



## Details of visit

<b>Service address:</b>	<b>Carrington House, 143 Vandyke Road, Leighton Buzzard, LU7 3HQ</b>
<b>Service Provider:</b>	<b>Hold Care Ltd</b>
<b>Date and Time:</b>	<b>17<sup>th</sup> February 2015 10:00 – 12:00</b>
<b>Authorised Representatives:</b>	<b>Dave Simpson and Linda Grant</b>
<b>Contact details:</b>	<b>Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554</b>

## Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



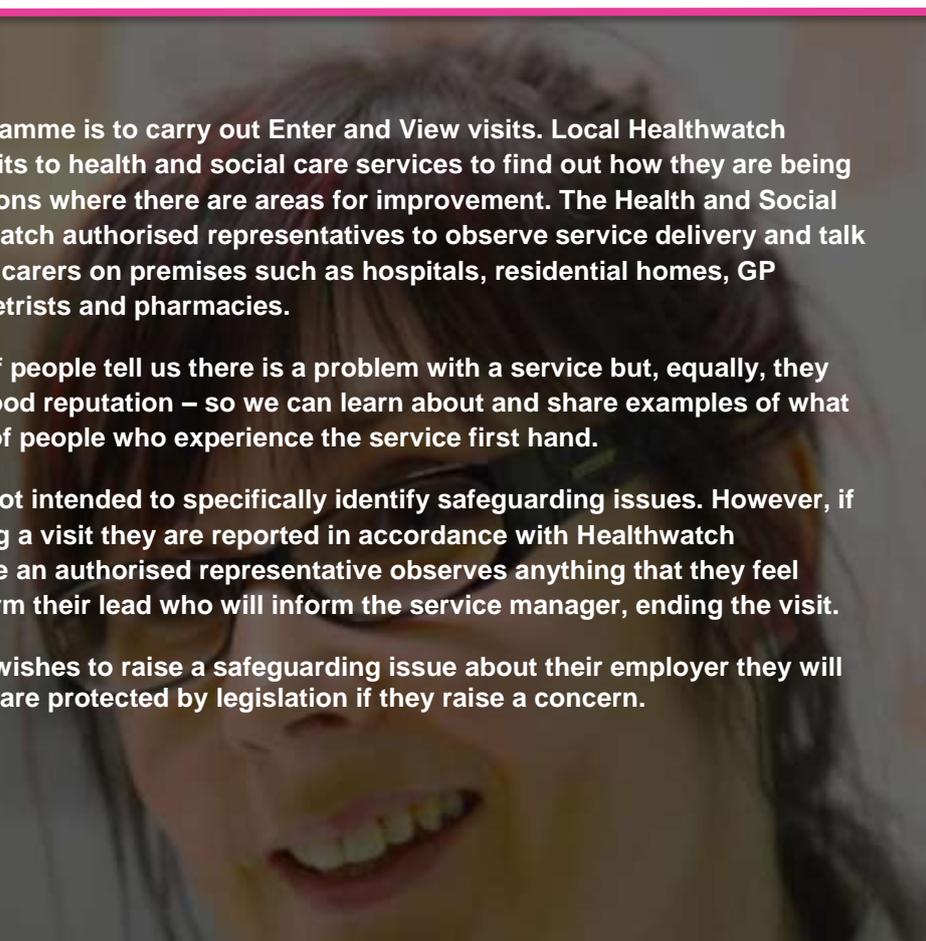
## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

- To engage with service users of care homes and understand how dignity is being respected in a care home environment;
- Identify examples of good working practice;
- Observe residents and relatives engaging with the staff and their surroundings;
- Consult with residents, relatives and staff about their experiences of the environment within the home and how care is delivered.



## Strategic drivers

- Care Quality Commission dignity and wellbeing strategy
- Care homes are a Local Healthwatch priority

## Methodology

Representatives were pleased to see the Healthwatch Central Bedfordshire poster notifying residents and relatives of our visit clearly displayed within the building.

On arrival, representatives were asked to 'sign in' and were met by the Manager and the owner of the home, who gave HWCB representatives a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Authorised representatives also approached residents at the care home to informally ask them about their experience of the home. Several family members and members of staff were also spoken to.

The authorised representatives explained to everyone spoken to why they were there and took notes.

After speaking with the residents and staff, on leaving, Healthwatch Central Bedfordshire leaflets were given to the Manager for distribution and display in the home.



## Summary of findings

At the time of the visit, the evidence is that the home was operating to a very good standard of care with regard to dignity and respect.

- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- Representatives saw evidence of staff interacting with residents positively and regularly, and checking on them frequently.
- Residents spoken to were generally happy with the meals, the menu was balanced and nutritious, and mealtimes were suitable for the residents. Residents could also choose where to take their meals.
- Clear evidence of social activities was evident and the residents spoken to were given the option of taking part in organised activities along with their relatives.

The deputy manager advised representatives that the current capacity of the home is as follows:

- 60 beds, with 54 currently occupied.
- One resident is currently bedbound, with a further 23 with limited mobility.
- There are no rehabilitation beds.
- Approximately three quarters of the residents have various stages of dementia, the remainder being frail elderly.
- A total of 57 members of staff are employed, comprising three managers, 39 carers, four kitchen staff, eight domestics, and three activities coordinators.
- There is also a Jack Russell called Max, clearly liked by all the residents who regard Max as their pet.
- Nine carers and three domestics are on duty in the daytime, five at night, with three domestics, and a medication coordinator.



## Results of Visit

### Environment

On entry, representatives found the environment to be clean, warm, light and airy. The atmosphere was 'neutral' in that there were no apparent smells, good or bad. However, there was a noticeable odour emanating from one particular room on the top floor which the Manager explained was due to a certain type of treatment.

The premises are quite large and the home operates over three floors; the upper floors being accessed by stairs, lifts and stair lifts, with large clear spaces at the top of all stairwells to comply with fire regulations.

There are five large communal lounge rooms and four conservatories, which were being well used at the time of the visit. Lounges two and three are for high needs residents and are staffed by a minimum of two carers at all times. There is a small garden area, accessible via the conservatories.

Doors to each of the resident's rooms are colour-coded dependant on which floor their room is located.

All rooms are en suite with WC and basin; there are two bathrooms and two showers on the ground floor; one bathroom and two showers on each of the upper floors.

### **Promotion of Privacy, Dignity and Respect**

All the residents seen at the time of the visit appeared to be well dressed and cared for. Representatives were advised that each resident has a key worker who also works with the family.

The home has an in-house laundry; each resident has their own laundry box which is changed daily and all their clothes are labelled. All bed linen is changed daily or more frequently if necessary.

Each resident's care plan is kept on computer and is available for the resident and their family to view on request.

Representatives were advised that the home offers the following visiting services:

- Hairdresser – twice weekly (there is a dedicated 'salon' on the ground floor).
- Chiropodist – six to eight weekly.
- Mobile Dentist – as required.
- Optician – annually or as required.
- Lay preacher - monthly

Representatives were informed that each room has a 'privacy' lock, but Yale locks can be fitted if requested.

### **Promotion of Independence**

Residents are encouraged to bring their personal possessions, TVs, photographs, pictures, ornaments and small pieces of furniture to create familiar surroundings.

All residents are offered the opportunity to be involved in social activities organised at the home including organised trips out and relatives are also included in the planning.

Representatives observed residents in wheelchairs being moved around the home without undue difficulty; there is plenty of space to facilitate this.

### **Interaction between Residents and Staff**

HWCB representatives spoke with residents in the communal lounge. The residents spoken to advised they were comfortable in the home and quite happy. Residents were impressed with the activities available and the care received.

### **Residents**

The most important aspects of the home, according to some residents, were feeling warm, safe and secure; the friendliness of staff and other residents; the cleanliness of the home and engagement with the staff.

Representatives were advised that residents are registered with the Grovebury Road GP Practice, and there is a 'dementia doctor' at the Leighton Road surgery. District nurses visit daily. A psychiatrist is also available periodically.

### **Food**

The daily food menu is managed on a four week cycle and appears to be comprehensive, a choice of two hot and one cold meal is offered at main mealtimes. The menus are available

in both printed and pictorial formats. Specialist diets are catered for and the home has a Food First certificate.

Representatives witnessed residents and relatives being offered refreshments during the visit. The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals; in the lounge dining area or in their rooms. The residents that representatives spoke to all thought the standard and variety of food served was very good.

### **Recreational activities/Social Inclusion/Pastoral needs**

An Activities Manager and two Activities Co-ordinators organise events to involve residents and their relatives as much as possible. The communal lounge and conservatory are used for the majority of activities. There was no evidence of residents being forced to take part in activities; it is optional for all residents.

Representatives were advised by both staff and residents that activities included trips outside of the home, cookery classes, film clubs and other interests. Visits to the home by local schools and their choirs are encouraged.

Representatives were given copies of the care home's Newsletters, from the previous three month period, plus the current month's Activities Planner which showed both written and photographic evidence of a very comprehensive programme of activities for the residents.

Representatives were advised that there are regular visits from a Lay Preacher, and the home also encourages visits from other religious denominations. Residents are able to visit local churches if required.

### **Involvement in Key Decisions**

Representatives were advised that the home does organise residents and relatives forums, but these are poorly attended. Staff keep in touch with relatives by email and telephone and residents also have regular 'one-to-ones' with staff.

### **Concerns/Complaints Procedure**

The deputy manager, residents, relatives and members of staff all confirmed there is a complaints procedure, although no resident or relative spoken to mentioned having used it.

### **Staff**

All the staff seen and spoken to during the visit were friendly and helpful to the representatives and to the residents they were observed interacting with. All the staff, observed speaking to residents, clearly knew them well, using their first names.

Four members of staff do not have English as their first language; however they speak and understand English very well. The added benefit of this was that residents who also do not have English as their first language can interact with staff who may be fluent in the residents language, for example, representatives observed one resident of Italian nationality being engaged in conversation with a carer whose first language was also Italian.

The staff appeared to be well trained and representatives were confident the residents were well cared for.

Representatives were advised that residents' medication is distributed by two senior carers at all times although this was not witnessed. Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each residents care plan in the office.

High praise was given by relatives and residents regarding the Activities Co-ordinators, who were observed by the representatives engaging with residents. Representatives recognised that the Activities Manager is passionate about the wellbeing of the residents and to continually improving their stay at the home. Many new initiatives are introduced, such as the Christmas Carol Competition between the three homes in the group, which was conducted over Skype.

### **Visitors and Relatives**

Representatives observed family members visiting residents in the home and spoke to several of them, all of whom spoke highly of the care afforded to their relatives. One relative spoken to specifically asked to be quoted: *"I'm perfectly happy and go home secure in the knowledge that mum is safe, secure and well looked-after."*

The Healthwatch Central Bedfordshire notice was displayed in the care home advising relatives of the visit; however Healthwatch Central Bedfordshire was not contacted directly by any relative prior to or since the visit to the home.

### **Additional Findings**

Cleaners were observed working in the home, and representatives took the opportunity to speak to a cleaner who described the good practice of storage and security of the cleaning materials.

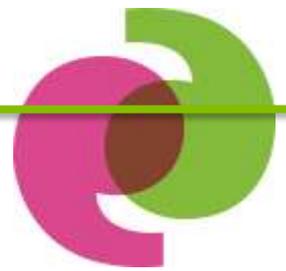
Representatives also observed the Medication coordinator checking medications in the secure medication storage room.

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## **Recommendations**

This report highlights the good practice that was observed and reflects the resident's and relative's satisfaction with the care and support provided.

- In recognition of the innovative work facilitated by the Activities Manager, especially linking of the three homes via Skype, representatives recommend that this good practice is further expanded and promoted across the group.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of Carrington Hall and their family members to advise that if they should wish to contribute any additional comments about the report, to contact Healthwatch Central Bedfordshire direct on 0300 303 8554.



## Service Provider response

Despite reminders to the Manager of Carrington House Residential Care Home, no response was received from the Home, by Healthwatch Central Bedfordshire, to the report.

HWCB  
06.05.15

