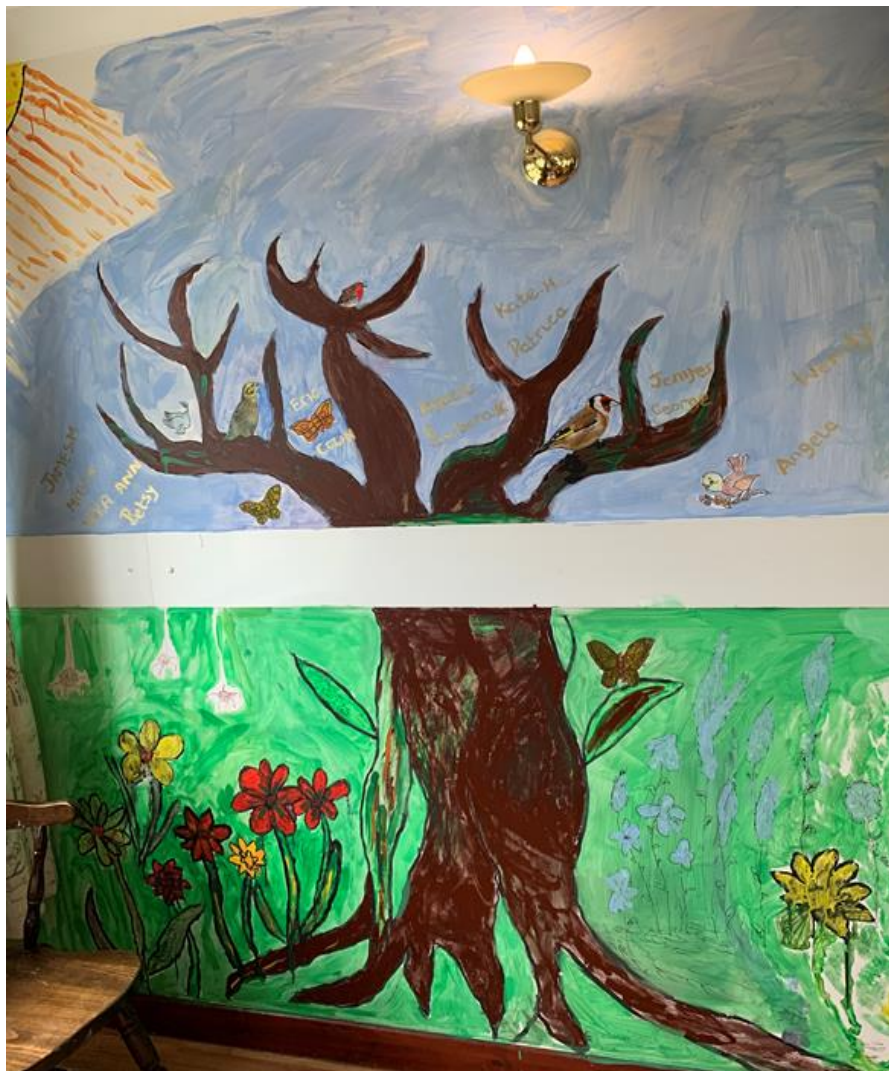


# Field House Residential Care Home

---

[Enter and View Visit Report](#)





## Visit information

<b>Service visited:</b>	RBL Field House Care Home Ltd
<b>Address:</b>	Eyebury Road, Peterborough, PE6 7TD
<b>Service provided:</b>	Residential care service
<b>Service provider:</b>	RBL Ltd
<b>Date and time of visit:</b>	30 October 2019, 10.30am - 2.30pm
<b>Authorised Representatives:</b>	Emma Amez, Janine Newby-Robson and Jo Smith

This report relates to the visit on 30 October 2019 between 10.30am and 2.30pm. It is an account of what we observed and what people told us during the visit. It is not a representative portrayal of the experiences of all residents and staff.

The visit also takes into consideration the fact that most of the residents spoken to may have a long-term illness or disability, including advanced dementia, which will have an impact on the information that is provided.





# Contents

Contents ..... 3

Key Findings..... 4

About the Visit ..... 5

Field House ..... 6

Contact Us ..... 20





## Key Findings

A team of three Authorised Representatives visited Field House on 30 October 2019. It is home to around 49 people, most of whom live with some element of dementia.

- Overall the home appears clean, safe and uncluttered. However, it lacks comfort in areas like the lounge where there are only wooden-framed vinyl-covered chairs to sit on.
- There was lots of information on notice boards in the reception area, including initiatives like ‘Pimp my Zimmer’ which aims to reduce falls for older people.
- There’s one activity co-ordinator in the home and a timetable of activities for residents. However, residents and relatives told us they were not always clear on what was available and felt there needed to be more activities.
- Residents told us the food was ‘very good’ and that they had choice. The meal on the day we visited was a treat for a resident who was leaving. The Manager told us that the home can provide different foods for people who don’t like the daily choice. They can also meet people’s cultural preferences.
- The home environment is mostly dementia-friendly, but there are a few areas where improvements could be made.
- Residents’ healthcare needs are attended to as needed from external healthcare staff such as GPs, community nurses, opticians and chiropodists.
- Chiropody is a paid service and not all residents can afford this. This means staff are responsible for reporting any problems with feet to ensure early intervention for problems.
- There is no regular visiting audiology service. Residents with hearing aids need to be taken to an appointment by staff or family. Staff are responsible for detecting and reporting any hearing problems.
- There is no visiting dental service. Residents need to be taken to appointments by staff or family. Residents all reported having toothbrushes and toothpaste at the home. They or someone else cared for their teeth.

The home is in a period of change as a new service provider took over in July 2019. The new Manager told us they are developing ways of working that will benefit the residents’ overall care, including recruitment of new staff and a staff training programme.





## About the Visit

### Why we visited

We visited Field House as part of a programme of visits to find out about people's experience of life in care homes in Cambridgeshire and Peterborough.

We wanted to find how residents are cared for and supported to make choices about their daily life, for example mealtime choices and access to activities. We also wanted to find out how easy it is to access local health services, for example GPs, audiologists, dentists, opticians and chiropodists.

### Using our power to Enter and View

We undertook an announced visit to the home using our statutory power to Enter and View. This is our legal right to visit places that provide publicly-funded health or social care services.

The visits give us an opportunity to:

- Collect the opinions and experiences of people using these services, including their carers or relatives.
- See the nature and quality of services.
- Talk to staff who are providing care.

We publish a report after each visit where we can make recommendations or suggest ideas when we see areas for improvement.

This visit was carried out by two members of Healthwatch staff and one volunteer who are all trained to do this work. They are called Authorised Representatives.

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 our Healthwatch's safeguarding policies.





## What we did

Part of the visit was viewing the public areas to gain an understanding of Field House on a usual day and to get a feel for the general environment.

We chatted to residents and visitors about their care, using a survey to guide and log our findings. We asked:

- How easy is it for residents to access local health services?
- How well are residents supported to make choices about daily life?
- What do residents think about their food?
- Are residents treated with dignity and respect?
- What activities are available for residents at the home and in the community?

We also used the King's Fund "Is your care home dementia-friendly?" assessment tool. This has been developed for use in care settings. It can help develop better supportive design for the surrounding environment for people with dementia. We did not use the scoring system but used the questions as a guide to check how dementia-friendly the environment is in this home.

## Field House

### Facilities

On arrival, the entrance is pleasant. A request for visitors to use the hand sanitiser before entry and on leaving the home, suggests hygiene is important. The front of the home is within the old part of the building and the rest of the home at the back is purpose-built.

In the main reception, there are two notice boards. One shows the home's involvement with the national 'Pimp my Zimmer' scheme. This is about decorating your walking-frame to help identification and encourage use; it aims to reduce falls. Another one showed more formal information about health-related information like the Accessible Information Standard and safeguarding. Relatives have told us they would like to see a clear section on the notice board for future events.

A television in this area shows rolling pictures of past events at the home, including this year's summer fete in the garden. The Manager's office is in a room off the main reception area. This is not yet labelled as such.

The accommodation is on two floors. On each of the lower and upper floors, there are two public lounge areas, one with a kitchen, where the dining area is situated.





In the dining area, there are rectangular tables with an adjoining seating area. Residents can choose to eat either at a table or in a separate chair which has a small table in front of it.

The other lounge area on each floor is mostly filled with chairs and a television. The kitchenette in these is mostly redundant.

The public areas are light and airy. In both lounges, the chairs are wooden-framed lounge chairs with anti-microbial vinyl and placed with their backs to the wall. It would be better to place them in small clusters to encourage conversation. Although these are comfortable and practical, this is the only choice of seating.

Corridors run from these lounge areas into the newer part of the building. These house individual rooms. We were told that most of the rooms have an ensuite bathroom.

Along the corridors there are also separate shower rooms and a bathroom, a sensory room and a cinema room. The plan of accommodation is mostly mirrored on both floors. There is a lift and stairs available to reach the upper floor. The overall feeling of the home is clean and reasonably comfortable.

### **The garden**

There is a garden on one side of the building with French doors allowing easy access from the main lounge. The garden is mostly grass with a small patio area. We are told there is a plan to add paths to provide easier access for residents.

Behind the home, there is a small, pretty orchard. Access to this is limited but the Manager tells us that a couple of residents like to help collect the fruit from the trees.

On the upper floor, there is an outdoor balcony area that is safely surrounded by clear glass so the residents can see the garden and agricultural fields with horses in the distance. A great asset, but there is no planting of interest here at the moment.







## Activities

There is one activity co-ordinator employed in the home. There is a timetable of activities on the wall near the dining room downstairs.

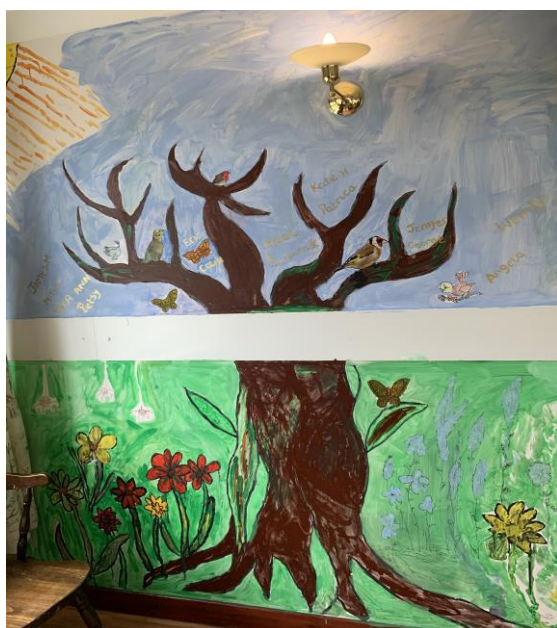
When we arrived in the downstairs lounge area, late morning, the activity co-ordinator was at a table, in the middle of a carve a pumpkin activity with a few residents for Halloween. This was repeated after lunch for residents on the upper floor.

Staff, including the Manager, were joking with residents and trying on witches' hats with false hair, which was fun.



Picture shows pumpkin activity

The staff explained that recently, they had encouraged the residents to paint a landscape on one of the walls in the dining areas on both floors. They seem to have really enjoyed doing this. One resident pointed this out to us and seemed very proud of his work.



Picture shows residents' mural

We were told that the residents also enjoy playing basketball with a low portable net.

A staff member told us one of the residents is a keen animal lover who had been delighted when PAT (Pets as Therapy) dogs had come into the home.

There is a sensory room along the corridor where residents can play music of their choice, and a cinema room where films can be watched in quiet and comfort. We saw residents enjoying a film in the cinema room after lunch.

Residents told us they were not always clear about the activities available to them inside or outside the home.

Some relatives told us that they feel there could be more activities and that they are not aware of any planned outside trips at all.





The Manager explained that there is a need for at least two activity co-ordinators as the home is too large for only the one. To help with this, one of the cooks also spends one day a week helping with activities.

There are plans now to have six visits with Eye C of E Primary School over the coming year; the school is next door to the home. Three visits for the residents to go to the school and three for some children to come into the home. The residents are going to watch the school's Christmas play soon and the children are then going to visit the home to sing Christmas Carols with the residents.

## Meal times

The meals are served in the main lounge on both floors where there is an adjoining working kitchen. The rectangular tables are lined up in rows with plenty of space around them for people in wheelchairs or for carers to assist residents.

The Manager told us that there is a menu booklet so the residents can see what is on the menu. We did not see the menu booklet, but we saw the day's meal advertised on the notice board. This had a "special" offered as it was a favourite of a resident who was leaving; a hot meal of pie or scampi, mash and vegetables, with ice-cream and jelly for pudding.

We noted staff walking around wiping residents' hands with wet wipes before the meal.

There were many residents at the tables eating their lunch, both independently and with help from staff. Residents were also in chairs with small individual tables in front of them.

We heard staff explain to residents what was on their plates. We observed residents being offered second helpings. Drinks were distributed as needed. All staff wore aprons and gloves.

There was music playing throughout lunch which our Healthwatch team thought may have been too loud to allow people to also talk; however, it added a good atmosphere.

The Manager was also helping in the dining area during lunchtime on the lower floor. The Manager told us that the care home is happy to provide different foods for residents if they do not like what is offered on the menu or if there are other needs due to different religious beliefs.

The residents seemed happy with the meals on offer and felt they had choice regarding this. Snacks and drinks were available to them outside mealtimes. Crisps and jelly babies were mentioned as snacks available. We did not see any fruit on offer. Drinks were always left in a certain place for residents to help themselves.





Residents said: “Food is very good” and “There is a choice”.

The Manager explained that they have recently taken on a second chef with plans to recruit another chef assistant.

## Other Healthcare Access

### Dentists

We were told by the Manager that there is no dental service visiting the care home. Residents need to be taken out either by family or staff to see a dentist. Each resident has a health assessment at the beginning of their stay which includes oral health. Staff give daily oral care. Residents have their own toothbrush and toothpaste and those who have no family are given supplies by the home.

### Doctors

There are no regular visits from a local GP, but they do visit as and when needed. The Manager is hoping to develop regular meetings and visits with the local GP. GPs come into the home to give flu vaccines each year around this time.

### Community Nurses

We spoke to a community nurse who told us they visit when needed which tends to be most days. They noted changes for the better in the home. This includes more consistent staffing levels, more interactions between staff and residents, improved activities and tablecloths on the tables with vases of flowers.

The Manager plans to meet with the district nurses regularly to improve communications regarding residents’ care and best interests.

### Opticians

Opticians from the Vision Call service were due to visit the day of our visit for the first time under the new management, but we did not see them that day. The Manager told us they came just after our visit and that they are due to visit approximately every two months.

We were told by relatives that their loved ones did not always have their glasses on when they visited them, even though they could not see without them.





## **Audiologists**

There is no audiology service to the home. Staff would need to raise any hearing problems they observe. One resident felt they could have seen an audiologist but had not done so.

## **Chiropodists**

Chiropodists visit on a six-weekly programme. There is a worry amongst staff that this service needs to be paid for and is not affordable for everyone. This may mean that problems with feet are not spotted and dealt with early enough. One staff member mentioned how important it is to ensure that feet are inspected regularly in order to pick up problems early.

## **Are your family treated with respect and dignity?**

The response from residents was positive.

## **Hairdresser**

A hairdresser visits every two weeks.

## **Is there anything you would like to change in this home?**

Residents did not mention anything specific they would like to change, except one resident and a relative did tell us that it was quiet on the upper floor.

Generally, residents told us that they were comfortable and content. They had enough company and could tell the staff if they were unhappy about something. One resident said: “It is very nice here”.

The Manager tells us that feedback forms are left in reception for relatives to fill in. These are then normally passed to a member of staff. We feel that it may be helpful to have a labelled feedback box in reception for people to put their forms in. This would also give the option of giving feedback anonymously.

We also thought it beneficial to have the Manager’s office labelled as such to help relatives know which door to knock on when they needed to speak to staff.

We noted a poster on the wall in reception and in a corridor, with the title “Speak to Us” and details of who to contact in case of there being a problem, but the contact details were not correct. The Manager is now aware of this and will update these.





## Staff

The Manager explained that the team is almost complete now. Staff training is important to the Manager. They told us that new staff shadow more experienced staff when starting work in the home.

New staff are also placed on the Care Certificate course - this is a national qualification developed by Health Education England, Skills for Care and Skills for Health. More experienced staff have added training as needed. We were told that 80% of the present staff are doing level 2 and level 3 Care Certificate courses due to the Manager's encouragement.

Some staff are not English and can speak other languages which can be useful when speaking to residents with the same foreign languages.

We were told that staff recently undertook a person-centred care course around dementia, and more training is planned.

Residents gave positive feedback around staff, saying: "Staff are very kind and caring" and "Staff work well together".

We asked a staff member about their role. "I love it here" was the response. A relative said: "Some of the staff go the extra mile".

## End of Life Care

The Manager has an interest in End of Life care and has developed a useful small booklet about this and the services that may be able to help families at this time. The Manager told us that the home is happy to accommodate family in any way they can at this time of their relative's life. There would be no visiting restrictions.





## King's Fund Toolkit

The Manager told us that approximately 70% of residents have some element of dementia. This means it is very important that the environment of the care home is appropriate for this group of residents.

During our visit, we used the “Is your care home dementia-friendly?” toolkit from the King's Fund. Find out more about this toolkit from The King's Fund -

[https://www.kingsfund.org.uk/sites/default/files/field/field\\_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf)

Although some areas of the home were dementia-friendly, there are a few changes that could be made for the better. We did not see residents' bedrooms, so we can only comment on the public spaces within the home.

### **1. The environment promotes meaningful interaction and purposeful activity between people who live in the care home, their families and staff**

Although the lounge areas have positive aspects to them, the main seating is wooden-framed vinyl-covered chairs along the walls. These are not placed to encourage conversation. This gives a hospital dayroom feeling to these rooms. There are no settees or comfortable chairs to encourage residents to gather and engage in conversation.

Relatives shared concerns with us about how the residents are seated.

### **2. The environment promotes well-being**

The main public lounge areas and dining areas are bright and airy with lots of daylight. On one wall, there is a landscape painting done by residents. A fish tank is also a pleasant and calming addition to the lower dining room, although the upper floor dining area's tank is empty.

There are two walls in each lounge area that are painted bright colours and contrast with the other two white walls. This helps to brighten the room.

On both floors, the second lounge area is used as a quiet area. This feels a little lacking in home comforts as it is also furnished with wooden-framed vinyl-covered chairs placed along the wall.

There is a view of the garden from these lounge areas on both floors.

The cinema and sensory rooms promote well-being and we would encourage the use of these.





As suggested in the Accessible Information Standard (AIS), it is important to provide information to people with sensory needs and disabilities in a range of appropriate ways.

A good choice of audio books, and newspapers would benefit many residents, including residents who are blind and who have dementia. Signing up to services such as the Peterborough Talking Newspaper could stimulate interest and conversation.

Light switches along the main corridors are white on white walls. This is the case in the lounges in places. Contrasting light switches would be easier for residents to identify. However, the Manager feels that they would rather not encourage residents to use the light switches in the lounge areas due to potential accidents.

The automatic lights in the corridors were not all switched on and we saw residents walking down dimly lit corridors.

### **3. The environment encourages eating and drinking**

The tables in the dining areas are rectangular and placed one after the other in rows, with plenty of space to move around for ease of movement for staff and residents alike.

The tables had easy wipeable tablecloths with minimal pattern and small vases of flowers on some. The plates and beakers were coloured yellow to contrast with food and trays were blue. Normal cutlery and blue napkins were used.

Music was playing all the time residents were eating. Our Healthwatch team felt this was probably a little loud for anyone who wanted to have a conversation, although none of the residents told us this was a problem. The music did help to brighten the atmosphere. Some residents with dementia would enjoy music, so there is a balance to be found.

The Manager tells us that drinks are available all day and left in the hatch area of the kitchen. Snacks are available outside mealtimes. We heard about crisps and jelly babies, but we did not see any fruit available.

### **4. The environment promotes mobility**

There is plenty of space to walk around independently or with assistance in all areas. The corridors are wide and uncluttered, with a plain carpet contrasting with the white walls. The handrails contrast with the walls, except in the oldest part of the building. The lounge areas are a wood-effect linoleum.







All separate shower and bathrooms are large enough to move around easily and would accommodate a wheelchair. These all have blue linoleum flooring and contrast with white walls and tiles. In some wash areas, the handrails are not contrasting in colour. In one shower room there was no handrail near the toilet or shower.

The garden has some seating. There are plans for more paths to be placed in the garden to enable residents to walk around it more easily.

## **5. The environment promotes continence and personal hygiene**

Not being able to find the toilet can cause anxiety. Toilets were signposted in the corridors. The toilet doors are wood veneer. These were well labelled with both words and pictures although placed too high for everyone to see clearly.

Lighting in the toilet and most shower rooms were adequate although one appeared too dim.

Hot and cold taps were not clearly marked. In many cases, the red and blue colours are wearing off. All areas appeared clean.

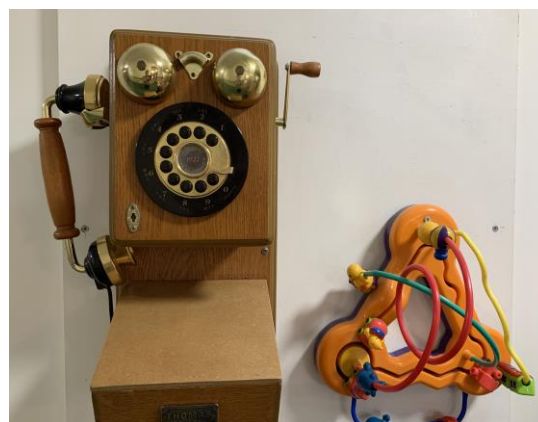
## **6. The environment promotes orientation**

Visual clues are helpful for residents with dementia to enable them to find their way around the home.

There is a lack of art or points of interest on the corridor walls where the residents' rooms are. These prompts could help people with dementia find their way.

Nearer the downstairs lounge area there is an old telephone on the wall which is an interesting piece of memorabilia.

We did not notice any large clocks or calendars in the lounge areas that could help orientate residents to date and time.



Picture shows old telephone and a bead activity centre



## **7. The environment promotes calm, safety and security**

There was no clutter or distractions to increase anxiety or agitation. Overall, the décor feels calm. Residents could walk around independently and in safety.

The sensory room provides an opportunity for residents to listen to their preferred music in a smaller, quieter environment. Residents can also choose which films they like to watch in the cinema room.

Internal doors have number combination keypad locks on them which only the staff know. External doors are locked. The front entrance is locked, and visitors can only enter if let in by staff members.

Some doors throughout corridors are left open when deemed appropriate.

Some of the shower rooms need better handrails for safety reasons. In some of these rooms, the red safety cords appeared unreachable from the floor if a person had a fall.

We were told there are sensor mats in residents' rooms to help detect falls.

We observed small labels on residents' room doors that also had an "evacuation plan". These were rather high on the door and not very clearly labelled.



## Summary and Recommendations

Field House has recently been taken over by a new care provider. The Manager told us they are developing ways to improve overall care for residents. This includes staff recruitment and training and better communications with the multi-disciplinary team.

The care environment appeared clean, safe and uncluttered. We observed that it is mostly dementia-friendly. Residents seemed content.

Healthcare needs are seen to with access to GPs and community nurses as needed. Access to other healthcare services is more variable and can need a family member or staff to support a resident. Paid chiropody services visit every six weeks. There is no audiology service to the home, and we were told that problems are dealt with when they are identified by staff.

There is evidence of person-centred care and special meals are provided for different faith groups.

Activities are presently not enough to cover the whole care home.

While we were there, we observed staff working in a calm, caring manner. They seemed happy in their work. The residents were treated with respect. Call bells were answered promptly. We saw the Manager interacting, laughing and having fun moments with the residents.

Whilst there are many positive aspects in the home, there are also a few areas that could be improved. We recommend:

- 1) Offering fruit at snack times to help increase fibre content in the daily diet. Offering water at meal times as well as diluted drinks would widen drink choice. To continue to ensure a choice of nutritious and healthy meals for residents and accommodate different religious needs.
- 2) Increasing the variety of activities in the home. To provide outdoor activities for residents. We suggest a level area in the garden to enable residents to plant pots of flowers or vegetables in raised beds. These would benefit mobility and mental health. Trips could be made outside of the home wherever possible.
- 3) Making sure the Manager's office is clearly labelled so that visitors know where to go if they need to speak to the Manager or other staff.
- 4) Placing a feedback box in reception so visitors are aware where they can leave their feedback.





To ensure a more dementia-friendly environment (as highlighted in the King's Fund Toolkit), we recommend:

- 5) Re-positioning seating to encourage conversation. Residents with no dementia should have the opportunity to strike up conversations with other similar residents.
- 6) Making the lounge areas feel as homely as possible by including more variable seating like settees to increase comfort.
- 7) Putting more artwork on the corridor walls to help orientate residents with dementia as they walk around the home.
- 8) Making sure all toilet and shower rooms have appropriate handrails which are contrasting in colour to the walls and the rest of the décor. Toilet seats should also be a contrasting colour. Ensure alarm cords are placed at correct lengths and safely so they can be reached if residents have a fall.
- 9) Ensuring hot and cold taps are clearly marked, ideally with words and colour.
- 10) Making sure all handrails in the corridors are contrasting in colour from the walls.
- 11) Changing light switches to ones that contrast with the wall colour where appropriate.
- 12) Ensuring that the auto-lighting is always switched on and working in the corridors to avoid falls and disorientation. All toilets and shower rooms should be adequately lit.
- 13) Lowering the signs on the toilet and bedroom doors to 1.2 metres high so that they are easily visible for everyone.
- 14) Providing a large clock and calendar in the lounge areas so that residents can orientate themselves to date and time.
- 15) Evacuation plan labels should be clearly stated on the doors of the residents' rooms and at a height where everyone can see these clearly.

### Manager's response to our report

The Manager of Field House responded to our report and recommendations with a 14 point action plan, published alongside this report. Actions include changes to make the home more dementia-friendly.

There are also plans to make changes to the notice board to make future events clearer, provide a feedback box in reception and label the Manager's office clearly.





## Thank you

Healthwatch Peterborough would like to thank the residents and staff at Field House who spent time talking to us about their experiences of working, living or having family staying at the home.

Thank you to the Manager of the home for helping us to arrange the visit, providing relevant information that we asked for and responding positively to our recommendations.



## Contact Us

Healthwatch Cambridgeshire and Healthwatch Peterborough  
The Maple Centre  
6 Oak Drive  
Huntingdon  
PE29 7HN

Email: [enquiries@healthwatchcambspboro.co.uk](mailto:enquiries@healthwatchcambspboro.co.uk)

Call: 0330 355 1285

Text: 0752 0635 176

Web: [www.healthwatchpeterborough.co.uk](http://www.healthwatchpeterborough.co.uk)

Services need to know what life in care homes is like for people to help improve them in the future. Do you have an experience of life in a care home that you would like to share?

- You can use the contact details above to get in touch
- Feedback via our website [www.healthwatchpeterborough.co.uk](http://www.healthwatchpeterborough.co.uk)

## Get in touch if you would like this report in a different format

This report is published by Healthwatch Cambridgeshire and Healthwatch Peterborough who retain the copyright. Healthwatch Cambridgeshire and Healthwatch Peterborough are using the Healthwatch mark under licence from Healthwatch England. You can read and share this report free of charge. You can get a free copy from our website, or by contacting our office.

Report published December 2019

© Copyright (Healthwatch Cambridgeshire and Healthwatch Peterborough, 2019)

