



# **Enter and View**

## **The Houghtons Care Home**

**Announced Visit**

**19<sup>th</sup> December 2023**

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## What is Enter and View?

Part of Healthwatch Bedford Borough's remit is to carry out Enter and View visits. Healthwatch Bedford Borough 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Bedford Borough's 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 Bedford Borough's 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 and Address of Service: The Houghtons Care Home, 4 Sandy Lane, Bedford, MK41 9TH

Manager: Judith Wrighting

Service type: e.g. Care Home for residents living with learning disabilities aged over 18 years.

Client type: Learning Disability

## Acknowledgments

Healthwatch Bedford Borough would like to thank the Registered Manager, staff and all the residents for their co-operation during our visit.

## Disclaimer

Please note that this report is related to findings and observations made during our visit made on 19 December 2023. The report does not claim to represent the views of all service users, only those who contributed during the visit.

## Authorised Representatives

Tracy Cresswell, Lead Authorised Representative

Sandra Mabbott, Observing Authorised Representative

## Who we share the report with

This report and its findings will be shared with the Manager of The Houghton's, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Bedford Borough website.

## Healthwatch Bedford Borough's details

Address:

21-23 Gadsby Street

Bedford

MK40 3HP

Website: [www.healthwatchbedfordborough.co.uk](http://www.healthwatchbedfordborough.co.uk)

Telephone: 01234 638678

## Healthwatch principles

Healthwatch Bedford Borough's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

**1. A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.

**2. Essential Services:** Right to a set of preventative, treatment and care

services provided to a high standard to prevent patients reaching crisis.

**3. Access:** Right to access services on an equal basis with others without fear of discrimination or harassment when I need them in a way that works for me and my family.

**4. A safe, dignified and quality service:** Right to high quality, safe, confidential services that treat me with dignity, compassion, and respect.

**5. Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.

**6. Choice:** Right to choose from a range of high-quality services, products and providers within health and social care.

**7. Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.

**8. Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## Purpose of the visit

The visit was announced and was part of the ongoing work programme of Healthwatch Bedford Borough.

## What we did

On arrival to the building, the Authorised Representatives (ARs) rang the bell, we were greeted by the Manager. The ARs showed their ID badges, the Manager invited them in and asked to sign in, the Manager expressed that she had looked the ARs up when she had received the letter to announce the visit.

The ARs were made very welcome from the beginning of the visit and refreshments were offered throughout.

The ARs spent time talking to the Manager, the residents with the support of their carers, and several staff.

The Manager has been in post for 3 years and confirmed that they had not received a CQC inspection since she has been in post.

The ARs were informed that the home is a 6-bed care home caring for learning disability residents with complex needs. This facility provides care for residents who use nonverbal communication methods. They are currently up to capacity with 3 residents requiring one-to-one care. They currently have 15 staff members as Support Workers, who do everything within the home, including cooking, cleaning, and providing personal care e.g. bathing residents. The Manager expressed that she currently has 2 Senior Support Workers, with one stepping up from a Support Worker and the other one newly appointed.

The staff are contracted to work various hours, but the day is split into 2 shifts, 7 am to 9 pm, and 9 am to 7 am. They have 3 staff on during the night shift providing a mixture of support.

# Findings:

## Environment

### External

The home is situated in the middle of a residential area. There is off-street parking, the entrance was well-signposted, and the building is easily accessible.

The rear garden area was well maintained and was easily accessible through the kitchen/dining area.

### Internal

The entrance had 2 small offices on either side of the front door and immediately in front of the entrance was the corridor leading to the residents' bedrooms. The light airy living room was off the main entrance and the kitchen/diner was to the left along a small corridor.

Once inside, it has a warm friendly feeling. We were shown into the lounge, which was nice and bright, where residents were watching the television. One resident was watching Harry Potter and did not want to talk to the ARs as they went very

quiet and would not communicate with the staff. The ARs left them to watch the TV but asked the member of staff if they would be able to ask the resident the questions.

The ARs spent time talking to residents in the kitchen/dining area, and observed the residents being cared for by their Support Workers.

None of the staff wore uniforms, the Manager explained that they wanted to make it as homely as possible for all the residents and not have a clinical feel to it at all. The ARs did not observe any of the staff wearing ID badges, when the ARs asked if they had badges the majority explained that they did. However, one member of staff was still waiting to receive their ID badge. All the staff were friendly, happy, and welcoming throughout the visit.

## **Essential services**

The residents all had complex needs and needed assistance to answer the questions. The ARs asked staff how they would understand if a resident needed additional support and how they would identify if a resident was unwell and required medical assistance. The staff explained to the ARs that they were able to understand the residents' body language etc.

The Manager explained that when they receive a referral, they invite the resident and their relatives for visits to the home to see if they interact well with the other residents. Risk assessments are undertaken, and previous care plans are gathered including their likes and dislikes.

The Manager explained that they had started to transfer care plans over to the online platform "Echo" with the support plans still to be transferred. Staff update care plans daily, and the Manager explained that there are still hardcopy notes available. However, a member of staff expressed that they would benefit from having additional IT training.

Staff explained that they go through the support plans at the start of each shift and read the handover book. However, care plans are also available for staff to read. The ARs asked how staff who predominantly work weekends, understand the care needs of the residents. The staff expressed that this forms part of the handover and they read the communications book which includes any changes in behaviour or medication etc.

The ARs used symbols to ask the residents questions and with support from the staff, the majority of the residents said they *"like living here"*.

The Manager expressed that they are not a nursing home and often have to have their residents admitted to hospital. However, the Manager advised that Bedford hospital expects care home staff to support residents whilst they are inpatients, as the clinical teams are not equipped to support patients with complex learning disabilities.

## **Access**

One member of staff explained that they are a keyworker for one of the residents ensuring that they attend all their appointments. They explained that the resident was currently an inpatient at the hospital, but they would be going to visit them to ensure they were okay. The Manager expressed that they start at 7am as they like to sit and chat with the residents over a cup of tea. They expressed that the residents' safety comes first.

## **Safe, dignified and quality services**

Using symbols to communicate, the majority of the residents expressed they felt safe. When staff were asked how they would know if the residents did not feel safe, they explained that one of the residents, if they felt unsafe when being hoisted, would hold onto the sling. The staff explained that they would seek to reassure residents.

The ARs observed a resident being constantly monitored whilst having a drink, and noted that a protective covering was used.

ARs observed a resident in their room, the Manager knocked on their door and asked permission before the ARs entered to talk to them. The Manager showed the ARs some of the residents' rooms, even though the Manager knew that the residents were not in their rooms they still knocked the door before entering.

The Manager explained that they have a training matrix to follow and explained that they can request additional training if identified, however not all staff have had dementia awareness, therefore the Manager explained that they were going to investigate this for the staff. One staff member expressed that they would benefit from receiving end-of-life and palliative care training.

All the staff were engaging with all the residents, including those that were in their own rooms.

They have three residents who require one-to-one supervision, the staff are allocated on a day-to-day basis.

The Manager aspires for all of their residents to have an active social life including going to the pub, concerts, cinemas, holiday with family members and attending the proms in the park.

The ARs observed one of the residents nodding when asked if they like going outdoors, the staff explained that they were going to the pub for their lunch.

## **Information**

The relatives can speak to the Manager if they have any concerns. One relative opts to leave a weekly note for the Manager. We were advised that the relative is happy in the home and staff respect the residents' choice regarding whether or not to shave. The Manager has regular meetings with the relative to talk through their concerns and keeps a record of all points and actions raised.

The Manager expressed that they are supported by the provider organisation when required.

The Manager explained that are very interactive with their residents, explaining that they get to know them on an individual basis and can read their facial expressions along with using pictures etc. However, Makaton is not suitable for the current residents who live in the home.

## **Choice**

The majority of the residents expressed they had choice. The ARs observed one resident expressing that they did not want to go to the pub with peers. The ARs asked the staff how they know when a resident doesn't want something specific to drink, eat or to wear, the staff explained to the ARs that one of the residents likes their drink a certain temperature and if it is not at the temperature they like, they will push it away. Another member of staff explained that if the resident doesn't like the food they have been given, they will push it away. However, if they do like the food they will grab it. The ARs asked how residents who are visually impaired choose their clothes. The member of staff explained that the resident likes to feel warm and will choose their clothes by feeling them.

The ARs observed a resident being asked if they wanted a drink, who said yes, but when the staff member gave it to the resident, they did not want it, so they removed it.

The residents' rooms are decorated with the individual's own furniture and colours. One resident's relative had had a conservatory built onto the end of their room, and the Manager explained that the resident would sit in there during the summer months.

Each of the bedroom doors has the resident's photograph and name attached for identification purposes.

The ARs were informed that residents can let staff know when they are tired, they indicate to the staff with hand gestures.

All the residents due to their complex needs require assistance with personal care including toileting/bathing. One staff member explained that residents push staff away if they don't want that staff member to support them.

## **Being listened to**

The Manager explained that the residents are included in staff meetings. However, residents' meetings have not taken place since the pandemic. The Manager expressed that they actively seek feedback from the relatives, through the medium of telephone calls, emails, letters and drop-ins etc.

The ARs were informed that staff meetings are normally held during the day, so any staff that work evenings or weekends and are unable to attend can read the minutes.

The Manager explained that all the residents choose to attend St Marks Church on a Wednesday, other than that there are no fixed daily activities. They explained that they do not have a typical, standard day. Explaining that residents like routine and are always included during decision-making.

## **Being involved**

All the residents and relatives can speak to any staff around any concerns, comments or complaints they wish to make. The staff expressed that they would raise any concerns direct to the Manager. Some of the staff would not feel

comfortable raising concerns with Senior Manager's, but some of them would not hesitate to raise concerns relating to the residents.

The Manager explained that all new staff have a week of induction including going over support plans. They expressed that not all recruits are suited to working with those with complex care needs.

The Manager advised that new staff receive monthly supervision, while staff who have worked there for several years receive quarterly supervision. However, it was noted that all staff were encouraged to raise any issues or concerns at any time with the Manager.

The Manager expressed that the Director from the service provider organisation is "fab" and can be contacted at any time. They reported that they had not been permitted to be actively involved in the planning arrangements for the "Sparkle Ball" which is being organised by another home within the Creative Support Group. The Manager expressed that they are not given adequate time in their meetings compared to Supported Living.

## **Current challenges for the home**

The Manager expressed that the staff rotas are currently the biggest challenge as many of the staff are very cultured in working long days. This can cause issues when covering sickness or annual leave.

The management and staff were asked if they could change one thing what would it be and why.

They advised that they would like to have more space, be able to provide residents with ensembles and have a sensory room including a hot tub.

The home required maintenance in the corridors due to dampness. The Manager expressed that they had reported it and until the work had been carried out, they would not be able to redecorate.

The Manager expressed that having a Housekeeper would benefit the home as the post holder would be able to support with cooking and cleaning, allowing the staff to spend more valuable time with the residents.

# Recommendations

Recommendations made from findings	
1	Consider dementia awareness training for all staff.
2	Consider holding staff meetings at various times/days of the week to accommodate all staff, including those working evenings and weekends.
3	Ensure all staff have ID badges and wear them throughout their shifts.
4	The home may want to consider a noticeboard, displaying photographic imagery and the names of all staff.
5	The provider to ensure maintenance is carried out in a timely manner.
6	The provider to ensure that Managers are allocated adequate time in staff meetings to update on events that will include their residents.
7	Consider restarting the residents and relative's meetings.
8	The provider to consider recruiting a Housekeeper to give the care staff more time to spend with residents.

## Questions to the Manager

1. Have all staff received Oliver McGowan training as per CQC recommendations July 2022.

*A: All staff have completed Oliver McGowan training, it is now included as part of our induction programme, so all new staff complete this also, see below*

2. Do you have CCTV inside / outside of the building?

*A: No, we don't have any CCTV inside or outside the building.*

# Provider Feedback

## **Creative Support statement on the completion of the Oliver McGowan Mandatory Training on Learning Disability and Autism, Tier 1 and Tier 2.**

### **Our initial plan**

Creative Support embraces the Oliver McGowan Mandatory Training on Learning Disability and Autism and we have implemented the Tier 1 training nationally as part of our mandatory training for all staff throughout the organisation, care, and non-care.

### **Where the training is available**

All Creative Support staff are able to access the Tier 1 training through Creative Support's Learning Management System, Learning Pool. All staff are currently booked on to Tier 1 on Learning Pool as mandatory and Tier 2 is being rolled out across the organisation. All staff and managers are able to review their training status through Learning Pool.

### **Why we feel this is important**

We support the national governmental strategy to ensure all Health and Social Care staff have a basic awareness of supporting people with autism and/or a learning disability. This is the nationally commissioned training package and is named after Oliver McGowan, whose death shone a light on the need for enhancing knowledge and best practice for all health and social care staff.

### **Tier 2 training rollout**

We are in contact with the regional implementation managers for Tier 2 training and we also regularly attend national provider meetings as an endorsed provider for Skills for Care and a representative of the national, not for profit workforce.

We have been involved in the Tier 2 module development and implementation and 3 of our qualified trainers are now trained and able to deliver the training. We are currently holding planning meetings ahead of implementing our 2024 – 2025 Training Calendars in April 2024. These will ensure that all staff will be able to access the training across the year.

In the mean-time, we are focusing our efforts on ensuring all staff complete Tier 1 training in addition to our own, accredited LD and Autism awareness training and remain available for staff to request the Tier 2 training as required.

Kind regards,

**Creative Support**

19<sup>th</sup> January 2024



# healthwatch

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