healthwatch Norfolk

My Views Matter: The Old Rectory -Hevingham

Healthwatch Norfolk visited The Old Rectory on 15/02/2023 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	16

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 – April 2023, our Enter and View visits were part of a project called 'My Views Matter'. This project was specifically focused on residential and in-patient care for people with learning disabilities and autistic people in Norfolk. We implemented 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 involved visiting 21 residential homes across Norfolk to find out what people with learning disabilities and autistic people, and their families, want from their residential care. It also investigated whether residents' and their families' views were being taken into account in how care is delivered. The 21 homes were 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 told us affect the ability of homes to deliver personalized care effectively.

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

A final report from this project, which reported on data gathered from across the county, was published in July 2023.

How we gathered people's views on this care home

We visited The Old Rectory - Hevingham on 15/02/2023, and the visit was announced in advance, in order to minimise disruption to the residents. We spent around two 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 two family members of residents. In total, we spoke to two of the residents, and spoke to two members of staff, including the manager.

The visit team was:



John Spall -Enter and View Co-ordinator



Lauren Chapman -Expert by Experience

About The Old Rectory - Hevingham

The Old Rectory is a residential care home, run as an independent family business rather than as part of a chain. The home is set in a large old rectory, part of which is the house of the manager/owner and her husband, who have been operating it as a care home since 1996. The home is registered to look after people from 18 to 65 years of age, but the home does not have any residents in this age bracket because they have all aged since they arrived. At the time of our visit the home had eight residents.

The most recent CQC inspection was carried out in March 2021, 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 manager told us that there were regular meetings with each resident to discuss activities they might like to do and any changes they might like to see in the home. Residents did not seem to be involved in everyday tasks such as laundry and cooking (although see the home's response to this observation on p. 16). Relatives were happy with how their family members were treated in the home.
- Premises: The home was in a fairly remote rural location, and it was large, pleasant and clean. There was good outside space, ponies and a cat. Rooms were personalised and people said that they were happy with them. The communal spaces could have been more personalised and some of the carpeting could do with being updated.
- Activities: People undertook a range of communal and individual activities inside and outside the house. People told us that they were happy with the range of activities which were often personalised and they were encouraged to try new things.
- Relationships and community: Many staff and residents had been in the home for many years which meant that relationships were strong; former staff would visit residents on their birthdays. People spent time in the community at local pubs and cafes.
- Food and health: People told us that they were happy with the food and were looking forward to their lunch that day. They seemed active and were able to go on regular walks even during Covid restrictions due to the nearby farmland.
- Relations with the broader health and social care system: The manager had a good relationship with the local surgery and had weekly calls with them. All of the residents have an NHS dentist. She also reported good relations with Norfolk County Council.

Overall, the people we spoke to at The Old Rectory told us that they were happy with most aspects of their lives. They seemed to have a good choice of activities and these were personalised to their interests. The interactions we observed between residents and staff were friendly, respectful and caring. However, some thought might be given to increasing resident's involvement in everyday household tasks.

Findings

Voice, choice and personalisation

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

Mechanisms for ensuring residents' voices were heard and responded to

The manager told us that she tries to make residents' meetings as non-formal as possible, to avoid making people anxious. This would mean, most often, a conversation over a cup of tea at the end of a mealtime, and this tends to happen in the morning and the afternoon most days. This would involve discussions about whether people are happy, about activities that they would like to do, any changes they would like to see, what they would like to eat, etc. This was hampered slightly by Covid, because they could not eat or drink with the residents, but this has been re-established since restrictions were lifted. The manager told us that she documents the results of these chats to make sure that action is taken.

During our visit we observed staff gently encouraging people to broaden their horizons. We saw how one resident seemed to want to show us their ring and bracelet, but then lost confidence. They were gently encouraged to do it, and did eventually come and show them to us, and was happy that we were looking at them. We also heard how they had worked with a new resident with sight loss. At their old home this person had been pushed around in a wheelchair, even though they were able to walk. They had some difficulty finding their way around without banging into things when they arrived in the home. So, the staff were slowly helping them to understand, by touch, the layout of the home, and how to get to their bedroom and to the loo, etc, so that they could gain the confidence to move around independently.

One area for potential improvement seemed to be people's involvement in everyday tasks. One person told us that "everything is done for us". When we walked past the laundry room we asked this person if they ever went in there and they responded "oh no! Only the staff go in there". A similar comment was made about the kitchen. The manager replied to us after the visit that people were encouraged to be as involved as possible in household chores, but that for various reasons, including the impact on anxiety levels and behaviour for some people, there were limits to what could be achieved here (see p.16 for more details).

Responsiveness to family members

If all care homes were run the way that that is, there wouldn't be any problems in the care system.

- Relative

Both of the relatives that we spoke to were very happy with the care that their relatives received at The Old Rectory. They were impressed with the homely feel and atmosphere of the home, the facilities of the home, and felt that it met the needs of their relatives.

One told us that they liked how the home was smaller than other ones and their relative was able to know all the staff and receive "nearly one to one attention". They told us how the home had made efforts to adjust to their relative moving in and were building their independence. This included how the home had consulted with external experts to train the staff on how to work with their relative.

Both relatives mentioned the regular activities available at the home, one told us how their relative went out and about more often than they had been at their previous home. We heard how even during Covid restrictions residents were able to go out for regular walks because of the rural location of the home and how the owners are also farmers so were able to take residents over farmland.

Neither relative we spoke to had any suggestions for how the home could be improved, one told us that they felt the home should just "carry on, carry on the same".

Premises

This home is in a large old rectory, part of which is the house of the manager/owner and her husband, who have been operating it as a care home since 1996. The current manager is the only one that they have ever had to date.

The home is is down a short driveway from the church, and they are both set back slightly from the Cromer road. It is next to a main road, which has buses going down it, but it is also fairly remote from businesses and services. But they do have a minibus in the driveway, which allows them to take the residents on regular outings. There is a pleasant garden to the rear and side, which back onto fields – so the views from the windows are all very attractive. We did not go into the garden, but it has an adult swing, garden furniture and a barbecue, and also a summer house. A resident told us that they eat outside during the summer. It also has ponies in one section of it, and the home also has a cat.

We are taken in through the old main entrance and we are taken past a small 'computer room'. We had the conversation with the manager in a quiet sitting room. This has a sofa and several armchairs in it, with two big windows looking out into the garden. The floors in the home are carpeted throughout. The walls are painted a dark maroon colour in this lounge, and there are paintings on the wall, and books and ornaments around the room. It is pleasant and clean, and seems like a normal domestic living room, apart from an emergency exit sign with emergency lighting in it.

Also on the ground floor there is a cloakroom, a toilet at one end, the administration office, and a staff room. There are photos of the residents on the wall in the corridor which was rather dark. There is a large and long living/dining room space, which is the main communal space at the home. It has a larger and smaller dining table in it at one end, and sofas, armchairs and a television at the other. There is also a dresser/wardrobe in here. All of the residents except one were in this room when we went in. Most of the furniture is more or less in keeping with the period building. There are several large windows in this room, which is therefore pleasant and bright. There is a large display of photos of what the residents have been up to this year, and this seems to be regularly updated. Off the dining room is a serving hatch that leads through into a modern kitchen, which is more of an institutional style kitchen, with large stainless steel appliances. We were shown several communal bathrooms – there are no ensuite bathrooms here.

One person's room is on the ground floor, with the others on the first floor. The staircase leading upstairs is quite long and steep, but has bannisters on both sides, and none of the residents we observed seemed to have trouble getting up it. Two people invited us in to see their room. They were both pleasant and bright with large windows with attractive views. They have both been able to choose the colours of their rooms. They are clean and tidy, and have double beds in. Both rooms had collections of the people's favourite objects in, and the residents had several pictures on their walls, which they were proud to show us.

Overall, the building is spacious, given the number of people who live there, and is also homely, rather than institutional, except for the kitchen. It is clean and tidy and seems well organised. It seems to be accessible for the current residents. Some of the carpets could do with being updated, and there could perhaps be more personalisation of the living spaces - there are purchased artworks on many of the walls - but these are mixed in with photos of the residents.

Activities

We saw and heard from residents and relatives how activities are central to the care provided at The Old Rectory. Residents go out everyday, usually going out for a walk in the morning, either directly from the home, or twice a week they go out in the minibus to somewhere a little further afield. Then, in the afternoon, they do an activity in the home. This can be colouring, crafting, doing a jigsaw, doing a group challenge, and they have a music session once a week, and also do music and movement sessions. They started these during lockdown, as a substitute for outings. The home has bought musical instruments, like a guitar and a snare drum, amongst other things, for these sessions.

The manager told us that they don't only do group activities, though, they also tailor things for individual interests. Where people have interests they encourage them to develop these. So, for example, one person likes cricket, and they take them to Norfolk County Cricket Club to watch matches. There is another person who likes buses, and they take them out to see vintage buses around the place, and are planning to hire two vintage buses to take people on a tour of the coast. We spoke to one resident who particularly likes animals and so has regularly been out to see animals at zoos and farms. This resident spoke to us about outings enthusiastically and was clearly very happy with them.

We heard from a staff member how activities have changed since the pandemic. People used to go swimming once a week, but they had to stop during the lockdown, and when it had finished people did not want to go swimming anymore. People were said to be slowing down as they get older and are now keen to go on visits to cafes. They also used to go to a monthly luncheon club in the village hall, but this was cancelled during lockdown, and was never re-started. Now, instead of this club, once a month they go to a different pub for lunch – something which the residents told us they were excited about.

Residents also celebrate events together, and told us about a recent party for someone's 80th birthday. There are photos on the wall showing their Christmas celebrations and Hallowe'en celebrations. They also all go on a holiday together once a year.

Relationships and community

Between staff and residents

The home opened in 1996, and has been under the same management ever since. Most of the people who live here have been here for a long time - a decade and more. Staff stability is good according to the manager, with most staff staying for many years, often only leaving to retire or train in other areas.

Staff seemed to know the people they were supporting well, and could talk about them in detail. One of the things that residents seemed to have thrived on since arriving is that they did not have people constantly coming and going from their lives in the way that they had in institutions they had lived in before. We are shown feedback forms from family members, and one of them mentioned that the home is like her second family. People told us it was a 'homely home' where the strong relationships help people's quality of life. The manager told us that former staff members visit quite regularly: one comes regularly and brings doughnuts with her and others come to see residents on their birthdays. The residents seemed to interact happily with staff, who were respectful, caring and humorous.



From my experience, everybody has a good relationship with the staff there



- Relative

Relations between residents

Many of the residents had been in the home for many years which means that relationships between the residents appeared to be strong. We heard how one resident, who had been there since the beginning of the home, passed away last year. We were told that they have not filled this bedroom yet because they do not want to just fill gaps as soon as they become available, given that the residents are like family.

When we visited we saw several residents colouring with staff members helping them and chatting to them as they did it. The residents seemed to know each other well, and were commenting on what others were doing and saying.

Relations between residents and the broader community

As mentioned above in the 'Activities' section, the residents used to go to a monthly luncheon club in the village hall but this was cancelled during lockdown. They now go to local pubs instead, and residents are able to follow their own interests in the community, such as cricket and vintage buses.

Food and health

All the people that we spoke to in the home said that they were happy with the food they were offered. Everyone seemed very happy to be having sausages for their lunch. They also talked about Sunday roast, which seems to be something that they particularly look forward to. We did not hear about how food gets chosen and the residents did not seem to be involved in any of the food preparation in the kitchen.

People seemed to be a healthy weight and as mentioned above in the 'Activities' section, those who are able to get regular exercise through going on walks several times a week. However, the regular swimming activity stopped during the pandemic and has not resumed due to the preference of residents and them getting older.

Interactions with the broader health and social care system

The manager told us that their relationship with Market Surgery, where all but one of the residents is registered, is good. They have done all of the residents' annual health checks ever since they moved in, and nothing is too much trouble for them. Weekly phone calls were introduced during lockdown, and these have continued ever since because they were so useful. They do not make their new residents transfer to the Market Surgery, and one is still with their old surgery. All of the residents except one have an NHS dentist, with this person continuing the arrangement they had before arriving at the Old Rectory. Both family members we spoke to mentioned how health services had recently been in contact with their relatives and they were being monitored and cared for.

The manager noted that she has seen some changes since she started out in 1996. She mentions in particular that referrals to the North Norfolk Community Learning Disabilities Team (CLDT) recently take a longer time to get a response due to system pressures, although the service is just as good as it has always been.

She told us that the home has a good relationship with Norfolk County Council. Annual reviews with social workers have been working well. We heard how NCC's Integrated Quality Service have also been useful. They got in touch for the first time at the beginning of the Covid pandemic, to give her a contact and to say that she could contact them at any time. More recently, the team have been in to inspect, and she has been working on their recommendations. The service are guiding her through this process.

Finally, the manager mentioned that the continence service will only provide them with net pants, into which you then have to insert replaceable pads. However, they are too complicated for the residents to use for themselves, which means they would have to have someone to help them go to the toilet, which is not dignified. So they also use disposable pull-up pants, so that residents can go to the loo independently, but residents have to fund these themselves.

Recommendations

Overall, the people we spoke to were happy with the care they or their relatives received at The Old Rectory, and we witnessed positive and caring interactions between staff and they people they support. The following points could however be addressed:

- Some of the carpets could do with being updated, and there could perhaps be more personalisation of the communal spaces - there are purchased artworks on many of the walls, which were presumably chosen by staff (although these are mixed in with photos of the residents).
- Some thought could be given to how people could become more involved in some everyday tasks such as laundry, cooking and food preparation.

Service Provider Response

We were delighted to welcome Healthwatch to visit The Old Rectory, for the first time, in February 2023, to see what life is like here and the experience of the residents. Residents and staff chatted happily with the visit team.

We would have liked to discuss the recommendations made at the time of the visit, especially in relation to the participation of residents in household chores. Obviously, we have considered this aspect over the years but (from care plans it is apparent as to why) this is not currently appropriate for residents for various reasons, including the negative impact this would have on anxiety levels and behavioural issues. Furthermore, some of our residents have come from institutional settings and they are all past retirement age, as they will tell us from time to time. Day to day chores and decisions are difficult for most of the residents who live here, who all require full support with personal care and all aspects of daily living. Nevertheless, we encourage them to do what they can, for example, helping with dusting or making their bed, but ensuring that they are not put under pressure to do any tasks which they would find traumatic and have no inclination towards anyway.

Residents who are able to do get involved in aspects of communal space, like for example helping choose carpets from samples and some artwork reflects places they like to visit and their interests. Some residents have their own chairs, both inside and in the garden which they have chosen and some like to have their own personal things around them too.

Residents' views are always sought and due to the strong relationships with staff and owners living on site, they feel able to voice any concerns at any time and in any format, which has always been actively encouraged.

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