

# Enter and View report

Manton Hall Care Home

19 May 2017



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# 1 Introduction

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## 1.1 Details of visit

Details of visit:	
Service Address	Lyndon Rd, Manton, Oakham, LE15 8SR
Service Provider Registered Manager	Foundation Care (Norwich) Limited Mrs Samantha Humphreys
Date and Time	19 May 2017 11:30 to 14:30
Authorised Representatives	Sarah Iveson, Brian Godfrey, John Brian, Judith Phillips
Contact details	01572 720381

## 1.2 Acknowledgements

Healthwatch Rutland would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## 1.3 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

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# 2 What is Enter and View?

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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 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 Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform 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 CQC where they are protected by legislation if they raise a concern.

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## 3 Purpose of Visit

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- To observe how the facility operates and provides its services.
- To collect views of residents, staff and any visitors on how the services provided affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

### 3.1 Strategic drivers

In 2016, Healthwatch Rutland commenced a programme of visits to all Care Homes in Rutland to look at the quality of life of residents. The visit to Manton Hall Care Home on 19 May 2017 was part of this series of visits.

### 3.2 Methodology

Prior to the Enter and View visit the Enter and View team leader met with the manager of Manton Hall Care Home. At that meeting the purpose of the visit was explained and agreement was reached about the timing of the Enter and View visit and how staff residents and their families/regular visitors would be informed of the visit using a letter produced by Healthwatch Rutland. The manager told the team leader that she kept in touch with many families by email.

A team from Healthwatch Rutland visited over a three-hour period starting at 11:30 on 19 May 2017.



The team stayed in areas accessible to all residents and staff. In addition to general observation we talked to staff, residents and visitors using the framework prepared in advance of this series of care home visits.

Following the visit, a meeting had been arranged with the manager where key observations were shared.

### 3.3 Summary of findings

- a) Manton Hall is a care home used by both social care funded and self-funded residents. We were met by friendly staff and happy residents.
- b) Signage to the building is minimal.
- c) Internally the home presented as well maintained with interesting, thoughtful decoration.
- d) A number of good practice areas were identified. It is hoped that these can be shared with other local homes. Examples of good practice include:
  - Extensive activities
  - 'Resident of the Day' scheme.
  - Ensuring that residents wishes were captured, and actioned where possible.
- e) A specific 'beauty room' would be beneficial for residents.
- f) Consideration could be given to the size of print on some displayed information such as the complaints procedure and the long-term menu.
- g) A couple of issues around ambulance attendances at the home were noted and will be raised with the East Midlands Ambulance Service (EMAS).

### 3.4 Results of visit

Manton Hall Care home occupies a large converted country house with a number of modern extensions. It has accessible grounds. At the time of our visit there were 31 residents, many of whom had dementia. Residents are a mixture of social care funded and self-funding.

#### Approach/Exterior

Manton Hall is on the main road through the village of Manton. There is a bus route to the village, but this only runs until late afternoon. The sign for Manton Hall was partially obscured by foliage and not easily visible from the road.



The car park is at the front of the property. At the time of our visit the car park was full. This was due to delivery vans being present and we were also informed that staff training was being conducted so the car park was more full than usual. The main door was locked with keypad egress for the safety of residents.

## Reception

Visitors were asked to sign in and out of the home using a book on a table by the front door. One team member forgot to sign out. Staff were friendly and the E&V team was made to feel very welcome. Inside there were picture signs for residents showing the way to the lounge/dining room etc. A copy of the Healthwatch Rutland letter announcing our visit was positioned on a notice board in the home. Notice boards were positioned in a number of locations due to the small size of the initial reception. We noted copies of the latest Care Quality Commission (CQC) report, Whistleblowing Policy, Complaints Procedure, Safeguarding, Fire Procedures and Insurance Liability. The size of the print on some of these documents was very small. We also saw an activities calendar displayed, but this was showing an incorrect date.

## Layout and general environment

The home occupies two floors. There is a wheelchair accessible lift and stairs linking the floors. The main public areas on the ground floor comprise a lounge,



bar area (decorated as a traditional pub), dining room and conservatory (part of which is used for dining and part as a quiet space). The décor throughout appeared well maintained and there were interesting items pertaining to the building's history (see picture)

The public areas appeared clean and no unpleasant odours were noticed. The dining room has a hatch to the kitchen so that staff and residents can access food and drinks at any time. The dining room and adjoining conservatory are laid out with tables for four people with the day's menu displayed. There were several displays of fresh flowers. The long-term menu was displayed on the approach to the dining room, but the print on this was very small and we found it difficult to read.



The large lounge had a variety of chairs which appeared in good condition. Some of these were raised and one resident had a specially adapted chair. The lounge had a large television, newspapers available together with drinks and snacks for residents to access at any time (see picture 2).



We saw a large cleaning trolley being manoeuvred around the lounge. This appeared difficult to move and at one point knocked a resident's tray which had a hot drink on it.

External doors were key coded for residents' safety, and fire doors were alarmed.

Residents' rooms had their pictures on the doors. We were invited into two residents' rooms which appeared clean, well decorated and furnished. Residents told us they could add personal items of decor and furniture. We observed a hand gel dispenser in a corridor, but not elsewhere.

Externally the grounds appeared well maintained and they keep chickens. There is a network of paved walkways. We were told that there are plans for a new sensory garden.

### Activities

There is a full-time activities coordinator. We saw evidence that a word game had been played recently in the lounge and before we left a James Bond movie was being played on the TV. We were told by staff that residents and families were



consulted on what activities they would like. There was a 'wishing tree' display which detailed what residents had told staff they would like to do (see picture 3). We saw pictures of visits out to a safari park, as requested by one resident. There were plans for a trip to the seaside in the near future. One resident we met told us that she went swimming with 1:1 support every other week. Staff told us that they visited local garden centres when transport was available.

We also saw pictures of an 'animal experience', where an external company had been contracted to come into the home with a variety of exotic animals, which the residents could handle. One staff member told us that some residents were having the





experience of holding snakes etc for the first time in their lives. Staff told us that they thought it was important for residents to have new experiences if possible.

We were told that activities were programmed on a rolling two-week timetable. Regular activities included: manicures, hand massages, chair exercises (including contracting a company called Progressive Mobility twice a month), word games, arts and crafts, jigsaws and films. Ladies from a local church came in every other Thursday to provide a church service at the home and local priests came in occasionally to provide holy communion. Consideration was given to residents who preferred to stay in their rooms, and the activity coordinator timetabled 1:1 time with these residents.

Staff told us that a room set aside for beauty treatments would be beneficial.

Management told us that there were plans for a new sensory garden and for a sensory trolley to be used in residents' rooms if they wanted it. They told us that they would love a mini-bus but that was cost prohibitive at present.

## Residents/families

We saw evidence that the home endeavoured to meet residents' wishes wherever possible. One resident had requested a pet budgie on the wishing tree, and we could hear the evidence that one lived there! One resident wrote poetry and had requested that her poems be put into a book; staff told us that they typed out her poems and had them bound for her. The manager told us that they are currently undertaking a 'life history' project where residents are spoken to 1:1 to capture their life histories to help staff know them better. This is along the lines of the 'This is Me' Dementia scheme.

Staff told us that:

- The home ran a 'resident of the day' scheme. This meant that staff had a number of activities to undertake for that resident.
- The cleaning staff ensured that the resident's room was deeply cleaned.
- The activities coordinator ensured that 1:1 activity was programmed for that resident on the day
- All staff were instructed to re-read that resident's care plan and related paperwork to ensure that any changes were noted.

The manager told us that residents' meetings were held quarterly, relative's meetings were also held quarterly and an annual survey was conducted.

Family members told us that they could visit at any time and that the manager and staff were very accessible. We were told by a family member that "We are welcomed and they (the staff) keep us informed". Family members also told us that they felt their relative was safe at Manton Hall. Residents also told us they felt safe. We were told that the best things about the facility were "a sense of security" "feeling safe" and that Manton Hall is not too big a place.

Family members told us that they were aware of the complaints procedure and that they knew how to alert the management as to their views.

### Meals

Our visit coincided with lunch being served and we were invited into the kitchen to meet staff there. Kitchen staff appeared very enthusiastic and told us that fresh food was delivered daily. They also told us that requests they had for new equipment was usually fulfilled by the management.

Residents who require more help were served lunch in the internal dining room; an area closer to where there were higher staff numbers. Some residents chose to eat in the conservatory while others elected to have lunch in their rooms or the lounge area. Some of the residents who ate in the dining room or conservatory elected to move into the lounge for dessert.

There was a choice of meals, and special diets and allergies were catered for. Residents who did not want either of the menu choices could have sandwiches or a baked potato etc. The meals appeared hot and of ample size and residents were offered a choice of drinks including cranberry and apple juice. Some residents were offered seconds or even thirds. Three residents were observed being helped to eat and it was noted that staff (including kitchen staff) were in conversation with residents at the table and were sitting or kneeling at their height.

The manager told us that all residents had food and fluid charts to monitor their intake.

### Medical/care

Manton Hall is not a nursing home, so has no nursing staff. Any nursing requirements are provided through district nurses. The home is supported by Oakham Medical Practice and staff told us that they receive excellent support including weekly telephone consultations. We were told that they felt that the Doctor went “above and beyond” by visiting when required and being easily accessible. This was especially important when managing end of life situations. We were told that the GPs seem more willing to diagnose Dementia than previously, this was welcome as it means there was less requirement for trips to the memory clinic in Leicester. The manager was not aware of the new memory assessment for care homes being rolled out by the Clinical Commissioning Groups (CCG) across Leicester, Leicestershire and Rutland (LLR).

There is no provision for a dentist to provide care in the home. This can cause difficulties in getting residents to dental practices. Taking residents to dental practices can cause distress if the resident has dementia and is not willing to leave the care home or if the resident has mobility issues.

We were told that there had been a couple of issues with ambulance attendances at the home. In one situation, ambulance staff seemed unaware of the issues





around communicating with a resident with dementia. In another situation, where a resident had broken their hip, the ambulance staff insisted on transporting the resident in a wheelchair as a stretcher would not fit in the lift, even though care home staff suggested calling the fire brigade to help.

We were told that there had been some issues with equipment when residents were discharged from hospital. This included one resident being provided with the wrong size walking aid and another resident being discharged with a different mobility aid than they went in with.

## Staff

We were told that there were 30 staff. Staff were identifiable depending on the colour of their top: Red for senior carers, purple for carers, pink for the activities coordinator, grey for domestic cleaners, green for the handyman and black for kitchen staff.

The staff we spoke to were very enthusiastic about the training they had received and said that the ongoing training programme was appropriate and useful. One staff member also said that she was encouraged to gain additional qualifications. Management told us that they have access to a trainer for 5 days a month and that training can be geared to what is required by staff at the time.

All staff asked were aware of the whistle blowing policy and where to find it if they needed it for reference.

Staff said that the best thing about working at Manton Hall was working with the residents and working as part of a good team. We were told that staff felt supported by management and appreciated management flexibility. In addition, we were told that the home's owners were supportive of staff and took an interest when they visited.

Management told us that recruitment and retention of staff was challenging but manageable. Due to a substantial proportion of staff coming from military families from the nearby army barracks, a change of regiment could have a large impact on Manton Hall staffing in the short term. As has been seen in a rural location, transport for staff can be an issue. We informed the management of the Rutland County Council 'Wheels to Work' scheme which might prove useful.

Staff appeared respectful of residents at all times; we observed them knocking before entering residents' rooms. We observed staff calling residents by name and if they couldn't attend to a resident's needs straight away, they explained why and returned as soon as possible to see if they were still needed. We observed an altercation between two residents: staff were quick to intervene calmly and positively to de-escalate the situation. We also observed a call bell being triggered by accident, and staff arrived very quickly to see if help was required.

## Dementia specific

The manager told us that:

A large proportion of the residents have dementia (some formally diagnosed some not).

We were told that the administration of DOLS (Deprivation of Liberty) paperwork appears to have improved recently. We were also told that, as well as family members acting as Relevant Person's Representative (RPR), Independent Mental Capacity Advocates (IMCAs) were used and provided through the local authority contract with Age UK.

Crash mats by beds are available if required and sensor mats are used if necessary.

## 3.5 Recommendations

- Consideration should be given to improving the signage to Manton Hall.
- Healthwatch Rutland should endeavour to share several best practice areas that were identified. These include:
  - Extensive activities
  - 'Resident of the Day' scheme.
  - Ensuring that residents wishes were captured, and actioned where possible.
- Consideration be given to providing a specific 'beauty room' for residents.
- Consideration be given to the size of print on some displayed information such as the complaints procedure and the long-term menu.
- Healthwatch Rutland should forward concerns over ambulance crews dementia awareness and issue around moving and handling to the East Midlands Ambulance Service (EMAS).



### 3.6 Service providers response

The Management at Manton Hall had the following comment:

*Thank you very much for visiting our home, it was lovely to meet you and look forward to welcoming you to Manton Hall again soon.*

*Thank you for highlighting a few areas to be worked upon, we will rectify these as soon as possible. The first being the signage, this is in fact something that the Directors have been looking in to and will look to replace shortly. Also, thank you for highlighting the extensive work that our activities co-ordinator does with our residents and would be honoured to share her ideas and activity schedules with other care homes. We also would like to thank you for highlighting that the print size of some of the information on display may be a little inappropriately sized and we will rectify this as soon as possible.*

*We would like to take this opportunity once again to thank you for your visit and are pleased that you enjoyed your visit.*

Having been contacted by Healthwatch Rutland regarding the recommendation in this report, EMAS had the following comment:

*Thank you for the opportunity to comment on the enter and view report for Manton Hall.*

*We would of liked the opportunity to conduct a full review of the incidents raised within this report, however without specific dates and times it is extremely difficult identify and review these incidents.*

*I would like to update you on our Mental Health training called MAPA, each member of staff will be attending over a 2 year programme. This training includes communication with patients with mental health problems and patients with dementia.*

*Our statutory and mandatory education this year includes safe manual handling techniques and introduces best practice refreshers to all staff working in Leicester, Leicestershire and Rutland.*

*We conducted a review of 999 calls to Manton Hall, we were called 66 times in the last year, some spikes of demand on Wednesday and Sundays with most calls made within the daytime.*

*I have discussed these findings with our management team and we would like to meet with Manton Halls management to discuss how we can share that review and assist them to reduce the number of 999 calls made.*

