



Enter & View Visit Report

Details of Visit

Service Name and Address	High Lea House, Llanforda Rise, Oswestry SY11 1SY
Service Provider	Owner/Manager: Miss Y Wakefield
Date and Time	06 July 2016 2pm - 5pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	2 Healthwatch Shropshire Authorised Representatives 1 Healthwatch Shropshire Authorised Representative in Training - Observer

Purpose of the Visit

To explore whether the home delivers a high quality service that is safe and respects the dignity of its residents.

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 experience of all service users and staff, only an account of what was observed and contributed at the time.

Page	Contents
3	Context of the visit
3-4	What we were looking at:
	<ul style="list-style-type: none">• How the home provides a safe environment for the residents• The level of care residents receive• The dignity and privacy of the residents
4	What we did
4-10	What we found out
4-5	The home
5-7	Providing a safe environment
5-6	<ul style="list-style-type: none">• Staffing and staff training
6	<ul style="list-style-type: none">• Staff and residents' meetings
7	<ul style="list-style-type: none">• Safety
7	<ul style="list-style-type: none">• Medical checks for residents
8-10	The level of care residents receive - choice
8	<ul style="list-style-type: none">• Food
9-10	<ul style="list-style-type: none">• Activities and trips
10	<ul style="list-style-type: none">• Personalising bedrooms
10	The dignity and privacy of the residents
10	<ul style="list-style-type: none">• Dignity
10	<ul style="list-style-type: none">• Privacy
11	Summary of Findings
12	Recommendations
13-14	Service Provider Response - to the visit and the report
13	<ul style="list-style-type: none">• Food
14	<ul style="list-style-type: none">• Change of tea time
15-17	Service Provider Response - to the recommendations
17	Acknowledgements
18	Who are Healthwatch Shropshire/What is Enter and View?

Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a purpose.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced.

Healthwatch Shropshire's visit to High Lea House was in response to comments received. It was an announced visit.

What we were looking at

How the home provides a safe environment for the residents

We asked about:

- the number of staff and how the home recruits staff
- the training given to the staff
- staff appraisals
- if residents feel safe
- medical checks for residents

The level of care residents receive

We asked about:

- the choices residents have e.g.
 - the food they eat
 - activities available
 - trips and visits
 - personalising their bedroom
- how staff find out about a resident's previous life and their likes and dislikes
- how staff share information
- if residents are happy living in the home

The dignity and privacy of the residents

We looked at:

- how staff speak with residents
- if staff knock on doors before entering a private room
- if residents are dressed properly
- if relatives are happy with the care their relative receives

What we did

The owner/manager met us and told us about the home. We were then taken around the home.

We met and spoke with:

9 residents who live in the home
2 relatives
1 advocate
1 senior carer

What we found out

The home

High Lea House was constructed around 1876. The owner/manager has run High Lea House for 31 years. The home lies in attractive grounds. It has 24 bedrooms and is registered for 29 residents. The bedrooms are located on both the ground and the first floor, which is accessible by a lift. The owner/manager told us that all of the bedrooms have a toilet en-suite and there are three bathrooms offering showering and bathing facilities.

When we arrived the staff welcomed us with smiles and friendly introductions. On entry to the home, there was disinfectant hand gel and a visitor's book. The home appeared to be clean and in good repair. The temperature throughout the home was comfortable.

A senior carer told us that there are currently 22 residents at High Lea House - 3 male and 19 female residents. This member of staff also told us that some residents were living at the home for a short time following discharge from hospital.

The owner/manager told us there are three double rooms for couples. Two of these are currently being used by single residents. The third double room is across a courtyard and is not used anymore. The owner/manager told us that she plans to de-register this room but has not done it yet.

During our visit we were shown a large and comfortable conservatory, a dining room and a TV lounge. The owner/manager told us that the second floor had a training room which is not available to residents.

Due to the age of the building and the narrow width of doorways and corridors the owner/manager told us that the home could not accommodate people who had limited mobility and needed a wheelchair. However, two bedrooms on the ground floor could be accessed by wheelchairs.

In the hallway there were a number of photographs of residents who had been on outside trips.

One relative we spoke to who had worked in the care profession told us that, in their view, High Lea House was 'very good'.

How the home provides a safe environment for the residents

- **Staffing and staff training**

The owner/manager told us that there are 18 members of staff, all part time. There are no agency workers employed at the home, and staff cover for each other. The member of staff we spoke to had been there for 5 years. She told us that she loves her job at High Lea House and came in on her day off to talk to us.

There were 3 staff on duty during our visit. The owner/manager said 5 staff would be on duty later and at night time there are 2, one working and one sleeping.

The owner/manager told us that new members of staff shadow more experienced colleagues for two days and staff appraisals are carried out every six months. She told us that there is an extensive staff training programme in place.

A senior member of staff told us that the majority of courses were delivered externally and they had attended courses including:

- Dementia Awareness
 - Safe Handling of Medicines
 - First Aid
 - Risk Assessments
 - Moving and Handling
 - Safeguarding
-
- **Staff and resident's meetings**

The owner/manager told us that the home has policies and procedures in place for recognising and dealing with problems if they arise. A member of staff said they would raise any issues of concern with the owner/manager who is 'very approachable'. Residents we spoke to also said they would speak with the owner/manager who was 'always around', if they had a concern.

The owner/manager told us that she 'talks with the residents all of the time'. There are meetings between management and residents, which are generally with small groups of 3-4 residents at a time rather than meetings where all residents are present. We noted that the last recorded residents' meeting was in January 2016. One of the residents we spoke to said they were not sure if residents' meetings were taking place but several things had been resolved after the meeting in January, for example the food trolley had been replaced. Many of the residents we spoke to had only been at the home for a few weeks.

A member of staff told us that decisions were made by the owner/manager and then shared with the staff who were asked if they agreed. For example, she had agreed with the manager where to sit new residents so that everyone got along together and a decision had been made to let some new residents eat together in the conservatory. She also told us that there are formal staff meetings and the owner/manager meets the staff in small groups of 3-4 as needed. The owner/manager said that if there were staff vacancies a staff meeting would be called. The last formal staff meeting was in January 2016.

- **Safety**

Residents said that the staff were helpful and checked on them regularly throughout the night to see that they were alright and if they needed anything. The manager showed us a chart which detailed the help residents had had at night for example, cup of tea, toast, chat. The residents we asked said they felt safe.

- **Medical checks for residents**

The owner/manager told us that the home is visited by health care professionals such as district nurses, opticians, chiropodists, audiologists and GPs. Residents keep their own GP when they move to High Lea House and the GP attends every six months to review the resident's health. We asked about screening checks and the she said that the resident would tell the staff if they had received a letter or appointment. The owner/manager was not aware if any residents were having regular routine screening checks as the residents were capable of making decisions. She explained that all residents, except for one, had capacity and that capacity was assessed using the five principles of the Mental Capacity Act 2005.

The owner/manager said that the residents at High Lea House do not require acute nursing and that the home does not accept residents who have Dementia. Admission to High Lea House is limited to those who may sometimes be forgetful but not confused, aggressive or incontinent, although the staff are trained in toileting. Those residents who are later diagnosed with more acute nursing needs or dementia are offered programmes of support or alternative accommodation is found in consultation with their families. If the resident is privately funded this usually involves the owner/manager ringing around potentially suitable homes. If they are Local Authority funded, alternative arrangements are discussed with the family, social worker or solicitor who then make the arrangements for the resident to be moved.

The level of care residents receive - choice

A member of staff told us that when residents arrive at High Lea House they, or their families, are asked about their personal choices and preferences, such as the time they like to get up and the food they like.

- **Food**

The residents we spoke to about it said that the food was 'alright' and they 'all eat it'. When asked about choice they said there was no choice at lunchtime. One of them said 'it would be nice if we could have a choice'. We saw a board in the hall which said showed that the menu for that day was a roast dinner and apple pie. These residents said it was 'always a roast' and 'the same vegetables', and that 'the food tastes the same'. They said they have a choice for tea but it is always the same options - 'pork pie, egg or ham sandwich, spaghetti on toast.' One resident said it is 'basic English food, sufficient and wholesome.'

We asked the owner/manager if a menu card is provided. She said not, but that if the residents did not like the food the cook would prepare something else. She told us that some residents had special menus e.g. diabetic. She explained that until 2 years ago the home had offered a cooked breakfast but the cook had said a lot of dinners were not eaten as residents were not hungry, so cooked breakfasts are now offered on 2 days a week. One resident told us that they could do with 'more to eat'. The manager told us that staff are trained in nutrition and residents are weighed weekly so they know if a resident is losing weight.

Residents we spoke to told us that the tea time had been brought forward to 4pm because of staffing. They said 'it is too early, we don't want it then'. The owner/manager told us the mealtime had changed 2 weeks ago. She had arranged for some to eat in the conservatory and continue to have their tea at 4.30pm as before. When we asked about the change to tea time she told us that residents could have their tea at 5pm if they wanted to; but it was not clear to us if residents were aware of this option. She also told us that sandwiches and cheese and biscuits are available to residents at 7pm.

The residents we spoke to told us that the staff were 'very good and very kind' with staff willing to go that extra distance such as making a sandwich and toast during the night. We observed that a jug of squash and glasses were in the lounge for residents to help themselves to a drink.

- **Activities and trips**

The owner/manager, residents and visitor we spoke to told us about the leisure activities available. These included walks in the garden, visits from musical entertainers, bingo and dominoes as well as the TV. Students from Oswestry School visit the home every Thursday and talk with the residents, and this contact led to a musical event being held at High Lea House.

A member of staff told us activities take place every afternoon between 1.30 and 3.00pm. We did not see any activities taking place during our visit.

The owner/manager told us that the Pets as Therapy (PAT) scheme visits the home and pets are allowed to visit residents in public areas but not in bedrooms due to hygiene and allergy concerns. She showed us the activity log book. The last entry in the book was 1st July 2016. We noted that entries appeared to be every couple of days and referred to dominoes, singers or a resident doing a walk. The manager explained that the staff encouraged residents to do a circular walk around the ground floor corridors of the home. One resident told us they would like more 'stimulating activities to be made available'. Another resident said they would like there to be classical music.

The owner/manager told us that visiting times are 'open'. Those residents with family/visitors can be taken out by them. She said that 'residents are free to do as they want as long as it doesn't impact on others, for example people couldn't wander off onto busy roads nearby'. We asked the manager about how she finds out about what people want. She told us she asks and at the meeting in January the residents had discussed a trip which had taken place. She told us that she thought one temporary resident still drove. She explained that the home does not have its own transport but will arrange a taxi for residents. Dial-a-Ride is used for trips and a staff member told us that it is booked annually.

The residents we spoke to told us that 6 residents had been on a canal trip and there had also been a recent trip to Powis Castle.

The owner/manager told us that none of the residents belonged to any external groups but she would make the necessary arrangements if a resident expressed an interest. She told us that one resident had belonged to a club before moving to High Lea House but had stopped going because the meetings were held in private homes and they had difficulty accessing the bathroom.

A relative told us that the vicar attends the home every month and holds communion with the residents who wish to attend. The owner/manager said that the local evangelical church comes once a month and residents enjoy the singing. She told us that any resident with specific religious or spiritual needs would have their needs met.

- **Personalising bedrooms**

The owner/manager told us that ‘residents are allowed to bring items from their homes, including photos and a favourite armchair if it meets fire regulations and is a sensible size’.

The dignity and privacy of the residents

- **Dignity**

Two of the residents we spoke to told us that they had a bath or a shower once a week. One told us ‘my day is Saturday’. One of these residents said this was fine but the other said they would like a shower 2 or 3 times a week.

The residents we spoke to about laundry arrangements said that their laundry could take weeks to be returned. The owner/manager told us the laundry was done overnight and returned the next day as long as it was marked. She told us that no one has ever waited weeks but on occasions a room search has to be undertaken to find items of clothing that have gone missing.

- **Privacy**

The residents we spoke to, and one resident’s advocate, told us staff knocked on residents’ doors before entering their rooms, and staff took care to cover people when providing personal care. Two residents told us that there were no problems with dignity and respect.

Summary of Findings

- The residents we spoke to were happy living at the home.
- Most of the residents we spoke to had only been at the home since January 2016 and some were returning to their homes shortly.
- A relative and an advocate we spoke to were happy with the care their family member/resident was receiving.
- The member of staff we spoke to was happy in their role.
- The manager usually meets with staff and residents in small groups and she speaks to them as individuals.
- One member of staff said they received the training they needed.
- The home does not accept residents with limited mobility.
- We did not see any activities taking place on the day we visited and the activity log book showed a limited variety of activities.
- One of the residents we spoke to about the food said there was a lack of variety and choice.
- Most of the residents we spoke to were unhappy with the recent change of teatime from 4.30pm to 4pm.
- Two residents we spoke to about it said they had a bath or a shower once a week. One of these residents said they would like to have a shower 2 or 3 times a week.
- Some residents said they could wait weeks for items of their laundry to be returned.
- A third double bedroom is no longer in use and needs to be de-registered.

Recommendations

We recommend that:

- The manager holds residents' and relatives' meetings more regularly so people can discuss any issues, for example:
 - the return of laundry
 - discuss proposed changes such as the timing of meals
 - share their views on subjects such as food choices, trips and activities.

- The home reviews its activities programme and considers ways of including more stimulating activities and opportunities for residents to be more involved in local community activities.

- The staff speak to each resident, record their preferences and involve them in decisions around their care, for example how often they would like to bathe or shower and what kind of meals they would enjoy.

- Every effort should be made to ensure clean laundry is returned to residents the next day.

- Formal staff meetings should be held more frequently.

- The unused room across the courtyard should be deregistered.

Service Provider Response

Healthwatch Shropshire have received the following response to the Enter and View visit from Miss Yvonne Wakefield, the owner/manager of High Lea House:

The Healthwatch team were very friendly and polite. However, a difficult situation arose because residents organised themselves (either in groups or individually) to be ready to give their views at 2pm (having seen this time mentioned on the HW poster). For various reasons, none of the residents were joined by the Healthwatch team until after 3.15pm and some after 3.30pm, by which time many residents were annoyed or angry at 'being kept waiting so long'. There was also some disappointment that staff on duty, and some of the visitors who had come to see the Healthwatch team, did not have an opportunity to speak to them.

Healthwatch Shropshire's approach to Enter & View was explained to the owner/manager in advance of the visit. On the day the visit team met with as many people as possible, including residents, relatives, advocates and staff in order to gain a full understanding of the home. The team were well received by all the residents, visitors, advocates and staff whom they met during the course of the afternoon and the conversations were open and pleasant.

Miss Wakefield made the following comments on the report:

Correction: There were 4 staff on duty during the visit. There are normally 5 on in the morning, 3 in the afternoons, and 2 later evening and at night.

- **Food (p.7)**

Comments made in the Healthwatch report have been shared with staff and residents, and their comments include the following:

Comments by residents

- 'But the food's lovely'
- 'We like our roasts'
- 'Disgusting (the HW comments) they should talk to me, the foods lovely here'

- ‘What about all the home cooking - apple pies’ (at this stage other residents contributed to the list of home baked foods that they enjoy at the home) ‘cherry pies, quiche, pasties cakes, lemon tarts, cauliflower cheese, curries, sweet and sour’
- ‘The cooks are super, they’re always trying new things’
- ‘What do they mean, not enough to eat. We usually have too much’
- ‘We’re always offered more (food)’
- ‘We have lots of choice’
- ‘We have plenty to eat, you can’t eat it all’

Staff comments

- ‘I eat here and the foods always good, plenty of fresh meat and fresh vegetables’
- ‘It’s really good food’
- ‘But we have roasts because that’s what the residents said they wanted. They don’t like cheap food’.
- ‘There’s lots of choice for tea. What about all the salads’
- ‘Lots of visitors say how nice the food is here’
- ‘Where I used to work, they never had the nice food they have here’

Manager’s comments

When discussing food with the HW team, I did mention that we could later look at the cook’s records (which would show all food given for the past few months) but this was not done - we seemed to run out of time. It would have supported many of the comments above.

We will, of course, continue to seek feedback on resident’s views.

Change of tea-times

Three weeks before the Healthwatch visit, I had made teatimes more flexible. Teatime was brought forward to 4pm and those residents who wished to have tea at 4.30pm (3 residents in the dining-room) continued to do so. At the same time a dining area was made in the conservatory, for up to 5 residents. Monitoring this closely involved talking to residents in groups of 3 -5 most days, after tea, enabling all residents to express their views, on several occasions. At that time all residents seemed happy with the arrangements. Further discussion, following the

Healthwatch visit, resulted in 4 more residents having tea at 4.30-pm. However, all but one of these residents have since chosen to have tea at the earlier time.

Many residents have commented on how much calmer tea-times are, since the change (fewer people moving in the dining-room at one time). Most agree that it is safer, calmer, and more pleasant for all concerned.

Miss Wakefield has provided the following response to Healthwatch Shropshire's recommendations:

We recommend that:

The manager holds residents' and relatives' meetings more regularly so people can discuss any issues.

Indicating that any dissatisfaction is due to lack of communication?

Residents meetings - large groups v. small groups

Most residents have expressed the preference to meet in small groups and this was discussed with the Healthwatch team, with some focus on resident group dynamics. Examples of relevant issues include:

- Quiet and gentle residents are more able to express themselves, and support each other when they are in a small group of like-minded people. They can find it less relaxed, less pleasant, and intimidating if they are with people who may seem more forceful.
- Some residents, who take a little longer to process verbal information, can find it stressful in large groups, where others may be talking more quickly.

Correction: Our last large residents meeting (prior to the Healthwatch visit) was in April 16, although the minutes of the meeting were not readily at hand, during the Healthwatch visit.

The home reviews its activities programme and considers ways of including more stimulating activities and opportunities for residents to be more involved in local community activities.

This spring/summer, following many discussions with residents, successful trips have taken place (e.g. on a boat, Ellesmere and Powis Castle Gardens). More trips were organised, as had been requested by residents, but two of these trips have had to be cancelled, due to last minute lack of interest.

Residents are asked about their wishes regarding activities frequently (not only when preparing care plans but also on a weekly basis.) For most of this year, we had organised activities most days but, following changes in our resident group, and their changed preferences, these are not always wanted.

One change, for example, is that a group of newer residents enjoy spending most of the day together in the conservatory, talking, listening to music, reminiscing quietly singing, telling jokes, etc. Most days they are joined by family and friends and, in these circumstances, staff involvement could be intrusive. We shall continue to ask residents what activities they wish to be involved in, and to respond to requests.

Following the Healthwatch team visit, discussions with staff revealed that several staff had forgotten to record activities which had taken place (e.g. sing-a-longs with entertainers involving most residents, time spent in the garden, etc.) Recording will be improved.

Activities were prevented on the day of the visit, as so many residents wanted to talk to the Healthwatch team.

The staff speak to each resident, record their preferences and involve them in decisions around their care, for example how often they would like to bathe or shower and what kind of meals they would enjoy.

This is done with every resident when they come to High Lea and a Care plan is developed. This is reviewed monthly.

The Healthwatch team comment specifically on bathing and food:

- Bath/Shower: choice is recorded, demonstrated by the fact that one resident had a shower early every morning. In view of comment made to HW team, staff will check again on residents' wishes.
- Food: All residents are asked about special dietary needs and likes and dislikes. Cooks have a record of this and take a lot of trouble to try to 'please the residents'.

Every effort should be made to ensure clean laundry is returned to residents the next day.

Yes. This is usually achieved, but some problems arose, partly because we had unmarked clothes from several new residents. Also, labels of initials (e.g. BJ) have caused confusion.

Family have now labelled clothes, and we have labelled clothes for residents who have no family. In future we intend to request that all clothes are labelled appropriately prior to admission.

Formal staff meetings should be held more frequently.

This will be done. However, effective communication about care of residents, new policies, safeguarding issues, etc. is often usually carried out on a daily basis with groups of staff working that day, including, evenings and in the early morning with night staff.

The unused room across the courtyard should be deregistered.

No response received.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

01743 237884

enquiries@healthwatchshropshire.co.uk
www.healthwatchshropshire.co.uk

Healthwatch Shropshire
4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG