



ENTER AND VIEW

Hillesden House Care Home

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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 Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Hillesden House Care Home
Address: Mount Road, Leek, Staffs. ST13 6NQ
Service Type: Residential Home
Date of Visit: 30th October 2017

Authorised Representatives

Name: Sandy Turner Name: Glenys Robinson
Name: Ian Waite (Observer)

Purpose of Visit

Following a recent CQC report, the home was rated as requiring improvement in some areas. We wanted to see what had been put in place to make the improvements with particular reference to the following areas highlighted in the report.

- People did not always have support to meet their needs at the time they needed it.
- People had their medicines administered safely; however medicines were not always stored safely.
- People's rights were protected by staff but records did not always show how decisions had been made in people's best interests.
- People were supported by caring staff however staff did not always have time to provide support in a caring way.
- The systems in place to monitor the quality of the service were not always effective.

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

The building is accessed from a narrow road off the main Leek to Buxton Road. The driveway is somewhat difficult to see as it is masked by large trees. There is a signpost which looks as if it was damaged during the recent gales and now needs to be re-sited in a prominent position. There is a small car park in front of the building and there are no parking restrictions on the road outside. Hillesden House is a lovely, large old house in its own grounds.

Access is gained by a bell on the front door and this was answered promptly by a member of staff. There is no CCTV covering the outside.

Internal

There is no Reception Office but there is a 'signing in' book on a table in the hallway. The soft furnishings are in excellent condition and nicely coloured.

There were no unpleasant odours in the hallway, lounges, dining room etc.

The corridors were clutter free.

There is no CCTV inside the building other than in the room the Medicine cupboard is stored in.

The lounges and dining room are pleasantly decorated apart from the windows which are in need of replacing. There is an ongoing Maintenance programme at Hillesden House.

Resident Numbers

Capacity is 21 residents.

There are 17 single rooms and 2 shared rooms

There are 16 residents at the present time, 2 male and 14 female

One single room is ensuite

Staff Numbers

Nurses N/A

Carers - 15 Seniors - 3

Morning and afternoon shift - 1 Senior and 2 Carers

Night shift - 2 Carers

There are Bank staff employed but no Agency staff used

Domestic - 2 Cleaners

Maintenance - This is contracted out

Administrators - the owner carries out the administration

Catering - 2 cooks - the kitchen has a 5 star hygiene rating

Activity Coordinator -1

Resident Experiences and Observations

All residents have a choice over what they wish to wear each day.

An issue was raised by the last CQC report regarding someone sitting at the dining room table for an hour before the food was served. We were advised that this is a gentleman who is quite independent and during the morning chooses to take himself into the dining room where he likes to sit and look out of the window, it is certainly not a case of him being taken in there hours before meal time.

A drinks trolley is bought round twice a day but other drinks are available in the meantime, the Home are looking into providing drinks stations.

Residents chose what time they wish to go to bed and when they want to get up.

Personal care is provided by staff who always knock on a bedroom door prior to entering and we witnessed this happening.

A hairdresser visits once a week. A Chiropodist visits the Home but in the meantime staff attend to nails etc., having SPA days occasionally.

Any dental problems are dealt with by a dentist in the town.

The majority of the residents here are local people who are registered with their own GP.

Should a resident need to be hospitalised and there were no relatives available, then a member of staff would accompany them.

The residents we spoke with were all very happy with the care they got at Hillesden House and there were no issues over having to wait for attention when they needed it. A female resident said the food 'was lovely'.

Residents, relatives, Social Care etc. are all involved in the compilation of the Careplans. Should needs change then this is dealt with by the staff contacting family and discussing it. We were advised that DNAR's are noted on Care plans and DOLs assessments are up to date.

One resident goes to a local Church service and Communion is held at the Home.

Residents are easily able to access their call bells.

Family and Carer Experiences and Observations

Relatives are welcome to visit at any time and the Home complete monthly reviews on each resident.

There are no relative meetings as such. As there are only a small number of residents the staff know the relatives well and are in constant touch with them. When they visit Hillesden they can choose whether to sit in the bedrooms, lounge areas, dining room or another quiet room.

Relatives visiting a lady resident said that all the family were 'happy with the care given etc.'

Activities

The Activity coordinator sources her budget via the Owner. She takes the residents out for walks, shopping etc. if they need transport then a local Taxi firm is used.

When we arrived unannounced there was a Carer in the 'quiet lounge' reading the newspaper to some residents and in the other lounge a game of floor skittles was taking place amid much laughter from both the residents and staff, there was music playing on the television to accompany this.

Special events such as birthdays, Christmas etc. are celebrated with tea and cakes with families invited to take part.

Catering Services

The residents have the choice of two hot meals - but if they do not like either then the cook will prepare something else for them. The kitchen staff are aware of all dietary needs but do not assist with feeding as this is not necessary. Menus are displayed on a board by way of illustrations and wording. There is a 4 weekly rota of menus.

Staff Experiences and Observations

We spoke with various members of staff the majority of whom had been there some time, they all felt happy in their work and supported by the Management. They knew the procedure for reporting complaints, accidents and abuse. We were advised that they are aware of the MCA framework.

A Training Matrix is kept and discussed at Staff supervision. Some training is done 'in house' with mandatory training being done in works time. Two members of staff are qualified to deliver training such as Manual Handling. Distance learning is done in the staffs own time. First aid training is provided by an external trainer. Fire safety has also been delivered.

There has recently been a slight change in the shift pattern so that the early shift come on duty at 7.00am rather than 8.00am, and the night shift go off at 8.00am, so that there are sufficient staff members to assist residents getting up in the morning, so no one has to wait when they decide they want to get dressed.

Staff at present do not wear name badges but this is something the owner is looking into.

Summary, Comments and Further Observations

We were advised that a previous issue raised by CQC about the storage of Medicines had been resolved and that the storage of medicines was safe. The Medicine storage room is secure, there are no windows and there is a mesh over the glass panel in the door. The medicine trolley is secured to the wall when not in use.

Nutrition and liquid charts are completed - some daily if this is deemed necessary.

The Owner and Manager of Hillesden House advised us that they have taken on board all the recommendations from the last CQC report and put systems in place to evidence 'good governance'.

The overall feeling we got from this visit was that it is a very happy place to be, the Management, staff and residents were all smiling, laughing, chatty and seemed to be enjoying themselves. We were made extremely welcome and the Management were very open with us and invited us to visit anywhere in the premises we wanted to.

The only issues we noted were that the trees in the grounds could do with cutting back which would let more light into some of the rooms and the windows needed to be replaced in some rooms, but we were advised that this is on their future maintenance programme.

One of the bedrooms was a little smelly but on discussing this with the Manager it was explained that this particular resident had a major issue with body odour which they were aware of and did what they could to manage it. It did not impact on any other area of the Home.

Recommendations and Follow-Up Action

We would hope that the trees which are blocking light to some rooms be pruned as required.

We would hope that the ongoing maintenance programme includes the replacement of some of the windows that are in a poor state of repair in the not too distant future.

Provider Feedback

When asked what the provider felt worked well about the way the Authorised Representatives carried out the Enter and View visit, the provider advised:-

"The way your representatives entered and viewed out home was done in a friendly and relaxing manner."

When asked if there were any aspects of the Enter & View visit which they felt did not work well or could be improved, the provider advised:-

"No, we were very happy with the visit."

When asked, as a provider of a service, did the Enter & View visit help you to identify areas for improvements, the provider advised:-

“We were already aware of the improvements we need to make.”

The provider also added:-

“The people on the visit made everyone in the home feel relaxed.”

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.