healthwatch West Sussex

An Enter and View Report on Hilgay Care Home

This reports on our Enter and View work carried on 3 May 2019 (10.30am to 2.15pm)

May 2019

What is *Enter and View*?

Healthwatch has a legal power to visit health and social care services and see them in action. This power to *Enter and View* services offers a way for Healthwatch to meet some of its statutory functions and allows us to identify what is working well with services and where they could be improved.

Although Enter and View sometimes gets referred to as an 'inspection', it should not be described as such.

Healthwatch statutory functions

- The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007[1] to carry out Enter and View visits
- Healthwatch should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007[2].

The purpose of an *Enter and View* visit is to collect evidence of what works well and what could be improved to make people's experiences better. We use this evidence to make recommendations and inform changes both for individual services as well as health and social care system-wide.

Only trained *Authorised Representatives* can conduct a visit and then only for the purpose of carrying out our activities.

This visit is part of a work plan for our Adult Social Care priority. For more information about our priorities visit www.healthwatchwestsussex.co.uk/aboutus

During our visit, we focused on:

- Observing how people experienced the service through watching and listening
- Speaking to people using the service and their family and friend carers, to find out more about their experiences and views
- Observing the nature and quality of services and speaking to staff

This report details our findings from our visit. It is shared with the provider, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit.

[1] Section 225 of the Local Government and Public Involvement in Health Act 2007

[2] Section 221 of the Local Government and Public Involvement in Health Act 2007

Ahead of our visit?

Before getting through to the home by telephone, we had tried to find an email address and contact name, via the internet. We could not find a website address from a google search.

However, there was a website address on NHS.uk but this came up with an error message when we clicked on this link.

On Tuesday, 30 April 2019 we emailed the home owner to say we would be carrying out a visit to the home in the next seven days.

The day of the visit

We only spoke to the residents who were willing to talk to us. We did not speak to any relatives during our visit as the only visitors where a small group of Pre-school children and their childminders. However, we left details of how to contact us, if people wished to share anything after our visit.

At the time of our visit there were **13** older people living in this 30-bedroomed care home. We commented to staff that it must seem worrying to have so few residents and it is hard to see how the business could be successful with so few staff. The staff we spoke to were acutely aware of the number of residents needed to breakeven which seemed to cause them concern.

We understand from staff that they are struggling to get a budget for general maintenance items (even down to the cost of a light bulb) but in the owner's absence we were not able to ask if there were any improvement plans.

There were 4 care staff on duty when we arrived for our visit. These comprised; an Activity Co-ordinator, a chef, two housekeepers and a senior housekeeper (who works 5 days a week), and the deputy manager.

Our conversations and observations of the staff showed they were committed to caring for the residents and loyal to the home. They also seemed resilient, despite the uncertainty around the future of the home.

We later saw another person who appeared to be supporting the deputy manager with 'a medication round' and others in the care team with care records/plans.

We also briefly met a registered nurse, who was the Interim Manager for the next few months, who told us that her recent work was predominantly focused on closing homes. We were also told that there was not a Registered Manager (which is a Care Quality Committee (CQC) requirement.

Staff told us that most days there are 3 or 4 care staff, a chef and kitchen assistant (but the latter not at the weekend), a maintenance person (2 days per week), a gardener (3 days per week) and one person per day for laundry (7 days a week).

What people told us about this service?

What it feels like to live here?

- The residents told us they found the home to be generally good. Some spoke very highly of the care they received from staff: *We get looked after so well*.

  From our conversations we felt residents were on the whole humble and grateful to the staff.

  One lady told us she was *not worried about herself (due to the current CQC rating of inadequate) but for the staff who may lose their jobs.*

- Staff on the whole knew residents' preferences for tea or coffee and remembered how they took these. We saw them offer people choice: *'Would you like your usual coffee today?'*
- From what both residents and staff said, there seems to be an acceptance of the routine of the home and people did not seem to want to upset this.
- We spoke to people who said they had started their day at 6am. One lady said she would be too tired to say much and had come down to see the children this morning because of the early start. Another said, *'I'm one of the first ones up because I don't make a fuss'*.
- One of the ladies went on to say she had to have help with all her personal care because she could no longer stand without holding on to her walking frame. We asked if she had any way of sitting during this care, such as a perching stool, but she said she did not. She told us staff give her a brush to clean her teeth and *I have a spit bowl*.
- In our walk around the home, we were able to look at some empty bedrooms and could not see any equipment such as perching stools. This is something we would have expected to see, as this is a care home.
- All the residents were well presented. A lady told us she had picked out her clothes this morning.
- We did not feel it was appropriate to speak to two of the residents as they looked too poorly on the day we visited.
- Residents said there are regular visits by GPs from practices in Burgess Hill and one lady told us *'the GP visits if I need him to'*. Staff told us that opticians and audiologists also visited the home.
- Unfortunately, we were able to view personal paperwork [invoices] addressed to different residents, as these were left on a table we sat at (next to what looked like a used support stocking). The Care Team were mindful not to leave the residents care records unattended.

What is there to do at the home?

- Parts of the lounge/dining area are light and there is a large conservatory, which we felt was at a comfortable temperature. One resident was sitting alone in this area initially but was joined by others, when the pre-schoolers arrived.
- The day's activities, or a quote, are put on a board in the lounge.

  There was another board showing the regular activities across the month.

Sadly, this photo also shows what looks like water staining and is an indication of the general need for investment in this home.

The arrival of the young children was well-received. The children seemed to enjoy their time at the home. They decorated pots and planted flowers, so each resident had a 'gift' from each of the children. Residents joined in with the children when they sang their songs.

Staff told us they had been approached by the childminder about visiting with the children and they had visited a few times in the past few months.

We saw the Activity Co-ordinator (who works part-time) interacting with one resident, explaining what the children were doing. She then moved to the other side to speak to other residents, to ensure everyone was involved.

- We also saw the Activity co-ordinator helping residents with their morning refreshments and again, supporting people during lunch.

  It was nice to see some of the staff taking their coffee break in the lounge/dining area with the residents (and these were a mixture of the care team and housekeeping).
- One resident told us how, through friends, she was able to go out into the community. She was part of a group that knitted items for babies born at Princess Royal Hospital. She went on to tell us how each member takes turns 'hosting' the group meeting. When it is her turn, she said she is able to have her friends in the small lounge area and staff bring in teas/coffees for them and will heat up the sausage rolls she buys for the group.
- Some residents seemed to enjoy the quiz and felt this helped to keep their minds active.
- One resident told us *'I don't really do much. I enjoy my books but I'm not into knitting, like the others.'*

- We saw the hairdresser during our visit and saw the 'salon' at the top of the home (accessed by a lift).
- We asked if there were any chair-based actives for the residents (as many had mobility problems). We were told there are chair yoga programmes that could be shown on the Smart TV in the lounge, and that this was something that they would be trying soon.
- Other staff support residents to do activities such as arts and crafts, we were told that people like to do colouring and the Easter drawings were on display, along with sticker artwork.

  We appreciate the value of colouring therapy but suggest the home could make use of some of the art materials more suited to adults that can be downloaded free.

What is the food like?

- Initially, we were told by some residents the food was good and there was plenty of choice. *'The food is good and I'm never hungry. They ask me what I like'*.

  However, we later saw one of these residents being very dissatisfied with the look of her lunch. We can understand why the person was unhappy, as the fish looked very over-cooked and small (about 10cm by 3cms).

  When the lady complained to a staff member, they said *'You were down for a soft meal'* (e.g. fish without batter). The lady's response was *'I've had this for years'*.

  The staff got her another meal, which was fish in batter, which looked better. Staff politely offered to, and cut up, the lady's fish for her. The lady finished it off completely.

- Another resident said that there is not much choice for her, as she is a vegetarian and the food was often cold. She really didn't like the way they cover everything in sauce. Also, she is not keen on rice and this is often on the menu.

  This lady said she had complained about the temperature and it was still hit and miss. She was, however, looking forward to her lunch of fish and chips but did not seem overly impressed when we saw her afterwards.

- Another resident had commented on how they had really enjoyed having fish and chips bought-in from a local chip shop, but this didn't happen very often.

- We had sat at a table where a resident had previously had their morning refreshments. It was sticky and we did not see any of the tables being wiped down before the lunch service.
- Staff did not encourage residents to wash/wipe their hands.
- Lunch was served at a set time (12.30) and we understand this is the same for other meals.
- We did not see staff explaining what was on the plates for residents. Some had told us in earlier conversations that they had no central vision.
- One lady had to prompt staff three times for her lunch sherry, which was a very important part of her meal.
- We stayed in the dining area during the lunch service, so we could observe the dining experiences.

  Music was playing softly in the background and this was the only noise. We did not see much chatting between residents or staff. One member of staff sat at a table with residents and could see some of the tables.

  Staff checked if residents were OK if they heard them coughing or struggling.

  The deputy manager sat with residents at the larger table.
- We saw one extra portion of mash potato that was offered to a resident.
- One very slight resident, who was sat at a table on her own had only eaten the fish. We saw her spit out the chips. Staff asked if she had eaten enough and removed her plate, when she said she had.

  We suggest that the care team in general would not have known this lady had only eaten a small amount. We observed staff updating care plans mid to late morning and they had to ask each other (several hours after breakfast) what people had eaten/drunk in order to complete the paperwork. Staff struggled to recall much of the information.
- Another resident commented that she would have preferred a salad to the meal she had just eaten but not because this was a particular favourite of hers. It came across as more of a negative comment about the food she had eaten.
- The sponge portions looked small, but the puddings seem to go down well with the residents.
- Staff told us there were different kitchen staff working Friday to Sunday, and their main Chef worked Monday to Thursday. This may account for the differences in how residents spoke about the food.
- One resident told us they have had food tasting sessions and they had tried curry for the first time in their life, but residents had decided not to have this on the menu.
- The crockery was white, plain and commercial looking and therefore did not appear homely.

- We saw staff doing administration at a dining table, when it was lunch.

  We appreciate (having asked staff whether they have time for administration) that they struggle to find time during their shifts to update records, as there is no separately allocated time for this.

  One member of staff told us that she does work over her hours and does not tend to claim for this. We saw this happen during our visit.

  In settings, such as hospitals, meal times are protected times and therefore administration or treatment should stop during this time. This is regarded as good practice.

- After lunch residents were offered tea or coffee. We saw the Activity Co-ordinator say to the male resident that it was hot *'as it had just been made'*.

  However, we had heard other staff referring to the gentleman as 'he', which we would suggest risks him losing his name as an identity as there is only one male resident.

How are residents involved in how their home is run?

- Residents and relatives can attend a monthly residents meeting and we were told these are well attended. Some residents told us they go to this and you can raise small things and the senior team share information. Others told us their relatives went and updated them after.

- Staff told us that the owner had explained at the recent meeting (April 2019) that they were waiting on the outcome of the latest CQC inspection and had three options open to them, depending on what the CQC reported. We were told these options were: to close the home, to sell the home to a new owner or to continue to operate with the current leadership and to continue to make improvements.

  One resident said *'We were told about the inspectors report but to be honest it doesn't matter to me really. I feel well looked after.'*

- We were told the owner had said, at meetings, that much of the concerns were administrative and not care related.

- The meeting dates are advertised in the main corridor and in the lounge.

Renee came and sat with us, as she was keen to make sure we saw her letter to the newspaper. She told us how cross she had been at the journalist's suggestion resident were being abused. Renee was full of praise for the staff and said she was not being abused. She told us how she had received worrying calls from friends when the article had appeared in the paper.

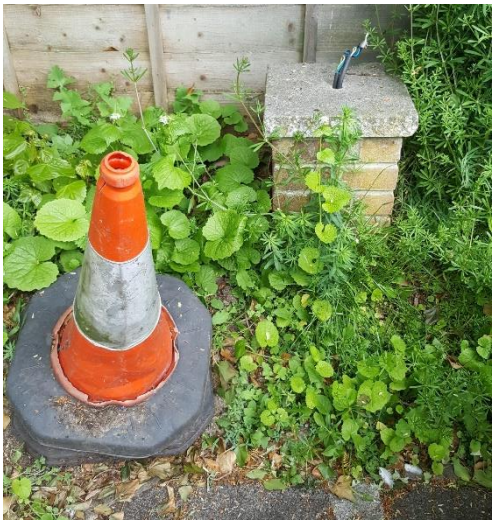
The article that was published on 16 April and states, '*in response to the report, Raechel Davies-Jones, director at the care home, said: 'We were disappointed to receive the report. We have made several improvements to the home recently. We have a new call bell system, new boilers, new lift, new wet room, new carpets for most bedrooms and refurbished several bedrooms.*

This read similar to the response given by Ms Davies-Jones' in the previous newspaper article a year earlier (7 March 2018). In this article it reports she said: *'We have refurbished several bedrooms and we have new call bells and a new wet room'.*

Renee told us she was involved in scouting for 70 years and was the first leader to set up the first combined Cubs and Brownies group in the UK.

Our observations of the home

The sign for the home is angled and one of our representatives came from the South-side of town and missed this sign.



There is level access to the home.

The entrance has a secure door and bell to entry, which was answered promptly when we arrived.

The carparking area (with parking for about 15 cars) seems generally in a kept condition but we did note an exposed wire and cone (where we happened to park).

The garden looked very well maintained, with some equally well maintained furniture. Residents told us how they had been able to sit outside for meals last year (when the weather allowed) and they often enjoyed the outside space in the summer months.

The 'office' is next to the entrance and lobby so staff can monitor arrivals.

The lounge/dining areas seemed homely and quite modern, with lounge chairs that appear in good condition. However, there was water-staining around the mantle place (as shown in the photo on page 5).

The fire alarm system was being changed on the day we visited.

The home has a lot of un-laminated signs, some handwritten.

We queried why there were chains/padlock on walls throughout the home. Staff told us these had previously been used when the home had a 'drugs trolley'.

However, we saw the Deputy Manager and consultant giving medication to residents individually and there was not a trolley in use (which is in line with the home's registration, as it is a care home and not a nursing home.), so these chains and padlocks are not required and could be removed, which would improve the general look of the home.

The carpeting varied, with some areas having very 'busy' patterns. This is a home registered to take people who have dementia and therefore this may not be an appropriate floor covering for some.

The home has a hi-tech call bell system with audible 'beep' and digital display, throughout the home. We observed a call bell ring for 4 minutes and then staff responded. There were beeps with a long pause, which became faster as time lapsed. This call turned out to be a resident that wanted to come to the lounge for lunch.

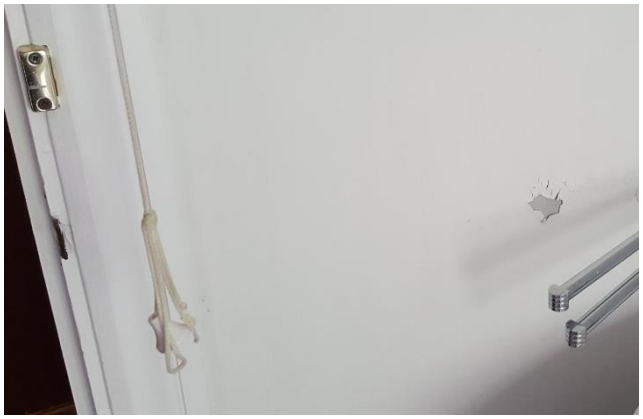
We noted that the emergency cord in the Wet Room was tied back.

There were no locks/fastening on doors or at the top/bottom of stairs, so residents who are able can wander freely. Staff told us that residents did not use a particular set of stairs and when we asked what would stop them, we were told that most of the residents had mobility support needs. However, we did see one lady wandering around independently. We would suggest this would be something that would need to be risk assessed, if a resident has any form of mental confusion.

We were able to see several bedrooms which were not occupied. These were described as en-suite as they had a separate toilet. Some of the toilets were extremely small and we could not see how staff would be able to support a resident who needed help. We saw there were commodes used even in these en-suite rooms.

The bedrooms we saw had very dated décor (painted wood chip wall paper, old-fashioned bedding) and in some case had damage to the walls etc.

There are separate bathrooms in the corridors. One floor, which has occupied bedrooms has a bathroom with a toilet that does not have a seat currently (we were told this is on order) and the bath side panel is coming off.



Many of the light cords we saw were dirty and should be replaced.

The Wet Room

The door opens inwards, which would be a hazard if a resident needed support but had slumped behind the door. Staff said that this was unlikely to be an issue as residents are usually supported to use these facilities and are with someone from the care team.

There was a strip at the side of the door, which was coming away and seem to present a potential risk should a resident brush against this. Reinforced plastic strips can be applied to door frames to potential against damage from wheelchairs and other mobility equipment.

It has dementia-friendly fittings.

Our personal impression of the environment is that it would require considerable investment to bring some of the areas up-to-date. The en-suite facilities we saw, we do not believe are fit for purpose.

Recommendations

There are requirements for the service provider to respond to this report[7] and its recommendations. For this provider, a response should be sent to us within 20 days of receiving the report and recommendations (which was sent to the owner on 9 May 2019).

Where providers fail to respond we will escalate the matter to the commissioner(s) of the service and the Care Quality Commission. A copy of the escalation will also be shared with Healthwatch England.

We acknowledge that the home's senior team are waiting on the outcome of the latest CQC inspection and this is due any time now. This is likely to determine the future of this home.

We would suggest the lack of operational budget and investment in the home, would be making it very difficult for the Deputy Manager and staff to provide a quality service.

As this is peoples' home, some of whom live here as it is close to where their relatives live, it is sad to think the outcome may need to be the closure of the home.

However, we are recommending the following to support the staff and residents in the more immediate term:

- Food provision/services are urgently reviewed. Taking account of feedback from residents and staff, to ensure the quality, quantity, variety and temperature of the meals is of a good and consistent standard.

- Staff review their preparation for meals, so tables are clean, and residents have access to hand wiping facilities and are encouraged to do so, to reduce the risk of infections.

- Individual care needs are reviewed to see if there is anything that can be done to promote greater independence. For example; having different equipment/furniture to enable people to sit at sinks for washing etc.

- Staff consider how they can change the way meal times happen, to create a more sociable dining experience for the residents, e.g. what needs to change so there is more interaction between staff and residents?

- Staff duties and resources are reviewed to see how staff can be given time to update care records promptly. To ensure these are accurate and not reliant on staff recall hours later.

If the outcome of the CQC inspection is that the home can continue to operate, we would recommend the following:

- The routine of the home is reviewed, incorporating peoples' preferences for choice around when they get up, have meals etc, so they can feel more comfortable in their home.
- Residents, their families and staff (including their observations) are involved in discussions around what needs to be improved within the home to modernise and maintain a clean and appropriate environment.

If the outcome of the CQC inspection is that the home should be closed, we would recommend the following:

- That the home leadership team work with WSCC, CQC, other local providers and their residents, relatives and staff to plan and deliver a [well] managed transition for all concerned.

[7] Section 44 of The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

About us

Healthwatch is here to make care better.

We are the independent champion for people who use health and social care services. We're here to find out what matters to people and help make sure their views shape the support they need.

We also help people find the information they need about services in West Sussex.

ADVICE AND INFORMATION

We here to help you on the next step of your health and social care journey – wherever it is taking you.

We have the power to make sure that the government and those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

You can review how we performed and how we report on what we have done by visiting our website www.healthwatchwestsussex.co.uk

Contact us

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Healthwatch West Sussex works with Help & Care to provide its statutory activities.

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