

My views matter: Holly Cottage Care Home Report



Healthwatch Norfolk visited Holly Cottage in Hindolveston on 12/10/2022 to see and hear how people experience care there.

Contents

Contents.....	1
Who we are and what we do.....	2
Introduction.....	3
Summary.....	6
Findings.....	7
Recommendations.....	15

Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better sign posting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Introduction

Enter and View

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see areas for improvement.

The Health and Social Care Act allows local Healthwatch 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. 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 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.

My Views Matter

From September 2022 – March 2023, our Enter and View visits will be part of a project called 'My Views Matter'. This project is specifically focused on residential and in-patient care for people with learning disabilities and autistic people in Norfolk. We are implementing this project in response to the tragic events at Cawston Park, in which three residents with learning disabilities died between 2018 and 2020. One of the key findings from the Safeguarding Adults Review was that residents and their families were not being listened to.

My Views Matter will involve visiting around 20 residential homes across Norfolk to find out what people with learning disabilities and autistic people, and their families, want from their residential care. It will also investigate whether residents' and their families' views are being taken into account in how care is delivered. The 20 homes have been selected to provide a representative sample of homes in different areas of the county, different CQC ratings, different sizes of home, and different sizes of provider chain. These are all aspects which professionals have told us affect the ability of homes to deliver personalized care effectively.

Alongside the Enter and View visits to homes, we are also interviewing family members and professionals in the sector and organizing focus groups with care home residents outside their homes. The project is being implemented with the assistance of About with Friends, NANSAs (Norfolk and Norwich SEND Association) and Opening Doors.

A final report from this project, which will report on data from across the county, will be published in May 2023.

How we gathered people's views on this care home

We visited Holly Cottage on 12th October 2022, and the visit was announced in advance, in order to minimise disruption to the residents. We spent around two and a half hours talking to residents and staff, and observing life in the home on that morning, and examining the building and its facilities. We also interviewed three family members of residents after the visit.

The visit team was:



John Spall –
Enter and View
Co-ordinator



Sophie Slater –
Community
Development
Officer

About Holly Cottage

Holly Cottage is an independent residential care home. The owner-managers told us that Holly Cottage has been operating as a home for people with learning disabilities and autistic people (among other conditions) for around 14 years . The home is based in a rural village called Hindolveston, and provides care for up to 12 adults with a range of different conditions. The most recent CQC inspection was conducted in 2019, and the home was rated as 'Good'.

Summary

During this Enter and View visit we focused on what residents thought about their care, and the degree to which they were being listened to by the home staff. We considered the following themes, with the following findings:

- Voice, choice and personalisation: The staff had a good knowledge of the people they were caring for, and used this knowledge to personalise people's care effectively. The family members we spoke to were also very happy with their interactions with the home, and with staff's understanding of their relatives' needs.
- Premises: Holly Cottage is homely rather than institutional, as well as being well-equipped and pleasant. A lot of thought has clearly gone into adjusting the home to the needs and preferences of individual residents.
- Activities: There were a range of activities to help residents to stay active, including outings in the local community. Residents who were reluctant to go out were encouraged to develop more confidence. The managers told us that the availability of outings was limited for some residents by the level of funding they received.
- Relationships and community: We observed caring and friendly interactions between staff and residents, and the people we spoke to were happy with their carers, as were the family members we spoke to. There were also regular outings in the local community, and residents were able to see their relatives regularly.
- Health and food: The weekly menu was constructed in consultation with all residents, trying to accommodate everyone's preferences. Alternatives were offered to any resident who did not like the set meal. Residents were quite active, and their annual health checks were regularly carried out.
- Interactions with the broader health and social care system: The owner-managers reported that they were not happy with the support provided by Norfolk County Council, and there seems to have been a concerning breakdown in this relationship. Relations with the local GP surgery have generally been very good.

Overall, we were impressed at the great efforts that staff at Holly Cottage go to, to provide care for their residents in a way that is skillfully adapted to their preferences and often quite complex needs. Work clearly needs to be done to repair their relationship with Norfolk County Council, however.

Findings

Voice, choice and personalisation

More detail on the ways that the home takes residents' views into account in specific areas are detailed in the sections below. In this section, we give some more general detail about how residents were supported to take control of their care and their home.

Mechanisms for ensuring residents' voices were heard and responded to

The home staff seemed to put great emphasis on knowing their residents well as individuals, and using this as the starting point of their work. The staff that we spoke to were able to talk at length about the people that they were caring for, and all new staff members had to read all the residents' care plans before they could start working in the home. This individual knowledge seemed to be the basis of how the home was run, rather than, say, a residents' meeting. The family members we spoke to were keen to emphasise how well they felt the staff understood their relatives.

Responsiveness to family members

The family members that we spoke to were all very complimentary about the home and its staff. One family member told us that they were very struck by the manager's warmth when they visited their relative in hospital before they moved into Holly Cottage, and that they had always done their best to respond to family requests. Where it was not possible to provide something that the family asked for, a reasonable explanation was given as to why it would not be possible. Their relative was moved to Holly Cottage from a different home whose service they thought had deteriorated, and they were impressed by how much better Holly Cottage was at supporting their relative and helping her to improve her physical condition. "The family has confidence in the operation, and wish they [Holly Cottage] had more [outside] support," they told us.

A family member of a different resident was also happy with their interactions with the care home. This family had struggled for some time to access appropriate support for their relative, and to find professionals who seemed to appreciate what kind of support their relative needed. They were worried about

the deterioration in their relative's condition while they were living in the family home without specialist care. This person's complex and challenging condition has improved significantly since they moved into Holly Cottage, which has been a great relief for the family. "I call them saints and angels, wonderful people. They are tuned into it all."

Their relative does not like to be contacted by their family, because they struggle with spontaneity, but they are able to call their family when they want to speak to them. The family also felt that the home had got the balance right in communicating with them: "They do communicate with us, but they don't tell us with every incident that [they have] because there's nothing we can do about it, and we get worried."

Premises

Holly Cottage is in a pleasant rural setting in Hindolveston. It seems to be an old cottage, which has been extended with a conservatory at the rear. There is also a car park at the back, where the main entrance is, and there is a neat and well-tended garden. Through the front door, there is a reception area with a television, and chairs to sit on for visitors. The décor is homely rather than institutional, and much of the floor is carpeted. It is clean and tidy throughout. Accessibility is good: Most of the facilities and bedrooms are on the ground floor, and the passageways are wide enough for residents to move down, including any resident in a wheelchair.

The kitchen has two sections to it: one for making tea and coffee, and the other for making food. It is equipped in the manner of an industrial kitchen rather than a domestic one, with large appliances of the type used in a canteen. The manager told us that residents do come in and make their own food, but this has to be on a one-to-one basis for safety reasons, given their conditions.

We were invited to view some residents' bedrooms. There are many signs of personalisation in the rooms, with, for example, well-designed displays of photos of family members. One family member told us that when their relative moved into the home, their bedroom had been newly decorated. However, the resident did not like the colour scheme and the family asked for it to be redecorated, which the home did. Some of the décor was adjusted to residents' particular conditions. For example, next to the room of a resident with dementia, there was wallpaper that had images of objects and scenes from his youth that he could still remember, to help him feel at home. The rooms are spacious and comfortable.

Another resident had been given extra space due to a worsening of their mental health. The home gave this resident the use one of the conservatory areas, opposite their bedroom, for their personal use – so that they could get some more space and light and better views.

The communal space includes a living room, which has a TV in it, which one resident was watching while we were there. On the wall is a handprint painting created by the residents. There are also board games on a shelf.

There is a dining area leading from the living room, with which it forms an open plan area. Off the dining room area is a locked medication room, and the main conservatory, which contains some tables and chairs.

Activities

A range of activities were on offer for residents. As noted below (see, 'Interactions with the broader health and social care system') the managers told us that some residents' funding packages do not allow them to go on many outings. One resident told us that they would like to get out more, and would especially like to try bowling. Nevertheless, there were a range of activities on offer, including: drawing and art, cooking, going for a walk, coffee mornings and pub nights at the village hall, going out to day services, and going to a social club for people with learning disabilities.

There were also regular celebrations in the home for important calendar events. One resident had just had their birthday party, and the staff were about to decorate the home for Halloween, including helping residents to carve pumpkins into their chosen characters. There are also outings for Christmastime activities, and a big Christmas lunch in the home, which the staff also attend. As one relative told us, "there's something really special about that ... they create a celebratory atmosphere".

Some residents are resistant to leaving the home for outings, and one relative we spoke to mentioned how much they appreciate the efforts that the home makes to encourage their family member to gradually get out more often.

Relationships and community

Between staff and residents

The staff that we spoke to all emphasised the importance of knowing people well in order to care for them well. The managers told us that they never use any agency staff in the home, because almost all of the work relies on having a good knowledge of the residents. All new staff have to familiarise themselves with the care plans of all of the residents before they can begin work. Makaton and Picture Exchange systems are used to communicate with some residents.

The interactions that we witnessed backed up these statements. The staff treated people with kindness and gentle humour and were able to talk at length about the people they were caring for. For example, one staff member explained in detail how they were helping a resident with the grieving process after they lost a relative.

One resident we spoke to contrasted Holly Cottage with the home they were in previously where the staff “were not nice” and did not keep him clean. “They are much nicer here,” he said, “Even if someone offered to buy me a house for free, I would stay here”.

The family members we spoke to agreed that the relationships that staff had with their relatives were both caring and nurturing. One person told us, “[the managers] have a gift for compassion, care and knowledge in combination”. They spoke of the efforts that staff had made to make sure their relative’s health was taken care of, for example ordering nine different pairs of shoes for them to try on, to help her with their mobility, and proactively chasing a podiatrist to come and examine them.

Another relative spoke about how much improvement they have seen in their relative’s condition since they moved into Holly Cottage. “[They have] got back to where they were before – [they are] talking again, back to the level of when [they were] a young child.” To achieve this, they told us, staff have to strike a balance between encouraging this person to step out of their comfort zone, while respecting their wishes. Their relative will often ask for an outing, but then refuse it when the time comes to go out.

“This is the balancing act,” they said, “If [our relative] doesn’t have to adjust to people sometimes, it makes [their] condition worse. You have to keep the door open to the future. The staff keep trying despite all the rejections, and manage to keep [them] active without upsetting [them].”

These examples suggested to us that the staff at Holly Cottage are delivering

care skillfully, based on a good knowledge of their residents and sensitivity to their needs. They also seemed to be focused on helping people to live as full a life as possible and to develop their capacities.

Relations between residents

The residents seemed to get on well while we were there, and some had formed friendships. There were some limits as to what was possible in this regard, however, due to people's differing preferences and conditions. One resident told us that she was "much younger" than the other residents and would like to have more people her own age, although she said that she was happy in the home overall. Another resident who had recently arrived told us that he would like to be somewhere a bit quieter such as an old people's home, but was willing to try to adjust to Holly Cottage to see if he could get used to it. Another resident was unwilling to leave their room, and so did not seem to mix with the other residents. The home organised joint outings and activities for residents where possible, though, and seemed to do their best to promote an atmosphere of togetherness, given the above limitations.

Relations between residents and the broader community

As mentioned in the 'Activities' section, most of the residents make regular outings in the village. They regularly go for walks, and attend coffee mornings and pub nights at the village hall. A family member told us that staff encourage their relative to go out, even though they are often hesitant to do so: "He went to the village hall again recently and was very proud of himself". The family members we spoke to were able to visit their families regularly, but not all of the residents were still in touch with their families.

Food and health

We saw the residents having their lunches and they all seemed to be enjoying their food, which looked appetizing and healthy. Those residents who did not like the menu option for that lunchtime were offered sandwiches instead. A member of staff showed us the monthly menu, which is different each week, and offers a wide variety of different options, a mixture of meat and fish options, as well as vegetarian options. The menu is decided by asking all of the residents for their preferences, and trying to fit everyone's favourite meals onto each week's menu. They ask everyone what they would like, and try to get everyone's requests into the menu. Some of the residents have special dietary requirements, and the staff clearly tried hard to accommodate these.

Residents who had the capacity went out for regular walks and seemed to be as active as was feasible. This was limited by the amount of funding available to support each resident (see 'Interactions with the Broader Health and Social Care System' below for more details).

Health checks were carried out regularly with the local GP surgery, and residents were accompanied by home staff on their hospital visits.

Interactions with the broader health and social care system

The owner-managers were unhappy with the support that was provided for them by Norfolk County Council (NCC) and made a number of complaints. It is not part of the remit of an Enter and View visit to verify these complaints. However, we report here a summary of the concerns that the owner-managers reported to us, because My Views Matter is investigating how the broader health and social care system in Norfolk and residential homes are working together to provide care for people with learning disabilities and autistic people.

All the people living in Holly Cottage are funded by NCC, and most of the managers' complaints were related to this funding. Firstly, they felt that the funding provided for each resident was not sufficient. Residents are assessed under a banding system that is intended to match the amount of support provided to each person's needs. The owner-managers argued that the bandings applied by NCC to their residents underestimated the amount of support that people needed. Further, they argued that these bandings were overly vague and were not always well-understood by NCC staff, and that there were some aspects which they felt left gaps in provision – for example, funding someone to be cared for at night, but leaving two night time hours unfunded.

They also alleged that NCC was more responsive when there were plans to cut funding, than when increased funding was required. For example, one resident suddenly developed a new health condition that required greatly increased support, and it took weeks to secure a preliminary meeting with NCC staff. Conversely, they told us that when it appears that a resident is ready to transition to a lower level of support, NCC staff visit much more regularly.

In addition, they told us that agreed payments from NCC often arrived very late. This made it difficult to keep the home running, and had required the owner-managers to take out several loans to stay afloat.

Another concern that they raised was what they perceived as a lack of support at times of crisis. They mentioned three instances in which urgent support was needed from local health and social care and other services to keep residents and staff safe, but this support had not been given. They had asked for support from the mental health crisis team, social services, acute hospitals and the police, but felt that they had been left alone to deal with crises.

On the other hand, the owner-managers reported having a good relationship with their local GP surgery, saying that they are always keen to help, and nothing is too much trouble for them.

Recommendations

The visit team witnessed a good standard of care being given to the people who live at Holly Cottage. The residents we spoke to were happy, overall, to be living there, despite some differences in the preferences of different residents, which are perhaps unavoidable. The family members we spoke to were very happy and had touching stories about what a difference Holly Cottage had made in the lives of their relatives.

Relations between Holly Cottage and NCC have clearly become very strained, however, and it seems that this could pose a threat to the standard of care being provided in the home. This report is being shared with NCC and we hope that these issues can be resolved as soon as possible.

Service Provider Response

Thank you for your positive review but we are most grateful that you are the only one who included our struggle with NCC in the official report. Unfortunately, nothing changed since October 2022, and our issues with the local authorities haven't been resolved. We really appreciate your honesty.



healthwatch Norfolk

Suite 6, Elm Farm
Norwich Common
Wymondham
Norfolk NR18 0SW

www.healthwatchnorfolk.co.uk
t: 0808 168 9669
e: enquiries@healthwatchnorfolk.co.uk



@HWNorfolk



@healthwatch.norfolk