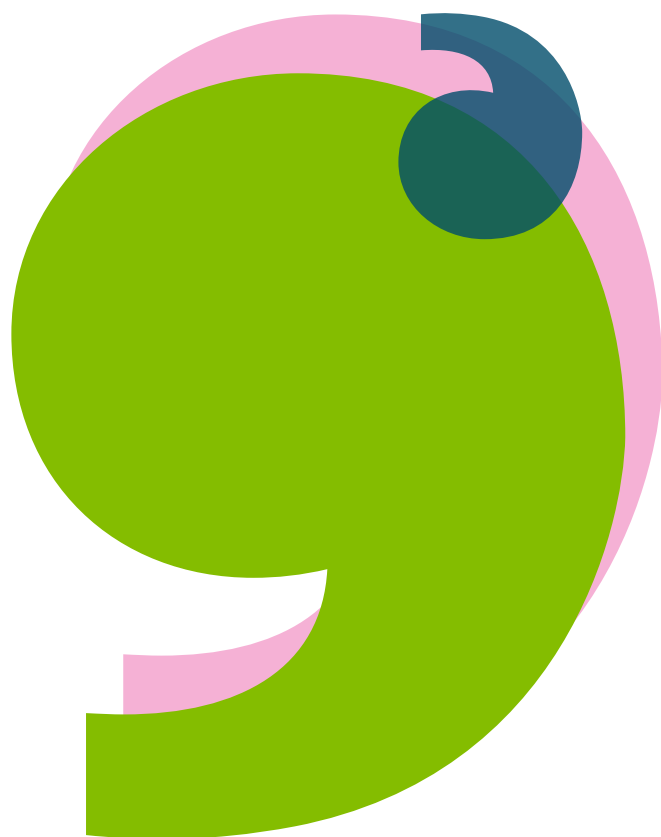




# Enter and View Report

Meadowcroft Care Home

February 2019



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	78 Queens Road, Thame, OX9 3NQ
Service Provider	Order of St John Care Trust
Date and Time	Thursday, 14 <sup>th</sup> February 2019 09:45-12:45
Authorised Representatives	Jeanne Humber, Brian Allan, Kanika Lang
Contact details	01865 520520

## 1.2 Acknowledgements

Healthwatch Oxfordshire would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

### Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time



## 2 What is Enter and View?

Part of the local Healthwatch Oxfordshire programme is to carry out Enter and View visits. Local Healthwatch Oxfordshire representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Oxfordshire 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 Oxfordshire Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

### 2.1 Purpose of Visit

- To observe how the facility operates and provides its services.
- To collect views from residents, staff and visitors on how services provided may affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

### 2.2 Strategic drivers

In February 2019 Healthwatch Oxfordshire together with Healthwatch Buckinghamshire ran a two-week project based in Thame to hear from residents about their views of local NHS and Health and Social Care services. The Enter and View visit to Meadowcroft was part of this project.



## 2.3 Methodology

We held a pre-visit meeting on the 15th January with the Home Manager and discussed the purpose of the visit.

We held a planning meeting for the team on the 31<sup>st</sup> January.

We collected information by talking with residents, relatives, volunteers and staff by using prompt sheets to act as an aide memoire to promote free-flowing conversation. We met with three residents, four staff, the care home manager and four relatives/volunteers.

We checked with the provider if there were individuals that should not be approached or were unable to give informed consent.

We were transparent about why we were there ensuring we obtained consent from everyone we spoke to.

We discussed our initial findings with the care home manager.

## 2.4 Summary of findings

- Meadowcroft is run by a hardworking and dedicated staff team
- Staff receive comprehensive induction, training and on-going support
- The home runs a full and varied activity programme
- Communication is good with frequent staff and resident meetings taking place
- Residents feel safe and happy at Meadowcroft
- Staff, visitors and volunteers would like additional staff to be recruited

## 2.5 Results of visit

Meadowcroft is a care home for 67 residents with space for 71. Care staff work 12 hour shifts from 7-7 and on a typical day there will be 2 care leaders, a nurse, care assistants, kitchen and domestic staff. Monday to Fridays there are also admin staff, home manager, bursar, head of care and activity co-ordinators. The home offers residential, dementia and nursing care.

We were buzzed in, signed in and warmly welcomed by the Reception Staff and waited in a comfortable and cheerful waiting area by reception. We were offered a hot drink and given a tour of the home. Meadowcroft is a clean and tidy home. The furniture was in good condition and the décor was bright and cheery. There are lots of pictures hanging on the walls and the home has various smaller rooms with lovely views so residents can have some quiet time, or space with their visitors. There is a lovely sized rear aspect garden which we were told is well used during the warmer months. Some flooring was carpeted and some had lino depending upon



the area of the home. We did notice a strong urine smell in a couple of places on the ground floor carpeted areas. We did inform the manager of this.

The latest CQC report was on display as was the carehomes.co.uk rating plus feedback forms. There were also event photos on display as well as activity planners.

The home has a resident cat, plus a bird (kept on separate floors).

### Medical Support

Meadowcroft receives medical support from the Rycote Practice in Thame as Oxfordshire Clinical Commissioning Group funds a weekly ward round to run every Monday. They see an average of 12-13 patients per week. Where patients are under Unity Health, the home uses Telemeds and Skype (carers dial up the service with the resident) for consultation as Bucks CCG does not fund them to provide a weekly visit to the home. The impact that this may have on residents is they don't get a regular visit by a GP and visits are only if there is an issue. Reviews, referrals to other services take much longer than with Rycote. Also Care Home Support Services can only be accessed via Rycote.

All medical needs are provided by the home. Non-medical needs are met by the family and carers.

### Activities

Meadowcroft employs 2 Activity Co-ordinators as well as using activity volunteers. They run a comprehensive activity programme which is attended by a core group of residents. The home does have a minibus and trips out are popular, so the home tells us it is careful to ensure that everyone who wants to, gets a chance to go out.

Activities include poetry groups, coffee mornings, plenty of musical activities, and animal therapy such as weekly visits from the Pat Dog, donkeys at Christmas and Zoo Labs come to visit and offer animal handling therapy. Trips out are to local sites such as the Thame Market, Thame Museum, Tiggywinkles Animal Hospital, Haddenham Garden Centre and Wheatley Birds of Prey. Meadowcroft are running a gardening project with the local Rotary Club in order to revamp the garden. The home also runs activities to celebrate special events, so for example they put on a Meghan and Harry Stag Do to celebrate the Royal Wedding.

We heard from residents that the activities were popular, and some are keen to get involved with everything that's going on. They told us that trips out were popular, and one resident told us they particularly liked going to see animals.



We heard from one of the relatives that the Activities Co-ordinator goes out of her way to ensure the activities are for the residents' enjoyment and that birthdays are always celebrated.

## Mealtimes

We observed lunch on both floors. There is a two-week set menu which is designed in consultation with residents, and the chef is always happy to cook something else if a resident requests it. Dietary requirement sheets are completed upon admission and regularly reviewed.

Residents were shown the two plates of food they could choose from with an explanation of what they were, and then staff served out their chosen meal. Both lunch options were meat based and as a vegetarian option is not routinely available, we wondered whether this is something residents would like.

Food looked appetising and portions appeared adequate. Probes were used to ensure food was being served at the correct temperature. Where residents chose to eat lunch in their rooms, they were served their meal on a tray with salt and pepper.

There was a very relaxed feeling over lunch, with some conversation taking place. Residents were seated for midday with the trolley arriving at 12.30pm. Some residents didn't receive their lunch until 1pm which meant they'd been waiting up to an hour.

Staff numbers appeared low over lunch, especially in the downstairs dining room where we observed one staff member stopping part way through supporting a resident with eating to support another resident with personal care. There was a time lag before another carer stepped in to take over assisting with eating. We did wonder why another carer was not able to support the one resident with personal care as we were only there to observe we did not ask this at the time.

We also observed a carer crouching down next to a resident to support them with their meal as opposed to sitting down next to them, however it wasn't long before the carer found a chair to sit on.

A choice of squash was available to drink as well alcoholic drinks as it was Valentine's Day. Time was taken to add thickener to a glass of sherry for one resident to ensure he could participate. The Head Chef came up to the dining room to hand deliver fruit for one particular resident, and it was clear she knew the residents very well.

We observed that carers changed gloves and aprons when leaving or returning to the dining room.

## Resident Movement

The home is split into different zones which are secured with locks and key pads. Each resident receives a mobility and falls risk assessment. Crash and sensor mats are used where required. Where falls happen at night, bed rails can be used. These have to be applied for under Deprivation of Liberty Safeguards legislation.

## Plans for the next 12 months

The home would like to increase the number of residents living with dementia and move towards a more integrated system of nursing and dementia residents. The manager told us she would also like to make the smaller kitchen pod areas more accessible for residents by providing cookers and microwaves. These pods are used to house snack food so residents can eat outside of mealtimes.

## Complaints and Communication

There are feedback cards available for residents and visitors to complete. There is also the option of leaving feedback on carehomes.co.uk either online or via the feedback forms which can be found in reception. The manager encourages all families to speak to her at any time and hands out her business cards to ensure they all have the correct contact details.

The manager has a walkaround every morning and every afternoon to observe day to day life in the home and give residents an opportunity to talk. She tells us she leads by example and would do anything that would ask her staff to do.

A daily staff meeting takes place at 10.30am which is attended by the Department Heads, Unit Leads, Activity Co-ordinator and Maintenance. This ensures plans, issues, ideas and information is shared on a daily basis. We were pleased to hear that resident meetings take place every other month, and these are also attended by the Head Chef.

## Staff Feedback

When asked what the best thing was about working at Meadowcroft, staff told us the dedication and care of the team was important as was knowing that they make a difference in people's lives.

Staff told us they received thorough training which prepared them well for their roles. All staff complete mandatory training such as fire safety, manual handling etc. All carers complete the Care Certificate and shadow staff for the first couple of weeks when they start. The home has a Training co-ordinator and training is offered on a monthly basis both on and off-site and online. Staff are offered professional development in line with their roles such as NVQ Level 3 Leadership





Courses, Level 2 Activity Provision in Acute care, Seated Exercise Course and Level 3 in Dementia Care. Staff told us they would ask if they felt they needed any additional training

We were told about the ‘trust in conversations’ that take place between staff and their supervisors which is an opportunity for staff to discuss feedback and targets. Staff told us they felt well supported and were able to take concerns to their supervisors or care leaders at any time. There is a buddy system at Manager level where they are paired up with managers from other care homes.

### Person Centred Care and resident choices

Staff were very clear that person centred care meant focusing on the resident as an individual and that care should be delivered how the resident likes it. We were told that care plans were regularly reviewed and updated, and that care was all about individuality.

When it came to finding out about resident likes and dislikes, staff told us they would ask residents, observe them for changes in body language and facial expressions, consult their care plans and talk with family members. All residents are supported to complete the ‘All about me’ life story questionnaire when they first arrive.

When it came to meeting resident religious and cultural needs we were told that staff would discuss this with residents. There is a church service at Meadowcroft every Sunday which is run on rotation by the five local Thame churches which everyone is welcome to attend.

In regards to the whistleblowing policy, staff demonstrated a clear understanding of both the purpose of the policy and where they could access it.

Staff told us that the Mental Capacity Act was about offering residents’ choices with one staff member elaborating by saying you assume everyone has capacity to make their own decisions, with a thorough process in place for assessing mental capacity and making ‘best interest’ decisions.

Staff were very much in favour of promoting resident independence by encouraging them to do as much for themselves as they possibly can and offering choices.

Staff told us they had a lot of contact with residents’ families and how nice it was to be able to talk with them and find out more about their loved ones. Staff clearly valued family feedback.

When asked whether they would make any changes to Meadowcroft, staff told us they would recruit more staff to the team. With low pay in care and the difficulty of getting to Thame without a car for shift work, the home has struggled with



recruitment. We were also told that staff would like to see some structural changes to the design and layout of the building. We heard that the bedrooms weren't always big enough to accommodate custom built wheelchairs.

### Resident Feedback

The residents we spoke with were happy living at Meadowcroft

**“ok, it is friendly. It's the next best thing to home”**

**“Find it very pleasant here. I'm happy here”**

Residents told us they felt safe living here and felt their individual needs were met to a certain extent, but that staff were so busy there was a limit as to what they could do. We were told that staff are all nice and caring and do their utmost to make residents happy and always tried to find time for a chat.

We heard that residents wouldn't change anything about the home and felt happy to share any feedback or suggestions for change with staff.

We were told that visitors were welcome at any time and how the home was often busy with Duke of Edinburgh volunteers, local school pupils and students studying medicine and health and social care. Residents seemed to value having younger people around.

### Relative and Volunteer Feedback

Meadowcroft has 9 dedicated volunteers whose loved ones have been or are residents. The general feedback that we received was the care was really good, the place was well kept and tidy and that staff were very much on top of keeping it clean. We heard that staff are very approachable and caring and connect well with residents.

**“Really good. Clean. Very well looked after, yes, very happy.”**

The volunteers perform a very valuable role at Meadowcroft ranging from covering reception and opening the front door at weekends to engaging residents in conversation and offering supportive hugs.

Relatives and volunteers also said they would like to see more staff at Meadowcroft, but they did appreciate funds are tight. They told us staff work really hard and do their best to ensure everyone is included, for example at Christmas staff put up 36 Christmas trees so each resident has sight of a tree. Some



family members have had issues about local authority funding and the information they have received about long term costings.

## 2.6 Recommendations

- Consider the redeployment of admin and domestic staff to support care staff with the serving and delivery of food at mealtimes
- Consider recruiting additional volunteers to support care staff with the serving and delivery of food at mealtimes
- Ask whether residents would like a non-meat option at mealtimes
- Clean and/or replace carpets in the corridors and rooms where there is an unpleasant odour
- Consider holding a recruitment event to attract more carers. Promote the event in local newspapers and social media groups such as Thame Learn or Earn, Thame Bay and other medias followed by local residents
- Ensure continuity of care during mealtimes so that residents are supported to eat by the same carer

## 2.7 Service provider response

- This was a planned and well arranged visit that did not impact on the services provided during the day. The representatives were pleasant and interacted in a friendly way.
- Housekeeping and activity staff now assist at meal times where appropriate. The timings of meals delivered by the kitchen to those who need assistance in their rooms has changed, so this activity is carried out prior to those eating in the dining room. This ensures the dining room experience is enjoyed in a more timely way by residents. The last residents meeting discussed meal options and a vegetarian option was not agreed with by the residents in attendance. The kitchen staff are able to provide this option should it be required or requested at any meal time.
- Volunteers are not often in the home during meal times, and although we will continue to seek specific volunteers to assist, we need to be mindful of the time they are dedicating to us and why they have offered to volunteer.
- There is a rolling maintenance programme to replace furnishings within the home and the 2 areas in question have been agreed to be replaced in the coming weeks.
- Recruitment drives are continually in place and the Trust has a dedicated recruitment lead for Oxfordshire, who works with the home manager to increase our profile locally. The Health & Social Care sector has a national shortage of carers, so this is not unique to Meadowcroft. The carers in the home



show dedication to the needs of the service and work hard to ensure that the home is a place people continue to want to reside in.

- Staff provide care and assistance in a person centred way and try to ensure that activities are supported consistently by a team member. On the day of the visit, it is still unclear why a carer left the dining room to support another resident with personal care, and another member of staff came to support the resident with their meal. This could be that the resident had staff/personal preferences when it comes to personal care and this was then supported by the staff member to ensure personal preferences were upheld.

