



ENTER AND VIEW

Highfield Hall, Uttoxeter

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Highfield Hall

Address: Stafford Road, Uttoxeter, Staffordshire, ST14 8QA

Service Type: Residential Home
(adults under/over 65 years including people who live with learning disabilities and/or physical disabilities)

Date of Visit: 15 November 2017

Authorised Representatives

Name: Barbara Jackson Role: Author and Observer

Name: Olivia Farrer Role: Author and Observer

Purpose of Visit

Concerns were raised by CQC in September 2016 and by Healthwatch in October 2016. A more recent inspection by CQC in August 2017 found that significant improvements have been made and most areas are now rated good. However, CQC found that there were still issues surrounding the service being well-led and this area was found to be requiring improvement. The latest CQC report also highlighted some issues about the systems used to monitor the recording of medicines.

The methodology to be used is to:

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives
- Talk to residents about staffing levels and whether they feel safe with the level of care provided
- Talk to relatives, if they are available, to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/complaints
- Speak to staff about training, turnover, support staffing levels
- Observe interaction at all levels between residents, staff, manager and visitors

And in particular:

- Does the Home have a registered manager?
- Do staff feel that they have adequate support from management?
- Have improvements to staffing levels been maintained?
- Have any improvements been made to the wooden ramp into the Activities building?
- Has the Home been able to make any quieter areas for residents other than their bedrooms?
- What sort of activities are on offer to residents and what sort of interests do residents have that they are supported to follow?
- Has there been any refurbishment to the hall in the last year?
- What is the situation with funding of broadband? Is it correct that broadband is paid for by the Trust fund for Activities?
- Have any improvements been made to audits? Does the medicines audit check that staff are recording medicines accurately? eg. are staff now keeping a running tally of medicine stocks for variable doses of medicines?
- Are hand written MAR (medicine administration record) charts being checked for accuracy in accordance with the provider's policy and good practice?
- Are there procedures in place to ensure that staff are accurately recording the application of prescribed topical creams?

Physical Environment

External

The entrance to Highfield Hall is located on the main road from Uttoxeter to Stafford. External signage is clear. There is shared access with Highfield Court which is also owned by Rushcliffe Care. There is adequate car parking and the signage for the visitor's car park is clear. Reception for both Highfield Court and Highfield Hall is located within the Highfield Court complex. We were greeted by the manager of Highfield Court who explained that the Home now has a registered manager. Unfortunately, the Home Manager was on annual leave when we visited. He also told us that he was covering management for this period and then escorted us to the Hall. Entrance to Highfield Hall is restricted. The front door is locked and access gained by door-bell.

The bell was answered promptly and we were introduced to the Team Leader in charge of the home.

Internal

The front door gives entry to the reception area of the Home. We were asked to sign the visitors book and then shown to the Manager's Office. Next to the visitors book was a sign to remind staff and residents to ask visitors to sign in. The sign used both signs and large print which could be clearly understood by mobile residents as well as reminding staff to ask visitors to sign in/out. It is important, for fire safety reasons, that staff know who is in the building should an evacuation of the Home be necessary. The desk was neatly laid out with information about the Home. There were no malodours in the reception area.

The Team Leader told us that there is CCTV on the car parks, but not within the Home.

Following a short discussion with the Team Leader, we were shown around the Home. The Home is divided into three units. The main unit is the largest with two floors. The other units are smaller and are both accessed by key-code from the main unit. The Home is light and airy but some of the décor is still in need of improvement. We were told that some of the carpets have been replaced. The Team Leader also told us that this on-going and that more carpets were being replaced. He was unable to tell us more details of this work schedule. Hard flooring has been fitted where appropriate.

All bedrooms are single occupancy. Bedrooms were nicely decorated and colour coordinated. Each bedroom we viewed was decorated differently and all bedrooms were personalised.

Each unit has its own dining rooms, lounges and kitchens. All areas were clean and tidy and there were no malodours. Bathrooms were spacious and fitted with appropriate equipment. We did not see any quiet areas for residents other than them remaining in their bedrooms.

Resident Numbers

Home capacity is 21. On the day of the visit, 20 bedrooms were occupied. One bedroom was available due to there being a recent death. We were told that the Home very rarely has vacancies.

Staff Numbers

Staffing for all units comprises:

6 care staff (including team leader) in the morning, afternoon and evening

4 care staff (including team leader) at night

2 activity co-ordinators (Monday to Friday)

1 domestic assistant

3 maintenance staff

1 gardener

1 administrator (for both sites)

1 full-time home manager

1 full-time deputy manager

No catering staff are employed as all meals and refreshments are provided by staff on the units.

Details of the total number of staff employed was not available nor was a breakdown of individual staff grades.

We were told that the number of staff available on each shift was increased following the last CQC inspection and that staff numbers have remained consistent since the increase.

Turnover

We were told that staff turnover is low. A number of staff on duty told us that they had worked at the Home for a long time. The Team Leader said that he had been employed at the Home for 15 years and one of the activity co-ordinators had been there for 9 years.

The Home has recently employed new care staff in order to ensure the new staffing regime is maintained.

Agency Usage

Agency staff are not used.

The Home does have some bank care staff, but actual numbers were not available.

Resident Experiences and Observations

Residents who live at the Home have varying levels of learning disabilities. Residents who have more advanced learning disabilities are cared for on one of the smaller units. None of the residents currently require 1:1 care, however some residents do require more support when out. One resident is now close to needing End of Life care. Relatives of this resident were visiting the Home during our visit to discuss and agree this care with the Team Leader. This is a good example of how relatives are involved in End of Life care.

Residents in the lounges appeared to be well dressed, clean and tidy. All residents at the Home seemed very happy. Staff were seen to be respectful and helpful at all times. Staff members took the time to respond to residents in a manner suited to each resident's needs. Staff spoke quietly to residents and never lost patience with them even though they were sometimes asking the same questions again and again. Where necessary, staff were firm but never rude.

We observed a list of residents' birthdays in the Activities Room. This ensures that all residents' birthdays are celebrated.

Details of evacuation arrangements for all residents was available by a door leading on to the courtyard. Files are available for all residents. Files for residents requiring specialised help for evacuation are coded red. We were told that all staff are aware of these files. Specialised evacuation equipment is available on the first floor to enable residents to be moved quickly to the ground floor should the need arise. We observed that 'Do not use in event of fire' signs were clearly visible on the lift.

We were told that staff use a diary to communicate instructions/significant events to other staff. The Home has a maintenance log for staff to report any maintenance issues. The maintenance staff sign the log when jobs have been satisfactorily completed.

Family and Carer Experiences and Observations

We were told that relatives could visit at any time.

A list of relative's birthdays was available in the Manager's Office. We were told that this was so that residents could send cards/presents to their families. This is a good example of maintaining family links.

Activities

Residents enjoy a wide range of activities within the Home and also off-site. During our visit, we visited the activities rooms. Both rooms were full of residents doing various activities. In the smaller room, one resident was writing an article on a computer. She was able to show us what she was doing and explained to us that she was able to get help from the activities co-ordinators when she needed it. Another resident was completing a 1,000 piece jigsaw. We were told that although it could take a long time for him to complete it, he really enjoyed completing jigsaws and staff took pride in choosing jigsaws that he would enjoy. Other residents were engaged in colouring pictures and designing their own information in preparation for the drama group.

During a discussion with activities staff, we were told that staff always tried to tailor activities to resident's abilities. The Home has a mini-bus which is used to take residents to activities off-site. When we arrived a small group of residents were being taken horse riding. As we were leaving, this group was just returning to the Home. They told us that they had really enjoyed going horse riding.

We were told that 13 of the residents are taken to a choir and drama group in Uttoxeter and really enjoy going to this group. Some residents are taken on shopping trips.

Regular coffee mornings and raffles are held to raise funds for residents' activities. We were told that no monies for residents' activities were received from the home owners.

The wooden ramp which gives access to the activities area is in need of upgrading. Staff told us that they have difficulty getting wheelchairs into the activities building, including access via the ramp and manoeuvring wheelchairs around the two rooms.

Residents were aware of forthcoming events and were able to tell us about them.

Catering Services

Staff on each unit prepare food and drinks for their own residents. Meals are cooked in the unit kitchens. Two choices are available daily with each unit having their own menus. Residents are able to choose an alternative meal if they do not like either of the choices.

Lunch is served from 12-30pm to 1pm and tea is served at 5pm. Residents eat in the dining rooms.

Staff cater for special diets. Details of any special diets required are in residents' care plans. Currently, a fork mash diet is the only specialised diet required.

The home has a 5* hygiene rating.

Staff Experiences and Observations

We spoke to several staff. They were all very happy working at the Home. They felt supported by the Home Manager and Team Leaders. We were told that they attended a lot of training including

- Medicines
- Manual Handling
- Epilepsy
- End of Life Care

The Team Leader told us that the Home has a training matrix. He also told us that medicines audits have been reviewed and updated. He now completes the audits. Medicine Administration Record (MAR) Charts are checked to ensure that all medicines given have been signed for and stocks of medicines are checked daily. We were told that protocols are now in place for recording the application of topical creams. The Team Leader was unable to advise whether hand written MAR charts are being completed in accordance with the provider's policy and good practice.

Summary, Comments and Further Observations

We were told that residents who needed emergency admission to hospital were always accompanied by a member of staff. If the resident was admitted to hospital, the staff member would remain with the resident until the resident was safely transferred to a ward.

Residents who needed to see a doctor for routine or non-urgent care were taken to the GP surgery.

All regular medicines are supplied on a 28-day cycle from a local pharmacy. The Home uses one pharmacy for all residents.

We were not able to gain information on the situation re: the funding of broadband.

Recommendations and Follow-Up Action

We would recommend that:

- The wooden ramp is replaced with a more suitable structure, preferably with handrails to enable safer entry/exit for mobile residents
- The Home needs to look at the activities complex to see if the area could be made more accessible for wheelchair users
- Quiet areas be made available for residents
- The Home provides feedback on the current situation regarding the funding of broadband
- The home owners look at providing funding for residents activities

A further visit should be made in six months

Provider Feedback

No feedback has been received from the provider.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time