



Details of visit

Service address:	Friars Lodge, 18 Priory Road, Dunstable, LU5 4HR
Service Provider:	Janes Care Homes
Date and Time:	3rd March 2015 10:00 – 12:00
Authorised Representatives:	Dave Simpson, Nicola King
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.



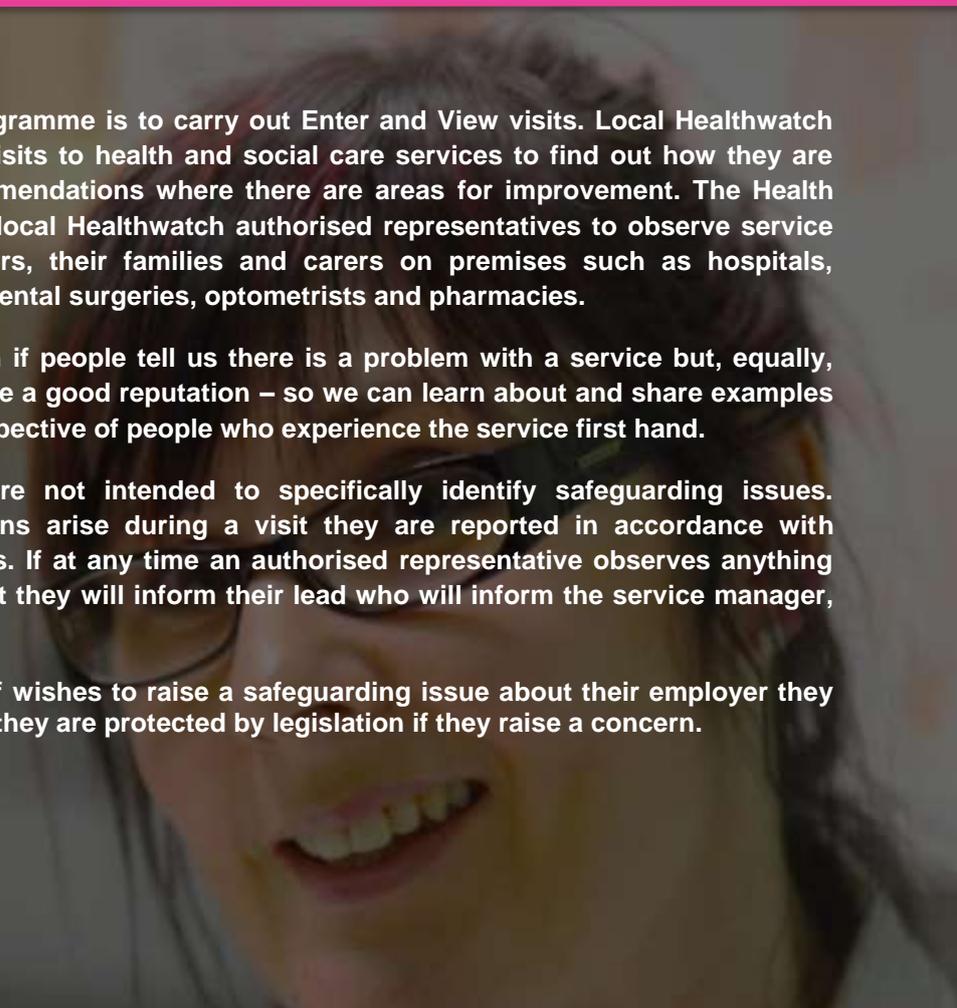
What is Enter and View?

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 Manager, who gave 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. However, HWCBC representatives found this to be quite challenging due to the level of dementia suffered by the residents. 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 addressing them by their first names.
- 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.
- There was clear evidence of social activities and the residents spoken to were given the option of taking part in organised activities along with their relatives.

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

- 20 single occupancy rooms or this can be reduced to 18 when two rooms are changed to double occupancy.
- At the time of the visit, a total of eight residents were living at the home (the oldest - 108 years), two of whom are bedbound. The two bedbound residents are attended to by visiting District Nurses
- The majority of residents are funded by Central Bedfordshire Council, some are funded privately and one or two funded by Luton Borough Council.
- The home does not currently offer rehabilitation although beds are available for respite care.
- A total of 15 members of staff are employed, including carers and senior carers, cooks, gardeners, and cleaners.
- The cleaner at the home is employed from 08.00 to 14.00 each day and also undertakes the role of activities coordinator for an hour in the afternoon.
- Four carers are on duty during the daytime with four at night, three of whom are seniors.
- The types of residents catered for includes those with dementia and the frail elderly. All residents are over the age of 65.

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 premises consist of two former nineteenth century domestic houses merged into one; the home occupies four floors. The upper floors can all be accessed by stairs and/or lifts.

Four rooms are en suite; the home has one wet-room and one bathroom with a newly installed sensory bath.

The large communal lounge room was being used at the time of the visit. This opens onto 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 furniture in the lounge looked 'tired and worn' which could also be applied to a few of the carpets throughout the home. Representatives were informed that there is an ongoing programme of redecoration and replacement which was visibly confirmed in various rooms, particularly the bathroom with the new sensory bath.

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 a laundry situated on the lower ground floor; 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 resident's Care Plan is kept in the office which is available for residents and their family to view, with 'turning' charts, night charts, food and drink and bowel movement records. The Care Plans also includes a photograph of the resident.

The door to each resident's room can be locked and there is also a lockable safe in each room for the residents' valuables. The senior carer on duty has a master key to the rooms.

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 – six to eight weekly.
- Dentist – as required.
- Optician – as required.

Promotion of Independence

Residents are encouraged to bring 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 which includes trips outside of the home. Relatives are also included in activities planning.

Representatives observed residents in wheelchairs being moved around the home without undue difficulty; there is sufficient 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 at the home and quite happy. Residents were impressed with the activities available and the care received.

Residents

All residents are assessed by the Manager, prior to acceptance to the home, either in their own homes or in hospital. Assessments are designed to ascertain that the residents needs can be met by the home and to establish their 'likes and dislikes'.

Representatives were advised that residents are registered with various local GP surgeries, and GP attendance at the home is quite satisfactory.

Food

The daily menu is managed on a four week cycle which appears to be comprehensive. The home also has Food First certification. The menu is available in both printed and pictorial formats. All food is freshly prepared on the premises.

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, representatives spoke to, all advised that the standard and variety of food served was very good.

Recreational activities/Social Inclusion/Pastoral needs

The recently appointed part-time Activities Co-ordinator organises events to involve residents and their relatives as much as possible. The communal lounge is used for the majority of activities.

Representatives did not witness 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 to local tea rooms, parks and to the seaside. Visits to the home by local schools and their choirs are encouraged.

Representatives were advised that there are twice monthly visits from a Baptist Minister 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 regularly scheduled but poorly attended.

Communication is maintained via the monthly newsletter which is posted out in hard copy with the clients' invoices.

Concerns/Complaints Procedure

The 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.

The Manager informed representatives that all complaints are logged, numbered and speedily resolved.

Staff

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

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 this is highlighted by the appointment of an Activities Coordinator.

The cleaner was observed working in the home and representatives took the opportunity to speak to her. The cleaner described her routine and the good practice of storage and security of the cleaning materials.

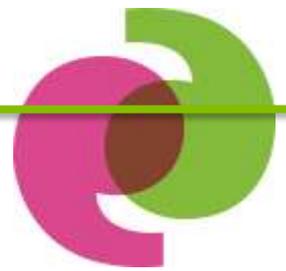
Recommendations

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

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.

- Healthwatch Central Bedfordshire recommends that the Activities Co-ordinator's career path is further encouraged and developed for the mutual benefit of the residents and the Coordinator.
- Healthwatch Central Bedfordshire also recommends that Friars Lodge continue with their programme of redecoration and replacement and that this programme is completed in the shortest possible time to ensure that residents enjoy a convivial and welcoming environment.
- Healthwatch Central Bedfordshire further recommends that this report is shared with the residents, relatives and staff of Friars Lodge, to be advised 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

Telephone response received from Lucy Aristidou – Manager at Friars Lodge:

'Very pleased with the report – just one factual inaccuracy; all the night staff are senior carers – four in total'.

