

Enter And View

Report
Harden Hall Care Home

Carried out 27th February 2018



Local voices
improving local
health and social care



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Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall 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. 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 Walsall 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 Walsall 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: Harden Hall

Address: 235 Coalpool Lane

Walsall

WS3 1RF

Service Type: Residential elderly and dementia care

Home Capacity: 54

Date of Visit: 27/2/18

Authorised Representatives

Name: Ross Nicklin

Role: Healthwatch Walsall Advisory Board

Name: Tom Collins

Role: Community Outreach Officer, (HWW)

Name: Simona Zetu

Role: Volunteer observer

Name: Richard Jolly

Role: Volunteer observer

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents
- To listen to, observe and capture the experiences of service delivery from the residents and relatives
- The reason for the announced visit was that the last CQC inspection report dated 8th September 2017 stated that Harden Hall required improvement

Physical Environment

External

The exterior of the building was well maintained and signposted with significant off road parking to the rear. There is no CCTV to the exterior of the building although we were told by management that this is planned. Entry to the home was via a bell and then keypad.

Internal

Visitors are requested to sign in; **however, consideration should be given by management/owners to providing a visitor/contractor signing in book which both meets legislative requirements and imparts the relevant health and safety information at the point of signing.**

is This would include a tear off identification pass facilitating and indicating authorisation to be on site. The reception area displayed the obligatory documentation. This included the employer's liability insurance, the business continuity plan in the event of an emergency and

the current CQC registration. The kitchen, staff areas and offices are also accessed on the ground floor once through reception.

In addition, we also saw a 'you said, we did' document detailing actions carried out, information regarding how to raise complaints and forward dates for relative meetings with staff. The resident rooms are arranged over 3 floors with the upper ones accessed by a lift.

All of the floors are decorated to a very high standard, however, notwithstanding this there is still a program of ongoing refurbishment planned. There are large communal lounges on all floors with TV/DVD, which also include the dining areas with facilities for snacks and drinks. These lounges act as the main focal points for each particular floor as for the most part staff are dedicated specifically to the residents on that floor.

Furniture is plentiful, in very good condition and is arranged sympathetically to encourage interaction between residents which we saw in abundance on our visit. There are other dedicated resident areas on each floor including reflective, reading and music areas.

There is also a hairdresser's room, (planned) snack cafe and clinical rooms on the ground and first floors. Medicines are distributed by staff from locked trolleys. Each floor also has a quiet lounge; the downstairs one is presently being converted to a garden room with direct access to the communal garden area which we weren't able to access on the day of our visit although it appeared to be well laid out and maintained.

There are assisted bathrooms which are to a high standard and contain the obligatory lifting equipment. All of the communal areas, including the corridors, (which are very wide), are bright, clean and free from clutter, therefore reducing the risk of trips and falls for residents. With consent from a resident and staff we were able to interview a resident in their own room, which we were told was typical of all those within the home. It was clean and well-appointed with fridge, phone point and TV. The call bell was in easy reach.

A large percentage of individual rooms had pictures of the resident on the door

Resident Numbers

Capacity is 54 single ensuite rooms and at the time of our visit there were 49 residents.

Staff Numbers

There are presently 63, including 1 management, 1 maintenance, 2 domestics, 2 administration and 4 catering. The remainder are carers and senior carers, arranged over day and night cover. Typically, this is 10 during the day; including a deputy, 3 team leaders and 6 carers. In the evening this reduces to 6; including 2 team leaders and 4 carers.

Agency Usage

There are currently 2 bank staff. At the time of our visit it was planned to reduce dependency on agency staff within 4 weeks.

Resident Experiences and Observations

We managed to speak to 3 residents who were able to share their experiences. The feedback received from individuals was positive as they told us that their personal choices in respect of dress, food and drink, bedtime and personal care were respected. Indeed, all of the residents' appearances such as hair, clothes, nails, etc., that we spoke to were clean and in good order.

One resident told us they were assisted by staff with their personal care. We were told that residents felt able to speak readily to staff regarding their individual needs and that they were responsive to their requests. One resident was able to tell us that staff always seek permission before providing care.

All of the residents we spoke to felt safe and free from risk. They were aware there was scope to raise concerns or complaints with staff and at least one resident told us that they knew how to do this. The residents appeared to be well looked after.

We were told there were regular visits from healthcare professionals such as the GP, chiroprapist, optician, etc., although residents are also supported to take these services outside the home if this is their preference whether individually, with relatives or a staff member.

The residents we spoke to confirmed that they were treated with dignity and respect. In addition, there was positive feedback regarding the interaction of the staff with residents. We were told that the staff were polite and used resident first names in conversations.

One of the residents we spoke to told us they understood how to use the call buzzer, however most told us they called out to staff to attend them. Residents generally seemed to be aware of the range of activities available to them; **however, one resident told us that they were unsure if the scope of activities as provided actually met their specific needs. By the same token they also told us they were unsure if they actually needed anything specific.** This may point to a mismatch of resident aspirations against those activities on offer.

Notwithstanding this, the home is making an effort to provide a more sensory stimulating environment given some of the changes planned for the physical spaces. Residents told us it was their own choice if they wanted to participate in activities. We were told that special events such as birthdays are celebrated.

In addition, cultural and religious preferences are recognised as evidenced by the dietary need of one resident of ethnic minority. One resident said that it was difficult to get a priest to visit the home, however they felt able to visit the Church themselves should they wish to.

The residents we spoke to were happy with the meals and drinks provided both in terms of quality and choice of menu. There is also a flexibility as to where meals are taken with an emphasis on communal dining in the floor lounge. Another resident told us that they thought medication was given at regular timings.

Overall, the residents we spoke to felt happy and safe within the environment and

confirmed that staff were always around to call on. This is potentially due to a 'fixed' team of carers for each floor.

Family and Carer Experiences and Observations

We were able to speak to 2 family members on the day of our visit. Both of them had mostly positive feedback of their experiences of Harden Hall. They were made to feel welcome in the home and able to visit at any time. They felt they were kept informed regarding the relative at all times and involved in the care process. One of them said that the home also contacted them frequently by telephone.

Another, told us that they chose the home for their relative following recommendation and it's rating. The same relative also said they were impressed with the activities as provided by the staff, the variety and quality of the food and felt that their relative was safe and treated with dignity at all times.

They told us that their relative was assisted to the toilet, even though a pad was in use whilst the individual recovered from illness. This relative was very complimentary regarding the staff support.

Another relative told us that their resident was able to move room after making a request to do. They also said that their relative was able to use WiFi to communicate with family living abroad. **However, the same relative said that as their resident is registered blind and therefore unable to take part in some of the activities on offer.** They told us that they had suggested the use of audio books a couple of months previously.

They also felt that staffing levels could be improved to allow staff more time to spend with residents rather than completing paperwork.

Activities

There is a big effort going into providing a sensory based physical environment such as by creating dedicated areas for residents to use accordingly for different activities should they wish. In addition, there are a variety of daily/weekly activities, such as cake making, painting, exercise sessions, classic film days and music quizzes.

However, as the home does not have a recognised activities coordinator, the staff for each specific floor are tasked with providing a changing program of events for residents.

As a consequence, it may well be that more individually focused activities may not at all times be provided to fully stimulate individual resident needs as the process may be too generalised.

Staff told us that management authorise more extensive external outing based activities. Notwithstanding this, the residents we spoke to were aware of the activities available, but also felt that they had a choice in their level of participation. One of the relatives we spoke to highlighted how good the staff interaction was with residents in respect of activities.

Catering Services

The current food hygiene rating is 5 which is excellent. The residents we spoke to were happy with both the quality and variety of meals provided. Kitchen preparation areas were clean and food storage was adequate.

There is a choice of menu which is changed every 4 weeks. Individual documented dietary needs are catered for which are developed right from pre-assessment of the individual resident. There is an understanding of nutritional and hydration requirements and soft/puréed meals are provided. Meals can be taken either at the designated meal time or at resident request and residents can eat in their rooms. Residents are assisted to eat as required. The communal dining areas are arranged to facilitate sociable dining.

In addition, cultural diets are catered for, which we saw being freshly prepared. We were told by the catering staff that group, (Anchor), meetings involving the other owned care homes are held to discuss catering services and food needs of cared for residents.

Staff Experiences and Observations

On the day of our visit we managed to speak to 3 staff members, including the home manager, carer and chef. Management of the home has recently changed, and new initiatives are underway, such as the introduction of memory cafes.

There is a good emphasis on staff training and they are able to progress their roles and acquire new skills accordingly. Both e-learning and face to face training is utilised. We were told that there is a training matrix to cover all employees. Training is also carried out either by external trainers or in house via Anchor group.

One staff member told us that staffing levels have now improved since the change in management. They also told us that they felt motivated and that staff morale was better than in the home they worked in previously.

Care plans are used to monitor resident preferences and changing health and wellbeing needs. Staff handovers are the conduit to report or communicate any concerns to management and relatives.

We were told by management that staff are knowledgeable of the Mental Capacity Act and also DOLS procedures. Recruitment carries a high priority to include DBS and identity checks and a focus on NVQ accreditation; this is supported by Anchor group HR department.

One carer told us that there is an open culture in which staff concerns can be raised and that management are very supportive of this process. They also told us that they felt supported in their role and to undertake additional training.

Staff told us that management maintain a high visibility within the home. We were told by management that there is a quality assurance system in place. The manager and deputy were responsible for carrying out mandatory audits of the system.

We were told that complaints and concerns are documented and followed up with remedial actions put in place. We were also told by management that they encourage and facilitate visits by healthcare professionals into the home. Presently 5 GP surgeries are used for the residents.

We observed a number of staff and resident interactions during our visit. Staff used first names when speaking to residents and addressed them in a caring and friendly manner. We were told that medications are effectively controlled. As one resident had informed us they had moved rooms we queried policy with management and were told that usually residents maintain the same room.

We checked policy in respect of use of incontinence pads and were told that guidelines are adhered to and residents are supported to use the toilet in the first instance.

Summary, Comments and Further Observations

The feedback received was mostly positive and the staff are striving to provide a high standard of care for the residents. The staff and management are endeavouring to put the residents at the centre of the service provision and there is a strong sense of community.

Some improvements are still possible, albeit that changes are already underway following the recent change in management, we have highlighted these below.

We thank the residents, relatives, staff, management and owners for their Co-operation and contributions during our visit.

Recommendations and Follow Up Action:

- Tear off identification pass facilitating and indicating authorisation for visitors and contractors to be on site
- Consider employment / or designation of an activities coordinator with defined responsibility to fully stimulate residents with an emphasis on individualised engagement
- Continue to review staffing resource and documentation to facilitate more time is achievable with resident as opposed to attending paperwork
- Revisit in the future to review planned changes to physical environment

Footnote:

The service provider, responded swiftly and their comments appear below. We would like to highlight and acknowledge the feedback from the provider regarding:

- Life stories
- Individual care plans for activities

Provider Feedback

There is a contractor's safety and asbestos management file for them to sign prior to work including completing any hot works permits. Contractors are not authorised to work in the home unless they have shown their own their badges to a member of staff on entry.

Agency usage had already been reduced to a minimal use.

The home is in the process of trying to organise audio books this for the whole home following their request.

In regards to staffing levels, this has been done, the 10th person is now floating over all three floors as planned.

Please mention the life stories, individual care plans for activities and that we have purchased trees for residents to put their wishes on so that we can do our best to make them happen. We also have monthly resident meetings on each floor and the residents choose what goes onto the activities calendar daily. We have had feedback that several residents want to get involved in gardening, so we have a vegetable patch in progress at the moment and the residents have been growing seeds and plants ready to go outside. The residents also have assigned keyworkers to help build individual relationships and meet their needs on a more personal level.

Not a memory café? But we are setting up a shop, pub, indoor garden room and have set up some small library areas

For the Mental Capacity Act and also DOLS procedures staff are receiving coaching to improve their knowledge.

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.



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Walsall

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