



Enter & View Visit Report

Details of Visit

Service Name and Address	Hendra House 15 Sandpits Road Ludlow SY8 1HH
Service Provider	Hendra Healthcare (Ludlow) Limited
Date and Time	10.00 - 13.30 20 th July 2017
Visit Team	Three Healthwatch Shropshire Enter and View Authorised Representatives

Purpose of the Visit

Dignity, Choice and Respect: to explore the quality of life experienced by residents in this setting.

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 experience of all service users and staff, only an account of what was observed and contributed at the time.

Page	Contents
3	Context of the visit
3-4	What we were looking at
4	What we did
5-14	What we found out
5-6	The home
6-11	‘Person-centred’ care
8-9	• Choices
8	○ Daily routine
8-9	○ Food
9-10	○ Activities
10	○ Personalising bedrooms
10	• Maintaining Independence
10	• What residents say about living in the home
11	Dignity and respect
11	• Staff interaction with residents
12-14	Safe environment
12	• Healthcare and wellbeing
12	• Cleanliness and infection control
13	• Complaints procedure
13	• Advocacy
13-14	• Staffing levels, recruitment and training
14-15	Observation summary
15-16	Summary of findings
16	Recommendations
16-17	Service provider response
18	Acknowledgements
19	Who are Healthwatch Shropshire/What is Enter and View?

Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a purpose. They are not inspections.

The Care Quality Commission (CQC) rated Hendra House as outstanding following their visit in July 2015 making it at that time to be the first home in Shropshire to achieve the top grading. They judged that the home was providing an 'outstanding' caring and well led service and it was 'good' in providing effective, safe and responsive care. Healthwatch Shropshire decided that it would be appropriate to visit to find out more about the home and speak to the residents about their experience of living in Hendra House.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced. This visit was semi-announced and the owner/manager was told we would be visiting but not the date or time.

What we were looking at

How the home provides 'person-centred' / individualised care

We asked about:

- the choices residents have e.g.
 - the food they eat
 - activities available
 - personalising their bedrooms
- support for residents to maintain independence
- if residents are happy living in the home

Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents

Whether the home offers a safe environment for the residents

We asked about:

- healthcare
- cleanliness and infection control
- complaints procedure: opportunities to complain without fear
- staffing levels, staff recruitment, qualifications, training

What we did

The owner met us when we arrived and invited us to join the staff team who were just about to sit down for a breakfast with him in the residents' dining room. We were joined by a resident who brought us a book of photographs to look at which showed residents on visits and taking part in activities.

The owner then took us on a tour of the home, before leaving us to conduct the rest of our visit. We spoke to four residents, five staff (two lead practitioners, one care assistant and two apprentices), and two relatives.

One of the visit team (Authorised Representative) paid particular attention to observing the environment and the interactions between residents, visitors and staff.

What we found out

The home

Hendra House has been extended over the years to provide accommodation for 28 residents living on two floors. When we visited there were 27 residents who the owner said were aged between 75 and 98 years of age. He told us there is a waiting list for people wanting to live at the home and for people wanting to work there.

The owner told us he had bought the home in 2002 and had undertaken major renovations of the building with extensions. He told us he has also invested in staff training and new systems to improve the quality of life for residents. The owner proudly told us about the many awards the home had received and we saw many trophies displayed in cabinets in the entrance hall. The owner told us he had visited another home in Shropshire to share best practice.

The owner told us that residents who were more frail lived on the ground floor. Residents use a lift which is situated off the lounge to access the upper floor. The staircase, which was steep and had a sharp turn, is only used by staff.

- **Bedrooms**

There are 14 bedrooms on each floor, each with an ensuite toilet and washbasin. . The bedrooms had radiators which the owner told us were individually controlled by a thermostat as well as having central controls. The rooms had a telephone and call bell.

The bedrooms we saw were of different sizes and the bedroom that was vacant was one of the smaller rooms. This room had a wardrobe, bed, chest of drawers and a bedside table. The owner told us residents could bring their own furniture and we saw rooms which had been personalised. We were invited into two bedrooms to talk to the residents.

- **Shared areas**

There was a central lounge area with 15 chairs around the edge and a newly installed large 'smart television'. This was on during our visit. Most residents we saw were sitting in this area. They did not appear to be actively watching the television. One resident was reading a newspaper; other residents were sitting in chairs. We did not see the staff ask the residents if they wanted the television on nor ask what they would like to watch or listen to. We saw two members of staff trying to change the channels but this was done without speaking to the residents.¹

There was a pleasantly decorated dining room area in an extension off the lounge. In this room there were colour co-ordinated napkins and seating and a menu board on the wall showing the food choices for the day. We saw this being updated by a member of staff at 10.30 a.m.

There was also a smartly decorated conservatory with bookcases. One chair in the conservatory had risers attached to provide a different seating height.

There was a shared bathroom on each floor and one shower room on the upper floor with a hairdressing sink. The bathroom we saw on the upper floor had a fully accessible bath with a seat that lowers the person into the water.

Outside there was a garden area with flower beds and a patio with seating and umbrellas. Our visit to Hendra House was on a fine day, we did not see anybody using the conservatory or the garden while we were there.

The owner showed us into a locked treatment room which is used by the GP and District Nurses. Inside there were two locked drug cabinets, a consulting bed and a defibrillator on the wall.

'Person-centred' care

The care assistants, lead practitioners and owner told us that they ask families and residents about their likes and dislikes as part of the assessment undertaken before they come to live at the home. The owner said this may include an assessment of the mental health of the person to see if the home is suitable for the resident.

¹ Since the visit the owner of Hendra House has said **'we have spoken to the person in charge of the shift who confirmed that the choice of channels and programmes had been previously agreed by the residents in the lounge earlier in the morning'**.

The owner explained they will not accept a resident if they feel they cannot meet the persons needs for at least 12 months. The assessment includes talking to the prospective resident's GP, arranging an appointment with the District Nurse and other routine assessments, e.g. a mental health assessment.

All residents have a dedicated key worker who helps them to shop for them sort out their bedroom etc.

The owner told us that he has bought in and installed an electronic care record system. This uses colour coding (green, amber and red) and means that staff are able to come on duty and see instantly what changes have happened.

We asked the staff and the owner about residents who need more complex care in later life. The owner told us that if a resident is identified as having early onset dementia the home arranges for training for the family to help the person live well. Hendra House does not provide nursing care and the owner said that if a resident develops more complex needs he arranges for a multi-disciplinary team meeting to find the best solution for the resident. The owner also told us that if necessary he would visit a resident in hospital himself with two staff and they make a decision as to whether they can meet the needs of the resident. If Hendra House can no longer provide the correct level of care, the resident and their family would be supported to find a new more suitable home. The owner told us this had happened only two or three times in 15 years. A staff member told us two residents had had to move on in recent months.

The owner told us that the home is keen whenever possible to provide end of life care, together with the resident's family. The staff speak with the residents to ask them what their wishes are. The owner told us that staff will often attend funerals across the country to pay their respects to a resident.

The owner explained he is keen to make sure residents have whatever they need: "Everything we do is driven by them." He told us he was always looking for ways to improve. For example, he had recently purchased a 'profile bed'² for a resident.

The owner and staff told us there are resident and relatives meetings four times a year with cake and wine. Staff are able to suggest items for the agenda, and can attend if they want.

² A profile bed enables a person to alter their lying position and allows them to raise or lower the mattress to let them sit up in bed. The owner of Hendra House has told us that **'this also enables the resident to retain their independence for as long as possible, and enables ease of movement from the mattress to the benefit of the resident and the care staff.'**

Choices

- **Daily routine**

The residents we spoke to said they could get up and go to bed when they wanted. Some residents on the upper floor chose to spend time in their bedrooms and eat their meals there. They said they found it difficult at times to interact with some of the more dependent residents. One resident told us that they rarely chose to go downstairs as they had all they needed in their own room

The owner told us that most residents come into the shared areas at some point during the day but if someone is feeling unwell, or wants a lie-in, there is no pressure to leave their rooms.

We were told that when residents arrive at Hendra House they are asked how often they like to shower / bathe and their choices are respected. For example, some residents shower daily, others weekly.

One resident pointed out to us that they dirty laundry waiting to be collected from their bedroom³.

- **Food**

There was a menu showing the choices for lunch and dinner on the wall in the dining room. One resident we spoke to couldn't remember what they were having for lunch as they had chosen it the day before. We saw staff reminding residents what they were having for lunch.

The residents said the food was good and plentiful. We saw staff giving the residents cutlery and a napkin prior to the meal being served. Some residents ate in their rooms, some sat at the dining table and some were served at the chairs in the lounge. We saw the owner and staff sitting together in the lounge during lunch time.

³ Since the visit the owner has told us: **'In accordance with the homes infection control procedures, once a resident has been supported in the morning with personal care the responsibility for removal of lightly marked clothing is the responsibility of the laundry staff which is collected, laundered and returned daily.'**

The owner told us that hot and cold drinks are available on demand and jugs of water are available by the hatch in a little room off the lounge. We did not see any drinks being served mid-morning⁴. The two residents we spoke to in their own rooms had a drink by their chair.

We did not see any fresh fruit or snacks in the lounge or bedroom areas⁵.

- **Activities**

A lead practitioner told us there was an activity co-ordinator and a resident showed us a printed sheet with pictures showing the activities and clinics for a two week period. This included live entertainment once a week, craft sessions, singing, bingo, an exercise class and a chiropodist visit. On the day of our visit the sheet said there was scheduled visit by the chiropodist, but the chiropodist was not present at the time of our visit. Two residents said how much they enjoyed the exercise class and one said they did daily exercises in their bedroom.

The owner said the residents had recently been on an outing to a garden centre and we were shown a video of a barbeque that had taken place in the garden. A resident told us about the garden centre outing, which they had enjoyed, and showed us a photograph album of outings. The owner said there had recently been some issues with the hire of the minibus from Age Concern. He hoped more outings would be arranged in the future.

A visitor told us how they had led a 'knit and natter' group when the usual coordinator had been on holiday, and the residents had enjoyed this activity.

We asked the owner about IT and he told us he had just purchased a big screen 'smart television' which was on in the lounge at the time of our visit. He told us residents did not use tablets to access the internet or Skype.

⁴ Since the visit the owner has told us that **'all residents have the choice of a hot drink at approximately 1000 every morning and 1500 in the afternoon. In addition drinks are provided in all rooms and drinks are available on the hatch in the snug which are removed before lunch, and then restocked after lunch to ensure that a constant supply of fresh drinks is available'**.

⁵ **'As a result of our Food Safety and Infection Control Policies and procedures fresh fruit is provided daily at the resident's request. Fruit is served with breakfast, and is always available as an option with every meal. In addition we offer fruit every other day instead of cake or biscuits during the afternoon drinks round. Fruit is not readily available due to the consideration given to individual allergies, and the risk of contamination by being handled by other residents'**.

The owner told us that pupils from the local school, which is situated across the road, are actively involved in the home and each year the residents judge the school's Easter bonnet competition.

A resident told us that birthday parties are held for the residents with birthday cake and a present.

- **Personalising bedrooms**

The owner told us that residents are welcome to bring their own furniture and other personal items when they move to Hendra House. We saw two bedrooms which were furnished and decorated in a personal style with photographs and ornaments.

Maintaining independence

A lead practitioner told us that the staff are keen to enable residents to be as independent as possible, by helping and supporting residents who need it. One resident goes out for a walk on their own, whilst staff accompany other residents on outings to the shops.

What residents say about living at Hendra House

Some residents told us they preferred being in their own room rather than sitting in the lounge. Residents said call bells were answered promptly and they felt safe living at the home.

One resident said they spent their day doing puzzles. They said the staff listen to them and "they are very good". We asked one resident if the staff talked to them. They replied "No not really, they don't have time".

A relative told us "if [you want] a perfect place you put them in here". Another relative said "it's like home from home". This relative said they visited three or four times a week and staff kept in regular contact by phone. At times they eat as a family in the conservatory.

Dignity and respect

Residents told us that staff knock on their doors before entering. We observed the owner checking with residents before entering their rooms and asking if we could have a chat with them.

Everyone we saw was appropriately dressed. Male residents were clean-shaven. Residents in the communal areas were dressed appropriately and wore suitable footwear.

The shower room had a privacy curtain which could be drawn to maintain privacy and dignity.

Staff interaction with residents

We saw the owner interacting in a friendly manner with the residents, singing to them and joking with them.

We saw staff wait to speak with a resident while they were talking to us.

We saw two staff courteously supporting residents, getting them ready for their lunch.

We saw two staff ask residents if they were alright and if they needed to go to the toilet.

We saw two staff remind residents of what they had ordered for lunch as they could not remember.

Three staff were observed passing through the lounge, saying “hi” or making a quick comment to a resident as they walked past. This was done hurriedly⁶.

⁶Since the visit the owner has told us that ‘staff did respond and acknowledge the residents, but were in all probability answering a call to meet the needs of another resident. Which, as a result of having a silent nurse call system, it is not obvious to residents or visitors that staff are likely to be attending to residents calls for assistance. The silent call bell system was installed to maintain resident’s dignity, and allow residents to be free of having to listen to call bells being activated throughout the day and night’.

Safe environment

Healthcare and wellbeing

The owner told us that residents are registered with a GP of their choice and GPs and District Nurses attend the care home. Residents access optician and audiology services in Ludlow.

When we asked about how they check on the health and well-being of residents, staff told us that they look for any signs of change on a daily basis, e.g. sores. Any changes are recorded on the resident's care plan. Staff and residents we asked were not aware of a 'Feel on Friday' initiative, which was mentioned in the previous CQC report. The owner said Hendra House had developed and trialled this two years ago.⁷

The owner told us that staff are trained to maintain hearing aids on a weekly basis.

If necessary the owner arranges multi-disciplinary team meetings to find solutions for residents if their needs change, but this is rare.

The owner has installed a digital display in the corridor which shows when a call bell has been rung. This is now also displayed on the staff pagers meaning call bells are silent. The owner explained that this has been of great benefit to the peace of the home and it also means that the time taken to respond to call bells can be monitored.

Cleanliness and infection control

The home smelt fresh and pleasant throughout. Furniture, floors and other surfaces were clean and well cared for. Windows were clean inside and out.

⁷ Since the visit the owner has told us **'we became involved three years ago and the lessons learnt have been incorporated into individual care plans of residents as appropriate. Therefore the monitoring of a resident is completed on an as and when basis depending on their medical condition at the time as opposed to a specific day of the week, hence the fact that staff and residents no longer refer to it as 'feel it on a Friday.'**

Complaints procedure

The owner told us that any complaints are brought straight to him by residents and resolved on the spot. He said there had only been two complaints made in nine years and one of them had not really been a complaint. Residents and staff we spoke to said that they would take any concerns to the owner and they were confident they would be dealt with promptly.

The visit team did not see the home's complaints procedure on display⁸.

Advocacy

We were told that many residents at Hendra House have relatives who are involved in their care, for example taking them to dental / hospital appointments. One resident told us their daughter took them to the dentist.

Staffing levels, recruitment and training

The owner and lead practitioners we spoke to were keen to tell us about 'Team Hendra' and the person-centred care they provide. 'Team Hendra' is about how all the staff work together to support each other. A lead practitioner told us this includes supporting staff with both work and personal issues. They said, "It is the best place I have ever worked." It is "one big happy family." "Happy team, happy residents." All the staff we spoke to said they were happy. Some staff had worked at the home for many years. The owner told us that the staff meet together regularly and go out for meals.

There are 32 permanent staff and the owner told us the home does not use agency staff.

⁸ Since the visit the owner has told us **'it is not a statutory requirement to display the procedure. All residents and families are given a copy of the complaints procedure on admission to the home along with our Statement of Purpose which is signed for and recorded at the time. Staff are also aware of how to raise a complaint or whistleblowing issue as part of their induction and ongoing annual adult protection training'**.

All the staff including kitchen staff undertake training, mainly level 2 and 3 vocational qualifications. We spoke briefly with two apprentices who told us they attended college once a month. The owner and staff told us about the training they had received. They said this was mainly delivered at the home by external trainers. The owner is a Director of Shropshire Partners in Care (SPIC)⁹. He told us staff were receiving additional clinical skills training (e.g. infection control) in order to meet the needs of people more quickly and reduce the need to call in the District Nurses.

There are 3 shifts:

- 7.00 am - 2.00 pm Four staff plus the owner
- 2.00 pm - 9.00 pm Three staff with an extra member of staff coming on duty at 5.30 pm to help with settling residents down
- 9.00 pm - 7.00am Two waking staff

Staff said they do not have regular staff meetings¹⁰. We saw some staff sitting down together for breakfast which the owner told is used as an informal meeting time. The owner told us there were senior management meetings every 4-6 weeks.

Staff we spoke to thought they had appraisals every six months or so, but if there was a problem this would be dealt with at once. Appraisals are undertaken by line managers. They told us that senior staff have responsibility for specialisms such as incontinence, infection control and dementia. Care assistants told us they knew who to go to for advice, etc.

Observation summary

During the visit one member of the team carried out an observation in a communal lounge area. A total of 15 residents and five members of staff were observed during the visit.

⁹ Shropshire Partners in Care is a not for profit organisation representing over 240 independent Nursing, Residential, Supported Living and Domiciliary Care companies in Shropshire and Telford & Wrekin.

¹⁰ Since the visit the owner has told us **'we have made a strategic decision that formal meetings are held on an as and when basis, and the fact the staff have daily contact with managers and shift leaders throughout the day reinforces our effective lines of communication. These have been recognised nationally both by our external HR consultant and CQC as Outstanding'**.

There was little natural light in this room and it appeared to be the main thoroughfare for accessing the two bedroom areas of the home. The observer saw staff, including domestic staff, repeatedly passing through the lounge as they went about their duties. Some said “hi” as they walked by¹¹.

Summary of findings

- Visitors and relatives spoke highly of the care the home provided.
- There is an activities co-ordinator and a programme of daily activities and events. We did not see any activities taking place during our visit¹².
- We were told by staff that residents are encouraged to retain their independence in their daily routine and personal care where possible.
- The residents we spoke to said the food is good.
- All staff spoke positively about ‘Team Hendra’ and said they felt supported at work and with personal issues.
- The owner told us that the electronic care record system he had introduced was working well and this was confirmed by the lead practitioners.
- Residents did not appear to have access to the internet¹³.
- Many staff have worked at the home for several years and we were told that there was not a high turnover of staff. The owner said he did not need to use agency staff.
- Staff we spoke to were proud of the person-centred care they provided.
- All staff, including kitchen staff, were actively involved and encouraged to take part in training.
- We saw staff meeting informally over breakfast with the owner.
- Healthcare professionals visit Hendra House and residents have access to GPs from local practices.
- The home was well decorated and smelt clean and fresh.
- We saw staff speaking with residents. However these interactions were often hurried and brief.

¹¹ Since the visit the owner has told us: ‘**We would comment that the lounge is one of our busiest rooms which is why many of our residents choose to spend time there as opposed to sitting in their rooms for this reason as they enjoy the interaction with staff on a daily basis.**’

¹² ‘**The formal activity planned for the afternoon was the chiroprapist who was scheduled to arrive a 1500. We would also respectfully record that activities such as watching TV, music, reading of books and newspapers is an on-going activity freely available throughout the day if a resident chose to participate.**’

¹³ ‘**We wish to record that one resident uses the internet in his room, and other families use the internet when visiting. All visitors have access to the homes Wi-Fi password if requested.**’

- We did not see staff ask residents if they wanted the television on, or which channel they wanted.
- We did not see the home's Complaints Policy on display.

Recommendations

We suggest that:

- The owner explores further ways of sharing good practice with homes across the county, for example the use of electronic care plans.
- The home encourages residents on the upper floor to spend less time in their rooms and more time in the shared areas.
- The home provides fruit and soft drinks for residents to help themselves to throughout the day.
- Care staff find out more actively from residents whether they want the television on, and what they would like to watch.
- The home develops its use of IT, for example providing tablets so that residents can communicate with their families/visitors by email or Skype.

Service Provider Response

The owner's response to the report has been added as footnotes throughout. In addition, we have received the following response to our recommendations:

We suggest that the owner explores further ways of sharing good practice with homes across the county, for example the use of electronic care plans.

The Owner and Care Managers have provided opportunities for other care providers to view and evaluate the effectiveness of the homes electronic care plan and medication systems. In addition the Owner has shared good practice both regionally and nationally in his role as Director of SPIC and Skills for Care Employers Champion.

We suggest that the home encourages residents on the upper floor to spend less time in their rooms and more time in the shared areas.

Each resident's choice and wishes are respected and we encourage residents to engage with other residents, but we recognise that everyone is an individual and

we will always respect their choices and wishes to remain in their room if they wish.

We suggest that the home provides fruit and soft drinks for residents to help themselves to throughout the day.

Fruit: As a result of our Food Safety and Infection Control Policies and procedures fresh fruit is provided daily at the resident's request. Fruit is served with breakfast, and is always available as an option with every meal. In addition we offer fruit every other day instead of cake or biscuits during the afternoon drinks round. Fruit is not readily available due to the consideration given to individual allergies, and the risk of contamination by being handled by other residents.

Drinks: All residents have the choice of a hot drink at approximately 1000 every morning and 1500 in the afternoon. In addition drinks are provided in all rooms and drinks are available on the hatch in the snug which are removed before lunch, and then restocked after lunch to ensure that a constant supply of fresh drinks is available

We suggest that care staff find out more actively from residents whether they want the television on, and what they would like to watch.

We have spoken to the person in charge of the shift who confirmed that the choice of channels and programmes had been previously agreed by residents in the lounge.

We suggest that the home develops its use of IT, for example providing tablets so that residents can communicate with their families/visitors by email or Skype.

We wish to record that one resident uses the internet in his room, and other families use the internet when visiting. All visitors have access to the homes Wi-Fi password if requested.

The home is currently testing a new IT system which enables families and friends to interact, as well as providing an individual programme on which residents and families can store their favourite photos, films and videos.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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