



Enter and View Report

Care Homes - Springfield

Service Address: 63 The Causeway, March, PE15 9NY
Service Provider: Orchid Care Homes
Date and Time: Tuesday 18th August 2015 at 10.30am
Authorised representatives: Judy Allen, Maria Garner, Nick Roberts and Kate Hales



Acknowledgement

Healthwatch Cambridgeshire would like to thank the residents and staff at Springfield who spent time talking to us about their experiences of living at the home or having family staying at the home.

Thank you also to the Manager of the home for helping us to arrange the visit and providing relevant information that we asked for.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time. This report relates to findings observed on Tuesday 18th August at 10:30am.

The visit also takes into consideration the fact that some of the residents spoken to will have a long term illness or disability, including dementia, which will have an impact on the information that is provided.

We recognise that providers are often able to respond to us about any issues raised and we will include all responses in the final report.



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Introduction and methodology

What is Enter and View?

Part of Healthwatch Cambridgeshire's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service. 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 service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.



Our Care Home project

Healthwatch Cambridgeshire made the decision to undertake a programme of enter and view visits to care homes in Cambridgeshire in spring-summer 2015.

Our visits are intended to:

- Find out what daily life is like in a care home in Cambridgeshire.
- Gather the opinions and experiences of residents, relatives/friends and staff.
- Raise awareness of the role of Healthwatch.
- Build relationships to enable those voices not often heard, to have a say about the health and care services that they receive.

Enter and view visits will also highlight (if applicable) what the team think are 'good ideas'. This will be collated and shared with all the care homes that we have visited at a later date.

The care homes to be visited are selected based upon a number of factors which include geographical spread across the county. Where possible we will make sure the visit does not conflict with other visits such as planned Care Quality Commission Inspections or visits by the local authority.

Following each visit a report will be produced and this will form part of a summary report highlighting good ideas and issues around access to health and care services.

Purpose of the visit

The purpose of the visit is to find out what daily life is like for residents at the care home. We observe day to day life in the care home and talk to residents, relatives, staff and other visitors, to collect their experiences and opinions.

- We look at how residents are supported to make choices about their daily life, for example making mealtime choices or what to wear.
- We watch how staff interact with residents and other people in the care home.
- We find out what activities are available for residents at the home and in the community.
- We ask people what they think about the range and quality of their food.



- We find out how easy it is for residents to access local health and care services, for example GP, Dentist, Optician and Chiropody.
- We collate examples of good ideas and report on any issues or concerns that are raised.
- We talk to people about their experiences of living in the home, and any ideas they have for change.
- We tell people about Healthwatch Cambridgeshire and what we do.

Announced visit

This was an announced Enter and View visit. It was undertaken by a team of five authorised Enter and View representatives, made up as one Healthwatch staff member and four volunteers. It lasted approximately two hours. We wrote to the home explaining the purpose of the visit and inviting them to take part in our Care Home Project.

Confirmation included advising the names of those who would be taking part in the visit. Posters with details of the visit and Healthwatch contact information together with leaflets for display prior to the visit were sent to the home the week before.

The visit was informal and involved a combination of observations and talking to residents and staff. We were given a tour of the home and invited to walk around without an escort.

A large proportion of the visit was observational, involving the authorised representatives walking around the public areas and observing the surroundings to gain an understanding of how the home works and to get a feel for the general environment.

All findings were logged; notebooks and questionnaires were used to record the information gathered.

The Enter and View team spoke with the Manager and Deputy Manager, who provided detailed information about the home and answered any queries raised.



Information was also given out about Healthwatch Cambridgeshire to residents. The home was given copies of the latest Newsletter, Information and Signposting bookmark, leaflets and posters to display in the reception area. To keep in touch with Healthwatch, the Manager signed up to receive both our newsletters.

Springfield

Springfield is a privately owned residential care home in March, Cambridgeshire. It is close to the local shops and near public transport links. The building itself is a large period property that has been converted into a care home, with two purpose built single storey extensions added.

The home is registered to provide care for older people and people with dementia. It has 29 beds which are in 23 single rooms, three shared rooms and three rooms with en-suite. Some of these are funded by Adult Social Care, Cambridgeshire County Council. The home can also provide day, respite and convalescent care.

On the day of our visit 25 men and women were living at the home.

The gardens are vast, with several different planted areas for residents to enjoy that are secure and safe.

We were told that residents are encouraged to bring personal possessions into the home, including furniture

The home has five lounges of differing sizes and uses, including a quiet area where residents are able to receive visitors in private. We were told '*visitors are welcomed and encouraged at any time*'.



Summary of findings

- The home felt welcoming and friendly.
- At the time of our visit, we observed the home to be operating to a good standard of care with regard to daily life and care of the residents.
- The residents appeared content and told us they were able to make decisions about they wanted to eat.
- Residents were able to choose what meals they would like.
- Staff were observed to be positive, respectful, kind and caring with residents.
- The garden area featured patio areas with shaded seating and tables.



The Findings

Accommodation and environment

There was keypad access to the entrance of the building. When we entered, there was a member of staff present to welcome us into the building. This made Springfield feel welcoming to us.

Local information and care leaflets were on display in the reception area. There was a signing in book which we were asked to complete. The poster advertising our visit was on display.

There were many ornaments on display which we thought created a home like feel. We noted that some of the furnishings were worn and the carpets thinning in places. However, the Manager told us that there was a plan in place to refurbish parts of the home and work was due to start mid-September.

There was a slight odour in the corridor leading to the resident's rooms and we were told that the carpets would be replaced in the refurbishment.

We were told by the Manager that *'residents' partners are always welcome, some of them often visit and stay for the entire day'*.

The Manager told us that a residents' meeting is held twice a year. We were told there is an "open door policy" for residents and families to chat with staff or management at any time.

The residents' rooms that we saw were light and airy. Some were scheduled for re-decoration; one of the en-suites required plaster work for a large hole in the wall.

Activities

There is a part-time activities co-ordinator who has two volunteers to help with the activities. We were told the residents are asked what they would like to do and the activities arranged. These include things like painting bird houses, baking cakes, board games and quizzes.



The Manager told us *‘the activity team had been increased over the last two years and that they work on a rota system. Activities are planned for most days of the week’*.

The Manager showed us the picture memory book of activities, which captures the residents enjoying the activities.

We were told there is a mini-bus available for outings and trips have been arranged to the local town, Hunstanton and Sandringham for residents to enjoy shopping and coffee. The more able-bodied residents are able to walk into March for the market, or lunches with family and friends.

A church service is held on a Wednesday and two members of the church come along to assist. We were told that families are very supportive and visit the home regularly to help.

The Manager told us they have regular informal chats with the residents. At these sessions, they ask residents what other activities they would like the home to arrange.

Residents told us

‘We can watch TV’

‘We’re content with what we have’

‘I like to go to the market’

‘We don’t do anything, just get lazy’

‘The jigsaws are packed away’

“I just get up from breakfast and then sit here”

“We used to do a lot more activities but it’s dwindled off. Worried they may stop”



Catering

The daily menu on display showed a number of different choices for residents. We were told that the main meals are provided by Apetito, a company who specialise in frozen meals for hospitals, care homes and local authorities. A specialist oven is used to cook these meals.

The meals are frozen and the choices of foods are normal and pureed, soft options are also available. This helps the home manage portion control and nutrition.

SPRINGFIELD DAILY MENU CHOICE						
FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Main Roasted Cod or Fish Cakes or Steak & Mushroom Pie or Lamb Chops or Lamb Potatoes or Mashed Potatoes or Mashed Potatoes	Main Spiced Chicken Breast or Mince & Onion or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes	Main Roast Chicken Breast or Steak & Mushroom Pie or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes	Main Chicken Pie or Sausage Casserole or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes	Main Steak pie or Lamb & Potato or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes	Main Toad in the Hole or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes	Main Roast Chicken & Ham Pie or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes
Dessert Custard or Custard or Custard or Custard or Custard or Custard or Custard	Dessert Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes	Dessert Custard or Custard or Custard or Custard or Custard or Custard or Custard	Dessert Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes	Dessert Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes	Dessert Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes	Dessert Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes or Mashed Potatoes
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Weekly menu

We were told that staff plate up the meals to show the residents, who can choose what they want to eat. Most of the residents eat their meals in either of the two dining rooms, although some stay in their rooms to eat.

Fresh fruit is always available, and refreshments such as tea and coffee can be asked for at any time, together with homemade cakes.



Residents told us

“Fantastic, food is good and you get what you want”

“Meat is stringy”

“Teatime is always the same - sandwiches, soup or jacket potato”

“I just ask for what I want”

“Food is good”

Staff told us

“We get to know the residents and what they like”

Care and help

The residents we chatted to had no complaints about the care they received and we were told that the staff were very nice and friendly.

The residents we saw all looked well presented and content in their surroundings.

We were told the staff get to know the residents and their different tastes very quickly. We were told that all residents are risk assessed for safety prior to admission.

The manager told us *“Some people come back time and time again for respite. If there are no beds available at the required time, they can always be booked ahead to ensure there is accommodation available. We also offer day care for two people per day”*.

All residents are encouraged to have labels sewn into their clothing to enable staff to distribute the laundry correctly.



The hairdressing salon is available once a week and residents, if they wish to, can have their hair done. Residents can also use their own local hairdressers if they prefer.

Staff attitudes

All the staff wear a uniform and we saw that they were smart and clean. We saw staff were spending time chatting with residents.

We were told that medication is ordered over the phone and dispensed by staff that have had appropriate training. Some staff are also trained to dispense insulin.

The Manager told us that they have an open door policy and anyone can ask and chat anytime.

Residents told us

'The staff are very nice'

'I am comfortable'

Carers and Relatives

The Manager told us that visits from relatives and carers are positively encouraged. At the time of our visit there were no visitors for us to talk to.

Access to health and care services

The home told us they use three GP surgeries in March. The district nurse visits when requested.

The Manager told us the GP surgeries are good and the home have trusting relationships with them. They can telephone and ask for prescriptions over the phone; this is particularly helpful for residents who have dementia.

Yearly health checks are carried out at the local GP surgery. The GP also refers residents to Specsavers for hearing tests if required.



Most of the residents are local with differing levels of dementia or short-term memory loss. We were told discussions are held with the GP and families with regard to 'do not resuscitate'.

Although podiatry has been requested, at present the NHS is unable to provide this even for diabetics as the waiting lists are very long. We were told a Chiropodist visits the home every ten weeks.

Vision Call attend regularly as do Specsavers for residents over a certain age. Vision Call come into the home to do eye tests and all residents can have their name engraved with their prescription on the arms of the glasses to prevent loss. Dementia eye testing is also carried out.

We were told that if a resident needs to go into hospital, the home put together an information pack details about their care needs, including medication. The Manager told us that the information packs regularly get lost on the way to the hospital. Body maps are recorded prior to admission and on return from hospital. The home recently had one resident return from hospital with a pressure sore.

Speech and language therapy (SALT) is used if required.

Good Ideas

- Residents' names and their prescriptions are engraved on the arms of their glasses to prevent mix-up.
- Residents are allocated a coloured thread for smaller items of clothing, for example socks. The coloured thread is attached and this enables staff to differentiate between similar items of clothing and ensures the residents have their own clothes.
- Picture memory book of activities.
- Use of body maps and information packs for residents' care, medication needs and their details.



Ideas to take forward

We encourage care homes to develop ways to involve residents, their families, carers and staff in making decisions to improve care in the home.

We encourage a positive approach to managing complaints and learning from people's feedback about care in the home.

Our ideas for Springfield:

1. We ask all of the care homes we visit to help us promote residents' opportunities to feedback on their local health and care services by displaying Healthwatch Cambridgeshire literature in their home.
2. Speaking with the residents, we suggest increasing the number of residents' formal meetings to encourage residents, families and friends to be more involved in their home.
3. We suggest displaying the picture memory book; everyone can then see the photographs of the residents enjoying the activities.
4. We suggest developing more activities to stimulate the residents to be more physically and mentally active.
5. Visit and share ideas with other care homes.



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