



**Enter and view visit**

**to**

**Hillsborough House Residential Home**

Wednesday 24 February 2016

Authorised representative(s) undertaking visit:

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## Acknowledgements

The Healthwatch B&NES enter and view team would like to thank the residents, staff and acting management team of Hillsborough House residential care home for their hospitality and friendliness throughout both visits.

## Purpose of the visit

This enter and view forms part of the ongoing Healthwatch theme of dementia care. The purpose of the visits was to gauge the views of the residents and staff at Hillsborough as well as to observe interaction between staff and residents.

## Methodology

**How was practice observed?** *E.g. interviews, questionnaires or just a chat*

Our visit started with an initial chat with manager Tina Ford in downstairs lounge, followed by chat with residents and staff in downstairs front lounge, and tour of kitchen, garden and upstairs area.

The team spoke with residents and staff as well as making observations as they walked around the home. The enter and view team did not observe any personal care. The enter and view did not enter any resident's room without their express consent. The enter and view team did not read any confidential information.

## Summary of data collected:

The findings from the visits will be grouped under separate headings.

## Findings

### Food and hydration

- We did not observe lunch being served.
- One resident was eating a bowl of cereal during our visit.
- Residents help with meal planning and preparation.
- There are pictures to choose favourite meals each week.
- Rota to help cook, no actual chef but staff all help.
- We observed a kettle etc in corner of one living room that residents can help themselves to drinks.
- Staff and residents eat together.

- Residents have the choice to eat alone.
- Residents weighed monthly – need graph.

## **Activities**

- Varies according to residents' wishes - some have lots of trips to day centres for activities, others less.
- Lots on offer outside of the home but not many organised activities on site.
- Trips out - bowling, cinema, pub or cafes, can walk into town with staff member, RDA, pottery classes, drama, Gateway club etc.
- Trying to encourage more help with daily chores as part of life skills training - house jobs.
- Individual daily plans and records.
- Drama class for residents – eight take part.
- Residents have individual personalised activity programme, e.g. one of the residents goes horse-riding.
- Each resident has own money to spend at shops. Staff manage this with a float and individual financial folders.
- Each resident has personal goals, which could include for, e.g. punching out medicine from dosette box.
- We observed a group of about four residents preparing to go out for lunch with members of staff.

## **Care and support**

- Previously flagged up as unsafe by Care Quality Commission.
- Usual access to own GP and other allied care professionals as needed high input from Sirona regarding psychologists, assessing for dementia, managing challenging behaviour etc.
- Residents are weighed monthly – need graphs.
- Residents who have communication issues are helped with flash cards (happy face/sad face etc). None of staff know Makaton (apart from the odd word).
- Residents have individual care plans set with social worker, plus in-house care plan and day files, including health action plans, with hospital passports in place. These are reviewed annually or updated more frequently when required.

- Tina has put in place a safer system for administering medication. She has reviewed the risks, implemented a more accountable system and tightened the process. Residents now benefit from safer system, more effective documentation with extra checks, and improved dignity and privacy.
- The care plans are currently reactive not proactive. Tina aims to make the behaviour protocol more proactive and less reactive.
- The residents and staff are supported by Sirona's behaviour team, psychologist, and psychiatrist, e.g. referral to dementia pathway, audiology, speech and language therapists (to support residents with swallowing and choking risk).
- The GP is five minutes' walk away.
- Dental care at St Martin, Bath. Process of transferring to Keynsham dentist is planned, as home is only walking distance to High Street.

## **Medicine**

- Medication for the residents include PRNs, anti-psychotic, diabetic and epilepsy.
- Tina has put in place a safer system for administering medication. She has reviewed the risks, implemented a more accountable system and tightened the process.
- Residents' medication information is now kept in the downstairs office, enabling ease of referral by staff.
- Medication is kept in a locked cabinet in individual residents' rooms.
- Keys to individual locked medicine cabinets in key safe in downstairs office.
- Residents now benefit from safer system, more effective documentation with extra checks, and improved dignity and privacy.

## **Dignity and choice**

- We observed 'would like to say' forms with happy/sad faces and anonymous box so residents could give feedback.

## **Staff**

- Tina has been in her manager's post about 12 months, having previously worked in the home as occasional staff. When she started her manager's post, the home was at risk following a Care Quality Commission (CQC) inspection. Since then, Tina and her team have worked hard to improve standards, put in effective systems and processes to meet CQC requirements. The home was inspected again in September 2015 and another CQC follow-up visit is expected soon.

- Registered for 14 residents. At time of visit - 12 residents, aged 35 to 65, with learning difficulties and disabilities and other health issues, for example, mobility, speech, epilepsy (four residents). Five residents receive extra one to one funding (one for two hours/day, one for four hours/day)
- 17 staff including two agency staff. Currently recruiting. Aim by April to recruit up to 21 staff and not to have any agency staff.
- Staff are qualified to Care Certificate standard, on six months' probation. Flexible hours. Currently two night wake due to extra need (epilepsy) of a few residents. Normally one sleep-in and one night-wake.
- Manager was very welcoming and helpful - long chat about all the improvements underway in her first year taking over since bad CQC. Although two residents in wheelchairs - access to rooms quite tricky. Only accessible shower room currently under renovation so not ideal.
- Staff rotate all jobs including cleaning and helping with catering etc. No nursing trained staff though first aid course undertaken in initial training. Key worker for each resident but manager finds still has to guide her staff on daily activities; recruiting for two more staff as using agency currently.
- Flexible place to work.
- We spoke with a staff member who has been there for a few years. She spoke of how things have improved since Tina's arrival.
- The revised and more effective systems which Tina has implemented have enabled this staff member and her colleagues to be clear about their roles and responsibilities, and to be able to undertake their responsibilities and support residents more effectively and with less stress. She confirmed that leadership from Tina is strong and effective.
- In the downstairs office, we were shown the daily medicine chart, various folders of a resident. The themed (e.g. finance) ring binders are colour coded. We also observed a daily rota of staff duties in relation to residents.
- Residents were referred to with their initials, thus maintaining privacy and dignity.
- We observed staff relating to residents in a manner which gave residents dignity and respect. The staff spoke positively about staff relationship with their manager and management.
- One resident who uses a wheelchair introduced us to her caged canary in the front lounge. She expressed to us her satisfaction with the home, and that she felt things have improved tremendously since Tina's arrival.

## **Staff training**

- Full day first aid when staff start.
- Refresher annually.
- Training – all staff receive training including safeguarding, medication, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS), manual handling, managing challenging behaviour (three day course with Studio 3), dementia awareness, fire safety and evacuation, first aid, person-centred, dignity and respect.
- Basic food hygiene and food preparation safety for staff and perhaps residents? (did not ask this)
- The deputy manager is a chef by training.
- Each resident has a key-worker.

## **Safety and security**

- Regular fire drills and evacuation procedure is in place. Alternate fire exits, e.g. the other 'front' door, are included in fire drill programme.
- The front door is not locked from the inside, but residents are accompanied when they go out. When the front door opens from inside, a bell rings to alert staff. We observed the deputy manager responding to such a signal.

## **Environment and place**

- Difficult to find - maybe have house name or more obvious number so visitors can find more easily. However we understand that the residents regard this as very much their home, and as such the discretion in signage supports and protects the residents.
- Took a while to be let in. Slightly disorganised feel with people coming and going but is run as residents' home not institution.
- Some efforts with pictures up to make more homely but could do more. Wonky pictures just in one area looks a bit uncared for and odd bits of equipment (? part of a hoist lying near TV) in living room not so welcoming.
- No info about Healthwatch visit on display though some residents did seem to know we were coming.
- Lots of steep stairs to top bedrooms which has been a problem with one resident with epilepsy - now lives on ground floor.
- There was no toilet roll in bathroom but we heard manager ask staff to check.
- Some areas rather dusty and need vacuuming but cleaning was being done during our visit.

- Good sized bedrooms with own furniture and personal belongings.
- Outside - pile of old furniture needs removing, lots of rather uneven paving slabs could be a trip hazard.
- Tribute on wall to lady who passed away
- Front tarmac car park area is neat, tidy and in good order. Bins very tidy. On-street parking nearby.
- Entrance hallway had photos and names of residents, and an In/Out chart of staff.
- Generally well maintained. No adverse smells. Bright, airy and cheerful. Both the lounges, kitchen and dining area have a very homely feel.
- Hallways, corridors, separate stairs and layout reflect the conversion of original two separate houses into one house.
- Rear outdoor areas were pleasant. The terraced rear garden had accessible paths with hand rails. Benches. Shaded areas. Large patio area. Claire showed us around the house and garden with raised bed. There were outdoor games, benches, barbecue area.
- The kitchen was clean, neat and tidy, with a shelf full of fresh vegetables.
- We visited Claire's room which was spacious, warm and bright with sunlight. It was en suite with a locked medicine cupboard. While we were there Tina helped Claire open a window as her room was getting overly warm from the sun.
- Both the residents' rooms we saw had personal furniture and belongings, pictures and photos, making each room individual and homely.
- We also saw a ground floor room of a resident who uses a wheelchair. The entrance area to the room has limited space for manoeuvrability. Tina observed that although this is not ideal, this resident manages with 'three-point turn' of wheelchair.
- One resident who did not speak much but followed us around with a jigsaw puzzle box, indicated that the framed colourful and cheerful abstract paintings on the dining room wall were her creations.
- We visited the upstairs office and observed a resident handling a vacuum cleaner on the hallway.
- We observed lights above each room door connected to the call pull-cord.

## **Summary of findings, observations and conclusions**

On the whole during our brief visit, we observed systems which would indicate that Hillsborough House has improved from a year ago when it was at risk. The systems and improvements which have been implemented ensure the safety of residents and enable staff

to support residents more effectively. Much effort has gone into meeting the CQC requirements.

Tina, the manager, spoke eloquently and knowledgeably about the residents, her role and her staff, the systems she has put in place, her awareness of what more is required for further improvements. We observed that Tina has the wholehearted support of the residents and staff we spoke to.

Tina says that she receives good line-management support from Sharon at head office, and from the Safeguarding officer (?Ruth Mason-Perry?) from Bath & North East Somerset Council.

A great effort has gone into making the place a home with a relaxed feel – canary in front lounge, resident's paintings on walls, photos of residents' favourite meals etc.

### **Immediate service improvements**

We would recommend the following;

- the 'staff on duty today board' in dining room should include the date and day to help ensure that information is accurate
- each subsequent page of the residents' daily medical checklist medicine needs to be correctly dated
- Tina assured us that a skip has been ordered to remove the pile of worn-out furniture in the garden. We would suggest chasing this up as the weather might soon become warmer with more opportunities for residents to go into the garden
- the stairs to the top/second floor are quite steep. We did not see any extra grab rails for the less able residents or in event of evacuation. We do not know the requirements of residents who reside on the top floor and their ability
- basic Makaton training and basic food safety for staff and residents (if not already in place?)

### **Disclaimer**

- This report relates only to a specific visit on Wednesday 24 February 2016
- This report is not representative of all service users (only those who contributed within the restricted time available)

### **Enter and view visit recommendations**

<b>No</b>	<b>Recommendation</b>	<b>Comments from the service provider</b>
<b>1</b>	Include the day and date on notice board	No response given



<b>2</b>	Correct dates added to daily medicine check list	No response given
<b>3</b>	Removal of worn out furniture	No response given
<b>4</b>	Grab rail for second floor stairs	No response given
<b>5</b>	Basic Makaton training for staff	No response given
<b>6</b>	Basic food safety training for staff	No response given

**Any other comments:**

No response given