



Healthwatch Service Visit Report to:

The Old Hall
Chapel Road
Fiskerton
Lincoln
LN3 4HD

Summary

The following report highlights the findings and observations from a recent visit to The Old Hall in Fiskerton.

The work was carried out as part of our on-going enter and view programme of activity and in relation to our review of support and care provided in the community.

Where the report identifies themes which Healthwatch believe should be raised as a matter of importance not only with the provider but also where appropriate, with other commissioners and or providers these have been included.

Healthwatch is mindful that factors outside the control of the community care home environment can have an impact on the service provided and consequently the patient experience; where these occur we have included them.

There were some core themes listed below which came out of the visit, and as part of this work we have encouraged the provider comment on the findings in the public interest, their responses are also included throughout as appropriate.

Key Themes from the visit and residents spoken to at the time:

- We found the home clean and modern with a keen attention to detail within a heavily used premises.
- We found residents happy and engaged, explaining to us the vast array of personal interests they included in their day to day life, whether that be sports, music or creative activities.
- Staff told us that routine and structure revolved around ensuring outcomes for the residents and therefore they had a more personalised and flexible approach to daily routines.
- We heard the challenges which can and are experienced in the emergency service and hospital pathways.
- We found the home to be vibrant and active within a challenging and rewarding environment.

1. Why do we carry out visits?

This piece of work has been carried out by Healthwatch Lincolnshire who has a statutory duty to enter and view any publically-funded premises which provide health and care services so that it can view the services being provided and take the opportunity to talk to those using it.

2. How we carry out visits.

Healthwatch authorised representatives are appointed to undertake an enter and view visit. A questioning framework is produced to enable the representatives to effectively talk with residents, relatives, carers and care providing staff and to make observations during the visits. The framework is not exhaustive, but does provide a background for directing theme-specific questions - *in this case the 'resident daily journey', this includes how residents come to be with the provider, how they spend their days and what facilities and services are provided during that period of care.*

3. The Provider - The Old Hall

The Old Hall is registered to provide accommodation and personal care for up to 13 people who have a learning disability or autistic spectrum disorder. The premises also includes three self-contained mews houses.

3. Who did we speak to?

Prior to any conversation being held with a resident, we introduce Healthwatch and ask permission for any dialogue to continue as we respect that not all people will want to engage with us in this way.

During the visit we spoke to as many residents who wished and/or had capacity to talk with us. In addition and where we could, we spoke to managerial and operational staff to provide a more holistic view.

A total of 3 residents were spoken to during the visit, and there were 13 male residents living at the care home at the time of the visit with varying degrees of mental capacity and ability. We also spoke to the manager, a care worker and the decorator.

Due to the nature of the residents at Old Hall, many of the residents on the day were engaged with their normal daily activities off site or visiting family so there were a smaller number available to talk to.

4. Findings from Resident Experience Survey.

The following provides an overview of the service from a lay-person's perspective.

4.1 Findings

The following provides the detail of the visit feedback and should be acknowledged that this information was taken at a point in time. If changes have been made since the visit and the provider has commented on them, we will include those within the report for public interest and information.

4.1.1 What the Resident said.

The discussions covered various themes that emerged and are recorded below.

DAY TO DAY; CHOICE; FOOD AND DRINK; VISITORS & CARERS

The residents told us that they enjoyed living in the home and that they were able to stay active and motivated with the support of their key worker. We were told of all the different activities they were involved in including trips out, disco with other local homes in the group, horse riding and annual holidays.

Residents told us they could get up when they wanted however they might need help to do this. They talked about having lots of friends at the home and also friends in the other homes they visited. The residents also talked a lot about food and how they helped to choose the shopping list, and also helped putting the food away and preparing meals. Food seemed to be a motivator for the residents and they told us that they try (and are aware of) the need to keep healthy and have a healthy diet.

Being able to get out and about was very important to those we spoke to, trips on the bus with their carers support enabled them to live an increased quality of life where it sounded that achieving their own goals from going to concerts to a trip to the pub or a fast food restaurant was a priority.

We were told that family would visit when they wanted and that they would also phone and the residents liked that to, however there was still a real emphasis on the friendship bonds within Old Hall environment. We learnt that not everyone got on with each other but this was known and talked about so that it could be managed more effectively.

Residents told us, that if they were in pain or not happy they would tell their carer, sometimes words, pictures or pointing was used to identify problems.

For those we spoke to they said they were 'happy' to live there.

Observations and staff feedback

What we heard from the residents was the extensive amount of opportunities they had to experience many different aspects of an active life, and heard how the home listened to the individual needs and interests of the people living there and appeared that their wellbeing was well supported.

The home itself was very clean and modern with good facilities and an outside area, we spoke to the decorator who told us that they worked across all the homes and that the maintenance was a constant ongoing programme due to the heavy use of the facilities. They also told us that part of their role was to support customisation of residents own rooms when desired. We viewed a number of resident rooms and observed good sized, en-suite, well equipped (including sensory) and personalised surroundings which provides a home from home feel.

There was a lounge area which was a relaxing area which was perfect for gaming or just watching TV, the main hub of activity appeared to be in the kitchen/dining area which provided a light and spacious area. In addition there was a games room with small kitchen area. We observed (on a wet day), a planned picnic still going ahead with a resident in the quieter area so the activity could go ahead as scheduled.

We heard from the home that getting the residents all of whom are male to be physically active was important, we heard that for those residents that had their own vehicles this broadened the opportunity to get out and about.

5 of the current residents were funded in county, with 7 residents coming from out of county and 1 privately funded resident.

Medication is generally administered in the morning, midday and evening.

The focus of the care staff and management was about outcomes for the resident and meeting their needs.

From listening to some of the challenges faced it was clear that residents admitted to hospital as inpatients particularly with complex mental health needs was draining on staff resources. Access to health professional and health services can be challenging due to the complexities of the people we support causing anxiety.

Challenges also around A&E and how a resident with severe anxiety and displaying distressed behaviours is treated in such a 'medicalised environment'.

The homes told us that they were supportive of the Annual Health Checks and these were integrated into individual care plans. We heard that care plans are extensive and can be a combination 6-10 different plans such as personal care, activities, community, and medication. The reviews and changes are made by the care teams.

We heard when a resident required a Mental Health Section, the paramedics called out the police to assist. The communication and ability of the services was limited which meant 3 paramedics and 2 police officers were in a resident's room with limited powers to act. Pathways in these circumstances appear unclear for the emergency services and examples of this we suggest are escalated for resolution.

We were told the relationship between company care homes is becoming stronger with more interaction, enabling staff to share good practice, problem solve and encourage a more diverse community base for the residents.

In terms of staffing we heard that staff are now starting to stay and undertake personal development with promotion opportunities available, the teams feel the onsite HR has supported staff more effectively.

Understandably we heard that families can be demanding on the services in terms of expectations of care for their loved ones.

For dental care, those that can go to Hykeham, for sedation residents will go to Boston, there are no specialist dental care services assessable to the care home that they are aware of.

6. General Overview of Observations & Conclusion.

The general findings below are intended as capturing both the positive findings and also some of the challenges for this provider and its environment.

- All the residents we spoke to felt safe, secure and happy within the home environment with a wide variety of day to day experiences.
- There were some identifiable challenges for the home specifically when trying access hospital with limited Learning Disability facility and a focus on a medical model.
- Challenges also when dealing with times of crisis where external teams are required (EMAS / MH)
- The positive seemed overwhelmingly to come from the focus on 'outcomes' for the residents, achieving their goals and targets and providing a person centered approach to care was at heart of the homes ethos.

The providers legally had 20 days to respond to the findings with an opportunity to add to what was included, update on current status or provide comment that better enables the public to understand some of the challenges faced sometimes out of their control.

Healthwatch Lincolnshire wishes to thank the care home, staff, residents, families and our authorised representatives for their time and openness before, during and beyond our visit.

Following the report being finalised the following will be notified:

- The Provider.
- The Care Quality Commission (CQC).
- Lincolnshire County Council
- NHS England
- Healthwatch will publish the report on its website and submit to Healthwatch England in the public interest.