

# Enter and View Report

## Littleton Lodge

Monday 19<sup>th</sup> August 2024



**Healthwatch Staffordshire**

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# Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 19<sup>th</sup> August 2024

## Service Visited:

Littleton Lodge Care Home

Bishop Street, Hednesford, Cannock WS12 4RY

Telephone Number > 01543 399 640

Authorised Representatives undertaking the visit;

Jackie Owen, Christine Sherwood and Val Emery

## The Service:

Littleton Lodge is a 66-bed care home opened in 2021 and is based in the heart of the community near Hednesford. It is close by to a local primary school and a mixture of new and old housing and close to the site of the Littleton Colliery of which it was named after. The home was originally owned and operated by Ideal Care Homes but was acquired by HC-One in October 2023. HC-One has in excess of 270 care homes providing care to over 14,000 residents country wide. It is described as a 'luxury care home' which provides 24 hour residential and dementia care.

## Purpose of the visit.

Part of the Healthwatch Staffordshire remit is to carry out Enter and View 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 2012 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.

## **Methodology.**

The Methodology used was:

- Talk to the manager about aspects related to the running of the home, specifically: numbers of staff in post and number of vacancies. Use of agency staff and recruitment processes. Training and induction of staff, staff and residents meeting. Shift patterns, care planning and reviews. Care planning, reviews and complaints procedures.
- Talk to residents about aspect of their care, including respect and dignity, activities available, choice and control over their lives and whether they feel safe with the level of care provided
- Talk to relatives if available to ask if they are happy with the care provided to their relative, whether they are communicated with regularly and whether they of and feel able to report any concerns they have.
- Speak to staff about staffing levels, training, management support and opportunities for development.
- Observe the environment and interaction at all levels between residents. Staff, manager and visitors.

## **Physical Environment**

### **External**

Littleton Lodge is set back off the main Pye Green Road close to both Hednesford and Cannock. It is 3 years old but still has a 'new' look about it as it is surrounded by a new housing estate and is located in a community with a mixture of new and old housing, and a primary school in close proximity. There is ample parking for visitors and the front entrance is well signed and obvious to anyone visiting. The front entrance area is paved but there are raised containers with colourful flowers and looks both bright, well cared for and welcoming. There are well maintained enclosed gardens that the residents can participate in the development of through an active gardening group.

### **Internal.**

There are two sets of internal doors with a signing in book in the first set of doors. Entry is gained via a bell to give entry via the second set of doors. There is a reception desk in the foyer with a member of staff to meet visitors on entry. The manager's office is situated off the

reception area as is a comfortable seating area and a coffee bar where visitors can access coffee and cake.

The home is set across three floors each of which is bright spacious, decorated and furnished to a very high standard. There are two lifts leading to the upper floors and although each floor is decorated and carpeted the same, there are features such as themed pictures on each floor along with some differently coloured chairs and furnishings which differentiate them. The corridors are wide enough to accommodate wheelchairs and scooters comfortably. Each resident has their name on their room door along with a photograph which depicts a favourite interest or hobby.

Each floor has a dining area, with some kitchen facilities and a lounge area with a large TV on the wall. Each corridor has a notice board with posters and notices (including Healthwatch posters) and each had a copy of the weekly activity programme. One floor where more able residents reside had a menu outside the dining room with the menu choices for the day. On the other two floors, they use show plates for residents with memory issues so that they can choose their meal choices based upon sight and smell rather than memory. We were told that residents have three meals a day, including a cooked breakfast daily and snacks mid-morning and afternoon along with limitless drinks.

There are sixty-six rooms spread over the three floors. All have double beds, fitted bedroom furniture and a wall mounted TV as well as en-suite. Each room also has a small fridge and a locked cupboard to store medication for those who self-administer. We were told that residents were able to bring in their own furniture if they wish to personalise the rooms to their taste. Each floor has an area where residents can meet and socialise in comfort and privacy. There is a pub room (sky bar) where the male residents meet regularly to play games and have 'a pint'. Relatives are also welcome to come and socialise with their relative and attend events. There is a brightly decorated tearoom where afternoon tea is available to residents and visitors every afternoon. There is also a well-equipped library, a film room with a whole range of DVD films, and a conservatory area that leads onto an enclosed garden area where residents can enjoy and participate in the maintenance of the garden, contribute to the landscape and enjoy pottering in it during the summer. There is also an on-site hairdresser and beauty parlour and bathroom with a jacuzzi style bath that is for residents' use.

We were told that Littleton Lodge is a 'lifestyle home' where the ethos is about a lifestyle choice and "*living*" the next chapter of life rather than waiting for the last stage of life. We were told that the fee to live in the home is an all-inclusive fee, which give access for everyone to a range of services such as:

- Monthly hair appointments

- Regular chiropody appointments
- Annual dental appointments
- Eye tests
- Transport and accompaniment to medical appointments
- Daily activities with an experienced Lifestyle manager.

## Management

We were met at reception by the new manager, the senior care leader and the Regional Manager who attended the visit as the manager had only been in post for 5 days. The home has been open since 2021 and currently has forty-seven residents. Most residents are self-funding with just a few who are subsidised by the local authority due to funds reaching a level where they qualify for financial assistance.

The location of the home is central to the local community with the local primary school being opposite. There is a strong connection to the school and regular intergenerational work takes place whereby the children come into the home to undertake activities with residents. There is a full activity programme with at least one activity from Monday- Friday and often two activities per day. There are coffee mornings and other activities such as 'come dine with me' where the local community are invited into the home to participate. External visits to places such as the seaside, black country museum, and activities such as Pub trips, Panto's St Patrick's day celebrations were evidenced through a number of photo albums in the reception area. There were a good variety of books, games and objects to stimulate residents including a scaled-up model of Littleton Colliery set up in its own room which invokes a lot of memories for residents from the local community with a connection to the mine.

We were told that whilst Littleton Lodge is not registered for nursing care, District Nurses come into the home and palliative care can be provided with medical oversight from Hednesford Valley Medical Centre to prevent residents from having to move. The home can offer care to residents with ReSPECT forms in place and these are reviewed annually. If a residents' needs change requiring nursing care, residents can go to a sister home or a home of their choice, but this is avoided if possible.

Complaints are dealt with using the RADAR system. This sets out different steps to deal with a complaint and provides analytics to show any trends regarding the nature of the complaint. The process is that the complaint is investigated, by an appropriate officer and HR will be consulted if any advice is required. The area manager will compile the response to the complaint, and a

meeting will take place with the family to discuss the outcome, and the lessons learned. We were told that the home so far had received very few complaints.

We were informed that there are staff and resident meetings monthly and relatives are invited to attend resident's meetings.

## Staffing

The home has nine staff on duty during the day over the three floors and five staff on at night. There are two rotas, covering the night team and day team. Shifts are 12 hours and work based on three days on and three off. Breaks are allocated throughout the shift for thirty minutes or one hour. Agency staff are used as minimally as possible but due to problems nationally with recruitment and retention this is more currently than they would like. They do however use the same agency which gives some consistency as they try to get the same agency staff if possible. On the day of our visit there were two agency staff on duty. There is currently a recruitment drive underway by HC-One which they hope will over time fill the gaps. Retention of staff can be an issue with a higher turnover of younger staff who leave for several reasons including not understanding what is involved in being a care worker and having a view of the job being very different to the reality. The older staff, who have worked in a care setting for many years tend to remain and that was confirmed when we spoke to staff.

In addition to care staff, there is a one main cook and a kitchen assistant who cook all the meals that go out including afternoon teas and birthday cakes. At the time of our visit, an agency chef was on duty due to annual leave of the permanent cook. There are also domestic staff and laundry staff, though we did not have contact with them on our visit.

We asked about induction and training and were told that there is a robust induction programme which is provided externally to the organisation and includes a week away from the home, online training around the competencies required, and 3 days of shadowing which then leads to the Care Certificate. This is followed by a 6 months' probation period after which staff will have a 'growth conversation' to discuss future progression. We saw evidence of opportunities for further training on the staff notice board inviting interest in further training.

Care plans are electronically recorded, and staff can add to, and record daily activity through a handheld device. We observed staff using the device to record food and fluid intake and were told that this device works well for these tasks and does save time not having to do handwritten notes.

## Feedback from Staff

Brief conversations were held with several of the care and support staff, including two agency staff. One had been in post since the home opened and had worked in care for 20 + years. Others had been at the home for between 9 months and 19 months and one told us that this was her last shift as she was leaving to pursue other opportunities. Another told us that this was the best place they had ever worked (having worked in several other homes) and could see themselves remaining in the home in the long term. The two agency workers had both worked at the home before on several occasions and stated that for them this was a good place to work. Training and opportunity for development were described as good, as was the induction programme offered. Some staff said that the turnover of manager was quite high, and the new manager was as yet unknown so it would take time to get to know them and what changes may be made over time.

Some staff told us that the job could be quite challenging due to the shortage of staff on occasions. We were told that sometimes there may be only 2 staff on duty to 18 residents all of whom need some level of personal support. In addition to personal care, staff roles include.

- Putting laundry away
- Pad changes
- Washing up
- Serving meals individually from containers
- Serving, snacks and drinks
- Updating records of care on handheld electronic devices.

Staff told us that sometimes residents wanted more time for care and do not want to have to wait for it or be rushed and this could be difficult to deal with as they do not understand that this is due to a shortage of staff. Also, some residents with dementia can sometimes display challenging behaviour which can be an additional pressure for staff in managing this, particularly where there is aggression. There was a difference between older more experienced staff and younger less experienced staff with regards to the stress that this causes. Staff described days when the job could be great and very rewarding, to days that would be uneventful and days that could be very stressful. This was wholly related to staffing issues rather than other aspects of working in the home which was mostly positive.

## Resident Experience

We spoke to individually to six residents one of whom was at the home for respite care for 6 weeks whilst her husband was in hospital. Another resident is the appointed ambassador for the home and has been there for 12 months. All the residents we spoke to said that they felt safe living at the home and were respected and well cared foremost of the time. Some residents said they had care plans, but most did not know if they had signed them. Permanent staff were generally well thought of as kind and caring and did a great job. One resident described them as brilliant.

The biggest issue raised by most residents was the lack of staff and the overuse of agency staff, who, we were told were very mixed, some very good and some not good at all. One resident told us that some agency staff do not understand the needs of residents and you have to explain to them what it is they should be doing, and this can be quite frustrating. One resident told us that she asked an agency worker to get her an apple juice from the fridge, but instead the care worker put the glass in the fridge with the juice and went off. Another told us that a new agency worker did not know the layout of the building and was taking a resident the wrong way down the corridor away from their room. Another resident told us that the main issue with younger care workers is that whilst there is a desire to help, they lack understanding of ageing and the problems that come with it and so do not always respond appropriately.

Resident's felt that shortages can lead to longer waits for care and response times to requests for help. One resident told us that at a recent mealtime, a resident needed help and staff were busy, so no one went to help the resident. Another told us that one resident on the ground floor had to wait over 20 minutes for a response to a call for help. A resident who had been at the home for 2 years said that they felt that there had been an increased reliance on agency staff and that things had got worse over the two years.

Most of the resident we spoke to have no regrets about making the decision to move to the home. They appreciated the feeling of safety, the kindness of the staff and the range of activities on offer. One resident told us that there used to be two activities coordinators and now there is only one. This has led to the perception that they are not providing as many activities. This was clarified by the manager who told us that the remaining coordinator works full time 5 days a week and that there are still 2 activities offered a day. We were able to observe a keep fit activity during our visit, and this was well attended with residents appearing to enjoy the session.

We were also told that the home does not have a manager on site at the weekends and this was confirmed by the manager who



clarified that there is always a deputy manager on site at the weekend and that there is an on-call manager every weekend.

Residents were complimentary about the quality of the meals. One resident told us that the cook (agency) had bought her some smoked haddock for her lunch today as she had said she particularly liked it, and these touches are very much appreciated.

## **Summary**

Littleton Lodge is a relatively new well -designed home that offers a high standard physical environment with a good quality of provision in terms of comfort, furnishings, individual resident's rooms and well-equipped communal areas. The standard of personal care is regarded very positively by permanent staff but more mixed by agency staff. There is a significant reliance on agency staff to make up the shortfall of permanent staff but this reflects the national picture of recruitment and retention of staff. There is a recruitment drive underway to fill the gaps and it would be interesting to follow up on the success or otherwise of this initiative and the impact upon the views of residents and staff.

The quality of food and activities is well regarded, and residents really appreciate these. Other than the issue of agency worker use which appears higher than we were told, there were no other issues that caused us concern. We are grateful to the management, staff and residents for their openness and hospitality during our visit.

## **Recommendations**

The only recommendation at this stage is that management keep staff and residents informed of their efforts to recruit permanent residents' staff so that they feel that the situation is taken seriously and feel informed about the action being taken to address this.