

HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Honister Residential Care Ltd

Ellenbrook Lane

Hatfield

Herts

AL10 9RW

Provider: Mrs Anna C Theanne

Healthwatch Hertfordshire Enter and View Visit Report

Premises visited: Honister Residential Care Ltd
Date and Time of Visit: 22 September 2016 10.30 am
Visit Conducted By: Virginia Kirri-Songhurst, Sue Bolton

Acknowledgements:

We would like to thank Julie Hutchins and her staff for their valuable contribution and time in compiling this report and for escorting us around the house and garden.

Purpose for the Visit:

To look at the individual's quality of life in respect of environment, leisure and services, digital inclusion and food and drink.

To see if NICE guidelines 1 and 2 of Quality Standard 50: Mental Wellbeing of Older People in Care Homes 2013 are being considered by providers.

QS50 states:

1. Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their families, friends and carers have opportunities to be involved in activities with them when the older person wishes.
2. Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are, for example, this can include helping people to maintain their relationships with family, friends and carers.

Methodology:

Healthwatch Hertfordshire (HWH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to 'Enter and View' health and social care premises to see and hear for themselves how services are provided.

Healthwatch Hertfordshire is conducting a rolling programme of Enter and View visits to care homes/nursing homes in groups in order to review results, methodology and outcomes at defined intervals.

They are announced visits using specific themed questions for staff and for observation purposes and talking to residents and any relatives visiting. Visits are from 10.30am to 1.30pm.

Hertfordshire County Council, as commissioners, are aware of this planned piece of work and will receive reports and recommendations from our visits. Reports will also be shared with the relevant Clinical Commissioning Groups, Care Quality Commission and Hertfordshire Care Providers Association and will be published on our website www.healthwatchhertfordshire.co.uk.

Disclaimer

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

Healthwatch Hertfordshire Enter and View Visit Report

1. INTRODUCTION

The house was built in the 1930's and is situated in a quiet residential area of Hatfield in Hertfordshire. During the 1980's it became a care home for the elderly. Today it is home to 19 elderly residents with a variety of age related and Mental Health conditions including Dementia and Alzheimer's. The Home benefits from the Complex Care Premium additional money which reflects the resident's high needs.

2. FIRST IMPRESSIONS

2.1 The home was difficult to find due to poor signage. The boundary fencing is in a poor state of repair and is falling down in places. The electric entrance gates were open on both sides of the driveway; one set being repaired. The car park is small (accommodates approx. 6 vehicles) and it would be difficult to find a parking space in the surrounding roads due to double yellow lines.

2.2 The outside of the house looks tired and garden unkempt with discarded wooden gates and dead flowers in pots. The garden furniture required cleaning. The key pad on the front door is too high for someone using a wheelchair and the ramp to the entrance is short and steep. The clinical waste area, although fenced off, was not secure.

Manager response: The clinical waste area has a key pad entry. The gates are open in the day time for ease of access and we do now have a regular gardener.

The Enter and View Authorised Representatives sat in a car on the drive for half an hour before entering the house but were not challenged by staff who were passing by as to why they were there. Outside lighting was evident as was CCTV.

Manager response: We have lots of visitors to Honister and cannot have staff monitor the car park, but staff do answer the door and ask for ID if they do not know who it is. We also do have a signing in book in reception and signage requesting visitors to sign in.

2.3 The staff were easily recognized by their blue uniforms, except for the Manager, but no badges were worn. The Manager explained that this is due to the fact that residents tend to snatch the badges off the uniform of the staff. Staff turn-over is

low and there was a feeling of good caring and friendly teamwork throughout our visit.

2.4 The manager came to greet us. We were not asked to sign in but she said that she was glad that we were wearing identification. We were invited to the dining room for our interview. We were told that there are currently 18 residents and 1 in hospital at the time of our visit. The manager told us that the home is part of the Hertfordshire Care Providers Association (HCPA) and that the staff have undertaken several of their training courses.

There are champions for dementia, safeguarding, nutrition, health and engagement, wound care and falls.

Manager response: We do have a signing in book in reception and clear signage requesting visitors to sign in.

2.5 There are no couples sharing rooms at the moment although they have had some in the past. Currently 4 residents are under Deprivation of Liberty Safeguards (DoLs).

3. FINDINGS

3.1 Environment

1. The entrance/reception area has heavily patterned wallpaper which makes the area appear small. There was a smell of food being cooked but due to the flowing layout of the lounge and kitchen this is unavoidable. Some residents were seated in this area.
2. The Healthwatch poster was on the back of the front door. There is a small front office. We did not see a photo board to identify staff. There are some photos of activities on the wall.
3. The dining room was situated in a bright conservatory there is a large welsh dresser with crockery, and some unused furniture stored there. The tables had bright table clothes and a resident was having a late breakfast. The walls had some holes in them and what looked like water damage near the ceiling. The floor was matt and clean. The conservatory looks out over the drive and garden.

Manager response: There had been a leak in the roof and the conservatory was waiting for redecoration.

4. The main lounge is dark due to the leaded windows and close proximity to mature trees and it was noted that ceiling lights were on all the time. Mismatched chairs were placed around the room but to arrange chairs in groups would have been difficult due to the size of the lounge. There was a television on.
5. The décor is poor and needs repainting. There is a large mirror on one wall and evidence of art and craft work on another. There is a serving hatch to the kitchen to which the menu was adhered. The clock in the lounge is not easily visible for everyone and there was no evidence of a calendar or activity menu.
6. Hallways and corridors walls were marked, scuffed and holes from previous pictures not filled and there was evidence of blue tack on walls. Some wallpaper was peeling from the wall.
7. Off the lounge is a corridor with resident's rooms and the manager's office. The corridor is very narrow and has no hand rails. The door frames are painted in bright yellow otherwise there is poor colour contrast to the décor. There is a toilet but it is not big enough for a wheelchair user and/or an attendant to help with transfer.

Manager response: There are 2 toilets on the corridor and wheelchair users and those who require assistance are taken to a larger toilet

8. Across the entrance hall is another much smaller lounge. This also seemed dark due to the leaded windows and had the lights on. A hoist was in the corner and a member of staff was folding laundry, a resident was sleeping in a chair.
9. There is a toilet with a hair dressing sink and further on there are more resident's rooms and a wet room with shower.
10. The Laundry Room situated in an extension is in poor condition and cramped. The washing machine had evidence of excessive soap powder and would benefit from cleaning. On closer inspection the outside wooden window ledge is rotting away. There were lots of cobwebs around the ceiling. The door is locked by a bolt at the top of the door. Washing chemicals were not locked away.

Manager response: The laundry room is locked and washing chemicals are kept in the locked laundry room.

11. Back in the entrance hall is a staircase leading to the first floor. The stair

gates, two in number, were wrought iron garden gates and seemed unsuitable for a home environment. There was no gate at the bottom of the stairs.

12. All residents can freely move about the Home and one resident sits in the smaller lounge in an afternoon to listen to her favourite CD.
13. The rooms are decorated mainly with magnolia paint, two had wall paper which seemed old. Residents can choose their own décor and bring in their own furniture. We saw evidence of armchairs, a computer, pictures for walls and photographs.

Manager response: The bedrooms are different colours and as decoration is being done, the rooms are being decorated differently.

14. When a new resident is to be admitted the manager told us that she visits the place where they reside to ask them about the décor they would like and which furniture, pictures, linen and ornaments they would like to bring.
15. The rooms vary in size and some of the first floor rooms are disadvantaged by the architectural supports. One resident complained that she had banged her head on the sloping ceiling and had been moved to another room when it became available. Some of the ground floor rooms lead into a courtyard garden but all have a step.
16. All rooms have their own thermostats, but radiator covers may make this difficult to change the temperature. The bedrooms were of suitable size for a single person and some of the carpets were heavily stained. The Manager would like to replace existing carpeting with hard flooring. Some bedroom curtains needed to be washed and rehung.
17. All bedrooms had hand held alarms for night time use. During the day neck alarms were worn by residents. 2 hourly checks are made each night to residents.
18. Pressure pads are available for all residents as are seat raisers.
19. There are no room safes. The Manager has a lockable box in her office but she tells families not to bring in valuables, she stated it is usually jewellery. Some of the furniture in the rooms have a lockable drawer and key.
20. All rooms have an ensuite toilet and wash basin. The sealing around sinks in bathrooms and toilets would benefit from resealing. Toilets would also benefit

from descaling. Communal toilets and the bathroom have picture signs on the doors, resident's rooms have pictures and numbers.

21. There is a small lift which opens on both sides alternately. The first floor landing flooring is uneven; the lining paper is lifting away from the walls in places. There is an assisted bathroom which felt cold, the manager has plans to put in a walk in bath.
22. There are courtyard gardens to the front, sides and rear of the building. The manager said that residents like to sit out in the front and watch squirrels in the trees and bushes when it is warm. When the residents sit in the front the security gates are closed. There were several flower pots which contained dying flowers and the garden furniture needed cleaning.
23. The back garden which was small and narrow was strewn with leaves, small branches, paper rubbish, cigarette butts, plastic and cardboard boxes. The paths were uneven and of mixed paving stones, crazy paving and concrete, some were loose and there were bags of building rubble and boarding left against the fence. The residents used the small wooden decking with garden bench seating.
24. The garden also housed three sheds. One is used for food storage, fresh vegetables and eggs were out in the open and there is no insulation. This could attract mould and vermin. Another shed contained some freezers. There was evidence of black mould on the tops of the freezers. The small shed was full of packets of incontinence pads, one pack was open and would be a draw for insects and mice.
25. The Manager said that they have no permanent gardener but a young volunteer calls in once a month to help keep the garden tidy.

The manager commented: We had a regular gardener.

3.2 Leisure and Services

1. A day trip to Southend had been the highlight of the year. There was photographic evidence of people having fun on the day and residents spoke of having a good time.
2. Residents have requested a trip to Whipsnade Zoo which the staff will try and organise.

3. Short walks for those able are taken along a disused railway track near the home and visits to the Galleria are popular.
4. The Manager will take residents with her when she goes out for supplies if they want to do shopping.
5. Entertainers come to the home as well as staff organising garden tea parties. Singing is a popular entertainment.
6. Honister has an Activity Champion and we were shown art and craft work that the residents had done e.g. decorating flower pots, tile painting and picture frames. They also have memory and smell boxes.
7. Residents can help in the kitchen by washing and drying dishes and after risk assessments small groups take part in baking cakes. These are prepared in the dining room and taken to the kitchen oven by the staff.
8. The doctor calls every Thursday and the Manager makes contact with the Mental Health Team as and when necessary. The community psychiatric staff are very proactive in emergencies.
9. There are no regular resident's meetings, if an issue arises the Manager will talk to a few selected people. There are no minutes.

Manager Response: We have offered these meetings and the residents have not wanted to take part.

3.3 Digital Inclusion

1. One resident has his own computer and looks up information for other residents.
2. Staff help another resident by Skyping to his son who lives abroad.
3. The Manager used Google to search for a house where a resident used to live on her iPad. There is also an iPad for the home.

3.4 Food and Drink

1. A typed menu was pinned to the wall next to the kitchen hatch, this was on a 4 week rolling menu. This was not in large type.
2. There was no pictorial menu available but meals were explained to the residents if they were unsure of what to choose.
3. There was a bowl of fruit available in the lounge but other snacks had to be kept out of sight due to one resident eating everything in sight.
4. There was evidence of filled water jugs and plastic glasses for residents.
5. Two residents were being fed by staff on the day of our visit. This was a 1:1 feeding with good rapport between staff and resident. Alternative meals were available and those who were not hungry were offered something to eat later in the day.
6. Residents can have breakfast in their room or in dining room at any time during the morning, this was evidenced by a resident eating breakfast on our arrival.

4. MONITORS CONCLUSIONS

4.1 We were made very welcome at Honister and our visit lasted almost 3 hours. The Home has a very friendly and cheerful atmosphere with plenty of interaction between residents and staff. This was a house which has kept many of its original features and therefore maybe be less intimidating compared with a purpose built care home.

4.2 Four complaints were made this year which were effectively dealt with by the manager. The Accident book had been completed - we were shown 4 examples but there were no serious incidents.

4.3 We were told that there are only two-night staff on duty which can be challenging in the early morning when residents are waking, needing toileting, medication, dressing and breakfast.

Manager response: Day staff come in early to assist.

4.4 We were shown a list of compliments from relatives e.g. *all staff very kind - mother treated with dignity - staff know when she is under the weather and respond immediately.*

4.5 Residents said they liked Honister and all the staff and were very well treated by everyone.

4.6 The manager is well aware of the problems that Honister has and is working very hard to improve these issues. She is very dedicated and caring. This is a home that appears to be struggling with limited financial resources to address the issues.

5. AREAS OF GOOD PRACTICE

5.1 Good friendly and caring staff.

5.2 Good training and education opportunities for staff.

5.3 Lots of compliments from visitors and relatives.

5.4 Manager aware of the needs of the environment and has plans for improvements.

5.5 Manager has plans for fund raising for a minibus.

5.6 Excellent care plans for residents. This should be shown to other organisations as an example of good practice.

5.7 Staff treat residents with dignity and respect.

5.8 Homely cooked food.

5.9 Staff respect resident's wishes.

6. RECOMMENDATIONS

1. Consider having a large faced clock to be placed in a prominent place in both lounges, together with a large calendar or white board to show day and date.
2. Consider providing an information board showing day, date and name of the Home in each bedroom (depending on the wishes of the residents).

3. Attend to damaged and scuffed walls in hallways and redecorate.

Manager response: Some of this has been done

4. Replace stained and old carpets with non- patterned carpeting.

Manager response: Some have already been replaced

5. Replace existing chairs in lounges to ensure there is a variety of size and appropriate height seating.

6. Provide a large display board to accommodate large print information and photos and names of staff.

7. Provide a pictorial menu.

8. Improve signage to Home to make it easier to find for visitors and lower the intercom at entrance for wheelchair users.

9. Review ensuite facilities to ensure suitable grab rails and old sanitary fittings and uneven lino is replaced.

10. Replace double glazing to bedroom where it has blown.

11. Repair and extend laundry room which is too cramped.

12. Spruce up the outside and garden areas:

- Clean all garden chairs.
- Clear garden paths around the house of debris and fallen leaves/branches.
- Remove discarded wooden gates from front garden area.
- Look into asking local businesses to help with gardening under their 'community link' policy.

13. Provide more suitable storage areas for incontinence pads in the garden shed.

Manager response: These are surplus to requirements

14. Provide an insulated purpose built larder for fresh food and freezers.