



Details of visit

Service address:	Orchard Lodge, Stanbridge Road, Tilsworth, LU7 9PN
Service Provider:	M R Patel
Date and Time:	17th March 2015 10:00 – 12:00
Authorised Representatives:	Dave Simpson, Peter Biernis
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.



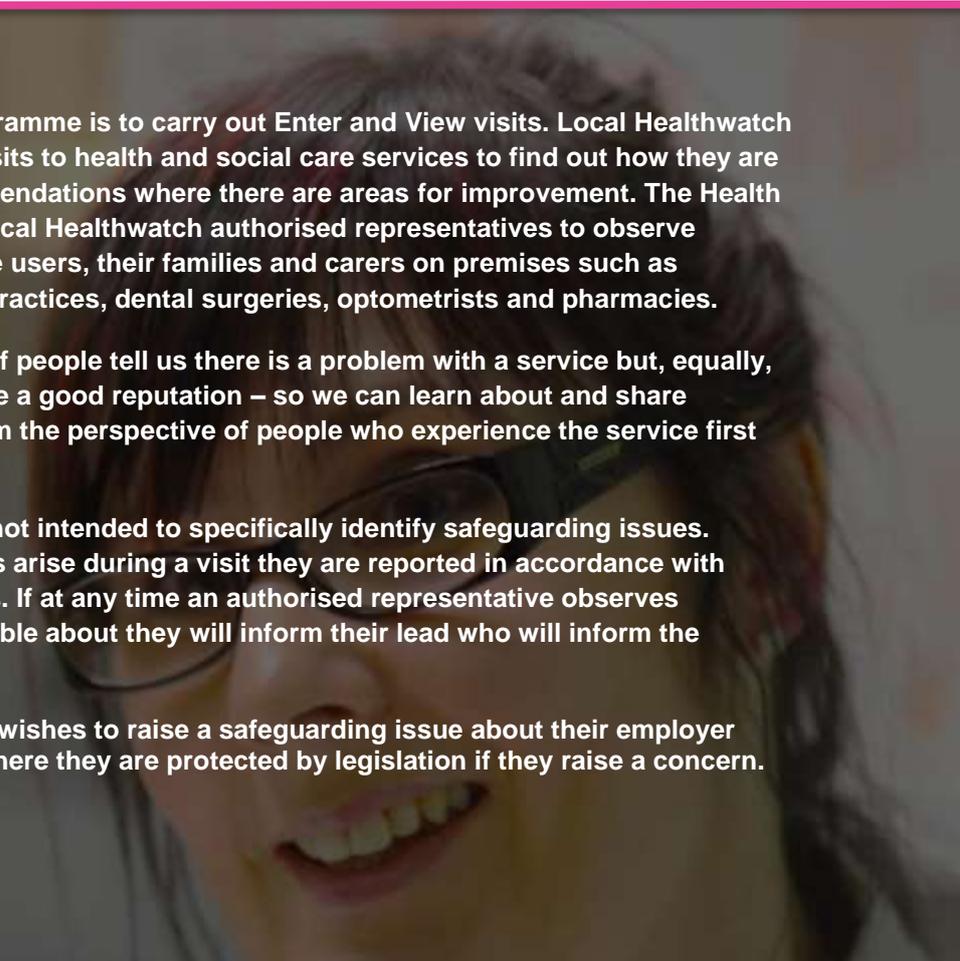
What is Enter and View?

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 them 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, including just checking on them regularly.
- 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 evidence of social activities, although the deteriorating health of the many residents precluded them from fully engaging in activities.

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

- 28 beds, with two currently unoccupied.
- 12 Bedrooms within the home do not have ensuite facilities.
- Three shower/wet rooms with tilting shower chairs with inbuilt commodes.
- All 26 residents receive nursing care; the longest staying resident at present is five years.
- Residents are accepted from age 55 plus; the oldest currently being 96.
- Residents are funded by the Local Authority, other Councils and the BCCG. At the time of the visit five residents were self-funding.
- The home does not provide beds for rehabilitation although respite beds are available.
- Members of staff employed include nurses, carers, cooks, gardeners, office staff and cleaners.
- One nurse is on duty for each shift; six carers on duty in the morning; four in the afternoon and two at night. The Manager is also a qualified nurse and is available during the daytime.
- The types of residents catered for includes end of life, palliative care and long term nursing residents some of whom also have dementia. Most residents are not fully mobile.

Results of Visit

Environment

Historically the building was previously a vicarage and on approach, HWCB representatives noted that the outside décor looked 'tired' and the steps leading up to the front doors were in need of repainting and some repair. The owner of the home, in later conversation with representatives, confirmed that plans for work to be done on the outside had been submitted to the Local Authority.

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, although during the tour of the building; a fresh paint smell was apparent where redecoration was occurring.



The two large communal lounge rooms were being well used at the time of the visit. The well-tended landscaped garden is accessible to residents including those in wheelchairs, with seating and a smoking area for residents.

The door to each resident's room clearly showed a personalised nameplate and room number.

Promotion of Privacy, Dignity and Respect

All 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.

A laundry is situated in 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 resident Care Plan is kept in the Manager's office and is available for residents and/or their family to view. 'Turning' charts, night charts, food and drink and bowel movement records, for bedbound residents, also kept at hand. DNR notices are kept within the Care Plan folders.

Representatives were advised that the home also provides the following visiting services:

- Hairdresser – once per week on a Monday.
- Chiropodist – six to eight weekly.
- Dentist – as required, a good service is provided
- Optician – a rolling programme of visits is in place.

Representatives were informed that residents are able to lock their rooms if they wished, if they were going to go out or away from the room for any length of time.

Promotion of Independence

Residents are encouraged to bring personal possessions, photographs, pictures, ornaments etc.

All residents are offered the opportunity to be involved in social activities organised at the home including trips outside of the home with relatives included in the planning.

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

Interaction between Residents and Staff

HWCB representatives spoke with residents in the communal lounge. Residents, representatives spoke with 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 engaging in a Keep Fit session with a member of a visiting team in one of the lounges.

Residents

Representatives were advised that residents are registered with the Bassett Road or Salisbury House GP Practices, although some do remain with their own GP. . A GP visits to review all patients weekly on a Friday and the call out responses at other times are very good.

All potential residents are assessed by the Manager, prior to entry to the home, to ensure that they can be admitted as speedily as possible. As part of their admittance procedure, the resident's date of birth is given to the cook and birthday cakes are made for each resident.

Food

The daily menu is managed by the cook who is a nutrition and portion trained cook. Food is all freshly prepared and fortified drinks and snacks are available. The home also has a Food First Certification.

The daily and breakfast menus offer a choice of two main meals; breakfast is served between 07:30 and 10:00. Meals are available in pureed form for residents who may have difficulty swallowing.

Representatives witnessed residents and relatives being offered refreshments during the visit. 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

One of two Activities Co-ordinators organise events to involve residents and their relatives as much as possible.

The communal lounge is used for the majority of activities. Representatives were advised by both staff and residents that activities included some trips outside of the home, Bingo, coffee mornings and other interests. Fridays are used for 'reminiscences' with the residents.

Representatives were advised that there are regular visits from a Church of England vicar who brings a choir and gives Holy Communion on alternate Wednesdays. 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 regularly and supplemented by questionnaires which the manager responds to. The purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

Concerns/Complaints Procedure

The owner, 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. Representatives noticed copies of all policies and procedures at hand in the manager's office.

Staff

All 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 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 nurse at all times although this was not witnessed. Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each resident Care Plan, which was later visually confirmed.

Staff training is by Redcrier distance learning package covering all care disciplines leading to NVQ2 which staff study at home the majority of the time. However, the Manager is always available to cover any part of the training they are unclear on.

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 home is able to consider trips out using the local 'Buzzer Bus' from time to time although this is very much dependent on the mobility and state of health of the residents.

The home is situated within a large garden which is quite hilly; there is a 'motte' known as Warren Knoll which offers a pleasant outlook.

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.

- HWCB would recommend that steps leading up to the front door of the home and the paintwork in the porch area is cleaned and repainted as a priority. Attention also needs to be given to the poor state of repair of the lower steps.
- Healthwatch Central Bedfordshire also recommends that this report is shared with residents and their family members of Orchard Lodge, 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 sending over the report so promptly. It was a pleasure to have Dave and Peter visit the Home on the 17th March and we are pleased with the report they have put together for us. There are a few corrections that need to be made and also some details that might be useful to put in the report:

- 1) The report states there are no en-suite bedroom facilities, this is wrong. 16 of our 28 bedrooms have en-suite facilities.
- Amended in the main body of the report
- 2) It was stated that only one resident is funded by BCCG, this is incorrect. At the time of the visit we had 6 residents funded by BCCG. We also have 5 self funders in the Home.
- Amended in the main body of the report
- 3) The Home had recently been nominated for the Food First Innovation Award 2014.
- 4) Everyday residents have a choice of 2 different meals for their tea and breakfast is served dependent on their preferences (anything from cereal to full english). Residents are also asked about their food preferences when they arrive so that the cook can customise dishes to their individual preferences. In addition, if the resident does not like any of the meals on the menu then they are more than welcome to ask for what they want and the cook will prepare it for them; ultimately the Home caters for whatever they want.
- 5) In addition to residents having their meals in the lounge, dining area and their rooms; during the summer months residents often have their meals outside on the patio overlooking the garden.
- 6) Residents are encouraged to have their meals together in the dining area and efforts are made by staff to ensure it is a good dining experience so that residents can be stimulated and interact with one another.
- 7) The Home provides meals for the residents' visitors and relatives so they can dine together at no cost.
- 8) The Home always celebrates each residents birthday and buys them a gift and cake to celebrate
- 9) The Home provides special meals and activities during special occasions such as Christmas and Easter where a full spread is laid out and the Home is decorated for the festivities.
- 10) An additional "activity" is that we have a library of books at disposal for the residents. An third party company often comes to the Home to provide books.

We hope these comments can be placed in the report as they are ways that we provide personalised care for our residents in order to make their stay as enjoyable and manageable as possible.

Sibo Chikwama
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