

Visit Final Report

Name of Service Provider: Mr & Mrs S. Malhotra

Premises visited: Hillesdon House Rest Home, Mount Road, Leek, ST13 6NQ

Date of Visit: 4th March 2014

Time of visit: 10.30am- 1.45pm

Home Manager: Pat Starkey

Authorised Representatives: Maggie Matthews & Diane Casewell

Observers: Wendyanne Shapiro

Summary of findings

It is an old building and is in need of some repair, the owners are aware of this and it is in their long term plan. There was good interaction between the staff and the residents, the staff were always respectful to the residents when assistance was needed.

We were shown a copy of a blank assessment form that was used when new residents came to the home and this was used to create a care plan, these were reviewed as and when necessary (usually monthly). We spoke to residents and staff whilst on the visit.

The residents told us that the food was good, they seemed comfortable in the lounge and the dining area and in their relationships with the staff.

One of the staff that we spoke to said that she liked the family atmosphere and enjoyed the work. She said that regular meetings were held but was unsure whether they were recorded anywhere. We were told that all the staff were aware of how to raise concerns should they need to.

Recommendations

Please use bullet points for the recommendations and if needed any reasoning behind the recommendations.

- Provide a blind/curtain to the downstairs bathroom to ensure privacy
- Replace makeshift metal fence with a more permanent structure
- Install washbasin in the bedroom- identified by the CQC
- Personalise each resident's bedroom door to help with recognition
- Redecorate the upstairs bathroom

1. Report Overview

Hillesdon House is an old Victorian property on the outskirts of Leek near a bus route to the centre of town. The exterior is in need of some repair and decoration, particularly the window frames. The owners travel to the home most days from Walsall and are both hands on. As this was an unannounced visit an explanation of our visit was given to Mr Malhotra and we were taken in to the dining room with the manager, Pat Starkey who conducted most of the visit.

The team did admit to being a bit defensive at the start of our review, as they had undergone several inspections and had received a poor CQC report. This manifested itself in their not having “blank” documents to hand, but after a while interaction between us was much improved.

There were 16 residents in the home, bedrooms were split over 2 floors with a stair lift up a wider staircase. The home had 2 lounges, although we were told the residents prefer to sit in the larger of the two at the front of the house, where the atmosphere seemed more inclusive, a sun lounge which was usually used as an activity room to paint, draw and do jigsaws etc. with a large table and a caged bird. There was also a dining room laid out with modern furniture with 4 place settings per table. There was a garden to the rear (a gardener attends every three weeks) which was not well used, but there were some benches for sitting in the summer. There was a makeshift metal fence alongside the neighbour’s property (erected after storm damage) and the owners were aware that this needed replacing with a more permanent and staff structure.

2. Purpose of Visit

Put in a small paragraph about why the visit was undertaken

The home had undergone two CQC reports which had raised a number of issues and Healthwatch Staffordshire had been asked to visit the home.

The environment and the safety and suitability of the premises are causing concern. (CQC)

Cleanliness linked to infection control are also giving cause for concern (CQC)

Staffing numbers, training and support are historically cause for concern (CQC)

The management of the service has also given cause for concern (CQC)

3. Approach Used

The approach used e.g. direct observation; talking to Staff; talking to Patients/Residents; talking to Relatives/Carers/Visitors; evidencing written procedures etc.

We discussed written procedures concerning care plans, training records, staff rotas, supervision, meetings etc.

We had a conducted tour of the bedrooms, bathrooms, lounges and dining areas.

We met and spoke to some of the residents and staff.

4. Observations/Findings

These should be summarised under the following headings:

Section 1 - Physical Environment

There was evidence of refurbishment in the dining room with decoration, carpets and new dining furniture. There was also new carpets on both stairways. New chairs had been installed in both lounges and the home looked clean. There was a slight underlying odour in the dining room and sun lounge.

We saw a number of bedrooms, some had been refurbished and the furniture replaced, others were in the process of being redecorated.

There was no permanent maintenance worker on site but the owners brought workers in when needed. They also carry out the redecoration themselves.

One of the bedrooms needed a washbasin as pointed out by the CQC, the owners were working out how best to do this (pipework etc.)

The same bedroom had a window that opened on to a flat roof. The window did not appear to be latched properly, but the owners assured us that it could not be opened. There were two en suite rooms and the other bedrooms had commodes.

There were no call bells as the manager advised us that most of the residents would not know how to use them, but there were pressure mats connected to an alarm system so that the staff would know when the residents had got out of bed. There was also an alarm system that indicated when anyone approached the stairs, although this sounded so frequently that there was a fear that it could be ignored or that carer's could become unaware of it as one does with background music.

We noted that there was no personalisation on the bedroom doors, only a number. We suggested adding photos/ memorabilia and the name that the resident liked to be called etc. The bathroom downstairs had been newly decorated. We noted that it benefit from a blind or a curtain across the window to ensure privacy as it is downstairs. The manager advised us that the bathroom upstairs was to be redecorated but that most people preferred to use the bathroom downstairs. We suggested that the once the upstairs bathroom was decorated and brighter, the residents may wish to make more use of it.

We noted a locked storage cupboard in one of the corridors. We also noted that one of the bedrooms was being used as a training area with DVD's for two team members. Although the resident was not in this room at the time it still seems inappropriate to use the room for this purpose.

Section 2 - Staff

The owners had been in the home nine years and Pat had been manager for four years. Her deputy was currently on maternity leave. The usual daily working arrangements were the manager, senior care assistant and two care assistants, two catering staff and two cleaning staff. We were shown to a shift rota to cover the next month. There were currently three trainees to come into Hillesdon House to train and work together. There were two trainees on the premises whilst we were there. The manager had undergone the Train the Trainer course and carries out the manual handling training herself. We saw the training matrix which had been brought up to date in February.

Some of the care assistants were in the process of completing their NVQs through Acacia training. Pat advised us that the home would be holding regular staff meetings, which would be minuted, on a three monthly basis. It was suggested that more frequent meetings may be more beneficial. Supervision takes place regularly and a form completed. It would be useful to create a matrix for both these meetings on a timetable rather than a “regular”. An activity worker was employed for three days a week (she also worked as a carer for the other two days).

We saw that the activity Schedule for the week, which included exercises, reminiscence, nails, bingo, dominoes, painting etc. One of the most popular activities was the movie night, usually held on a Friday, where the residents chose a DVD and enjoyed popcorn. They do not have a regular entertainer but someone comes to provide a slide show every fortnight from the Salvation Army and recently a bus museum visited the home so that all the residents could experience it.

During the summer some residents are taken out for a walk and they have held garden parties with stalls where relatives have come to support them. The local “Lions” club supports the home well and they have an annual “Santa” evening where the families can share an evening with their relatives who are residents. The home does not have a bus, so we suggested that they contact the CVS who provide voluntary transport so that some outings could be undertaken. One resident is collected and taken to church each Sunday.

A minister visits the home monthly to bring communion. Tuesday (the day we visited) is hairdressing day and we saw several residents having their hair washed and set. The hairdryer was set up in the main lounge.

Section 3 - Service User Experience, Dignity and Respect

We experienced a lot of good interaction between carers and residents. Residents were spoken to respectfully, in a friendly and easy manner and where assistance was needed i.e. to get up from a chair, the carers were talking all the time to encourage the resident. We also noted good awareness of others when carers were attending to a particular resident. There was, however, an incident regarding a resident who had her hair washed and set but when sitting under the dryer complained of having wet trousers (the hairdresser advised her that was because she had not put her head over the bowl). But it was not until she was being combed out that the Carer bought her a pair of dry trousers.

We were shown a copy of a blank assessment form used by the manager when she is assessing a new resident. This comprehensive form was then used to create the care plan for each resident. Care plans are reviewed monthly or more frequently depending on any change as appropriate.

Residents can choose their own GP to contact when necessary and the district nurse visits daily (one resident needs insulin) so any medical issues can be raised with her. The manager would call on a dietician, tissue viability nurse (and others) as needed. Foot care is carried out by a local Podiatrist.

As the home is small, the family members of residents visit and know what is happening in the home on a regular basis, because of this the manager advised us that they do not hold regular family/Carer meetings.

We noted a menu displayed in the corridor but not in the dining room. A choice of hot main meal was available with a dessert. In the evening there are sandwiches or a choice of beans on toast, jacket potato etc. We saw a Carer feeding a resident pureed food but each item had been kept separate on the plate so that it looked more palatable. Drinks are brought to the residents during the day but additional drinks can be prepared if a resident requests it.

Medicines are kept in a locked cupboard with a locked trolley where the residents name and a photograph are listed.

The manager advised us that if a complaint was made she would deal with it first but if further input was needed she would pass it to the owners.

Section 4 - Service User / Relative or Carer story

There were no relatives/family members visiting the home during our visit. We spoke with several service users who told us that the food was good and they seemed comfortable in the lounge and dining room and also with their relationship with the care assistants.

Section 5 - Staff Feedback

We spoke to two Carers, a senior Carer who had been working in the home full time for four years. She particularly liked the family atmosphere and enjoyed the work. She told us that she had regular supervision meetings but did not know if/ how they were recorded. She displayed a knowledge of whistleblowing and assured us that all carers knew how to raise any issue or concern.

We spoke to the activity worker who had been in the home for thirteen years. She enjoyed her work with the residents and said they particularly enjoyed the movie nights. During our conversation a resident was showing signs of confusion and she quickly excused herself to attend to him.

Section 6 - Overall Lasting Impressions

We noted some good caring practice being carried out and some internal decoration had clearly been approved and more work was being undertaken. It is a pity that because the home is an old building the décor can have an impact on first impressions. The entrance could be more inviting and some window frames and sills are shabby. Similarly the garden area could be made more attractive but the owners are aware of all this and these issues are in their long term planning.

5. Feedback from Patients/Residents/Relatives/Carers/Staff

Please ensure anonymity at all times

a) Patients/Residents

Please see above

b) Relatives/Carers

There were no relatives or carers at the home on the day of the visit.

c) Staff/Other professionals

Please see above

6. Follow Up Visit : YES

Authorised representatives to state whether they feel a follow up visit should take place, the purpose of visit, and an approximate timescale for this.

It would be good to revisit the home once the redecoration has been completed and to see if the recommendations within this report have been acted upon

