

healthwatch

Kingston upon Hull

Enter and View Activity

St Mary's Nursing Home, Hull

Thursday 22nd August 2024



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1. Introduction to Healthwatch

What is Healthwatch?

Healthwatch is the independent champion for people who use Health and Social Care services which exist to make sure that people are at the heart of care.

We listen to what people like about services and what could be improved, then share their views with those who have the power to make change happen. Helping people find the information they need about services in their area is another of our priorities.

In summary, the main aims of Healthwatch are to:

- Help people find out about local care.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve people in changes to care.

Healthwatch Kingston Upon Hull

The Healthwatch Kingston upon Hull Team consists of members with varying specialties and experiences; they support the core duties of Healthwatch; delivering our statutory and contractual obligations to ensure that our communities voices are heard by those who provide and commission local services.

Each local Healthwatch is commissioned and funded by the Local Authority. In Kingston upon Hull, the organisation who has been commissioned to ensure the effective delivery of the Healthwatch Service is Hull CVS.

The Trustee Board of Hull CVS provides strategic leadership, promotes good governance and accountability on all contractual, legal and financial duties of Healthwatch.

What is 'Enter and View'?

As part of the legal powers developed under the Health and Social Care Act 2012, local Healthwatch organisations have the authority to deliver Enter and View visits.

Enter and View visits are conducted by a small team of staff and trained volunteers, who are prepared as authorised representatives to conduct visits to Health and Social Care premises to find out how they are being run and make recommendations where there are areas for improvement.

'Enter and View' is an opportunity for Healthwatch to:

- Enter publicly funded Health and Social Care premises to see and hear consumer experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter and View visits may be carried out as announced visits, where we advise in advance of the time and date of the visit; with prior notice, whereby the service is advised of a period window of when the visit will take place; or if certain circumstances dictate as unannounced visits whereby the service does not know that a visit will be taking place.

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 – so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.

2. Abbreviations and Glossary

Abbreviations

- E+V: Enter and View
- CQC: Care Quality Commission
- NHS: National Health Service
- HWH: Healthwatch Hull
- ASC: Adult Social Care
- ICB: Integrated Care Board

Glossary

Adult Social Care	Adult social care aims to help people stay independent, safe and well so they can live the lives they want to. This includes people who are frail, have disabilities, Neurodiversity, or mental health issues, as well as the people who care for them.
Announced visit	A visit planned by Healthwatch, and the place being visited.
Anonymous	Not naming people
Authorised Representative	An Authorised Representative is a trained staff member or volunteer with a current DBS in place who participates in Healthwatch Kingston Upon Hull's Enter and View activities.
Care home	Provides accommodation and personal care for people who need extra support in their daily lives.

Communal area	An area that everyone uses, such as dining rooms or lounges.
Service user	Service user describes anyone who has accessed (or is eligible to access) health or social care services. Carers are people who look after or support those with health or social care needs and can include partners and family members.
Project Officer	Healthwatch employee who carries out engagements and gathers experiences to create reports and produce findings for projects.
Local authority	This is where the local authority (typically the local council) agrees an amount to fully fund a person's support, whether it is in a residential placement or as part of a supported living package. The funding package is agreed following an assessment of the person's needs and covers both accommodation and support
Joint funding between local authority and NHS	This is where an individual has a Continuing Healthcare (CHC) assessment. In this instance, funding will be split between the local authority and the NHS. The funding package is agreed following joint assessments of the person's needs and healthcare needs. The local authority element of the funding will cover both accommodation and support, the NHS assessment will cover the continuing healthcare needs.
NHS funding	It is possible that an individual's health needs are such that the NHS will fully fund a person's support package. The funding package is agreed following an assessment of the person's needs and covers both accommodation and support
Individual / personal budget	This is where the local authority allocates a specific amount of money for a person's support needs. The

	<p>amount is determined by an assessment of the person's needs and means. The person will also need to agree a support plan to show how and where the money will be spent, whether they decide for the local authority to choose services for them or if preferred, to have direct control of the budget themselves – e.g., a direct payment.</p>
<p>Direct payments</p>	<p>This is where the person receives an amount directly from the local authority and can choose how to spend the money on their support. Choosing a direct payment gives them maximum flexibility with their support package but they have to manage the money themselves. Fees are calculated based on the assessed needs of an individual. Each fee will include a staffing element, based on the hours of support assessed and required. In some instances, the staff support may be shared with other individuals and in this situation the individual would only pay for their share of staff time.</p>

3. Disclaimer

This report relates to the findings by the Healthwatch Kingston Upon Hull Representatives during the visit to St Mary's Nursing Home, Chanterlands Avenue, Hull on Thursday 22nd August 2024. This report is not a representative portrayal of the experiences of all residents or relatives and is only a representation of those spoken to and observations made on the day.

4. Acknowledgements

HWH would like to thank St Mary's Chanterlands for welcoming us in. We appreciate the cooperation of the manager, staff, residents and relatives who provided their experiences on the day and contributed to the E+V.

5. Background

St Mary's Chanterlands is a trading name of St Mary's (Medicare) Limited which hosts 12 care homes across the country. St Mary's Chanterlands provides residential, nursing and dementia care to 47 residents, although in the new building they now have a maximum capacity of 86, meaning they have 39 beds available. The building is split across 3 floors with primarily residential on the ground floor and residents with a diagnosis of dementia on the first floor. The top floor is yet to be finalised and occupied.

The announced visit to St Mary's Nursing Home, Hull took place on 22 August 2024, by two Authorised Representatives: Olivia Stevenson, Adult Social Care Project Officer and Madeline Tweedale Secondary Care and Mental Health Project Officer.

Website Description

"We believe life at St Mary's Chanterlands Care Home should include the best care, the best of life and the best environment.

All our residents are supported to live an active and fulfilled life. Our person-centred care enables residents to keep on doing the things they've always loved – and often the things they perhaps thought they could no longer enjoy.

As part of our Hull-based community, our residents can help themselves to drinks and snacks, help out in the garden and other hobbies and exercise their usual routines which enable residents to make their lives theirs.

The facilities at St Mary's Chanterlands Care Home allow residents to enjoy other everyday routines that keep them independent, including having their weekly hair appointment or catching up with friends and family in the lounge, or in the privacy of their own room.

Our activities, trips, events and hobbies take place both within St Mary's Chanterlands nursing home, Hull, and the surrounding areas and include gardening, fundraising days for local charities and excursions to community events, local exhibitions, the theatre and the cinema. The Yorkshire Dales and the many attractions in Kingston upon Hull are within driving distance of St Mary's Chanterlands nursing home and are perfect places for you to visit with family and friends, or as part of an excursion, we might plan for residents.

We are also proud to be part of the Dementia Friends campaign and other charities to support research on what practices best support people living with dementia to positively influence policy and practice for dementia care in care homes across the UK. We understand that moving into a home is a big decision and that choosing the home that's right for you can feel daunting."

St Mary's Vision

“At St Mary’s Care Homes, our vision is to be an outstanding care provider within the communities we serve. We welcome diversity and inclusion both amongst our residents and our care teams, supporting and enabling our residents to live their best lives.

At St Mary’s Care Homes, we aim to deliver outstanding and personalised care through an experienced team of health care professionals. We are dedicated to maintaining the independence and dignity of our residents, providing them with choices that align with their personal needs and preferences. We aim to set new benchmarks, ensuring that every individual entrusted to our care, experiences a life of comfort, respect and fulfilment.”

St Mary’s Values

“Happiness – your happiness is our priority.

Empathy – we will always try to understand your feelings.

Approachable – we are friendly and easy to talk to.

Respectful – we will be considerate in our actions.

Teamwork – we will work with you and each other to provide the best care we can.”

From: [St Mary's Chanterlands, Hull \(stmarysgroup.co.uk\)](http://stmarysgroup.co.uk)

6. Fees and Funding

Residents are funded a number of ways. Below is a breakdown of how residents can fund their stay and how many fall under each bracket.

- **Local authority:** There are 24 residents funded this way at St Mary's Chanterlands.
- **Joint funding between local authority and NHS:** There are 6 residents funded this way at St Mary's Chanterlands.
- **NHS funding:** There are 5 residents funded this way at St Mary's Chanterlands.
- **Individual / personal budget:** There are 12 residents funded this way at St Mary's Chanterlands.
- **Direct payments:** There are 0 residents funded this way at St Mary's Chanterlands.

7. Details of Visit

Details of Visit	
Service address	St Mary's Chanterlands 340 Chanterlands Avenue Hull, HU5 4DT
Service Provider	St Mary's Chanterlands part of St Mary's (Medicare) Limited Registered Manager Jayne Boothby Telephone 01482 307590
Date and Timings	Thursday 22 nd August 2024 9.30am – 12pm
Healthwatch Representatives	Olivia Stevenson Adult Social Care Project Officer Madeline Tweedale Secondary Care and Mental Health Project Officer

8. Methodology

Healthwatch Kingston Upon Hull reached out to St Mary's Chanterlands following their move to the new building in July 2024. As part of ongoing engagements, we spent a morning visiting and engaging with residents to talk about their experience of living at St Mary's. This included the transition from the old building to the new, daily life, routines, activities, meals and food, interactions with staff and the facilities.

Following on from this visit, we thought it would be a good opportunity to carry out an E+V so St Mary's could gain a greater understanding of their resident's and relative's feedback, as well as staff and the manager.

A manager's questionnaire was developed to gain a more comprehensive understanding of the inner workings of the home. Then on the day of the E+V, we had a discussion with the manager to clarify any further questions and gain a deeper understanding of her role. A resident, relative and staff survey was also

developed that could be completed in their own time. However, our aim on the day was to speak to as many people in-person as possible, being guided by the answers they gave to questions like “What has your experience of living at St Mary’s been like?”, “How do you feel about the care that your relative receives at St Mary’s?” and “How are St Mary’s as an employer?”.

The visit was an announced visit to St Mary’s with correspondence directly between a Healthwatch representative and the Manager, confirming a date we would attend and who would be carrying out the E+V. The manager was made aware 10 days prior to the E+V.

The manager was sent a formal letter which contained links for the Manager’s questionnaire as well as staff and relative surveys which we encouraged to be distributed for completion before and after our visit. PDF copies were also sent to be printed by the home for those who may struggle to access the internet. On the day, we took hard copies to be completed in person.

We had a meeting with the manager, followed by a tour of every floor from the Admin Manager and then shown some more private rooms, where we could have conversations with relatives and residents. We introduced ourselves to those we spoke to and explained that we were Authorised Representatives for Healthwatch and the purpose of our visit, making sure to tell people that any information given is anonymous. We recorded their experiences on surveys or in notebooks to gather accurate details and never noted down personal information or details that could identify the individual.

Five residents took part in the discussions: 3 males and 2 females.

One member of staff completed the survey on the day, and another gave their account of working for St Mary’s. Four questionnaires have been returned since the visit.

One female relative took part in the interviews.

9. Findings/ Observations

On arrival at St Mary's Healthwatch representatives commented on the grand appearance of the new building (see Figure 1). We were welcomed inside by staff and asked to wait a moment in the café-bar, before being shown into the manager's office. Although feeling welcomed, we were also made aware that there would be a meeting taking place within 15 minutes for all managers and therefore, our introduction to the manager was cut short. Due to this meeting, the manager asked that her Administrator give us a tour of the building.



Figure 1 – front of St Mary's

We found all areas to be very clean and tidy, there was no noticeable unpleasant smells, and everything seemed to be managed effectively with all call bells being answered swiftly. Throughout the tour, we noticed the décor and interior design was impeccable. It was clear a lot of thought and investment had gone into this. Having said that, it would be nice to see some more personal touches around the home, which may be the case once residents have had more time to settle into the new building. As shown in figure 2, there are some additions of artwork by residents.



Figure 2 – Café-bar area.

It was mentioned that the home has a vision to create a community within the café-bar and for this to become an area where residents can gather, and events can be hosted. This would be especially important for those residents who cannot venture outside of the home. It's thought that it could host groups such as Knit and Natter, be a meeting area and even consider turning it into a polling station, giving residents the chance to vote and also bring in some more income which can be re-invested into the home. See Figure 2

When we asked about the activities that take place, we were pleasantly surprised to hear that the home employ both a male and female activities coordinator. This should encourage a variety of ideas for both male and female

residents. On the subject of activities coordinators, we came across an interaction whereby a lady on the first floor who had dementia was a little confused and unsure where to go. The female activities coordinator saw her and at once came to support her back to her room. On arrival at her room, she was obviously confused because the number on her door was different from that of the old building, but the

time was taken to explain to her and reassure her that it was in fact her room. This made for a very calm and pleasant experience and showed genuine care by the staff. It was also mentioned that this same lady would never like to come out of her room at the old building and that now she wanders around quite a bit and will find a nice quiet spot to sit in for a while, demonstrating the active change in atmosphere since the move.

The buzzer system was clearly audible and displayed throughout the corridors, making it visible to staff members. We were told that each floor has its own system where it will alert when someone on that floor is requesting help. But then it will also alert all floors in case of an emergency such as a medical emergency or fire.

Residents have access to a hairdresser every Tuesday (see Figure 3 for hair salon), with a price list being displayed on the wall next to the hair salon. There was also a poster for a podiatrist who will visit every 6 weeks or sooner if required. When asked if the podiatrist takes care of diabetics, using only sterilised instruments, the staff member assured us she did.



Figure 3 - hair salon.



Figure 4 - Ensuite.

A huge difference from the old building is the addition of ensembles with every room, which contain a toilet, shower and hand basin. This has given residents who are independent, the opportunity to take themselves to the toilet and get a wash when they would like. We were told that although residents could get a daily bed bath, they may only get a full shower every 4-6 days at the old building. Whereas now, as a resident told us himself, they can get a shower once or even twice a day if they want and it feels much more independent. See Figure 4

As we were shown through the building, it was noted that there was a lot of carpets on the ground floor and how this may be more difficult to keep clean if there are any accidents or spillages. We were told that this had been considered for residents with dementia, as we were taken onto the first floor, where vinyl/laminate flooring had been laid in all rooms. It was also mentioned that the chairs provided in communal areas were completely washable in the event of accidents.

As you walk around there are various communal areas, each with different décor and themes. It was mentioned that although not intentional, some rooms have become men's communal areas, and some have become women's areas. See figure 5 for an example of a room that is more commonly used by the men who often play dominoes and cards in there.



Figure 5 - Communal area.

There were several information boards dotted around the home, which had information about the home values, gathering experiences and giving feedback, the local frailty team and activities going on, as well as a staff board including pictures and titles as you come through the entrance. There are 2 activities everyday including cooking club, dog day, karaoke, films etc. It was nice to see that there was such a range of activities that would likely meet the needs of all the residents at some point in the week. It may be that there are different activities on each week, but it would be nice to see an exercise class or movement to music class being offered.

We were taken to the winter garden room, where we were taken aback by how peaceful and beautiful the room was. The large surrounding windows and green wall really make it feel as though you are in an outdoor space. We were concerned it may be a little cold in winter, but reassured there is underfloor heating and a thermostat to ensure this doesn't happen. Each room also has its own thermostat too,

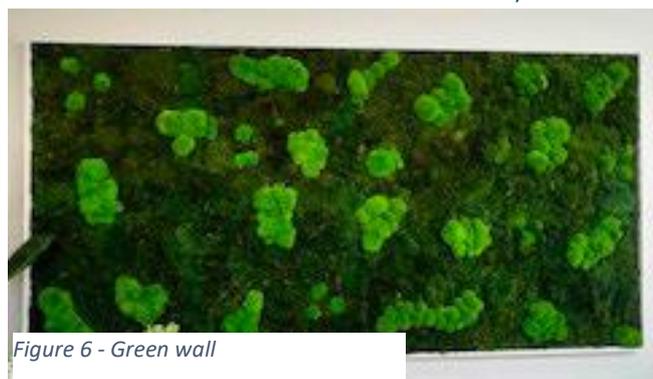


Figure 6 - Green wall

so each resident can tailor the temperature of their room to their needs showing a great example of person-centred care. See figures 6 and 7.



Figure 7 - Winter Garden

We were offered drinks throughout our visit and checked on by staff in case we needed anything else.

We were able to carry out some 1-1 interviews on the day; 5 residents volunteered to give us their experience, 1 relative and 2 staff members.

Since the E+V we have also received surveys from 4 staff members.

Residents Feedback

General

- We obtained feedback from 5 residents.
- All feedback was positive.
- We had feedback from 2 women and 3 men.

Residents expressed that they were happy at St Mary's, especially since the move to the new building. They are all extremely impressed with the décor of the building and feel very lucky to be living somewhere so beautiful. There were no specific complaints about staff, saying "**they are generally good**" and "**they get on well with them**". Residents seemed happy with the food they were being given and it was mentioned that the chef can cook something different if there is nothing you want or like.

Cleanliness of the rooms was complimented on and the facilities of the rooms. Residents said that "**towels and bedding are changed regularly, and rooms cleaned daily**", "**having my own en-suite means I can shower myself again and don't have to rely on the care staff.**"

When asked if they would know who to approach in the instance of a complaint or concern, they confirmed that they would go to the manager and would be listened to. They said, "**Yes! I would go see Jayne.**"

Residents were happy with the number and variety of activities on offer and felt that they could ask for a new activity if they wanted one.

Below are quotes from the residents who we spoke to -

"My experience has been good. Some residents have come in the past and caused havoc but generally it's all very good. The staff are mainly good."

"Everything is reasonably good. I've been here around 3 years now. The building is fine. This new one is a bit like a hotel. The staff are very good. The bedrooms are fine and clean, the beds are made every day and there's new towels."

"I've been here about a year. However, I've been coming here for the last 6 years when my wife was here. It's very good here in fact it's excellent this new building. When we were in the old building the girls had to help you shower, but here we all have our own showers and I'm now able to shower myself. So, I have got more independence back. The activities they do involve dominoes and darts. The food is good."

"I've been here since January this year. The new building is brilliant. Old building was alright and then you move here and think, 'why did I ever think that'. I get on well with the staff. The food is generally good."

"I like it and have got used to it now. The food is pretty good. If you don't like it, you don't eat it and if you tell them they'll change it."

Relatives Feedback

General

- We obtained feedback from one relative.
- The majority of the feedback was positive.

Unfortunately, we were only able to speak to one relative on the day of the Enter and View and have not had any further surveys returned. However, the feedback given was very detailed and gave us a great insight into what it's like to have a relative living at St Mary's.

The relative described the home as being **"absolutely brilliant"**, saying **"the staff are so caring"**. The relative in question has been living at St Mary's for approx. 2 years so has had to transition from the old building to the new. With that said, they said how there is no comparison and that the new building is like **"a 5-star hotel"**.

One thing the relative did mention was that there are not enough staff on in her opinion, but said **"considering there aren't many staff, they do manage to get round them all and give them their time. [My relative] is quite independent though."**

Upon asking about the management of the care home, a relative raised concerns surrounding the overall working environment and treatment of the staff members, and that the language used could be misinterpreted or harshly spoken, **"she doesn't really have a filter."** When exploring previous complaints reported, we were told that some previous employees left **"disgruntled."**

However, the manager was fondly described as **"hands on with residents"** though.

The relative is aware of a care plan in place and a ReSPECT form which **"he did straight away."**

The activities on offer suit the relative's needs. **"He particularly likes taking part in bowls and darts as well as the men's club."** She did mention that **"residents could be encouraged to mingle a bit more."**

The relative felt as though she would be able to go to the manager and be listened to if she had a concern.

Whilst being shown around, we saw an interaction between a staff member and relative. The relative was looking for a specific cup for her dad in one of the café/canteen areas and the staff member knew her on a first name basis. It appeared they'd known each other for some time and was nice to see the relative helping herself, giving the impression that she felt quite relaxed, as you would if visiting your parent's house.

Staff Feedback

General

- One member of staff spoke to us on the day.
- Four staff questionnaires were completed and returned.
- Staff are generally happy and satisfied with their place of work.

**100% agreed
there are
enough staff
on duty***

**100% agreed
they felt
prepared for
their role***

**100% agreed
they would
know who to
speak to if they
had concerns***

*Of the staff who we spoke to on the day
See Appendix 2

What staff said works well...



**Good team
and good
support**

**The staff work
well together.**

**Departments
work well to
ensure residents
have the best
quality of life.**

**I find it quite
chilled.**



See Appendix 2

What staff said could be improved...



**Training could
be better.**

**Teamwork
from some
people**

**Lack of
communication**



See Appendix 2

Manager Feedback

A Manager's Questionnaire was sent out before the Enter + View to obtain background information and details specific only to that home. This gives us chance to review and ask further questions if returned prior to the E+V.

We asked about staffing levels...

We were told... *"Full time members of care staff = 47, part time members of care staff = 8, care staff on shift during the day = 9, care staff on shift on a night = 5, other staff = 17."*

We asked how staff training needs are identified and provided...

We were told... *"This is matched to their job description, any additional training identified is requested from the training department. Training is delivered face to face and online."*

We asked how staff absences are managed...

We were told... *"Welfare meetings, keeping in touch, return to work interviews."*

We asked if there are difficulties with staff recruitment and retention...

We were told... *"Recruitment always proves difficult, in that the quality of care given has diminished post covid. Retention on the whole is improving and we are still growing the team. However, I will let staff go that do not meet probation despite ongoing support."*

We asked if she feels supported as a manager...

We were told... *"Very much so, I have a very supportive management team and a wider network with the other home managers within the group."*

We asked how safeguarding issues are dealt with...

We were told... *"The residents are the first priority; staff ensure they are safe, and needs are met. Establish if this is safeguarding. Adult safeguarding is alerted. Family is alerted and kept informed. Resident, if they have mental capacity, are also kept informed and their wishes taken into account. Internal investigation started if required."*

We asked how often care plans are reviewed/ revised or adapted...

We were told... *"Care plans are reviewed monthly or sooner when changes occur, such as health needs or external meetings happen."*

We asked how often relatives and resident meetings are held...

We were told... *"We aim for every 3 months or sooner if needed or requested."*

We asked how often residents have their hearing tested...

We were told... *"When required."*

We asked how often residents with hearing aids have them checked...

We were told... *"Not sure."*

We asked how often residents have their sight checked...

We were told... *"Every 2 years or sooner if needed."*

We asked do you have a complaints policy in place...

We were told... *"Yes, displayed in front foyer."*

We asked if there are problems accessing certain services...

We were told...

- Mental Health
- GPs
- Care Home Crisis in Reach Team

We asked if there are any areas which Healthwatch Hull could help and support St Mary's Hull...

We were told... *"Community links with other healthcare professionals would help to forge working relationships."*

See Appendix 3

10. Recommendations

- The manager and activities coordinator should implement strategies to enhance social interactions among residents.** Based on feedback from a family member, there is an opportunity to expand residents' social circles beyond their current comfort zones. The activities coordinator and manager should consider introducing structured activities designed to encourage social engagement. For instance, organise social events where residents bring and share personal mementos or photographs, serving as conversation starters and fostering connections among a wider group of peers.
- The manager should consider annual hearing assessments for all residents with the appropriate professionals.** It is essential for all residents to undergo professional hearing assessments annually. Hearing loss is not always immediately apparent, and its effects can be mistaken for other issues, such as social withdrawal or memory difficulties. Regular screenings can help identify and address hearing impairments early, improving residents' overall well-being and quality of life.
- The manager should use the Distress in Dementia team and to make all staff aware.** This can be utilised alongside the Care Home Crisis in Reach Team to help with situations of distress and mental health concerns. See Appendix 4
- The manager should review procedure for exiting staff members.** Given the reported instances of staff departures, under unfavourable circumstances, it would be a suitable time to identify any necessary improvements or modifications to your procedures to enhance employee retention and maintain a positive work environment. Employee wellbeing surveys and thorough exit interviews are a way to gain this information.
- The manager should review training procedures and opportunities.** Staff have reported feeling as though training could be better. There were no details given as to how it could be made better, but an opportunity for staff to say what they would like to learn and how they would like it to be delivered may explore this issue further.
- The manager should review teamwork of employees and increase channels of communication between all staff.** Make sure staff that are not always on the front line are also being communicated with effectively. Some staff felt there was a lack of communication, but gave no details around where it was lacking. Team building activities and/ or training could be increased.

11. Distribution

The report is for distribution to the following:

- St Mary's Care Home Management Team
- Hull City Council – Adult Social Care Team
- Hull Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- NHS England
- Healthwatch England and the Healthwatch Hull

Published on <https://www.healthwatch.co.uk/reports-library> and <https://healthwatchkingstonuponhull.co.uk/>

12. Appendices

- Appendix 1 – Relative Questionnaire
- Appendix 2 – Staff Questionnaires
- Appendix 3 – Manager's Questionnaire
- Appendix 4 – Distress in Dementia Toolkit

Appendix 1 – Relative Questionnaire

Name of Care Home	St Mary's Chanterlands
How do you find this care home?	<i>"It's my father-in-law. It's been absolutely brilliant. The staff are so caring. He's been here about 2 years now."</i>
How do you find the staff?	<i>"I don't think there's enough staff. I don't feel the staff are treated properly by the manager; she doesn't really have a filter, but she's hands on with the residents".</i>
How are staff with the residents?	<i>"Considering there aren't that many they do get round them all. [My relative] is quite independent though."</i>
Have you been involved in your loved one's care plan, decisions about end of life care, ReSPECT form?	<i>"He does have a care plan and I'm his next of kin now. He's got a ReSPECT form which he did straight away. I imagine if anything needed changing on his care plan they would get in touch with me".</i>
What activities does your loved one enjoy? Do they get opportunity to do them?	<i>"He likes doing bowls and darts. He doesn't like the flower arranging, but I guess it's still good for him. There are opportunities to give ideas of activities that you would like to do. He does do the man's club."</i>
Do you feel your loved one's room reflects them? Have they been able to make it their own?	<i>"He's got a few pictures and he's happy with that"</i>
If you wanted to raise any concerns who would you speak to?	<i>"I would go to the manager"</i>
If there was one thing you could change about the home what would it be?	<i>"The residents could maybe mingle a bit more"</i>
Is there anything else you would like to tell us?	<i>"He's got his independence back so can shower everyday on his own now. Used to wait 4-6 days for a proper shower."</i>

Appendix 2 – Staff Questionnaires

How many years have you worked here?	2 years	1 year 7 months	8 months	6 years	7 weeks
Tell us about your experience of working at the home. What do you think works well and what could be improved?	Good team, good support, training could be better	I enjoy my job at the home. I feel team work could be better from some people	Working here for 8 months I have seen us move from the old building to the new we are currently in. The home works well and all staff work well together and I feel there is no need for improvement	Over the past 6 years I have seen many changes but moving into our new building is the biggest. All of the teams from all departments work well together to ensure residents receive best quality of life	Having only been here a short time, I find it quite chilled. The only problem is the lack of communication
What did your induction involve? Did you feel prepared for your role?	Yes I was online training and went for face to face	Worked alongside someone for a week, shown all relevant things. Online ELFY training	My induction was in-depth and involved. Fire safety, personal care, medication, PCS system,	I had a full 3 day induction which covered all mandatory training, Mental health and first	Lots of online training that some was irrelevant for my job

			infection control, nutrition and fluid, safe guarding care planning, complaints and compliments	aid. When I became [position] I had a hand over and was fully supported from all departments at head office	
Is your training regularly reviewed and updated?	Yes	ELFY training is renewed and ongoing	Yes this is reviewed on a regular basis	Yes	As I've not been here long I haven't any updates
Do you feel supported in your role and that you get all the necessary guidance?	Yes I do	Yes if I am unsure of anything I know who to ask	Yes management are very supportive and I feel I can ask for help/ guidance if needed	Yes	Yes I've had no problems
Do you feel there are enough care staff on duty?	Yes sometimes over staffed	I don't feel this is an area I can comment on as it's not my department so I am unsure	Yes staffing levels reflect amount of residents	Yes	Yes what I have seen
If you had concerns who would you speak to? Are you confident your	I can speak to the manager	I would speak to team leader on duty and if nothing was done,	I would speak to the manager and yes my concerns would be acted on	If I had any concerns I would speak with the home manager and feel	Yes as we have daily meetings

concerns would be acted on?		<i>then I would go to my manager. Yes I feel action would be taken</i>		<i>that any concerns I have would be listened to and acted on</i>	
Do you feel you have enough time to support residents to meet their needs? If not what would help?	<i>Yes I can sit with them</i>	<i>I feel I have enough time to do my job whilst meeting what the resident needs from my side</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes we go round in an afternoon to see what meals they require</i>
How do you find out about residents personal histories and preferences?	<i>I sit and talk to them and read the care plans. I talk to families</i>	<i>By speaking to them or from information the carers are aware of that I might not know</i>	<i>Care plan on PCS</i>	<i>Care plans, talking to them and relatives</i>	<i>I haven't been here long enough</i>
How do you provide care in a person centred way? Can you give an example?	<i>I do what the residents want to do</i>	<i>By treating each person as an individual. Some people prefer their rooms cleaned later in the day for</i>	<i>Treat everyone as an individual</i>	<i>Treat each person as an individual</i>	<i>I help in the dining rooms if residents need a hand</i>

		<i>example. I put their needs first</i>			
Is there anything else you would like to tell us?	<i>No I love working here</i>	-	<i>No everything is fine as far as I am concerned</i>	No	-

Appendix 3 – Manager’s Questionnaires

Name of Care Home

St Marys Chanterlands

Name of Care Home Manager

Jayne Boothby

How many residents do you have currently?

47

How many beds do you have available?

39

How many rooms have ensuite facilities?

86

What do the ensuite rooms consist of?

A toilet

A shower

A handbasin

How many additional residents' bathrooms and toilets are there?

3

How many full time members of care staff does the home employ?

47

How many part time members of care staff does the home employ?

8

How many care staff are on shift during the day?

9

How many care staff are on shift during the night?

5

How many other staff does the home employ?

17

How are staff training needs identified and provided?

This is matched to their job description, any additional training identified is requested from the training department. Training is delivered face to face and online

How do you manage staff absences?

Welfare meetings.

keeping in touch.

Return to work interviews.

Do you experience any difficulties with staff recruitment and retention?

Recruitment always proves difficult in that the quality of care givers has diminished post covid.

Retention on the whole is improving and we are still growing the team. However I will let staff go that do not meet probation despite ongoing support

Do you feel supported in your role of manager?

Very much so I have a very supportive management team and a wider network with the other home managers within the group

How are safeguarding issues dealt with?

The resident/s are the first priority, staff ensure they are safe and needs are met

Establish if this is a safeguarding

Adult safeguarding are alerted

Family are alerted and kept informed

Resident, if they have the mental capacity are also kept informed and their wishes taken into account.

Internal investigation started if required

How often are care plans reviewed / revised or adapted?

Care plans are reviewed monthly or sooner when changes occur such as health needs or external meetings happen

How often are resident and relatives meetings held?

We aim for every 3 months or sooner if needed or requested

Do residents have end of life plans in place?

Sometimes

Where residents have a ReSPECT form, are the resident and their family or friends always involved and fully informed of what this means for their loved one?

Some residents will not engage with this part of their life journey. Staff try to gather information from relatives if this happens

Respect forms are discussed with residents who have the mental capacity those who cannot this discussion is usually with relatives.

Does the home provide external trips for residents?

Yes

How do you keep resident's friends and family informed of their relative's care and activities?

Regular meetings with relatives and friends

Weekly news letter

1 to 1 meetings

Emails sent out if needed

What measures are in place to identify loneliness or difficulties residents might have in adapting to the transition to your care home?

Its care planned and activity coordinators gather past history to try and structure an activity to suit the resident to engage them with others

We had a smooth transition for our residents and have not encountered any difficulty

How do you cater for residents' religious / cultural needs?

Discussions held with chef, resident and family

How do you cater for residents' religious / cultural needs?

Yes when identified on pre assessment

Is residents' food cooked and prepared on the premises?

Yes

How do you cater for different diets?

We have a varied diet and cater for all

Are residents involved in meal choices?

Yes. we hold resident meetings and the chef is invited to attend

What is your food hygiene rating?

4

Do you monitor resident's weight and fluid intake?

Yes residents who require monitoring are placed on nutrition watch

How often do residents have their hearing tested?

When required

How often do residents with hearing aids have them cleaned?

Daily

How often do residents with hearing aids have them checked?

Not sure

How often do residents have their sight checked?

Every 2 years or sooner if needed

Do you have a complaints Policy in place?

Yes displayed in front foyer

Do you have any problems accessing any of the services below? Please tick all that apply

Mental Health

GPs

Care Home Crisis In Reach Team

Healthwatch Kingston Upon Hull (HWH) is always keen to engage with and support our local health and social care providers. Are there any areas which you think HWH might be able to help and support your service with?

Community links with other healthcare professionals would help to forge working relationships

Appendix 4 – Distress in Dementia Toolkit

Distress in Dementia

Resident distress and unmet needs toolkit for Primary Care and Care Homes in Hull

Step 1: Recognise distress
Examples of presentation requiring further assessment

DEPRESSION
Sad, Tearful
Hopeless
Irritable/Screaming
Guilty, Anxious
Suicidal

PSYCHOSIS
Hallucinations
Delusions
Misidentification
Suspicion

MANIA
Euphoria
Pressured
Speech
Irritable

APATHY
Withdrawn
Lacks interest
Lack of motivation

AGITATION
pacing
repetitive actions
dressing/undressing
restless/anxious
sleep disturbance

AGGRESSION
Physical aggression
Verbal aggression
Aggressive resistance
to care

Step 2: Report and Act
Is the behaviour change sudden / high risk / gradual?

Sudden change or risk to person or others:	Gradual change in behaviour:
<p>Care home roles (for funded and self funded residents):</p> <ul style="list-style-type: none"> Access medical review (via usual GP or 111) Referral to Hull City Council Dementia care mappers via email - dementia.academy@hullcc.gov.uk For more information please visit - https://hull.connecttosupport.org/media/3bdn1nis/dementia-care-mapping-information-document.pdf please complete the referral form here Inform usual social worker of changes and to review/ reassess any additional short-term needs <p>If details not known, contact 01482 300300 or see&solve@hullcc.gov.uk or socialcare@hullcc.gov.uk</p> <ul style="list-style-type: none"> Start behaviour charts (eg ABC chart) Consider recent changes to circumstances (eg environment, bereavement, acute illness, medications) <p>Primary care (Usual GP / PCN team)</p> <ul style="list-style-type: none"> Review diagnosis: delirium / acute delirium on top of existing dementia distress / worsening symptoms of dementia Review possible causes (TIMEANDSPACE) below Treat underlying causes <p>TIME AND SPACE</p> <p>T - Toilet I - Infection A - Anxiety/ Depression M - Medication N - Nutrition/ Hydration E - Electrolytes D - Disorientation</p> <p>S - Sleep P - Pain A - Alcohol/ Drugs C - Constipation E - Environment</p> <p>Also consider: any acute neurological signs? Or exacerbation of chronic conditions or progression of cancer</p>	<p>Care home roles (for funded and self funded residents):</p> <ul style="list-style-type: none"> Highlight for review in weekly practice or PCN check in / MDT Referral to Hull City Council Dementia care mappers via email - dementia.academy@hullcc.gov.uk For more information please visit - https://hull.connecttosupport.org/media/3bdn1nis/dementia-care-mapping-information-document.pdf please complete the referral form here Inform usual social worker of potential review/ reassessment being required <p>If details not known, contact 01482 300300 or see&solve@hullcc.gov.uk or socialcare@hullcc.gov.uk</p> <ul style="list-style-type: none"> Start behaviour charts <p>Joint home and Primary care (Usual GP / PCN team):</p> <p>consider unmet needs, including PAIN mnemonic</p> <p>P = physical / psychological pain A = activity I = iatrogenic (side effects of treatments) N = noise and environment factors</p> <p>Primary care:</p> <p>Review diagnosis – if no diagnosis of dementia consider using DiADEM tool or refer to MAS (memory assessment services)</p> <p>Treat underlying causes (TIMEANDSPACE)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Authors: Dr Anna Folwell, Consultant Geriatrician, CHCP and Dr Angharad Symes, Hull place Dementia Lead and GP with extended role frailty, CHCP</p> <p>Contributors: Humber Teaching NHS Foundation Trust, Hull University Teaching Hospital Trust, Hull Local Authority and Hull Health and Care Partnership</p> <p>Version 0.5 draft</p> <p>Originally issued February 2023. Next review due February 2025</p> </div>

Person centred non-drug approaches – to be tried first or alongside pharmacological approaches if symptoms moderate to severe	Pharmacological approaches if symptoms moderate to severe or risk to the person or others	
<p>Care home</p> <ul style="list-style-type: none"> Review and adjust existing care plan using behaviour charts to identify triggers to distress and unmet needs. Meet the unmet need if possible including pain, constipation, bladder symptoms. Support nutrition and hydration e.g. offer food and drinks little and often, including if appropriate finger foods Consider environmental triggers e.g. noise, temperature; ensure access to quiet areas and bedroom; ensure good signage to bedrooms and toilets Encourage engagement in personally meaningful activities (hobbies, interests) and social engagement (family contact, group activity, conversation) Use of individualised music, animal assisted therapies (e.g. Therapy dogs), aromatherapy and reminiscence can benefit some people Promote good sleep hygiene (e.g. exercise, activity, and access to outside/daylight in the daytime; warm milky drinks, consistent night routine, avoiding caffeine at night time) Ensure glasses / hearing aids used when needed Review carer approach e.g. appropriate communication level, calm approach/body language Distraction, reassurance, or agreeing with the person can often help to de-escalate aggression rather than confronting, saying 'no' or asking lots of questions Ensure support is available for carers e.g. training, supervision, staff support structures Consider limiting carers to those the person is most familiar and has a good relationship with <p><i>Note sudden changes may resolve over the course of 4-6 weeks with the identification of causes and the above supportive approaches</i></p>	<p>Primary care: Consider causes and treatments as above Refer to Mental Health Team Consider trial of empirical pain treatments eg regular Paracetamol The below is a guide to consider but not intended to replace prescribing guidance. For further details on monitoring and maximum doses see Antipsychotic-Prescribing-Toolkit-for-Dementia.pdf (england.nhs.uk).</p> <p>Depression or apathy: SSRI eg Sertraline Consider talking therapies if able to participate</p> <p>Agitation / anxiety: 1st line: SSRI eg Sertraline 2nd line: Trazadone (starting at 50mg ON) or Mirtazapine AND ensure on Acetylcholinesterase Inhibitor or Memantine (refer to Community Mental Health Team or ICC Frailty Team if not currently prescribed)</p> <p>Aggression: Short term use with regular review and titration up or down according to response 1st line: Risperidone starting on 0.25mg od for frail, and titrate Or Lorazepam starting on 0.5mg Second line: refer to Community Mental Health Team</p> <p>Sleep disturbance: 1st line: Zopiclone (starting at 3.75mg ON) 2nd line: Mirtazapine or Trazadone (starting at 50mg ON)</p> <p>Psychosis: Risperidone starting on 0.25mg for frail, 0.5mg for non frail, and titrate Second line: refer to Community Mental Health Team</p> <p>Parkinson's disease and Lewy Body Dementia: As per above symptoms, or if antipsychotic required consider discussion with specialist PD team and in short term Quetiapine 12.5mg ON if frail, 25mg ON if nonfrail Risperidone and Haloperidol should NOT be used in PD / LBD. Consider Lorazepam as alternative</p>	
<p align="center">Step 3: Review, reassess and escalate If there is resolution consider continuance or titration of medications</p>		
<p>Care home: Contact primary care for further review, including discussion in PCN check in / MDT If advice needed call frailty advice line on 01482 450078 (Monday - Friday 8-6pm)</p> <p>Primary care: reassess for other contributing causes, titration of treatments If advice needed call frailty advice line 01482 450078</p>	<p>Social services: Contact your usual social worker to reassess as per usual policies and consider CHC/ S117 If details not known, contact 01482 300300 or see&solve@hullcc.gov.uk or socialcare@hullcc.gov.uk</p> <p>When to ask for help from specialist mental health services:</p> <ul style="list-style-type: none"> Moderate or severe distress Risk to resident or others Risk of placement breaking down Symptoms persist after consideration of TIMEANDSPACE, non drug approaches and first or second line medication Antipsychotics are being considered or commenced Resident known to Mental Health Team 	<p>How to ask for help from specialist mental health services:</p> <p>Primary care: Routine triage slot via the choose and book system with up to date referral form</p> <p>Primary care: Urgent referral call 01482 205520 Care home: Call 0800 138 0990</p>
<p>When to refer to ICC Frailty Team for a holistic (comprehensive geriatric assessment) MDT review chcp.jeanbishopiccreferrals@nhs.net</p> <ul style="list-style-type: none"> New permanent resident Behavioural issues requiring MDT approach, including those being referred for 1:1 care within the home Multiple falls despite falls team intervention 3 or more ED attends or admissions in past 3 months Complex feeding issues or support for decision making Second opinion for complex advanced care planning or for diagnostic uncertainty 		

Report Response

St Marys have acknowledged receipt of the report and are working to formulate a response, we will publish the full response once it has been received.

healthwatch
Kingston upon Hull

Healthwatch Kingston Upon Hull
The Strand
75 Beverley Road
Hull, HU3 1XL

Website: www.healthwatchkingstonuponhull.co.uk

Phone: 01482 595505

Email: enquiries@healthwatchkingstonuponhull.co.uk