



ENTER AND VIEW

Mill Hayes Residential 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.

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Provider Details

Name: Mill Hayes Residential Home
Address: 72 Mill Hayes Road, Knypersley, Staffordshire. ST8 7PS
Service Type: Residential Home
Date of Visit: 10th August 2017

Authorised Representatives

Name:	Glenys Robinson	Role:	Author
Name:	Sandy Turner	Role:	Observer

Purpose of Visit

Following the CQC report of June 2016, it was noted that Mill Hayes required improvement in many areas. Some of the areas highlighted in that report were as follows:-

- The environment was not well maintained to ensure people were safe and not at risk of cross infection. The provider had not listened to people's concerns about the need for refurbishment.
- People's level of dependency on staff had not been taken into account when staffing was planned.
- People spent long periods of time without any interaction from staff and there were limited opportunities for them to take part in activities which might interest them.
- Although staff were kind, they did not always protect people's dignity and support them to maintain their appearance. Some people's care plans were not accurate and had not been reviewed.
- People were not protected from the risk of infection because fixtures and fittings were damaged and could not be cleaned thoroughly.

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, staffing levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

The home is signposted at the end of the driveway and there is a small car park. **Please see feedback1*. The building is easily accessible with a bell and intercom on the front door. There is CCTV covering the front and back doors.

There is a small outdoor space that is accessible to residents, with a covered pond, summer house, tables and chairs and a retractable awning. The area is in need of some maintenance to make it safe and pleasant for the residents to use as some of the floor boarding is loose.

When we arrived there was a peacock on the back of one of the garden chairs, he along with his companion are owned by the next door property and often visit Mill Hayes, which the residents enjoy.

Internal

There is no reception office as such, but the doorbell and intercom were answered by a member of staff, we put our names in the “signing in” book and were then taken to the Managers office where she checked our ID badges.

Mill Hayes has been for sale for some time and we were advised that recently a purchase has been agreed by a new owner, but this has not yet completed. There needs to be a great deal of refurbishment done, which hopefully the new owner will arrange as soon as possible, as the general appearance is quite shabby.

We saw in one bedroom, that had recently become empty, floor covering which had holes in it and would have been very dangerous. The surround of a wash basin in another room was badly damaged and could pose a hygiene problem. The cracked toilet and crockery highlighted by CQC had been replaced.

The hallways were free from clutter and clean.

There was a very strong smell of disinfectant throughout the home.

Resident Numbers

The home capacity is 16 and there are 11 residents at present plus 1 in hospital.

There are 12 single bedrooms, none of which are ensuite, but have commodes in them, and 2 shared rooms which are ensuite.

Staff Numbers

There are 18 carers including the Manager and her Deputy.

There is 1 domestic staff member plus an extra part time 7 hours weekly.

Careview Services, who own the home provide a maintenance man as and when required.

The Manager has responsibility for the administration.

There are 2 catering staff with the Deputy Manager covering when they are off duty.

Agency Usage

We were advised that agency staff are not used.

Resident Experiences and Observations

Residents are asked by staff what they would like to wear each day. They are given a choice of food, there being 2 hot choices per day. There are no drink stations around the home, the staff providing drinks on request. Residents choose when they would like to go to bed. Staff provide personal care as needed. Residents who choose to stay in their own rooms have jugs of water provided.

A hairdresser comes to the home once per week. Nail and teeth care is provided or assisted by the staff.

We were assured by the Manager that on admission, residents, relatives and friends were consulted regarding the compilation of the Careplan.

We were unable to speak with residents as the majority were asleep in the lounge or having personal care. There is just one particularly able resident and she assists staff with many tasks. The Manager told us that they do hold residents meetings.

We discussed privacy and dignity with the Manager as this had been an issue highlighted by CQC. She assured us that if personal care is taking place, then the other staff on duty would do their best to maintain the privacy and dignity of the resident. We were told that staff always knock before entering a room.

A Vicar visits the home every three weeks.

The bedrooms we visited were small and reasonably tidy. There were very few personal touches in these rooms. * See Feedback 2. There were bells on the wall near each bed which the residents would be able to lean forward and reach in the night if they needed to. The 2 residents who were less able were checked hourly during the night. The bells are not accessible from a chair in the room without getting up and leaning over the bed to press them. * See Feedback 3. In one of the double rooms, 1 bed had no bedside table, cabinet or light. *See Feedback 4.

If a resident needs to be hospitalised during the night, the night staff at the home would ring the manager, who lives not far from UHNM and she would turn out from home and meet the crew at A and E. We were advised that sometimes ambulance staff express their concern that no one from Mill Hayes can accompany them, but as there are only two staff on duty at night, they cannot be spared, although they do fill in an information sheet on the resident for the crew to take with them. * See Feedback 5.

Family and Carer Experiences and Observations

We did not see any relatives to speak to. The bedrooms are very small, so it would be a problem for them to sit and chat in there, but there are a couple of lounges and another small room off one of the lounges which is being used as a store room at the moment, but which is intended to be cleared out to make a quiet area. **See Feedback 6.*

The Manager told us that questionnaires were sent out to relatives, but very few were returned completed.

Activities

There is no dedicated Activity Coordinator, the staff run activities if they have time.

We did not see anyone taking part in any activity, the majority of residents were snoozing in chairs with the TV on.

The Manager told us that they have a “people carrier” vehicle at the home and they do take a few of the residents out.

The staff bake cakes for birthdays.

We were told about a celebration for the Royal wedding when the staff put bunting around the home and decorated cakes in red, white and blue, but we were advised that it was a disaster as no relatives attended.

The manager advises that they do arrange Birthday and Christmas parties.

Catering Services

The kitchen has a hygiene rating of 5*. There are two hot choices per day, which is changed daily. We did not see any notice board displaying the menu choice. ** See Feedback 7.* They have a four weekly menu and also change with the season.

We did not observe a mealtime. Meals are taken in the Conservatory, which was very hot on the day we visited. **See Feedback 7.*

We were assured that the kitchen staff were aware of any special dietary needs of the residents and that these needs are displayed in the kitchen. We were told that there is only one resident receiving blended food, one on a soft diet and one requiring thickened fluids and that all staff were aware of this.

Staff Experiences and Observations

The Manager made us feel welcome, as did the two care staff on duty, along with the lady in the kitchen. We were kindly offered refreshments.

We discussed staff training and were advised that training is done once a year over a two week period by an independent training company, covering all relevant and mandatory subjects. A white board is situated on the wall behind the Manager's desk and she keeps a log on there of who has completed what training and when.

The member of staff we spoke with felt supported by the management and she was happy that she had adequate training to enable her to do the job well and she said that she knew the procedure for recording accidents, abuse, etc.

We were told that care staff record nutrition and liquid intake records for residents on a daily basis.

There would appear to be adequate staffing on a day to day basis with the reduced number of residents currently at the home.

The care staff do the laundry in addition to other duties.

Summary, Comments and Further Observations

Mill Hayes is in dire need of some tender loving care, which is unlikely to happen until the sale has gone through.

There is a serious problem with the roof of the building and on the upstairs landing water is coming in and the plaster is wet and crumbly over quite a large area. The Manager is aware of this problem as she mentioned it in passing to us earlier on during the visit. **See Feedback 8.*

Although some specific items in need of repair have taken place since the CQC report in July 2016, a new toilet bowl had been fitted and chairs replaced, it would appear that other fixtures and fittings and the fabric of the building have been neglected and that further vital improvements and repairs need to take place urgently.

We understand that CQC had visited again, a few weeks before this visit, so their report will be of interest when it is published. We found wallpaper peeling off the wall in room 2. We noted that toilets and sinks were not matching in bathrooms, (*See Feedback 9) floor covering in need of replacing and in one of the empty bedrooms this was a trip hazard.

A new fire door has been put in place.

We did discuss with the Manager why there were empty beds and she advised us that Social Services were not referring to them at present and other interested people had viewed but did not take up the offer of a placement.

Due to the concerns over the neglected building and fixtures and fittings, we visited the current owning company's website and found the following under their Quality Care System section

"We believe our residential services should provide a homely and comfortable environment and will work to ensure this is so"

"We aim to be at the forefront of professionalism and best practice by systematically monitoring all of our care services"

Our visit did not reveal any evidence to support these claims.

Recommendations and Follow-Up Action

We recommend that the current owner takes urgent action of the following items:-

Repairs to the roof, where water is gaining entry to the landing, be made immediately. *See Feedback 8.

That the maintenance person is sent to Mill Hayes to make repairs in bathrooms to avoid hygiene issues.

That the garden area be made safe for residents.

Other recommendations that we make are as follows:-

Following repairs to the leaking roof, that the interior plaster that has been affected by the leak is removed and replaced. * *See Feedback 8.*

That general refurbishment takes place, including:-

Floor coverings replaced where damaged

Updating of bathrooms with some new fittings and fixtures as appropriate.

Repair and re-decoration as appropriate, including residential rooms and common parts of the building.

To clear out the small room off the lounge, currently being used as a storage area, to make it into the intended quiet room, for the enjoyment of the residents and their relatives.

With regard to call bells in resident's bedrooms, that consideration is made as to whether things could be rearranged so that someone is able to reach the bell from the chair as well as the bed, or consider introducing portable call bells.
**See Feedback 4*

That more attention is given to activities for residents as these appear to be quite limited.

Healthwatch Staffordshire will provide a copy of their report "Living not Existing - The importance of meaningful activities in care homes" which is about to be published. We feel this report could assist the staff in finding more activities that they could introduce, which could enhance the wellbeing of the residents. Where it has been mentioned that there was not very much support from relatives for events and activities, the report may be able to give some ideas on gaining support from other sectors of the local community.

A further visit in 6 months time to see what progress has been made with the refurbishments.

Provider Feedback

- 1. The manager clarifies that the top car park holds a minimum of 4 vehicles with another 4 spaces in the lower car park and that there are no parking restrictions on the road adjacent to the building.*

2. *The manager advises that personal touches in bedrooms depends on if the families bring them in (“we do ask for these on admission”).*
3. *The manager advises that extension call leads could be a trip hazard (we have 2 in the home in use at present, but not many residents stay in their rooms).*
4. *The manager advises that one bed in the downstairs double room cannot have a bedside cabinet next to the bed, but there is a lamp on the chest of drawers at the bottom of both beds.*
5. *The manager clarified, to avoid any confusion, that it is the responsibility of the Nursing or Care Home management and staff to provide ambulance staff with the full details of residents requiring conveyance, including all relevant medical information. The Ambulance Services will bear responsibility for these resident during transportation, from the time of collection to the time of the patient being handed over to staff at their destination.*
6. *The manager advises that the Conservatory may also be used for visits and that there are at least 2 large and 2 small fans situated in the conservatory.*
7. *The manager advises that daily menus are on a whiteboard in the lounge, off the conservatory, with the additional information of staff on duty, weather etc. There is also another whiteboard on the opposite wall informing people of events for the week.*
8. *We have since been advised by the manager that the adjoining property is supposed to be repairing the gulley to their roof which is causing the problem, before they re-plaster and re-decorate.*
9. *The manager commented “Toilets and sink were not matching in bathrooms? We have 1 bathroom and 1 shower room. The toilet in the bathroom was recently replace as required by CQC (white).”*

The manager advised that they have 3 toilets upstairs and 4 down (9 in the whole building).

The manager also advises that there is a small sign at the car park entrance and a much larger sign (12 “ x 4 “) on the corner of the property and that these signs can easily be seen on entering Mill Hayes Road and from the main road from Biddulph.

The manager advised that the Authorised Representatives were “polite, pleasant and explained their role appropriately”. The manager added, “knowing that the home is currently for sale, with the possibility of new owners in September, they both identified areas such as re-decoration as an obvious factor for the new owners to address.”

The manager advised that “the provider does monthly visits to the home, and I as a manager, inform him of any need for refurbishment etc. I have these requests archived on my emails and have a development plan for such things. However as the home is nearing a change of ownership these jobs have not been authorized.

The manager also supplied a copy of the annual development plan for 2017 showing planned repairs and improvements to the fixture and fittings, recruitment plans, authorized and completes tasks. The recruitment of additional care staff has been completed as per the plan and many other tasks have also been completed during the year.

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.