



Enter and View Report

Care Homes - The Hillings

Service Address: Grenville Way, Eaton Socon, St. Neots. PE19 8HZ

Service Provider: Healthcare Homes Group Limited

Date and Time: 16th April 2015 at 2pm

Authorised representatives: Brian Walker, Caroline Cranston, Julie McNeill and Kate Hales



Acknowledgements

Healthwatch Cambridgeshire would like to thank the residents, relatives, carers and staff at The Hillings who spent time talking to us about their experiences of living at the home or having relatives/friends staying at the home.

Thank you also to the Manager of the home for helping us to arrange the visit and providing the relevant information requested by Healthwatch Cambridgeshire.

Please note that this report relates to findings observed on the specific date of 16th April 2015 at 2pm. 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.

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. Enter and View authorised representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are 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 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 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. If at any time an authorised representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager and end the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission where they are protected by legislation if they raise a concern.





Our Care Home project

Healthwatch Cambridgeshire made the decision to undertake a programme of enter and view visits to care homes in Cambridgeshire in the autumn of 2014. 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 view as 'good ideas' and 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 ensuring the visit does not conflict with other visits such as planned CQC 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

Purpose of the visit is to find out what daily life is like for residents at the care home, observe day to day functioning of the care home and engage with residents and relatives to collect their views on:

- Choices – support to make individual decisions.
- Daily care and staff attitudes.
- Access to activities for residents at the home and in the community.
- Food and catering.

Collate examples of good ideas.

Highlight any issues or concerns that are raised.

Capture the experiences from residents and their relatives and highlight any ideas they may have.

Raise awareness of Healthwatch Cambridgeshire and what we do, and highlight any ideas they may have.

Announced visit

This was an announced Enter and View visit. It was undertaken by a team of four authorised Enter and View representatives, including two Healthwatch staff members and two volunteers, and lasted approximately two hours.

Before the visit, correspondence was exchanged with the home, inviting them to take part in the Enter and View project and explaining the purpose of the visit. Confirmation included the names of those who would be taking part in the visit, posters giving details of the visit and Healthwatch contact information together with leaflets for display prior to the visit.

The visit was informal and involved a combination of observations and talking to residents, staff and relatives to gather information and views, with conversations and questions around care and support, food, activities/hobbies, access to health and care services and choices available.



During the course of the visit the team spoke with four members of staff, four relatives and seven residents; all findings were logged. We were invited to walk around the care home without an escort.

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

Information was given out about Healthwatch Cambridgeshire to residents, and the home was given copies of the latest Newsletter, Information and Signposting bookmark and leaflets to display in the reception area. To keep in touch with Healthwatch the Manager and Deputy Manager signed up to receive the E-Newsletter.

The Hillings

The Hillings is situated at the end of a cul-de-sac in a quiet residential area in Eaton Socon. This is a purpose built home consisting of seven wings that are arranged around courtyard gardens. It is a privately run residential care home registered to provide care for older people over the age of 65 and dementia with Alzheimer's as their specialist registered care category.

The home provides care to 72 residents occupying single bedrooms, some of which have en-suite facilities that include a wash basin and toilet, double rooms are available on request. The wings are all single storey and made up of 4 residential and 3 dementia units called Aster, Bramley, Clover, Daisy, Evergreen, Foxglove and Gardenia. All the rooms have a carer call system and are furnished to a good standard. Residents are encouraged to bring items of their furniture and possessions with them.

There are shared bathrooms and shower rooms on each unit and these are equipped with mobility aids and alarms. Each wing has a kitchenette for the residents' use, together with a dining and lounge area that looks out onto a courtyard garden.



Garden Courtyard

There is a communal quiet lounge with reasonable décor which can be used for combined activities, private gatherings for families or can be booked for specific family events i.e. birthdays also meetings and training.

On the day of our visit 72 residents were living at the home, some of these beds are funded by Adult Social Care, Cambridgeshire County Council.

The entrance porch had a useful board giving information on daily activities, security on the door to reception required a staff member to release. There was a signing in and out book for visitors and staff, leaflets and information on other services. The poster advertising our visit was on display and relatives were present for us to talk with.

Summary of Findings

- The home was commencing refurbishment in many areas.
- At the time of our visit, the evidence is that the home is operating to a good standard of care with regard to daily life and care of residents.
- During our visit we observed residents in the home to be comfortable and happy.
- The residents appeared well looked after and were able to make daily decisions.
- Staff were observed to be friendly and kind with residents.



The Findings

Accommodation and Environment

To note – five of the units are quite old and scheduled for a refurbishment. Some of the signage had been taken down in readiness, as this was due to start immediately.

The Manager highlighted to us that although the home is tired in places and in need of some re-decoration, this has been scheduled to commence immediately and will be refurbished in line with other Health Care Homes which will ensure a homely feel. This will include attention to woodwork and windows.

Noticeboards with information for staff, residents and visitors were at a level accessible by wheelchair users, and these were combinations of written and pictorial. It was noted that some information (near the signing in book) referring to a consultation by the Clinical Commissioning Group was out of date. There was also some out of date information relating to the Care Quality Commission.

All the units have a lounge and dining area with kitchenette for making drinks and snacks. These areas were bright, airy and warm with a range of upright chairs.

All the lounges were occupied with residents and some had relatives visiting. A number of residents were watching television and others were napping and relaxing.

The layout in some of the lounges does not allow all residents to see the television thereby ensuring that there is a choice. We were advised that the seating has been arranged in-line with the residents input and as not all want to see the television and this is reviewed regularly.

The quiet lounge has several armchairs and a large dining table and chairs, we were advised that it was very difficult to bring in and transfer wheelchair users and the shape of the room was not conducive for community activities.



The corridors in the older buildings were rather narrow and dark, with dark wood doors and good handrails on both sides of the corridor.

Staff advised that it could be difficult negotiating wheelchairs or stretchers through the narrow corridors.

The Manager updated that *“although carers have reported that it is sometimes difficult to manoeuvre wheelchairs along the corridors, the handrails that do narrow them are well placed and essential for safety”*.



The doors were not particularly well signed just numbers and names, the exception being in the new dementia units which were spacious and airy. In this area the corridors and doors were much lighter and the latter had distinctive pictures for bathing and toilet, with bright red and yellow doors.

It was noted in Bramley unit kitchen area that the cleaning rota said the cupboard doors and fridge door should be cleaned weekly, this had not been ticked at all for April.

Residents are able to bring their own pets, and are encouraged to bring along personal ornaments, bits and pieces from their own home to make their rooms more homely.

We did note that some of the rooms were on the small side and whilst it may be difficult to bring large pieces of furniture, we were advised that ‘residents are welcome to bring personal items’.



The courtyard gardens were colourful, with textured planting and raised bedding boxes ready for planting.



Activities

The home employs a full time Activities Organiser and further part time help will be in available in the near future. There is a specific budget for activities which includes (if required) making improvements to the outside areas and sourcing external entertainment.

Group activities take place daily, and these are sometimes held in the quiet lounge with all the residents from each unit invited to take part.

For those residents who wish to stay on their own one to one sessions take place and these are geared to the wants/ needs of the resident. Activities included quizzes, puzzles, bingo, reading, singing, painting, acting (putting on small plays) and gardening.



Residents told us

They enjoyed the activities and liked to join, and are able to go to the residents meetings and can say something if they want to.

'Join in activities, not fond of singing, like the quizzes and gardening, have a new leader now', like to visit garden centres and read books.'

'Likes singing sessions and quizzes, enjoys the choir that visits from outside, like watching TV and listening to the radio.'

Catering



The menu had a range of meal choices which changed regularly and then repeated. One day per week the 'full English breakfast' is available. Normally lighter breakfasts are served e.g. cereals and toast and there is always a hot daily option (omelettes).

Residents are asked on a daily basis to choose their meals and are able to eat them in the dining room or in their own rooms.

There is a 'Resident of the Day' and they can choose what activities, outing and what food they would like to eat (subject to their medical needs).

Picture menus are being introduced by a 'meal time champion'. It may be helpful for the home to have more than one 'meal time champion'.

Residents told us:

'Food is quite good and if you tell the kitchen by 10:30am what you would like you can have something different from the menu'

'Teatime' ought to be sandwiches and trifle and not jacket potato'

'Good meals, hot food, cold food, roasts, cold dishes salads, I particularly like salads all are very good.'

'Oh my goodness the food is just lovely'



Care and Help

We saw staff members attending to the needs of residents in a sensitive and dignified manner. Staff members knocked on bedroom doors before entering, one resident told us that when they had a concern they were able to raise this and they were pleased that appropriate action had been taken.

The call bells were audible for most of our visit. This was raised with the Manager who explained that the system stacks calls.

Staff attitudes

Staff were patient, respectful and friendly towards the residents. We observed some interaction between the staff and residents, particularly when one resident wandered off and was helped back to the lounge area.

When we arrived on Daisy it was noticed that no carer was present and a resident requested to go to her room; the Activities Officer was able to assist.

In Gardenia there was a gap between the carer going off shift and the carer coming on shift - this was about ten minutes. This was raised with the Manager and she explained that there was always one or two floaters available and able to assist when needed.

We wondered whether in an emergency if sufficient staff would be available to assist residents in a timely manner.

Visitors, Relatives and Friends

Relatives and visitors are welcomed by the home and if needed overnight sleeping arrangements can be arranged.

We were able to speak with some relatives who gave a mixed view.

'We are very happy with the care that is received and know that our relative is in good hands, we can visit when we like and we are always made welcome and invited to come along to the residents meetings.'

'Bed making seems to take ages, not many people talk to you. Ears not syringed and have asked three times, bought the liquid for my relative and was going to do it myself and it disappeared, clothes go missing too.'



We did raise these concerns with the Manager at the end of our visit, and it was explained that the bed is made up in the morning whilst the resident is not in the room and on occasion the resident returns and lays down on the bed.

With regard to the ear syringing liquid and clothes going missing the Manager was going to look into this and go back to the relative concerned.

Family members are encouraged to be part of the initial assessment which is taken in the potential resident's own home or acute setting. We were advised that residents' next of kin are kept up to date with the needs of their relative, and are advised of any changes to the care plan.

Access to Health and Care services

The care home has a good relationship with the local GP surgery and advised that they were making great progress in reducing unnecessary resident transfers to the acute hospital environment for medical issues.

It was noted that there are concerns with discharge from the acute setting, as there seems to be a lack of understanding from hospital staff of the difference between a residential care home and a nursing care home. Residents have had to be returned to the acute setting because of the need for high medical care, which is not available in a residential care home environment.

The district nursing service provides support with diabetic control and wound dressings.

Care and support for mental health issues comes from Edith Cavell NHS Trust in Peterborough, however, when this is full (which is most of the time) residents may have to look for their care outside of the County.

A local opticians visits the home on a regular basis to see to basic eye sight needs. We have some doubt about full eye tests for residents as there are no local opticians with the facility for a wheelchair user and mobile testers are not able to bring the bulky equipment necessary for the tests.

Camsight visit the home to undertake the eye screening.



Good ideas

- Raised garden beds
- Colourful garden areas
- Picture Menu
- Range of Activities both for groups and individuals

Recommendations

1. Actively engage residents, families, carers and staff in service improvements and promote the local Healthwatch in all establishments by displaying posters and leaflets.
2. Encourage and develop positive attitudes towards complaints and actively learn from feedback.
3. Ensure literature for the Care Quality Commission and other organisations is current.
4. Review shift patterns to look at handover and cover gaps.



Service Provider response

The constructive comments are very much appreciated thank you.

Feedback around some of the content:

- P12- Jacket potato is on the teatime menu just once a week with sandwiches any day that the resident would like them.
- P13 - In an emergency situation the buzzer would bring senior staff immediately to the area to ensure assistance in a timely manner.
- P13 - Handover has been identified as an area for improvement and has been drawn up on an action plan with a view to improve where there are gaps between the shifts. Floating staff are available to ensure that resident's buzzers are answered during this time.
- P13- We have employed an extra person for the laundry which will minimise resident's clothing going missing.
- P14 - Care and support for mental health issues - the beds at the Edith Cavell Hospital are limited therefore should a resident require an admission relating to their mental health they may need to go to a different Trust - normally this would be Cambridge or Bedford.

Feedback on Recommendations

Posters and leaflets are on display in the foyer - we have stocks to replenish. Residents and relatives are also made aware of the service at the meetings.

We have commenced reflective group discussions at the staff meetings in order to actively learn from complaints.

The CQC and other organisations literature has been checked and is now current.

Shift pattern and handover is on an action plan for a target for completed improvements at the of the end of July.



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