Enter and View Report:
Highfield Care Home

3rd February 2017
Name and Address of Service visited:
Highfield Care Home,
London Road,
Halesworth, Suffolk,
IP19 8LP.

Name of Provider:
BUPA Homes.

We visited this service on:
Friday 3rd February 2017.
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:

The purpose of the visit was to gather information about life at Highfield. To consider how residents are kept safe, the involvement and control they have over day to day choices and in how their care is provided.

To discuss progress on the issues raised in the CQC Report published on 3/10/2016 including links with the local community, and the engagement of residents with cognitive impairment in meaningful activity. To consider how well the NHS Accessible Information Standard is being implemented.

The team found the home to be clean and comfortably furnished. The atmosphere in the home was friendly and calm with a well-trained, happy, stable managed team of staff.

The residents and relatives spoken to seemed very satisfied with the quality of care, meals and house-keeping provided.

The staff seemed to enjoy working with the residents and were observed to be kind and respectful.

As well as the team’s recommendations, a number of areas of good practice were noted.

**Several recommendations have been made as a result of the visit:**

**Recommendation 1:**
To consider setting up a small working group involving staff and any interested relatives to look again at ways of best involving the local community and the local catchment high school with the home, and to document efforts made to do this.

**Recommendation 2:**
To seek the views of family and friends on the new satisfaction audit tool, as a way of engaging them in the development of the home.

**Recommendation 3:**
To research the latest recommendations on environmental design, for people living with dementia, with a view to improving signage and orientation within the home.

**Recommendation 4:**
As part of ongoing staff development, to seek opportunities for staff to share their good practice with others and to learn from best practice in other care settings.

**Recommendation 5:**
To focus on developing specialist knowledge and skills in dementia within the staff team, with reference on how to provide meaningful activity in day to day living, through visits to care settings that are recognised as achieving this.

**Recommendation 6:**
To review the arrangement of the furniture in the large lounge to see if residents would find a lay out with smaller groupings of chairs acceptable.

**Good Practice**

The overall care home environment is clean, comfortable and welcoming.

1. The quality of the food as observed and described by residents and relatives is good.
2. The staff team seem happy, staffing
levels are adequate and they work well together to care for the residents in a kind and respectful manner.

3. The ability of the manager to retain sufficient permanent care staff to cover the duty rotas means that there is continuity of care for the residents, from familiar staff who are aware of their individual needs.

4. The Manager appears to lead the staff team effectively and has responded positively to the recommendations and findings of the last CQC report, one example of this is the development of a new accessible quality audit tool.

5. Trialling the setting aside some specific time when care staff are tasked to spend time just interacting socially with residents.

6. A variety of planned activities are offered throughout the week.
1. **Visit Conducted by:**
   
   Lead Authorised representative:
   - Sue Spencer
   
   Authorised Representatives (AR):
   - Sue West
   - Jane Darke
   - Bob Hawkes

2. **Purpose of the visit:**

   2.1 To gather information through observation and discussion with residents, relatives, management and staff about life at Highfield Care Home.

   2.2 To consider how residents are kept safe, the involvement they have in determining care plans and over food and menu choices.

   2.3 To discuss progress on the issues raised in the CQC Report published on 3/10/2016 including links with the local community, and the engagement of residents with cognitive impairment in meaningful activity.

   2.4 To consider how well the NHS Accessible Information Standard is being implemented.

3. **Methodology:**

   3.1 Discussion with the Manager of the home and the Regional Director.

   3.2 Observation of activities during the morning and over lunchtime.

   3.3 Discussion with five residents and with three people who were visiting resident’s in the home and two people viewing the home.

   3.4 Discussion with seven staff in a range of roles including care, administration, catering and housekeeping.

4. **Introduction:**

   4.1 The home comprises a large Georgian House with a modern extension. Which is set well back from the road in its own grounds.

   4.2 It is situated on the outskirts of Halesworth and is clearly sign posted from the main road. There is limited car parking. On busy days, it might be difficult for visitors with limited mobility to park close to the building.

   4.3 The front door enters onto a small lobby area. Entry to the home is accessed by ringing the door bell and then being let in by the receptionist/staff member. There is a visitors’ book but on this visit, the Enter & View team were not asked to sign in.

   4.4 There is a pleasantly decorated, staffed reception area in the entrance hall and a Healthwatch poster was placed for all visitors to see on the reception desk.

   4.5 The home was odour free, well decorated and comfortably furnished.
4.6 The home is registered for 40 residents and at the time of the visit 29 were occupied, with plans underway for a number of new admissions as there are no longer any restrictions in place.

4.7 The Manager is involved in the assessment of new residents and formally supervises staff on a two-monthly basis, while the Deputy Manager takes the lead on Care Planning.

4.8 The home employs a full-time activities coordinator and in the reception area there was a programme of activities displayed for that week, with a cookery activity taking place when the Enter & View team arrived.

4.9 The home offers some places at Suffolk Social Care rates, which at the time of the visit were filled. The rates for other privately funded places within the home vary according to the room size.

4.10 The bedrooms are distributed between the ground and first floor and there is access by lift and stair lifts on two staircases.

4.11 All the rooms have an en-suite wc, most have both a shower room and wc.

4.12 Two assisted bathrooms are available for residents who prefer a bath.

4.13 The home has two lounge areas for residents, and a dining room on the ground floor, as well as two conservatory areas where residents can sit quietly or meet with their visitors, more privately.

4.14 The gardens are quite extensive and laid out to offer a pleasant environment for residents and visitors to use in good weather. There is a covered smoking area, places to walk, raised beds and a sensory garden. The perimeter of the garden was described as secure.

4.15 Health care support to residents is provided by a local GP who visits weekly and as required, a District Nurse visits twice weekly and as required. Residents can also access physiotherapy and chiropody services at the home.

4.16 A hairdresser calls weekly.

4.17 A church service is held at the home on the third Sunday of every month.

4.18 On the day of the visit the Manager told the Enter & View team that 14 of the 29 residents were living with dementia.

5. Impressions

5.1 Overall impression of Highfield was of a comfortable, calm and well managed home.

5.2 The residents spoken to were happy with the care given, felt listened to and could go out into the town if they wanted.

5.3 The relatives spoken to were also happy with the care given and felt they were kept involved and well informed by the staff who they described as kind and caring. Some relatives said they had specially chosen the home as it had a good reputation and made mention of the quality of the food and how much their relative enjoyed the meals.

5.4 The resident call bell system, which is silently linked to pagers carried by the care staff, helps maintain a
peaceful atmosphere. Response times from staff and the pattern of calls from residents is monitored by the manager on a weekly basis.

5.5 The lay out of the dining room encouraged social interaction but the larger lounge with chairs around the walls had a more institutional feel.

5.6 In the smaller quiet lounge there are a number of tall bubble lamps with moving plastic fish which the E&V team were advised, residents enjoyed watching there were also a number of sensory items which some residents may find comforting to stroke or hold.

5.7 There is a handrail throughout the downstairs corridors but not upstairs where the bedrooms are in both the original building and the modern extension. The corridors are quite narrow in places and housekeeping trolleys have to be navigated around.

5.8 The main staircases are currently accessible to all residents, and the manager advised that stair-gates are being considered to reduce the risk of accidents.

5.9 There is no distinctive signage or door colour scheme to help identify toilet and bathroom doors which is not helpful for people with dementia or with limited vision. Toilet and shower fittings are also just one colour and the lack of contrast for toilet seats, rails etc. can limit independence.

5.10 The residents’ bedroom doors are all the same with small name plates and large door numbers. A more personalised approach for some residents making use of door colour and/or photographs could help residents find their rooms independently.

5.11 A couple of the rooms seen in the modern extension on the first floor seemed rather dark but others viewed were light and all were attractively furnished. Residents can bring in their own pieces of furniture providing they meet current fire regulations. All the bedrooms have televisions and there is Wi-Fi available if required. Residents can have a kettle in their room following a risk assessment.

5.12 All the bedrooms have a secure lockable cupboard which could be used to keep medication if the resident is self-medicating. The Senior Care Staff are trained to administer medication and the use of over the counter medicines is discouraged because of concerns about over-medication and contra-indications with prescribed medication. If a resident wanted to control their own prescription medication or take over the counter medication this would be after a thorough risk assessment and then careful monitoring.

5.13 The garden is accessible from a conservatory area and directly from some ground floor bedrooms and since the last CQC report additional handrails and grab rails have been fitted to address concerns raised about falls risks.

5.14 The manager and other staff advised that in the warmer weather residents are encouraged to help in the garden, in whatever way they can, with potting up plants, sowing seeds and seedlings in the raised beds and growing tomatoes etc.

5.15 All residents have a falls risk assessment and where appropriate pressure mats and other sensory devices are in place to alert staff
about the movement of individual residents at risk of falling.

5.16 The storage issue raised in the last CQC report has been addressed with the only wheelchair stored near the stairs clearly marked as for emergency use and the rear conservatory clear.

5.17 The home has 2 assisted communal bathrooms, one is spacious and easily wheelchair accessible while the other is quite small. It was reported to the manager on the day that the alarm bell cords in these had been tied up and would not be accessible to a resident if they fell. The manager confirmed that immediate action would be taken to rectify this. It was also noted that the water temperature chart in the larger bathroom had not been completed since 2015, and when later reported to the manager she advised that the chart had already been removed as they are no longer used. The water temperature is now recorded in the Daily Life record.

5.18 The Manager said she had been very disappointed with the last CQC report having worked so hard on the problems identified previously and she felt that some of the issues should have been raised with her on the day. She is local to Halesworth and has remained at the home through a number of changes in ownership and in different roles for 29 years. Most of the staff are local and she described the efforts made, without success, to increase local community engagement but that the only consistent support they get is from the local church.

5.19 The home has a policy of open visiting with relatives and friends asked to respect mealtimes, although they can arrange in advance to have a meal with a resident. On the day of the visit a visitor, who had travelled some distance, was about to leave to honour the protected mealt ime. She was invited by the Chef to have a meal with her relative, which she advised afterwards was very good. Family members are encouraged to attend meetings or get involved in activities but there is poor take up of this. E mail is used where possible to keep relatives up to date with changes and events at the home.

5.20 Assessments for admission to the home are based on individual needs, and decisions taken on how well the staff can meet these. An assessment is made regarding whether any specialist equipment is needed to support the resident. Where possible the potential resident will visit the home prior to admission similarly family or friends can also visit. The Manager or Deputy Manager would meet the potential resident and complete their own assessment and begin to gather information to form the basis of their care plan. They also begin to compile information about the resident’s life and family background so that they can learn more about the person and this will be recorded as part of their Map of Life or Life Story. The Enter & View team were shown an example of a Life Story Book and told how some residents particular wishes had been met, for example to sit on a Harley Davison motorbike again, to ride on a roller-coaster (achieved through virtual reality).

5.21 Care Plans are updated through staff handover and kept in the office where the Senior Care Staff and Team Leaders work from. The Deputy Manager leads on Care Planning and there is a weekly clinical review of all residents, the
Manager also does spot checks on Care Plans. Relatives are contacted by telephone if there are any major changes to the resident’s health or their care plan and their views would be recorded.

5.22 Recruitment for the home is from the local area, many staff having worked there for many years and know all the residents well. No agency staff are used and the Manager always tries to rota on sufficient staff to cater for changing dependency needs. She was confident that as the resident numbers increased the staffing levels would remain adequate. After consultation with staff 12 hour shifts have now been introduced for some care staff 7:00am until 19:00pm and these seem to be popular, but there are still flexible shift patterns available for staff with other commitments.

5.23 The impression given was that the staff spoken to across all job roles in the home are generally happy, working very much as a team, enjoying working with residents and helping each other out. They all felt the training was good and some newer staff said they had been made welcome, felt valued and that the work they did was worthwhile and not too taxing.

5.24 BUPA provide a week-long induction training programme for all new staff, and additional training and updates are also offered on topics such as Parkinson’s Disease, challenging behaviour. Staff spoken to had undertaken compulsory training on Manual Handling, Health and Safety, MCA and DOLS, some were involved in NVQ training at different levels and other qualifications relevant to their role. Staff spoken to were also aware of the Complaints and Whistle Blowing policies.

5.25 The Manager checks and monitors staff competency through feedback from other supervisory staff in the home and all staff have formal supervision sessions every 2 months.

5.26 During the visit, lunch was served to 15 residents in the dining room and this seemed a very positive experience. The food was delivered from the kitchen in a heated trolley which was plugged in to maintain a safe temperature.

5.27 All the residents had made their menu choice the previous day but they were asked to confirm their choice before the meal was plated up and distributed by one of the three carers on duty in the room. Another carer also popped in over lunch to see if any extra help was needed.

5.28 Although the residents had previously made their choice it was noted that they were still offered alternatives if they wished and that snacks or sandwiches are available 24 hours a day if needed.

5.29 Residents can choose whether to eat in the dining room or to have their meals served in their room and special diets are catered for. The manager advised that risk assessments are carried out for any risk of choking or aspiration an area for consideration raised in the last CQC report.

5.30 The food looked and smelt appetising and residents seemed to enjoy their food with the staff offering any help as needed and special cutlery being used by some residents to enable them to eat independently. The atmosphere was relaxed, with
chatter and banter and no pressure to eat quickly. There was very little waste and second helpings were offered before the food trolley was removed.

5.31 The last CQC report raised the question of the type of drinking cups that residents were offered. The residents are routinely offered china cups and saucers as observed on the afternoon tea trolley but some people find these too heavy so melamine cups are used.

5.32 In the small lounge a jug of drink was available so residents could help themselves but only disposable plastic cups were available. These are not appropriate in a homely setting and are very unstable. Perhaps consideration could be given to using robust drinking glasses or plastic picnic glasses instead.

5.33 The home has a full-time activity coordinator and activities are planned for every day, morning and afternoon, with some extras included. The activities are advertised on noticeboards throughout the home and residents are also told what is going on that day. The notices need to be in larger format for ease of reading and alternative strategies are needed to engage residents with cognitive or sensory difficulties.

5.34 On the day of the visit six residents were involved in a biscuit making activity in the dining room, and after lunch a game like Trivial Pursuit was taking place in the large lounge with a small group of residents throwing a bean bag onto a floor chart to select the question category.

5.35 The last CQC report raised the issue of engaging with and offering meaningful activity to residents with cognitive difficulties and those who chose to spend all their time in their bedrooms. The Manager gave examples of other staff spending time with residents to do crosswords or read the newspaper and evidence was seen of this. Individual activities have also been arranged for example painting and embroidery. The team were advised that from the following week 30 minutes was to be set aside each afternoon when care staff would give priority to just spending time with those more socially isolated residents or those who were harder to engage with.

5.36 The last CQC report found that the BUPA feedback format used in an annual survey would not be accessible to residents with a cognitive impairment, similarly nor would the tools that are used for monitoring feedback every three to four months within the home. In response to this the home is developing a new quality audit tool to get feedback on care, housekeeping and meals. It is a simple lay out with pictures; yes/no answers; space for comments which would be appropriate to use with residents and relatives.

5.37 The Manager and Regional Director are aware of the NHS Accessible Information Standard, but further work is needed to standardise the format relating to publicity, posters and when recording resident’ communication needs.

6. Conclusions (including NHS Accessibility Standard)

6.1 The home environment is clean, calm and comfortably furnished.

6.2 Discussion with residents and
relatives indicated that they were very happy with the care and food provided at Highfield and were comfortable in the home environment.

6.3 Discussion with, and observation of, the staff going about their duties showed that they were happy in their work, felt well trained and supported and enjoyed working with the residents as part of a supportive and effectively led team. Staff were observed working in a kind and respectful way.

6.4 Residents are able to choose to eat in their rooms or in the dining room and appropriate risk assessments are taken in relation to eating and drinking. The lunchtime mealtime delivery showed good practice in offering residents' choice, making support available as needed and making lunch a positive and relaxed social experience.

6.5 Positive action has been taken in response to many of the previous CQC report findings but the level of community support and family involvement remains disappointing.

6.6 With almost half of the current residents living with dementia, attention needs to be given to creating an environment that maximises the independence of people living with cognitive impairment. In addition, attention also needs to be paid to signage and colour schemes to help residents identify toilets, bathrooms and their own bedroom.

6.7 The home and its residents benefit enormously from its stable workforce but it is also important for staff to share their skills as well as to be exposed to new ideas and challenges, and to learn from best practice developed in other settings.

6.8 A particular focus on understanding and providing high quality dementia care is needed and as well as additional training opportunities, consideration should be given to enabling staff to visit specialist care settings which are recognised as excellent in providing meaningful activity for people living with dementia.

6.9 The home is developing its own quality audit and feedback tool which will be more accessible to and understandable to residents and relatives.

6.10 The Activity Coordinator provides a varied and successful programme of activities for the more able residents. They receive some assistance from other staff members in providing one to one social stimulation to individuals, who prefer to remain in their rooms, or cannot participate in group activity without support. As a trial, care staff will be spending up to 30 minutes each afternoon with a focus on social activity and meaningful contact with the more isolated or cognitively impaired residents.

6.11 Although there is an awareness of the NHS Accessible Information Standard further action is needed to communicate the requirements of this to all staff and to implement and evidence this in communication and publicity within the home.
Recommendations & Area's of Good Practice.

“...To focus on developing specialist knowledge and skills in dementia within the staff team, with particular reference on how to provide meaningful activity in day to day living...”

**Recommendation 1:**
To consider setting up a small working group involving staff and any interested relatives to look again at ways of best involving the local community and the local catchment high school with the home, and to document efforts made to do this.

**Recommendation 2:**
To seek the views of family and friends on the new satisfaction audit tool, as a way of engaging them in the development of the home.

**Recommendation 3:**
To research the latest recommendations on environmental design, for people living with dementia, with a view to improving signage and orientation within the home.

**Recommendation 4:**
As part of ongoing staff development, to seek opportunities for staff to share their good practice with others and to learn from best practice in other care settings.

**Recommendation 5:**
To focus on developing specialist knowledge and skills in dementia within the staff team, with particular reference on how to provide meaningful activity in day to day living, through visits to care settings that are recognised as achieving this.

**Recommendation 6:**
To review the arrangement of the furniture in the large lounge to see if residents would find a lay out with smaller groupings of chairs acceptable.

**Area's of good practice:**

1. The overall care home environment is clean, comfortable, calm and welcoming.

2. The quality of the food as observed and described by residents and relatives is good.

3. The staff team seem happy, staffing levels are adequate and they work well together to care for the residents in a kind and respectful manner.

4. The ability of the manager to retain sufficient permanent care staff to cover the duty rotas means that there is continuity of care for the residents, from familiar staff who are aware of their individual needs.

5. The Manager leads the staff team effectively and has responded positively to the recommendations and findings of the last CQC report, one example of this is the development of a new accessible quality audit tool.

6. Trialling the setting aside some specific time when care staff are tasked to spend time just interacting socially with residents.

7. A variety of planned activities are offered throughout the week.
Verbatim, provider comments will be included within the text of the report. Providers are welcome to submit an action plan if they choose.

**Verbatim provider response:**

1. We have already started a “League of Friends” at Highfield which is proving quite popular. The local primary school is involved with the home.

2. A meeting has been booked for the 12th March to discuss the survey.

3. Signage on toilet and bathroom doors have been delivered from a dementia specialist supplier.

4. The home is being support by the local Provider Support Team who are coming to support the activity coordinator. The home is now also holding regular dementia champion meetings.
If you require this report in an alternative format please contact us at the address above. We will be happy to help.

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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