



Details of visit

Service address:	Elm Lodge, 18 Stoke Road, Linslade, Leighton Buzzard, LU7 2SW
Service Provider:	Elm Lodge Nursing and Residential Home
Date and Time:	5th December 2014 10:00 – 12:00
Authorised Representatives:	Dave Simpson, Peter Biernis, Linda Grant
Contact details:	Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554

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.



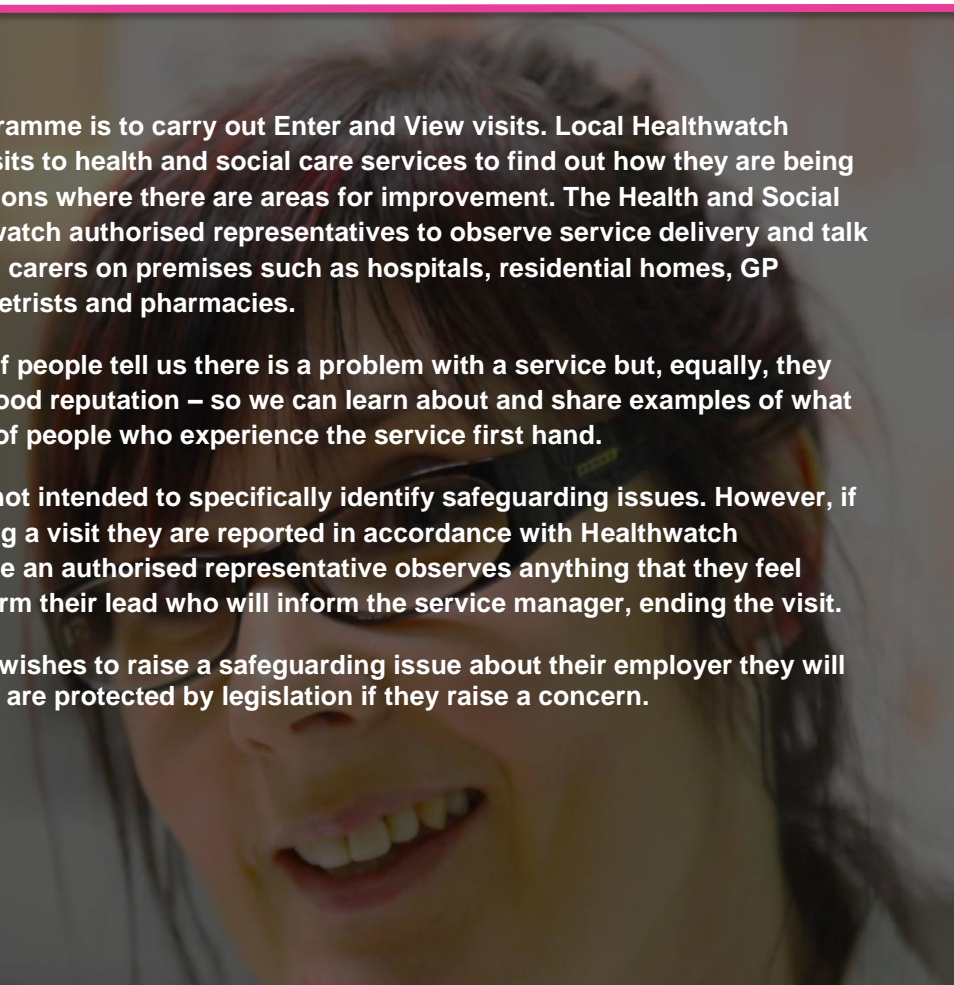
What is Enter and View?

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

This was an announced Enter and View visit.

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 met by the Deputy Manager, (the manager was on maternity leave), who gave us a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Authorised representatives also approached three 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 they spoke to why they were there and took notes of comments received.

After speaking with the residents and staff, on leaving, Healthwatch Central Bedfordshire leaflets were given to the Deputy 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, including just checking on them if they appeared to be soporific.
- 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:

- 64 beds, with three currently unoccupied.
- 25 beds were occupied by long stay residents and 36 were nursing residents.
- 37 beds are currently council funded, 19 privately funded and five directly funded by the NHS.
- There are no rehabilitation beds.
- A total of 64 members of staff are employed, including nurses, carers, cooks, gardeners, office staff and cleaners.
- Two nurses are on duty on every shift, with 13 carers on duty in the morning, 12 in the afternoon and four at night.
- The types of residents catered for includes dementia, end of life and long term nursing residents.

Results of Visit

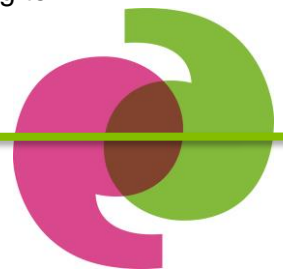
Environment

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. The home was decorated tastefully for the festive season.

The premises are much larger than on first impression, as a result of extensions which have been added to the original 1881 building. The home operates over three areas; 'Maple' is the original building with 'Chestnut' and 'Cedar' being the newest buildings. All buildings are interconnected.

There are two large communal lounge rooms which were being well used at the time of the visit, with a Sensory area and one room off the main lounge used as a Reminiscence area for residents with dementia. There is a well-tended landscaped garden, accessible to residents including those in wheelchairs, with seating, bird feeders and tables and flower beds which residents are able to help cultivate.

The door to each resident's room has a personalised nameplate with a photograph of the resident.



All rooms in the 'Cedars' building have a wet-room, TV and underfloor heating. Many other rooms are en-suite. Throughout the home, the upper floors are accessed by lifts, with a stair-lift also available in 'Chestnut'.

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.

There is a laundry situated in the basement of the home; each resident has their own laundry box which is changed daily and all their clothes are labelled. All bed linen is changed regularly or as necessary.

Each residents care plan is kept available for them and their family to view, with 'turning' charts, night charts, food and drink and bowel movement records for bedbound residents is also kept at hand.

Rehabilitation beds are not available at the home, however an NHS physiotherapist can be accessed when and if necessary. Representatives were advised that the home also provides the following visiting services:

- Hairdresser – once per week.
- Chiropodist – two to three monthly.
- Mobile Dentist – annually.
- Optician – annually.

Representatives observed keys hanging outside residents' rooms and were informed that this was to enable residents to lock their rooms if they wished, if they were going to go out or away from the room for a length of time.

Promotion of Independence

Residents are encouraged to bring their personal possessions, 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, 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 stated they were comfortable in the home and quite happy. Residents were impressed with the activities available and the care received. Representatives witnessed a group of residents undertaking a 'communal knit' with a member of staff.

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 all registered with the Salisbury House GP Practice.

Food

The daily menu is managed on a four week cycle and appears to be comprehensive, although one member of the kitchen staff advised representatives that it would be preferable if the menu was changed more regularly.

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 Co-ordinator organises 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 advised that there are regular visits from a Church of England vicar and the home also encourages visits from other religious denominations. Residents are able to visit local churches.

Involvement in Key Decisions

Representatives were advised that meetings with residents and their relatives are held every two months. The purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

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. 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 nurses 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, which was later visually confirmed.

There is a well-equipped staff training room on the upper floor of the home. During the visit, representatives observed a new member of staff undergoing induction training and were informed that all new staff were given one week's training prior to being allowed to work with residents.

High praise was given by relatives and residents regarding the Activities Co-ordinator, although comments were made to the representatives, by a relative and some staff members suggesting that the Activities Co-ordinator should have an assistant, due to the number of residents she has to support and engage with in all the different areas of the home.

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.

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

The management of the home is attentive to all suggestions for improvement and is currently working on providing Wi-Fi internet access in the home.

Cleaners were observed working in the home and in one instance a cleaner was seen and heard to delay her cleaning of a resident's room as the resident was having his breakfast. Representatives took this opportunity to speak to the cleaner who described the good practice of storage and security of the cleaning materials.

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 comments made by relatives and some staff members, it is recommended that consideration be made to engaging an assistant Activities Co-ordinator.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents and their family members of Elm Lodge and to advise that if they should wish to contribute any additional comments about the report, they should contact Healthwatch Central Bedfordshire direct on 0300 303 8554.



Service Provider response

Thank you for the report and for visiting Elm Lodge to have a look at our service. We are happy that the contents of the report are an accurate reflection of Elm Lodge on the day of the inspection, and look forwards to seeing you again. |

Heather Wilcox, Business Support Manager

