general wellbeing of the resident they were caring for, and there was also some evidence of a lack of attention to detail where physical injuries had gone unnoticed. We therefore recommend that you review your hand-over procedures from one care staff to another, so that staff area always well briefed before they start their shift. A reasonable amount of paid time needs to be allowed for a thorough hand-over process. • We recommend that you consider introducing a resident and/or relative forum to allow people to share their thoughts on the quality of theirs or their relatives care experience. These views if shared openly and honestly can be very helpful in driving up standards of care and making the service even more attractive to new interests. • The staff indicated that you have problems with a GP practice, Please send details of individual issues to Healthwatch North Yorkshire and we will ensure these are passed onto service providers and commissioners. • Due to the personal nature of your work, you may 	<ul style="list-style-type: none"> • Rivermead were happy to welcome a visit from Healthwatch, I have read your findings and have noted comments made by both residents and staff. • We invite residents and their families to meet with us at Rivermead every three months the next meeting is to be held on 22nd November. We also hold three monthly staff meetings. • Trained staff hand-over is undertaken at the end of each shift, care staff are updated verbally and also written hand-over between shifts. • All trained staff take part in annual drug competencies. On the day of your visit Erika Tennant deputy manager and Carol Lintern head of the memory Lane Community attended a meeting at Derwent surgery with Dr Lee and the Pharmacist from Boots which was positive. • Staff are all given safeguarding training which is updated through supervision and annual training updates.

	<p>want to consider putting all your staff through safeguarding training, which is currently being delivered by North Yorkshire County Council. Healthwatch North Yorkshire can assist with this if necessary.</p>	
<p>Skell Lodge Care Home, Ripon.</p>	<ul style="list-style-type: none"> • The manager and staff are in desperate need for an office /meeting room space that they can use to carry out their administrative duties. The existing space is not fit for purpose, and sometimes forces staff to have confidential meetings with relatives or complete confidential paperwork around the dining table. • Care staff should be provided with dementia awareness training in order to equip them with the necessary skills to understand how to interact with and support residents with dementia. Local Charities like Dementia Forward, based in Harrogate, would be able to support you with such training. 	<ul style="list-style-type: none"> • We have spoken to Dementia Forward in Ripon and for a small Donation they are organising Dementia Training for all Staff at Skell Lodge. • Because Skell Lodge is a Listed Building we would have great difficulty in changing the structure of the building. The Office referred to in your recommendations is mainly a care station and is a site that everyone knows they can locate us from, I do actually have another Office just above the first floor that all visiting professionals, visitors and family members frequent if they wish to speak in private.
<p>Southwoods Nursing Home, Northallerton</p>	<ul style="list-style-type: none"> • There is a need to ensure that there is appropriate signage and labelling for visitors and relatives, for example your sluice room. • To resolve your lack of storage, and avoid trip and fire safety hazards, you could convert one of your unused double rooms to accommodate your storage needs. We recommend that you review your residents shared rooms. • Staff should be more vigilant about where they leave confidential resident notes, and always use the available office or staff room to complete any 	<ul style="list-style-type: none"> • Signage and labelling will be completed by end December 2014. • All staff have been made aware of the need to maintain confidentiality, and have now acted upon this recommendation.

	<p>necessary paperwork.</p> <ul style="list-style-type: none"> • There is potentially an opportunity for the double room to be converted to a single, with the other part used for storage, which could lead to your rooms being fully occupied. 	
Mansion House Care Home, Selby.	<ul style="list-style-type: none"> • There appears to be difficulty in obtaining dental care treatment for residents. We would hope that the manager receives all the support needed from Roche Healthcare to address this essential element of residents' Healthcare. • The residents would benefit from having a GP from one of the practices visiting the home every week or every 2 weeks, to do routine check-ups of residents and attend to any minor health needs, thereby avoiding unnecessary hospital admissions through proactive preventative care. • There is an expressed need for a "quiet room" and a "sensory room" for dementia residents, as this would further enhance their quality of life in the home. • The approach to the building (front entrance) would benefit from some improvement in order to give a better first impression, and more appropriately reflect the quality within the home itself. 	<ul style="list-style-type: none"> • With regards to the GP visits, I am going to contact each surgery to get their thoughts on doing a fortnightly 'ward round'. • With regards to dentistry, we are able to access a dentist but only if there is a problem, so they are unable to have regular check-ups. Also, it can be very difficult to get a home visit; they expect service users to attend the surgery. • We would appreciate any assistance that Healthwatch North Yorkshire can offer in order to encourage the local GP and Dentist to consider making fortnightly visits to the home.
Mount Vale Care Home, Northallerton.	<ul style="list-style-type: none"> • Plans for an overnight visitor facility should be progressed, especially for relatives of residents on 	<ul style="list-style-type: none"> • We are in discussions with the Regional Director and the Property Services Manager on how the provision

	<p>the end of life care.</p> <ul style="list-style-type: none"> • A health and safety risk assessment should be carried out on the kitchen on the memory lane community, which is currently kept open with kitchen utensils accessible in unlocked drawers. This should assist the home in ensuring the safety of dementia residents who may sometimes wonder. • Safety Inspections of equipment should include a date the inspection was undertaken. This will provide a clear audit trail of inspections. • As the staff are the homes greatest asset, an acknowledgement from Barchester of this fact would be very welcome by staff. 	<p>of an overnight facility can best be met.</p> <ul style="list-style-type: none"> • A Health & Safety Assessment has been carried out in the residents' dining area on the first floor (Memory Lane Community). The cutlery drawer has been fitted with a lock. • The hoists and other equipment used in the home are regularly inspected. The dates of inspections, name of inspector as well as projected inspection dates are listed. All the details are kept in the Equipment Log Book held by the Maintenance Manager. This is viewed regularly during the Quality First regular visits by the Regional Director.
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