

Hartford Court Care Home

Findings from our Enter and View visit, 1 May 2025

Acknowledgements, disclaimer and context

Healthwatch Northumberland would like to thank the residents, relatives and staff of Hartford Court Care Home for their contribution to this Enter and View visit.

Healthwatch Northumberland is the health and social care champion for people who use care services. We gather feedback about the experience of care and share this with providers and commissioners with the aim to improve care for everyone.

When Healthwatch was established in 2012 we were given the power to 'Enter and View' health and social care premises as a way of engaging with people and gathering feedback. Our website will tell you more about this, including constraints and decision making.

This report relates only to the Healthwatch Northumberland teams' observations during the time of the visit and is not a representative or comprehensive portrayal of the experiences of all service users and staff. It is an account of what was observed and contributed at the time.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but in the event such concerns should arise, they would be reported in accordance with Healthwatch safeguarding policies. Any concerns would be reported to the team lead and the service manager informed, concluding the visit.

Hartford Court Care Home

Hartford Court is a purpose built care home with 68 rooms. At the time of our visit, the care home was undergoing renovation work with the extension of its day care facility.

Residential and residential dementia care is provided for residents with physical conditions and with memory loss and dementia.

Accommodation is over three floors. Space is divided into residential on the lower two floors, which is open access, and dementia care on the top floor (Grace Unit), which is secure.

Purpose of the visit

In 2022 as part of our work to increase public understanding of care homes we produced a **guide of simple things to be done to help people settle into care home life**.

We want to build on this to explain the day to day experiences of care home residents and their families. Our aim is to identify and showcase good practice as well as suggested areas, which might enhance how the service is delivered; exploring what is working well and areas that may be improved, so key themes may be shared and to give useful insights to potential residents and their relatives.

Hartford Court Care Home is one of four homes owned and run by HC-One in Northumberland. All four homes have now been visited for the same purpose between summer 2024 and spring 2025.

This was a planned and announced visit to observe and obtain information.

Planning and preparation

Derry Nugent, the Project Lead for Healthwatch Northumberland, produced and discussed a brief for the visit with Fatima Trawally, the Home Manager, and Donna Renner-Gibson, the Deputy Manager.

To prepare for the visit all Healthwatch Authorised Representatives attended Enter and View training and briefings to ensure they understood Healthwatch Northumberland's remit, the purpose and context of the visit, guidelines for how to proceed in a care setting and had the skills to effectively engage with residents and family members.

Letters were sent to the Home in advance for residents and relatives to explain the purpose of the visit and date and time of the visit and links to the online survey. Posters were also provided to be displayed in the Home. Residents and relatives had access to an online or paper survey if they were unable to be present on the day of the visit or preferred to give feedback this way.

The observations for the visit were to consider the environment of the home, staff interactions with the residents and relatives, interactions between residents, activities for residents, refreshments and dietary provision. At the time of our visit, the care home was undergoing renovation work with the extension of their day care facility, converting into new rooms.

Information gathering

Seven Healthwatch Authorised Representatives visited:

- Lorna Beech
- Joanna Lloyd
- Hugh McKendrick
- Colin Nevin
- Stella Newton
- Derry Nugent
- Fiona Robson

We spoke to 18 individual residents and five relatives/friends using a set of questions to prompt people to describe good practice they had experienced or seen. Healthwatch Northumberland Representatives completed an observation sheet during the visit. We received one survey response from a relative, but did not receive any from residents.

What people told us

People shared their experience and opinions of the care home.

Care

People that we heard from were generally happy with the care received at the home and spoke positively about staff:

"There's nothing I don't like. Everything's done for you." (Resident)

"It's a home from home." (Resident)

"It must be difficult to support people with varying conditions and severity, but the staff do a great job." (Relative)

One resident reported having regained confidence and some mobility since moving into the home.

Those we spoke to were pleased to have a regular hairdressing service on site and considered the prices to be reasonable. They also told us that there is help with nail care and with using glasses and/or hearing aids, should this be needed. One resident told us that their new hearing aids did not appear to be working but said they had not raised this with staff.

No one reported any concerns with being able to get medical appointments when needed, such as dental appointments, sight tests or GP services, including on-site visits. People told us that staff facilitated access to external appointments if relatives were unable to attend.

A relative we spoke with mentioned some issues regarding lengthy delays with obtaining an audiology appointment for their family member, but acknowledged that this was a wider NHS issue rather than a care home issue. Healthwatch Northumberland has since offered support with this through the care home manager.

We heard that a podiatrist visits the home regularly, but that staff sometimes need to be reminded about specialist needs. The home manager informed us that there have been issues with obtaining appointments with certain services due to limited availability of the specialist staff, which is beyond their control.

People we spoke with told us they have timely access to pain relief and medication:

"I had back pain, so the staff arranged paracetamol to be prescribed by the doctor. I just ask for them and get them really quickly." (Resident)

Most people we heard from seemed happy with the way clothes and personal possessions are handled by staff:

"Nothing has ever gone missing." (Resident)

"Often given wrong clothes but well cared for." (Relative)

One resident was disappointed that white clothing came back slightly grey in colour.

Several residents referred to the home as being very clean:

"It's spotless". (Resident)

People seemed generally happy that they had choice over when to get up/go to bed and where they could go within the home:

"I can do what I want to do and if I'm unwell I can have a pyjama day in my room." (Resident)

"We are free to go anywhere we want in the home. I go to my friend's room sometimes. I use a wheelchair but the staff take me where I want to go." (Resident)

Another person felt they did not have the option of having a lie in and felt they had too long to wait between being woken up/dressed and getting breakfast. The home manager confirmed that residents are given the option of getting up earlier or later, but will ensure staff communicate this more clearly with residents.

Initially unhappy at being allocated a male carer to carry out personal care and being told there was no choice over this, a female resident told us that they had now adapted to the situation. The home manager clarified that there had been a much heavier concentration of male staff at the home at one point. This meant that residents having a choice over having a male or female carer was not an option that was available to them. However, the home has since been recruiting more female staff to create more of a balance and to enable residents to have that choice.

Residents that smoke had access to the outside balcony area where an ashtray was provided.

A resident and a relative both raised a minor concern about residents on the lower floor not having free access to the lower floor garden area, with doors mostly being locked, which they presumed was due to security issues.

Residents we spoke to seemed very happy with their bedrooms telling us they were comfortable and that they could personalise their rooms:

"Bedrooms are smashing. I have some of my own bits, even my own duvet cover." (Resident)

They were also generally happy with their ensuite toilets/sinks and the use of shared bathrooms, telling us they could use the bath or shower whenever they wanted, with or without assistance, and with no queuing needed:

"I like the baths; they have a lift and I feel safe." (Resident)

"I like having my own toilet in my room. But there are plenty around the place too." (Resident)

A resident told us that some rooms had their own shower, but that the showers in them could be very noisy, which they found embarrassing:

"Everyone knows when you're in the shower."

The home manager commented that the showers may perhaps feel noisy to the resident using them, but that no noise is apparent from outside the rooms.

Food

Residents were generally happy with the variety of food on offer and choices over what, where and when to eat, and were happy that staff were on hand if they needed support:

"The food is excellent." (Resident)

"The food is nice, but you get too much." (Resident)

"You can ask for an alternative if need be." (Resident)

One resident was observed enjoying a preferred alternative of soup and bread, however, another told us that they missed being able to have a particular brand of soup.

Residents told us they are able to help themselves to snacks in between meals and there seemed to be some flexibility over mealtimes:

"If I sleep in and miss breakfast then the staff bring tea and toast to my room when I wake." (Resident)

Residents with special dietary requirements mentioned that staff are careful to check what food they are having:

"They are good at reminding me if I make a poor choice." (Resident)

Another person told us that staff are good at accommodating their need for blander foods due to a medical condition.

Some people told us they were not aware of having the option to have an alcoholic drink with meals:

"I don't think we'd be allowed that here." (Resident)

Activities

Most people we heard from were happy with the activities on offer at the care home, including games, exercise sessions, as well as visits from entertainers, therapy dogs and local school children. Most were happy that they had choice over joining in, watching, or going to their room. People told us that visitors came to conduct religious services, with a schedule on display on noticeboards on each floor.

A relative we spoke with told us that they used to see an activity program leaflet delivered to all residents' rooms, but that they had not noticed one recently.

Residents referred to day trips out via minibus once or twice a week and visits to football matches or garden centres. One resident told us that mobility issues prevented them from accessing most trips:

"Even just sitting in the minibus for a road journey would be a treat." (Resident)

The home manager told us the minibus service is currently only available once a fortnight. However, they are investigating the possibility of increasing this to once a week to allow for more regular trips. The manager also confirmed that the home does make trips accessible for all, including those with mobility issues. They will make sure all residents are aware of this.

We were told that staff make a fuss of residents on their birthdays, celebrating with cake, presents and special gifts such as a 'This is your life' style book for notable birthdays. They also help residents to celebrate other special occasions:

"The Lord Lieutenant attended to present a 100th birthday greeting from King Charles at a wonderful party open to all." (Resident)

"We had a bagpiper for Burn's Night" (Resident)

We heard only a couple of comments expressing dissatisfaction with activity choices:

"I wish someone would just come and take us shopping or something – something that we want to do." (Resident)

"More activities are needed during the day." (Relative)

One relative told us that they felt there was more activity taking place on the ground (middle) floor compared to the lower floor and was disappointed that their relative could not get a room on the middle floor:

"All the action seems to happen up there." (Relative)

The home manager agreed that more activities could be scheduled during the day and that they are also looking to provide a schedule of activities on the Grace Unit floor. They are investigating options for more activities that can be provided with minimal set-up, so they can be accessed more regularly.

There was evidence of staff responding to individual needs or preferences, with a resident telling us that they had taken part in a one-to-one painting activity with a staff member. The staff member explained that they watch for residents who need more one to one support to take part in activities. Music was playing on a TV on the first floor (Grace Unit) – staff told us that music was important to residents with cognitive impairment and that they enjoy dancing to it.

However, some people expressed a wish to have more access to gardening activities and to more accessible planted up areas or raised planters. A resident showed us the large window in their bedroom overlooked a pebbled area and expressed a wish to have flowers planted up outside the window so they could see them and water them from their room, as they had limited mobility to be able to access garden areas for themselves:

"It's the little details like that, that make a difference." (Resident)

Interactions with other residents and staff

Whilst one resident told us that they have made lots of new friends, another reported feeling lonely at times and struggling to make friends, often sitting on the periphery of activities.

There was some concern amongst a couple of residents regarding the amount of time dedicated to those that do not require additional support compared to those that do:

"Staff seem to spend more time dealing with residents with dementia." (Resident)

"The home is more geared up to support people with dementia issues. The rest of us are left more to our own devices." (Resident)

Generally, but not unanimously, those we heard from were happy about communication between staff and relatives/friends concerning their health and wellbeing. One relative told us they felt happy in the knowledge that their relative is safe and being well cared for in the home by attentive staff.

We heard that staff responded to relatives' concerns and residents' individual needs.

A relative told us that their family member used to spend all day sitting in their room watching TV due to limited mobility, often losing interest in the TV and sometimes become incontinent. Staff responded to these concerns by changing the resident's routine, bringing them to the lounge first thing in the morning and ensuring they had easy access to a buzzer. The relative told us that the person now has company and is able to call for immediate help when they need to go to the toilet.

People told us that friends and family members visited regularly and were welcomed into the home by staff with an open-visiting policy, maximising opportunities for residents to see visitors. Several residents mentioned that grandchildren were given an especially warm welcome:

"The staff arranged a party for my young grandchild's birthday." (Resident)

Most people we spoke with were aware of regular residents' meetings taking place where they could raise any issues or concerns:

"You can discuss anything you like and make suggestions. I feel they listen to me. I used to be involved looking after old people... I guess that's me now!" (Resident)

However, a relative commented that they were not always aware of any agreed actions being followed up from the meetings.

Residents seemed happy that they could also approach staff if they had any concerns:

"You just go to 'the boss' if you have any concerns and she usually sorts stuff out." (Resident)

"The staff are all very approachable." (Resident)

A relative commented that they knew who to contact if they had any problems and were happy with how a concern they raised had been handled.

Staff were seen walking around the home throughout our visit, making it easy for residents or relatives to be able to speak with them if they needed something or wanted to raise a concern, however, two residents expressed some confusion over who they could speak with:

"Sometimes I don't know who is a staff member and who is a resident." (Resident)

The home manager commented that there are a lot of maintenance staff visible in the home at present, which may cause some confusion with different uniforms.

"I can call staff when I need to, but I don't know their names." (Resident)

It was noted that some staff were wearing name badges, but not all, and badges were small which made the names hard to read.

Overall safety and happiness with living at this home

Almost everyone we spoke to was happy living at the home. One person who was not as happy explained that this was not a reflection on the care given in the home, but that they would have preferred to remain in their own home.

When relatives were asked what they would change about the home if they had a magic wand, there were no significant suggestions and responses gave the overall impression that the home provides good care and a safe environment, exceeding relatives' expectations.

Generally, residents at Hartford Court told us it was a happy place to be:

"I would rather be in my own home but I need help and this place is second best. I am happy here and feel safe with help at hand 24/7." (Resident)

"I love it here. The staff are happy if I am. They don't like to see me cry and come over to cheer me up if I do." (Resident)

Residents reported feeling safe, with it being easy to call for help and receiving a quick response to any call they made:

"It's just like being at home but with staff around if you need them." (Resident)

"They help when we need it. But they encourage us to do as much as we can for ourselves - it's the right amount of independence." (Resident)

Things we or people living in the home identified as improvements or changes

- Routinely ask residents if their hearing aids are working correctly and record and action any remedial actions
- Facilitate a system for reminders to arrange regular visits from specialist services for those residents that need it
- Use of laundry whitening products where appropriate
- More supervised access time to lower floor garden areas or explore ways to secure outside area to allow for open access
- Ask residents about particular brands of food they may be missing having
- Consider options for alcoholic drink offering with meals
- Home manager to confirm if activity leaflets are still delivered to residents' rooms
- Accessible raised planters to allow residents to play a part in maintaining them
- Planted up areas beneath residents' windows for those that wish
- More support for residents who find it difficult to join in with activities to help them interact with other residents
- Discussion with residents about different levels of support
- Ensure residents and relatives are aware of any follow ups on agreed actions from residents/relatives meetings
- Larger/clearer name badges worn by all staff

What we observed

The residents we observed at Acomb Court Care Home appeared happy and responded well to staff and other residents.

The residents we observed at Hartford Court Care Home appeared happy and responded well to staff and other residents. They appeared clean, well-dressed and well groomed.

Our visitors were welcomed in a relaxed manner by care staff who gave an overview of the home and layout. This suggests confidence in their service.

Interactions between staff and residents appeared easy and friendly and they greeted residents by name. Staff seemed responsive to individual needs, for example, helping a resident find the dining room when they appeared confused over where they were going.

Observations considered the physical space and how it was managed, as well as communication with staff and residents.

Key areas of observation were:

Effectiveness of the physical space and layout (environment)

Approach and external environs

The home was easy to find on approach by car, with large signage on the outer walls of the care home on each side of the building.

There is a small car park immediately adjacent to the home, though it was full on arrival with some maintenance vehicles taking up some of the parking along with two full skips at the end of the car park. Additional parking was available at the adjacent supermarket.

Visitors noted it was not immediately obvious where the reception door was, with no sign on the walk towards the home. The approach to the reception had colourful planting. Hedges were adequately trimmed.

The entrance doorbell was quite high up. One leaf of the double entrance doors was locked, with the opening one hard to get to stay open by itself without holding, and there was a threshold lip on the ground, all of which could present difficulties for wheelchair users.

Views from the windows were generally bright and pleasing, especially on the south side of the home. The north side of the building felt darker with fewer points of interest to view, however a relative told us that a hedge within the grounds had been reduced in height so that their relative could have a better view over the road.

Some windows looked out onto pebbled areas that could do with some light weeding. One visitor commented that the building is surrounded by the community, so there is outside life going on around the care home for the residents to see and feel part of.

Outdoor seating was available on the lower floor and ground (middle) floor. The balcony on the ground floor was the most used area with some residents sitting together and chatting easily. As it was a sunny day, there were two large parasols up for shade, however, there were some parasol stands without umbrellas, which could be a trip hazard. Some cigarette butts were seen on the ground on the balcony area and some dead flowers in planters.

Entrance - decor and security

The entrance had security systems in place including an intercom, visitor sign in book and fire procedure notice. The reception area was large and open with a view through to a bright day room. The manager's office was located immediately next to the main entrance with a window overlooking the entrance door.

Décor was a neutral beige-grey, but with modern and floral patterns and splashes of colour in the soft furnishings. As with most communal areas, there were fresh flowers on display and the area looked clean, smelled fresh and felt warm throughout. There was a general 'buzz' around the reception, which seemed to be the hub of the home.

A table in the reception area had a tribute photograph to a recently deceased resident on display, along with books on the history of the locality. There were photos on the wall of residents nominated as 'Champions' and a variety of pictures and prints.

Health and safety and fire evacuation information was displayed on the wall, although in very small print. There was no obvious information about visiting times, key contacts in the home, staff uniform meanings or general layout of the building.

The reception area housed a kitchenette, where residents and relatives could help themselves to food and drinks.

The lift, accessed directly from the reception area, was large and accessible, with entrance/exit doors at each end and audible door opening/closing and floor notifications, although observed to be poorly lit and a little 'shabby'. There were a small number of buttons, with floor levels marked as -1, G and 1. A relative told us that their elderly family member didn't feel confident using the lift on their own because they didn't know which buttons to press.

Corridors and communal spaces including lounges and dining areas

Communal spaces were generally clean and tidy and in a good state of repair, though some minor peeling of wallpaper was noted on a ground (middle) floor corridor. Communal areas had large windows, giving a bright feel and good views of the world outside. There were 'break-out' areas dotted around looking out onto the grounds.

Doorways and corridors were wide, with handrails throughout for accessibility, and all on one level with no uneven areas or steps. A vacuum cleaner with its cord wrapped around and hanging down was standing on a first floor (Grace Unit) corridor, which could be a trip (or other) hazard for residents.

There were lounges on each floor, some with designated purposes e.g. dining, sitting or activity. There was a 'chatty table' in the activity lounge on the ground (middle) floor, set out with cups and plates. Lounges were

bright and well-organised with homely touches such as pictures, books, flowers and rugs and a sewing machine in the lower floor lounge, which residents told us they were able to use.

Although some pictures were a little neutral, lounges weren't identical, with one having a display of various musicals through the years, along with a CD collection and a set of drums.

The ground (middle) floor lounge appeared to only have two wall sockets to attach a buzzer to, which could limit where residents who need support could sit and how many could use the space at the same time.

There was a range of seating in all lounges, however, seats in the ground (middle) floor lounge were placed at a distance from each other, which may pose difficulties for hearing impaired residents to take part in conversations.

The first floor (Grace Unit) felt starker, with limited decorations or items reflecting special interests, possibly due to safety considerations. Nonetheless, communal areas were bright and people were making good use of them. In the lounge on this floor, there was a disco light unit and a pram with a baby doll, which it was thought may be comforting for cognitively impaired residents to push.

Dining rooms were bright and pleasant, with tables set up attractively with tablecloths and place settings. Menus were displayed for the whole week. Residents are able to order their meal ahead of time or make their choice at the table.

During lunch, residents were observed making meal choices and feeding themselves whilst sitting with friends on favourite seats. There were three choices of main courses. Food was observed as being warm, not hot, with good texture, taste and portion size. Dessert was felt to be a little unimaginative. Fruit was available on request. Lunch was not observed on the first floor where there may be a higher dependence on support. The home manager has since confirmed that they are looking to provide something more interesting on the dessert menu.

Residents' rooms

Bedroom doors were painted in alternating pastel colours with clear door numbers. On the secure unit, doors also had a large door knocker. Residents' names were displayed next to the doors along with pictures representing a personal hobby or interest, chosen by residents. A guitar was mounted on the wall outside the bedroom of a resident who had a picture showing musical notes under their name.

Bedrooms looked to be uniform in size, although not identical. A room viewed on the ground floor had space for a single bed, a 2-seater sofa, wardrobe, TV cabinet, bookcase and coffee table, with everything apart from the sofa provided by the home. Some residents had their own TVs. Personalisation was encouraged, with ornaments, photos and pictures on display.

Bedrooms felt bright, with full length windows looking out either onto open grassland or onto garden areas, though one resident told us that they would have preferred a bedroom that had better access to the garden area.

We observed that there were no bottles/jugs of water or tumblers in the bedrooms, but water was immediately provided on request.

Rooms on the first floor looked to be larger in size and more functional, with minimal personal effects. Staff explained this is due to the likelihood of them being broken or 'borrowed' by other residents.

Rooms we viewed had an ensuite toilet with sink. A bathroom on the lower floor had a central bath with hoist equipment, grab rails and an overhead shower nozzle. The bathroom was observed as having a slightly clinical feel with hospital-style bins for various waste disposal.

In two rooms, residents were observed sitting at a distance from their buzzer call point. The home manager has since commented that this is something they will investigate, as residents should be seated close to call points.



Adaptations for sensory or memory loss in communal and residents' spaces

It was observed that due to the uniformity of the colour scheme it may be difficult for some residents to differentiate between spaces in the home with the potential for getting lost.

There was no signage or pictures observed to indicate the direction towards bathrooms or dining rooms, which could be useful for residents with sensory or memory loss. A hearing loop was observed in the ground (middle) floor lounge. Subtitles were on the large TV in the ground (middle) floor lounge.

Information

Noticeboards on each floor showed what activities were planned for the month, although one activity was listed as being repeated weekly, rather than being individualised to the date.

There was a lightbox on a table in one corridor showing the season and the current year, 'Spring, Year 2025,' which was thought useful for those with cognitive impairment.

Menus outside dining rooms were observed to be at a lower level, allowing for wheelchair users.

Service and positive social interaction

We observed regular, friendly and caring interactions with residents as staff moved around the home, greeting people by name and tending to their needs respectfully. There were plenty of staff visible around the home, making it easy for residents to speak to someone if they needed anything.

Staff showed patience whilst residents made their way slowly through corridors with walking support equipment, standing aside and letting them pass at their own pace.

Good interaction was observed between residents on the lower floor and ground (middle) floor, with residents talking easily as they sat in communal lounges or on the balcony on the ground floor. It was a sunny day, and staff were observed providing sun hats and gently encouraging residents to use sun cream provided. However, there was no water on hand outside, so some residents were seen to come indoors, tired of the heat and needing a drink - at that point bottled water was quickly provided by staff.

Although there was little interaction between residents on the first floor (Grace Unit) compared to the other floors, there was good interaction between residents and staff, with more staff visible on that floor. A staff member was observed sitting next to a resident who appeared to need additional support, having a caring conversation with them.

Issues that arose

Our visitors alerted staff on witnessing a first floor (Grace Unit) resident entering the lift by themselves after a staff member had exited it. Staff were quick to respond.

As lunch was due to be served, residents on the balcony on the ground (middle) floor were either making their own way or receiving assistance to come indoors. A seemingly confused resident in a wheelchair was last to leave. Another resident alerted staff that the person was attempting to get out of their wheelchair. Residents called to the person to stay sitting and a staff member attended quickly to help bring them indoors.

Suggestions for Hartford Court Care Home

We have listed suggestions based on what we heard and observed during the visit, and from the surveys.

Suggestion	Response/action by Hartford Court
Use of laundry whitening products where appropriate.	
Consider introducing food brands that residents particularly miss having and offering the option of an alcoholic drink with meals.	We are able to provide alcoholic drink options and will communicate this to residents.
Ensure water is on hand for residents sitting outside on warm days, particularly those unable to mobilise themselves to access it, and easier access to water in bedrooms.	We will ensure water is available in residents' rooms and are also arranging for water coolers to be installed on each floor, which will benefit not only the residents/relatives, but also our staff.
Discuss activities at residents' meetings so they have a voice regarding things they would be interested in taking part in.	This happens at each monthly meeting, where we discuss options for new activities, the most recent being a Men's Club and Women's Club.
Explore further support for residents who find it difficult to join in with activities to help them interact with other residents.	Dementia Care Coach training is taking place and the coaches will be working with our activities team regarding suitable ways to include those with cognitive issues, and to support family members, staff and residents.
Additional supervised access time to lower floor garden areas.	Access to the lower floor was restricted due to security concerns, with the garden area having access to the front of the building. We have now installed a security gate to allow for free access to the lower floor garden.
Liaise with local community/voluntary groups to investigate the possibility of a volunteer visiting service to ensure residents with good cognitive ability have more opportunities to engage in conversation.	We host a weekly Chatty Café and will be encouraging more members of the local community to join it.
Ensure residents and relatives are aware of any follow ups on agreed actions from resident/relative meetings as a rolling agenda item, e.g. 'you said, we did.'	Feedback would usually only be shared at the next meeting, so we are creating a notice area in the reception area to provide relatives/family members with updates and actions that have been agreed/taken.

Suggestion	Response/action by Hartford Court
Ensure all staff wear name badges and that they are easier to see/read.	
Explore options for easier wheelchair access through front doors and possible lowering of doorbell height.	We are aware that the doors are stiff to open. We will look into this issue.
Maintain hedges at the current lower level for residents to enjoy the improved view.	
Introduce planting outside/near residents' windows and accessible planters on balcony that residents with an interest in gardening can play a part in maintaining.	We are arranging for a summer house to be built and residents will be given a part in choosing and maintaining the planting around it.
Explore options for parking minibuses elsewhere, bringing them to the accessible bays at the appropriate time for getting on, to ensure car park is kept as clear as possible for visitor parking.	At the time of the visit we were experiencing heavier parking congestion than usual due to the building works, with building staff parking vehicles on site when they shouldn't. With the completion of the work, this will free up space to allow for parking of the minibuses.
More regular emptying of ashtrays and removal of discarded cigarette butts from balcony floor..	
Address potential trip hazards in corridors, especially on the first floor (Grace Unit) and on the ground floor balcony, including empty parasol stands.	
Ensure that a staff member is on hand to greet visitors arriving so they can be made aware of any issues in the home that day, timings of activities, warning of planned fire drills and confirming purpose of visit.	
Display clear information in reception area regarding visiting times, key contacts in the home, staff uniform meanings and general layout of the building.	We will be creating an area on each floor to display details of the key staff present on that floor.

Suggestion

Response/action by Hartford Court

Ensure activity lists on noticeboards are kept up to date and specific to the week, with defined times and activities, and in large print or with use of graphics.

Explore brighter lighting options for lift, regular cleaning inside and explore signage options for easier to understand floor buttons, with signage indicating directions to communal areas on exiting each floor.

Explore options for making home more reflective of the community of residents - pictures/items that reflect the local environment and industry associations and explore more stimuli on first floor (Grace Unit) e.g. artefacts or pictures of 'olden days'.

Explore options for adding more call point sockets to ground (middle) floor lounge to increase buzzer access or introducing a lanyard call bell facility for residents with higher needs.

Explore options for rearranging lounge seating to make it easier for residents to join in with conversations.

Consider the addition of photographs of residents outside bedroom doors.

Consider ways to make communal bathrooms feel more homely, pictures and plants.

We are already planning to install accessories such as those suggested to create a more homely feel in the bathrooms.

When home is next redecorated, consider use of different colours to differentiate between different areas of the home.

We are due to undergo further refurbishment of the communal areas to provide brighter, fresher areas.

What Hartford Court Care Home said in response

The visit from Healthwatch Northumberland was appreciated by everyone at Hartford Court. Although our hope is always that residents and their relatives will feel comfortable approaching us if they have any concerns or issues, the visit gave them the opportunity to talk to someone else in case they did not.

The visitors provided fresh sets of eyes, telling us where we could make improvements and what changes we could make.

It is very important to receive this sort of feedback, which I believe is the only way to make things better.

Fatima Trawally

Home Manager

Hartford Court





healthwatch

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