



## **Healthwatch Service Visit Report to:**

**Heatherlea House Residential Care Home  
109 Tor-o-Moor Road,  
Woodhall Spa,  
Lincolnshire,  
LN10 6SD**

## Summary

The following report highlights the findings and observations from a recent visit to Heatherlea Residential Care Home in Woodhall Spa.

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 requested that 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:*

- Overwhelmingly the residents seemed happy and settled in their environment with high praise for the staff.
- The home themselves felt there was capacity to increase residents both for long, short and medium term care.
- Relatives have fed back that they are happy with the levels of care and feel supported by the staff team.
- The care home itself is somewhat dated and restricted by its building and curb appeal which was felt could be improved.
- We heard that whilst respite care was an aspect of care the provider supported, it found that being able to move the individual back into their own home could be problematic due to the lack of care package support.

## 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 patients, 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 - Heatherlea Residential Care Home

Heatherlea House provides care for older people who have mental and physical health needs including people living with dementia. It can provide accommodation for up to 15 people. At the time of our visit there were 9 people living at the home. The home also provides respite care for those who need or want it.

At the time of the visit the home was undergoing a change of ownership. The home staff felt well supported by the current owner and was looking forward to new opportunities.

### 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 4 residents and 2 family members were spoken to during the visit, there were 9 residents living at the care home at the time of the visit.

### 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 are recorded below.

#### *DAY TO DAY*

Of the people we spoke to there was no one who felt they had wanted or needed to move into residential care settings. However what was clear was when they had made that move they told us they wouldn't want to move and were settled. The family members we spoke to felt reassured that their relative was safe and cared for.

What we did hear from the residents was that they were very appreciative of the staff and the work they did and the level of care they provided, and as a general emerging theme residents felt that they didn't want to put the staff to any extra trouble. This could lead to some lost opportunities for the residents and the home and as a sign in the home stated "Residents do not live in our workplace, we work in their home", the sentiment of this could further be developed to embody this for the residents.

Most said some daily activities were available, with a mixed response about whether they chose to engage or not, the important element here for the residents appeared to

be that they could take part in activities if they chose to. Singing seemed to be a favourite of the residents and those we spoke to said there was always a happy and laughing atmosphere when they were singing. Where residents said they would be interested in getting out, the need was more focussed on being supported to go out into the village, or undertake different activities such as drawing classes.

Additionally, the heating system was mentioned by one resident as it could be regulated within their own rooms. Also for an increase in the availability of fresh fruit would be welcome.

### **CHOICE**

The ability to choose is important as it allows us to retain our independence and sense of self. Supporting choice for those who provide care is also important to ensure that choice and options are available and accessible.

When we talked to residents about their day to day routine, they all told us that they could get up and go to bed essentially when they wanted, whilst routine was very important for some, having the ability of flexibility around their day was key to retaining variety for others.

The residents were aware of an Activities Co-ordinator joining the staff team and were interested to find out what that would mean for them

The changes to resident mobility had an impact on their willingness to go out or try new things, stating that they were often happy to stay where they were, however this conflicted with their need (if there was staff capacity) to be outside and busy. Residents felt free to move around the premises as they were able, some needed assistance, others told us they like to get out in the garden on a nice day no matter what the season.

### **FOOD AND DRINK**

Residents we spoke to gave glowing accounts of the meal times, including the variety and quality. They also told us that they could (within reason) pick and choose their meals, although the main meal was generally served midday to a set menu and we observed the cook chatting to residents about their meals and options. Residents told us that if they required a drink all they had to do was ask or ring the call bell. One resident told us how staff accommodated meal times so that they could be with their visitor, in addition felt that visitors were always welcomed with a drink.

### **VISITORS / CARERS**

Most of the people spoken to were familiar with the local area for various reasons and therefore they had frequent visitors (this was determined as 1-2 times per week). They told us visitors came freely as they would had they been living at home and that they were always made to feel welcome.

Some residents also told us that other visiting professionals also attended and supported the residents including a hairdresser, GP, Chiropodist and optician, whilst staff told us dental care was supported as part of the care plans, and provision for a community dentist was limited.

## *FINALLY Observations and staff feedback*

- Residents we spoke to talked fondly about the caring staff and the homely environment of Heatherlea. We acknowledge what residents said about their wish to get outside more, particularly during nice days (irrespective of the season), however they felt there was just not the staff capacity to enable this to happen.
- Staff told us that the building could be restrictive in terms of 'curb' appeal to prospective new residents, however felt that the home had plenty of capacity to grow its residential occupancy.
- The house felt like a home with a calm and relaxed atmosphere with minimal background music. We noted that generally the home felt light but was dark in some areas.
- We did not observe any issues around dignity, however with limited space in washing and bathroom areas we understood this could be a challenge.
- Respite care is offered however we were told there could be issues about enabling packages in the community so that residents could return home as soon as possible.
- We saw that staff interacted naturally with the residents and referred to them by their first names generally creating a relaxed atmosphere. Whilst there were a larger number of people in their own rooms and limited people using the communal areas the interaction between everyone appeared happy and jovial and reflected what the residents had told us.
- We noted that storage within the home was quite limited and some of the internal décor needed review, however we are conscious of the wear and tear that occurs within a heavily used environment, particularly around carpets, door frames and walls.
- The home consists of bedrooms on 2 floors with a large communal area on the second floor and a smaller area on the ground floor, we heard this is also used for visitors and staff meetings, space at a premium.
- The outside space for the home offered a safe and secure environment for residents, family and visitors to relax in.
- The menus were planned one month in advance, but residents were given alternative options if they didn't want what was planned for the day.
- We saw medication cabinets on both floors and observed the residents Medication Administration Records (MARs) and Care Plans. We heard that the home used Boots as its provider of prescription repeat medications and they provided a good and responsive service.

- The staff cover rotas during the morning, afternoon and nights and were currently able to provide adequate cover for shifts, however this didn't allow for unexpected levels of sickness or holiday leave.
- It was felt that the current owner is very supportive of developing the staff and enabling training to take place and it was hoped this would continue under new ownership.
- We heard that a better way of moving residents up and down the stairs could improve social interaction and engagement and the lack of a lift also impacts on isolation. This was echoed from others who felt that movement between the floors could be a challenge.
- Relationships with the local GP practice was good and home visits are arranged as requested.
- The District Nurse team come in every day with a good rapport and dialogue.
- In terms of oral care, the home told us they provide denture pots in the resident rooms and care planning and records supported oral care in terms of offering mouthwashes and encouragement. However the care home was not aware of localised dental services where residents might need urgent care locally.
- The home manager was new in post and was in the process of looking at the role of resident and family meetings being put in place.
- We were told that some services such as ear wax syringing could prove problematic with residents being referred to ENT which required hospital transport to be arranged rather than carrying it out locally.
- At the time of the visit the home was recruiting an activities co-ordinator, however existing activities included 'talk time with residents', sweet trolley, television, pamper sessions and adult colouring books. We did raise the challenges of providing stimulus for male residents and suggested opportunities like involvement with Men's Shed might add value.

## 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.

- Overwhelmingly residents felt that they were well cared for and that they were in a happy and relaxed environment where they felt supported by the staff and were happy to keep to themselves or to interact with others as they chose.
- The future addition of an activities co-ordinator would add value to the day to day variety and engagement of the residents.
- A wet room for the home would be welcome in supporting both the residents and the staff provide maximum choice and best experience.



- The premises has limitations due to the building type, however it was felt that improvements could be made and was hoped that some future long term investment could be considered. Whilst the home didn't feel it had the facilities of a modern care home they hoped this could be made up for by the care and homely approach. This would also impact on the desire of the home to increase its capacity and provide great opportunities for local to continue living locally when they are unable or wish to live in residential or respite care.
- Making local commissioners aware of challenges faced in getting care packages in place so return residents to their homes should be considered for escalation.
- Making local commissioner aware of the challenges of withdrawal or reduced availability of local services like ear syringing for the care home population and staff should be considered for escalation.

*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 enable s 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 to 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.