



**Details of visit Provider:** Hatton Court Care Home.  
Whitchurch Road, Cold Hatton, Telford.  
TF6 6QB

**Date and Time:** 18<sup>th</sup> April 2017 10.00am - 12.00 pm

**Contact details:** Healthwatch Telford and Wrekin, Meeting Point House,  
Southwater Square, TELFORD, TF3 4HS

**Publication Date:**

### Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider Springcare LTD, Hatton Court Care Home, residents, relatives/visitors and carers, 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 service users and staff, only an account of what was observed and contributed at the time.



### What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out from those who use the services 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 intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. 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 the Visit

- To engage with Residents as service users of Hatton Court to understand how their dignity is being respected in the care home environment, and how those affected by dementia are supported to have the best life that they can.
- To capture their experiences, and those of relatives/visitors, and any ideas they may have for change.
- Observe Residents and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good working practice.



## Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on 'Dignity and Respect' in health and care settings, and on Dementia.
- The visit is also in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons and requests.
- Care homes / hospital wards / GP Surgeries are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils, and Healthwatch organisations.

## Methodology

**This was an announced Enter and View visit.**

Four authorised representatives were assigned to the visit. The team met with the management and 'senior on duty' before speaking to anyone in the care home and took advice on the day, on whether any Residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Our representatives spoke with 12 Residents, and 2 relatives/ visitors/ carers present with the residents at the time. We explained the purpose of our visit and to ask them about their views and experiences of the home & care service.

Representatives talked to 8 care staff, 2 nurses, and deputy manager to hear about their contributions in the following areas to the service provided: quality of care, safety, dignity and respect, and acknowledgement of Residents' and families' wishes. During the visit, representatives would also observe the delivery of the service; this was gauged while walking around the premises (public/communal areas) to gain an understanding of how the home actually worked and how the Residents engaged with staff members and the home's facilities. A guidance-list of dignity and respect topics was used to support the observational activities. One representative also performed a "Sit and See" observation activity.



## Summary of findings

- At the time of our visit to Hatton Court we observed that the care given supported the dignity and respect of residents.
- The home had a warm and homely atmosphere. Residents told us that living at Hatton Court was very good, and for their meals they had a good choice from the menu.
- The report highlighted the good practice observed during the visit and reflected the appreciation that most of the residents spoken to felt about their care and support provided.
- Most of the care home has been redecorated and furnished to a high standard.
- Residents told us they would welcome more activities outside of the home setting.
- There was a new management team at the home who continued to make positive changes, along with several new carers.
- Call bells rang throughout our visit; some were answered but not turned off. Some call bells rang for several minutes.

## Visit Findings

### Brief description of Hatton Court

Hatton Court is a partly purpose-built single storey property, built in 1992 in a rural setting near the village of Cold Hatton, Shropshire. The Home has accommodation for fifty-eight residents overall but is registered for sixty, at the time of our visit there were fifty residents. The home has fifty-eight single bedrooms and one shared bedroom, fifty-one of which have en-suite facilities.

There are three lounge areas and seven communal bathrooms. The residents' ages range from sixty-five onwards, some residents have personal care others may have nursing care. There is a separate twelve bedded EMI Unit within the home. The home also provides screening and diagnostic procedures and treatment of disease, disorders and injuries.

The home had a large car park and front facing gardens that were well kept. The entrance was well maintained, with attractive planted areas. Garden furniture and umbrellas were available in the well laid garden.

Upon arrival, we were greeted by the senior on duty and introduced ourselves and signed in. The entrance hall was bright and access was good. There was an attractive Easter display and we were told that there would be a resident-led service on Good Friday with poems, hymns etc. and an Easter bonnet competition. We also noticed a flyer for upcoming events at the home.

The entrance hall was bright and welcoming the corridors were wide and spacious with ample room for all types of wheelchairs. We were shown the layout of the home both accompanied and unaccompanied. Staff and visitor toilets were situated near reception. All the rooms we viewed were clean and fresh, but in one area (Ellerdine Unit) we did notice an odour. Rooms varied in size but all observed were a comfortable size. We were informed that smoking was not allowed inside the home. Throughout our visit, we observed poor signage for residents especially in the Ellerdine Unit for people living well with dementia.



Hatton Court is divided into three units: Hatton, Peplow and Ellerdine. There was good access to all areas. All bedroom doors featured the resident's name and a memory box with photographs of family members and other memorabilia. Each unit had a separate lounge/dining area. All areas were clean and well-furnished.

## Peplow Unit



Most of the home had undergone refurbishment and it looked warm, bright and homely. Corridors in most areas of the home were bright and fresh. The dining room in the Peplow lounge was laid for lunch with plenty of space surrounding table and chairs. One lounge area had recently been painted and decorated with new flooring laid. However, the lounge-part appeared cramped with many chairs and settees

for a small area. A resident using a walker or wheelchair may find it very difficult to get close to the TV, sit down on a chair or move easily around the

lounge area unless a Carer was able to help them / move furniture. The lounge was not used much during our visit, however a resident did come in for lunch.

### **Ellerdine Unit**

The Ellerdine Unit is for residents with dementia, and is accessed by a coded key pad. We noticed that the entrance to the unit was colder than the rest of the Home and there was an unpleasant odour; this was raised with the senior staff member on duty. The decorative condition was in need of attention, although there was new furniture. The unit was light and had a very pleasant outlook. There were 4 residents present. One resident was in their room. 2 residents were in the lounge but remained asleep throughout our visit. We spoke to 1 resident. She said that she does “exercises every day and enjoyed the music that was being played”. We were told that only two of the residents could ‘participate’ in activities. There was only one call bell near the door of the unit. We were told that there was a member of staff in the lounge “nearly all the time” Patio doors provided access to a safe secured garden area, weather permitting.

### **Hatton Unit**

Hatton Unit lounge/ dining rooms was bright and cheerful. We were told that it had been refurbished and most of the residents preferred this lounge/ dining room. We observed lunch being served but the dining area seemed a bit cramped for residents to move around.

We also noticed that some ‘call bells’ did not appear to be easily accessible to some residents.

### **Residents Feedback**

Residents told us that they could personalise their rooms and were able to bring in furniture. At the time of our visit, some residents wanted to stay in their room and some residents were not able to speak to us for various reasons. Residents told us that “cooks were very nice and the laundry person was extremely nice”.

A resident explained that they could go to bed at any time. Residents could seek help from staff by pressing the staff call system, and staff were very quick in responding.

Residents we spoke to felt they could maintain their own independence, for example in making their own bed. But they could also seek help from staff when needed.

Other comments were: “happy here, staff are kind”. “The meals are good but sometimes they give me too much”. “They will cook me something different if I don't like what they have”.

The residents looked well cared for and a resident stated that “they had a choice in the clothing they wanted to wear each day”. Another resident commented, “they didn't do much in the day and went on to say they would prefer music rather than having the TV on in the lounge”

One resident remarked that “she was happy with her care, except that she felt there was not enough staff to consistently meet her needs. She enjoyed the events and activities, especially trips outside the Home”. A general comment

from residents were spoke to was that the food was very good and that there was a good variety of choice.

Residents in the Home appeared to be well cared for and appropriately dressed.

Residents told us that they felt able to raise their concerns with management, but they did have some reservations.

### **Activities**

Residents were encouraged to undertake a range of activities within the home. Some activities involved raising money for the Home's 'Comforts Fund'. We were given a list of daily activities for w/c 3<sup>rd</sup> April, which comprised of one to one activities, trips out, a film morning, step back in time 'reminiscence with artefacts morning', chair-based exercise class, church service, poetry, games afternoon, farm-on-wheels, and 'parachute exercise' -all over different days.

We did observe some 'old-time' music playing in the background which was set at a quiet level as one resident didn't like loud music. The resident looked happy, cheerful and appeared well cared for. The resident did explain how they liked their "painted nails".

### **Food Choice**

Residents told us they had a choice of two main meals, however if there was nothing they liked on the menu, an alternative of their choice would be offered. Residents we spoke with told us that the food was very good general, and individual choices were catered for. The dining tables were welcoming and laid with place settings and napkins. One resident commented on the evening meal which they said was always sandwiches or soup. A member of staff said for those residents who have a soft food diet, each food item would be placed at different places on the plate so that the residents could taste each individual item of food. Some residents preferred to have their meals in their rooms or sitting in the lounge. One resident in her room indicated she wanted her coverall removed and this request was passed on to a member of staff. A drinks trolley was brought round during our visit and we noticed plenty of choices for the residents - hot and cold beverages, and a range of biscuits. Visiting family members of residents could also help themselves to the refreshments.

### **Relatives / Friends**

One visitor who regularly visits the home commented that the care was good but they sometimes felt there had been insufficient staffing levels on duty. If they had any concerns they would approach the management or senior on duty.

### **Promotion of Residents' Dignity and Respect**

A relative told us that they regularly observed staff treating people with respect and dignity, and they felt able to voice any concerns with staff and the management. The relative spoke warmly of the staff and residents who lived at Hatton Court. One resident was unfortunately observed adjusting her clothing in the toilet as the door had been left open; the resident didn't seem upset about the toilet door being open. Staff seemed very busy attending the needs of other residents and had not appeared to notice this to ensure respect for the residents' dignity; we raised this with the senior staff member on duty.

A resident stated they (*staff*) have a hard job to do their work, and the majority of them were very kind. However, they observed “some staff don’t have the right manners and can be rude”. We were given an example of a member of staff standing in a doorway and shouting to a resident who was hard of hearing, instead of going up closer to the person.

The team were informed by the senior staff member that all staff would be receiving respect and dignity training. We raised concerns that dignity training was not being addressed until the next month, or possibly June. The senior on duty explained the management’s plan they had in place for implementing the training to our representatives. The senior staff also told us they were aware of some issues with staff communication.

## **Staff**

On the day of our visit, some staff were not aware of how many staff were on duty that day. However, after speaking to management we were informed that 8 care staff/nurses, 1 care staff ‘on induction’, 3 domestic staff, 1 cook and 1 kitchen assistant were on duty. One permanent member of staff informed our representatives that they were supporting 1 new staff ‘inductee’ as well as 2 agency staff.

We were told that Residents on palliative care had ‘open visiting’ for their relatives during the day and at night; refreshments were available for them throughout the day.

Staff interaction was observed to be very good, and only one person had an issue with staff communication. We were informed that that some staff were good, but all were pleasant with residents. There was considerable praise for non-care staff, and relatives and visitors had a positive view of the home. Management were seen to be very responsive.

We observed members of staff being attentive and supportive with the residents. One staff member was observed being encouraging with a resident - to have a hot drink and a biscuit. Another member of staff who had worked there for several years, told us enjoyed her job.

Staff told us that adequate training was available to meet the needs of residents. Some staff expressed an interest in further training opportunities, for example QCF.

We observed two agency members of staff without a name badge or uniform. At first it was difficult to see whether they were a visitor or a member of staff. The use of agency staff unfamiliar with the Home also appeared to be a problem. We observed one member of staff trying to supervise two agency staff and a new member of staff. The staff were trying to ensure residents received their choice of refreshments.

## Additional Findings

During the visit one of the representatives carried out a “Sit and See” observation exercise. This is an observational method used to gather and record information by watching and listening to what is occurring at the time.

In the Hatton lounge:

- It was a bright and airy atmosphere.
- The TV was on.
- There was an alarm going-off for several minutes (*this was the staff call system*).
- Staff member wearing apron and smiled when chatting to resident.

In the Ellerdine Dementia Unit:

- Music was put on during my observations.
- Residents encouraged to eat and drink.
- Music volume checked with resident.
- Residents encouraged to interact with the music.
- Staff member was seen to encourage a resident to look at a book, resident refused initially but staff persisted and resident then engaged with her.

## Recommendations

- Consider re-prioritising the timetable for staff dignity training, bringing this topic forward so that all staff understand how to speak to residents appropriately.
- Review staffing levels to ensure a good mix of trained/experienced staff are on duty during a shift, and ensure staff were easily identifiable to residents and relatives/visitors.
- Remind staff about acknowledging attendance of ‘call bells’ so that other staff are aware that someone has responded.
- Review locations of the staff call system, and explore the options for introducing personal-pendants, or a similar approach, for residents to use.
- Introduce more ‘reminisce items’ for residents living with dementia to encourage and enable some activities to be delivered.
- Investigate the use of new signage in the home that especially considers the needs for residents living with dementia.
- Explore the use of contrasting colours for a range of items/ areas to help those affected with dementia, e.g. coloured toilet seat on white basin, coloured dining plates.
- Reconsider use of the Peplow Lounge for residents listening to music and the radio.
- In organising the redecoration of the Ellerdine Unit soon, re-consider the colours to be used, and other suggestions such as pictures in the corridor to support recall/reminisce items/events, to improve support for those



residents affected with dementia. Ensure this opportunity is taken to address the poor odour control noticed in the unit.

## Service Provider response

Staff training in Dignity commenced 19<sup>th</sup> May 2017. Further sessions are planned for 9<sup>th</sup> June 2017

Further improvements are planned, including the introduction of dignity champions within the home.

Staffing levels are reviewed regularly according to the needs of the home. Unfortunately, the use of agency staff cannot always be avoided, however every effort is made to ensure consistent agency workers are used and a full induction programme is completed.

We will explore options available with regards to the call bell system which are less intrusive to residents living within the home, but will ensure the same level of support is provided. This will be added to the agenda for the next resident / relative meeting to ensure service users views are obtained.

Choice is always offered to residents regarding where they would like to spend their time, but the use of the Peplow lounge for music/ radio therapy will be discussed at the next resident/relative meeting and views obtained.

Activity baskets have already been introduced in the Ellerdine Wing to allow staff to undertake reminiscence activities with residents, and work has already begun on how the environment can be improved to meet the needs of the residents; this includes a small renovation of the outside space to allow further stimulation through the use of pots and decorative items.

To address the odour in the Ellerdine Wing we have already contracted a specialist cleaning company to undertake cleaning of the flooring and we are currently exploring alternative flooring solutions to prevent reoccurrence of this.

As part of the ongoing refurbishment of the home, consideration will be given to the signage within the home and the use of coloured equipment to aid recognition for residents.

We aim to be proactive in our approach to care delivery and always welcome any feedback that will continue to improve our service.

Michelle Jones, RGN  
Manager.