



# Enter and View Visit Report

## Hinstock Manor Residential Care Home

Visit date: 27 March 2019

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## About Healthwatch Shropshire



**Healthwatch Shropshire is the independent health and social care champion for local people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

### What is Enter & View?

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 being provided.



These visits are called 'Enter and View', and can be 'announced', 'unannounced' or 'semi-announced'. For 'semi-announced' visits the service provider is told we will visit but not the date or time of the visit.

The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



## Details of Visit

<b>Service</b>	Hinstock Manor Residential Care Home, Chester Road, Hinstock, TF9 2TE
<b>Provider</b>	Springcare Care Homes Ltd
<b>Date / time of visit</b>	Wednesday 27 <sup>th</sup> March 2019: 10.15 - 12.45
<b>Visit team</b>	Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

## Purpose of Visit

The purpose of the visit was:

- To make observations of the home environment and interactions between staff, residents and their families
- To understand the home's approach to providing 'person centred' care (including Dementia care) and the support available for staff.
- To hear about how staff support residents to maintain their independence, make choices and maintain relationships with family / carers.

### 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.

## The Context of the Visit

Healthwatch Shropshire has been doing Enter & View visits to care homes since early 2014. These visits have been either in response to comments received directly from people using services or following a request for us to visit from organisations which commission and regulate services, including Shropshire Council

and the Care Quality Commission (CQC). During these visits we have noted that a number of residents have some degree of cognitive impairment or Dementia and this seems to be increasing. These are some of the most vulnerable people and it can be difficult for them to have a voice. Visit teams often hear about staff shortages and meet staff who do not seem to fully understand the conditions residents have and what can be done to help them live as full and independent a life as possible. In response to this Healthwatch Shropshire is conducting a programme of visits to homes that are registered by the CQC as providing Dementia care to learn more about the care they provide and identify areas of good practice.

The homes selected are of various size and CQC rating.

In order to prepare for these visits we have drawn on a range of information and tools, including:

- Age UK - **'Care Home Checklist'**
- Alzheimer's Society - **'Things to think about when visiting care homes'**
- The King's Fund - **'Is your care home Dementia friendly - EHE Environment Assessment Tool 2<sup>nd</sup> Edition' (2014)**
- NICE Guidelines - **'Dementia: Independence and Wellbeing (10 Quality Standards)'**
- Skills for Health and Skills for Care - **'Common Core Principles for Supporting People with Dementia: A Guide to Training the Social Care and Health Workforce' (2011)**

Our visit to Hinstock Manor was announced and the registered manager was told the day we would be visiting and asked to make the residents, visitors and staff aware that we were coming by displaying posters around the home.



The latest Care Quality Commission (CQC) inspection took place on 14 March 2017 and the home was found to be overall 'Good', full report is available [here](#).

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## What we were looking at

In order to address the purpose of the visit we looked at:

### 1. The home environment

We asked about:

- whether the home is Dementia friendly - we looked at the space, the type of flooring, the lighting levels, the access to outside space, the décor, the types of bathroom facilities, the type of signage
- general safety and security

We observed the environment and interactions between staff, residents and their families, using a checklist to guide us.

### 2. How the home provides 'person-centred' care (including Dementia care)

We asked about:

- the choices residents have e.g.
  - the food they eat and support to help them eat and drink
  - the range of activities available
  - personalising their bedrooms
- support for residents to maintain independence and express their wishes
- if residents are happy living in the home
- how the residents remain active in the local community
- how the home manages end of life care
- what external support services the residents have access to

### 3. The support available to staff

We asked about:

- the training staff receive
  - the ratio of staff to residents throughout the day and night
-

## What we did

The Manager met us when we arrived and showed us around the home. We then spoke with the Manager and Deputy Manager.

We also spoke to two members of staff and nine residents (most of whom had Dementia). We observed residents having lunch in the dining area.

We also observed the environment and completed the observation checklist based on The King's Fund environment assessment tool: 'Is your care home Dementia friendly?' included as **Appendix A**.

The care home was sold to Springcare in November 2018. The Manager told us that the care given to residents had not suffered during this period of change.

We looked at the home's website for information. The [old website](#) is no longer being updated and the Springcare [website](#) has limited information about the home.



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## What we found out

### 1. The home environment

#### ● First impressions

The home is based around an old manor house to which a new wing was added in 2014. It can accommodate up to 51 residents in 48 rooms and two one-bedroom apartments. 35 of the rooms are ensuite. Those rooms which are not ensuite have a basin in the room.

There is a small, secure, pleasantly planted outside area to the rear of the building with seats which can be used by residents. At the front of the manor house there is another attractive garden area. This garden is not currently used by residents.

On the day we visited there were 42 residents, including three couples. Most residents have Dementia. There is no separate Dementia unit.



Residents who progress to more severe Dementia are transferred to other homes. Staff told us that the home contacts transferred residents every two months and keeps in touch.

Car parking is available at the front and back of the building. A nearby housing estate is used if the car parks are full. There is a clearly marked disabled parking space by the front door.

The Reception area is welcoming and secure, with relevant information (including the complaints procedure and the CQC rating) clearly displayed.

All the staff we met were welcoming and friendly, both to us and to all the residents.

### The layout including bedrooms and facilities

All bedrooms in the new wing are very spacious and have an ensuite wet room with a toilet. Some have access to shared outside patio areas.



Some bedrooms in the older part of the home are ensuite; others have a washbasin.

There are spacious, well-equipped bathrooms throughout the home, which residents can use with staff assistance.

All bedrooms are furnished (including a TV), have an alarm button, and are fitted with infra-red sensors which, when turned on, sound an alarm if movement is detected. The sensors are turned on for patients at risk of falling. Residents can bring in their own furniture, if it meets the required safety standards, and we saw rooms decorated with personal items.



The corridors we saw were wide and light.

There are two light and airy lounges, the larger one having a dining area adjacent to the kitchen. The other lounge has a piano which is used by staff and residents. There is also a separate dining area. We were told that it is planned to turn this into a snug for residents use. The lounges had chairs with attached cushions to vary the height of the seat. Chairs were arranged in the smaller lounge to encourage small group interaction. In the larger lounge, easy chairs were arranged for viewing the TV. There was an aquarium in this lounge.



Staff told us that there was Wi-Fi available throughout the home.

On the day of our visit we saw residents playing bingo in both lounges, with one resident moving lounges so that she could join in both bingo sessions.

We saw caring and sensitive interactions between staff and residents, appropriately using humour at times:

- encouraging and helping a resident to play bingo
- enabling residents to choose their drink with lunch, using words and then showing the drinks if the resident did not understand
- joking with residents
- helping residents to eat

#### 🟡 Whether the home is 'Dementia friendly'

We looked at the space, the type of flooring, the lighting levels, the access to outside space, the décor, the types of bathroom facilities, signage and communal spaces including dining and lounge facilities.

All rooms and corridors we saw were clean and plainly decorated. We were told that the older part of the home is being redecorated later this year.



The questionnaire we completed looked at how Dementia friendly the building was on the day of our visit - see Appendix A. **As residents with Dementia use all areas of the home, it is important that all areas are consistently Dementia friendly.**

**For example we noted the following which are not Dementia friendly:**

- speckled carpets
- inconsistent signage (Some rooms were labelled in words and picture, some were labelled in words, some had no signs at all. Some rooms had doors with glass panels to aid identification.)
- toilet seats the same colour as the toilet
- decoration in the new block not conforming to guidance for Dementia friendliness

## ● General safety and security

We saw:

- internal doors opened by keying in a code
- call bells and infrared motion sensors in bedrooms
- lifts between the ground and first floor. One lift can accommodate wheelchairs

Staff told us that residents are checked at 1am, 3am and 5am throughout the night.

The Manager told us that handover forms between shifts are very detailed.

The home has its own laundry facilities and residents are asked to label their clothes.

## 2. How the home provides ‘person-centred’ care (including Dementia care)

### ● Choices residents have

#### Food

The manager told us that residents have the choice of eating in their room or the dining area. Staff told us that residents can choose what they like for breakfast. In the morning they choose what they would like to eat for the rest of the day.

Menus (with words in a small font) were displayed on all dining tables. There is a four-week cycle of menus. All care plans, accessible to staff and residents, include information about dietary requirements of residents. We were shown the ‘alternative’ menu which a resident can choose from if there is nothing on the daily menu that they like.



Residents made the following comments about the food

‘It’s alright.’

‘The food is reasonable.’

‘Very nice stuff.’

‘It’s very good.’

The Manager told us that all residents are weighed every month, and more frequently if staff are concerned about a resident. Every resident has a member of staff as their key worker, who is responsible for monthly monitoring.

### Range of activities

The home has two activities coordinators, with one present every weekday, and both present on one day. We saw several posters around the home describing the activities for the week. Staff told us that it is a challenge to get some Dementia patients involved in activities.



On the day of our visit, we saw bingo being played and a French day was organised on the day before. Staff told us that the Springcare minibus can be used to take residents on trips - to a local garden centre, RAF Cosford, and we were told about other activities - toy cats to stroke, a visiting PAT (Pets as Therapy) dog, the bird-watching club, sing-a-longs, a visiting hairdresser, individual massages to mark International Women's Day. We were told that the activities programme also includes exercise of various types. In terms of outside activities, we noted that the space available which was secure for residents was not large, especially given the total size of the grounds available.

A weekly programme of activities is included in the old website, but not available on the new website.

### Personalising bedrooms

Staff told us that residents could personalize their rooms with pictures etc, and use their own fabrics and furniture, provided they meet the required safety standards. The bedrooms we saw had a few personal belongings.



### Support for residents to maintain their independence and express their wishes

We saw staff speaking kindly and sensitively with residents. Residents responded and spoke or smiled with the staff. Staff were patient, letting the resident speak at their own pace.

### ● If residents are happy living in the home

We spoke to nine residents (most with Dementia). They made the following comments:

‘It’s all very good.’

‘I’m here for a few days on respite but it wouldn’t be for me because I don’t have Dementia.’

‘I had an operation yesterday and someone spent some time this morning cleaning it up for me. It was done very nicely.’

One resident told us that it had taken an hour for staff to respond when the bell pull had been operated by them but acknowledged that this was unusual. We witnessed an instant response to a call.

Staff told us that residents’ meetings are held every three months.

### ● How the home manages end of life care

The Manager told us that they regard this as very important, discussing ‘future wishes’ individually with residents and their relatives when appropriate. Staff receive end of life care training from the hospice, and staff know the residents well. The home is well supported by GPs, District Nurses and the NHS 111 service.

### ● What external support services the residents have access to

The Manager told us that the following support services visited the home:

- Two GPs from two different Practices visit each week
- A chiropodist
- Vision care - who check sight and hearing

The home will escort residents to hospital if a relative is unable to go with them.



### 3. Support available to staff

#### ● Training staff receive

The manager told us that staff receive on-line training and training from Shropshire Partners in Care. Mandatory training is usually done through e-learning. Two staff are being trained to deliver staff training in-house. All training is done in the context of Dementia.

We observed interactions between staff and residents demonstrating techniques for communicating with residents with Dementia.

#### ● The ratio of staff to residents throughout the day and night

The Manager told us that there are 7 care staff on duty in the day time, including two 'seniors', one in charge of the manor house area, the other in charge of the new wing. In addition, there are kitchen staff and domestic staff and the Manager or Deputy Manager. At night one 'senior' and 3 other care staff are on duty. The home has 3 bank staff and at night use agency staff (using the Springcare Agency) if needed.

#### ● Communication between staff

We asked staff whether they felt they were kept informed about managerial changes with the takeover of the home by Springcare and the response was positive. It was clear that the staff worked closely together for the benefit of the residents.

'We love working here'.

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## Summary of findings

- The home is registered for 51 residents, and currently has 42 residents.
- The majority of residents have Dementia.
- The home provides residential care including respite care.
- The ownership of the home changed in November 2018.
- There are plans to refurbish the older rooms in autumn 2019.
- We saw staff working with the residents effectively and with care.

- The observation checklist (Appendix 1), indicates how 'Dementia friendly' the home is. We found that the décor was light and bright in the new extension but was not Dementia friendly.
- New bedrooms are light and airy.
- End of life care is integral to the working of the home.
- Residents are supported to make choices, e.g. to choose where they eat, and what they eat; to choose activities.
- There is a programme of activities for residents, both group and individual. (At the time of our visit we saw bingo taking place.) Staff described the activities to us, and we saw posters describing the activities for the week.
- Residents have regular access to health support services, e.g. doctor, optician, hearing support.
- We saw many good and natural interactions between staff and residents.
- There is a programme of training for staff.
- There is a small and attractive outside area for residents.

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## Recommendations

We suggest the following should be considered:

- Ensuring that the redecoration is consistently 'Dementia friendly' across the whole home - both the older accommodation and the new wing. We suggest particular attention should be given to carpet choice, toilet seats, signage, handrails and lighting, together with decorating in contrasting colours.
- Extending the outside area available for residents by ensuring that the garden in front of the manor house is safe and secure.
- Updating the Springcare website about Hinstock Manor Residential Care Home.
- Increasing the font size used on the menus in the dining room.
- Developing the activities programme for residents to include more exercise classes.

## Service Provider Response

The service provider gave the following response to our recommendations (in blue):

- Ensuring that the redecoration is consistently 'Dementia friendly' across the whole home - both the older accommodation and the new wing. We suggest particular attention should be given to carpet choice, toilet seats, signage, handrails and lighting, together with decorating in contrasting colours.

The older part of the home will be refurbished at the end of the year taking into consideration the comments that you have made.

We will be replacing carpets as well as upgrading the furniture and interior of the home.

- Extending the outside area available for residents by ensuring that the garden in front of the manor house is safe and secure.

There are no plans currently to change this area, the garden is easily accessed by residents and a member of staff would be present to ensure safety.

- Updating the Springcare website about Hinstock Manor Residential Care Home.

The website is currently being looked at and will include Hinstock manor in the coming weeks.

- Increasing the font size used on the menus in the dining room.

We will update the Font size on the menus when the new ones come into use in the coming weeks.

- Developing the activities programme for residents to include more exercise classes.

Now that the weather has improved daily walks will take place for those that would like to go. We will engage the services of an Extend person on a monthly basis.

We will endeavour to have some afternoon tea dances to aid residents with balance and mobility.



We have a mobility support assistant that visits the home on a monthly basis assisting residents with any problems.

The provider also added the following comments:

We have taken over the home in November 2018 and hope to move the home forward improving the environment early next year. We have an excellent staff team and are supported by the local community.

We are always happy to welcome visitors and new residents and staff into our home.

[We have] no current plans to change the outdoor space but will look into this next year.

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## Acknowledgements

Healthwatch Shropshire would like to thank the residents, visitors and staff for their contribution to this Enter & View visit.

### Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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Healthwatch Shropshire

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## Appendix A

1.The environment promotes interaction/activity	Comment	Y	N	NA
a. Does the approach to the home look and feel welcoming?		X		
b. Are there enough parking spaces?	We did not notice the rear car park. On-street overflow parking is available nearby	X		
c. Is the entrance obvious and doorbell/entry phone easy to use?		X		
d. Is the CQC rating displayed?		X		
e. Is the homes Complaints Policy displayed?		X		
f. Are staff welcoming / friendly?		X		
g. Does it give a good first impression i.e. look clean, tidy, cared for, odours?		X		
h. Is there good wheelchair access into and within the building, e.g. wide doors		X		
i. Can residents move around freely (e.g. doors between rooms/units unlocked)?		X		
j. Are there ramps or a lift?	There is a lift to the upper floor	X		
k. Are there social areas, e.g. day rooms and dining rooms?		X		
l. Are the chairs arranged in small clusters to encourage interaction?		X		
m. Is there a choice of seating, e.g. settees/single chairs, various styles/heights?	Cushions on some chairs to give additional height	X		

n. Are there dedicated quiet areas (including for residents to speak to visitors)?		X		
o. Are there resources for individual/group activities, e.g. books, memorabilia		X		
p. Do residents seem happy and occupied?		X		
q. Are staff sitting and chatting with the residents?		X		
r. Are there computer facilities or Wi-Fi available to residents?		X		
Examples of good practice / areas of concern				

2. The environment promotes well-being	Comment	Y	N	NA
a. Is there good natural light in bedrooms and social spaces?		X		
b. Is the level of light comfortable?		X		
c. Can the level of light be adjusted?	Don't know			X
d. Do light switches in bedrooms contrast to their surrounds, e.g. easy to see?			X	
e. Can bedrooms be made completely dark to support sleep/wake patterns?	Don't know			X
f. Is the décor age appropriate and culturally sensitive?	Neutral decoration throughout	X		

g. Are links to and views of nature maximised, e.g. having low windows?		X		
h. Is there independent access to the outside space?	If staff unlock door	X		
i. Has internal/external planting been chosen to be colourful?		X		
j. Are there smoking areas?	Don't know			X
Examples of good practice / areas of concern				

<b>3. The environment encourages eating and drinking</b>	<b>Comment</b>	<b>Y</b>	<b>N</b>	<b>NA</b>
a. Do residents and/or relatives have constant independent access to drinks?			X	
b. Do residents have independent access to snacks and finger food?			X	
c. Are residents and/or relatives able to make food and wash up?			X	
d. Is crockery and glassware of familiar design, shape and distinctive colour?	Don't know			X
e. Is there a choice of where to eat?		X		
f. Are large dining areas divided to be domestic in scale?		X		
g. Is there enough space/chairs for someone to assist with eating/drinking?		X		
Examples of good practice / areas of concern				

4. The environment promotes mobility	Comment	Y	N	NA
a. Is there inside/outside space to walk around independently?	Limited outside space	X		
b. Is flooring matt and of consistent colour, e.g. no speckles, stripes?	Spackled carpets		X	
c. Does flooring contrast with walls and furniture?		X		
d. Do handrails in corridors contrast with the walls?			X	
e. Are there small seating areas on corridors for people to rest?	We saw one or two	X		
f. Are there points of interest, e.g. photographs, art, that can be easily seen?	Relatively few pictures	X		
g. Are lifts easy to find and do they have large control buttons?		X		
h. Are there sheltered seating areas/points of interest outside?	Limited outside space	X		
i. Are outside areas arranged to encourage engagement/activity, e.g. circular paths, raised flowerbeds, a clothesline?			X	
Examples of good practice / areas of concern				

5. The environment promotes continence and personal hygiene	Comment	Y	N	NA
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a. Can signs to the toilets be seen from all areas?		X		
b. Are toilet doors painted in a single distinctive colour and have clear signage?		X		
c. Do toilet have handrails, raised toilet seats and mobility aids?	Some	X		
d. Do toilet seats, flush handles and rails contrast with the walls/floor?	Some in the new wing		X	
e. Are taps clearly marked hot/cold, are they and toilet flushes traditional design?	Don't know			
f. Are basins/baths of familiar design?		X		
g. Are toilets big enough for a wheelchair/carers to assist when door is closed?		X		
h. Are toilet rolls domestic in style and easily reached from the toilet?	Don't know			
i. If installed, do sensor lights give enough time for toileting and washing?	Don't know			
j. Are residents helped to the toilet, if needed?		X		
k. Are staff cheerful and tactful about helping residents use the toilet and changing them if they are incontinent?		X		
l. Are residents dressed for the temperature in the home and well groomed?		X		
Examples of good practice / areas of concern				

6. The environment promotes orientation	Comment	Yes	No	NA
a. Do doors have a clear/transparent panel to show where they lead to?	Some	X		
b. Are signs of a good size and contrasting colour to be seen easily?	Limited signage		X	

c. Do signs use pictures and words, e.g. toilets, day rooms? (Height?)	Some	X		
d. Are pictures/objects and/or colours used to help people find way around?			X	
e. Are bedrooms personalised, e.g. names, colours, memory boxes, linen?	Name of resident is on each bedroom door.	X		
f. Have mirrors been placed to avoid disorientation, can they be covered?	Don't know			
g. Have strong patterns been avoided, e.g. wall coverings, furniture, flooring?		X		
h. Is there a large face clock visible in all areas including bedrooms?	Saw clocks in communal areas	X		
i. Are people able to see a calendar?			X	
Examples of good practice / areas of concern				

7. The environment promotes calm, safety and security	Comment	Yes	No	NA
a. Are spaces clutter free and notices kept to a minimum to avoid confusion?		X		
b. Have noise absorbent surfaces been used to help noise reduction, e.g. floor?			X	
c. Is background noise kept to a minimum, e.g. call systems, alarms, bells?		X		
d. Do residents have any control over sounds, e.g. choice of music, TV?	We were told that staff ask resident what they want on the TV.	X		



e. Are exits clearly marked but 'staff only' areas disguised?	Not consistent			
f. Are there any visible hazardous, e.g. trip hazards, unattended hot plates or medication?			X	
Examples of good practice / areas of concern				