

Enter and View Report

Highcroft Hall Care Home
Semi-Announced Visit
24th July 2019



**Engaging
Communities**

Inspiring Change, Improving Outcomes

healthwatch
Wolverhampton

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What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton 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, optometrist 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's 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 Wolverhampton's 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 and Address of Service: Highcroft Hall Residential Care Home, Old Fallings Lane, Bushbury, Wolverhampton, WV10 8BU.

Manager: Rachel Ellis

Service type: Care Home

Client type: Residents over 65, dementia residents and respite care.

Acknowledgments

Healthwatch Wolverhampton would like to thank the Registered Care Home Manager, staff and all the residents for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit on 24th July 2019. The report does not claim to represent the views of all residents, only those who contributed during the visit.

Authorised Representatives

Emily Lovell, Lead Authorised Representative

Pat Roberts, Authorised Representative

Josie Slater, Authorised Representative

Who we share the report with

This report and its findings will be shared with the Manager at Highcroft Hall Care Home, local Wolverhampton Councillors, City of Wolverhampton Council, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:

Regent House

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Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

The visit on 24th July 2019 was semi-announced and was undertaken to promote resident involvement and voice, as well as to gain insight in to changes implemented by the new manager of the above. Healthwatch Wolverhampton did attempt to make an unannounced visit on the 12th June 2019 but due to unforeseen circumstances in the home, Healthwatch chose to withdraw from the visit and arranged to come back.



Highcroft Hall Residential Care Home

What we did

On arrival, the Authorised Representatives entered the home and were prompted to sign in and use the hand gel by the administrator. The manager was busy, so the Authorised Representatives were asked to wait. They explained to the manager the purpose, time frame and structure of the visit and began with a tour of the home from the administrator. They then conducted interviews with both the manager and deputy manager and engaged with some of the residents.

Summary of Findings

The visit to Highcroft Hall Care Home was mixed, Healthwatch Wolverhampton Authorised Representatives engaged with staff and residents of the home. The home actively sought the views of the residents through different means and this

has been reflected in the report, however residents did raise issues around staffing, food choices and activities available. Recommendations were made around the above in addition to; resident meetings, maintenance and translators.

Findings

Environment

External

The home was accessible through an open gate that lead on to a small car park with limited spaces. The car park contained a smoking shelter, a full rubbish skip that was also present on our first visit in June, and a pile of discarded furniture to the side of the home. There was also a small sensory garden in the car park that had been decorated by one resident and a narrow garden that surrounded the home, neither were secure. Authorised Representatives were told by a staff member that a local school was becoming involved in creating seating areas and sensory planting for the narrow garden.

There are no visible CCTV cameras on the building.

The entrance was very tidy, looked welcoming and was easily accessible. We examined the exterior surroundings before and after the visit and it appeared that the building was well built and of modern structure.

The visit took place on an extremely hot day and the secure entrance doors were open, the building did not have a secure entry system, but the reception leads on to other secure doors where the residents were housed.

Internal

The reception was well furnished and gave a good impression. However, there was a large plastic bag of cushions on the floor which someone eventually moved to another part of the room which already had boxes with furnishing accessories in it. The rest of the home was clean and tidy.

The notice board was organised and up to date with 'you said we did' notices and another board with an activity programme.

There were 41 residents at the time of our visit, out of a capacity of 52. Residents were housed over three floors; dementia care is on the ground and first floor and residential on the top floor.

There were two staircases at each wing of the building with a bannister, we were informed that they were going to install a stair lift on these stairs. There was also a lift that opened out to the reception area on the ground floor, café area on the first floor and lounge on the second.

The home was well furnished throughout with newly furnished quiet lounge, a cinema room and a fake bar in a dementia area. Each bedroom was en-suite with a

wet room shower, and we were informed that each resident was supplied with a TV in their room.

Due to the summer heat on the day we visited we enquired about fans or air conditioning, there were neither, although we were informed that enquiries were being made about free standing air conditioning. Authorised Representatives viewed an unused show bedroom where the temperature was 29°C. Staff told us that fans were not provided by the home and should be purchased by residents.

The secure areas on each floor open to a corridor onto a lounge furnished with chairs, sofas, tables for eating and a resident and staff accessed kitchen facility to make drinks. These communal areas were busy with residents either sitting with a drink or talking to visitors or preparing to have their evening meal at 4.30pm.

Essential services

Residents told Authorised Representatives that they were able to access other health services; **appointments with district nurses were well managed by the home and residents were able to access appointments with the optician. GP's also visited on occasion without problems.** The residents used the inhouse salon where a family member did their hair. Staff told Authorised Representatives that some residents used hearing aids and they used the hearing services at West Park however if there were any issues these were usually dealt with within in a few hours. The local GP carried out a visit on a Tuesday and could be called out in Emergencies.

The home was signed up to the red bags project and hadn't experienced any issues of items or bags not being returned to the home after discharge.

Access

All residents engaged with felt fairly treated by staff. However, one resident told Authorised Representatives that this **depended which carers were on duty, some carers would stop and chat but some would just pass by without acknowledgement.** The resident felt this was due to there not being enough staff and that some didn't have the time. Another resident said that agency staff let them down and there seemed to be an insufficient number of staff on duty.

Members of staff told Authorised Representatives that there were six carers, three senior carers, an administrator, manager and deputy manager on duty during the day and only three carers and two senior carers on the night shift. Staff also told us that the usage of agency staff was limited, but there were agency staff on shift during our visit due to the care plans being put on an online handheld system.

A resident told Authorised Representatives that **there was only one carer at night to look after 17 residents.**

Staff were asked how they support and provide safe spaces for residents of different needs, cultures, religions and sexual orientation. This was supported by delivering person centred care and keeping this information in resident care plans. Each resident became a 'resident of the day' once a month unless on respite care. On this day a resident would have a review of their care plan and medication, and could request changes to activities and their room, such as changing the colour of the walls or having the flooring changed to carpet or laminate, but only if it needed changing. Residents were also able to request their food of choice such as their favourite meal or a takeaway.

There were residents from different cultures in the home and to tackle language barriers staff had learned buzz words such as 'toilet' in the residents chosen language. They also used picture cards but relied heavily on a member of staff that spoke the same language and acted as translator.

Safe, dignified and quality services

Residents told Authorised Representatives that they felt safe in the environment. One resident highlighted the only time they had not felt safe was due to the actions of another resident, but this had been reported to staff at the time. All residents were clear that they were treated with dignity, respect and compassion and that their privacy and dignity was maintained, and they were spoken to with their chosen name. "The staff always knock on my door to enter and respect my dignity". Residents told Authorised Representative's that staff were always quick to respond to the call bell and their specific needs were met.

Staff protect residents from risks of abuse by following safeguarding policies and procedures. Their training is overseen by management on an online tracker. Staff were also trained in dementia and falls, which were recorded in care plans if they occur. A resident said; "The staff are always getting trained".

Residents were supported at end of life with the support of the GP, Compton Care and District Nurses. DNAR's were kept at the front of the care plan and discussed in detail with the family.

Information

Notice boards were evident and well placed on each floor with up to date information, residents can receive the minutes of the monthly meetings as well as read them on the notice boards. In asking how many residents attended these meetings we were told by the managers about 10 residents and all the main staff such as the chef and housekeeper. This was a very small percentage and the minutes did not reflect who was present.

Residents were communicated to regarding their treatment and care by the GP round on a Tuesday. Residents were communicated to about changes in the home

by resident and relatives meeting, via email or displaying information on the boards.

Choice

Residents had access to the new menu each day and could request changes. Breakfast, lunch and dinner were available at 8:30am, 12:30pm and 4:30pm, respectively. However, food was also available at 11am, 3pm and 9pm where residents could eat sandwiches, tea and cake. A resident informed Authorised Representatives that they would prefer their evening meal at 5:30pm. Residents could also request an alternative meal if the menu was not to their liking, they could then select from a sandwich, omelette or baked potato.

Another resident told Authorised Representatives that they were happy with the food on the whole but felt the vegetables weren't cooked enough. They also told us that their previous request for different vegetables was met by the chef.

Authorised Representatives observed the resident meeting minutes and residents thought there was a lot of sandwich waste as they were not very good. However, the chef thought there was plenty of choice.

Residents also had choice of their morning wake-up call and bedtime, and this was recorded in their care plans.

Being listened to

To gather the views of residents the home sent out annual pictorial surveys which were suitable for all residents. Residents were also able to raise concerns with staff at resident meetings and at the resident-family meetings each month. Changes were communicated back to residents and displayed on the 'you said, we did' notice board in reception. Staff told Authorised Representatives that the minutes to the monthly meetings were also shared with residents.

Being involved

There were no current activity coordinators at the home although they were appointing a new staff member into the role at the time of our visit. The activity board showed previous activities of:

- Bingo
- Darts
- Arts and crafts
- Outings
- Sing-alongs
- Sensory activities involving smell, touch etc.

- Movie nights with snacks

One resident told Authorised Representatives that they “enjoyed the outings the most and wanted more of them”. Another resident said they would have liked an Entertainments Programme as “life can be boring”. The resident liked quizzes and would welcome a visit to the garden centre for example. The resident said that this had been discussed amongst other residents and they were happy to pay for transport etc. Such topics had been discussed at the monthly meetings.

Smooth radio was playing in different parts of the building, however a staff member told us that it was probably staff members that choose the music rather than residents. There were also pianos but no residents or staff to play them. A singer came into the home every month and residents can attend on whichever floor they are. On the day of our visit they were putting together a cinema room with cinema seating, projector screen and popcorn machine to be used by residents. There was also a pet hamster kept on the residential floor which is looked after by residents.

Recommendations

1. Ensure there are visible CCTV cameras.
2. Try to play suitable music of the residents’ era especially in dementia areas.
3. Consider moving the evening meal to 5.30pm or later.
4. Ensure that resident meeting minutes reflect the attendees by name. Sometimes omit asking a member of staff to the meeting e.g. the Chef, and then ask about the food. Residents may not speak up in front of them.
5. Ensure the outer reception door is closed and secure at all times.
6. Consider supplying residents’ fans for their rooms.
7. Ensure that the skip and discarded furniture is removed.

Questions

1. If residents wish to smoke, do they use the unsecure smoking shelter in the car park? Are they supported by a member of staff?
2. How does the fire evacuation procedure take place with the small numbers of staff on duty at night?
3. Is there a translator used for residents that don’t speak English including BSL, that isn’t a member of staff? How would residents raise complaints about staff that are their translators, should they need to?
4. Will the narrow perimeter garden be concealed from the roadside?
5. How do you gather the views and opinions of respite residents if they are not included in ‘resident of the day’?
6. What is the timeframe for the stair lifts to be fitted?

Provider feedback

The skip present during both visits is due to having extensive refurbishment on kitchen areas and lounges and we have also purchased new furniture and furnishings for the home. I would hope that this is positively viewed as we are committed to investing in our residents environment and providing a comfortable and stimulating place to live

I would like to assure you that our gardens are secure. The narrow garden that leads round the back of the home is secured by both railings and a key coded gate leading to the area. This enables our residents living with Dementia to access the garden without risk of absconding.

At this time we feel there is no need to install CCTV within the premises and would only consider this if we felt there was a need due to security.

I would like to confirm the front door does have a secure entry system, the front door is key coded both on exit and entry. On this day due to the extremely hot weather the door was propped open to allow fresh air into the reception area. I would like to reassure you that the reception area at no point was left unattended by a member of staff due to our Administrator working from this area.

I am pleased that you felt the reception area was clean and tidy and to reassure you that the cushions and boxes in reception had been delivered due to the on-going work and refurbishment within the home.

The home does have several fans in communal areas, both floor standing and desk top fans, however heat wave advise suggests rather than the use of fans to close curtains and windows as a way of cooling the building down. Air cooling units have been ordered for the home. Fans for each bedroom are not purchased routinely by the home for every resident bedroom, however we do keep a stock of fans that can be used if requested.

I am disappointed that you observed some staff passing by without acknowledging residents in their rooms. I would like to reassure you that I have explored and addressed your comments with staff in our daily 10@10 meetings. I will continue to monitor staff interactions.

I would like to provide feedback regarding your comments relating to staffing levels. I would like to reassure you that we complete a dependency tool supported by an analysis each month and our dependency score for the home suggests that we have sufficient staff on duty to meet the needs of our residents safely. Each night we have 5 members of staff and our current occupancy is 41 residents. At no time would one member of staff be responsible for supporting 17 residents on their own. The current night ratio is 1:8 based on 5 staff supporting 41 residents. I have reviewed our call bell analysis and the time taken to respond to residents suggests there are no issues with staffing levels within the home.

I would like to reassure you that I am aware of the issue around one resident not feeling safe due to the actions of another resident had been dealt with at the time and a conversation had taken place between the manager and the other resident to resolve the issue.

The number of residents that attend the resident relatives meeting is roughly 25%. All residents and representatives are informed in advance of dates and times of meetings and meetings are arranged in advance to provide people with plenty of notice of these meetings. There will be some evening meetings planned to see if more people can attend in the evening rather than the daytime. A copy of the minutes reflecting who attended the meeting is kept in the office this is to ensure that we comply with GDPR . The chef and other heads of departments are asked to attend the meetings, however they do leave after their department has been discussed and there is an opportunity to give any further feedback after they have left.

Residents who prefer to have their evening meal at 5:30pm can request this and this can be accommodated. Comments around the vegetables not being cooked enough and the choice of sandwiches we were already aware of and this has been fed back to the chef and their team to which I will continue to monitor

I am please to advise you we have appointed a new activity co-ordinator for the home and she is now in post and feedback about what activities the resident's would enjoy more of has been passed over to the co-ordinator. We will be completing an activity questionnaire with each resident now that we have an activity co-ordinator in post so we are able to tailor our activity offering based on individual preferences.

Smooth radio is playing in reception area and this is a sanctuary standard however residents and relatives are more than welcome to play any music they wish. We do have a piano within the home which we do have a resident that sometimes plays, although she was not playing during your visit.

For residents who wish to smoke are supported by staff and accompanied to either the smoking shelter or one of the benches outside. Staff endeavour to support residents at the time they wish to have a cigarette

I would like to reassure you that fire drills take place at night involving night staff. In the event of a fire or emergency within the home at night, there is a manager on call within 20 minutes of the home and as a responsible organisation we have a protocol to follow in the event of a significant incident occurring. In the event of a fire residents would be moved to a safe place (Horizontal evacuation) within the building and wait for the fire brigade to assist if a full evacuation was necessary. There is also a business continuity plan for the home which details which member of staff live close to the home and staff can be called up on in an emergency situation such as evacuation. The home and building has good fire protection which is regularly tested

We comply to the Accessible Information Standard (AIS) and around the home signpost residents and visitors to request information in other formats. Where it is

reasonably practicable this will be sourced. We already have a range of documents such as our complaints process and Resident Information Guide in an 'Easy to Read' format. Translators can be used for appointments if required and as an organisation we would look into providing these if required.

The perimeter garden is secure but will not be concealed as residents do like to look out on the street and do not wish to be concealed by fencing.

I would like to reassure you that our respite residents are invited to leave feedback following their stay by either contacting the home and using the carehome.co.uk review cards and these are routinely offered out. We have returning respite residents booked throughout the year who chose to return to the home and are also invited to attend our entertainment events and summer fair.

The home has been reviewed to have stair lift provision and we are waiting on a date to have this fitted.

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