



Enter and View Report:
Mildenhall Lodge, Mildenhall

18th September 2015



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Name and Address of Service visited:

Mildenhall Lodge
St John's Close
Mildenhall
Suffolk
IP28 7NX

Name of Provider:

Care UK Community Partnerships Ltd

We visited this service on:

18th September 1000- 1400 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 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 & View?

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

be directed to the CQC where they are protected by legislation if they raise a concern.

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

EXECUTIVE SUMMARY

“Since the home opened in June 2014 it has had four different managers which has been challenging for the staff group....”

The purpose of the visit was to gather information about the choices offered to residents in their daily lives, their involvement in care planning and to learn about staff recruitment, retention and training as they all impact on the care provided.

Since the home opened in June 2014 it has had four different managers which has been challenging for the staff group, particularly in the face of the adverse press publicity in 2014. The management changes have also caused some confusion and concern for the residents and their families.

A new manager has now been appointed and all the comments received about them by residents, visitors and staff were very positive.

Although Care UK is taking positive action to reduce its reliance on agency staff Mildenhall Lodge is still experiencing difficulty recruiting, and retaining care staff and attracting appropriately qualified nurses. The recruitment of nurses is a national problem and the location of the home also makes the recruitment of care staff challenging.

There is formal induction training for all new staff and evidence that ongoing training opportunities are also available.

Although the care planning process was described to the E&V team we are not able to comment on its implementation in practice.

Residents and relatives spoke positively about the care provided and the choices offered to them.

The E&V team saw evidence of good practice and positive relationships between staff and residents throughout the visit.

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

1. Recommendation: The Manager of Mildenhall Lodge should consider how best to develop staff roles and responsibilities, ensuring that individual needs, concerns of residents and their relatives are understood, listened to and

responded to. This could be achieved through the use of Key Workers or similar approach.

2. Recommendation: With reference to current research, consider how the use of signage, colour and the use of pictures might promote the independence and orientation of people at Mildenhall Lodge who are living with dementia. For example rather than paint all the bedroom doors the same colour it might help if residents could choose the colour (perhaps relating to a front door they had in the past).

3. Recommendation: To ensure that as the social activities and leisure opportunities are developed at Mildenhall Lodge they always include the integration of meaningful, pleasurable activity which stimulate the daily lives of those living with dementia and those with physical disabilities or life limiting conditions.

4. Recommendation: To directly involve the residents and their families to make greater use of the garden area and the facilities of the cinema room.

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>1. This visit was conducted by:</p> <p>1.1 This visit was conducted by: Sue Spencer Lead Authorised Representative (AR), Stella Morris (AR) and Chris Sparrow (Observer)</p> <p>2. The purpose of this visit was:</p> <p>2.1 The Care Quality Commission(CQC) inspections and recommendations, in July 2014 (published September 2014) resulted in enforcement action being taken on one area of service and concluded that the home required improvement in 4/5 areas of service. More recently this was followed up with 2 unannounced visits in December 2014 (published April 2015) concluding that the home “Requires Improvement” in all 5 areas of service.</p> <p>2.2 The Local Authority suspended all new admissions to the home, from 29/07/2014 up until late May 2015.</p> <p>2.3 The purpose of Healthwatch Suffolk’s Visit was to gather feedback and make observations about the choices offered to residents in terms of daily activities, food/ menu choices and resident involvement in care planning. It was also hoped to learn more about staff recruitment, retention and training as they all impact on resident involvement.</p> <p>3. Methodology:</p> <p>3.1 Observation of the care environment and conversations with a Senior Manager from Care UK (Care Home manager on leave), Deputy Manager, 5 members of staff, 3 residents and 2 relatives/visitors.</p> <p>4. Introduction:</p> <p>4.1 Mildenhall Lodge is registered to provide accommodation for up to 60 people who require nursing or personal care. Including those aged under 65 years and those who may have dementia or physical disabilities.</p> <p>4.2 The home is located in a residential area of</p> | <p>Mildenhall. It is purpose built and opened in June 2014 with the transfer of some residents from the local authority home Wamil Court in Mildenhall which was then closed.</p> <p>4.3 It has a contract with Suffolk County Council to provide a significant number of places and also takes privately funded residents.</p> <p>4.4 The accommodation is on 2 floors with access to the first floor via a lift and stairs. The home has 4 units each accommodating up to 15 residents and all the bedrooms are ensuite with a shower, washbasin and toilet.</p> <p>4.5 On the day of the visit there were a total of 35 residents living at the home on 3 of the units, but with absence due to hospital stays only 33 were on site. These residents were staying on either a long term or short stay basis. There were 9 residents on the nursing/dementia unit on the first floor, and the remaining 26 residents split between the frail elderly/dementia care unit and the residential unit on the ground floor. The fourth unit on the first floor is currently unused.</p> <p>4.6 Most of the recent referrals from Suffolk County Council Social Care have been for short stays and respite care.</p> <p>4.7 The rooms are single occupancy but within the build design it would be possible to open up a connecting door between 3 pairs of rooms to accommodate a couple or even remodel the layout of the rooms for them.</p> <p>4.8 Provision was also made in the build design for some rooms to have overhead hoist tracking installed should this be needed for a resident.</p> <p>4.9 The bedrooms available under the Suffolk County Council Contract have Assistive Technology systems provided, which with the agreement of the resident</p> |
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can be activated to promote both their independence and safety. This system can be individually set to the residents needs providing low level lighting when they get out of bed, and an alert direct to the staff alarm system if they fail to return to bed within the agreed timescale. This system can be offered to residents who are self-funding at an additional cost.

- 4.10 The call bell system has a monitoring function so that it is possible for managers to review staff response times, number of calls etc across the units.
- 4.11 All of the units have their own lounges and dining rooms where there is a small kitchen area and the facility to make hot drinks and snacks throughout the day.
- 4.12 There are also some small areas in the corridors where it is possible for residents to sit.
- 4.13 Assisted bathrooms are available on all the units
- 4.14 Adjacent to the main entrance of the home is a communal café/coffee shop area available to residents from all the units and their visitors. This area is also used for some activities.
- 4.15 The main kitchen where all the meals are freshly prepared on a daily basis is next to the café. The meals are taken from here on heated trollies to the dining rooms on the units.
- 4.16 The kitchen is also able to meet the individual dietary needs/choices of residents and cater for soft diets etc.
- 4.17 Wi Fi is available throughout the home with access codes on either a short term or long term basis.
- 4.18 Within the home there is a hairdressing room with a hairdresser visiting each week, a craft room with evidence of painting and other activities and a cinema room which at present is underused.

Provider response: The staff encourage residents to use the cinema room, however, some residents have said that they do not

like to use the lift. We will look into how we might work around this and host movie events in a downstairs suite as well.

- 4.19 The home has a large, level, secure garden area with accessible pathways, seating areas, trees, flower and shrub borders, some raised beds in which vegetables were growing.
 - 4.20 At the front of the home there is some staff and visitor parking and adjacent to this is a purpose built day care unit with additional parking. This day care facility is very little used due to the lack of take up of the service. Care UK are hoping to explore options for possible alternative uses of the building if the County Council agrees.
- Provider response: 'Care UK are hoping to explore options for possible alternative uses for the building if the County Council agrees' is inaccurate. We are looking at possible alternative uses and will keep Suffolk County Council advised of our plans.*
- 4.21 The Day Club manager is currently very involved in organising and promoting activities within the home and it is planned to recruit a Life Style Coordinator to assist in this role.
 - 4.22 The staffing structure comprises the Homes Manager with a management team of Deputy Manager, Senior Nurse, Head Housekeeper, Senior Chef, Administrator and Caretaker, one of the units is Nurse led while the other two have Team Leaders. All the Units have teams of carers working on them.
 - 4.23 The home has an ongoing local recruitment campaign as well as company initiatives to recruit Qualified Nurses, and is currently staffed by a mixture of permanent and agency staff.
 - 4.24 Outside agencies such as Community Nurses treat individuals on the two residential units, and other healthcare professionals visit residents on request.
 - 4.25 If a resident wishes to bring a pet into the home with them a decision is made, on an individual basis, as to whether their particular bird, cat or dog can be safely accommodated.

5. Impressions:

5.1 With the day care building little used there is at present adequate visitor parking but if this situation changes it may become problematic for visitors to park close to the home.

5.2 The front door is secure and on entry you come into a pleasant and bright reception area. Beyond this is the café area with tables and chairs and a counter where drinks, cake etc are served. The doors to the garden were open and music was playing that was linked to that day's Fun Fair activity.

5.3 The garden is very pleasant with lots of room to walk, and places to sit but it was not clear whether any residents were involved in gardening activities.

Provider response: We had gardening activities in the summer months however this has not been an enjoyable activity for most residents due to the change in weather.

5.4 Notices were seen around the home concerning the Healthwatch Visit.

5.5 Information was also posted for residents and their visitors about the menu choices and the activities planned over the week.

5.6 The E&V team were shown around the home by various members of staff and invited to wander freely around the home and talk to staff/residents/visitors as we wished.

5.7 As the E&V team moved around the home the team found the staff very helpful and informative. The staff we spoke to, gave the impression of being happy in their work and motivated to do a good job.

5.8 There was a relaxed atmosphere and all the staff observed appeared very caring towards the residents and to enjoy positive relationships with them.

5.9 All the units are of the same design with their own separate lounge and dining areas. The lounges were appropriately and comfortably furnished, with clean, bright dining rooms. The bedrooms are also of a standard layout but there was some

evidence of people personalising their rooms with items of furniture, bedding etc.

5.10 The choice of a very dark, dull bedroom door colour on the dementia unit made the corridor seem rather gloomy. Some residents on this unit had personal items in their glass fronted memory boxes outside their bedrooms to help them recognise their rooms, but otherwise just had numbers on the identical doors. One resident seemed puzzled by the memory box and did not understand it was their bedroom.

Provider response: We have a dementia specialist who visits the home every month (or more frequently) to advise and support the home in improving dementia care and environments. We have had Dementia Action Group monthly meetings and action plans to support the work we are doing around dementia care and environments. The environment part of the programme begins in November 2015 whereby we will explore suitable colours and themes to positively improve the areas for our dementia residents. The memory boxes are for recognition and also a conversation initiator and a way to engage families and colleagues in life history work, and not something that we would necessarily expect all residents to personally use or benefit from.

5.11 The assisted bathrooms are quite plain and clinical but the E&V team were advised that discussion is already taking place on action to improve these.

5.12 The call bell system on the units is not very intrusive.

5.13 It was observed that with support residents could choose whether to spend time on their unit or take part in activities in the café area, and even take their meals in the cafe or on a different unit from the one where they slept.

5.14 The Fun Fair activity in the café area attracted a number of residents from the units and they were enabled by staff and visitors to take part in a number of lively and fun activities which they clearly enjoyed.

5.15 Lunch was observed being served on two of

the units with the residents having a choice of two dishes on the day. The food appeared hot and appetising and it was noted that several staff also chose to eat the cooked lunch later in the café area.

5.16 On the unit where several of the residents needed assistance with their lunch it was observed that adequate staff were available to provide this in a dignified and respectful manner.

5.17 During the visit it appeared that there were adequate staff available to meet resident's needs.

6. Findings:

Staffing

6.1 In discussion with the Senior Manager from Care UK it was established that although the home has only been open for 15 months it has now recruited its fourth manager.

6.2 The newly appointed manager has worked for the company for a long time, and was described as very experienced. Confidence was expressed that they would be a long term appointment. As they were on annual leave for 2 weeks the Senior Manager was basing themselves at the home in their absence

6.3 The comments made by staff and residents about the new manager were all positive, and a staff member expressed pride at the care the home provided, but a staff comment indicated that they had not felt so well supported last year following the initial very critical CQC report and adverse press coverage on the home.

6.4 Comments from a relative and resident indicated how disruptive and difficult all the management changes had been.

6.5 The new manager has already held a meeting with the whole staff group to introduce themselves and these are planned for every 3 months. As they are new in post the future structure of meetings is not yet known.

Provider response: The statement above is inaccurate. The Home Manager plans to

hold staff meetings every month in addition to the daily briefing meetings.

6.6 It was reported that changes to the management staffing structure within the homes are also being considered nationally, with a suggestion that a Unit Manager role might be created to help career progression and strengthen management at unit level.

Provider response: The statement above is inaccurate. This is not something the company are looking into for the Suffolk region.

6.7 Recruitment continues to be a challenge in this locality with applicants for carers posts being received, but some turnover of new staff. Nursing staff have been recruited by the company from Italy and Romania and are currently on their induction training, before being deployed to different Care Homes across the country.

6.8 The home still has to rely on Agency Staff and at the time of the visit approximately 140 out of a total of 1400 support hours were provided by staff from agencies. It was explained that some of these agency staff come to the home on a regular basis.

6.9 New staff are paid to attend a comprehensive induction programme over a 2 week period which consists of a mixture of e- learning and face to face training. This includes Fire Safety, Moving and Handling, Dementia Awareness, Safeguarding, Customer Care etc. They are then able to shadow experienced staff until they are both assessed as, and feel competent.

6.10 The company has a standard for staff to receive individual supervision every 2 months.

6.11 Opportunities for progression and further training within the company were outlined and this was backed up by information from staff undertaking or planning to undertake NVQ 3 qualifications which they spoke very positively about. They also had ideas for future service development.

Choices

- 6.12 Observation and discussion with staff, residents and relatives indicated that some residents were being supported in making choices about how and where to spend their day, when to get up and go to bed and where and when to eat their meals. All residents were offered a choice of menu at mealtimes.
- 6.13 A range of group activities were being arranged for the residents and they were encouraged by staff to take part in these away from their units. On the day of the visit this was clearly enjoyed by those taking part.
- 6.14 Discussion with staff indicated they had some knowledge of individual resident's interests and life histories.
- 6.15 It was not possible to ascertain to what extent the daily routines of the less able residents took account of their past hobbies and interests
- 6.16 The residents and visitors we spoke to all talked very positively about the care and attention provided by the staff, and the food and accommodation provided.

Care planning

- 6.17 It was explained that a pre-admission assessment takes place prior to a decision about a resident moving to the home, and where appropriate relatives are encouraged to participate in this.
- 6.18 On admission a series of assessments take place after 24 hours, 48 hours and 72 hours and the Care Plan is developed from all this information and reviewed at least every 28 days. It will also be amended and updated if there are any significant changes or incidents. A resident of the day system also means that on a regular basis the individual care needs of a resident are looked at in detail.
- 6.19 Copies of blank documentation for the care planning process were requested but these were unavailable as the system is computerised.

- 6.20 The "This is Me" document is completed for people living with dementia to try and find out more about an individual's past interests and life history.
- 6.21 The use of a Key Worker system was discussed. Some reservations were expressed by the Senior Manager about reliance on this approach, when in their view all staff should be encouraged and expected to get to know all the residents in their care. It was also said that residents and relatives should feel able to approach any member of staff with a concern. Questions were raised with the Senior Manager to whether residents and relatives might find it easier to communicate and discuss non urgent issues with an identified key worker, particularly in view of staff turnover and the use of agency staff. The response was that it is really at the discretion of the home's manager as to how a Key Worker system should work and if it is appropriate or necessary.

7 CONCLUSIONS

“...The communal café area is well used and on the day of the visit a stimulating and fun activity was taking place involving residents from different units...”

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| <p>7.1 Following the last Care Quality Commission Report published in April 2015 another Homes Manager was appointed, but only stayed a short time. An experienced Care UK Manager has now been appointed and it is hoped this person will be able to provide the period of stability and service development the residents and staff at Mildenhall Lodge need.</p> <p>7.2 During our visit the limited resident and relative feedback we were able to obtain about the new manager was very positive, as where the staff comments.</p> <p>7.3 Despite the local and national barriers to recruiting and retaining Care Staff and Qualified Nurses it appeared Care UK were actively working to try and reduce the number of agency staff required within the home.</p> <p>7.4 Care UK has an established induction programme, with standards for staff supervision and provides ongoing training and development opportunities which staff confirmed they were pursuing.</p> <p>7.5 Good practice was observed in care delivery as well as relaxed and positive relationships between staff and residents</p> <p>7.6 Residents and relatives told us they were satisfied with the care provided.</p> <p>7.7 It was stated that residents, and where appropriate relatives, were involved in developing and reviewing care plans on a regular basis to take account of any changes in individual needs or wishes but it was not possible to verify this.</p> <p>7.8 Some concern was felt at the apparent absence of a robust key worker system particularly for those residents least able to articulate their own needs or preferences, and with the ongoing reliance on agency staff.</p> | <p>7.9 The overall care environment, the physical layout and standards of maintenance within the home is very good. It is well lit, comfortable and clean.</p> <p>7.10 The large garden is a real asset to the home and it was disappointing not to see or hear of any growing projects involving residents.</p> <p><i>Provider response: As stated previously, this has not been popular due to the change in weather.</i></p> <p>7.11 The way changes to the physical environment can help the independence and sense of security for people living with dementia should be considered, to help them find their way about the unit and the home.</p> <p>7.12 The use of assistive technology to safeguard the independence and safety of residents at night is very positive as is the availability of Wi-Fi throughout the home.</p> <p>7.13 The communal café area is well used and on the day of the visit a stimulating and fun activity was taking place involving residents from different units. There was evidence that a range of appropriate activities take place throughout the week.</p> <p>7.14 It was not clear to what extent meaningful social or leisure opportunities were integrated into the daily activity of the less able residents who were living with dementia or with limited communication or mobility skills.</p> |
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“...Relatives and residents spoke positively about the care provided by the staff, the quality of the meals and the ability to make choices about their daily routines...”

- 8.1 Good practice was observed in care delivery
- 8.2 Relatives and residents spoke positively about the care provided by the staff, the quality of the meals and the ability to make choices about their daily routines.
- 8.3 Staff spoken to seemed aware of the training opportunities available and were taking advantage of these.
- 8.4 The Day Club Manager is providing a range of creative and stimulating activities for residents.
- 8.5 The use of assistive technology to promote the safety and independence of residents and make more effective use of staff time at night.

9

RECOMMENDATIONS

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

- 9.1 **Recommendation 1:** For the Manager of Mildenhall Lodge to consider how best to develop staff roles and responsibilities and introduce systems that ensure individual resident's needs, concerns of residents and their relatives are understood, listened to and responded to, whether through the use of Key Workers or by adopting a similar approach.
- 9.2 **Recommendation 2:** With reference to current research to consider how the use of signage, colour and the use of pictures might promote the independence and orientation of people at Mildenhall Lodge who are living with dementia. For example rather than paint all the bedroom doors the same colour it might help if residents could choose the colour (perhaps relating to a front door they had in the past).

Provider response: We have plans in place to improve the current environment on the dementia suite to include appropriate colours, corners of interest, sensory items, themed areas etc. as below.

- 9.3 **Recommendation 3:** To ensure that as the social activities and leisure opportunities are developed at Mildenhall Lodge they always include the integration of meaningful and pleasurable activity and stimulation into the daily lives of those living with dementia, those with physical disabilities or life limiting conditions.
- 9.4 **Recommendation 4:** To directly involve the residents and their families to make greater use of the garden area and the facilities of the cinema room.

Provider response: - The staff encourage residents to use the cinema room, however, some residents have said that they do not

like to use the lift. We will look into how we might work around this and host movie events in a downstairs suite as well.

We had gardening activities in the summer months this has not been an enjoyable activity for most residents due to the change in weather.

10. Provider Feedback

- 10.1 Comments from the provider have been incorporated into the body of the report. These comments are in pink.

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 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.

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If you require this report in an alternative format please contact us at the address 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 friends and members.

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