



Healthwatch Cornwall
Enter and View Visit Report
Castle Hill Nursing Home, December 2, 2014



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Intial Information:			
Name and address of establishment:	Castle Hill House, Castle Hill, Bodmin, Cornwall PL31 2DY		
Date and time of visit (if multiple visits list all):	Wednesday, November 19, 2014 - 11am - 3pm and Tuesday, December 2, 2014 - 1pm - 3pm.	Name of contact at establishment:	Diane Kehoe - Manager
Healthwatch Cornwall authorised representatives involved:	Pat Hamling Maurie Parsons June Hackett (19/11 only)		
Acknowledgements:	Healthwatch Cornwall would like to thank the provider, residents, and staff for their contribution to the Enter and View programme. Particular thanks must be given to Diane for being so accommodating and informative.		
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 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, and staff 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.

The right to Enter and View can also be used to engage with people that might be harder for a local Healthwatch to reach, and/or to find out about any problems or difficulties that providers, service users or relatives and other professionals are experiencing with the health and social care system in general. 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 something that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission where they are protected by legislation if they raise a concern.

Purpose of this visit:

- To pilot Healthwatch Cornwall's approach to an Enter and View visit to test the procedure and documentation.
- To give our authorised representatives experience of conducting a visit.
- To engage with service users, staff and visitors to get an overview of the running of the home and of experiences of the health and social care system.
- Identify examples of good working practice to refer to during future visits.

Methodology:

Healthwatch Cornwall Enter and View representatives were invited by the manager and owners of the home to use the premises as a pilot location to test the procedures and documentation that have previously been developed.

Healthwatch Cornwall had received no feedback or pre-information about the care home.

A pre-visit meeting was held between Pat Hamling (Enter and View representative) and Diane Kehoe (manager of Castle Hill House) on October 16, 2014. The home has a capacity for 43 residents. At this visit there were 30 residents. The home offers end-of-life care and stays are often short. The aim of this meeting was to explain the purpose of the visit, to get an overview of the home, including the types of care provided, and to discuss logistics, including approximate times of visits.



On the two days of the visit the representatives initially spoke with the manager to ascertain which residents would be able to speak to them or those who would not due to their inability to give informed consent, or due to safety/medical reasons.

On the first occasion the representatives were given a guided tour prior to any interviews being carried out.

Interviews with residents were either carried out in their rooms or within the dining area. Interviews were also carried out with relatives of residents and these were either in the resident's room or in a small dining room that had been set aside for the representatives to use during their visit.

Enter and View representatives interviewed 7 members of staff, 7 residents and 7 relatives of residents. All those interviewed were made aware of the reason for the visit and an explanation of the questions that were asked.

A part of the visit was also observational, with authorised representatives being aware as they moved around the premises and surroundings to gain an understanding of how the premises operate and how the service users and their relatives engaged with staff members and the facilities.

Summary of findings:

- **Castle Hill House can be seen to demonstrate very good practice in many areas. Staff and management are to be complimented in generating a friendly caring atmosphere and having such good communication with residents.**
- **Staff interacted very well with residents, including assisting them to eat with dignity and care, and taking the time to talk, listen and laugh.**
- **The quality of food is very good and residents enjoy their mealtimes.**

- **The use of the index card/whiteboard detailing residents' dietary requirements was exemplary.**

- **Staff appeared to take a very real interest in their work and spoke enthusiastically to our representatives.**

- **Issues were raised concerning external support and services particularly concerning:**
 - o **Verification of death.**
 - o **Unsatisfactory discharges of residents from Liskeard, Bodmin and Royal Cornwall Hospital.**
 - o **Unsatisfactory support provided for management of bed sores.**

Results of visit:

Castle Hill House is a registered care home with nursing. It is privately owned and has facilities for 43 residents. I

It offers registered care for dementia, mental health conditions, old age, physical disability and sensory impairment.

The home advertises specialist care categories as Alzheimer's, cancer care, Colitis and Crohn's Disease, hearing impairment, Huntington's Disease, Motor Neurone Disease, Multiple Sclerosis, Orthopaedic, Parkinson's Disease, speech impairment, stroke and visual Impairment.

Castle Hill House holds the Gold Standard Framework (GSF) for end-of-life care. Castle Hill House has also extended the standards of GSF to consider all residents.



In addition it advertises the following facilities and services: palliative care • day care • respite care • convalescent care • Physiotherapy • Independent Living training • own GP if required • own furniture if required • pets by arrangement • close to local shops • near public transport • minibus or other transport • Lift • wheelchair access • gardens for residents • phone point in own room/mobile • television point in own room • residents internet access.

Environment:

The home has 39 single rooms and 2 shared rooms. At the time of our visit there were 29 residents of which 10 were publicly funded.

The property is an impressive building standing in its own grounds on the outskirts of Bodmin. The premises are clean and very well decorated to a high standard with good furnishings. Corridors are wide and open giving the place an accessible and friendly atmosphere. The premises were odour free. There is good wheelchair access throughout the building.

The property comprises an older building with a more modern extension. Residents' rooms were of good size and in many cases, had been partially personalised by the resident.

The pretty gardens are accessible for wheelchairs from all doors and offer many different views of the countryside. There are numerous bird tables visible from many rooms.

Visitors are welcome at any time, with friends and family often remaining all day. There is limited capacity for relatives to stay overnight but this is possible if necessary.

One resident has a budgerigar in his room. The home owns a cat and a relative brings a resident's dog in daily, which is petted and fed biscuits by other residents.

Food:

The quality and choice of food was excellent. A monthly menu is produced with a very large variety and choice. Residents frequently make requests or suggest changes. Main meals are freshly prepared in the kitchen and care is taken to ensure that residents' dietary needs and feeding requirements are met and individual likes and dislikes are catered for. Details of each resident's dietary and feeding needs i.e. diabetic, pureed, healthy options, dislikes, assistance required etc. are kept on an index card system in the kitchen. This is supported by a large whiteboard in the kitchen which repeats the information allowing easy reference for the cook and staff. The form that residents complete each morning for their main meal choice contains the necessary individual information so that advice may be given to them.

Many individual residents praised the food.

Activities:

Castle Hill House has a full time activities person (currently off on sick leave). At present other members of staff manage various activities which include arts and crafts, pampering afternoons, games, trolley shop, bingo and quizzes. Regular religious services are held in the home and local choirs/singers often visit.

Residents said there is always something happening at the home; singing, quizzes, bingo etc.

One staff member suggested some creative work to involve and stimulate, perhaps an increase of 'memory work'.

Castle Hill House publishes a monthly newsletter which informs residents, family and friends of future activities.

Residents who were able were encouraged to have trips out with their relatives.

Access to health care:

Residents reported good attention from their GPs who visit if required. They also reported regular visits from the dentist, optician and chiropodist who attend the home. A hairdresser also visits weekly. A diary is kept updated with all future dates listed.

One resident was visited by the physiotherapist who has arranged for an electric wheelchair.

The nurse confirms there are condition support services available e.g. palliative, Parkinson's, short and long term care, Peg (Enteral), Respiratory, COPD.

One aspect that was mentioned was the difficulty in gaining access to other professional services that are related to a particular condition.

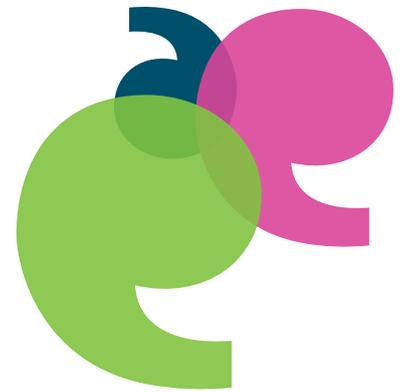
This was supported by staff, particularly in the case of physiotherapy.

Staff:

The general atmosphere at Castle Hill appeared to be both very supportive, dignified and caring from the interactions observed between the staff, residents and visitors.

Staff reported excellent team support and continuing support from the manager and owners. Staff attends funerals and an annual memorial service is held at the home. Staff also contributes to a memorial book.

New staff receives an initial training assessment and the training is then individually tailored for them. Wherever possible, training is carried out on the job with either an experienced or senior member of staff. A new member of staff reported feeling very supported by the manager and senior staff.



Some staff mentioned that problems were sometimes caused due to there being a high sickness rate among them. On the day of the visit, two staff had called in sick and another member of staff had been called in plus a member from an agency.

Care:

Care plans and updates to them are all computerised with input stations on each floor of the premises. This enables care staff to update both medical and care records after each visit and enables all staff to remain updated on a resident's current status.

A large number of residents were bed bound under palliative care and so were not ambulant or able to verbalise.

The residents interviewed had lived at the home from 3 months and to 3 years. All reported the staff are very helpful and caring and prompt in attending them in the day or at night.

One resident reported he had been in 2 other homes in Cornwall and been very unhappy. His son researched Castle Hill House and since he arrived he has nothing but praise for them. He is an early riser and they accommodate this. His hearing aid batteries went flat and were fixed within 2 hours. He states he does not think there could be a better home.

Another resident was discharged from Bodmin Hospital to Castle Hill House with MRSA. Although he has been in isolation since his arrival he said: "Everything is good here, even though I am confined to my room



at present. The food is excellent, high quality very fresh and lots of choice. The staff is warm and caring. When the MRSA clears my family will be able to bring my little poodle in to see me.”

The relatives of residents who were interviewed were happy with the treatment that their relative received. They said that staff was helpful, caring, committed and approachable. The communication between staff and family was also praised. Relatives appreciate the open visiting time. One relative mentioned that treatment at Castle Hill House was far better than at another home that their relative had been in previously.

Staff Concerns:

In discussion with the manager and senior nurse some specific areas of concern were raised by them.

The manager of Castle Hill House has experienced difficulty regarding the sudden death of a resident and the verification of this death. The GPs, police and ambulance service expected the nurses at Castle Hill House to verify this, but as this lady had not been seen by her GP for some months the GP had not completed and faxed to the appropriate out-of-hours service the expected death form, the nurse was unable to verify death. This resulted in a great deal of confusion and a very long delay before they were able to move the lady's body from the lounge.

To obtain clarification and hopefully ensure this is communicated between services, the manager has written to the coroner Emma Carlyon (letter dated September 8, 2014) and was still awaiting a response at the time of the visit.

The manager and the nurse both spoke about concerns they have around people being discharged to Castle Hill. There were sometimes late delayed discharges, particularly around end-of-life care. This sometimes results in more infections and impacts on the residents generally,

especially when they are very frail. Also the family are unhappy, worried and stressed. There is also sometimes a lack of communication from the discharger - no discharge papers/incomplete letters, confusion surrounding medication and there is no advanced care plan. Ultimately, the resident is very poorly in a strange environment and there is little time to get to know the staff.

Frequently on discharges from Treliske, Bodmin and Liskeard residents arrive without a supply of dressings, creams, emollients and thickeners and it can take up to 3 weeks to obtain new prescriptions for them.

The nurse reported that she had some concerns about their ability to get ongoing support from the NHS Tissue Viability Team. She felt that the home worked hard to heal and prevent pressure sores but that additional external support - for example, special mattresses - are taken away quickly and the home then need to work with the client without this aid. In order to keep an ongoing record of each client's skin condition, the home now photo and 'body map' for pressure sores on admittance or transferral.

The nurse also reports it is difficult to get an occupational therapy assessment for wheelchairs and this can result in residents remaining bedbound.

Good Practice:

This report highlights the good practice that was observed and reflects the appreciation that both residents and family felt about the care and support provided.



In particular the use of the index card/ whiteboard detailing residents' dietary requirements was exemplary.

An easel and blackboard in the dining room with a humorous drawing of a rabbit updated daily with the day of the week is a helpful reminder for residents.

The use of photos and body maps to support and safeguard the home's reputation regarding discharge of patients with existing pressure sores.

Recommendations:

- To take an active part in the newly developing Cornwall Care Quality Collaborative as other care homes would greatly benefit from the sharing of good practice that occurs in the home.
- Consider if activities can include some creative memory work.
- To keep an open dialogue with Healthwatch Cornwall regarding experiences of local health and social care services and the interaction with these services from the home's perspective.

Additional action by Healthwatch Cornwall:

- Record feedback received concerning feedback about external services such as Royal Cornwall Hospital, Bodmin and Liskeard community hospitals, and the Tissue Viability Team on the organisation's database to add to the wider experiences being gathered.
- Circulate report to Royal Cornwall Hospitals Trust and Peninsula Community Health to request a response on issues raised regarding transfer without appropriate medication and care information.

Service provider response:

At Castle Hill House we are happy to have been visited by Healthwatch Cornwall in November and December 2014, and to assist with the development of the Enter and View programme. It was good to meet the Healthwatch Cornwall representatives and we are pleased they enjoyed their visit with us and the very positive feedback in the report.

Regarding the observations and findings in the report we have been busy since the visits, further developing our service.

We have a new home manager, Michaela Burt, in post. Our previous manager having been in post for five years has moved on to manage another service. Our new manager has brought with her extensive knowledge from her NHS background and has excellent communication and hands on management skills. We also have a new Care Team manager, which is a new post, who has responsibility for the Care team. We have recruited additional staff and also managed the Care team to quickly improve absence and although we will always have the back stop of using agency staff, we much prefer to have our own staff to hand to help out when needed. The new team are really gelling well and are very supportive. We have also employed a new activities co-ordinator. Alongside the home manager, they have already started to develop a person centred activities programme for which we are looking to achieve external accreditation for. This is a new initiative in care homes and a scheme which Michaela is championing.



Regarding the recommendations made in the report we are already actively involved in the Cornwall Care Quality Collaborative, having attended the initial meetings and Castle Hill House is the venue for the 'Sharing Best Practice' work-stream arising from the Collaborative. Concerning the memory work in activities, this is an integral part of our programme that we are working on as mentioned above.

Regarding the concerns which were raised by staff and reported on by Healthwatch Cornwall, there has been progress in the areas of discharge to Castle Hill. New clients have been arriving with medications and much more background information and this has really helped. One discharge over a weekend did not work as planned and we fed back our issues to the relevant people at the time so we could all learn from the process.

The support from other services has been good of late; the issue with supply of various expensive equipment to our clients to support their conditions and being pro-active rather than reactive to complications which may arise from those conditions, is a long standing issue which we hope can be addressed through the Care Quality Collaborative Forum.

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