

Enter & View Visit Report

Potton House Care Home
19th March 2024

Content...



Acknowledgements P3

Disclaimer P3

What is Enter & View? P3

Purpose of the visit P4

Strategic drivers P4

Methodology P4

Summary of Findings P5

Results of Visit P7

Recommendations P34

Service Provider Response P36

Details of visit

Service address:	Potton Road, Biggleswade, Bedfordshire, SG18 0EL
Service Provider:	Health & Care Services (NW) Limited
Date and Time:	19th March 2024 10am to 1:30pm
Authorised Representatives:	Anna Bailie, Diana Blackmun, Vannessa Filmer
	Healthwatch Central Bedfordshire
Contact details:	Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR
	Tel: 0300 303 8554

Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

Disclaimer

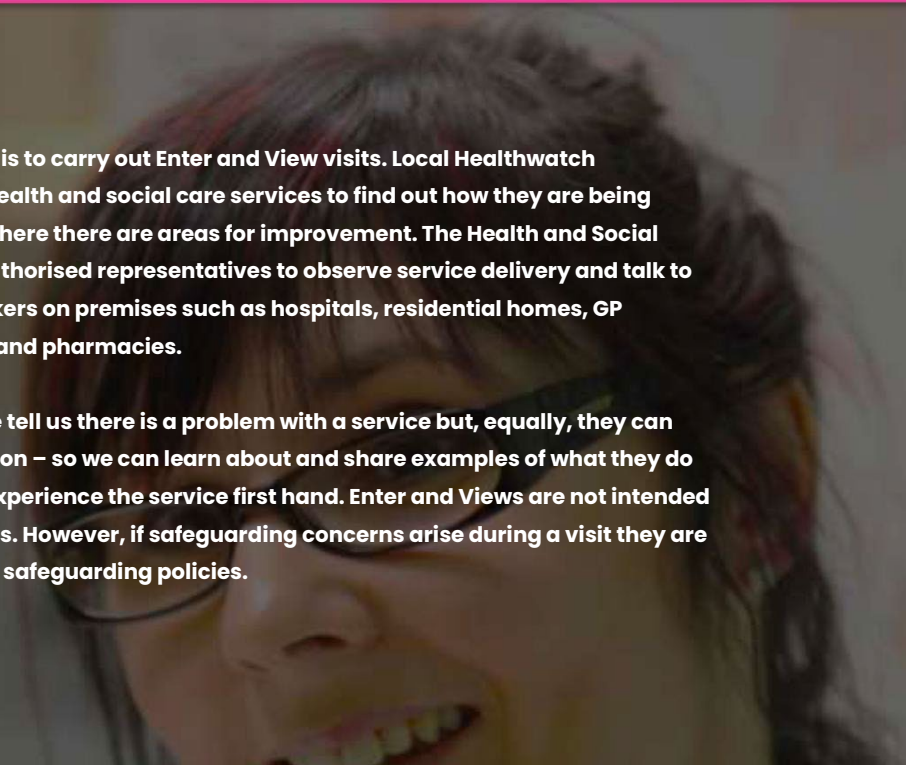
Please note that this report relates to findings observed on the specific date set out above.

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.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and care workers 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. 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.



Purpose of the visit

- To engage with service users of care homes and understand how dignity is being respected in a care home environment;
- Identify examples of good working practice;
- Observe residents and relatives engaging with the staff and their surroundings;
- Consult with residents, relatives and staff about their experience of the environment within the home and how care is delivered.

Strategic drivers

- In November 2023, safeguarding concerns were raised about patient safety at Potton House Care Home to HWCB.
- The latest Care Quality Commission Full Inspection in 2019 rated Potton House Care Home as overall 'Good'. However, safety did 'require improvement', for example in the management of Medication Administration Records (MARS).
- Care homes are a Local Healthwatch priority.

Methodology

This was an announced Enter and View Visit.

Following feedback received regarding safeguarding concerns about patient safety, Healthwatch Central Bedfordshire (HWCB), as an independent organisation, requested to visit the home and meet with the Care Home Manager, residents and their relatives, plus care home staff. In January 2024, notification of the intended visit, and posters informing residents and relatives of the date of our visit, were sent to the Care Home together with a Pre-Visit Questionnaire to the Care Home Manager, which was completed on the day of our arrival.

Upon arrival, we were met by the Administrator and offered a tour of the building. The Care Home Manager was interviewed and in order to understand patient experience, HWCB representatives used observational activity and questioning over a period of approximately three hours in the main rooms of the home, including some patient rooms, bathrooms, kitchens, and the garden area. We spoke to staff and the relatives of residents about the patient experience, however as the majority of residents had advanced dementia, we mainly opted to engage in observation of their experience.

After speaking with residents and staff, HWCB representatives distributed several Healthwatch Central Bedfordshire leaflets and encouraged relatives and staff to contact HWCB directly, after the visit, if they had any additional comments or concerns.

Summary of findings

Potton House Care Home is a residential Care home providing accommodation with personal care for up to 24 people. The home is situated in a residential area and is a bungalow style (one-level) building and the whole of the property is accessible via step-free access.

Representatives were advised that residents could access and use the grounds as they were secure. There were no steps leading to the front door and the back door was also accessible for staff. The location includes an out-house building within the enclosed garden, but this was not accessible for residents at the time of the visit.



Unfortunately, we did find inconsistencies in the information provided by the Care Home Manager, compared to our observation of the care home, and interviews with residents, relatives and staff. There were mixed responses to almost every question and inconsistencies in answers, for example the Manager stated they had not had to use bank staff for over two years within the home, however bank staff were present on the day of our visit. Therefore, our findings reflect multiple opinions of similar experiences which did make it difficult to draw direct conclusions from the information provided.

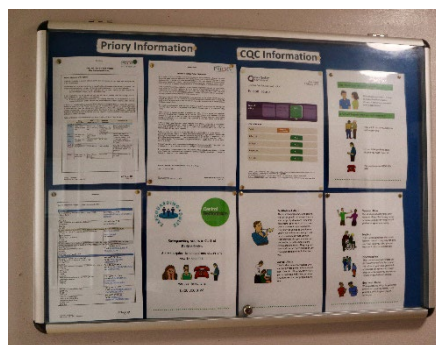
In addition, it was clear that feedback from staff was very mixed giving the impression that the quality of service delivered was at times either very good or very bad which would suggest that communication of roles, responsibilities and best practice needs to be reviewed. Feedback from relatives was mainly, **'the staff did the best they could do'** and we observed staff being very attentive and caring during the duration of our visit. All staff appeared to be committed to achieving the best care possible for their residents.

The Manager provided details about the home as follows:

- One Manager and one Deputy Manager, 13 male Carers and 32 female Carers.
- A total of 24 rooms in the home with 24 residents at the time of the visit with 15 of those residents' male, and nine females.
- The residents ages ranged from 61 to 89 years old.
- All rooms had ensuite facilities.
- Other staff included an Administrator, Maintenance person, Activities Co-ordinator and Head Chef, working alongside registered Nurses and Cooks.
- Four domestic staff in total.
- Five staff were on the night shift with a staff to patient ratio of 1:4.
- Between seven and eight staff were on the day shift.

The Care Home provides six types of specialist care:

- Dementia/Alzheimer's
- Other Mental Health
- Visual Impairment
- Hearing Impairment
- Wheelchair User
- Other Walking Aid



On the day of the visit, six residents living at the home had been diagnosed with Alzheimer's disease, and all residents (24) had been diagnosed with Dementia. Seven residents had additional mental health needs, four used a wheelchair, two had a visual impairment and one person had a hearing impairment. The Manager noted that some residents fell into multiple categories.

Results of Visit

All the information below was reported by the care home Manager. The Care Home Manager typically worked from Monday to Friday, with some weekend shifts.

Residents

The Manager obtained feedback from residents and their relatives on the services they provide at the home, including any issues or concerns, via the box in the hallway. Every six months information was collated and sent to Head Office; action taken to address concerns which was also included in their Sustainability Plan. The box was positioned at waist height so could be accessed from a wheelchair and was clearly visible. However, HWCB representatives noted that in light of residents advanced conditions it is unlikely they would be able to engage and give feedback in this way. Therefore, we would recommend revisiting this process to make it more accessible for residents.

If a resident who did not communicate clearly needed to make a complaint the home would support them by providing a 'You Said, We Did' easy read for residents which is available in different languages. This was kept in the nurse's station, so would need to be requested. The Manager also reported that families would help and offer translations in multiple languages, or feedback cards could be supplied for non-English speakers, and some staff members could support with this as well.

If a family member brought a concern directly to the Manager, their complaint would be investigated, action taken as necessary and resolved within 28 days. There was an option to pursue their complaint if the relative was not satisfied with the outcome. In this case a representative from Priory Group would visit and investigate further. The Manager confirmed that lessons are learnt from this process and an open culture exists within the care home; they actively encourage relatives to feel engaged with the staff within the home.

When asked if patients risked being socially isolated, the Manager stated they rarely received complaints. They have an activity plan in place and the Activities Co-ordinator managed 1-2-1 activities so they could cater for all needs. Most of the residents came into the lounge. There was one bed-bound resident, who was supported to come into the lounge or quiet lounge.

Activities and Entertainment

The residents had regular activities planned by the Activities co-ordinator who was there Monday to Friday, 9am - 5pm, these included a musical band and various themed days. Relatives were encouraged to take part in activities if they wanted to. A local school and church group had visited the home, as well as people from other faith groups who were invited and asked to visit.



Staffing

The Manager reported one shift nurse is available during the day and one during the night. Typically, six to seven Carers are present in the day and four at night. At the time of the visit the Deputy Manager role was vacant after the former Manager had left the role in February. An interview was due to be held the week of our visit. Some Nurses had left the home recently, but the Manager reported there was '**not a lot of staff turnover**'. One of the Carers had been working at the home for 12 years and the maintenance person had been working at the site for 23 years. They did employ some bank staff. Head office needed to approve any hire and they followed a Staff Recruitment and Right to Work policy.

Staff accommodate the needs of the residents e.g. religion, via a 'This is Me' document which is filled in on admission and used alongside their individual care plans which Nurses and Carers can access. Staff complete an induction programme, are regularly trained via the 'Training Matrix' and have yearly competency lessons.

A permanent Head Chef is on site, who works 45 hours a week. Their regular Cook was currently on maternity leave, and at the time of the visit, they were using three Bank Staff Cooks. An onsite kitchen was within the home and food brought in during breaks in the day, delivered to the care home on Mondays, Wednesdays, and Fridays.

Ongoing Care Needs

When asked what quality improvements the care home had planned, the Manager confirmed they had planned decorations, kitchen and conservatory renovation, flooring changes in the lounge, and intend to replace some of the windows. They identified improvements by inspections carried out monthly and using daily 'walk arounds'. The Manager also runs 'flash meetings' with all heads of departments in attendance.

Meeting the residents' dietary needs was enabled by diet notifications being given to the Head Chef, plus observations at mealtimes, and the home can also involve the Speech and Language Therapy team (SALT) if needed.

The Manager would like to extend the home as there is a long waiting list of people wanting the beds, but as there is limited capacity, they often had to turn people away and feel guilty about this.

Risk assessments are all conducted electronically which are looked at monthly with other, more general assessments, carried out every six months. Lessons had been learnt from previous assessments with an acceptance that accidents do happen, but they all respond as a team. The Manager engaged in 'many' debriefs with staff. The home had recently produced a staff survey and were waiting for the results at the time of our visit, which is anonymous and sent to all staff personal email addresses.

Record Keeping

The Care Home holds electronic care plans for each resident which lists a variety of categories, e.g., communication, daily life, medical, mobility, pain, personal care and sleeping. In addition, ad hoc comments were included, such as risk of choking etc. Care plans are updated monthly together with a risk assessment. If there was an accident e.g. a fall, or hospital admission, the Care Plan would be revisited.

Carer's, Managers, and Nurses are involved in assessing the needs of each resident and preparing and reviewing their care plans. They operate with all opinions considered, and care is tailored to the individual resident who is treated like a family member.

Care plans are kept electronically and can be printed off and filed away after use. Residents and relatives have a choice in how they wish to review a relative's care plan (e.g. either on line or printed). The staff access the care plans daily by electronically logging in.

Manager's Comments / Observations

Engagement with staff works well, they make a good team and are very caring. Staff do not tend to use the word '**no**' to residents and believe the use of language is important. The management has been thinking about sensory needs and trying to get residents involved in the workings of the home. Residents often visit the Garden Centre using a minibus and walk out to the local coffee shop or sit in the garden.

Environment

The Exterior

The building was easy to find and well signposted with a large sign on entry and a separate sign for the visitor's car park. The grounds were excellent, and the gardens and car park were extremely well-maintained. After speaking to the maintenance Manager, he

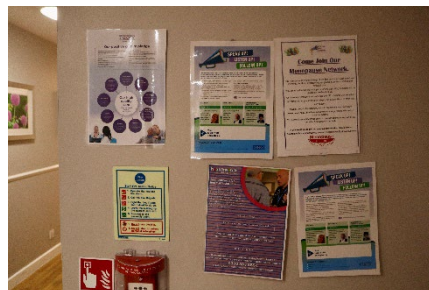


informed us that the garden hosted wildlife and they were growing seeds and vegetables. There are approximately 10 car parking spaces and two disabled spaces, which appears sufficient for the size of the care home. The exterior of the building was dated although fit-for-purpose and the car park was in good condition.

Reception Area

Access to the building was gained by a buzzer/doorbell and representatives were greeted by the Administrator at the door quickly and politely. We had a warm welcome and were asked to sign-in individually after checking our ID. The small reception area smelt clean and the Managers and Administrators' desks were directly by the entrance. Some of the signs around the building had been made by residents, and pictures, posters, and activity plans could be seen in the entrance hallway.

HWCB posters had been put up and displayed clearly in multiple locations including opposite the Manager's office. However, the printer had not been functional when the posters were printed, rendering them hard to read and inaccessible due to the size and colour inaccuracy.



The complaints procedure and safeguarding policies/procedures were evident (including CQC documents), however not in an accessible readable format. Health and safety policies/procedures were available in a folder but were not on display. Details of the registered Manager, staff members names and food hygiene certificates were all on display.

Staff

Staff were wearing uniforms and had different colours appropriate to their role (purple and maroon) with clear, legible name badges, however representatives observed that not all staff were wearing them at the time of visit. The staff designed a photo board with a tree, however we noticed some of the photos did not have names underneath. We also observed a very positive interaction between staff and residents throughout the visit, although we did not see any information which stated the staff members who were on shift/working that day. One Nurse, six Carers were on the early shift and six on the late shift. The required minimum is one nurse and four Carers to match the resident-staff ratio of 1:24, 1:4.

Residents

The residents looked comfortable, and the staff were very attentive to the resident's needs, and the temperature was nice and warm. Some windows were open which provided good natural light. The lighting was bright and at a suitable level, and multiple TV lounges and communal spaces/areas with TVs, radios, and DVD players were available, plus a sunroom which was light, bright and quiet, although the furniture was very dated.

The Activities co-ordinator has activities available for residents from 9am-5pm with some outings offered e.g. to the Garden Centre, and trips to

hospital were supported. An activities room was well-decorated with artwork by the residents. A sensory room was also available, however representatives felt that the use of equipment and furniture choice was unsuitable for the residents and the soft flooring was child-like.

All rooms were ensuite with one bath easily accessible within the home. Toilets and wash basins were also available and some walk-in showers in the bathrooms.

There were no couples at the home.

Mealtimes

In the entrance to the home a clear sign indicated that visits were not possible during lunchtime. The timetable for all meals indicated, breakfast served between 8:30am – 10am, lunch from 12:30pm – 1:30pm and dinner from 5pm – 6:30pm. The residents were able to request tea, coffee, juice, soup, and fruit outside of mealtimes. We did not see a printed menu, or photographs of food and the lunch photo board was not completed (our visit was before lunchtime). The staff regularly asked residents if they would like a drink and were observed feeding residents nicely, slowly, and patiently, wearing aprons.



Visitors

Visitors were invited to stay for lunch only if they were helping to assist relatives with their meals. No restrictions were placed on visitations other than at mealtimes. One staff member said visitors were **'not encouraged to help'** and according to staff, a family/staff/resident's group did not exist at the home, which may have been able to speak up for the residents.

General Décor

HWCB representatives noticed some major safety concerns including TV wires exposed, extension lead and plugs hanging from walls, general disused equipment in corners of rooms, and slippers and sandals in corners of rooms and under cabinets. We also observed an oxygen mask laying on the floor and various items left abandoned in parts of the home. Some chairs did not have their seating covers, so were unusable.

General Observations and Comments

The Manager was not ready to meet us at our arranged time of 10am, and so we engaged in some initial observation prior to the interview. There were some exchanges when we arrived between staff and the Manager which appeared tense. At this time we were also made aware of staff who wanted to speak to us in private during the visit.

Recent absences had been reported by staff which were attributed to the management of the care home and report of a whistleblowing operation. We were informed there was discontent from staff as to how the home was managed, as it had been reported that the Manager was not managing records properly, and there were significant issues with the relationships between staff and the care home Manager. Confidential conversations were held with some staff members who were very concerned the Manager would overhear; the staff rushed to look visibly busy whenever the Manager entered the room.

Residents were seen vaping inside the home in communal areas. One of the residents was smoking a cigarette outside the conservatory doors (not in a smoking area) and when he re-entered the room the smell of smoke followed him into the space.

Drinks were displayed on the countertops, although we noticed there were not enough chairs, and the furniture was mixed and mismatched. On a few occasions there was only one staff member in the lounge with eleven residents.

One resident was visibly shouting for help but no carers were available to support, so one of the Healthwatch representatives reported this to the Administrator. Representatives noticed that residents were sitting on their own and did not interact or engage with one another, although at some points they argued with each other. Most residents sat in the main room, which was very loud, despite a few quieter rooms being available for them to choose from and some staying empty. However, they seemed content with where they were sitting. Some of the non-verbal residents were sat in the main room in front of the television, in the middle of the other residents, which seemed inappropriate due to the noise level (it wasn't a calm and relaxing environment for them to watch television).

The meals arrived on time. The nurse administered the medication with care and noticeably encouraged the residents, however, the doorbell went off every few minutes as people were coming and going and it was very loud and distracting.



Resident Interviews

As most residents had severe dementia it was difficult to engage with the interview process, instead we opted for additional observations and informal interactions, although representatives did speak to three residents in the care home. One resident we interviewed, who was clearly unhappy at the home reported that she **'hated it here'** and that **'social services dumped me here'**, adding that the staff spoke to her **'like dirt'**.

About the Staff

Residents we spoke to indicated that most of the staff spoke loud enough for them to hear but some struggled to understand all the staff, as some were difficult to understand due to having stronger accents. All of the



residents indicated they did not know all the staff that worked there and they found it hard to read their name badges as they were too small. Some residents said they were not always seen as quickly as they would like to be and female carers were not always on duty

when they would prefer to speak to a female Carer instead of a male Carer. One resident reported they were waiting for 30 minutes to go to the toilet, and a few times she had gone by herself and had fallen. One of the residents said they did not know who the Manager of the Care home was; **'could not recognise them or know their name'**.

Healthcare

One resident said they would have no idea how to see a doctor/dentist or to attend a hospital appointment, suggesting she would talk to her boyfriend and ask him to arrange it with the staff. The resident said she always told staff when she was feeling poorly and that she **'did not like being woken up too early'**. When asked if she felt the staff listened to her and helped her feel better, she said **'no'**.

Personal Care

One resident said she had never been involved in the development of her care plan or asked to review it, adding that she **'usually had to pull the cord to be helped to get washed and dressed/undressed, but sometimes this was not necessary'**. However, she could not brush her teeth/dentures unassisted as she could not stand for long but was able to remove them for cleaning. When the Carer came to wash her, she was offered a bath, however, she stated she was not given a choice of gender for the Carer who was washing her and that sometimes **'there were only males on shift'**.

Accommodation

One resident explained that she had recently fell repeatedly out of her bed, so she was sleeping on a single mattress on the floor. She said she had told the care home Manager that her bed was **'so uncomfortable'** but felt **'fobbed of'** and she was lying in pain due to a cracked pelvis. She confirmed most of the Carers knocked before entering her room but not all of them. She added that one Carer had come into her room and shouted at her saying **'I can't do two things at once'** but later apologised.

About the Residents

When asked about the level of privacy offered, residents felt there was none, but added they believed other residents and staff did the best they could to honour their privacy. One resident stated she had an incident with another resident walking into her room in the night, but this had been **'reported and addressed'**.

Food and Drink

Many of the residents felt the food had recently improved, but indicated they were not always given a choice of meal. In addition, they felt the food offered was **'quite a small'** amount and some stated they were not offered snacks. One resident said that she had been **'offered biscuits on one occasion and took two'**.

Quality of Life

Many of the residents spoken to indicated they did not do any activities and that there were not any resident group meetings they were aware of.

Feedback

One resident who had indicated she *'wanted to go home'* and *'could not stand it!'* added she was *'very uncomfortable'*. She was due to leave the home two weeks after our visit and said that her daughter was *'doing a lot for her'*. She reported that paramedics had not been a lot of help when she had an attack at the home.

Relatives feedback

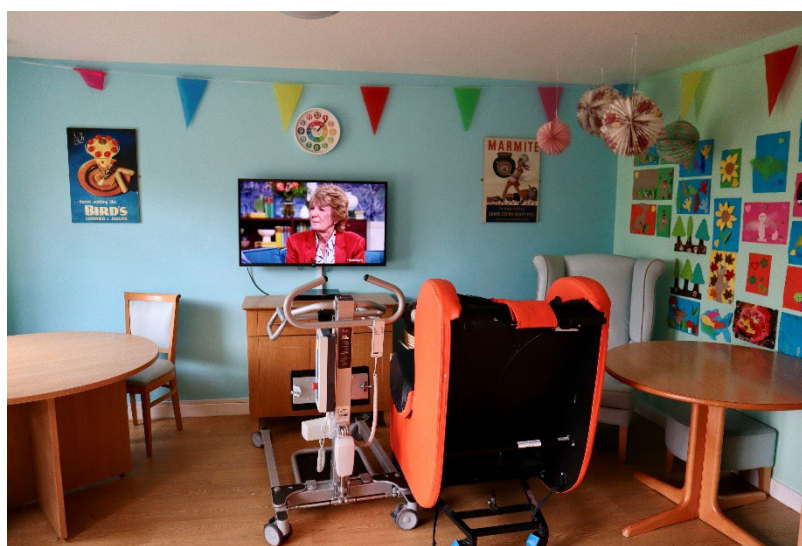
Representatives spoke to two relatives of residents at the care home. The first relative was the male partner of one of the female residents. The second relative was a friend and neighbour of one of the female residents.

About the Home

One relative indicated the home was chosen by the hospital for the relative's resident and confirmed he was involved in the admission process, although he had not met the Manager and staff for a tour of the premises before his relative was admitted. He reported that an induction pack had not been issued to his relative at the time of arrival and she was only meant to be staying there for four weeks. The friend of a relative did not know if their relative had chosen the home. The resident had had three falls and had been staying at the home for two months, and had arrived at the home from Bedford Hospital.

Although the friend of the relative spoken to had never been to another care home, they felt the care was of a similar standard to a lot of other people in care homes she knew. She added that her friend's (resident) daughter had met with social services and Occupational Health and was arranging for the resident to go home with a commode and four Carer visits a day.

The friend of the resident had never seen her care plan, but believed this was because they were **'there only as a friend'**. However, she added that her friend was **'regularly woken up at 6 am and said other residents were unpredictable'**. The friend stated that the residents clothes often went missing, and the daughter had fitted them with name tags, but they understood this was difficult. They did feel their friend had the correct amount of daily personal care and that the Carers checked on them regularly. However, they had given her friend a bed bath instead of a shower and a milkshake instead of breakfast, adding they did not know how often they changed the bed linen. The friend stated they **'could not tell if there were enough staff on shift either in the day or at night'**. The resident had an allocated care worker and they always talked to staff when they visited, adding that the resident's daughter kept them updated weekly and they had raised a concern about one incident that had been addressed.



Care and Staff

One relative reported that the staff **'did the best they could'** and that the care was **'OK'**, remarking, **'it is what it is'** and **'as expected'**, although he did speak about how other residents regularly walked into each other's rooms. He did not have access to his relative's care plan and was not sure if his relative had an allocated care worker for personal care. However, he was informed and updated on any issues concerning the staff and his relative, suggesting that **'when requests are made things happen'**. He added that staff were often losing her things and that the introduction of technology would improve things.

Cleaning

One relative reported there was often a urine smell at the home and that the cleaning was awful and had no schedule, adding his relative's room and the communal rooms **'were not clean and it was inadequate'**.



Food and Drink

One relative said he had not been approached to ask about dietary likes/dislikes or needs for the resident and had been asked if he wanted a snack or a drink when he visited. Another relative said the meals are softened/liquidised for the resident and now they can eat a whole meal. The friend had been offered dinner before when she visited, and felt she **'probably could'** make a drink or snack for themselves, adding that the dinners were **'good'**.

Quality of Life

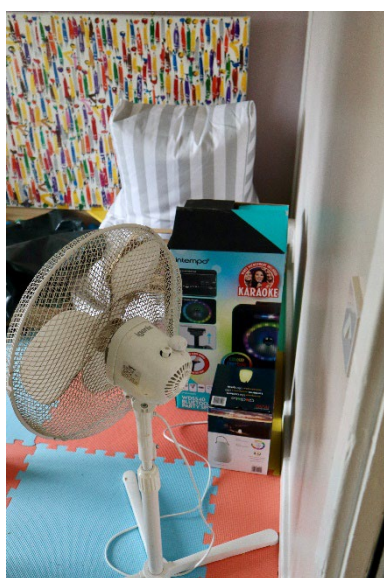
The friend of a resident said the resident did not participate in activities and preferred to stay in their room as they liked the quiet and said they **'were not really interested in participating at the home'**. There had been an issue with one of the male residents coming into the resident's room at night by mistake, and there was concern this may happen again. However, we were informed of the issue and the management had made steps to deter this from happening again, including the addition of wallpaper that looked like a bookshelf to the door of the resident's bedroom. The friend reported that the staff were helpful. The friend knew that they needed to report any issues to staff or the on-duty nurse, adding that it was **'a very good care home'**. They could not tell if staff genuinely cared for their friend but said they **'must do'** otherwise they would find another job as there are easier jobs, although they did add they thought the care home was not really the right place for their friend and that the daughter was arranging for her to go home.

Staff Interviews

All Healthwatch Representatives approached staff to learn about their experiences of working at Potton House Care Home.

About the Home

Staff were asked how often the communal rooms were cleaned, receiving quite mixed responses. All suggested staff often pick up bits of cleaning as and when needed. The care home had employed an agency to clean the home Monday to Friday however, the staff commented **'they did not always come on the days they were supposed to and often no-one would come to clean the home'**. One staff member stated the home was cleaned **'regularly, but not to the best standard'**, another described it as **'disgusting'** and having **'no protocol'**. Some staff were unclear on when the cleaning was supposed to happen, and another member commented **'they have only recently started coming in'**. Staff suggested they would **'like to see more cleaners'** and they **'used to steam clean, but it was no longer cleaned properly as it was'**. Staff stated there was no cleaner at the weekends, and this was seen as an issue, although one staff member said the home was cleaned daily.

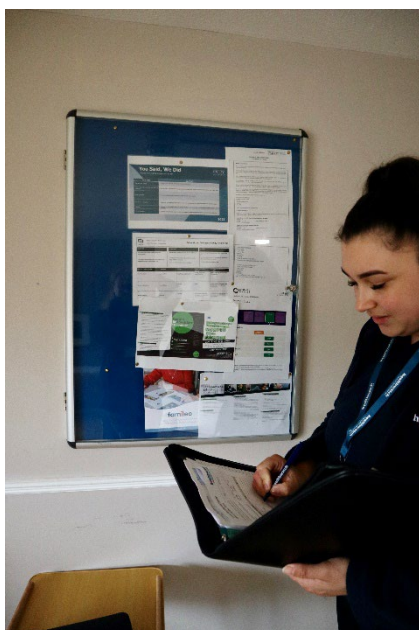


When asked how often the residents' rooms were cleaned, the staff said it was the same as the rest of the home; there was a cleaning schedule, but this was **'inadequate'** with one staff member who said that it **'sometimes smells of urine and faeces, I step in and clean because it's disgusting'**. Again, reiterating that **'housekeepers are not consistent'** and there are none at the weekends. One staff member said they **'clean the rooms, rearrange items and often mop the rooms'** whilst another said they were cleaned daily.

All residents had an ensuite bathroom, and there were two larger bathrooms with a shower and a bath and one shower room. Staff would assist residents with bathing if needed, and most of the time, between one and three members of staff assisting.

Staff said that the bedding was changed in each room **'depending on the resident'**, adding that it was **'enough'**, but **'not sure if there was a schedule'**, and **'basically every day'** was another response. Staff said, **'it can be left if in a good state'** and they **'checked it at dinner and on shift'**. One staff member commented they **'needed to get new ones, as they were old and worn'**. In general staff agreed with each other regarding bedding suggesting **'staff changing as and when needed'**.

A permanent Chef/Cook was on staff who cooked and prepared food on site. One staff member commented it was **'great food'** but sometimes there were different Chefs and agency staff. Another staff member said all food was **'freshly prepared'**; a food supplier came three times a week and the Chef works 7am-5pm and **'cooked fresh food'**. There was also a smaller kitchen and a worktop in the lounge which staff could use to make things like **'toast and jam'**.



Staff knew whether a resident had special dietary needs via their records or indicated on an allergy board on display in the kitchen. Food needs were included in residents care plan which was regularly updated, such as the need for supplements. Staff confirmed there was **'a list in the lounge if a resident was on puree or normal food'** and **'you get to know the residents' in terms of their meals'**. There were options for puree, soft, bite-sized dinner and halal options plus daily feeding charts.

Staff feedback

Staff were asked whether they liked working at the home and how long they had worked there. Answers ranged from a few months to over 10 years. Most said they liked working at the home, comments included; they **'enjoyed working there'**, **'really enjoyed working there'**, it was **'OK'**, or they **'preferred working at the hospital'** and when asked about other staff they were working with, they described them as **'friendly, lovely and helpful'**. Other staff members said they **'had previously liked the job'**, **'enjoyed the work/home life balance'**, although some mentioned that **'some days were difficult'** and they **'felt unsupported by management'**.

One staff member said they liked working **'for the residents, but not for the management'** saying that **'the Manager does not listen to suggestions and ideas'**. Another member suggested they had been **'signposted'** when asking for support and it was **'impersonal and wasn't helpful'**. Another comment was that **'residents had picked up on stuff'** in relation to the lack of support for staff. One staff member said that because of the high behavioural needs the job could be challenging but they **'tried their best'**.



All staff spoken to said they had received training for the role which included Dementia, Safeguarding, Manual Handling, Fire Safety, Medication, and First Aid courses. Most of the staff confirmed they had good training and good access to courses, with reminders to renew courses when they were timing out. However, one staff member commented **'they had no training for a new role and were thrown in at the deep end'**.

We asked whether there was any further training staff could think of that they felt may be required and some staff said **'no'**, whilst others mentioned examples such as Body Language, Managing Behaviours, Quality of Working and Working Together Safely. One staff member brought up 'higher level Dementia courses', saying **'we have only had basic training in Dementia, and I've asked for more in-depth training'**.

The training courses were in-house and mainly online. One staff member stated there was not as much training for a new role as there was in a previous role. Most staff attended courses regularly, however, one staff member said this **'depended on the Manager'**. Interestingly, one staff member said they did not need formal training as it was **'a small home'**.

When asked whether there were regular staff meetings and staff/Manager meetings, and how often were these held, all staff said there was a monthly meeting with some mentioning **'flash meetings'**. Staff said the meetings were **'every now and then'**, others said, **'some were not on my shift'**, and they were **'not regular and needed more'**. One staff member mentioned **'no meeting minutes available if we can't make the meeting, and I often can't make it as it's on my day off'**. When asked about supervision, comments included **'good'** and a **'daily brief/handover every day before work'** plus **'brief update chats'** and **'discussions with the Manager'**.

One staff member commented that supervision meetings **'were not meaningful as the Manager doesn't listen'** and another said they **'didn't feel the meetings were happening well as there was a lack of communication and too much expected of the role'**. Another suggested they do not attend meetings and **'might speak to the Manager'**.

One staff member said they ***'talk to their senior Carer and could always talk to the care home Manager'***. Another staff member said there was ***'none most of the time, only if there was an issue'***.

When asked if staff 'would be happy to live here or place a member of their family in this home?' there were mixed responses with some staff members who said, ***'Yes'*** whilst others said ***'No'***. One staff member said ***'never'***. Reasons offered for 'yes' were that they ***'really enjoyed working there'*** and ***'people want to bring their family here'***. Reasons for a negative response included cultural differences; ***'not wanting to put family in care because of the cost'*** and based on their experience of working at the home, they would ***'not want their family to live there'***.



Staff role

Staff were asked what they considered to be the best reward for them in their job and comments included, ***'working with the residents makes me happy'***, ***'making someone laugh'***, ***'treating them (the residents) well, like they are your parents'***, ***'seeing the residents getting the best possible care'***, ***'arts and craft'*** and ***'personal healing'***.

Others commented they liked the shift pattern and getting to know residents and their family. One staff member described their work as **'delivering from the heart to people'**, and they were **'in a good position in life'** and they were very happy Healthwatch were paying them a visit.

When asked about their shift patterns staff revealed that most of them were on part time contracts with a few full-time members of staff. Contracts were often 12-hour shifts and all staff were happy with their contracts/shift allocation/patterns. However, when asked if there were enough staff, we received mixed responses, a few said 'yes', and one staff member commented **'sometimes we're over staffed'**.



Despite this most staff said 'no', with comments such as **'in the evenings it's chaotic'**, **'there's not always enough staff, especially for housekeeping'**, and **'there could be more, especially on a Thursday as there's no senior Carer and we are led by the on-site nurse'**.

Further comments included **'each resident has a key worker'**, **'staff are on holiday'** and that **'if there was not a good relationship between staff and residents, they would contact the family'**. However, when we asked staff if they had been allocated a resident for whom they would be a key worker, again there were mixed responses. Most said 'no', with one staff member commenting **'none of us are'** and another saying, **'not anymore, I used to be a Carer for 2-3 people'** and **'everyone is responsible for everyone'**. Only two staff members answered 'yes' to this question.

Staff were also asked if there was anything they would like to improve or change about their job and if so, how would they do so, and what they would chose to change. One staff member said **'nothing'**, whereas others said, **'better pay'**, **'better support'**, **'better Manager who listened to concerns and suggestions for improvement'**.

Others recommended **'employing more nurses for each shift, as there was currently one nurse on shift'**, to **'see more staff instead of two Carers per wing, like to see four Carers per wing'**. Staff said they would like to **'take people out in the community more, as currently the Manager was in control of the schedule'**, and **'there were too many activity days, and they weren't taken seriously by family members'**. Others suggested the purchase of new equipment like **'electric hoists, some things we don't have'**.

When asked about infection control procedures there were mixed responses from staff with some saying they had good procedures and **'it was a priority'**, whilst others said 'no' and **'the cleaning procedures are not followed as they should be'** or they were **'not sure, don't really know what they do'** and **'So/so'**.



Residents

Staff were also asked about their relationship with residents, particularly, *'if a resident no longer wishes to join in with activities and socialising, what would you do?'* Staff replies included, they would **'encourage them or offer something else'**, **'knowing residents might try something else or let them be'**, **'encouraged them to take part, if have time to sit and talk'** and **'let them do their own thing, revisit, offer alternative'**. Staff

emphasised communicating with residents about their needs and accepting what they wanted to do and giving options. One member commented **'lots of people engage but do not ask people who don't want to'**.

Some staff knew about the complaint's procedure for residents and staff, however some did not. Staff said, **'I would speak to the Manager'**, and **'I have done two incident forms but no complaints'**. When asked how they would act on concerns raised by families of residents most staff reported they would speak to the Manager and follow it up with senior Carers.

One staff member suggested they might follow it up with Head Office but would not know exactly who to contact. Another staff member said they would report it to the Nurse, and another said they would ***'try to resolve it themselves, establishing if it was an issue first and if it was, report to a Nurse or management'***.

Staff reported they did have time to talk with residents and listen to their needs. They communicated with residents and understood their needs in a variety of ways, including ***'trying to dance with them or cheer them up'***, ***'body language says a lot'***, and ***'smile or laugh and know when they are agitated'***. Some issues raised were ***'language barrier is a problem sometimes'***, and ***'it can be the wrong environment if too violent a resident'***. Other methods included ***'coffee and chat'***, ***'reminiscing'***, ***'show and tell, i.e. take me to what you're talking about'***. One staff member said, ***'morning breakfast was a good time to talk with them'*** with another saying sometimes it was difficult to communicate with residents and communicating with them was ***'a big talent'***.



The Activity Coordinator organised activities every week day for residents plus various 'theme days', with two events a month, trips out, a vegetable patch, gardening and food activities including pizza making and icing cakes.



Other activities included bingo, puzzles, reading and bank holiday parties. Staff ensured residents were able to pursue their own interests in different ways, some said, by approaching the Senior Carers, **'who know them to make sure they can do what they would like to do'**, and **'encouraging them'**, including specific examples, **'one resident remembers football and dancing so we provide music and films'**, **'generally assisting'**, and **'introducing new things'**. One staff member mentioned how the Activity Co-ordinator, **'sorts it all out at their own expense'**.

Visitors

Staff were asked if visitors could come to visit during mealtimes with mixed responses. Some staff said, **'preferably not'**, or **'not unless helping'** and others saying **'yes, they can help assist'**, and **'husbands come in to feed their wives'**, or **'anytime'**. As stated before, a sign was displayed in the entrance saying mealtimes were protected and not to visit at this time. When asked if staff would offer a meal to the visitors who came during this time, most said **'no'**, one staff member believed they are **'not offered'** and another said, **'they had never been asked by a visitor'**. However, one staff member said **'yes, they are'**.

Other staff comments

When asked if there were any other comments staff would like to make, we received the following:

'Grievances are not handled appropriately'.

'Resident's property keeps getting lost'.

'I just want to see more staff here, there should be more staff on shift.'

'Make it a happier place, there is currently hostility between staff and management'.

'Nothing is ever sorted, and it has been a lovely home in the past, now people often leave'.

'I'm trying for a better service, everyone has good working conditions, I'm comfortable, with work, happiness, when I'm old I want the best care for my family. I treat residents like they are my family'.

'All good, happy for Healthwatch to come and visit'.

'Ensuite is just a toilet'.

'Housekeepers, no regular visits; they call in sick, they don't come. No consistency, different staff each time'.

For one participant, they were unable to answer five of our questions, including this one, due to the care home Manager repeatedly entering the room whilst we were engaging in the interview.



Summary

The feedback we received from staff, relatives and residents about their experience at the care home was extremely mixed which makes it difficult to express the general feeling of the care home.

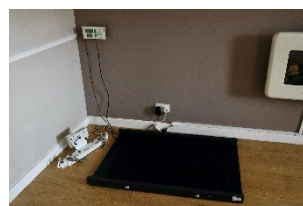
HWCB representatives found staff to be attentive and caring towards residents, however it appears there is a significant need to address the problems highlighted through this feedback, for example, the issues with cleaning, communication of roles and responsibilities, and cohesion of staff and management working together.

Additional Findings

- **Sunroom Environment:** The sunroom was notably pleasant, offering abundant natural light, which contributes to a peaceful atmosphere for visitors although the decor and furnishings were dated.
- **Personalisation of Bedrooms:** The open-door bedrooms appeared tidy and personalised, enhancing the homely feel of the care home. Displaying pictures and personal items outside each room is a commendable touch.
- **Cleanliness of Communal Areas:** The corridors and communal areas were generally clean, contributing to a welcoming environment.
- **Admission Process and Care Planning Involvement:** It was mentioned by a relative, that upon his wife's admission, there was no tour or detailed introduction to the care home's services. Furthermore, he was not involved in the care planning process, nor shown any care plans.

- **Relative feedback:** a relative expressed concern about residents entering others' rooms unescorted and the potential for losing valuables was raised.
- **Clutter and Disorganisation:** Medical devices and personal care items were observed stashed in corners, and in some instances, oxygen masks were found on the floor.

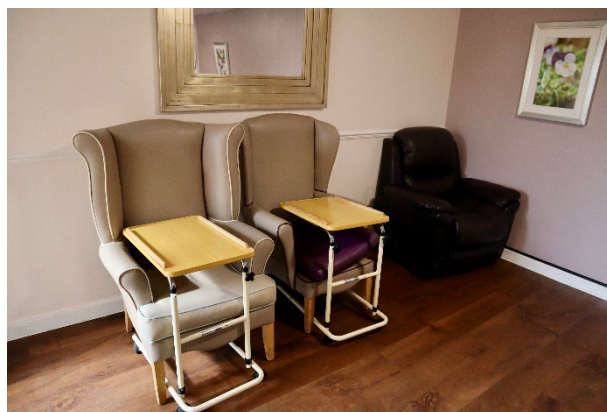
- **Electrical Safety Concerns:** Exposed wires and extension lead pose a significant risk.



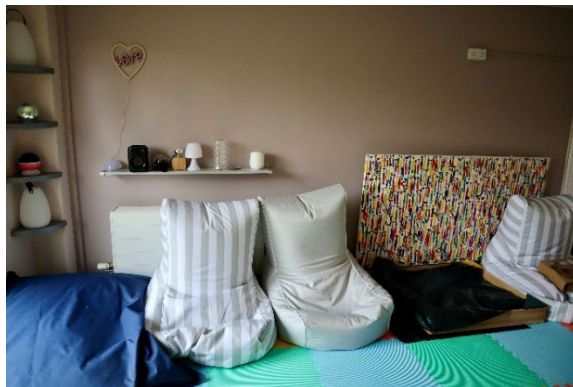
- **Nutritional Management and Menu Choices:** It was observed that residents were not offered a choice at mealtimes, they were given option 1 on the menu without offering anyone option 2, and the menu board was not filled out, so residents did not have information on what meals were available that day. Staff and relatives said the availability of snacks and healthy options was inconsistent. Fruit was not regularly given out and snacks were limited and not routinely offered to residents and visitors.

- **Visitor Experience and Engagement:** Feedback indicated that visitors, were not always offered refreshments, and felt restricted during mealtimes.

- **Furniture and Seating Arrangements:** The mix-and-match nature of the furniture and the lack of sufficient seating during mealtimes were highlighted.



- **Sensory Room Design:** The current sensory room setup, including floor foam pads are unsuitable for wheelchair users and deep beanbags are difficult for the elderly to use.



- **Accessibility of Displayed Information:** During the walk around, it was observed that most of the displayed information, policies, and procedures were in small print and not in an accessible format for residents. Upon inquiring, staff mentioned that more accessible formats are kept in a folder in the nursing station office. Staff spoken to agree the severe Dementia of the client group might hinder their ability to interpret standard formats.
- **Visibility of Advocacy Services and Procedures:** Information regarding how residents or relatives can access Advocacy services and details of complaints and safeguarding procedures were not prominently displayed. Instead, such information was in a second lounge at the back of the care home, limiting visibility for many visitors.
- **Privacy During Staff Interviews:** Representatives observed instances where the Manager interrupted staff interviews for non-urgent matters, which could potentially influence the openness and honesty of staff feedback. Staff members expressed discomfort with these interruptions and the Manager decided to linger around for almost the entire interview waiting for huge documents to print, this was felt inappropriate and inconsiderate.

Recommendations

- Enhancing the admission process to include tours and detailed introductions, and involving relatives in care planning could significantly improve engagement and satisfaction.
- Regular audits to ensure that all equipment and personal items are stored properly would improve both safety and the overall appearance of the care home.
- Conducting a thorough safety review and securing all electrical installations would mitigate potential hazards.
- Introducing a more varied and flexible meal and snack offering could enhance nutritional well-being and resident and visitor satisfaction.
- A more inclusive approach towards visitors, by offering refreshments and occasional participation in mealtimes, could foster a more welcoming atmosphere.
- Reviewing and updating the furniture to ensure coherence and sufficient seating would enhance comfort and aesthetics.
- Reassessing and redesigning the sensory room to ensure it is fully accessible and safe for all residents would be beneficial.
- Ensuring that essential information is always displayed in accessible formats, such as easy-read and pictorial versions, prominently throughout the care home would facilitate better understanding and engagement from residents.

- Placing crucial information in a more prominent area, such as the hallway entrance or main lounge, would ensure it is accessible to everyone entering or leaving the care home, enhancing transparency and accessibility.
- Revisit communication with staff, by addressing the feedback given and reinforcing understanding of roles, responsibilities and improving relationships between staff and management.
- Due to staff comments, HWCB recommend a review of ongoing training needs to include more robust training regarding mental health, especially Dementia.
- Finally, HWCB would recommend that Potton House Care Home continues to be monitored on a regular basis to ensure that quality of care is not only assured for all but is sustained and continues to improve.
- It is recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to advise HWCB direct if they wish to contribute any additional comments about the home or to this report. Contact Healthwatch Central Bedfordshire direct on 0300 303 8554.

Service Provider response

Appreciate your support in this allowing us some time with reviewing the report. Just a couple of things to clarify please:

Manager stated they had not had to use bank staff for over two years within the home, however bank staff were present on the day of our visit.- **this is not factually I stated we haven't used agency care staff for two years not bank. We have a pool of bank staff we use regularly.**

An onsite kitchen was within the home and food brought in during breaks in the day, delivered to the care home on Mondays, Wednesdays, and Fridays.- **Not sure what this means? Staff bring in food on breaks?**

The Manager would like to extend the home as there is a long waiting list of people wanting the beds, but as there is limited capacity, they often had to turn people away and feel guilty about this.- **I didn't say I feel guilty I just said I wish I could offer more families the service we offer.**

Maintenance Manager,- **we don't have a maintenance manager we have a maintenance person**

However, the printer had not been functional when the posters were printed, rendering them hard to read and inaccessible due to the size and colour inaccuracy.- **not sure this is relevant as poster were displayed and could be read appropriately.**

Health and safety policies/procedures were available in a folder but were not on display. - **They are both in a folder and on display in notice board at front. So not sure why this is written?**

however representatives felt that the use of equipment and furniture choice was unsuitable for the residents and the soft flooring was child-like.- **very much opinion and this is Dementia friendly**

No restrictions were placed on visitations other than at mealtimes.- **this is not quite correct- only professional are asked not to visit at lunchtime families are welcome**

We also observed an oxygen mask laying on the floor and various items left abandoned in parts of the home. Some chairs did not have their seating covers, so were unusable.- ***Was this brought to anyone attention as I was not aware of this?***

Recent absences had been reported by staff which were attributed to the management of the care home and report of a whistleblowing operation. We were informed there was discontent from staff as to how the home was managed, as it had been reported that the Manager was not managing records properly, and there were significant issues with the relationships between staff and the care home Manager. Confidential conversations were held with some staff members who were very concerned the Manager would overhear; the staff rushed to look visibly busy whenever the Manager entered the room.- ***This is not factually we haven't had absence within the home so I'm not sure why I wasn't asked on the day? Manager not recording records properly? Again where is this information coming from as no records were asked for?***

Residents were seen vaping inside the home in communal areas. One of the residents was smoking a cigarette outside the conservatory doors (not in a smoking area) and when he re-entered the room the smell of smoke followed him into the space.- ***We have a policy within the home to support residents to vape instead of smoke. In which we have supported one resident successfully.***

One resident reported they were waiting for 30 minutes to go to the toilet, and a few times she had gone by herself and had fallen. One of the residents said they did not know who the Manager of the Care home was; ***'could not recognise them or know their name'***.- ***People are living with Dementia and I only know one of my residents at the time of visit who would know who I was, they also don't have no time concept so 30 mins could be 5 mins. We monitor our system and 30 mins wait is certain not in the system***

However, she stated she was not given a choice of gender for the Carer who was washing her and that sometimes *'there were only males on shift'*.- ***we never have only males on shift.***

One resident explained that she had recently fell repeatedly out of her bed, so she was sleeping on a single mattress on the floor. She said she had told the care home Manager that her bed was '**so uncomfortable**' but felt '**fobbed of**' and she was lying in pain due to a cracked pelvis.- ***This is not factually, she was not lying on the floor she is living with delirium and gets confused, she was lying on a pressure mattress which she felt was uncomfortable so I changed it myself to a foam one.***

Many of the residents felt the food had recently improved,- ***only 1 resident would be able to tell you regarding food. As stated before they are living with Dementia and don't understand the questioned asked***

One relative indicated the home was chosen by the hospital for the relative's resident and confirmed he was involved in the admission process, although he had not met the Manager and staff for a tour of the premises before his relative was admitted.- ***Discharge to assess bed works differently so hospital place on needs rather than family input.***

However, one staff member commented 'they had no training for a new role and were thrown in at the deep end'.- ***not sure on this but training records show everyone trained and inducted***

electric hoists, some things we don't have'.- ***we have 3 electric hoists in place and why was this not asked before being placed in report?***

One staff member mentioned how the Activity Co-ordinator, 'sorts it all out at their own expense'.- ***this is not factual we have a budget and all are processed through petty cash***

'Grievances are not handled appropriately'.- ***only had one grievance and process was followed***

'Make it a happier place, there is currently hostility between staff and management'.

'Nothing is ever sorted, and it has been a lovely home in the past, now people often leave'.- ***this is opinions and again I've had meetings minutes to show that this isn't the case***

For one participant, they were unable to answer five of our questions, including this one, due to the care home Manager repeatedly entering the room whilst we were engaging in the interview.- ***This again is not factual and doesn't read well. I enter the room once to get something off the printer I overheard one question re keyworker system. Then I left.***

Privacy During Staff Interviews: Representatives observed instances where the Manager interrupted staff interviews for non-urgent matters, which could potentially influence the openness and honesty of staff feedback. Staff members expressed discomfort with these interruptions and the Manager decided to linger around for almost the entire interview waiting for huge documents to print, this was felt inappropriate and inconsiderate. – ***As above so not sure why this has been stated***

Stephanie Ross

Potton House Care Home Manager



Healthwatch Central Bedfordshire
Capability House, Wrest Park,
Silsoe, Beds, MK45 4HR
www.healthwatch-centralbedfordshire.org.uk

t: 0300 303 8554
e: info@healthwatch-centralbedfordshire.org.uk

Registered Address: Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR

Registered Company No: 08399922

Registered Charity No: 1154627