



Enter and View Report:
Chilton Meadows Residential and Nursing home

27 March 2017



CONTENTS

Acknowledgements and disclaimer		Page 2
What is Enter and View?		Page 3
Executive summary		Page 5
Enter and View		Page 7
Impressions		Page 9
Areas of good practice		Page 17
Recommendations		Page 18
Provider responses		Page 20

If you require this report in an alternative format (e.g. large font or a different language), please call 01449 703949 or email info@healthwatchsuffolk.co.uk.

**Name and Address of Service
visited:**

Chilton Meadows Residential and
Nursing home
Union Road
Onehouse
Stowmarket
Suffolk IP14 1HL

Name of Provider:

BUPA Care Home Ltd

We visited this service on:

27th March 2017

ACKNOWLEDGEMENTS and DISCLAIMER

Acknowledgements:

Healthwatch Suffolk (HWS) would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer:

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

WHAT IS ENTER AND VIEW?

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. These may be announced or unannounced.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch '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 they can also occur when services have a good reputation - Healthwatch Suffolk wants to learn about and share examples of good practice 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. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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

This page is intentionally blank.

EXECUTIVE SUMMARY

“... The décor in the houses catering for residents with dementia were particularly well suited to the purpose...”

The staff in all four houses appear to be very caring and attentive to all of the residents. There has been a major change to the management team since the CQC report of May 2016 and this has resulted in a far more positive attitude being adopted by the staff in post, who, according to the feedback given to the E&V team, now feel that they have the support of the management which was lacking in the past and they are part of a team once more.

The home was clean, uncluttered and had no unpleasant odours. The décor in the houses catering for residents with dementia were particularly well suited to the purpose with memory walls and familiar tactile objects for the residents to enjoy, as well as colour schemes appropriate to the needs of the residents and compliant with the NHS Accessible Information Standard.

Recommendations

- | | |
|--|--|
| <ol style="list-style-type: none">1. Notice Boards with staff photographs and names should be displayed to assist residents and relatives to identify the team in each house.2. Fit a bracket / restrictor to some of the outside doors to limit the scale of opening (particularly where residents may be vulnerable to unwanted visitors entering rooms) but enabling the resident to enjoy the fresh air. This would also serve to stop residents wandering outside unsupervised.3. The NHS Accessible Information standard was not clearly | <p>understood by the management team and needs to be clearly disseminated to staff.</p> <ol style="list-style-type: none">4. Encourage schools or other groups to be actively involved with the home to enable residents to feel involved with the community in which they live.5. As the number of people with dementia is likely to increase it may be worth considering making all the houses dementia friendly when they are next decorated.6. All signage throughout the four houses should be standardised to avoid confusion, this is |
|--|--|

particularly relevant if residents travel between houses for entertainment or other activities.

ENTER AND VIEW

“Prior to the E&V visit, the embargo on new residents coming into the home had been lifted...”

1. Visit Conducted by:

Lead Authorised Representative:

- Sheila Warnes

Authorised Representatives

- Bob Hawkes
- Sue West
- Stella Morris
- Helen Hollinworth
- Wendy Shepherd

2. Purpose of the visit

- To gather information about the experience of living at Chilton Meadows
- To observe how residents are kept safe
- To observe how staff engage with residents and meet their needs
- To establish what choices residents can make in terms of their daily activities and their involvement in care planning, food/ menu choices
- To look at areas of concern raised in the CQC Report published 4 May 2016

3. Methodology

- Interviews with management,

staff, residents and relatives

- Examination of relevant documentation
- Observation

4. Introduction

4.1 The home consists of a central building with four single story units housing, when at full capacity, 120 residents.

4.2 At the time of the Enter & View (E&V) visit there were:

- 14 residents in Beech House for those with dementia nursing care needs
- 21 residents in Munnings House for those with dementia nursing care needs
- 21 residents in Gainsborough House with residential care needs
- 18 residents in Constable House with nursing care needs

4.3 On arrival the E&V team were welcomed by the receptionist and introduced to the Resident Experience Manager, (Deputy Manager), the Regional Director and later the Senior Clinical Manager.

- 4.4 The Resident Experience
Manager informed the team that at the end of December 2016, beginning of January 2017, the CQC had re-visited the home. The report from this visit is still awaited. Prior to the E&V visit, the embargo on new residents coming into the home had been lifted, however, new residents have not yet been admitted until management are sure that they have the right processes in place to ensure that appropriate care is delivered.
- 4.5 The current senior management team of three are all from different backgrounds. They came into post between July and September 2016 and have been working together, with the staff, to introduce changes and new ways of working, moving the service from a task orientated approach to person centered care.

IMPRESSIONS...

“...The team observed active listening communication in a very caring approach at lunch time...”

- | | |
|---|--|
| 5.1 The Enter and View Team (E&V), found the entrance to the home to be well signposted for reception and to the various houses. Chilton Meadows had a welcoming appearance with ample parking and clean, tidy gardens. | and friendly and the E&V team saw evidence of a good rapport between residents and staff. |
| 5.2 The main reception area and entrance to all the houses were clean, tidy and odour free with a signing in book. The team did not see any pictures of staff on any notice board or any indication of what the different uniforms meant anywhere in the main entrance or in any of the houses. | 5.5 There were very few relatives on site or residents to talk to during the E&V visit despite posters advertising the visit having been sent to the Manager by Healthwatch Suffolk two weeks prior to the visit. However, the team did speak to one relative who said that she was content with the care that her husband was receiving, however, she went on to say that “my husband likes sitting in this special chair in the conservatory and some days I have to ask repeatedly for them to take him from the dining room through to here”. About the food, she said “breakfast and lunch are fine, but sometimes the menu at tea time was not suitable for those with strokes” (who have a problem swallowing). |
| 5.3 All the individual houses were found to be very clean, tidy with staff that were friendly, polite and very helpful. | 5.6 One resident told the team that he “liked it here and was watching Countdown on TV”. |
| 5.4 The social areas within the houses were arranged in clusters to encourage conversation and there is a choice of seating though they are all of one height and there were no settees. The general atmosphere was relaxed | 5.7 Signage and call bells were |

- all positioned at the height accessible for the residents to see and use. The toilets and bathrooms signs were clear with clear wording and pictures.
- 5.8 The two dementia units which had been refurbished about six years ago were dementia friendly, with contrasting colours for walls, flooring and doors (except those that are for staff use only). The doors that blended into the wall colouring had hand rails along them to discourage residents entering, using the door. The team noticed that the furniture in the toilets was of a contrasting colour to the walls and floors, the taps were clearly marked hot and cold and toilet rolls were in easy reach. The team noted that there are engaged signs to preserve the dignity of the users. The E&V team particularly liked Beech House with it's mainly sport theme, colour coordination and various pictures displaying different textures on walls and reminiscent corners.
- 5.9 The team noted that there are dedicated quiet areas with spaces for individual and group activities and spaces to walk around independently inside the home with picture and objects of interest to help people find their way around, as well as small seating areas for residents to rest.
- 5.10 The team saw residents engaging in activities as well as having the facility to access to food and drinks when they wanted. They could choose where to eat their meals.
- 5.11 The team observed active listening communication in a very caring approach at lunch time. Help was provided where necessary with a choice of meals offered. Residents are able to select their meals by choosing what they want at the table from plated meals. The cook will always provide alternatives to the menu if none of the options are liked. The team observed plate guards being used effectively. It was noted that the staff member who removed a resident's plate after their meal, also recorded what was eaten by the resident.
- 5.12 The team noticed that one person who was assisted initially then wanted to feed himself but when left alone did not eat any more of his main course or his sweet. On enquiry the team were told that the resident had been

eating porridge, scrambled eggs, bacon and toast for his breakfast so was not hungry. The team were told that he usually had food later in the afternoon or sometimes not until evening.

- 5.13 The team noted that the date was clearly written on white boards and, there are good sized clocks in view on all houses, also that spaces were clutter free to avoid distractions and confusion.
- 5.14 There was a weekly activity list displayed but it was pointed out by staff that activities changed according to what the residents wanted to do. Relatives as well as residents are involved in the planning of the activities. Some relatives told the team that there was a lack of activities at the weekends. The management team advised the E&V team that the home is in the process of taking on a new member of the activity team to address this and to enable the home to provide seven day activities. The management team are trying to involve the community currently they have church representatives from the Church of England and the Free Church, who hold services once a month. The home also have a

'PAT Dog' visiting from the community. One Activity Coordinator stated she had worked at Chilton Meadows for 20 years in different roles. She offers many different activities, some of which are better received than others. Her latest idea has been the introduction of a small library on site, after the Stowmarket librarian was unwilling to bring books to residents.

- 5.15 The team noted that bedrooms were personalised and that there are memory boxes inside the rooms, large clocks and where wanted residents had their own TV and/or source of music.
- 5.16 One resident had the outside door opened in their room for fresh air and the team were concerned about their safety, possibly from someone entering the room from the garden. Perhaps a restrictor could be placed on these external doors to prevent egress?
- 5.17 Residents can access the grounds. When two E&V team members went outside from Munnings House it set off an alarm to inform the staff, staff reacted and came to find out who had gone outside.

- 5.18 The team noted there were sheltered seating areas and points of interest, sensory sites, raised beds to enable residents to take part in gardening activities. The E&V team were also informed that there is a plan to put wheels under large pots to enable the pots to be taken to those residents who find it difficult to access the garden but want to undertake some gardening.
- 5.19 Management informed the E&V team that they were, at the request of the residents who could not any longer go to the pub, intending to make the summerhouse into a 'pub' where drinks can be served to the residents. It hoped that this will offer a social setting for residents.
- 5.20 There is a key worker policy in place and all staff are now involved in writing the care plans.
- 5.21 Staff were happy to answer questions from the E&V team. Those spoken to stated that the care had improved tremendously and they were really enjoying what they did. Some had just completed their NVQ Level 2 and were now starting Level 3. Two care staff said the on-going training was excellent and they were very happy with the support they received. Staff also seemed aware of various policies and where to go for relevant information.
- 5.22 The staffing levels viewed on the day appeared to be satisfactory with five carers and one nurse in the morning and four carers and one nurse in the afternoon across all the houses.
- 5.23 In discussion with the management, the E&V team were informed that:
- Staff have to participate in a mandatory induction programme before they are allowed to work on their own
 - Various clinical training sessions have been given to staff for example: checking skin integrity and pressure sores. This training is being cascaded to all care staff
 - Staff are encouraged to take on additional training e.g NVQ Level 2 / Level 3 for Senior Carers. All the nurses who are going to become registered managers for each unit are put through a management training qualification
 - Staffing levels were now based on the needs of the residents

- Agency staff are block booked to ensure they have the same people as much as possible using three agencies
 - The management team did not seem to be aware of the NHS Accessible Information Standard. The E&V team gave management a copy of the easy to read version for staff
 - When a resident goes into hospital there is an admission / information form that goes with them which is kept as current as possible
 - The home uses a local GP that attends three times a week, however some resident's continue to access the GP they had prior to moving into Chilton Meadows. There is also a local dentist that holds a surgery, a hairdresser and chiropodist
 - Staff supervision is being undertaken in different ways to encourage staff to speak up. Management have adopted an open door policy, they are promoting staff supervision and encouraging staff to talk to their line manager. Nurses are being encouraged to listen to carers and to consider their ideas
 - There is a policy in place for dealing with homely remedies and they are included on the MAR chart but are for short time use only
 - The care plans were in the past only completed by the nurses but now carers and senior carers contribute to the care plan
 - Residents and relative meetings are held every 2 - 3 months. The E&V team were shown a copy of the format used for the meetings which followed a set pattern which included information on what is plans for activities, details of changes, suggestions are welcomed
 - Wi-Fi is available on the site and one resident uses it
- 5.24 The E&V team discussed with the management team what actions they had taken to improve the service following the CQC visit in May, these include:
- Falls have been reduced by making staff aware of the procedures to follow to ensure residents safety, assessment of need, providing suitable mobility aids, checking for unexplained bruises, being aware of those susceptible to bruising such as those on long term steroid use
 - All incidents reported during a shift are raised at handover to the next shift. The number of falls is reducing throughout the home. Some residents are high risk for example one resident with dementia who forgets he

cannot walk. The care team have involved his doctor and fall teams with how to manage his needs and agree the best way to care for him

- Pain management, policies and procedures are in place to check and ensure pain levels are managed correctly, pain assessment forms and positional charts are being used. Staff are more aware of and take into consideration the body language of the resident and apply their knowledge and understanding of that resident, staff are more mindful of any changes in a resident's behaviour
- To reduce the risk of skin breakdown and pressure ulcers individualised positional charts are in place and in each room, there is an activity record recording visits and their purpose. Visits are at least hourly and there is a requirement to respond within four minutes to a call bell which is monitored by the management team each day. Pressure responsive mattresses, cushions, etc are being used to reduce the risk and currently none of the residents have pressure sores
- All equipment is now held on record and the maintenance team undertake checks of all equipment as scheduled to ensure it meets legal and

manufacturers requirements

- Health and safety is managed by BUPA Head Office. Management and maintenance team report issues and these are discussed at meetings with staff
- Residents care is now individualised, they have the choice of what time they want to get up, go to bed, have their breakfast in bed or after they get up and so on
- Staff are encouraged to find out about the person, what they used to enjoy doing by speaking to relatives and residents to enable them to link the activities planned to suit the things they like to do
- Staff are now monitored using mentors, coaching, role modelling and feedback from their line manager. Supervision is aimed at being carried out every 8 to 10 weeks on a more informal basis and appraisal in place for all staff. There are also group supervisions, staff meetings, 1-1 supervision in place
- There is a plan to place each unit under a separate Registered Manager. Plans are in place to qualify the senior nurses accordingly
- To comply with the Mental Capacity Act and Deprivation

of Liberty Safeguards staff have been provided with training supplemented by pocket cards. Staff are asking for consent from residents and improvements are moving towards recording this on their care plans each time staff engage. For more complex issues relatives are now involved and best interest conferences held. There are a number of DOLs assessment which have been made which await endorsement by Suffolk County Council. It is recognised that this is a problem across the care sector as a whole in Suffolk and other local authorities

- Changing the attitude of staff to understand the rationale for allowing the residents to make their own decisions, understanding consent and capacity, and ensuring that everyone is treated with respect, dignity and kindness is ongoing. Chilton Meadows management have adopted a number of different ways to change staff approaches to care by providing coaching, role modelling, performance management, emphasising the role of person centered care planning to ensure that staff recognise the resident as an individual and should

be implementing the care plan. The management team reported that they were pleased with the success of their approach how well staff had responded

- Residents are now protected from malnutrition and dehydration by weekly/ monthly weight checks and it is firstly managed in house by the use of fortified foods for three days, if no success after three days a dietician is involved. Residents at risk have food diaries and fluid charts in place with audits to ensure they are being acted upon correctly
- 'This is Me' book is now in place for each resident giving details of resident's background / what to talk about and what not to talk about. The procedure for new residents is being finalised to ensure that this information is captured as they come into Chilton Meadows
- Changes have been made to ensure that those residents who remain in their rooms are not ignored and stimulated for example by using room to room entertainers, 1-1 activities, music, use of fiddle blankets and by making the rooms more personalised

- 'Homely activities' for those with dementia now include day to day activities based on the information and knowledge gleaned from the resident, a relative or friend. These include household chores e.g. use of carpet cleaner and cake making in the communal areas (the mixture is then cooked by staff in the kitchen) and eaten by the residents.
- There is a post analysis sheet to enable complaints to be investigated and lessons learnt recorded
- The management team said they kept themselves up to date by personal reading, internet, intranet and this information was disseminated to the various homes with mini sessions held. They advised that there has been a massive culture change and staff are now readily coming forward and participating in ideas as they know that they will be listened to and something will be done. The E&V team about the NHS Accessibility Standards. Chilton Meadows management were not clear about this. An easy read information sheet was left with them and they agreed to inform staff
- There is a daily short 'Take 10' meeting which involves staff and managers to help keep everyone up to date, enabling sharing of good practice across the houses. By being approachable and empowering staff, managers have dealt with issues quickly, they have allowed staff to try out their ideas to see they work and if it does to enable other houses to try. Some things work for all house, whilst others only work for one house, this is seen as being acceptable. Activities and approaches are now based on what is best for the resident.

AREAS OF GOOD PRACTICE...

“...its grounds were clean and well maintained, the home presented a happy and friendly atmosphere...”

- 1. Managing nutrition and hydration:** Placing the staff member removing the food plate from the resident at the end of each meal course responsible for recording food eaten and liquids consumed ensures more accurate monitoring
2. Using plate guards to aid eating and enables residents to remain independent.
3. Being flexible with activities and changing these according to resident's desires / wants.
4. Being ready to listen to the needs of residents - The idea of the summerhouse into a pub / cafe is to be commended.
5. Encouraging staff to complete their NVQ's and progress to the next level.
6. Both the inside and externally the home, its grounds were clean and well maintained, the home presented a happy and friendly atmosphere.

Recommendations...

1. Notice Boards with staff photographs and names should be displayed to assist residents and relatives to identify the team in each house.

Provider response:

This is now going to be implemented for each house and will include members of the management and support team.

2. Fit a bracket / restrictor to some of the outside doors to limit the scale of opening (particularly where residents may be vulnerable to unwanted visitors entering rooms) but enabling the resident to enjoy the fresh air. This would also serve to stop residents wandering outside unsupervised.

Provider response:

The home management team have considered this, and feel that restricting doors from opening would not be appropriate - all external doors can be locked, and windows also open - though all windows do have restrictors in place.

3. The NHS Accessible Information standard was not clearly

understood by the management team and needs to be clearly disseminated to staff.

Provider response:

This has now been shared to all staff via departments.

4. Encourage schools or other groups to be actively involved with the home to enable residents to feel involved with the community in which they live.

Provider response:

Activities team are actively trying to involve people and groups from the local community, but this is work in progress.

5. As the number of people with dementia is likely to increase it may be worth considering making all the houses dementia friendly when they are next decorated.

Provider response:

That is an active consideration, and will be done as individual units are refurbished.

6. All signage throughout the four houses should be standardised to avoid confusion, this is particularly relevant if residents travel between houses for entertainment or other activities.

Provider response:

As signage is replaced, it is being standardised throughout the home

Provider responses

Verbatim, provider comments are included within the text of the report in pink. Any action plan submitted by the provider will also be attached to the report.

HERE TO HELP...

If you have a query about this report or would like to know more about Healthwatch Suffolk please contact us as below. We will be happy to help.

You can watch a short video about us via the following link:

www.healthwatchsuffolk.co.uk/about-us/

For information about how we made a difference in the year 2016/17, please download our annual report from:

www.healthwatchsuffolk.co.uk/our-reports-2

You can also contact us for a hard copy (limited availability) or watch our supporting video. Simply search for “Healthwatch Suffolk” on YouTube.

CONTACT US

Tel: 01449 703949

Email: info@healthwatchsuffolk.co.uk

Website:

www.healthwatchsuffolk.co.uk

Write:

FREEPOST RTTY - CEUT - LCRH
14 Hill View Business Park,
Claydon
IP6 0AJ

If you require this report in an alternative format please contact (details above).

This Enter and View report is publicly available on our website and has been distributed to the Care Quality Commission, Suffolk County Council Adult Care Services Quality and Monitoring Team, Healthwatch England and other stakeholders including all Healthwatch Suffolk members.

We confirm that we are using the Healthwatch Trademark (which covers

the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the license agreement.

The text of this document may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context. Enquiries should be sent to us at info@healthwatchsuffolk.co.uk or you can call 01449 703949.

© Copyright Healthwatch Suffolk 2017