Enter and View Report

Name of Setting: Rathside Rest Home

Name of Manager: Zuzanna Kubacka

Insert address: 41 Gainsborough Lane, Scawby, North Lincolnshire, DN20 9BY

Date of visit: Thursday 31 August 2023, 10am to 12.30pm Date of publication: 9th November 2023

HWNL staff & volunteers involved in the visit: Annabel Tindale, Jessica Gibson, Rachel Crost

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the residents who contributed to the report on that date.

What is Enter and View?

Enter and View is the statutory power granted to every local Healthwatch which allows authorised representatives to observe how publicly funded health and social care services are being delivered. Healthwatch North Lincolnshire use powers of entry to find out about the quality of services within North Lincolnshire.

Enter and View is not an inspection, it is a genuine opportunity to build positive relationships with local Health and Social Care providers and gives service users an opportunity to share their views to improve service delivery. Enter & View allows Healthwatch to-.

- Observe the nature and quality of services.
- 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.
- Collate evidence-based feedback.
- Enter and View can be announced or unannounced.

Main Purpose of Visit

The purpose of Enter and View can be part of the Healthwatch prioritised work plan or in response to local intelligence. Broadly, the purpose will fit into three areas of activity:

1. To contribute to a wider local Healthwatch programme of work
2. To look at a single issue across several premises
3. To respond to local intelligence at a single premises

This visit forms part of the Healthwatch North Lincolnshire programme of work and was carried out in response to feedback Healthwatch received about the care home.

Rathside Rest Home Background

Rathside Rest Home is a privately owned (Marjara Care Group) residential care home, registered for a maximum number of 32 residents. Specialist care categories registered with the Care Quality Commission (CQC) include: old age, elderly, dementia/ Alzheimer's and Detention under the Mental Health Act. At the time of the visit, the care home was at full capacity with 32 residents living at Rathside. The home employed 26 staff in total, 18 full-time staff and eight part-time, with any absences covered by employed staff or staff working at other local care homes run by the same Manager.

The visit – on arrival

The Enter and View visit (E&V) was announced, so the Manager of Rathside knew that Healthwatch would be visiting on the specified day, but not at a specified time.

On arrival, the Healthwatch team were welcomed into the care home by the Owner, Manager and Deputy Manager. The staff were all very welcoming and the Manager gave the Healthwatch team a tour of the care home including all communal areas and facilities on the ground floor and first floor.

Summary of Manager's Questionnaire

Healthwatch went through a questionnaire with the Manager, to find out some general information and to see if they had any issues accessing external health services. The Manager confirmed she had worked for the company for over 15 years and currently was the manager for three care homes in North Lincolnshire. At the time of the visit Rathside was at full capacity, with all 32 rooms being occupied. The Manager confirmed that there weren't many staff absences and if there were then these would be mainly covered internally with staff from Rathside or staff from other care homes within the same group. The Manager confirmed that five staff are on shift each day.

Latest Care Quality Commission (CQC) Report

The last CQC visit to Rathside was 2018. The Manager said she'd welcome a visit from the CQC. The care home has regular visits from the Local Authority as part of routine monitoring and at the time of the visit, the Manager confirmed that the Local Authority were due that week for a medication optimization audit.

Safety

The care home's policies were all up to date, including infection prevention and control and safeguarding. The Manager uses a national system QCS to ensure all policies and processes are up to date and in line with CQC and government guidance. All new and updated policies are shared with staff and monthly supervision with staff ensures that they are aware of any updates and can ask any questions or raise any concerns about policy updates. The Manager shared the Quality Assurance and Internal Audit Schedule with Healthwatch that highlights all audits that take place every month.

When asked about how the Manager manages risks such as falls, she told Healthwatch that a pre-assessment takes place with all residents before they come into the home that would highlight any history or risk of falls. If a resident starts to fall once in the care home, another assessment would be carried out. The Manager writes a monthly report on falls, including how many residents have had a fall, the cause if one is identified (such as Urinary Tract Infection UTI) and any referrals were made to external healthcare professionals.

All staff complete thorough induction training (the Manager shared a list of training) and the Deputy Manager regularly reviews and implements any training updates that are needed.

Resident's Health and Wellbeing

The Manager confirmed that there are no restrictions on visiting and friends and family can visit residents whenever they like, including mealtimes. The care home also has a big touch screen device, so if video calls are requested, staff can support residents to video call their relatives. Relatives have access to a private Facebook group that is updated daily with information and photos of activities that are taking place that day and any themed events. Relatives' meetings are held bi-monthly and include emotional support counselling for relatives who need it. Relatives can raise any concerns at any time with the Manager and send any requests by email.

When asked about an activity schedule, the Manager confirmed that they don't display one in the care home, but each week, the Manager emails all staff with suggestions for activities such as baking, armchair travel where activities and the main meal are themed around a certain country. For residents with capacity, they can access games and other activities in the main lounge and can choose to take part

in these at any time with other residents or staff if they have the time. Resident meetings are held once a month where residents can highlight any specific activities they would like to take part in or raise any concerns.

External Health Services

Residents have access to their own GP. The Manager confirmed that access is improving but at the end of 2022 and early 2023 they struggled to get access to GP appointments or sometimes to get the prescriptions on time. The care home uses the local pharmacy for resident medications and doesn't have any issues with this service. Other external services that come into the care home include the hairdresser every Wednesday, chiropodist every six weeks, annual dental checks (in line with the CQC Smiling Matters programme) and annual eye checks. Overall, the Manager said that residents have access to any service they need when they need it.

What did residents say?

During the Enter and View visit, Healthwatch spoke to six residents. Residents spoken to had lived there from just a few weeks to seven years. When asked 'How do you feel about living here?' residents responded with the following:

"On the whole not too bad, I would prefer my own home."

"I love it here."

"Pleasant location, nice and quiet and I'm well looked after."

When asked if they felt safe, all residents responded yes. When asked what made them feel safe, residents responded:

"Freedom of people coming in and out of my room."

"Can ask for anything if I need it."

"Always staff about day and night, no one can get in, really secure."

When asked 'How do you find the staff?' residents told Healthwatch:

"Staff friendly and never a problem with them."

"90% of them are incredibly good and can't do enough."

"Very helpful."

"Can't fault them."

All residents said that if they wanted to raise a concern they would feel confident to tell any staff member.

Residents spoken with all said that they have friends or family come and visit. One resident told us her family took her out too. All residents enjoyed the visits, one person did say they found the visits lonely, but when asked if they felt lonely, they said that they didn't. Indeed, all residents spoken with said they did not feel lonely.

When asked 'Do you take part in activities in the care home?' there was a mixed response. Two residents said yes, they took part in all of them. One said they didn't want to take part and one resident said although they didn't take part, they had put forward some suggestions that other residents might enjoy. Another person commented that they enjoyed reading and doing puzzles. All residents spoken to confirmed they could go out in the garden if they wanted to. At the time of the visit, the garden was currently being re-landscaped.

All residents spoken to said they enjoyed the food and got a choice of meals. One resident did tell us that she seemed to get beans a lot so raised this with staff and now doesn't have them as much. One resident said she would like to sit with her husband for her meal instead of going in the dining room but had not raised this with staff yet.

Overall, residents spoke highly of the care home and felt safe living there.

What did family and friends say?

HWNL reps did not get the opportunity to speak to family or friends during this visit.

What did staff say?

HWNL reps spoke to four members of staff during the visit. The staff spoken to had worked at Rathside anywhere from one year to over eight years. The four staff members said they enjoyed working there, felt supported in their role, and felt management were approachable and helpful – they felt they could raise any concerns if needed and that they would be acted upon. When asked 'What is the most enjoyable part of your job?' staff responded:

"I enjoy my job – I get the laundry done daily."

"I enjoy working [with] the Manager and team."

"When you first walk in for your shift and the residents smile when they see you."

"Love the team – like a well-oiled machine."

"Caring for residents making sure they are looked after and happy."

"Love working alongside the staff."

The staff spoken to felt the setting provided person centered care and that they were able to respond effectively to residents' needs and had adequate time to support residents. Staff felt they knew residents' personal preferences, backgrounds, and history most of the time and that residents are treated with kindness and compassion. Staff also felt they had time to adequately support residents at mealtimes. When asked 'Do you understand resident's preferences/ choices for end-of-life care?' all four staff said yes that end-of-life care plans were explained, and choices implemented.

When asked 'Do you feel there are adequate members of staff on duty?' three staff said yes and one staff member said most of the time but could sometimes do with extra help. All staff agreed that staff absences were well managed. Staff confirmed that they had completed induction training when they first started in their role and that training was ongoing. When asked 'Is there any additional training you would like?' one staff member told Healthwatch they would prefer face to face moving and handling training rather than online. Another staff member told Healthwatch they would like more in-depth safeguarding training for better understanding of residents' safety and in-depth dementia training.

Healthwatch asked staff 'If there was one thing you could change, what would it be?' Only one staff member answered saying they would change the pay rate.

When asked if you'd like to tell us anything else about working here, staff told Healthwatch:

"No concerns, team is amazing, management amazing, the maintenance guy is always here fixing things, never waiting for anything."

"Everyone works as a team, management approachable, I've settled in well and have a good relationship with the team."

Overall, staff enjoyed working there, felt part of a team, that they understood residents' needs and could approach management if they had any problems.

Observations

Healthwatch spent time observing interactions in the care home during the two-hour visit. The main activity in the home takes place on the ground floor, which is where observations took place.

Control Over Daily Life and Dignity

HWNL reps observed staff supporting residents to meet their needs. There appeared to be a number of staff on duty in the communal areas supporting residents to move around the care home when needed. One HWNL rep observed that a resident needed some personal care and that a staff member picked this up promptly and took the resident to be changed straight away.

Personal Cleanliness and Comfort

Healthwatch reps observed that all residents looked clean and tidy, with neat hair and nails. The Manager confirmed that a hairdresser regularly attended the care home. Staff also looked clean and tidy. All staff wore a uniform with their job roles and name embroidered on the front of the uniform.

Safety

During the visit, no safeguarding concerns were observed or raised with the Healthwatch team. No objects were observed to be lying around the care home that shouldn't be and no slip, trip or fall hazards were identified. Two reps observed staff wearing PPE (gloves and aprons) suggesting PPE is in use for tasks such as personal care.

The care home had a pet dog (belonging to the Manager) that visited the care home twice a week. It was evident that residents really enjoyed the presence of the dog and petting him, but he was quite excited at times when Healthwatch were having a tour of the building, so Healthwatch thought he could potentially be a trip hazard. The Manager shared with Healthwatch the risk assessment that had been put in place to keep residents and staff safe. The Manager had selected the breed of dog as they are small, friendly, and not known for aggressive behavior. No residents had allergies to pets and all residents' relatives knew that the dog visited the care home. The risk assessment included information about staff supervising resident interaction with the dog and although potentially a trip hazard, Healthwatch observed that with the risk assessment in place and enough staff on duty, the risk of falls could be closely monitored.

There was often the sound of an alarm going off, one slower pace and one faster more urgent sound. One Healthwatch rep asked the Deputy Manager to confirm if the noise was a resident's call bell. The Deputy confirmed that the slower pace sound was a call alarm and this could be used by residents to alert staff they needed help and support, or staff might also use it to call for additional staff to support with a resident. The more urgent tone was a safety feature in the more secure bedrooms for residents with dementia. The Deputy explained that when this alarm is set, the alarm sounds when someone enters or exits the room. This is designed so that it sounds if a resident who likes to walk around the care home enters another resident's personal room, if staff enter the room, or a resident leaves the room (which is unlikely as residents in this area of the care home were more likely to be in bed). Healthwatch

noticed this alarm sounded quite a lot, but they observed staff promptly responding to this to ensure the safety of all residents. The sound of the alarm did not appear to bother residents.

There was a secure door that led into the main corridors, lounge and living space on the ground floor. The door required a code to be entered into a keypad for it to be opened. One Healthwatch rep felt the need to push the door to check that is was closed properly but found it hadn't clicked closed, so secured it. This was not identified as an immediate concern due to the location of the door and the proximity of staff on duty. However, the Healthwatch Manager did email the care home Manager in advance of this report being completed, to clarify that the door locked. The manager confirmed that it is secured with a code, so residents with dementia who might wander cannot exit into other parts of the building and risk accidents and falls. The secure door also means that the residents living upstairs on the first floor are not disturbed. All facilities for residents living with dementia are based on the ground floor behind the secure door, so that they don't need to leave the area unsupervised. The senior's office is located next to the door so they can assist with the door if needed. The call bell system is also located next to the door, so residents can call the bell if they need assistance with the door.

Accommodation and Cleanliness

Overall, the cleanliness and décor of the care home was of a high standard. All the furniture was well kept and there was a choice of different styles of chairs around the care home (they all had high backs and arms to ensure residents were kept safe). The décor had a homely feel and was consistent across the two floors of the care home. One Healthwatch rep noticed a very slight odour in a corridor off the main lounge, but other reps did not notice this.

When invited into residents' rooms, Healthwatch reps noted that they were personalized with resident's belongings. On each of the doors were pictures that represented residents' hobbies, previous work roles or interests. Examples Healthwatch saw were pets, cake and images representing teaching. When Healthwatch asked a resident what they represented they were able to say.

All bathrooms and communal areas were clean and tidy.

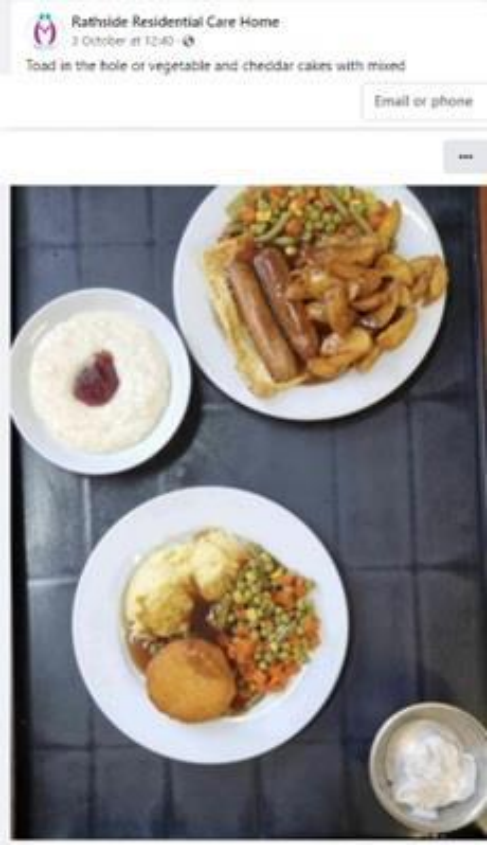
Food and Nutrition

Healthwatch reps did not see a food menu in the care home, but on asking, the Deputy Manager shared copies of the menu and told Healthwatch that the menus are displayed on the table each morning at breakfast service for people to make their choices for the day. Residents on the upper floor get a personal visit from the Chef to ask about their food choices for the day. The menu was a written menu and didn't include any pictures, on asking, the Deputy told Healthwatch that for people who do not have the capacity to choose or for those who have more advanced dementia, they

have information on their preferences included in their care plan, to ensure these are taken into consideration. After the visit the Manager clarified, explaining that they believe residents should see a true picture of the menu/meals they could receive rather than images. Chefs therefore take photographs of the food with a description about what is on the menu. The Deputy then uploads this on Facebook and because all staff have access to the Facebook page they then show residents the available options. The manger added that this also enables relatives to see what is on offer and allows them to discuss it with the resident family members:

"…This is a new way of creation of the pictorial menu that works great as relatives can also see what is for dinner therefore they can discuss it with their loved ones and act as a support with promoting good nutritional intake."

The manager also provided photographs of the facebook page to highlight how it works:



The care home has themed meal days every few weeks and on the day of the visit it was a German themed meal. All residents have the same meal on themed days, unless they really do not like the food on offer, they could choose something else. The food menu is on a rolling 4-week rota, with the main hot meal served at

lunchtime and a choice of lighter meals in the evening such as sandwiches, jacket potato or soup.

Drinks rounds take place in the morning and afternoon, but residents can ask if they'd like a drink. Cold drinks stations including squash and water and located throughout the home, so residents who are able can help themselves to a cold drink as and when they want. Residents' hydration needs are monitored and assessed, and the Manager shared examples of this with Healthwatch reps.

Activities, Social Participation and Involvement

Healthwatch reps did not observe any activities during the visit. The TV was on in the lounge and a group of residents were sitting watching this. On asking about activities, the Manager told Healthwatch that they do not have a schedule displayed but the manager sends out suggestions each week for daily or weekly activities. The activities are varied and include baking, crafts, memory boxes and walks outside (for residents who can participate). The Care Home Facebook page shows a number of photos and videos for resident's relatives and friends to see the weekly activities. The Manager confirmed the page was private but allowed access for Healthwatch to view. The Manager confirmed all residents have consent forms in place for photos and videos to be shared on social media.

HWNL reps did not witness any relatives visiting residents during the visit.

Other Observations

Healthwatch reps observed that bathroom areas did not have different coloured toilet seats or doors in line with dementia friendly guidance (Social Care Institute for Excellence, 2020). Healthwatch, however, did observe that residents with dementia needed a lot of support, so it might be that staff support residents with personal care and washing, so different colour schemes are less necessary.

Conclusion

Overall, Healthwatch reps found the care home to be warm and welcoming and staff and residents seemed happy. The Manager and Deputy Manager were open and transparent and shared examples of how they work with the Healthwatch team. Rathside was clean and tidy and staff were observed supporting residents to get around the home, serving drinks and meals and generally seemed to really care about all of the residents.

Healthwatch would like to thank the Manager and all the staff at Rathside Rest Home for accommodating the Enter and View visit.

Highlighting Good Practice

Healthwatch would like to highlight the following good practice:

- Healthwatch found the variety of activities on offer at Rathside to be varied and quite different to those offered in other care settings. The armchair travel is a unique idea and gives residents the opportunity to experience activities and food from different countries. Baking was another activity that Healthwatch have not observed in other care settings. Sharing photos and videos of activities on Facebook allows friends and relatives to get involved and see what activities their loved ones have been doing each week.

- Healthwatch found the Manager and Deputy Manager to be open and transparent about how they work, sharing examples of their work with Healthwatch around monitoring and reporting falls, activities and staff training.

- The use of photographs rather than images for the pictorial menu allows reisdents to see the actual food they could be eating. It also means relatives can see what food is on offer for their relatives and could provide a topic of conversation during visits.

Themes and Recommendations

The following themes and recommendations are being made based on the feedback and observations made during the visit:

Theme: Resident Choice

Recommendation:

1. Consider checking in with residents to see where they would like to eat their main meals.

Theme: Staff Training

Recommendation:

Consider offering the following training based on staff feedback:

2. Face to face moving and handling training.
3. Advanced safeguarding training.
4. Advanced dementia training.

Theme: Safety

Recommendations:

5. Ensure the code only access door into the main ground floor living area is fully closed.

NB: Healthwatch have raised this with the Care Home Manager, who responded to this recommendation in advance of the report (please see below).

Theme: Dementia Friendly Environment

Recommendations:

6. Good practice guidance (Alzheimer's Society, 2020) suggests grab rails should be a contrasting colour to walls to ensure residents can move safety around the care home and to reduce the risk of falls.

7. Consider ensuring that bathroom and toilet doors are a contrasting colour with picture signage on the doors at a height suitable for residents (see guidance, SEIC, 2020).

References:

Alzheimer's Society. (2020). *Making your home dementia friendly*. Available at: https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/making_your_home_dementia_friendly.pdf [Accessed 20 September 2023].

Social Care Institute for Excellence. (2020). *Dementia-friendly environments: Toilets and bathrooms*. Available at https://www.scie.org.uk/dementia/supporting-people-with-dementia/dementia-friendly-environments/ [Accessed 20 September 2023].

Provider response to recommendations:

Providers have 20 working days to respond to recommendations. This can include why they may or may not take on board the recommendations.

Theme: Resident Choice | Recommendation 1	
	Consider checking in with residents to see where they would like to eat their main meals.
Manager response on email to HWNL	Please see attached policy CR06 – Respect, Dignity and Choice policy and procedure Staff are always based on that policy but they also need to take into account two other circumstances: I. Does the service user have a capacity to make that decision? II. Do the staff know their normal routine/preferences of the service users? Based on the above, staff will not always ask residents about where they like to sit because sometimes they need to be act in their best interest that is specified by the MCA/best interest decision documentation in their care plans and described in care plan. Staff are more than aware of Residents' normal routine and their preferences and they will be encouraging those, they know which residents like to sit in their rooms/lounges or those that like to socialise and enjoy dining room experience. Staff will usually encourage all residents to enjoy the lunch all together but there are some with the specific risk assessments for social isolation therefore their will is respected and they stay in the bedrooms. Staff also ask capacitated residents about where they would like to eat their lunch and I have experienced that on many occasions but it appears as the Health Watch ladies did not experience that. They came to the dining room after the lunch started, this is why they did not experience that practice.

Theme: Staff Training| Recommendation 2	
	Consider offering face to face moving and handling training.
Manager response on email to HWNL	Once a year Training for Care company owed by the bank nurse at Sycamore Lodge (sister home) [name removed] delivers practical 6 hours session of moving and handling that all staff get invited to.

	Some staff attend, others are unable to spare time to attend the session despite the fact that company pays for attending it. To accommodate these that are unable to attend the 6 hours sessions, 2 deputy managers from the group: [names removed] are trained up to level 4 and are trainers in moving and handling. They complete the observation and workshops every 6 months for all staff in 3 homes including Rathside. [one of the deputy mangers – name removed] completed workshops and observations in June/July 2023 for Rathside Care Home. Please see observation sheet attached that gets completed for every staff member. It also includes all the React to areas: React To: Training Resources for Care Homes : Reactto

Theme: Staff Training | Recommendation 3	
	Consider offering advanced safeguarding training.
Manager response on email to HWNL	The CQC requirement is to provide staff safeguarding training therefore the company does that, we use E-cert care provider and every staff member has got obligation to complete the following training:

Theme: Staff Training | Recommendation 4	
	Consider offering advanced dementia training.
Manager response on email to HWNL	The CQC requirement is to provide staff dementia training therefore the company does that, we use E-cert care provider and every staff member has got obligation to complete the following training:

Theme: Safety | Recommendation 5	
	Ensure the code only access door into the main ground floor living area is fully closed.
Manager response on email to HWNL	Door in the corridor between the bistro/staircase and the rest of the building is secured by the code to ensure that residents with exit seeking behavior do not enter the area of the building where the front door is to minimise the risk of them leaving the building. The other reason for these door being coded is to stop residents that wander around to access the stair case and put themself at the risk of accidents on the stairs. The third reason is that resident residing upstairs are fully capacitated/residential unit and I was receiving high level of complaints that residents advanced on their dementia journey were entering their room and misplacing objects etc therefore that has been a way to secure both units. Residents with capacity that reside upstairs, they can only press the button and door opens for them to access all other facilities of the building. Those on the dementia journey have got no need to access the residential site of the building as in unit A and B that is located behind the door, there are all the essential facilities: big lounge, big dining room, 2 bathrooms, kitchen, office, many corridors to give residents that wander space to do so. Residents that would like to return to residential site are aware of the code, if there is an issue, seniors office is next to that door, therefore they will assist with opening the door if needed, also the nurse call system is located next to the door so residents can call the bell and door can be opened.

Theme: Dementia Friendly Environments | Recommendation 6	
	Good practice guidance (Alzheimer's Society, 2020) suggests grab rails should be a contrasting colour to walls to ensure residents can move safety around the care home and to reduce the risk of falls.
	A response was not received to this recommendation

Theme: Dementia Friendly Environments | Recommendation 7	
	Consider ensuring that bathroom and toilet doors are a contrasting colour with picture signage on the doors at a height suitable for residents (see guidance, SEIC, 2020).
Manager response on email to HWNL	We used to have a signage on every door in the A and B wing so Dementia wings, please see below examples from what is left over from it now: The reasoning why the signage is no longer on the door is the same for why the frames with the conversation points are no longer there and it has been explained to the Health Watch Ladies and proved: there is a resident [name removed] with severe Dementia but fully mobile who walks around the building and removes anything that sticks to the wall/doors/etc. At present time, we are unable to challenge this behaviour, 1-2-1 is in place for not long enough (only a couple of hours per day) therefore the signage will be re-attached to the doors once this lady's mental health status will change or the behaviour will be eliminated. Doors are all covered in the contrasted to the wall colour vinyl so they are visible for residents with dementia. Please see attached a few example of the door where we have managed to keep the signage on (door to the reminiscing room is in orche colour).

Garden
Fire action

Reminiscence