



Enter and View Visit Report Sheet

The visit report will aim to:

- Focus on patient/service user benefit
- Concentrate on key issues
- Be clear and concise
- Be balanced.

Date of visit: 14/11/11

Service/premises visit: Highfield Court, Stafford Road, Uttoxeter. ST14 8QA

Authorised Representatives who undertook the visit:

Cyril Burton, Marlene Moore, Caroline Goodfellow

Reason for the visit: To assess the quality of care provided to the residents at this care establishment.

REPORT TITLE

1. Report Overview

Description of the service

Highfield Court offers support and accommodation for up to 59 residents with a mild to moderate Learning Disability, but also provides care for up to 12 people with a Mental Health diagnosis. A few residents also have significant physical disabilities and are accommodated in properties with adaptations. Residents are admitted between the ages of 18 and 65. However they are allowed to remain resident beyond the age of 65, providing their needs can still be fully met. There are currently 51 people residing at Highfield Court. 3 residents are wheelchair-bound.

The service is situated in a rural setting on the outskirts of Uttoxeter and is set in extensive grounds alongside Highfield Hall, a residential home for adults with more moderate to severe disabilities. Both establishments are managed by Rushcliffe Care, and the two establishments work closely alongside each other, sharing resources where appropriate eg minibuses, bank staff.

The site is made up of 23 bungalows, offering either single person accommodation or shared accommodation for up to 5 people. There are currently 10 staffed bungalows. The other bungalows provide support flexibly according to the needs of the residents. Factors have to be considered when placing residents in shared bungalows to ensure that they are compatible with each other. eg smokers will never be placed with non-smokers, and residents in the larger bungalows will have known each other a long time and get on well together. All bedrooms are single occupancy.

Many of the staffed bungalows run as independent units with people cooking their own meals under supervision, and doing their own shopping and laundry. About half the residents eat regularly in the

“bistro” – the main dining room. People can opt to have breakfast, tea and supper in the bistro if they choose, although a lot of residents just have their main meal there. Several people in the unstaffed bungalows do their own shopping, cooking etc with support. There is a central laundry if required. An Activity Centre, including a games room and a sensory room are available to residents on -site. The resources are purchased from fund-raising monies. There are computers available and a good range of arts and crafts. The games room is upstairs and unfortunately has no access facilities if residents have restricted mobility or are wheelchair bound. There is also a small difficulty for one or two residents in accessing the sensory room, because of the high doorstep. Within the garden area there is an allotment with polytunnels, which provides an opportunity for service users to get involved in gardening if they wish, and to produce vegetables for the benefit of the residents.

There are 2 minibuses on-site, and 5 other vehicles are available to transport people to health appointments, college, social activities etc. The minibus is also used for trips out. Residents are encouraged to use public transport if possible. Residents contribute to the cost of their journeys. There is a bus-stop nearby, although buses are only available hourly during the day. 15 residents currently attend college in Stafford, and every person who wishes to attend college is able to do so at present.

2. Reason for the visit

Following an Enter and View workshop in July 2011 it was decided that Link should visit a resource for Learning Difficulties, and also a provider in the Uttoxeter area.

2. Approach used

A Link planning meeting took place to identify objectives for the visit, taking into account the last Care Quality Commission report of May 2011. A Link representative then visited the home to explain about the Enter and View project, to agree objectives and set a date for the authorised visit two weeks later. We met with the Manager and Deputy Manager initially. We were shown documentation to illustrate care pathways, policies and procedures, etc. We were shown the key recording documents, which the current Manager has made a priority to update, and make more personalised. These included care plans, risk assessments, daily logs and other documentation for seizures, challenging behaviour, etc. We were also shown the Admission Booklet, which is completed with every new resident in the first week, and the Service User Health Book, which is formulated in the first 6-12 weeks of admission and incorporates the Person-Centred Plan and a Health Action Plan. This Action Plan is in a user-friendly format and is signed by the service user or representative, and accompanies the resident to Health appointments, hospital etc. Care plans are reviewed and updated regularly with the service user. Records and medications are kept securely locked up. We were also shown the Training matrix for the staff and information on the Complaints process.

We talked to the Cook and were given copies of the summer and winter menus, which work to a 4 week rotation. The Cook carries out surveys of the residents to ensure the menus reflect their preferences, and accommodates diabetics and those residents with Special Dietary needs . Vegetarian and healthy options are always on the menu.

We also talked to other staff members including one of the Activities Coordinators and the Administrator.

In addition to this we talked to a number of residents, all of whom seemed to be happy to talk to us. We were invited into a few of the bungalows where the residents and in some cases care staff were present, and observed the interactions between them. There is a full refurbishment programme underway at present, and we were able to see one recently renovated bungalow, and others still awaiting renovation. We observed and talked to a number of residents whilst they were engaged in activities in

the on-site Activities Centre and Sensory room, and had a brief observation of lunch-time in the dining area. Unfortunately there were no visitors available to meet us during this visit.

3. Observations/findings

We were impressed with the friendliness and openness of all the staff we spoke to and observed the caring approach of the staff to the residents. It was clear from our discussions and observations that the Manager and the Deputy Manager have a good working relationship between them, and are both very person-centred in their approach. A philosophy exists that encourages residents to express their views, and residents are supported to be as independent as they wish to be.

STAFFING AND TRAINING

Staffing levels appear adequate, with staff deployed daily, according to the needs of the residents on that day, taking into account the individual care needs of the residents and other factors eg appointments, college attendance, social engagements etc. The care workers are deployed to drive and escort the residents in the minibus as required. The current Manager has been in post for 21 months and says that the staff group is now fairly stable, with low staff turnover. Senior Care Staff administer the medication via medidose packs wherever possible. Bank Staff are used if necessary, who can provide continuity.

75% of staff now hold a NVQ Level 3 qualification. Most mandatory training is provided by a trainer from Head Office. This includes Safeguarding and the Mental Capacity Act. There are good local links with Health Professionals who provide training in key areas. eg Infection Control and Medication Management. Each staff member has a CPD file (Continuous Professional Development) to ensure that their developmental needs are monitored and addressed. The Home has links with local Clinical Nurse Specialists and therapists, to monitor and respond to the health needs of the residents and raise awareness amongst the care staff.

The training requirements of the staff are reasonably up-to-date. There are plans to redesign and enlarge the Training Matrix to enable it to be visible on the wall. This will make it easier to organise the training programme. There is a Staff Meeting every 2 months.

SERVICE USERS.

All the residents that we spoke to appeared to enjoy living at Highfield Court. There was clear evidence of the residents being treated with respect and dignity, and being encouraged to make their own decisions wherever possible. Most residents are reasonably mobile and self-caring, and have some capacity to make their own judgements about how they want to spend their time. One service user only self-medicates. Access to advocates is arranged when mental capacity issues arise.

Recreational and Occupational Activities. There is a vibrant Activities Centre on-site, with 4 full-time Activities Coordinators (one currently on sick-leave). Residents are encouraged to go there when they choose. The Activities Programme was full and the Activities Centre is clearly the hub of all the on-site activities. A coffee-morning is held at the Centre once a month on a Saturday. A new project has recently got underway involving a local church, which enables service users to meet weekly at the church in town, and join in with the local community. This is called the Smile and Wave Club and is very popular with Highfield Court residents. Unfortunately the residents have to take it in turns to attend because of the popularity of this project.

Some of the service users are able to carry out light duties on-site as well as their domestic chores, which can give them a sense of purpose and build up their self-esteem. eg keeping the gardens and paths tidy, laying the tables and clearing away in the dining room. There are 3 resident cats. The staff are currently looking into the possibility of acquiring other animals that can be accommodated safely in this environment.

Socials and fund-raising events occur at fairly regular intervals, with the support of the Moorlands Charitable Trust. eg an annual Hog-Roast annually, a Music Hall evening, Fetes, bell-ringing sessions, guitar playing etc. Plans are currently underway for a Xmas concert, and there is an air of excitement about this. The sense of community on-site was compelling, with residents interacting well between themselves and the staff members, and also visitors like ourselves. The Manager reported that there are very few occasions when residents get aggressive or abusive, and recalls only one occasion in her 21 months in the job, where police have had to be called, following an incident of alcohol abuse.

Service User Documentation Residents have allocated key-workers who take responsibility for the Care Plans and Health Action Plans that are amended as required. Each resident also has a Person-Centred Plan which is reviewed regularly by the key-workers in collaboration with the Managers, professionals and relatives, and advocates if necessary. The person's health and social care needs will be incorporated into this "PCP", as well as likes and dislikes, hopes and fears for the future, emotional issues, financial issues, spiritual and sexual needs etc. Funeral plans are also part of this process. All but 2 residents have some family contact.

Health and Safety Some residents like to smoke, and have to observe strict rules about where they are allowed to smoke for health and safety reasons. However smoke alarms, pull chords are in place in all the bungalows and regular checks take place to ensure the smoking rules are adhered to. Also, as the complex is open to the general public, floodlighting and sensors are in place on-site, to deter outside intruders. Relations with the local police are said to be good. Risk assessments are carried out as required.

Spiritual Needs Service Users are taken to a local church on Sunday if they wish to go. Most residents like to go together to the same church in town. However different denominations are accommodated if they so wish.

Other services that are required by the residents are arranged either on-site or by individual appointment, eg dentist, optician, hairdresser, chiropodist.

Finances Residents finances are organised on-site by the administrator. Rushcliffe Care act as appointees in most cases. For safeguarding purposes the on-site administrator and one person from Head-Office are solely responsible for dealing with the finances and recording all the incomings and outgoing. Each resident receives a weekly personal allowance on-site, and are assisted with budgeting if necessary. Some money is held in reserve in a Savings Account for each resident at Head-office, and requested as required. Residents contribute to transport, toiletries, clothing, social events and other recreational activities. They are discouraged from keeping money in their rooms. It was remarked that if a resident likes to smoke and drink alcohol, then that person's scope for other expenditure can be significantly reduced. However residents who cook their own food receive a separate food allowance to purchase food in town.

4. Conclusions

We were received in a friendly and open manner at Highfield Court, and would like to thank Sue Emery (Manager) and Gill Holley (Deputy Manager) for their hospitality towards us on the visit. The standard of cleanliness was good throughout. There is an extensive refurbishment programme underway at present, so we observed a few bungalows where the upgrading is still to take place and another bungalow which has been completely refurbished. The residents that we spoke to who have moved back into their refurbished bungalows were very positive about the changes, and have been able to choose their own accessories, colours schemes etc. and make their personal space as personalised as possible. The Manager and Deputy Manager were able to demonstrate their caring approach to their service users. It is clear that they regard the best interests and safety of all their residents as paramount, including those residents that present more challenges to them. Residents are encouraged to be as independent as possible, although some residents may get anxious about this. The Managers understand the difficulties of managing an establishment such as this, where the needs and wants of the individual may sometimes conflict with the organisational constraints because of health and safety, etc,

and deal with this sensitively and pragmatically. They interact well with the residents and offer good support to their staff. They appear to have established effective links with the local professionals and families, and try to involve all relevant people when problems occur. They were able to demonstrate a good awareness of their safeguarding responsibilities and the Mental Capacity Act, and a good understanding of risk management issues.

They also work closely with local charities to obtain resources over and above what the Home is able to provide to enhance the lives of the residents eg The Moorlands Charitable Trust helped fund garden furniture and digital aerials, and to engage with the local community eg The Wave and Smile Club.

We received good feedback from the residents about the size of meals and quality of the food and the choices available to them, and this was backed up by a recent survey.

In view of the observations above it is reasonable to confirm that the aim of the visit, which was to assess the quality of care being provided at Highfield Court has been achieved and found to be good.

5. Recommendations.

It is suggested that consideration be given to the following:-

- **Certain information could be made available in bigger print and in formats that are more easy for service users to understand. E.g. The Complaints notices and the Menus. The Menu of the Day could be displayed on notice boards.**
- **The Sensory room would benefit from a small step or ramp, to make access to the room easier for service users with mobility problems.**
- **The Activity Centre has some areas unsuitable for people in wheelchairs or with restricted mobility. E.g. the games room.**
- **To look into the possibility of more volunteer involvement, as a means of increasing the links with the local community. E.g. the possible use of Volunteer drivers and the extension of opportunities like the Smile and Wave Club.**

Enter and View Visit Report Verification:	
Draft Report checked for accuracy/appropriate use of language:	✓
Draft Report submitted to service provider for comments:	✓
Final Report approved by the LINK:	✓
Final Report submitted to service provider:	✓
Distribution/circulation/publication of the report agreed:	✓
Evaluation of visit/report completed:	✓