

# Enter & View

Report

Heathcotes

Blythe Bridge  
3 October 2018



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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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 Staffordshire 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 Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

## Provider Details

Name: Heathcotes (Blythe Bridge)  
Provider: Heathcotes Care Limited  
Address: Southlands, Aynsleys Drive, Blythe Bridge, Stoke-on-Trent,  
Staffordshire, ST11 9LR  
Service Type: Residential Home  
Learning Disabilities, Mental Health Conditions  
Date of Visit: 3 October 2018

## Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire. Barbara Jackson and Lindsey Stockton.

## Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

## **Physical Environment**

### **External**

The Home is located in a beautiful area of Blythe Bridge on a small residential estate. The drive to the Home is rather difficult to find as the house name is in small letters. Signage could be improved to prevent visitors missing the entrance to the Home.

The car park is adequate for the size of the Home but the surface of the car park could be improved.

The exterior of the building is in good order. The grounds were generally safe and accessible for the people who lived at the Home but were in need of general weeding and tidying. There were several smaller areas rather than one large garden. The Home has the services of a company gardener/maintenance man once a week.

There is no external CCTV.

### **Internal**

Entrance for visitors is gained by a bell by the front door. The bell was answered quickly by a member of staff who, on learning of the reason for our visit, escorted us to the Home Manager's Office on the first floor. Staff access to the Home is by keypad. Relatives are not given the keypad access number. We were not asked to sign in a Visitors Book. We were advised that the Home has a Visitors Book but it is kept in the Home Manager's Office and completed by staff.

The entrance hall was spacious but sparsely furnished. There were no requisite notices, eg. CQC report, Complaints procedure, or other information for relatives in the Entrance Hall. The Home Manager explained that they felt it was more homely if the reception was clear of formal notices.

There is no internal CCTV.

There were malodours noted in parts of the Home.

Fire equipment testing was in date. There were a fire evacuation notices in the Dining Room and in the corridor.

Décor throughout the Home was of a good standard, as was all furniture and flooring and was suitable for the needs of the people at the Home. The dining room, kitchen and lounge are situated on the ground floor, together with 4 bedrooms. The other 4 bedrooms are situated on the first floor.

Some areas of the Home are in need of deep cleaning. There were long-term food remnants on the skids on the dining chairs. The kitchen and dining room had not been cleaned after breakfast; food remnants were still left on the work surfaces, waste bins and floors. The lounge was clean and tidy.

We were invited to go into a resident's room. He was able to tell us that it was 'how he wanted it'. It was well furnished and appropriate to the gentleman's needs. The Home Manager told us that all the residents' bedrooms were well furnished and decorated.

We were not able to view the bathroom.

## **Resident Numbers**

The Home has a capacity for 8 people and currently has 8 residents. All are single rooms with ensuite toilets, 4 on the ground floor and 4 on the first floor. Some rooms have ensuite showers.

## **Staff Numbers**

Following the CQC Inspection in January 2018, the Home has had a major recruitment drive to provide a more stable care base and has also increased staffing throughout the day time. No trained nurses are employed.

7 x care staff morning, afternoon and evening, including staff providing 1:1 care

2 x waking care staff at night; no 1:1 care provision at night

No ancillary staff are employed. All cooking, cleaning and laundry is provided by care staff on duty.

1 x company maintenance manager/gardener visits the Home once per week

1 x full time Manager

24 hour on-call is provided by an on-call company manager. The Home Manager will also provide on-call advice for specific behavioural issues.

## **Agency Usage**

The Home is currently fully staffed and no agency staff are currently being used. There is one bank care assistant.

## **Management**

**Management - A good care home should have strong visible management.**

**The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.**

## **Our findings**

The Manager has been employed at the Home for six years, initially as a Team Leader and for the last four years as the Home Manager.

Quality audits are completed. These include:

Care plans; Medicines; Medicine stocks.

Risk assessments for choking are completed for all residents.

Food intake monitoring charts are used daily for all residents. Fluid monitoring charts are used if staff feel residents are at risk.

Staff complete a risk assessment for residents who help in the kitchen.

Staff meetings are held monthly; all staff are expected to attend. Notices advising staff of the dates of staff meetings were displayed around the Home.

Staff members we spoke with felt they were supported by the Manager and would be comfortable discussing any issues they had with him.

## **Comments**

The Manager has an excellent knowledge of the Home, staff and residents. He was able to explain the previous issues resulting in the Home being placed in Special Measures and was able to take action to resolve them and prevent them from recurring.

Staff feel that he is approachable and supportive and is a good Manager.

## Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

### Our findings

Staff numbers have been increased and staff now feel they have more time and skills to do their jobs properly. Staff morale appeared good.

The Home was well staffed on the day of our visit.

All new staff have 5 days Induction Training prior to working shifts. All training is held off-site and is organised by the Company Training Officer.

The Manager can access training on-line to ensure that all employees training is current and in-date. We were shown a copy of the Home's training matrix.

Staff are supported to acquire further skills and qualifications. The Manager is able to request any specific training he feels would be beneficial for staff.

Staff have recently attended training on Nutrition, Mental Health Awareness and Beverages.

### Comments

We found staff to be informed and motivated in their work. They were well supported by the Manager and the training programme appeared to be comprehensive and well monitored.

## Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

### Our findings

Four residents are currently receiving 1:1 care. All staff providing care were able to demonstrate a good knowledge of the residents and their preferences. Staff addressed each resident politely and courteously by name.

Each resident has a comprehensive personalised care plan which is reviewed regularly, using standard company documentation.

The Manager personally assesses all new residents prior to admission to ensure that the Home is able to provide the care required.

### Comments

Staff have a good knowledge of the residents, their histories and their preferences, which are comprehensively outlined in person centred care plans.

## Activities

### Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

### Our findings

We discussed Activities with the staff and Manager and were told that all Activities are provided by the care staff. Group activities are difficult to arrange due to the varying needs of the residents. Activities are personalized, taking account of the individual needs and interests of each resident. The Home has a 7-seater vehicle which enables residents to go shopping with staff and for other off-site activities.

### Comments

There is a wide range of individually tailored activities available, with processes in place to identify and accommodate individual needs and preferences.

The provision of a company vehicle enables residents to go shopping and to visit places which are of interest to them.



## Catering Services

### Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

### Our findings

The Home has a 5\* food hygiene rating.

All staff complete Basic Food Hygiene training on induction.

Staff plan, cook and serve all meals with assistance from residents who are able and wish to do so. There is a 4-weekly menu. Residents are able to have alternative food if they do not want or like the planned meal.

Staff and residents shop locally for food. Snacks and drinks are available throughout the day.

Special dietary needs are catered for; this is covered during Induction Training.

Residents have a choice of where they wish to eat - either the dining room or their own room.

The kitchen is left open all day but is locked overnight.

### Comments

The menu choices appear varied and flexible, with individual preference being taken into account.

Our visit did not cover a mealtime so we are not able to comment on how mealtimes are managed.

## **Resident Experiences and Observations**

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

**Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.**

### **Our findings**

Residents are registered with two different GP surgeries but the Manager is currently in the process of transferring all residents to the care of one practice, Trinity Medical Centre, Blythe Bridge.

Medication is obtained from Pharmacy Express in Monitored Dosage Systems as this system is less wasteful. Medication stocks are checked daily.

Residents who need to be transferred to hospital are always accompanied by a member of staff. Staff employed at the Home are always willing to stay on shift if necessary to ensure that the Home is fully staffed. Should an emergency arise during night time hours, staff contact the Home Manager who then covers the night shift.

### **Comments**

Arrangements for emergency staff cover are well planned. The Home is currently arranging for access to healthcare professionals to be centralised.

Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

**Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.**

### **Our findings**

Residents were all appropriately dressed and well groomed.

A resident showed us his bedroom on the first floor. He was very pleased with his room and happy to show us his belongings.

Religious needs are discussed at assessments.

### **Comments**

Residents at the Home were all very comfortable and settled. Staff were observed chatting with them and seemed well informed of residents needs and interests.

## **Family and Carer Experiences and Observations**

There were no visitors to the Home at the time of our visit.

The Home Manager told us that visitors are welcome to visit whenever it is convenient for them.

**Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.**

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

### **Our findings**

Resident/relative meetings are held each month.

Relatives are also invited to attend review visits.

The Home has a Complaints Log. We were advised that very few complaints are received.

### **Comments**

Although few complaints are received, we feel that a copy of the Complaints Procedure should be made available in the reception area.

## **Summary, Comments and Further Observations**

We were advised by the Manager that CQC visited two weeks ago. No enforcement action was taken and the Home has been taken out of Special Measures.

The Manager and Heathcotes Care have made considerable improvements in staffing the Home.

Recent events have highlighted the importance of maintaining the stability of the interpersonal dynamics within the Home. The Manager now personally assesses all new prospective residents prior to admission to ensure that their lifestyle and care required does not conflict with the lifestyle of residents currently living at the Home.

We did see some good practice in the Home, by management and staff. However, there were some areas of hygiene and cleanliness which could be improved and potentially resolved by supervision of staff by the management team.

## **Comments**

There are many good things about this Home, with good hands on management and motivated, caring and respectful staff. It is hoped that the improvements are maintained.

## **Recommendations and Follow-Up Action**

The following physical improvements should be made as soon as possible:

- Attention should be paid to malodours
- The kitchen and dining room should be deep cleaned and both areas should be kept free from food remnants

Other areas that the Management Team could make improvements:

- Consideration should be given to improving signage to the Home
- The grounds should be kept tidy and weed-free
- The surface of the car park should be improved
- Consideration should be given to displaying requisite notices in the entrance hall
- The Manager should continue to personally assess prospective clients to ensure there is no conflict with current clients

## Provider Feedback

The Manager of Heathcotes provided the following feedback.

When asked if they could tell us what they felt worked well about the way the Authorised Representatives carried out the visit, they said

*“The Representatives were fair and gave us an opportunity to discuss different aspects of the care we provide.”*

When asked were there any aspect of the visit which they felt did not work well or could be improved, they said

*“No, I thought the visit went well.”*

When asked, as a provider of a service, did the Enter & View visits help you to identify areas for improvement and if so in what way, they said.

*“Some aspect of deep cleaning were not completed thoroughly enough. This has been addressed with our night staff who are responsible for the deep cleaning.”*

### DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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