Enter and View Report: Mills Meadow Care Home

9 June 2017
Name and Address of Service visited:
Mills Meadow
Fore Street
Framlingham
Suffolk
IP13 9DF

We visited this service on:
An announced visit on 9 June 2017

Name of Provider:
Care UK
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.
This was the second visit to Mills Meadow care home, the first having been carried out in May 2016.

The building physically feels homelier, the atmosphere is more positive and friendly. For example, there are now individually themed quiet areas on each of the units and greater use of pictures on the walls. Two residents spoken by the Enter & View (E&V) team, who had been living in Mills Meadow prior to the change in management, commented positively on the improvements and how it was a happier place in which to live.

The Enter & View team consider that staff have made some positive changes which will be outlined in this report.

The purpose of this visit was to follow up on the recommendations made after the E&V visit on the 29th March 2016. The recommendations made in that report were:

**Recommendation 1:** Consider the use of pictures, appropriate signage and the use of colour particularly on doors to promote independence and aid orientation for those living with dementia. For example, residents to choose the colour of their bedroom door which holds a long-term memory for them.

**Second visit:** Signage has improved and attempts have been made to individualise resident’s room doors. The E&V team recommend that the use of door skins to better individualise residents room doors should be considered when budgets allow. These could be pictorial or plain skins to change the colour, to personalise doors to identify individual resident’s room doors.

Note: Door skins are covers that are placed over doors. These can be pictures to disguise the door such as books to make it to appear like a bookcase and prevent people, particularly those with a dementia, from opening the door.

**Recommendation 2:** To ensure that those living with dementia or a physical disability can always take part in meaningful daily activities to aid stimulation. For example, promote these resident’s involvement in developing the gardens whether physically or with suggestions on what can be done to enhance the space. Relatives could also be involved.

**Second visit:** Twice daily group activities are arranged as well as one to one sessions. Regular day trips are also arranged. Resident’s choices are taken into account and support is given if required to enable residents to take part in the activities and trips.

**Recommendation 3:** For the Manager to consider the use of a key worker or similar system for staff development and better provide for the individual needs of the residents and ensure continued good communication between staff, residents and their relatives.

**Second visit:** A key worker system is in place and is working well. For example a relative and a friend of a resident both told the E&V team that they felt improvements had been made in terms of communications between staff and relatives/residents, they now had a staff contact name someone to talk to about the care their relative/friend was receiving.

**Recommendation 4:** The good practices observed in the ground floor dining room during the lunchtime meal could be duplicated in the first-floor dining room to improve the mealtime experience for those residents.

The Manager at the time of the first report replied to this recommendation:

Mealtimes are different for upstairs and downstairs as this is a dementia unit and we do have slightly different approach, we are aware of upstairs being a little task orientated and have taken steps to address this.

**Second visit:** Good practice was observed in all the dining rooms. Residents were shown the choice of meals available. When talking to a resident the staff...
ensured that they had the residents’ attention before talking to them, bending down to be at the same level as the resident with good eye contact. Support was given to eat if required. The E&V team observed one resident who needed support to eat and this was done sympathetically, taking into account their wishes and maintaining dignity.

**Recommendation 5:** The photographs and names of the staff on the wall in the reception area need to be updated to show the present staff structure.

**Second visit:** The photographs and names of staff in the reception area show the present staff structure.

The E&V team have made two additional recommendations following the second visit:
1. All notices to be in larger print at least font size 14 to meet NHS Accessibility Information Standards.
2. For management to explore incorporating “My Care Wishes” into practice.

Overall, the feedback received from residents, staff and visitors during this second visit was extremely positive. One relative informed the team “my father is very happy, he can be difficult, he does not like changing his clothes and can be rather smelly, the staff are very good at cajoling him into bathing/showering and changing his clothes”.

Another relative confirmed that the current staffing group are very caring and keen to support both residents and staff.
“.. The home has a cat and chickens in the garden. Visitors and relatives can bring their dogs with them. …”

1. **Visit Conducted by:**
   Lead Authorised Representative: Stella Morris
   Authorised representatives:
   Wendy Shepherd
   Nicky Jay
   Helen Hollinworth

2. **Purpose of the visit:**
   2.1 The purpose of Healthwatch Suffolk’s visit was to gather feedback and observations about choices offered to residents for meals and activities following from the first E&V visit on the 29th March 2016. The team paid attention to the five recommendations made in the first report (see pages 4-5).

3. **Methodology:**
   Observation of the care environment and conversations with the Manager, Deputy Manager, members of staff, residents and relatives/visitors.

4. **Introduction:**
   4.1 Mills Meadow is registered to provide accommodation for up to 60 people who require nursing or personal care, including those aged under 65 years and those who may have dementia or physical disabilities.

   4.2 The home is in a residential area of Framlingham. It is purpose built and opened in June 2014 with the transfer of some residents from the local authority home Lehmann House in Wickham Market which was then closed.

   4.3 It has a contract with Suffolk County Council to provide a significant number of places and also takes privately funded residents.

   4.4 The accommodation is on two floors with access to the first floor via a lift and stairs. The home has four units each accommodating up to 15 residents and all the bedrooms are ensuite with a shower, washbasin and toilet.

   4.5 On the day of the visit there were a total of 58 residents living at the home on the four units.

   These residents were staying on either a long term or short stay basis. The dementia/nursing units are on the ground floor, and the remaining two units are on the 1st floor.

   4.6 The rooms are single occupancy but couples can be accommodated by reconfiguring rooms i.e. allocating two rooms using one as a bedroom and the other as a lounge area.

   4.7 The call bell system has a monitoring function so that it is possible for managers to review staff response times, number of calls etc. across the units.

   4.8 It was noted that Mills Meadows has more of a homely feel than during the first visit in May 2016 mainly due to changes made by the manager and staff. Examples of two changes to the environment are individualised quiet areas and more personal possessions on display in the corridors outside the resident’s rooms.

   4.9 All of the units have their own lounges and dining rooms where there is a small kitchen area and the facility to make hot drinks and snacks throughout the day.

   4.10 There are also some small areas at the end of the corridors where it is possible for residents to sit. All of these areas have a different theme and wall murals have been used to make the areas feel homely. The indoor garden area has developed further since the last E&V and is being used by some of the residents.

   4.11 Assisted bathrooms are available on all the units.

   4.12 Adjacent to the main entrance of the home is a communal café/coffee shop area available to residents from all the units and their visitors. This area is also used for group activities.

   4.13 The main kitchen where all the meals are freshly prepared on a daily basis is next to the café. The meals are taken from here on heated
trollies to the dining rooms on the units. The kitchen is also able to meet the individual dietary needs/choices of residents and cater for soft diets etc.

4.14 Wi Fi is available throughout the home with access codes on either a short term or long-term basis.

4.15 Within the home there is a hairdressing room with hairdressers visiting several times every week. There is also a cinema room which also has a sitting area with evidence of games and a small bar.

4.16 There is a balcony on the first floor which enables residents and their visitors to be able to sit outside as an alternative to going down to the garden.

4.17 The home has a large, level, secure garden area with accessible pathways. Seating areas are dotted around the garden including a covered seating area, with trees, borders and a pond. The Rotary Club have put in raised beds to improve the garden and residents are encouraged to participate in gardening activities if they want to.

4.18 The home has a cat and chickens in the garden. Visitors and relatives can bring their dogs with them.

4.19 At the front of the home there is some staff and visitor parking and adjacent to this is a purpose-built day care unit with additional parking. The centre is used by other agencies from the area. It is closed on Tuesdays.

4.20 The staffing structure comprises the manager with a management team of deputy manager, head housekeeper, senior chef, and administrator. There are also activities co-ordinators, maintenance/caretaker, receptionist, currently one nurse (nursing beds not at present in use) as well as the care staff. All of the units are team leader led.

4.21 Permanent staffing levels have increased since the previous E&V visit and staff retention is good. Bank or agency staff cover any staff shortages. The home use one staff agency and these tend to be regular agency staff who get to know the residents and the operational processes well. Agency staff are buddied up with a permanent member of staff.

4.23 Outside agencies such as Community Nurses attend and treat individuals within the home and other healthcare professionals visit residents on request.

4.24 The local community have become more involved with the residents and vice versa. For example, the Rotary Club and local clergy are involved with the home on a regular basis. Residents are being supported to access local amenities in the community such as café’s, shops and pubs in Framlingham. Further engagement is planned for the future - more local outings and bringing into the home more community groups.

5. Impressions

5.1 At the front of the building there is a fairly large car parking area which is used by both staff and visitors.

5.2 The front door is secure and on entry the visitor comes into a pleasant and bright reception area. Beyond this is the café area with tables and chairs and a counter where drinks, cake and other refreshments can be obtained. Visitors can help themselves to drinks etc. and there is an honesty box for visitors to give a donation for these.

5.3 During the time that the E&V team were visiting, the staff were very open, helpful and informative. The staff spoken to told the team that they were happy in their work and motivated to do a good job. All staff are supported by the Manager and Deputy Manager.

5.4 Outside, the gardens are very pleasant with several different seating areas. The plants have matured since the first visit. The Rotary Club have put in raised beds to make it easier for those residents who want to be more involved with the garden.

5.5 Information is posted for residents and visitors about activities and menus. There is also the opportunity for residents to vote for future activities. Although the notices are very informative they were in a variety of font size, to meet the NHS Accessible Information Standards they need to all be in the larger font.
5.6 Staff information on the wall in reception shows the present staff team which is good for early recognition by visitors and relatives.

5.7 There was a relaxed atmosphere and those staff observed showed a caring attitude towards the residents and their relationship appeared to be positive.

5.8 All the units are of the same design with their own separate lounge and dining areas. The lounges were appropriately and comfortably furnished, with clean, bright dining rooms.

5.9 There is computer in all of the lounges for staff use which enables them to update their notes etc. while still being able to observe the residents.

5.10 The doors on the Dementia unit are various shades of green and this could be confusing to the residents as it is only the memory boxes that distinguishes the individual rooms. Some limited methods have been used to personalise resident's room doors, e.g. bunting. Currently there is one resident who tends to remove this. It would be beneficial to have door skins fitted of different colours to more easily identify individual rooms, particularly on the dementia units when the budget allows. All staff only rooms are locked and have a key pad entry system.

5.11 The call bell system on the units is unobtrusive.

5.12 It was observed that with support residents could choose whether to spend time on their unit or take part in activities. Residents could also take their meals in the café, their rooms or in the lounge if they preferred.

5.13 Lunch was observed on all the units the food looked to be hot and appetising. Support to cut up food or to eat was given if required. In one case, a nurse accompanied a resident into the lounge to support him as this was his wish. There were adequate members of staff present in each of the dining rooms. The inconsistencies between the dining rooms observed during the first visit were not observed on this occasion.

5.14 During the visit, it appeared that there were sufficient staff present to meet resident's needs. All staff the E & V team met from arriving to leaving Mills Meadow were welcoming, friendly and helpful.

5.15 Staffing

The Manager and the Deputy Manager have now been in place for over a year and the positive atmosphere noted on the first visit was still very evident on this visit.

Feedback from the staff spoken to was very positive and all felt that they were supported by the management and that their opinions were listened to.

All of the relatives spoken to were very positive about the management and staff at Mills Meadows.

5.16 In terms of management, the E&V team were informed that staff meetings are held every month. Meetings with residents and relatives are held every two months. Minutes are taken at these meetings and feedback given.

Staff receive supervision every 6-8 weeks.

Staff contact the resident's GP if they have any health issues.

5.17 In an emergency for example following a fall there is no hesitation in contacting 111 or 999 and there is the possibility of a head injury. Preventative measures are put in place to avoid/reduce falls where possible. If a resident has to go to hospital, staff collect the information relating to that resident's medication, health background which goes with the resident to the hospital. This information is given to the ambulance crew.

Although not fully staffed there are fewer vacancies than during the first visit with a staff agency providing regular staff to cover any shortages.

Provider response:

Recruitment process now in house and allowing more control over process and able to tailor vacancies to needs of home.

Agency use is bare minimum and as much as possible confined to one agency and staff that
are familiar with the residents and the home.

5.23 It is company policy for new staff to attend a comprehensive induction programme over a two-week period which consists of a mixture of e-learning and face to face training. This includes Fire Safety, Moving and Handling, Dementia Awareness, Safeguarding, Customer Care. Staff are required to shadow experienced staff until they are both assessed and feel competent. Further Dementia training is planned and Mills Meadows with the intention of having in house Dementia Champion trainers.

5.24 The staff work 12-hour shifts 8am – 8pm and 8pm to 8am. Team Leaders are responsible for the handover to the new shift.

5.25 There is a Team Leader for each unit both on the day and night shifts.

5.26 Training and personal development is encouraged.

Choices

5.27 Discussion with staff, residents and relatives indicated that if required a resident would be supported in making choices about how and where to spend their day, when to get up and go to bed and where and when to eat their meals. All residents were offered a choice of menu at mealtimes, and if the choices for that day didn’t appeal they could choose an alternative e.g. Jacket potato with choice of toppings.

5.28 A range of activities and trips are arranged taking into account the residents’ interests. Residents are given the opportunity to vote on a choice of activities and can also suggest activities. An example of an activity was observed by one of the E & V team was a music session facilitated by a visiting session leader who is trained in delivering music and singing to the elderly and those living with dementia. The session was attended by approximately 30 residents plus staff and relatives. Song sheets and musical instruments were shared with those who wanted them and staff assisted those who required support. During the session, the E&V team observed one member of staff talking to a resident who was clearly anxious and worried about her departing visitor. The staff member stroked her back and chatted to her which distracted her from her worries and helped her engage with the music. It was obvious that the residents, staff and relatives taking part in the activity thoroughly enjoyed the session. Several people commented on how much their relative enjoyed this and other sessions.

5.29 Staff encourage and support residents to take part in the daily activities but it is their choice whether they do so or not.

5.30 Residents are encouraged to take part in day to day activities, if they choose and are able, to preserve their independence for as long and as much as possible e.g. making their bed, helping prepare vegetables, making snacks etc.

5.31 The E&V team were advised that the cinema is used more for watching box sets rather than films.

Care Planning

5.32 The E&V team were informed that the care plan is started on the day after a new resident moves into the home taking into account the individual needs of the resident. It is reviewed every 28 days but if an incident or change occurs this is noted immediately and any changes required to the care plan made.

5.33 The team were advised that case notes are updated daily and any incident or changes are highlighted during the handover between shifts.
RECOMMENDATIONS AND AREAS OF GOOD PRACTICE

"... Residents are supported and encouraged to do the daily task that they wish to do..."

**Recommendations**

6.1 All information held on the resident should be in an accessible format. All notices to be in larger print at least font size 14. The NHS Accessible Information Standard aims to make sure that users of services have access to information in a format that they can understand and that it is communicated to them in such a way that they can understand. That services may need to offer support to the resident or user to enable them to access the information for example the use of signer/ large print. See www.england.nhs.uk/ourwork/accessibleinfo

6.2 For Management to explore incorporating ‘My Care Wishes’ into practice.

6.3 Door skins, particularly on the dementia units, to be considered when budgetary constraints allow.

6.4 Good practice was observed in the care of residents and the choices they were offered. Staff were considerate and ensured they had the persons attention before communicating with them.

6.5 The residents and the relatives spoken to were positive about the care and choices provided. The E&V team received several comments on the positive changes the present Manager and Deputy Manager had made since they came in to post.

6.6 The staff spoken to were aware of the training opportunities and how to take advantage of them. They felt positive about the support they would receive to develop their skills and be able to progress.

6.7 The Activities Co-ordinators take in to account the interests and hobbies of the residents and encourage them to request activities and outings. One to one activities also take place.

6.8 Links between Mills Meadow and the local community are growing with plans in place to increase these which will be a benefit to the residents. The Rotary Club is one of the local groups that actively supports Mills Meadow.

6.9 Residents are supported and encouraged to do the daily task that they wish to do and able to do thus enabling them to maintain as much independence as possible for as long as possible. This includes such things as making their own bed, peeling vegetables and gardening.

6.10 The computers in the lounges enable staff to enter notes on to the system without leaving the residents without a member of staff present.

**Areas of Good Practice**

6.10 The computers in the lounges enable staff to enter notes on to the system without leaving the residents without a member of staff present.
7. PROVIDER FEEDBACK (ON RECEIPT OF DRAFT)

Verbatim, provider comments are included within the text of the report or below. Please submit an action plan if you wish which will also be included in the final report.

Comments in relation to 5.22

Recruitment process now in house and allowing more control over process and able to tailor vacancies to needs of home.

Agency use is bare minimum and as much as possible confined to one agency and staff that are familiar with the residents and the home.
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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