



**Enter and View Report:**  
Chilton Croft Nursing Home, Sudbury

15th July 2015



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**Name and Address of Service visited:**

Chilton Croft Nursing Home  
Newton Road  
Sudbury  
Suffolk CO10 2RN

**Name of Provider:**

Mr S Diwan

**We visited this service on:**

15 July 2015 1015- 1300 hours



# ACKNOWLEDGEMENTS, DISCLAIMER AND... WHAT IS ENTER AND VIEW?

## 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 finding observed on the specific date of the visit that is *15 July 2015*. 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 & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits.

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.

# EXECUTIVE SUMMARY

“Residents and staff spoken to during the visit felt well supported. Relatives were satisfied with the care that their family member received...”

The purpose of the visit was to gather information about the extent of resident choice, their involvement in the care delivered and in care planning.

The Enter & View team (E&V team) are able to report that since the last Care Quality Commission (CQC) report dated 13 April 2015, changes have been made to the management structure within Chilton Croft with the appointment of a senior management team replacing the previous model of a sole Owner / Manager.

The recruitment and subsequent selection staff is now more robust, with all staff having DBS and professional checks carried out prior to employment.

Induction of staff includes a two week ‘work experience’ period where new staff work alongside senior staff. Formal training includes moving and handling, infection prevention and food hygiene. Should staff require any additional training such as Basic Skills this was commissioned by the Owner / Manager.

Residents and staff spoken to during the visit felt well supported. Relatives were satisfied with the care that their family member received.

The E & V team reported that they observed little formalised activity taking place. The large lounge had an institutional feel about it with high backed, winged chairs arranged around the walls and in front of the windows, effectively prohibiting informal interaction. Most interaction between residents and staff was in response to need. This care was delivered in a calm and reassuring manner.

Despite the day of the visit being sunny, no residents were seen accessing the garden from the lounge.

A number of recommendations have been made as a result of the visit:

**1. Recommendation:** An improved service model might be a management rota to cover unsocial hours. The E&V team was unaware of any formal arrangements to provide management cover of unsocial hours.

**2. Recommendation:** Observing models of good practice in other care facilities would be helpful to staff in order to stimulate ideas, for staff to find more inventive ways of caring for residents particularly those with a dementia.

Whilst acknowledging that some social activities are arranged for residents, a more imaginative and individual approach would prove beneficial, particularly for residents living with dementia. Staff should be encouraged to explore how activities can be incorporated into a daily routine.

**3. Recommendation:** Care plans should be accessible by the resident and care staff and regularly updated. Observing models of good practice in other care facilities might be helpful for staff and management.

**4. Recommendation:** Discussion with other training providers would be helpful in devising support for staff training and the effective assessment of staff training needs/ competency. Induction training for newly appointed staff is appropriate and supportive but does not include formal dementia awareness training which should be offered to all staff during induction.

Ongoing training for care staff and professional supervision is limited.

**5. Recommendation:** Ongoing training or continuous professional development (CPD) and supervision is currently limited. All staff should be enabled to participate in CPD and receive formal, documented supervision on an individual basis as opposed to group supervision.

# ENTER AND VIEW

“The purpose of Healthwatch Suffolk’s visit was to gather feedback and make observations relating to residents’ choice and involvement in care planning...”

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| <p><b>1. This visit was conducted by:</b><br/>1.1 David Evans - Lead Authorised Representative (AR), Maggie Goddard (AR) and Sue Spencer (Observer).</p> <p><b>2. The purpose of this visit was:</b><br/>2.1 The Care Quality Commission (CQC) inspections and recommendations, most recently in October 2014 and February 2015, concluded that the home “Requires Improvement” in 4 of 5 areas of service.</p> <p>2.2 The purpose of Healthwatch Suffolk’s visit was to gather feedback and make observations relating to residents’ choice and involvement in care planning by meeting with residents, relatives and friends, management and staff and observing delivery and documentation of care and the residents’ environment.</p> <p><b>3. Methodology:</b><br/>3.1 Observation of the care environment and conversations with the home owner, clinical lead, four members of staff, nine residents and four relatives.</p> <p><b>4. Introduction:</b><br/>4.1 Chilton Croft is a Registered Nursing Home with a capacity for 32 residents requiring residential or nursing care, some of whom are living with dementia.</p> <p>4.2 The team were told that one of the rooms is used for storage, in practice therefore there is capacity for 31 residents.</p> <p><i>Provider response: “the room is currently used as the treatment room”</i></p> <p>4.3 The building is not purpose built. The residents’ rooms vary in size - the team were told that room allocation is dependent on resident need and on room availability at the time of admission.</p> | <p>4.4 The rooms are on two floors with a lift between the floors.</p> <p>4.5 The staffing structure comprises the Owner/Manager with a senior management team of a Clinical Lead, Facilities Manager and an Administrator.</p> <p>4.6 A chef and two kitchen assistants are on duty every day.</p> <p>4.7 Care is delivered by a team comprising a nurse and six carers during the daytime shifts (0800 hours - 2000 hours) and a nurse and two carers at night. The E&amp;V team were told that there is capacity to increase these numbers if necessary.</p> <p>4.8 Within the Regulation and Quality Improvement Authority guidelines June 2009, the staffing levels appear appropriate taking into account the varying levels of dependence of the residents.</p> <p>4.9 Gardening and handyman tasks are undertaken regularly.</p> <p>4.10 Domestic tasks and cleaning is undertaken by a regular team.</p> <p>4.11 Outside agencies such as District nursing and Macmillan services visit regularly. Other professionals allied to medicine visit on referral and request.</p> <p><i>Provider response: We are a Nursing Home and provide all nursing services in house.</i></p> <p>4.12 Some social activities are arranged and delivered by visiting providers, commissioned by the Home such as musical entertainment. These activities are posted on notice boards.</p> <p><b>5. Impressions:</b><br/>5.1 The Home is accessed by a keypad system, visitors ring the doorbell and enter via the front door.</p> |
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5.2 The entrance hall was bright and clean - there were no unpleasant or offensive smells and the ambience was quiet and calm.

5.3 Notices were observed in the hallway and information leaflets which gave information on support agencies, complaints procedures and current activities for residents were accessible for relatives and visitors. The weekly menu was also displayed.

5.4 The residents' rooms are on two floors and of varying sizes. Each room had en-suite facilities (toilet and washbasin) and was clearly identified by the residents preferred name on the door. There were clear signs in use on some doors, indicating that care was in progress and entry to the room was inappropriate at that time.

5.5 There were adequate bathroom and toilet facilities for both independent and dependent residents. The home did not have a bath, showers were used exclusively not affording a choice to those who may prefer a bath. The Owner/ Manager mentioned an ambition to provide a bath if the right space could be found, perhaps by moving a current bathroom into an existing bedroom.

5.6 All bathrooms and toilets were clearly and appropriately signed.

5.7 There were two lounges for residents' use - one smaller, furnished with seating appropriate for independent residents, with a television and piano.

This room was a shared facility for office accommodation. The E&V team did not observe any resident using the room during the visit.

5.8 The second, much larger lounge is where the majority of dependent residents appear to spend most of their out of room time. The chairs in this room were placed around the walls which may not stimulate conversation or interaction amongst residents. There was ramped access to the garden area.

*Provider response: The layout of the lounge does allow residents to have clear lines of sight so that visual misperceptions*

*are reduced and it also allows the impact of raised vocal levels by residents due to hearing difficulties to be minimised. The larger space also allows for "safe wandering" by residents as and when this occurs whilst access to residents who require the use of manual handling equipment is also more safely facilitated in comparison to smaller spaced areas.*

5.9 The dining room was accessible and appropriately furnished for independent residents with some space provided for residents who needed assistance. There were regularly updated menus displayed and the chef visited residents daily to assist with meal choices.

## 6. Findings:

6.1 The E&V team spoke at length with the Owner/Manager and Clinical Lead discussing the overall management of the Home and the response they had made to the CQC reports and recommendations. Changes and improvements are in progress to enhance the residents' and relatives experience, with particular reference to residents' choice and relatives' involvement in care planning.

6.2 Each resident has a personal care plan and an individual activity plan. There was evidence that the "About Me" tool is being implemented.

6.3 There was no evidence that care plans were in the residents' rooms. A file of noted observations concerning dependent residents was in the large lounge, in which the carers documented activity. It would appear that care plans are electronic and not with the resident in their room and therefore not readily accessible by the resident or care staff. E&V team were told that they are accessible to all.

*Provider response: We believe that the HWS team may have misunderstood the care delivery documentation system used and we outline this below.*

*Chilton Croft does not have a fully computerised system and most documentation is paper generated.*

*All care documentation is held in two separate folders. A blue individual care folder which is located in the resident's bedroom and accompanies them wherever they may be located within the Home. This folder holds all daily records of care concerning care interventions delivered, times, frequency, handling plans etc.*

*A Yellow more comprehensive and confidential Care folder is held within the Nursing Office which will also hold third party information, ongoing treatment and care plans, end of life arrangements etc. These plans are updated on a monthly basis by the named nurse assigned to the resident.*

*All members of the Care team have access to both folders*

6.4 The team were told that working partnerships with other agencies such as District and Macmillan nursing are now well established.

6.5 There have been changes to the management structure with the appointment of the senior management team replacing the previous model of sole Owner/Manager.

*Provider response: There have been changes implemented by the sole Owner/ Manager resulting in a clear management structure of senior roles, accountabilities and responsibilities.*

6.6 The recruitment and selection of staff was described as now being more robust with all staff having appropriate DBS, professional checks and followed references prior to employment.

6.7 Induction training for new staff consists of two weeks supernumerary work experience with a senior care worker, duty nurse and the Clinical Lead, together with training for moving and handling, infection prevention and food hygiene, commissioned by the Home. The induction training content was verbally confirmed. The Owner / Manager is considering the training of senior staff to deliver moving and handling in house. Should any employee have needs

regarding spoken English and Basic Skills, the Manager commissions' appropriate individual training. A recently appointed carer, already studying for formal care qualifications, told the E&V team she had been encouraged and enabled to continue her studies. She is currently working towards NVQ Level 5.

6.8 There was no provision for formal dementia awareness in the induction programme or for existing staff.

*Provider response: Staff have formal Dementia training on induction- Dementia awareness training and they also undertake The Alzheimer's Society Dementia training- 'Tomorrow is another day' yearly. (Training matrix available to support this).*

6.9 The E&V team saw no evidence of ongoing training or professional supervision for established staff. The E&V team were told by the Owner/Manager that most supervision is delivered during staff meetings.

*Provider response: Supervision is delivered on a regular basis for each individual staff member but also during staff meetings and post incident reviews.*

*Also ongoing training is provided for all staff at the home to enable their professional development eg one staff working towards her leadership and Management Level 5, another working towards his Level 4 in Management as well as 17 staff currently undergoing their Care Certificate. (Training matrix available to support this)*

6.10 The members of staff with whom the E&V team spoke were happy at Chilton Croft and felt well supported.

6.11 The residents with whom the E&V team spoke were satisfied with their care, they told the E&V team that they were involved in the planning of that care, albeit informally, that staff were consistently kind, patient, respectful and understood their needs and likes and dislikes.

6.12 Each resident with whom the E&V team spoke confirmed that they enjoyed the food and had opportunity to express choice

regarding meals, snacks and mealtimes.

- 6.13 It should be noted that not all the residents were cognitively able to talk to the team or give any feedback regarding their care.
- 6.14 The relatives with whom the E&V team spoke were satisfied with care delivery and the support and involvement afforded them.
- 6.15 One exception came from a daughter who felt her relative sometimes had to wait for longer than liked for attention. However the daughter said that her relative had very recently and suddenly become totally physically dependent whilst retaining her cognitive ability and had consequently become "very impatient and hard to please".

#### Observation in the lounge:

- 6.16 The E&V team observed delivery of care and interaction between staff and residents and also between residents. In the large lounge, however there was little organised activity taking place.
- 6.17 This lounge had an institutional feel with very little atmosphere and was very quiet. It was furnished with high backed armchairs placed around the walls, some in front of the windows. The Owner / Manager explained to the E&V team that the lay out of chairs around the walls was necessary to hoist residents safely without disturbing others.

*Providers response: Our experience as a Provider over several years informs much of the care that we currently deliver. Unmanaged sensory stimulation can very quickly result in over stimulation and evoke quite distressing behaviours because most residents have to a greater or lesser degree cognitive and sensory decline. Interpreting these sensations often results in behaviours that are repetitive, loud, anxiety provoking, distressing or will even generate flashbacks from the past and tearfulness. These emotional states can and often influence behaviour for the rest of the day such as poor appetite, poor sleep, irritability, sadness etc.*

*The current layout of the chairs allows freedom of movement for the residents that are able to mobilise independently and it also makes it safer for staff to employ the use of moving aids. Our experience and feedback received from our staff confirm that the use of hoists in larger spaces or more open spaces is safer and preferred in contrast to using such equipment in more confined settings.*

*Whilst we understand the comments made by the E&V team, we would welcome more research evidence that could be shared with us together with working examples that could be explored further before embarking upon such a change that may or may not impact on our residents health and welfare, current incident levels, staff satisfaction and leadership scrutiny. We would like to confirm that we are not opposed to the idea and only wish to ensure that the interest and safety of our residents are always considered paramount.*

- 6.18 Access to the garden was available from this room but the E&V team saw no evidence of anyone sitting in the garden or participating in gardening, even though it was a sunny day.
- 6.19 An extra member of staff is assigned to the lounge during the morning.
- 6.20 Each table had a drink placed on it, at mid-morning drinks were cleared away. It was not clear how immobile residents would access drinks of water independently.
- 6.21 The E&V team observed some attempt to interact with one resident by the member of staff present, otherwise the interaction was in response to need.
- 6.22 Staff bringing residents to the lounge from their rooms were observed delivering appropriate care in a calm, reassuring and dignified manner.

#### Observations of lunch:

- 6.23 The E&V team observed lunch being served in the dining room and the lounge. The food



smelt and looked appetising.

- 6.24 In the dining room each resident said they were served their chosen meal, the E&V team observed three different desserts served. Wine, water and squash were available for each resident to choose, in both the dining room and lounge.
- 6.25 In the lounge, residents were served on a tray which contained both courses. Everyone appeared to enjoy their meal. All residents wore aprons during the meal.
- 6.26 The E&V team saw no evidence of hand washing facilities being offered to dependent residents prior to the meal.
- 6.27 Residents who needed assistance with their meal received one to one attention from a carer, sitting next to them, giving them time to eat at their own pace.

#### Activities:

- 6.28 Apart from a visiting hairdresser the E & V team did not observe any organised activity for the resident participation. The E&V team were told that most of the activities take place in the afternoon. Some of the female residents had received a hand pampering session the previous day - evidenced by brightly polished nails. The published rota of activities described music and singing session, chair exercises etc. but these would appear to be group activities with little evidence of individual activity. However, the E&V team were shown an "Individualised Activity Programme" which appeared to show specific timed activities relevant to many of the residents. The Owner said this was a "work in progress" and was used in a flexible manner during the week.
- 6.29 In terms of care planning the E&V team were shown an "About Me" template used to record residents care preferences in how care should be provided when getting up, eating meals or going to bed; it also included specific requests regarding areas of independence.

# 7 CONCLUSIONS

“...the E&V team felt that the large lounge had an ‘institutional feel’... There appeared to be little social activity or stimulation for residents...”

7.1 Chilton Croft is a non-purpose built nursing home registered for residential, nursing and dementia care.

7.2 There are 32 rooms, all were occupied with the exception of the room being used for storage, and there is a current waiting list.

*Provider response: see para 4.2.*

7.3 Residents, relatives and staff reported that they were satisfied with the care and positive about the environment, however the E&V team felt that the large lounge had an ‘institutional feel’. See page 10 ‘Observations in the Lounge’.

7.4 The Owner /Manager is striving towards transparency and inclusivity in his dealings with resident’s, relatives and staff.

*Provider response: The Owner/Manager has always been transparent and inclusive in his dealings but has increased his efforts to reflect this in all aspects of care delivery in accordance with regulatory requirements.*

7.5 The recently appointed senior management team appears cohesive and has relieved the Owner/Manager of the previous model of sole overall management and decision making.

*Provider response: The less formalised management model that previously existed at Chilton Croft has now been strengthened with the introduction of a more formalised management model with a clear structure of roles and accountabilities reporting to the Owner/Manager.*

7.6 We observed good practice in care delivery.

7.7 Relatives and visitors told us they were satisfied with the care given to their relative and felt included and well supported.

7.8 Care was delivered by teams of carers and nursing staff as necessary under the supervision of the Duty Nurse and Clinical Lead in parallel.

7.9 Documentation of care and resident choice was limited, although anecdotally in conversation with residents and relatives, it appeared there was some choice and inclusivity.

*Provider response: This statement is unclear and might be due to the misunderstanding of HWS team with the care documentation used at the Home.*

7.10 There appeared to be little social activity or stimulation for residents during the E&V visit. The majority of dependent residents appeared to spend most of their time out of their room time in a large lounge which had both an institutional feel and look about it, with little social interaction between residents, or staff and residents.

*Provider response: We refer back to our suggestions in 5.8 and 6.17.*

*We continue to develop our individualised activity programme on the premise that a more consistent and more intensely focussed time slot of activity at agreed intervals is likely to generate better rewards in care.*

7.11 There was a published programme of organised activities for the more physically and cognitively able residents.

7.12 Chilton Croft is making progress following the visits and recommendations of the CQC. Some examples of good practice and improvement were apparent following management restructuring and increased staffing levels and residents, relatives and staff all appeared satisfied with the overall care delivery.

- 7.13 The E&V team concluded that improvement is needed in social interaction as part of the daily care for residents, documentation of care and ongoing formal training for staff.

# 8

## RECOMMENDATIONS AND AREAS OF GOOD PRACTICE

“...does not include formal dementia awareness training, this training should be offered to all staff during induction...”

8.1 The overall observation of the care delivered to residents was satisfactory. Relatives told the E&V team that they felt included and well informed and that their family members were well cared for.

8.2 The E&V team were told that resident and staff meetings are held regularly, however the E&V team did not see records or minutes of these meetings.

8.3 Menu choices and meals appeared satisfactory, with snacks and drinks available at any time. Residents and their relatives were visited by the Chef on a daily basis to discuss menu choices. This is seen as good practice.

**A number of recommendations have been made as a result of the visit:**

8.4 **Recommendation:** An improved service model might be a management rota to cover unsocial hours. The E&V team was unaware of any formal arrangements to provide management cover of unsocial hours.

*Provider response: The unsocial hours are covered by facilities manager being on call and alternating with the registered manager who is also on call. There are rostered weekend shifts in place for both Registered Manager and Facilities Manager as well as random spot check visits.*

8.5 **Recommendation:** Observing models of good practice in other care facilities would be helpful to staff in order to stimulate ideas, for staff to find more inventive ways of caring for residents particularly those with a dementia.

Whilst acknowledging that some social activities are arranged for residents, a more imaginative and individual approach would prove beneficial, particularly for residents

living with dementia. Staff should be encouraged to explore how activities can be incorporated into a daily routine.

8.6 **Recommendation:** Care plans should be accessible by the resident and care staff and regularly updated. Observing models of good practice in other care facilities might be helpful for staff and management.

Currently access to and subsequent updating of care plans and associated documentation is limited as documentation appears to be computerised but not updated or referred to on a regular basis. On shift change, staff should be encouraged to review the care plans and residents notes. Residents should be engaged in their care planning on a regular basis, not least when any change occurs to the resident.

*Provider response: We believe that this recommendation is based on a misunderstanding by the HWS team of how the care documentation works.*

8.7 **Recommendation:** Discussion with other training providers would be helpful in devising support for staff training and the effective assessment of staff training needs/ competency. Induction training for newly appointed staff is appropriate and supportive but does not include formal dementia awareness training, this training should be offered to all staff during induction.

8.8 **Recommendation:** The extent of ongoing training or continuous professional development (CPD) and supervision is currently limited. All staff should be enabled to participate in CPD and receive formal, documented supervision on an individual basis as opposed to group supervision which is the current system.

## 9. Provider Feedback

- 9.1 Please see Appendix One for the action plan as submitted to us by the provider following this visit.
- 9.2 Comments have been received from the Provider and these comments have been incorporated in the report. These are recorded in italics against the report statements.
- 9.3 The Provider has commented where he believes the report has either been inaccurate, where the wording of the report may be a misrepresentation of “observations undertaken” or a misunderstanding of the information provided by the Provider.
- 9.4 Where no comment has been made, the Provider is satisfied with observations recorded by the Healthwatch Suffolk Enter & View authorised representatives.
- 9.5 The Provider would like to make it clear that he and his staff welcomed the time, experience and useful suggestions received from the Enter & View team.
- 9.6 The Provider has expressed interest in the E&V team returning to visit Chilton Croft.



## 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/](http://www.healthwatchsuffolk.co.uk/about-us/)

For information about how we made a difference in the year 2014/15, please download our annual report from:

<http://www.healthwatchsuffolk.co.uk/about-us/annual-reports-and-agm-resources/>

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

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# Appendix 1