



Details of visit

Service address:	Tudor House, 76 West Street, Dunstable, LU6 1NX
Service Provider:	Janes Care Group
Date and Time:	24th March 2015 10:00 – 12:00
Authorised Representatives:	Dave Simpson, Linda Harrison
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.



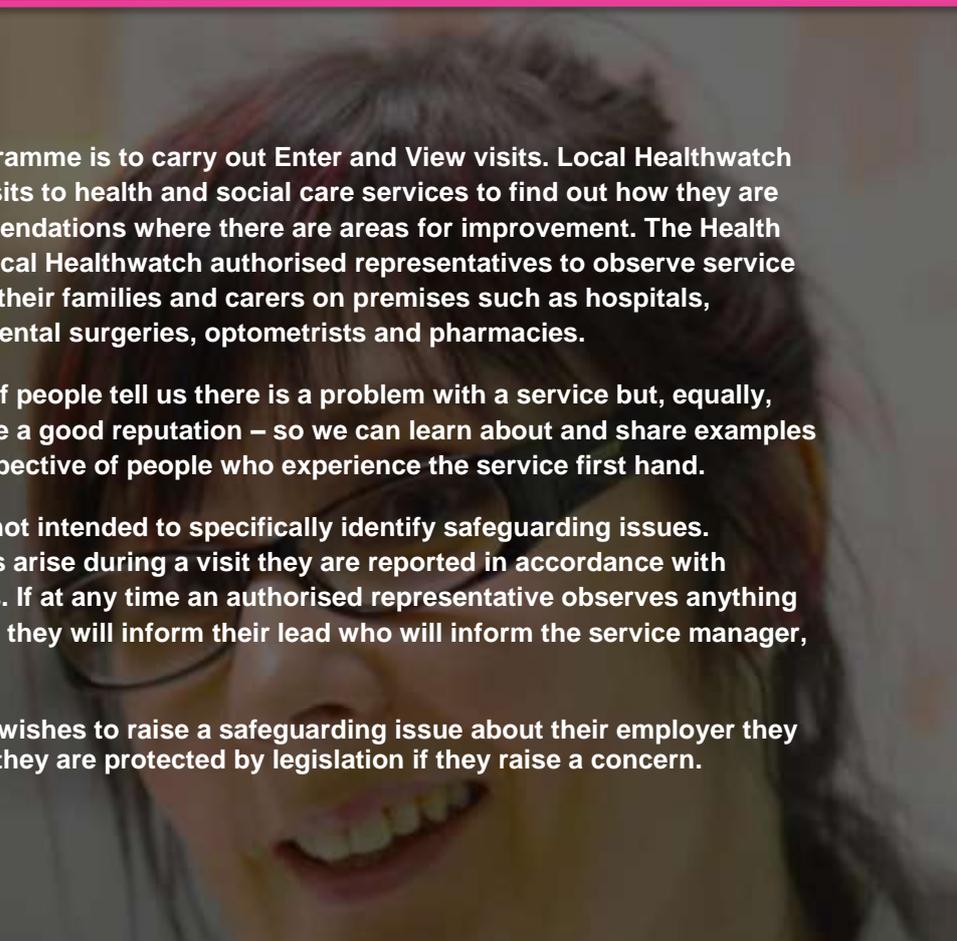
What is Enter and View?

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.

On arrival, representatives were met by the Group Manager and the Head of Care (the Care Home Manager was on sick leave), who gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc., followed by a tour of the home.

Authorised representatives also approached residents currently living at the home to informally ask them about their experience of the home. Several 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, Healthwatch Central Bedfordshire (HWCB) leaflets were given to the manager to be displayed in the home to enable residents, family members, friends and staff to contact HWCB at any time.



Summary of findings

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

- On entry, HWCB representatives were pleased to see Healthwatch Central Bedfordshire posters displayed within the home.
- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- Residents spoken to were generally happy with the meals; the menu appeared to be 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, with photographs of visiting entertainers and activities displayed on the activities board. The residents spoken to were given the option of taking part in organised activities along with their relatives.

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

- 16 single occupancy rooms with 12 currently occupied on the ground and first floor. The third floor contains the manager's office and staff training room.
- All rooms are single occupancy with two rooms able to be used as double occupancy if needed.
- Four rooms have en suite WC; there are several other WCs throughout the building plus two bathrooms and two shower rooms.
- Beds are available for respite care if vacant.
- The home does not currently have rehabilitation beds.
- Residents care is both privately funded (approx. two thirds of residents) and funded by the local authority (approx. one third of residents).
- A total of 16 members of staff are employed, including carers, five senior carers, two night senior carers, kitchen staff, administrator and three domestic staff.
- The current Manager is due to retire and the home is currently in the process of recruiting a new Manager.
- One senior and one junior carer is on duty in the morning and afternoon shifts, with one extra carer between 4:00pm and 8:00 pm plus two carers at night (one senior and one junior)..
- The majority of residents at the home have been diagnosed with various types of dementia; one resident is bedbound.
- All residents are over the age of 65.

Results of Visit

Environment

On entry, HWCB representatives found the environment to be clean, warm, light and airy. The atmosphere in the entrance lobby did have an almost overpowering 'potpourri' smell, but in the rest of the home it was 'neutral' in that there were no apparent smells, good or bad.

The home, which was bought by the company in 2009, is a converted domestic residence and operates over three floors (the uppermost floor is for staff only). Representatives were advised that the home is undertaking a continuous programme of refurbishment. Access to the first floor is by lift, stairs or stair lift.



The home has two communal lounge rooms. One lounge contains a TV and the other is used as a 'quiet room'. The conservatory is used as a dining area which looks out over the enclosed garden containing seating, a herb garden and several bird feeders.

The home has a large, well-tended fish tank in the quiet lounge area, pets are welcome and previous residents have kept a dog and also several caged birds. The home has a resident cat.

Promotion of Privacy, Dignity and Respect

All the residents seen at the time of the visit appeared to be well dressed and cared for. Each resident's name is displayed on the door to their room. Representatives were advised that each resident has a key worker who also works with the family.

HWCB representatives were advised that all bed linen is changed regularly or as necessary and residents all have individually numbered laundry boxes.

Residents individual care plans are in the process of being transferred for electronic storage and will be available for residents and/or their family to view on request; the latter is subject to power of attorney. DNR notices will be kept in a single file which will be accessible by all staff.

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

- Hairdresser –weekly on a Thursday.
- Chiropodist – six weekly.
- Dentist – only if resident is bedbound.
- Optician – as required.
- Library - monthly

Promotion of Independence

Residents are encouraged to bring their personal possessions, photographs, pictures, ornaments and small pieces of furniture, including televisions, to create familiar surroundings. Small pets are also welcomed.

The door to each resident's room has a fixed nameplate.

All residents are offered the opportunity to be involved in social activities organised at the home. The home arranges trips outside of the home during the summer months. Relatives are also included in the majority of activity planning.

Interaction between Residents and Staff

HWCB representatives spoke with residents in the communal areas. The residents spoken to stated they were comfortable in the home and quite happy and appeared to be pleased with the care received.

Representatives observed staff members engaging with residents and calling them by their first names. One resident in particular was very pleased with the care received and stated that *'I owe my life to the staff for their prompt actions when I needed urgent hospitalisation'*.

Residents

Residents spoken to by the representatives said that they felt safe and secure in the home. The majority of residents were also complimentary about the friendliness of staff.

Representatives were advised that most residents are registered at the Eastgate GP practice, with one resident remaining with the West Street practice. The community matron visits the home weekly on a Wednesday and also attends whenever there is an urgent need.

Residents' medication is issued by the senior carer, who remains with the resident while the medication is taken, although this was not witnessed by representatives. Residents' photographs are displayed on a one-page profile and medication details are on the eMARx system.

Food

The daily menu is managed on a seasonal (winter/summer) four week resident-led cycle and appears to be comprehensive, with specialist diets, (religious, medical, diabetic etc.) catered for. All food is fully fortified, and is prepared and cooked on site in the well-equipped kitchen.

Representatives witnessed residents being offered refreshments during the visit and were informed by several residents that tea and biscuits are available '*at almost any time*'. The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals.

The residents that representatives spoke to all thought the standard and variety of food served was very good.

HWCB representatives were informed by the Group Manager that the home has 'Food First', certification; they also have monthly contact with a dietician.

Recreational activities/Social Inclusion/Pastoral needs

Tudor House does not currently employ a dedicated Activities Co-ordinator; all members of staff work together to organise events to involve residents and their relatives as much as possible. The home no longer organises regular relatives meetings as these were poorly attended.

Residents and relatives are now kept informed by the monthly newsletter which is emailed to relatives together with the monthly activities sheet. Representatives witnessed several noticeboards in the home with photographs of residents engaging in activities.

The home is set up for and uses Wi-Fi. Laptop computers are available for any resident who wishes to use one.

The communal lounge is used for the majority of activities and trips outside of the home are organised during the warmer weather. Popular trips include the seaside at Southend (these are the most requested trips), the Imperial War Museum at Duxford and one resident is taken to ballroom dancing classes.

Other activities include twice monthly 'Music and Movement' sessions, quizzes and arts & crafts. Fetes have also been arranged at the home. The cook often organises cake baking with residents and also accompanies residents on shopping trips.

HWCB representatives observed a visit by the 'Mother Theresa Group' to the home. This is a regular event on the last Tuesday of each month. Ladies from the Group were seen chatting and knitting squares with residents (which will be sewn together to make blankets for overseas charities) and conducting hymn singing and prayers in the larger of the two lounges.

Visits to the home by local schools and their choirs are encouraged and spiritual needs are catered for by fortnightly visits from the Roman Catholic priest, plus representatives from other denominations who also visit. Residents are able to attend the local church should they wish. A visit to the home by a mobile zoo is scheduled over the Easter weekend.

There was no evidence of residents being forced to take part in activities; it is optional for all residents.

Involvement in Key Decisions

Representatives were advised that meetings with both residents and relatives are not formally scheduled; however the homes' management team has an 'open door' policy to give both residents and their relatives the opportunity to raise any issues and/or concerns at any time.

Representatives were advised that residents had requested a Memorial Wall to be established in the garden and that planning for this was currently underway.

Concerns/Complaints Procedure

The manager, residents and members of staff all confirmed there is a complaints procedure although no-one spoken to mentioned having used it.

Staff

All the staff seen and spoken to during the visit were friendly and helpful to HWCB 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 a senior medication trained 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 and these will also be stored electronically in the future.

Staff training is delivered in the training room on the third floor, online and/or externally by Central Bedfordshire Council which includes the following:

- Health and Safety
- Fire Awareness
- Moving and handling
- Infection Control
- Safeguarding
- Emergency First Aid

HWCB representatives were informed that the home has a computer-based 'Staff Needs Analysis Tool' to ensure adequate staffing levels. In the event of extra staff being needed the home will attempt to 'borrow' staff from other homes in the group before calling in Agency Staff. When this is unavoidable the home uses the same agency and where possible, the same agency staff, to ensure continuity.

Visitors and Relatives

Representatives did not witness any family members visiting residents in the home during the visit.

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.

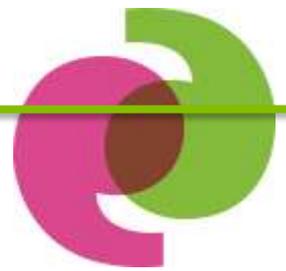
Additional Findings

The management of the home is attentive to any suggestions for improvement and voiced plans and ideas for the future of the home.

Recommendations

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

- HWCB recommends that the programme of redecoration at the home should continue, with the clear aim of improving the living environment and atmosphere for residents and family members.
- HWCB would also recommend that consideration be made to the engagement of an Activities Manager/Coordinator to possibly oversee resident activities across the groups' homes and making use of Skype to link into communal events.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of Tudor House and their family members and 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 Tudor House Residential Care Home, no response was received from the Home, by Healthwatch Central Bedfordshire, to the report.

HWCB
08.06.15

