Enter and View Report:
Handford House Residential and Nursing Home

14th August 2017
Name and Address of Service visited:  
Handford House Nursing Home  
27A Cumberland Street  
Ipswich, Suffolk  
IP1 3PA

We visited this service on:  
An unannounced visit on 14th August 2017

Name of Provider:  
Healthcare Homes (LSC) Limited

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Acknowledgements:

Healthwatch Suffolk (HWS) would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer:

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, it is an account of what was observed and contributed at the time.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. These may be announced or unannounced.

Local Healthwatch 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 they can also occur when services have a good reputation – Healthwatch Suffolk wants to learn about and share examples of good practice 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, ending the visit.

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

“There have been significant changes to the management of Handford House following the CQC report of April / May 2017...”

The purpose of this visit was to gather information of the ‘lived experience’ from the residents of Handford House and to check with them how their care and choices are provided.

There have been significant changes to the management of Handford House following the CQC report of April / May 2017 which has had an impact on residents and staff. Staff morale is improving with staff now feeling part of a team and that they have the support of management. Residents feel more settled and involved.

Recommendations:

1. In reception - to have a Who's Who notice board with the photographs and names of the staff. The colour of the uniforms could also indicate their role.

2. All staff to wear name badges.

3. Infection Control Issues to be addressed. Fan in residents dining room very dirty and dusty needs to be cleaned free from dust and dirt. Hand hygiene to be offered at meal times and staff to ensure they also engage in hand hygiene prior to serving meals.

4. Activity Coordinator’s to motivate and stimulate residents, organise daily sessions. Adopt an Activity Board Noticeboard displaying the weekly programme, in an accessible format.

5. Use of adapted cutlery and plate guards for residents.

6. To display picture menus in accessible formats.

7. Involve the local community for example the local primary schools.

8. Information about the NHS Accessible Information Standard to be circulated to all staff. (With effect from October 2017 the CQC will be including the standard in their inspections).

9. Coloured handrails along corridors to guide residents around the building, thus enabling residents to maintain some independence.

10. Use of Skype/ WhatsApp / Video link to encourage communication between residents and their families.

Good Practice.

11. Availability of alternative menus.

12. Memory Boxes on resident’s rooms to enable residents to locate their own rooms.

13. Key worker scheme – trying to match the residents up with a member of staff who may have similar interests and language e.g in the case at Handford House, Italian speakers.


15. Involving Relatives when reviewing Care plans.

16. Employee of the Month Award - this is a good morale booster.
“It was not apparent from the notice board that the NHS Accessible Information standard was being applied…”

1. **Visit Conducted by:**
   Lead Authorised Representative:
   • Sue West

   Authorised Representatives:
   • Stella Morris
   • Helen Hollinwort
   • Nicky Jay

2. **Purpose of the visit:**
   • To gather information about the lived experience of residents residing in Handford House Care Home.
   • To establish how residents are cared for and kept safe.
   • To discuss how the NHS Accessible Information Standard is implemented.
   • To discuss issues raised from the CQC Report published April/May 2017 and how the issues raised in the report have been addressed.

3. **Methodology:**
   • Discussion and interviews with management, staff, residents and relatives.
   • Observation of the two Units with emphasis on observing lunch

4. **Introduction:**
   4.1 Handford House Care Home is situated in Cumberland Street, Ipswich and managed by Health Care Homes Ltd. The home is purpose built for people over fifty years old with nursing, dementia and physical frailty needs. It also provides support for younger people of eighteen and over with physical disabilities. The building has 52 en-suite rooms of which 47 were occupied at the time of the Enter and View visit.

5. **What was found during the visit - impressions and findings of the service (including NHS Accessibility Standard):**
   5.1 On the day of the visit all the staff were very friendly, cheerful, polite, and happy to answer questions from the E&V team.

   5.2 The main reception to the home was clean, tidy and odour free. The general atmosphere was relaxed, homely and friendly.

   5.3 There were no details on the noticeboard of staff names or information about roles.

   5.4 It was not apparent from the notice board that the NHS Accessible Information standard was being applied (for example notices in large font). When asked about the standard, the manager was unaware of it. He was given a simplified version which would be circulated to all staff.
5.5 Residents are accommodated on Lark Unit on the ground floor or Dove Unit on first floor. These units were well sign posted with vibrant colours. Outside each of the lounges and dining rooms the walls had very bright coloured wall paper. The E&V team noted there were quiet alcoves and many areas where residents could sit quietly with access to snacks and drinks.

5.6 The social areas of the units were well used by residents although they did not appear to talk to each other. There was little stimulation except for televisions, and none between residents and staff. No activities were taking place. Two Activity Coordinators have been appointed.

5.7 There were not many relatives available or residents to talk to on Lark Unit. One resident did comment to the E&V team that “things are getting better and they are a lot happier now”.

5.8 A member of staff commented “How much better things are now” The deputy manager said “the atmosphere improved within a week of having a new manager”.

A carer reported “the new manager has made a great difference to the home, even in a short time he has been here. I have seen a change in residents behaviour, there is less aggression and residents are less agitated” she continued “residents may have dementia, but they pick up on the atmosphere in the home and respond in their own way”.

Another member of staff said “we all feel supported by the new manager, it makes life so much easier” whilst her colleague commented “we now work as a team where as before it was the complete opposite. he (the manager) works alongside us like a colleague”.

5.9 The team observed lunch time on both units. There is a fifteen to twenty-minute overlap between the serving of lunch on the units making sure everyone’s nutritional needs are addressed. There was no evidence of offering hand washing to residents prior to serving their lunch.

5.10 Lark Unit is primarily a nursing care unit. The staff appeared to be caring, this was observed by the E&V team when staff were assisting residents to eat. Two residents were offered alternatives which they appeared to be happy with. No resident refused their lunch, they all appeared to enjoy it. One man said “its late today as staff are on holiday, it will arrive eventually”. One lady said, “I like it here and I am waiting for my lunch, food is much better now. I am Gluten free and am very well treated, I usually get to choose”.

Another resident when asked, if they were enjoying their lunch replied “no I am not, now I am not going to finish it as you have spoken to me”.

5.11 There was no evidence of using special cutlery or plate guards on this unit. A very large menu board was displayed just inside the dining room listing four weeks menus. This was very difficult for residents to see without help from staff to explain to them the choices of food on the day.

5.12 Dove Unit (all residents on this unit have varying degrees of dementia). The decor appeared to be in good condition with very clear signs appropriately placed. Staff advised that sensors were used to monitor movement in bedrooms as needed, together with crash mats as appropriate. Specialist chairs with pressure relieving properties were well used. Bed rails are minimally used where a risk is identified. Overall the unit appeared to be well resourced, it also has a good selection of equipment to assist with mobility.

5.13 When asking one lady what it was like living on Dove Unit, she replied “quite
nice, but it does get boring. They have activities, but I like going out in the minibus.” When asked about the food she stated, “rotten food, it’s horrible, no taste”. When observing lunch time this lady ate very little. Staff advised that this lady had stopped eating two weeks previously but is being encouraged to eat, which was observed by the team.

5.14 One of the health care support workers informed the team that they had worked at the home for two years. The member of staff went on to say that “it is improving day by day, for example we now have uniforms, I feel respected, the manager has ‘an open door’ approach. We are a good team, I am proud to be on this floor (Dove Unit)”. There were a number of non-English staff on duty. Two were talking to an Italian gentleman in Italian which was recognised by the team as good practice.

5.15 Lunch was observed, ten residents were having lunch and staff appeared caring, asking the residents if they could put the ‘protective bibs’ on the resident to protect their clothing. All residents were offered a choice of drinks and refills were readily available. One senior carer was extremely attentive asking each resident individually what they required. There was no interaction between the residents whilst waiting for their meals. Although the food looked appetising there was very little being eaten. No evidence of hand hygiene was observed for staff or residents.

5.16 The food was served on blue plastic plates and glasses which were also plastic. No special cutlery or plate guards evident. No menus were displayed near the dining room, residents are usually told what is available just before midday and they make their choice. If residents are able to make a choice for themselves, they do so, otherwise staff who know the resident’s preferences choose for them.

5.17 Residents appeared to be well supported. At lunch, carers were seen to be very attentive and kind and spent time listening to what the residents wished to eat and were observed in helping them. A great deal of time has been allowed to make meal times as enjoyable as they can be.

5.18 A drug round was taking place, so those residents prescribed medication at midday were being encouraged to take their pills on time.

5.19 One relative stated “we have been very worried about the number of agency staff as our Dad struggles with people he does not know. He becomes very aggressive, he had to be sectioned due to this. We have been called in on two occasions because he has become violent whilst he has been here. I have discussed this with the manager who spent over one and a half hours with us discussing Dads care and how best to manage it”, they also commented “personal care is excellent as is assistance with eating”.

5.20 Another relative reported “we had a very difficult couple of years, with both my sister and mother passing away. A member of staff (a carer) in his own time bought my dad to the funeral and supported us through a very difficult time. The staff here are really great, nothing is too much trouble and morale is improving.”

5.21 Handford House has an accessible garden for residents use. It is well furnished with various types of seating, it appeared well used on the day the E&V team visited. Small groups were making the most of a lovely day but not doing anything specific. Raised flower beds were visible for those wishing to do some potting up. It is hoped to have a raised flower bed indoors in due course.

5.22 In discussion with management, the
E&V team were informed the following changes have already been introduced:

a. Staffing levels have increased by having two Registered Nurses and nine Health Care Assistants on duty with two nurses and four carers at night. The manager stated that at present he was well over budget for care as he felt the priority was to deliver appropriate care. The long-term plan was to have ten percent over staff at all times. Recruitment was beginning to improve, and staff were more motivated and stimulated than previously, they said they now felt valued. “Having new management, the overall working conditions and morale improved within the first week”.

b. Some agency staff were being employed but it was usual practice to use those who are well known to the home.

c. All new members of staff joining the home have a five-day induction period and are shadowed for at least three shifts, this is flexible or until they feel ready to work on their own.

d. Clinical Supervision was beginning to work well. Various times were allocated for the deputy manager and clinical lead to oversee this.

e. Keyworker policy had been introduction and all residents have a Care Passport.

f. Care Plans are started on admission by the Deputy Manager.

g. Meal choice has improved, and residents are increasingly encouraged to make their own decisions.

h. An open-door policy has been introduced encouraging staff, friends and relatives to speak to management at any time if they have a

i. An employee of the month scheme has been introduced.

j. Activity Coordinator role is pending. There will be activity sessions which will restart on return of the member of staff from leave. Activities will include two evenings a week and at weekends.

Discussion also took place with the manager on the issues raised in the CQC report published on 2nd May 2017 and the changes that have been introduced.

a. Staffing Levels have been increased, there are always two trained nurses with at least nine carers. These are very well supported and have to undertake an induction programme of five days followed by a period of being shadowed. Safeguarding procedures were in place and safeguarding issues were understood by members of staff, having a mixture of face to face training and e-learning.

b. The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) were understood by staff, there are now systems in place for them to assess residents ability to make their own decisions. The five principles of Mental Capacity Act were displayed in the manager’s office. Clinical Supervision was undertaken regularly for all staff, this is either individually or in a group discussion and Personal Development Reviews have been introduced.

c. The quality of food has improved, and residents are offered a choice. The menu is offered on a four-week cycle. Snacks and drinks are available at all times. There are sufficient staff available to assist with supporting residents at meal times.

d. Activities had been recognised as a major issue and two Activity Coordinators have been appointed. These will offer
motivation and stimulation sessions both during day, weekends and certain evenings. It is hoped some residents can get out and about on the communal mini bus which is shared with another home.

e. Significant and important changes were evident following the appointment of new management. Systems were being introduced to monitor the quality of care and the general running of the home. Residents, staff and relatives reported that the general atmosphere was one of a happier environment and morale and support was improving. Opportunities to address any concerns or complaints were in place. The manager adopting an ‘An Open-Door Policy’ was welcomed by all the staff and relatives.

f. It is hoped in the near future that Handford House can be considered as a placement for both student nurses and paramedics.
6. **Areas of good practice and recommendations:**

**Good Practice.**

1. Availability of alternative menus.
2. Memory Boxes on resident’s rooms to enable residents to locate their own rooms.
3. Key worker scheme – trying to match the residents with a member of staff who may have similar interests and language e.g in the case at Handford House, using Italian speakers.
4. Introduction of Care Passports.
5. Involving Relatives when reviewing Care plans.
6. Employee of the Month Award - this is a good morale booster.

**Recommendations:**

7. In reception - to have a Who’s Who notice board with the photographs and names of the staff. The colour of the uniforms could also indicate their role.
8. All staff to wear name badges.
9. Infection Control Issues to be addressed. Fan in residents dining room very dirty and dusty needs to be cleaned free from dust and dirt. Hand hygiene to be offered at meal times and staff to ensure they also engage in hand hygiene prior to serving meals.
10. Activity Coordinator’s to motivate and stimulate residents, organise daily sessions. Adopt an Activity Board Noticeboard displaying a weekly programme, in an accessible format.
11. Use of adapted cutlery and plates guards for residents.
12. To display picture menus in accessible formats.
13. Involve the local community, for example local primary schools.
14. Information about the NHS Accessible Information Standard to be circulated to all staff. (With effect from October 2017 the CQC will be including the standard in their inspections).
15. Coloured handrails along corridors to guide residents around the building, thus enabling residents to maintain some independence.
16. Use of Skype/WhatsApp / Video link to encourage communication between residents and their families.
Verbatim, provider comments are included within the text of the report. Any action plan submitted by the provider will also be attached to the report.

No comments received. Two points of accuracy were received, the report has been amended to reflect these at paragraphs 4.4 and 5.22 (a).

**PROVIDER FEEDBACK**

“...it is improving day by day, for example we now have uniforms, I feel respected, the manager has ‘an open door’ approach.”
HERE TO HELP...

If you have a query about this report or would like to know more about Healthwatch Suffolk please contact us as below. We will be happy to help.

You can watch a short video about us via the following link:
www.healthwatchsuffolk.co.uk/about-us/

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For information about how we made a difference in the year 2016/17, please download our annual report from:
http://www.healthwatchsuffolk.co.uk/about-us/annual-reports-and-agm-resources/

You can also contact us for a hard copy (limited availability) or watch our supporting video. Simply search for “Healthwatch Suffolk” on YouTube.

If you require this report in an alternative format please contact us at the address above.

This Enter and View report is publicly available on our website and has been distributed to the Care Quality Commission, Suffolk County Council Adult Care Services Quality and Monitoring Team, Healthwatch England and other stakeholders including all Healthwatch Suffolk friends and members.

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