

Enter and View Report



**Highcroft Manor Nursing Home
Yardley Gobion, Towcester
July 2015**



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Details of the Visit

Name and address of premises visited	Highcroft Manor Nursing Home 48 Moorend Road, Yardley Gobion, Towcester NN12 7UF
Name of service provider	Privately Owned - Mr Clarence Vaz and Mrs Caroline Vaz trading as Parklands Nursing Home
Type of service	Nursing Home
Specialisms	Caring for adults over 65 yrs; Caring for adults under 65 yrs; Dementia; Mental health conditions; Physical disabilities; Sensory impairments
Date and time of visit	21 July 2015, 2-4pm
HWN authorised representatives undertaking the visit	Lynda Moran and Mavis Benson
Support Staff	Jo Spenceley, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Sunley Conference Centre, Boughton Green Road, Northampton, NN2 7AL 01604 893636 enquiries@healthwatchnorthamptonshire.co.uk

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Highcroft Manor for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

Disclaimer

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



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children’s social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy (www.healthwatchnorthamptonshire.co.uk) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will



research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.

- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

Enter and View

Part of the Healthwatch Northamptonshire programme is to carry out Enter and View visits. Healthwatch Northamptonshire 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, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more



detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch Enter and View visits 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 Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate 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.

Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life and experience and opinions of residents. Highcroft Manor was selected as one of the homes to visit as we had heard concerns from a member of the public in January 2015 about aspects of the care of their relative received in November-December 2014.

How the visit was conducted

The visit was an announced visit with the Manager being five weeks' notice of the intended visit and advised of the names of the HWN volunteers that would be carrying out the visit. We sent letters, posters and leaflets to the home to inform residents, relatives (or equivalent) and staff about our visit and Healthwatch Northamptonshire, but unfortunately the home did not receive these. We observed the condition of the premises, and interaction between the staff and residents. We spent our two hours in the home with the Manager, firstly in her office and then on a tour of the building. We did ask at the beginning if we could speak with residents, staff and possibly relatives, but were only able to talk briefly



with a resident as we ran out of time. Most of the information presented therefore is from observation and from what the Manager told us.

Observations and findings

General impressions of the home

- The Manager acted as administrator at the home before being appointed joint provider in April 2014 when the home came under new ownership and registration. She told us that the place had been “run into the ground” prior to her appointment.
- There were areas of the home clearly in need of refurbishment though there was evidence that work on this had begun. For example beds and carpets have been replaced in the bedrooms. Attempts had been made to brighten corridors by the addition of pictures.
- When we arrived there was a visiting hairdresser in one room with a number of residents waiting or being attended to. One resident was very anxious about having their hair washed (due to a water phobia) but staff were supporting the resident and managing the situation.
- The large sitting and dining room was bright and welcoming with very pleasant views from the windows. There was evidence of some activity equipment here, though residents were not using it. Most were resting in their chairs.
- Generally the home appeared clean and there were no unpleasant smells.
- The Manager was pleasant and welcoming. She told us a lot about the situation prior to April 2014 and what had been put in place to improve it and gave us a copy of a document which detailed the issues that have been identified and how they are being addressed. These include: care planning, recruitment, maintenance and upgrading of the building and rooms, staff training, relations with GPs and other health care professionals and resident’s families, quality monitoring, food preparation, and an action plan for the future.

Personal care and dignity of resident

- Residents were tidily dressed.

Staff behaviour, attitudes and relationship with residents

- A few interactions between staff and residents were observed. Staff seemed respectful of the residents’ needs and mindful of their safety.



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- We observed staff interacting with the residents in a friendly and respectful way.

Independence of residents and control over daily life

- The menu indicated that a choice of food was available.
- The Manager said that in the last six months she has introduced more choice for the residents, for example in the times they go to bed and get up and have breakfast.

Activities for residents

- There is no designated activities worker but all residents (23 plus one respite) are encouraged by the staff to engage with life in the home.
- There is a resident dog and outside there are chickens.
- Visitors include “reminiscence world” musicians and a local vicar.
- As mentioned the hairdresser was there during our visit and there were board games and activities in the lounge area. No actual engagement with activities were observed.
- The manager told us that “Life Story” training is to be implemented so books can be made that capture memories and stories about a resident’s life. Making a life history book can be an enjoyable and empowering activity, particularly for a person with dementia, which may enable greater interaction and open up communication between someone with dementia and their carers, family and friends.
- There was a Macmillan Coffee Morning organised for September.

Food and drink and meal times

- There was no menu visible though a staff member fetched one when asked. There was a choice of food.
- The manager told us that improvements to choice of food and quality have been made.
- There is now more choice and flexibility around mealtimes.

Relationship between the home and residents/relatives

- The resident spoken to seemed happy and content.
- There is a notice board for relatives.

Staff satisfaction

- We did not have time to speak alone with a member of staff but were introduced to the Nurse in charge, who works closely with the Manager.
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- We were told by the Manager that there are regular staff meetings, handovers at every shift and CPD (Continuing Professional Development) is in place. There is also a complaints procedure and documented supervisions.

Other observations and comments

- There was some difficulty in arranging the appointment to visit. Ten 'phone calls were made over nearly as many days. Some were unanswered and it was not possible to leave a message as there was no voicemail and messages left with staff when the Manager was unavailable were not responded to. The final call went straight to the Manager and an appointment was made.
- There is clearly work in progress going on to improve the home and the quality of the care within it. The Manager seemed knowledgeable and clear about the improvements that needed to be made on her appointment and those that still need to be addressed as an ongoing plan.

Recommendations

1. That more regular planned activities to engage and stimulate the residents be put in place.
2. That the home improves its telephone answering system, such as by purchasing an answerphone, assigning the phone to a particular staff member during each shift, and/or introducing an efficient system for taking messages. This is particularly important in case a relative need to be in contact.
3. The home could encourage staff members to sign up as 'Dignity Champions'¹ and 'Dementia Friends'² and 'Dementia Champions' to ensure continuation of the compassionate and person-centred care we heard about.

¹ www.dignityincare.org.uk/Dignity-Champions/Becoming_a_Dignity_Champion/

² www.dementiafriends.org.uk



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