



Enter and View Report:
Hazeldell Care Home

27 May 2016



CONTENTS

| | | |
|--|--|-------------------------------------|
| Acknowledgements and 'What is Enter & View?' | | Page 2 |
| Executive Summary | | Page 3 |
| Enter & View Report | | Page 4 |
| Findings | | Page 5 |
| Conclusions | | Page 8 |
| Areas of good practice | | Page 9 |
| Recommendations | | Page 10 |
| Providers feedback and comments | | Page 11 (highlighted throughout) |

Name and Address of Service visited:

Hazeldell Care Home,
Elton Park,
Hadleigh Road,
Ipswich
Suffolk
IP2 0DG

We visited this service on:

Friday 27 May 2016 - An announced Enter & View visit

Name of Provider:

Sohal Healthcare

ACKNOWLEDGEMENTS, DISCLAIMER AND... WHAT IS ENTER AND VIEW?

Acknowledgements:

Healthwatch Suffolk (HWS) would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

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 experiences of all residents and staff, it is an account of what was observed and contributed at the time.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. These may be announced or unannounced.

Local Healthwatch representatives carry out these 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 local Healthwatch 'Authorised Representatives' to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but they can also occur when services have a good reputation - Healthwatch Suffolk wants to learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will

be directed to the CQC where they are protected by legislation if they raise a concern.

EXECUTIVE SUMMARY

“..Identify examples of good working practice related to the NHS Accessible Information Standard.”

Hazeldell residential care home appears to be a well-run care home, offering a friendly environment for all residents and staff.

The purpose of the Enter & View visit was to :-

- Engage with the management team at Hazeldell and observe working practices
- Observe staff interaction with residents
- Identify examples of good working practice related to the NHS Accessible Information Standard

The current Manager has been in post for two years at this residence and was previously employed by the same company in a different location.

When the Manager took over the management of Hazeldell, staffing was a problem but through a proactive management approach this is no longer the case and most of the staff are long standing members, who enjoy their work and the environment. Staffing is now stable enough to not to require the use of agency workers.

Residents and relatives spoke very positively about the care provided and the choices offered to them.

Recommendations

- The steps to the front door need to be made safer with a hand rail possibly installed in the centre to also delineate the ramp from the steps.
- Although there are signs in place on all doors the signs are not of consistent design with special regard to communal bathrooms and toilets. The team thought that the use of the combination of both a picture and bold lettering (for example as used on the door of one of the communal bathrooms) was good practice and should be adopted throughout the home.
- Font size on service user's manual and other resident read literature to be increased to at least 14 point font.
- Recommendation for Suffolk County Council -

responses to Deprivation of Liberty Safeguarding (DoLS) assessments. This report highlights the delay by Suffolk County Council in processing new as well as outstanding DoLS assessments.

ENTER AND VIEW

“.. Each of the resident’s rooms has a memory box affixed.”

1. Visit Conducted by:

Lead Authorised Representative: Bob Hawkes
Authorised Representatives: Joanne King and Judith Kaufhold

2. Purpose of the visit:

- Engage with the management team at Hazeldell and observe working practices
- Observe staff interaction with residents
- To identify examples of good working practice related to the NHS Accessible Information Standard (to be implemented by all Health and Social Care providers by 31 July 2016)

3. Methodology:

Observation of the care environment and engagement with the manager, staff, residents and relatives.

4. Introduction:

- 4.1 Hazeldell Care Home is registered for 41 residents including two couples or 39 residents if all single occupancy. At present they carry two vacancies due to bereavement but these places will soon be filled.
- 4.2 Hazeldell provides residential care for people with dementia. Any nursing care is carried out daily by visits from District Nurses. The age range of the residents is 65 to 101 years.
- 4.3 Hazeldell is located in a quiet area of Ipswich and has its own extensive grounds which are used for functions throughout the summer months to entertain residents, relatives and friends. All proceeds from these events go back into the resident’s fund to finance further events.
- 4.4 The building was originally a spacious family home and it has had an extension added to the rear and converted to care home use. The residents have their own “farmyard” containing chickens and rabbits chosen and named by the residents who are encouraged to interact with the animals. A

‘petting zoo’ comes to the home. Within the farmyard, a raised garden is being built and the residents are already growing seedlings in the conservatory to plant out when it is complete. Outside there is also a memorial wall where the name plaques of the departed are displayed and apparently the residents like this as it helps them to remember their friends.

4.5 The manager stated that approximately 40% of the residents are self-funded and the remainder are publically funded.

5. Impressions (incorporating HW England NHS Accessibility Standard Guidance)

5.1 Hazeldell was easy to find and well signposted from the main road.

5.2 First impressions were of a well maintained residence and gardens with ample parking space. There is a ramp and steps up to the front door but there is no hand rail or delineation between the two different surfaces which could be dangerous for people with disabilities. The front door was locked, and on ringing the bell the door was opened by a uniformed carer. After introductions, the E&V team were asked to sign in and shown to the manager’s office and introduced.

Provider response: Unfortunately, we are unable to place a rail centrally as the emergency services are unable to access the front door with a stretcher. This was tried in the past. There is a rail to the side which has been painted bright red for ease of sight.

5.3 There were many signs around the entrance, which were clear. Apparently two of the staff have great artistic flair and seem to have been given free rein to very good effect. Music could be heard in one of the lounges and bingo was being played in another. There was a happy atmosphere.

- 5.4 Inside the main entrance is a large easy read calendar, clock and a sign which reads "Our residents do not live in our workplace we work in their home". There were Healthwatch posters around the home.
- 5.5 All care staff were wearing uniforms with name badges. The uniform colours were commensurate with seniority and therefore easily identifiable. It was also noted that aprons and gloves were used at appropriate times. There were no unpleasant odours anywhere in the home. All chairs had clean, fresh incontinence pads on. The E&V team were shown around by members of staff but were allowed to talk to whoever they wished.
- 5.6 Four members of staff were interviewed. They appeared to be happy in their work and very complimentary about the home and the management. Staff felt valued in what they do.
- 6. Findings (incorporating HW England NHS Accessibility Standard Guidance)**
- 6.1 A new nurse call bell system was installed in the property on 23rd May 2016 to give the residents easier access to staff. The new system also facilitates better monitoring of staff responses. The Enter & View (E&V) team pointed out to the Manager that all of the cords were still tied up and needed to be released.
- 6.2 There are three lounge areas which are loosely designated as music, television room and quiet areas but this is always flexible. These rooms double up as dining areas for some of the residents who are not so mobile and the staff sit one to one with these residents assisting with feeding where necessary, offering encouragement if required.
- 6.3 The E&V team observed lunch, all staff were noted to be wearing disposable aprons and gloves at this time. It was also noted that the staff were working one to one and not distracted by other activities in the room therefore giving their total attention to the residents whom they were supporting. The food was hot and looked appetizing. It was brought from the kitchen on covered plates and given to the residents individually.
- 6.4 Residents had been given a choice of two meals or various snacks earlier in the day for their lunch and some of them had to be reminded of what they had ordered. Meal selection is from a printed menu on a four- week rota, and this is presented to the residents in written, verbal or pictorial form for them to make a choice. There is a blackboard on each table for written communication. The atmosphere throughout lunch was happy and residents appeared to be contented.
- 6.5 Staff hold a fire drill every week and the residents are made aware that they have nothing to fear, but it was noted that the alarm system is only audible and not visual i.e. no flashing lights for people with hearing difficulties but all of the exit signs were of standard luminous word and picture format.
- 6.6 A Church of England and Catholic priest visit the home as does do the Humanists. Residents are encouraged to attend their own church accompanied by relatives if they are able. Individual religious preferences are recorded in their individual care plan.
- 6.7 DoLS applications have been made for all residents but only about 20% have been processed by Suffolk County Council, the others are still waiting. The Manager informed the Enter & View team that if a resident goes in to hospital and the hospital then applies for DoLS for them the Hazeldell application is then void, the Manager has to reassess and start the process again on the return of the resident.
- 6.8 Three staff members also work as activity planners/co-ordinators and they plan three activities a day, morning, afternoon and evening. These activities are displayed pictorially on a magnetic board for all residents to see. Outside entertainers are brought in to entertain and stimulate the residents with singalongs. Special events are organised such as Valentines Days, Easter and birthdays are celebrated. At the time of the E&V visit, bingo was in progress and it was noted how subtle the carers were in their support of the residents and offers of help.

- 6.9 Wi-Fi is available to all residents and visitors who may require it. The home management uses social media as a means of communicating to relatives and professionals and as a newsletter in which they include photographs to illustrate items. If resident's pictures are used, written permission is obtained.
- 6.10 The bedrooms are situated on two floors and there is a lift and staircase to access the first floor. The staircase is gated and bolted at the top and bottom and there is a solid handrail at all points of the staircase. All of the corridors in the home have handrails and they are painted red in the older part of the building and blue in the newer part even though there is no division between the two parts it does help the residents to identify where they are within the building.
- 6.11 The residents have complete freedom of choice over what they wear in the home and are only supported by carers if necessary to assist with dressing or advise on clothing. All are allowed personal effects in the home.
- 6.12 Each of the resident's rooms has a memory box affixed to the wall adjacent to the door containing a photograph of the resident, a notice giving the time they like to get up, what they like to be called, what they like to do and some family history.
- 6.13 The home makes good use of "Fablon" to help the residents personalise things in the environment, they choose the pattern they wish to see on their memory box, or to brighten up dull areas.
- 6.14 Staff training is comprehensive. Staff feel that they can progress. Training is delivered by qualified trainers employed by the group to give training to all staff in all aspects of the care environment, including Health and Safety, Manual Handling, Infection Control, Dignity and Respect, Communication, Dementia Care, Fire Procedures, and Safeguarding.
- 6.15 Staff are all familiar with the reporting procedure for accidents and are aware of the whistleblowing policy. They are familiar with how to record complaints and compliments in the appropriate folders. Copies of policies were available both in the office and in wallets mounted on the wall in reception. Relatives and visitors are therefore able to peruse policies without making a specific request to staff.
- 6.16 The corridor walls are used to create memories and experiences for residents, using the artistic skills of the staff. There are various themes spread around the home including a map wall where dots are placed to indicate where residents have been. There is a 'memory tree' with resident's memories recorded on leaf shape cut outs. A 'war wall' with a battleship painting and a spitfire, also displayed are ration cards and old records of the time performed by popular singers. There is a simple pleasures wall where residents record their favourite things on paper cut outs such as 'I love chocolate' or 'I love to relax and read my book'. There is an Elvis Presley wall with pictures. Also a wall of 'memory joggers', reminding staff for example how to react to falls and how to record such an event.
- 6.17 There is a picture gallery of the staff with their names, albeit a little small but nevertheless on plain view. There are two large painted lamp/sign posts with directions to various parts of the building but because of the nature of the residents, the E&V team considered that this is more for the aid of relatives and décor than practical purposes for residents, nevertheless a good feature.
- 6.18 Hazeldell issue each resident with a comprehensive Service User Guide which is placed in each room. The Guide is written in plain language and is easily understandable but the font size on the document needs to be increased to come into line with the new standard. There is also information about the complaints procedure at different points in the home and these also need to be in larger print. It is suggested that this could be made available online as a link from the website so that relatives can refer to it when they are not at the home.

Provider response: Master copy of resident literature in 14 font and all future documents will be printed in this font.

- 6.19 The manager holds combined resident and relative meetings once a month, the last being on 10th May 2016 but despite changing times and days to try to encourage attendance the response has not been good so as well as these meetings the manager has adopted an open door policy where anyone can come anytime to talk to him.
- 6.20 There is a complaints procedure where every complaint is logged and dealt with and outcomes recorded. The E&V team looked through the folder. The recorded complaints demonstrate the process, were dealt with internally and recorded. Only one complaint had been referred to the Ombudsman who found in favour of Hazeldell.
- 6.21 There is also a compliments folder where all compliments are displayed in loose leaf plastic wallets in date order. Some of the comments are as follows:
- “unmeasurable thanks to you and your staff for the loving care and professionalism you have shown to my aunt”
 - “nothing is too much trouble for the staff, always treated with dignity and respect”.
 - “terrific team of very caring staff”.
- 6.22 During the interview with one relative the following was said “My aunty has been here for 5 years and my Father in Law was here before her, he was deaf and they were excellent with him” The relative confirmed that there is a residents and family meeting once a month and says “the manager is excellent and the home is managed very well, there is nothing we have asked for which hasn’t been carried out, we have never had any complaints and we can look at the care plan whenever we wish”.
- 6.23 Before admission to Hazeldell, all prospective residents have a pre-admission assessment carried out by the manager to establish that the home can cater for the applicant and that the person is suitable for the home. It is at this point that all requirements for alternative communication methods and varying personal support are covered as far as possible. All the information is transferred to a care plan which over a two week period will be added to by the resident, carers, relatives or friends to complete a picture of the resident’s needs. This is further updated as necessary, as time goes on.
- 6.24 After admission to Hazeldell, staff are able to use an I-pad for written communication and a tool box of pictures to aid communication with the resident. For the most part all notices within the residence are in large font including a monthly newsletter.
- 6.25 To support a resident with communication difficulties, staff have access to the Speech and Language Therapy team and other agencies. Procedural documents such as complaints forms are available in written, oral, audio and digital formats. Each resident in the home has their own Hospital Passport which travels with them if hospital treatment is required, this gives details of their specific needs and has been developed with the help of the paramedic service in an effort to be appropriate and useful.
- 6.26 Each resident has a key worker fully conversant with the resident’s individual needs and this is at a ratio of four residents to one key worker.
- 6.27 The E&V team were able to interview only one resident as a majority of residents did not have the cognitive capacity to communicate with the team. However, the one resident who did speak to the team, told them that she has never needed a doctor and feels the staff always take account of her needs and look after her well. She stated that she has never had a bad meal and she likes the food enough to tell the carers that she will have what they choose for her as it is all good. She wasn’t aware of a complaints procedure but says if she has any problems she talks to the staff and all is resolved.
- 6.28 The Manager is aware of the new NHS Accessible Information Standard and feels that he is on top of what is expected of health and social care settings. This was also borne out after further discussion and observation during the visit. When speaking to a member of staff about communication training, the staff member said “good communication is part of everything we do”.

CONCLUSIONS

- 7.1 In conclusion, this is a well-managed, efficiently run residential care home offering high standards of care and commitment to the residents from dedicated staff in a clean, safe, calm environment.
- 7.2 The manager is aware of the NHS Accessibility Standard and is endeavouring to ensure that his staff are also aware. Staff use a variety of methods to facilitate communications with residents including using menu cards, pictures and other prompts to engage with residents and to support them in the decision making process.

Areas of good practice

“...Staff using a variety of communication methods in their interactions with residents...”

- 8.1 Good practice was observed in care delivery with staff using a variety of communication methods in their interaction with residents.
- 8.2 Residents and relatives interviewed spoke very positively about the care being provided by the staff.
- 8.3 Copies of policies are available both in the office and in wallets mounted on the wall in reception. Relatives and visitors are able to peruse policies without making a specific request to staff.
- 8.4 The quality of the food and the service at meal times was good with staff adopting a focussed approach to their interaction with residents.
- 8.5 Activities are well planned and well attended. They appeared to be enjoyed by the residents.
- 8.6 Staff training and career progression are available within the organisation.
- 8.7 The manager has implemented a scheme called ‘The Sparkle Project’ whereby residents are asked if they have a particular ambition that the home can help them fulfil. One of the residents wants to see a football match at Wembley, this trip is being organised.
- 8.8 Each resident has their own Hospital Passport which travels with them if hospital treatment is required, this gives details of their specific needs and has been developed with the help of the paramedic service in an effort to be appropriate and useful.

Recommendations

“... The steps to the front door need to be made safer..”

1. The steps to the front door need to be made safer with a hand rail possibly installed in the centre to also delineate the ramp from the steps.

Provider response: Unfortunately, we are unable to place a rail centrally as the emergency services are unable to access the front door with a stretcher. This was tried in the past. There is a rail to the side which has been painted bright red for ease of sight.

2. Although there are signs in place on all doors the signs are not of consistent design with special regard to communal bathrooms and toilets. The team thought that the use of the combination of both a picture and bold lettering (for example as used on the door of one of the communal bathrooms) was good practice and should be adopted throughout the home.

Provider response: This issue has been addressed and all signs are now consistent across Hazeldell.

3. Font size on service user's manual and other resident read literature to be increased to at least 14 point font.

Provider response: Master copy of resident literature in 14 font and all future documents will be printed in this font.

4. Recommendation for Suffolk County Council - responses to Deprivation of Liberty Safeguarding (DoLS) assessments. This report highlights the delay by Suffolk County Council in processing new as well as outstanding DoLS assessments.

PROVIDER FEEDBACK (ON RECEIPT OF DRAFT)

Verbatim, provider comments are included within the text of the report.

Feedback from the manager:

I have read through the report and found it very positive. Thank you.

HERE TO HELP...

If you have a query about this report or would like to know more about Healthwatch Suffolk please contact us as below. We will be happy to help.

You can watch a short video about us via the following link:

www.healthwatchsuffolk.co.uk/about-us/

For information about how we made a difference in the year 2014/15, please download our annual report from:

<http://www.healthwatchsuffolk.co.uk/about-us/annual-reports-and-agm-resources/>

You can also contact us for a hard copy (limited availability) or watch our supporting video. Simply search for "Healthwatch Suffolk" on YouTube.

CONTACT US

Tel: 01449 703949

Email: info@healthwatchsuffolk.co.uk

Website: www.healthwatchsuffolk.co.uk

Write:

FREEPOST RTTY - CEUT - LCRH
14 Hill View Business Park,
Claydon
IP6 OAJ

If you require this report in an alternative format please contact us at the address above.

This Enter and View report is publicly available on our website and has been distributed to the Care Quality Commission, Suffolk County Council Adult Care Services Quality and Monitoring Team, Healthwatch England and other stakeholders including all Healthwatch Suffolk friends and members.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the license agreement. The text of this document may be reproduced free

of charge in any format or medium providing that it is reproduced accurately and not in a misleading context. Enquiries should be sent to us at info@healthwatchsuffolk.co.uk or you can call 01449 703949.

© Copyright Healthwatch Suffolk 2016