

DEMENTIA TASK AND FINISH REVIEW GROUP - VISITS TO CARE HOMES

APPENDIX 3

	North Park	Springfield	Darlington Manor	Grosvenor Park	Riverside View	Rydal	St George's Hall and Lodge	The Grange	Willow Green
Q1. 1. Number and skills of staff employed?	56 staff on the books. 3 are senior carers	37 staff all up-to-date on training	Adequate mix of staff	Adequate mix of staff	This is a 4 Seasons home with a total of 54 staff - 47 care staff, 7 domestic staff, including 1 admin (who we met previously when we went on 16th May). There are currently 56 residents (it holds 59) of which 18 are council funded and 28 live on the dementia unit.	51 staff aiming to recruit 9 more. All different grades	5 staff per shift plus clinical lead. 3 residents 1:1 staffing CHC funding	Burlington Care in East Yorkshire recently took over this care home from 4 Seasons and they have their own training regime for staff however the staff also have moving and handling co-ordinators / dementia training / a 2-day induction care certificate / formulation classes. There are 63 staff plus 9 seniors - 33 of the staff are carers (with an additional 1 on long term sick and 1 on maternity). There are 65 residents of which 1 is CCG, 10 are private and 54 are council funded. Of these there is 1 CCG with dementia, 3 private and 20 council funded	Good mixture qualified and non-qualified staff
Q2. What access is there for staff to Dementia Training – any Dementia Friends/Champions?	All staff have dementia induction on starting, then on-going training. No dementia champions	All staff have dementia awareness training. Manager is the dementia mapping-co-ordinator, university trained.	All staff undertook Dementia Friends Specialist training provided by TEWV staff. Access to dementia awareness and dealing with challenging behaviour	All staff undertook Dementia Friends Specialist training provided by TEWV staff. Access to dementia awareness and dealing with challenging behaviour	The home has 18 weeks (from 12th May to 15th September 2016) to complete a new dementia framework which is used as a tracker for dementia residents' experiences. Training is ongoing. E-learning on the 4 Seasons system is mandatory and a dementia specialist for the new framework is due to visit on 5th June. Dementia Friends from Healthwatch have been to the home but there are currently no Dementia Champions so we suggested they look at the Alzheimers site to train some Dementia Champions for relatives / visitors to those living with dementia, not just for the staff. [see comments at the very end of this report]	All staff to be trained to their new dementia framework. There are 7 phases to it	All staff undertook Dementia Friends Specialist training provided by TEWV staff. Access to dementia awareness and dealing with challenging behaviour	The owners have their own dementia training programme and the senior staff we spoke to had excellent knowledge of the issues that affect people living with dementia. There are currently no Dementia Champions but we suggested that staff could use the Alzheimers site to train one of their staff as a champion and they in turn could teach relatives and visitors to the dementia unit how to live well with dementia.	All staff undertook Dementia Friends Specialist Training by TEWV staff
Q3. Is there any provision for regular activities for those living with dementia?	There is an activities co-ordinator who works 3 days a week. They are looking to pay for another one to do another 3 days. They like to play bingo for chocolate prizes	There is an activities co-ordinator 4 days a week. A sensory room which the residents and their families can use. The owner purchased a minibus so they can have days out	Wide range of activities available	Reminiscence room. Wide range of activities available	There are 2 activity co-ordinators and many activities such as musical bingo / baking / dominoes / scrabble / outings (most recently to the Wizard of Oz). There is something happening every day, mostly in the afternoon. Group activities become difficult as dementia worsens but there are many 1 to 1 activities available. Pet therapy dogs visit the home on Wednesdays and they have entertainers visiting the home as well as sweets from Sugar & Spice. The home raises money for extras like entertainers and they have the ability to borrow a minibus or hire one to take residents out into the community	There is an activities co-ordinator who works part time. Aiming to recruit another so they have activities on full time	Reminiscence room. Wide range of activities available	There are 2 activities co-ordinators and the residents who live upstairs on the dementia unit join the residents downstairs for a range of activities such as karaoke. It is very difficult for dementia residents to go out into the community as there is no transport available. We were particularly impressed by the happy hour that has been introduced for residents to have an alcoholic drink of an afternoon/evening. 2 dementia residents were observed sitting in the sunshine and enjoying the lovely gardens	National Winner Care Home Activity Award 2016. A varied and innovative range of activities, including visits from local schools, outings, gardening etc.

Q4. Involvement of Carers	Carers are involved with all aspects of care	Regular resident and staff meetings, residents forums, the families are included in all aspects.	Families encouraged to visit and evidence on visits of this	Families encouraged to visit and evidence on visits of this	Residents have key workers who will buy things like new clothes and toiletries for them, as well as contacting family members when required. There are also life stories on the doors so carers have a snapshot into the residents' previous life.	Carers are involved in all aspects of care	Families encouraged to visit and evidence on visits of this	Residents have key workers and they use 1-page profiles so that the carers have knowledge about the life the resident lived before dementia.	Families encouraged to visit and evidence on visit of children and grandchildren visiting residents
Q5. 1. Rates of hospital admissions and why Discharge?	One to two per week, falls, infections. A staff member will attend hospital with them	Last resort for hospital admissions, most are maintained in house	Low - try to keep residents in home. Support community matron effective	Low try to keep residents in home. Support community matron effective	Admissions into hospital are rare as the district nurses come to the home. They only had the community matron scheme for a few months where matron was called instead of the doctor. Residents only admitted if there is an emergency or they need IV drips - the last 2 admissions in the previous month were for dehydration and a resident who pulled their catheter out. If the resident has to stay overnight the hospital will ring the home who will collect them. If the stay in hospital is longer term, the manager will update the care plan	Very few admissions, mainly falls and infections	Low - try to keep residents in home. Support community matron effective	Residents are rarely admitted to hospital - possible 3 per month and the causes are usually falls and chest infections or anything requiring IV antibiotics etc. The home works closely with the community district nurse to avoid admissions.	Low - try to keep residents in home. Support community matron effective
Q6. Time/length of stay in hospital	Time varies depending on reason for admittance	Varies depending on the reason for admissions	Discharge as soon as able	Discharge as soon as able	Patients usually stay no longer than 2 days, however a patient recently had a urine infection and they stayed for a week and were re-assessed and straight back to the home.	Times vary depending on the reason for the admission	Discharge as soon as able	The usual stay is less than a week and their bed at the home is paid for if they have to stay any longer. On very rare occasions, the resident could go into the hospice if they wish to but most want to stay at the home.	Discharge as soon as able
Q7. Is there a pathway for end of life care?		All staff are trained on end of life care, district nurses for medication. Re-assemble care plans, family have 24/7 access.	Yes supported by District Nurses/Community Matron where appropriate	Yes supported by District Nurses/Community Matron where appropriate	District nurses have the medication and the home has the palliative care phone number. The home will meet any end of care requests they can and can arrange for the last rites to be read if required. The conversation about any end of care pathway takes place once the resident is settled in the home	Yes, review and advance care plans. Work with district nurses	Yes supported by District Nurses/Community Matron where appropriate	This is provided. Staff were observed to be speaking very calmly to all residents and the manager of the home sees it as a vocation rather than work so any difficult conversations are undoubtedly carried out in a caring way.	Yes supported by District Nurses/Community Matron where appropriate
Q8. Have residents got personal support plans/are individual needs assessed?	All residents have individual care plans, which are reviewed regularly. Manager regularly attends audits.	Work closely with families on individual care plans	All residents have personalised care plans	All residents have personalised care plans	Yes there is a personal support plan	All residents have personal care plans, which are reviewed regularly	All residents have personalised care plans	There is a personalised individual plan that is drawn up by the district nurse.	All residents have personalised care plans

Q9. Increased staffing at meal times	Meals are served to residents who need extra support first then the rest of the residents join them approx 30 minutes later	12 pm for assisted support, 12.30 for other residents so they all eat together. The room is set up like a café with a hatch and backboards for specials.	adequate to assist	adequate to assist	There is no increased staffing but domestics and senior staff are on hand to help as necessary.	All staff available at meal times, residents who need extra support start lunch at 12, then other residents at 12.30 no staff breaks during the lunch period	adequate to assist	The domestic staff are trained so they can step in, if required, at mealtimes and everyone from the manager downwards also joins in.	adequate to assist
Q10. Use of assistive technology	They have a buzzer system with long cords, bed monitors	Nurse call system, sensory mats and would use other assisted technology as and when.	None evident but discussed	None evident but discussed	Some rooms have sensor mats for falls and the falls team assess residents. 2-hourly checks are carried out by staff but hourly can be arranged if required.	Nurse call system	None evident but discussed	The high risk residents are upstairs and there are keypads on the doors upstairs. Residents cannot leave without staff helping them. Staff perform 2-hourly checks and there are fall sensors.	None evident but discussed
Q11. Access to specialist mental health support - assessment on admission, rapid response to problems	They have a good relationship with West Park for help and support with admission or problems	Work closely with West Park, CPN's around medication	CPN mental health liaison nurses visits regularly	CPN mental health liaison nurses visits regularly	CPN from West Park does regular checks and send referrals as required. Staff get challenging behaviour training from them. Formulation meetings inform carers about a resident's past life.	Work closely with West Park	CPN mental health liaison nurses visits regularly	Disruptive residents are seen by mental health workers at West Park who also assess their medicine.	CPN mental health liaison nurses visits regularly
Q12. Medication Reviews?	Dr Campbell from Blacketts surgery does weekly medication reviews every Thursday morning	GP reviews medication weekly, staff monthly review	Yes audits weekly and reviews monthly	Yes audits weekly and reviews monthly	Moorlands Practice carry this out every 6 months	Medications are reviewed weekly by a GP	Yes audits weekly and reviews monthly	West Park staff carry out any reviews and also the GPs. The work of the Community Matrons is also invaluable in this regard.	Yes audits weekly and reviews monthly
Q13. Use of anti-psychotic medication?	They only have 1 resident using anti-psychotic drugs who is being re-assessed on the need for them.	No residents at the moment use them	If appropriate and monitored by mental health liaison nurse	If appropriate and monitored by mental health liaison nurse	There are 2 residential residents taking this type of medication and they are reviewed as required	There are patients who use them, they are reviewed regularly to access if still needed	If appropriate and monitored by mental health liaison nurse	There are only 1 or 2 residents who require this and it is monitored by West Park.	If appropriate and monitored by mental health liaison nurse
Q14. Areas of good practice	All managers are working shoulder to shoulder with other staff, which makes for a great working environment	The owner and the manager are never off at the same time, very hands on and work alongside the staff	Wide range activities.	Wide range activities.	The home is proud of the range of activities for its residents as witnessed by the recent visit to the Civic Theatre. It will be interesting to see what benefits they gain from the new dementia programme they are following.	Managers are on hand to (muck in) with staff. They all do their training together	Wide range activities. 'Our residents don't live in our work place, we live in their homes'	Staff use different tactics so that each resident receives the best care possible for them. The manager knows all the staff and her criteria for the home is 'would she be happy to leave her mum there?' There is a Carer of the Month award nominated by other staff and they receive wine or chocolates as a small token of their achievement. The introduction of a happy hour for residents is a master stroke! Visitors / relatives can dine privately with residents in the dining room to make it a more personal experience.	Wide range of activities - photos

Q15. Environment - is is dementia friendly	Bathroom doors are painted lilac, all other doors white - clear signage. Memory boxes on bedroom doors, with name and picture of the resident and other memories. Lighting levels were brighter on the dementia unit to the rest of the home. They had an old style shop window with a Civic Theatre stage and a market barrow as well as black and white photos of the railway works, Patons and Baldwins and others and a miniture juke box	The home is in the process of being upgraded, there are posters from old western movies on the wall. Memory boxes on order. Lighting was brighter in the newest part of the building. Sweet trolley (market barrow shape) next to lounge. Hairdressers decorated with old pictures and a magazine rack	Clear signage but hoping to improve. Photos residents on rooms. Light and airy. Use of decorative memorabilia	Clear signage. Photos residents on rooms. Light and airy. Use of decorative memorabilia	There were photos of toilets etc on the corresponding doors. and pictures of the occupant on the rooms. The first time we visited, the home was very noisy with alarms going off constantly but it was much calmer the second time. It also smelled badly the first time we visited and there was not much evidence of that the second time. Memory boxes are difficult for staff to maintain as relatives are not always forthcoming and other residents take things out of boxes that don't belong to them. The lighting was the same upstairs and downstairs and not particularly bright. It was a sunny day while we were there but the hallways would probably be dull on any other day. There were old black & white pictures of Darlington on some of the walls	All doors are different colours and have pictures and words on them. Working to complete all resident memory boxes. Higher than normal lighting levels. Pictures from the local park bowling green, that residents remember playing	Clear signage. Photos residents on rooms. Light and airy. Use of decorative memorabilia	There were photos of toilets etc on the corresponding doors and the decor was very tasteful and calming (it had only been decorated fairly recently). Whilst the memory boxes are a good idea, in practice they tend to always be empty as other residents will take things from them and that can cause its own problems. The lighting needs to be brighter in the dementia unit and that is currently being looked at. There are black and white photos in the lounge and some old-fashioned furniture in some of the rooms.	Clear signage. Photos residents on rooms. Light and airy. Use of decorative memorabilia
Q16. What are the challenges?	Funding is always a challenge.	Fundraising, residents living longer and family members passing on first so no family members	Recrutiment and retention of staff	Recrutiment and retention of staff	They were unable to think of any.	Funding is always an issue.	Recrutiment and retention of staff	The manager would love to have access to a minibus or some sort of transport to take the residents out into the community more. They would also like more dementia training	Recrutiment and retention of staff

NOTES - Rydal - we were invited to join in the first phase of the dementia framework training, which involved us wearing had phones, gloves and glasses that had different visual impairments to get a sense of what it is like living with dementia