



Enter and View Report:  
Mills Meadow Care Home

29 March 2016



# CONTENTS

Acknowledgements and 'What is Enter & View?'		Page 2
Executive Summary		Page 3
Enter & View Report		Page 4
Findings		Page 6
Conclusions		Page 9
Areas of good practice		Page 10
Recommendations		Page 10
Providers feedback and comments		Page 11 (highlighted throughout)

**Name and Address of Service visited:**

Mills Meadow  
Fore Street  
Framlingham  
Suffolk  
IP13 9DF

**We visited this service on:**

An unannounced visit on 29 March 2016

**Name of Provider:**

Care UK

# 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

“... Active steps are being taken to increase the permanent staffing levels...”

The purpose of the visit was to gather information about the choices offered to residents in their daily lives, their involvement in care planning and to learn about staff recruitment, retention and training as they all impact on the care provided.

The Manager who had been in post since Mills Meadows opened in 2015 left recently and the Deputy Manager has stepped up to manage the scheme. One of the Team Leaders has moved up to the Deputy Manager post.

This change in management has had a positive effect on the staff, the Enter & View (E&V) team did not observe anything to suggest it had had a detrimental effect on the residents. The relatives that the E&V team spoke to had not been told of the change in management but a meeting is planned to rectify this, shortly.

Active steps are being taken to increase the permanent staffing levels. A recruitment day held recently has led to three more staff being employed which will lessen the need of the use of agency staff. A formal Induction programme is in place and on-going training opportunities are available.

The Action Plan put in place after the CQC visit last year was reviewed in March and shows that progress is being made.

Although the care planning process was described to the E&V team, they were not able to comment on its implementation in practice.

Residents and relatives spoke positively about the care provided and the choices offered to them. The E&V team saw evidence of good practice and positive relationships between staff and residents throughout the visit.

## **A number of recommendations have been made as a result of the visit:**

**Recommendation 1:** Consider the use of pictures, appropriate signage and the use of colour particularly on doors to promote independence and aid orientation for those living with Dementia. For

example, residents to choose the colour of their bedroom door which holds a long term memory for them.

**Recommendation 2:** To ensure that those living with Dementia or a physical disability can always take part in meaningful daily activities to aid stimulation. For example, promote these residents involvement in developing the gardens whether physically or with suggestions on what can be done to enhance the space. Relatives could also be involved.

**Recommendation 3:** For the Manager to consider the use of a key worker or similar system for staff development and better provide for the individual needs of the residents, and ensure continued good communication between staff, residents and their relatives.

**Recommendation 4:** The good practices observed in the ground floor dining room during the lunchtime meal could be duplicated in the first floor dining room to improve the mealtime experience for those residents.

**Recommendation 5:** The photographs and names of the staff on the wall in the reception area need to be updated to show the present staff structure.

# ENTER AND VIEW

“..everyone on each table had to finish one course before the next course was served. ...”

- 1. Visit Conducted by:**  
Lead Authorised Representative: Stella Morris  
Authorised representatives (AR):  
Wendy Shepherd 4.5  
Judith Kaufhold  
Di Wright  
residents and all the bedrooms are ensuite with a shower, washbasin and toilet.
- 2. Purpose of the visit:**
  - 2.1 The Care Quality Commission (CQC) inspection and recommendations in April 2015 (published in July 2015) concluded that 4 of the 5 areas inspected “Requires Improvement.” This visit was followed up with a visit in June 2015 (published August 2015). Both of these visits were unannounced. 4.6  
On the day of the visit there were a total of 44 residents living at the home on 4 of the units. These residents were staying on either a long term or short stay basis. There were 14 residents on the Dementia/nursing unit on the ground floor, and the remaining 30 residents split between the 2 units on the 1st floor. The fourth unit is currently unused.
  - 2.2 The purpose of Healthwatch Suffolk’s visit was to gather feedback and observations about choices offered to Residents for meals and activities. It was also hoped to ascertain whether the action plan implemented following the CQC inspection was having an effect on staff recruitment, training and development. 4.7  
The rooms are single occupancy but couples can be accommodated by reconfiguring rooms i.e. allocating 2 rooms using one as a bedroom and the other as a lounge area. 4.8  
The call bell system has a monitoring function so that it is possible for managers to review staff response times, number of calls etc. across the units. 4.9  
All of the units have their own lounges and dining rooms where there is a small kitchen area and the facility to make hot drinks and snacks throughout the day. 4.10  
There are also some small areas at the end of the corridors where it is possible for residents to sit. One of these areas on the first floor is being turned in to an indoor garden. 4.11  
Assisted bathrooms are available on all the units 4.12  
Adjacent to the main entrance of the home is a communal café/coffee shop area available to residents from all the units and their visitors. 4.13  
The main kitchen, where all the meals are freshly prepared on a daily basis, is next to the café. The meals are taken from here on heated trollies to the dining rooms on the units. 4.14  
The kitchen is also able to meet the individual dietary needs/choices of residents and cater for soft diets etc.
- 3. Methodology:**  
Observation of the care environment and conversations with the Deputy Manager (Care Home Manager’s day off), 8 members of staff, 4 residents and 3 relatives/visitors.
- 4. Introduction:**
  - 4.1 Mills Meadow is registered to provide accommodation for up to 60 people who require nursing or personal care, including those aged under 65 years and those who may have Dementia or physical disabilities.
  - 4.2 The home is located in a residential area of Framlingham. It is purpose built and opened in June 2014 with the transfer of some residents from the local authority home Lehmann House in Wickham Market which was then closed.
  - 4.4 The accommodation is on 2 floors with access to the first floor via a lift and stairs. The home has 4 units each accommodating up to 15

- 4.14 Wi Fi is available throughout the home with access codes on either a short term or long term basis.
- 4.15 Within the home there is a hairdressing room with 2 hairdressers each visiting 2 days per week, a craft room with evidence of painting and other activities and a cinema room which also has a sitting area with evidence of games and a small bar.
- 4.16 There is a craft room which is going to be turned in to a sensory room.
- 4.17 There is a balcony on the first floor which enables residents and their visitors to be able to sit outside as an alternative to going down to the garden.
- 4.18 The home has a large, level, secure garden area with accessible pathways, seating areas, trees, borders and a pond. The Rotary Club are going to put in raised beds etc to improve the garden.
- 4.19 The home has a cat and also has 5 chickens in the garden. An area in the garden is going to be sectioned off for the chickens. Visitors/ relatives can bring their dogs with them.
- 4.20 At the front of the home there is some staff and visitor parking and adjacent to this is a purpose built day care unit with additional parking. The day care unit is closed on Tuesdays, the centre is also used by other agencies.
- 4.21 The staffing structure comprises the Homes Manager with a management team of Deputy Manager, Head Housekeeper, Senior Chef, and Administrator. There is also an Activities Co-ordinator, Maintenance/Caretaker, Receptionist, 1 Nurse at present (nursing unit not at present in use) as well as the Care Staff. All 3 of the units that are open are Team Leader led.
- 4.22 A recruitment day was held 2 weeks ago and 3 more permanent staff were employed. There are still some vacancies and bank or agency staff cover these. The One Stop agency in Ipswich provides the agency staff and these tend to be regulars who get to know the Residents and the operational processes.
- 4.23 Outside agencies such as Community Nurses treat individuals, and other healthcare professionals visit residents on request.
- 4.24 The local community are encouraged to become involved with the scheme e.g. local school children.
- 5. Impressions**
- 5.1 At the front of the building there is a fairly large car parking area which is used by both staff and visitors. The E&V team were able to park easily and were advised that there had never been a problem with staff or visitors parking.
- 5.2 The front door is secure and on entry the visitor comes into a pleasant and bright reception area. Beyond this is the café area with tables and chairs and a counter where drinks, cake etc can be obtained. Visitors can help themselves to drinks etc and there is an honesty box for visitors to give a donation for these. The E&V team were warmly greeted by the Receptionist who informed the Deputy Manager of the team's visit. This was an unannounced visit to the care home.
- 5.3 The gardens are very pleasant with several different seating areas. Planting is in the early stages and the Rotary Club are intending to build raised beds to make it easier for the residents who want to be more involved with the garden.
- 5.4 Information is posted for Residents and visitors about activities and menus. There is also a flip chart where residents can vote for future activities. There is a pop-up restaurant held in the Day Centre once a month to give residents a restaurant like experience as a change from eating in the dining rooms.
- 5.5 The staff information on the wall in reception still shows the details of the previous Manager.
- 5.6 The E & V team were shown round the building by the Deputy Manager and invited to wander round the building freely and talk to staff, residents and visitors as the team wished.
- 5.7 During the visit, the E&V team spoke to staff

Provider response: Three-night staff were recruited and six-day staff

who gave the impression of being happy in their work and motivated to do a good job.

5.8 There was a relaxed atmosphere and the staff observed seemed caring towards the residents and their relationship appeared to be positive.

5.9 All the units are of the same design with their own separate lounge and dining areas. The lounges were appropriately and comfortably furnished, with clean, bright dining rooms. The bedrooms are also of a standard layout but Residents are encouraged to personalise their room and can bring small amounts of furniture e.g. favourite chair. There is a memory box outside each room with the name of the Resident and they can add other items that are relevant to them.

5.10 There is a computer in the lounges for staff use which enables them to update their notes etc. while still being able to observe the residents.

5.11 The doors on the Dementia unit are various shades of green and this could be confusing to the residents as it is only the memory boxes that distinguishes the individual rooms.

5.12 There is a thin black strip in the doorways where carpet changes to another flooring material which acts as a seal and is required by Fire Regulations. This could be a problem for some residents with Dementia and it would be beneficial if this could be changed to a different colour.

5.13 The call bell system on the units is unobtrusive.

5.14 It was observed that with support residents could choose whether to spend time on their unit or take part in activities, and even take their meals in the café if they prefer.

5.15 Lunch was observed on two of the units. The food looked to be hot and appetising. Support to cut up food or eat was given if required. There were 3 members of staff present in each of the dining rooms. There were inconsistencies between the 2 dining rooms observed. See paragraphs 6.16 / 6.17 .

5.16 During the visit it appeared that there were

sufficient staff present to meet resident's needs. All the staff that the E & V team met were welcoming, friendly and helpful.

## 6. Findings Staffing

6.1 In discussion with the Deputy Manager it was established that both she and the new Manager had been in post for a month. Both had been working at Mills Meadow prior to the previous manager's departure, as the Deputy Manager and as a Team Leader. The changes do not seem to have caused any new staffing problems and a new Team Leader is in place.

6.2 The new Manager and the Deputy previously worked together at Lehmann House prior to moving to Mills Meadow. The Deputy Manager joined the staff team in September 2015 as a Team Leader.

6.3 An emergency meeting had been held to update staff on the changes.

6.4 The Deputy Manager will be one of the Healthwatch Ambassadors and 3 other members of staff have also volunteered.

6.5 Feedback from the staff that the E&V team spoke to, were all very positive about the new Manager and Deputy, and all felt that they were better supported and more able to express opinions.

6.6 All of the relatives that the E&V team spoke to were unaware of the change in management. One commented that she had noticed a change for the better in the atmosphere but hadn't known the reason for it.

6.7 The Deputy Manager knew where to find the CQC action plan put in place last year and advised the E&V team that it was reviewed in March and progress was being made.

6.8 Staff meetings are held every month, and meetings with residents and relatives are held every 2 months.

6.9 Staff receive supervision every 6 - 8 weeks. Those that the E&V team spoke to were feeling more positive about the future because of the change in management and felt they would have more support.

- 6.10 Mills Meadows is still not fully staffed however the 3 members of staff recently offered employment will reduce this. At present bank staff are offered shifts to cover any gaps in staffing and if none of these are available agency staff are used.
- Provider response: We are fully staffed in relation to the number of residents we have, recruiting to full capacity*
- 6.11 It is company policy for new staff to attend a comprehensive induction programme over a 2 week period which consists of a mixture of e-learning and face to face training. This includes Fire Safety, Moving and Handling, Dementia Awareness, Safeguarding, Customer Care etc. They are then able to shadow experienced staff until they are both assessed as, and feel competent.
- 6.12 The staff work 12 hour shifts 8am to 8pm and 8pm to 8am. Team Leaders are responsible for the handover to the new shift.
- 6.13 There is a Team Leader and 3 staff per unit on the day shift, and a Team Leader and 1 member of staff on the night shift.
- 6.14 The Deputy Manager advised the E&V team that they had several very experienced members of staff and “some were a work in progress”.
- Provider response: Work in progress - there are staff who are new to care, who are learning through training and mentoring*
- 6.15 Training is encouraged and an evacuation procedure exercise had been held recently.
- 6.16 Lunch was observed being taken in 2 of the units which showed inconsistencies between them. In the ground floor dining room, it was observed that Residents were given choice. Second bowls of soup were offered and all were asked whether they wanted white or brown bread. Some had their vegetables added to their plate while others chose to serve themselves from a central dish. When they finished one course they were offered the next one. One resident required assistance to eat their meal and this was given in a very caring way. The staff member either sat or went down to their level and gained their attention by a touch on their arm and saying their name before starting to talk to them. There was good staff interaction with residents. It was also observed that a resident who was having lunch in their room was taken both starters for them to choose which one they wanted. Good interaction was observed between staff and residents.
- 6.17 However, in the 1st floor dining room everyone on each table had to finish one course before the next course was served. One resident was heard to say “I’m not going to gobble” and another commented that “we used to have vegetables in a side dish so we could help ourselves”. Several residents remarked about there being no potatoes and said they did not like rice with their main courses. Many found the chicken breast served too hard and difficult to cut up and eat. There was a choice of fruit squash on the tables but no water. One member of staff was observed putting their thumb on the inside of a jug of squash. A carer who had been supporting someone in the dining room began to go round making sure everyone had drinks, cutlery and making sure everything was generally alright. Staff appeared to be task orientated. Washing up was done in both dining rooms and then crockery taken to kitchen to be sanitised.
- Choices**
- 6.18 Discussion with staff, residents and relatives indicated that if required a resident would be supported in making choices about how and where to spend their day, when to get up and go to bed and where and when to eat their meals. All residents were offered a choice of menu at mealtimes.
- 6.19 A range of activities are being arranged taking in to account the resident’s interests. Residents are given the opportunity to vote on a choice of activities and can suggest activities. A pop-up restaurant is held in the Day Centre every month.
- 6.20 It was unclear how less able residents had activities built in to their daily routine that took in to account their past interests. Staff encourage residents to take part in activities.
- Provider response: Activities profiles are in*



place for those residents who are less able

- 6.21 The new indoor garden will give residents an alternative to growing plants outside unaffected by the weather.
- 6.22 The cinema is used more for watching box sets rather than films and it is felt that this is because they are shorter.
- 6.23 The residents and visitors that the E&V team spoke to were positive about the care given, the food and accommodation. One visitor had sensed a positive change recently but wasn't aware of why.

#### **Care Planning**

- 6.24 The care plan is started on the day after a new resident moves in the care home, and takes account of the individual needs of the resident. The plan is reviewed every 28 days but if an incident or change occurs this is noted immediately and any changes required to the care plan made.
- 6.25 Case notes are updated daily and any incident or changes highlighted during the handover between shifts.

# CONCLUSIONS

“The large garden is an asset with a variety of seating areas..”

- 71 The original Manager left recently and the present Manager and Deputy Manager have been in place for a month. This change has been well received by the staff who told us they were positive for the future.
- 72 The carer/relatives that the E&V team spoke to were unaware of the change in Manager. One commented that she had sensed a change in the atmosphere within the home but had been unaware of the cause. The new management team must address this.
- 73 Care UK are actively trying to recruit new members of staff bring the team up to full strength. The agency staff used tend to be regulars who get to know the residents and the work routines.
- 74 Care UK has developed an induction programme, staff training and development are actively encouraged. Staff feel that they will be supported by the new Manager to progress within the organisation.
- 75 The residents and relatives we talked to appear happy with the care received.
- 76 On the whole good practice and positive interaction was observed between the staff and residents.
- 77 It was stated that residents, and where appropriate relatives, were involved in developing and reviewing care plans on a regular basis to take account of any changes in individual needs or wishes but it was not possible to verify this.
- 78 The environment, maintenance and layout of the building are good. The building is clean and comfortable with a variety of seating options and places to sit.
- 79 Changes to the Dementia Unit could improve the environment and enable the residents to retain their independence for longer.
- 710 Changing the colour of the doors is an example of what would assist the residents as their dementia progresses.
- 711 There are some concerns that with a staffing level of 1 Team Leader and 3 staff on the Dementia unit as it could be difficult to provide care without it proving extremely stressful on the staff if a majority of residents are in the advanced stages.
- 712 The large garden is an asset with a variety of seating areas, and focal points such as the pond. The Rotary Club involvement will help to make it easier for those residents who enjoy gardening.
- 713 The availability of Wi-Fi within the home is very positive but the system of different day and weekly codes needs to be made clearer to relatives as well as the residents as some find it confusing.
- 714 Positive links with the local community are being made and this will enhance the opportunities for the residents to interact. They will also benefit from schemes such as the Rotary Club's involvement in improving the garden.

# RECOMMENDATIONS AND AREAS OF GOOD PRACTICE

“... The staff that the team spoke to were aware of the training opportunities and how to take advantage of them...”

## Areas of Good Practice

- 8.1 Good practice was observed in the care of residents. Staff were considerate and ensured they had the person's attention before communicating with them.
- 8.2 The residents and the relatives that the E&V team spoke to were positive of the care provided.
- 8.3 The staff that the team spoke to were aware of the training opportunities and how to take advantage of them. They felt positive about the support they would receive to develop their skills and be able to progress.
- 8.4 The Activities Co-ordinator takes in to account the interests and hobbies of the residents and encourages them to request future activities.
- 8.5 The Communities Officer is enthusiastic and is building links between Mills Meadow and the local community which can only be of benefit to the residents.
- 8.6 The availability of computers in the lounges enable staff to enter notes on to the system without leaving the residents without a member of staff present.

## Recommendations

**Recommendation 1:** Consider the use of pictures, appropriate signage and the use of colour particularly on doors to promote independence and aid orientation for those living with Dementia. For example, residents to choose the colour of their bedroom door which holds a long term memory for them.

**Recommendation 2:** To ensure that those living with Dementia or a physical disability can always take part in meaningful daily activities to aid stimulation. For example, promote these resident's involvement in developing the gardens whether physically or with suggestions on what can be done to

enhance the space. Relatives could also be involved.

**Recommendation 3:** For the Manager to consider the use of a key worker or similar system for staff development and better provide for the individual needs of the residents, and ensure continued good communication between staff, residents and their relatives.

**Recommendation 4:** The good practices observed in the ground floor dining room during the lunchtime meal could be duplicated in the first floor dining room to improve the mealtime experience for those residents.

**Recommendation 5:** The photographs and names of the staff on the wall in the reception area need to be updated to show the present staff structure

# PROVIDER FEEDBACK (ON RECEIPT OF DRAFT)

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

Please add an Action Plan if appropriate, which will also be published.

The Home Manager added the following comments:

Mealtimes are different for Upstairs and down as downstairs is a Dementia Unit and we do a slightly different approach, we are aware of upstairs being a little task orientated and have taken steps to address this.

## 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/](http://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](mailto:info@healthwatchsuffolk.co.uk)

**Website:** [www.healthwatchsuffolk.co.uk](http://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](mailto:info@healthwatchsuffolk.co.uk) or you can call 01449 703949.

© Copyright Healthwatch Suffolk 2016