

Enter & View Visit Report

Highcroft Care Home, 16th January 2018



Joyce Osei
Althea Bart
Veronica Neblett
Neil Adie
Maggie Dixon

“We noticed that all residents seemed to have the same meal and drink.

We observed no diversity or choice at this particular meal time.”

Observation by Authorised Rep

Visit Details

Service address	170 70 67Highcroft Care Home, 13-15 Rectory Road, Wal-thamstow, E17 3BG
Service Provider	Mr. Divan Suresh Chand
Service Manager	Marie Gravesend
Service description	A residential care home providing a service for older people and people living with Dementia. The home is registered for 23 people.
Number of residents	22 at time of visit
Reason for visit	Part of programme. This is one of a series of visits to older people living in care homes in Waltham Forest. The purpose of visits is to capture the experiences of people using the service by talking directly to residents, families and staff about their experiences; observe services in action and advise those in charge about how to improve; also highlighting any good practice.
Status of visit	Announced
Date of visit	Tuesday 16th January 2018
Authorised Reps	Joyce Osei, Althea Bart, Veronica Neblett, Neil Adie and Maggie Dixon (HWWF Intern)
Declarations of interest	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, service users and staff for their co-operation and hospitality in hosting this visit. We would also like to thank our authorised Enter and View representatives who helped to carry out the Enter and View visit. We welcome all contributions to this Enter and View programme.

Enter & View

Enter & View is a statutory power conferred upon Healthwatch by the Health and Social Care Act 2012. It gives Authorised Representatives of Healthwatch Waltham Forest the right to enter and observe publicly funded health and social care services in the borough. Enter & View visits are visits and not inspections. Enter & View visits are used to get a lay perspective on the service concerned and are an opportunity for service users to talk about their experiences with the service. This takes place in the communal areas of the home, as our visits preclude talking to

people on their own in their private rooms. A report of each visit is produced which includes any recommendations for change or improvement arising from the visit. This is shared with the service prior to publication. All Healthwatch Waltham Forest Authorised Representatives undergo training and background checks before joining the Enter & View programme.

Disclaimer: This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users, visitors and staff who contributed to the report on that date.

We conducted our visit to Highcroft Care Home, on Tuesday 16th January, from 11:00 am - 2:15 pm. We observed a small group activity delivered to some residents, the home's lunchtime period and general care delivery from staff to residents. On the day of our visit, 22 out of 23 were present and 1 in hospital. Seventeen residents are living with dementia. We spoke to 4 residents and 7 out of 8 members of staff. We did not meet any relatives visiting during our visit. The home had recently been refurbished and was generally clean except for an area on the first floor outside a resident's room which smelt quite strongly of urine. During our visit we looked at the following 5 aspects of care provision:

- Dietary Needs
- Activities
- Complaints
- Staff responsiveness
- Provision of care for residents living with dementia.

Our recommendations are based solely upon what we observed at the care home during our visit.

Background

Highcroft Care Home is a care home located predominantly in a residential area. The service provides support for adults over 65 years who require personal care and who may be living with Dementia It is registered for 23-unit property and was home to 22 people on the day of our visit. The home is made up of three houses combined into one building and spread over two floors and accessible by a lift. The building was refurbished in August 2017.

Description of facility and overview of findings

We observed the outside of the home to be clean and decorated well with garden plants. We observed clear signage outside the home. We observed that it was more difficult to see that this was a care home from roadside from partially sighted person's perspective. The home has good local amenities and transport routes that are readily accessible. The front of the home provided 4-5 car/vehicle park spaces. Above the main entrance, a food standard hygiene rating of 5 was noted. There is a key coded system in place by the front door allowing entry.

Description of facility and overview of findings (continued)

We were told only two staff members are permitted to have the code, and everyone else use the intercom system on arrival. The entrance and hallway to the home was well presented and clean. We noticed that an area of the floor had been recently mopped and a Yellow hazard sign placed in the area. A notice board was observed in the hallway with policies dated May/June 2017.

We were asked to sign in and introduced to the registered manager then given a tour of the home by a senior care worker. We observed the communal area where a small group activity with residents was being delivered by the activity coordinator. Some residents were joining in an activity and others were sitting around the TV and lounge area. There was a variety of areas to sit in. This was potentially a trip hazard as there was a small amount of space between the chairs and little room for free movement to walk or for wheelchair access.

We were shown the whole building and observed the communal areas, including a vacant bedroom, bathrooms, the kitchen, laundry room and garden. The garden designed well in a low maintenance way and in good condition. There were two locked sheds within the area - one for garden equipment and the other housed a freezer which originally had been in the basement and moved due to advice from the CQC.

We noticed a friendly local cat in the conservatory area that some residents liked to spend time with. The interior passages were clean and painted with a neutral colour scheme, the carpets were the same colour throughout. This could prove a potential barrier for some residents living with dementia in navigating their way around the home and finding their bedrooms. Bedroom doors were labelled with names of residents; we observed only two rooms to have personalisation. Bedrooms were clean and bright and contained a single bed, cupboard and bedside table. There were no pictures on the walls in the hallway which made the environment appear and feel somewhat sterile. We noticed a strong scent of urine outside one of the bedrooms on the first floor. The manager in charge explained that this was due to the fact that a resident who had lived at the home for some time refused to manage or accept support for his personal care despite encouragement from staff. The main bathroom opposite the TV lounge housed a mobility bath enabling staff to manage and support resident's personal care in a safe manner.

The corridors were quite narrow with stairs that had unusually small steps which could present accessibility difficulties for some, especially those with mobility challenges. There was a lift if people could not use the stairs. The vacant bedroom was bright and clean and included a single bed, a wardrobe and toilet with an emergency pull cord alarm in place. We were told that residents are able to bring their own furniture and electrical items with them to their room. All electrical items are Portable Appliance Tested (PAT tested). There was good signage with clearly marking fire exits. We observed a trip hazard to the lift on first floor; part of the flooring had become loose and was in need of repair. A fire alarm was visible however, though there was no flashing alarm system in place for deaf or hard of hearing residents.

Catering and Dietary Needs

During our visit observed a lunch service at approximately 12:30 pm for 15 residents. We were told that the cook works from 7:00 am-1:00 pm and care staff manage dinner and snacks for residents outside of these hours. Residents are encouraged to eat in the dining room but four people tend to eat in their rooms.

The majority were seated at portable tables around the TV area and some placed in the dining area at the dining tables. Flowers were placed on the dining room table and music played. One resident told us that she loved the music. We observed little social interaction between staff and residents.

Menus are updated very four weeks and include two meal choices daily. Individual health and religious needs are taken into consideration. We observed residents who were able to feed themselves left to do so. The Activities Coordinator supported residents who were unable to feed themselves. All residents seemed to have the same meal and drink, which was orange juice. We observed no diversity or choice at this particular meal time. The registered care home manager told us that meals were cooked freshly daily and residents were given a choice between two meals. We were told that the service uses picture menus to help some residents make food choices. We observed one resident's plate of unfinished food being taken away without them being asked if they had finished.

Not everybody that needed support to eat received the support they needed; we observed one resident was able to drink but received no help with feeding, therefore, she did not eat. Another resident who was visually impaired was forgetful and needed reassurance to feel safe. She ate well and enjoyed her desert.

Three of the residents told us that the food was good. One resident stated that "you get what you are given", and told us that there was no choice or preference for meals. Another person told us, "I like the food". Staff told us that they accommodate residents' dietary requirements and preferences. We were also told that residents could eat at any time they chose, one staff member told us, "one of us will cook something up for them".

Activities

The service employs an activities coordinator to deliver a range of activities, twice daily with the residents. On the day of our visit we observed a bowling activity being delivered in a small area of the lounge. Some residents were watching TV. Staff told us that some of the other activities delivered to residents included; puzzles, movies and popcorn and barbecues. We were told that activities outside the home were available including visits to local shops and an outing to the seaside.

Activities (continued)

A schedule of activities was placed above the TV in the lounge area. The print was small which made it difficult to view. We observed a designated area in the lounge/conservatory area which housed three boxes of activity materials including movies and games. We were shown an activities folder that entailed a mixture of information about resident care plans with a summary page on each resident that detailed their interests and hobbies. The information in the book was not laid out clearly. We were told by a member of staff that some activities were delivered as a group and other activities on a one-on-one basis with residents. One member of staff told us that the activities coordinator and manager determine the range of activities and there is currently a limit to the range of activities on offer due to staff and budget constraints.

Staffing

During our visit we spoke with the 7 of the 8 members of staff on shift, including the registered manager of the care home, a deputy Manager (in her role for 1 week), a cook and other care staff. On the day of our visit there were eight members of staff working on shift.

The registered manager told us they have a clear recruitment process and used an agency to obtain staff if the service needed additional staff to cover shifts due to unexpected absences. Some staff we spoke to said that they had received some training sessions via online training. However, it was unclear if all staff had received dementia training. The registered manager told us that staff were given a full induction, regular supervision and staff team meetings were held every 3-4 months. This is where staff were given an opportunity to contribute their ideas. Minutes from staff meetings are documented and placed on a notice board. In addition, information is shared during handover meetings over two shifts, am and pm. We were shown templates of induction and training workbooks and online training systems. On asking staff members about their experience on shift and break times some were unfamiliar with break times as there were different answers were given to the same question. The most common answer was three 20 minute breaks. Another staff member stated that they would realistically only take 10 minutes over the 12-hour shift.

Overall, we observed a level of unease within the staff team. Some staff members told us that there was no area for staff to take a break away from the residents space other than a very small room which was not suitable. In addition, it was mentioned that staff were not allowed to go out of the building for a break. It was unclear why this rule had been put in place.

When asked what improvements would staff like to make or see made to the service and why, one person said, "more staff members would be good, things could work more efficiently if there was more structure". Someone else said, "Breaks - we get 20 minutes and we're not allowed to leave the building". One of the staff member of staff told us that they would like to take the residents' out for walks but they haven't been able to in the past.

Medication

The service had a medication protocol in place. During our visit the registered Manager told us about the storage of medication in the home. We were also informed that no use of home remedies was permitted unless agreed by a GP. We were informed that all medication was administered by the manager, deputy manager and senior care worker and audit checks were carried out by Leyton Orient Pharmacy annually.

The medicines were stored in a locked cabinet next to the dining lounge area, a Sharps container was also observed. We did not observe administering of medication at the time of our visit.

Staff responsiveness

At the time of our visit there were 22 residents residing at the home, 17 of whom were living with dementia of varying degrees. In general, there was little engagement between staff and residents.

At the start of our visit we were alerted by the registered manager of a Safeguarding incident regarding one of the residents. He had been assigned to stay in his room and we were asked not to engage with him as a result of this. We obliged the service's request. The registered manager advised us that the service had followed the appropriate protocol, including working with the relevant agencies in line with procedure. Later during our visit, we observed a room, labelled with a sign that stated, 'keep door locked at all times'. Staff told us that the resident of the room was being looked after by two carers. Our Enter & View team followed up on this incident with the registered manager in order to ensure there were no further Safeguarding issues. There seemed to be some lack of clarity regarding this situation with the staff team, as when our team asked for direction regarding residents who would be willing to speak with us regarding their experience within the home a staff member referred us to resident within the locked room.

We asked the service how they support people with additional specific needs, such as accessibility and language needs. We were told that each individual had a care plan designed to include their needs and preferences. This was updated and adapted according to relevant changes. Staff explored and found other ways to communicate with people who had limited English, language or speech such as using flashcards and basic sign language and generally providing extra support. A resident who was blind participated in managing the laundry. Members from a local church visited the home on a weekly basis to pray for those who were interested. The service also worked with other providers and healthcare professionals in order to support individual needs including; doctors, social workers, nurses, chiropodists and opticians. The service worked with services such as Cambridge House Advocacy service and Age Concern. Staff also assisted residents to external appointments when required.

Staff responsiveness (continued)

The registered manager told us that resident's care plans were personalised and re-viewed regularly. In addition, she told us that staff were trained and aware of the service protocols, including whistleblowing, incidents and risk assessments. Of the staff we spoke to there seemed to be inconsistencies with regards to receiving regular training. When asked 'what they think residents think about the current service and why?', most told us that they did not know.

During our visit, we observed one resident who became distressed and started to cry. Another resident became agitated when the resident continued to cry and attempted to hit the crying resident with her walking stick. Fortunately, a staff member noticed and ran over to intervene. The staff member took the crying resident out in to the conservatory in an attempt to calm her down.

We were able to speak to 4 residents on the day of our visit. Of those people we spoke to, one person told us that they were listened to and felt that staff were helpful. Another person told us that he felt safe at the care home and that the carers are nice. One person told us they had not been taken into the garden before. One person told us that they were satisfied with the cleanliness of the home and options at meal times. When we asked residents if they felt comfortable in their home environment, one person said, "It's not homely but it's okay". On asking residents if they are given a choice of being involved in their care, one person told us that he is never asked and he would like to contribute. We observed staff speaking to residents appropriately at all times during our visit and some members of staff sitting next to residents.

A laundry service is provided for residents and carried out by all staff. It is organised using a labelled box system via a room located on the ground floor. Staff told us that residents were encouraged to choose the clothes they wear daily.

At the time of our visit, we observed a resident whom had soiled her clothes but was unable to communicate with staff. This resulted in her walking around with urine leaking onto a chair and the ground. After some time, a representative from our team prompted one of the staff members in order to assist the resident, who then managed the situation well.

The service encouraged residents to use a laptop computer which was situated in the lounge area. Access to Wi-Fi was also available if people had their own equipment and wanted to access the internet.

Complaints

The service had a system in place to manage complaints by recording and sharing information with the Care Quality Commission (CQC). A service user guide is made available and includes the home's complaints policy. Surveys have been distributed in order to receive feedback and complaints from residents and their relatives. We asked the service about measuring service user experience; the registered manager told us that feedback received was generally positive. However, the last survey received showed a poor response rate, making it difficult to measure people's experience of the service.

We were told that the service receives positive verbal feedback regarding the service. We were told that staff received information on the home's complaints policy as part of their induction process. However, staff members we spoke to were unable to demonstrate a clear understanding of the complaints procedure and reported that all complaints were automatically directed to and managed by the registered manager.

Provision of Care for People with Dementia

At the time of our visit the service provided support for 17 residents living with varying degrees of dementia. Annual training is provided for staff. The registered manager told us that they supported residents living with Dementia in various ways, including provision of support tools such as Twiddle Fidget Muffs, sensory aids and music.

We noticed the walls and floors were neutral a neutral colour and the majority of the bedrooms were not personalised or clearly signed with names or memory boxes - this may not be beneficial for those living with dementia. One resident told us, "I have no idea where my room is, they walk me to my room".

Conclusion and Recommendations

This was our second visit to this care home. Overall, the service delivery we observed on our visit was responsive in some areas. However, the service was not effective enough in other areas. We observed that staff provided support to residents that met some of their needs, however, there was too little engagement with residents and encouragement in involving them in making decisions with their care. The care given and interactions observed were respectful at all times during our visit. Residents gave general positive feedback about the staff and the food.

Recommendations

On the basis of our observations, we would like to recommend the following:

Recommendation 1

To improve how staff engage with residents and involve service users in more decision making about their care. On the day of our visit we observed staff showed residents care and respect. We also witnessed minimal engagement with residents. Some staff members told us about ideas they would like to see included with residents, such as a wider variety of activities within the home as well as outside. We did not observe any books or newspapers. This may be beneficial to make available to residents.

Recommendation 2

To offer relatives an opportunity to attend service meetings. This could be a good opportunity for others to contribute ideas and help to shape how the service is delivered. We are aware that the registered manager told us that she had previously tried to set up such meetings however, they did not materialise. We suggest that it may become successful by using a different approach.

Recommendation 3

The provider to work together with their staff team to manage existing issues and improve communication in order to prevent the risk of negative impact on the people using the service of the care home. During our visit, we observed apparent tension within the staff team. Staff members raised some concerns including issues around suitable break times, not been able to leave the building, or been encouraged to contribute to how the service was delivered.

Recommendation 4

Explore ways to improve support for residents living with dementia. We were aware that the provider offered support to residents living with dementia, we believe that this can be improved by providing more engagement and promotion of independence, such as making links with and assisting residents to attend local dementia cafe's. Also improving the environment by including dementia friendly personalised named signs, memory boxes and clear signs throughout the home and memory books. Evidence shows use of such tools to be successful in other care home environments.

Recommendation 5

To explore possibilities of working with other local community agencies and form partnerships which would increase the variation of internal and external activities for residents. For example, the National Citizen Service project enables residents, staff, and students to work together on specific projects and have proved to be very successful in other care home environments.

Service Provider Response

We did not receive a response from Highcroft Care home within the specified period.

Distribution and Comment

This report is available to the general public, and is shared with our statutory partners - London Borough of Waltham Forest, Waltham Forest Clinical Commissioning Group, Healthwatch England and the Care Quality Commission.

If you have any comments on this report or wish to share your views and experiences of this or any other care home in the borough, please contact us.

About Us

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