



Details of visit

Service address:	Woodside, The Old Vicarage, Slip End, Luton, LU1 4DB
Service Provider:	Shires Healthcare
Date and Time:	6 th September 2016 10:30 – 16:00
Authorised Representatives:	Diana Blackmun, Dave Simpson
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?

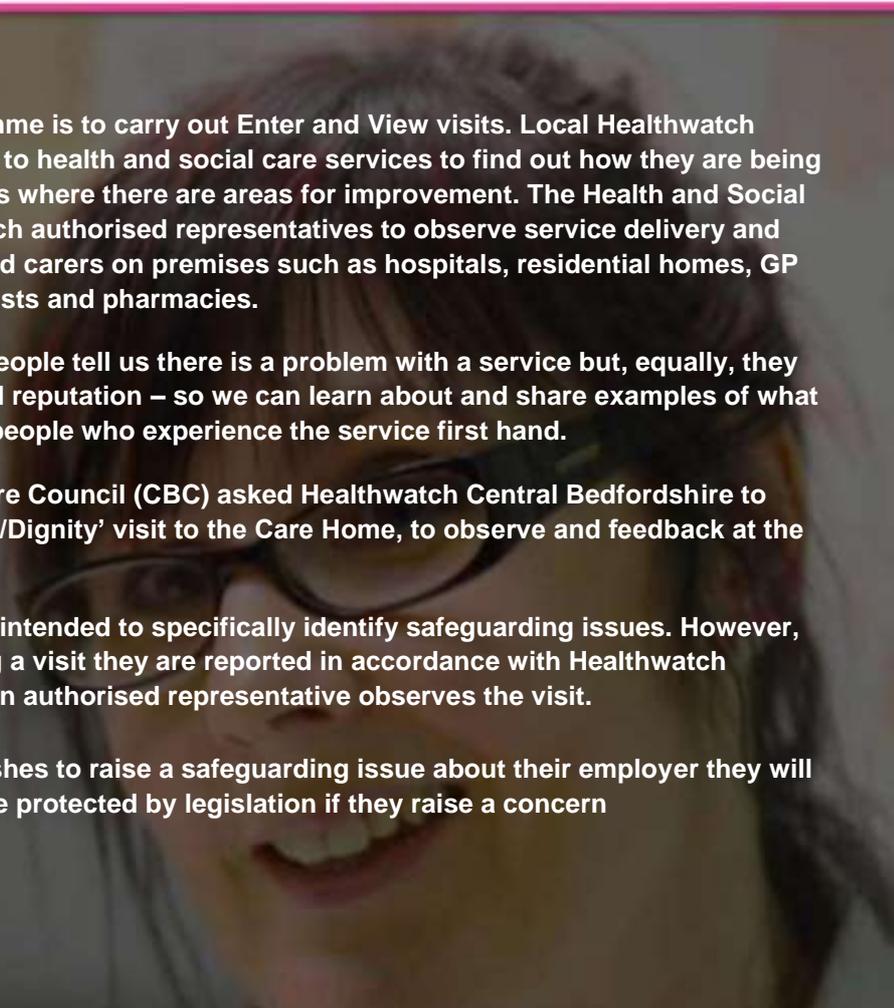
Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care 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.

On this occasion, Central Bedfordshire Council (CBC) asked Healthwatch Central Bedfordshire to support a scheduled 'Person Centred/Dignity' visit to the Care Home, to observe and feedback at the Provider Performance Meeting.

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 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 requested by Central Bedfordshire Council (CBC).

The Council asked Healthwatch Central Bedfordshire to visit the home to observe and to pay particular attention to the following six areas:

- Progress on Recruitment
- Infection Control
- Permanent Chef in Post
- Activities/Stimulation particularly from the community
- The Environmental Health Report
- Dignity, person-centred practices

On arrival, Healthwatch Central Bedfordshire (HWCB) representatives were asked to sign-in, and were met by the Manager, Mandy Coleman, who gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

HWCB authorised representatives did not feel it appropriate, at the time of the visit, to speak with some of the residents at the care home owing to the stages of their dementia and their physical condition. However, HWCB representatives were able to talk to several relatives with residents present which raised some concerns and highlighted areas in need of improvement.

The Manager, one of the Owner/Directors, and several members of staff were spoken to. HWCB representatives also observed staff in their interactions with residents.

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





Summary of findings

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

- The home is a Residential Care Home with Nursing.
- On entry, the representatives were pleased to see the Healthwatch Central Bedfordshire posters displayed within the home.
- Most residents observed looked tidy, clean and well cared for and representatives saw some evidence of dignity being respected. However, some concerns were noted.
- The menu on display appeared to be balanced and mealtimes were suitable for the residents. Residents could also choose where to take their meals.
- There was some evidence of social activities, with photographs of visiting Entertainers displayed on the activities board. Unfortunately the Activities Co-ordinator was on a training course at the time of HWCB's visit and therefore unavailable to directly discuss activities within the home.

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

- 27 beds, with 21 currently occupied.
- Five current residents are bedbound and are all located on the ground floor.
- All rooms are single occupancy with one room being en-suite.
- Beds are available for respite care.
- Categories of residents include those with dementia, Alzheimer's and the frail elderly. All residents are over the age of 60.

The home operates on a 2 x 12 hour shift rota between the hours of 8:00am & 8:00pm and all staff meet for handover discussions at the change-over times.

Results of Visit

Progress on Recruitment

Since HWCB's previous visit to Woodside in April 2015, the home has had an almost complete change of staff. Excluding the Manager, Mandy Coleman, only two other members of staff remain who were employed at the home last April, all other staff are new appointments.

Representatives were informed by one of the home's owners, Mr Patel, that it is very difficult to recruit good nurses, and that they are struggling to recruit nurses for the night shift. At present they need to use agency carers five nights per week, and also during holiday periods and to cover sickness absence. However, the Manager stated that they are less reliant now on agency staff, than they were a few months ago.

The home has current vacancies for one nurse (night shift) and three carers (also one for the night shift). Both the Care Home Manager and the Owner spoken to, who was visiting on the day HWCB attended, stated that recruiting was difficult in part due to the rural location of the home and the availability of public transport in the area.

However the home has recruited a Clinical Lead Nurse with over 20 years' experience working in care homes in London. As part of HWCB observations, the Clinical Lead Nurse



appeared diligent and proactive in her approach; being attentive with a caring attitude. This also became more evident during her interview.

Infection Control

The Care Home Manager informed representatives that they have now appointed a member of staff as the Infection Control Champion, and that the Infection Control Plan was completed. In addition to this, they have also appointed a Falls Champion.

Permanent Chef in post

HWCB Representatives were advised by the Manager that a permanent Chef was now in post who is trained to NVQ level 2, Basic Food Handling, 'MUST' trained and recently scored 5* on the Environmental Health Report.

HWCB representatives were informed by the Manager that the home has 'Food First' certification. Regular contact is maintained between the resident and the dietician to ensure that residents receive the best nutrition possible. The home is also 'MUST' (Malnutrition Universal Screening Tool) accredited and offers fortified drinks and meals. Carers at the Home are advised to look out for weight loss and new residents are asked for their preferences for meals when they move in. The daily menu is depicted pictorially on a noticeboard in the main dining area, and there are plans to also display it pictorially on the tables.

An HWCB representative interviewed the Chef in the clean, well-equipped kitchen, and established that the Chef had been in post for two months, prior to which she had been a night Carer at the home for three years. She has no formal training as a Chef, and is regarded more as a domestic cook; however the Chef has regular contact with a dietician from Dunstable for advice and guidance.

Her working hours are 9:00am – 3:00pm, 27.5 hours per week. The Chef is currently engaged in consultation with the management, staff, residents and relatives regarding the seasonal change to the menu.

Food & Nutrition

The daily menu is managed on a four week rolling and seasonal cycle and appears to be comprehensive, with specialist diets, (religious, medical, diabetic etc.) catered for. All food is prepared and cooked on site in the well-equipped kitchen and pureed for those residents who may have become unable to chew.

Representatives witnessed residents being offered refreshments, which were handed directly to the residents, during the visit and were informed that tea/biscuits and fresh fruit 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.

HWCB representatives were kindly offered lunch at the home and ate in the dining area. While it may have been nutritious, visually it was totally unappealing, with a lack of colour contrast, the whole appearance being rather 'grey'. Furthermore, it was served on extremely old and outdated crockery, the glasses which contained drinking water were chipped and the glazing completely worn. Unfortunately the whole effect resembled a 1950s works canteen rather than being representative of a place many people regard as their home.

Activities/stimulation particularly from community

All residents are offered the opportunity to be involved in social activities organised at the home. Relatives are also included in the majority of activity planning whenever possible but this happens mostly at weekends.



To reduce the risk of social isolation, the Home employs an Activities Organiser, who was on a training course at the time of the visit. The Activities Organiser coordinates events to involve residents and their relatives as much as possible. The Manager also advised representatives that the Activities Co-ordinator will arrange one to one time with each resident and encourage relatives to visit as much as possible and be involved. The Activities Coordinator is assisted by a local young volunteer (15 years old), who also helps with feeding some of residents who need a bit of extra help and will also assist the cook as and when necessary.

The communal lounge is 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. Currently, organised activities only take place between 9:00am – 1:00pm, which a few members of staff stated was *'not enough; there needs to be more activities in the afternoon'*. The Home is also looking to purchase some 'sensory type of equipment' for the benefit of dementia residents.

Residents were seen using the large TV Lounge, occasionally going into the garden and chatting with staff. The dining area was also being used at the time of the visit by residents, and representatives observed mid-morning refreshments being served.

Representatives observed carers interacting with some residents in the lounge areas playing 'pass the ball', and noticed that puzzles and games were available for use although this was not taken up during the visit.

The Manager informed representatives that activities included Bingo, musical therapy, cake baking, 'ball and parachute' games, arts and crafts and pamper sessions. The Manager confirmed that the most popular activity is the weekly 'Karaoke Night'. There are visits to the home by 'Pat dogs' and 'Readers'. One of the residents is a chess player, and the Manager informed representatives that she was attempting to find a player from a local chess club to come in and play a few games with the resident.

Visits to the home by local schools and their choirs are encouraged, and Slip End School's 'Little Stars' are frequent attendees. Spiritual needs are met by volunteers escorting residents to the local church (next door) on Sundays. The vicar hosts a tea party at the vicarage for residents every six weeks.

The Environmental Health Report

The Manager confirmed that the Environmental Health Report had been completed and was available to view.

Dignity, person-centred practices

The Manager advised representatives that the home delivers a person-centred approach to care by individualising care plans, giving residents a choice in everything they do and working closely with the families to determine previous likes and dislikes. A 'Life History book' is designed with the help of the residents and their family members.

Feedback about the quality of care delivered at the home is gained through questionnaires. The Manager explained that quality improvements planned for the future included electronic reporting and looking to have the staff more available on the floor; to be more visible to residents and their families. The Home's approach to person-centred care also needs to be developed further as they are a relatively new team.

During the visit, HWCB representatives were able to speak to several residents in the company of family members and relatives, and also observed staff in their daily activities and interactions with residents.



During more than one of the conversations with relatives and residents, it became apparent that the home's laundry service is in dire need of an overhaul. HWCB representatives became aware, during a conversation with a resident and their relatives that items of clothing, particularly underwear, were not being returned to the resident (all are clearly labelled). Upon further investigation, it was clear that various items of clothing were missing and items belonging to (and clearly labelled for) other residents, were discovered in the resident's room. The relative also advised HWCB representatives that she had bought several items of underwear for the resident (and labelled them all) to find that only a couple had been returned to the resident. She could only assume that the rest were in other resident's rooms. Another relative confirmed that she did all the laundry for her relative as she would not trust the laundry service at the home as *'it always goes missing'*.

One resident advised representatives, in the presence of her relatives, visiting at the time, that on two recent occasions she had been put to bed *'without a nightie, just a vest because I woke up and my legs were bare,'* although the veracity of this could not be established. She also claimed that she had recently been roughly handled by a male carer when he was getting her up in the morning. However, her relatives believe that this referred to a previous incident that had happened during her stay in a different care home. The latter incident was raised with the Manager who confirmed that she believed this happened at a previous home and that the resident does get very confused. The Manager also confirmed that she very much doubted that the resident had been put to bed without a nightie on but would make enquiries with the Carers.

Representatives were also advised by a relative that she had given clear instructions to the Carers that her relatives new dentures needed to be tested regularly (which meant placing in her mouth for varying periods of time) to enable her to get used to wearing them. This would also enable her relative to enjoy more solid food rather than the pureed food she had to eat due to her lack of teeth which she did not enjoy. The teeth also needed to be placed in fresh sterile water each evening. The relative was very disappointed that this had not been managed and the dentures were discarded.

Representatives observed residents in the upstairs lounge/diner having lunch; one resident was happily feeding himself, and was regularly checked and spoken to by a carer. Another quite lethargic resident was being tended to and fed by his wife who visited regularly. During the conversation with representatives she remarked that during the recent hot spell of weather, when she was not visiting, *'she would have liked to have known that her husband would be taken downstairs and out into the garden'*; sadly this did not happen. She also mentioned that some time ago during one visit, she discovered that his room smelled disgusting; he had apparently had a 'toilet accident' which had not been immediately cleaned up.

Another resident was interviewed in her room along with a visiting family member, and was very happy to be living at the home. She stated that she would *'rather be here than anywhere else'*. However, during further conversations, she added that *'I think I have a choice of food, but they don't ask beforehand, if I don't like it they'll make me an alternative; food's not important'*; and *'I give all my laundry to (relative), if you give it to them it will get lost!'* This may be symptomatic of areas of concern.

Laundry

HWCB representatives visited the laundry area which is situated on the top (3rd) floor of the building, and spoke with the laundress, who works five hours per day, six days a week.

There are two small rooms, one containing two washing machines and two tumble driers. The second room is for ironing, airing and re-allocation of residents' clothes into individual



baskets. The hallway outside these rooms has two clothes hanging racks for airing and temporary storage of clothes, both of which were overfull at the time of the visit.

The laundress explained how the system was intended to work; the night carers collect residents' clothes in one coloured bag, soiled clothing & bedding in a different coloured bag and deliver them to the laundry room. In practice, this does not always happen, and the laundress herself has to go down to collect the laundry bags, which cuts down her time to perform her duties.

The carers are required to collect the laundered clothing and deliver back to the residents, but due to the pressure of work on the carers, this does not happen as regularly as it should, which causes the backlog of clothing in the laundry and on the racks in the corridor as witnessed by representatives.

The laundress also mentioned that there was always a backlog of laundry whenever she took annual leave.

Environment

The home operates over two floors in a 100-year-old former Vicarage with an extension which was added in the 1960s. Part of the original building is 'Listed'. Access to the upper floors is via a lift and/or two flights of stairs. The laundry room is accessible only by flights of stairs.

On entry, representatives found the environment to be clean, warm, and airy. The atmosphere was 'neutral' in that there were no apparent smells, good or bad. Initial impressions were that the home is very dated, both in respect of decoration and furnishings and appears to be in need of more redecoration or refurbishment. The lift was not working at the time of the visit and the Manager informed representatives that the engineers had been called and would attend promptly; however, this did not appear to be rectified during HWCB's visit and equally, due to the issue with the lift, the doors were continually opening and closing, which became very distracting during the visit.

The home contains three lounges including a small lounge upstairs which is used for meetings and is available for families to use, plus one dining room.

There is a large garden which contains seating and several bird feeders. The garden is tended mainly by the 'Friends of Woodside' and the local Primary School, with some help from residents. The garden is in need of some attention and representatives were advised on the previous visit in April 2015 that there are plans to create a sensory garden for residents, but this has not yet happened.

Promotion of Privacy, Dignity and Respect

All residents seen at the time of the visit appeared to be well dressed and cared for. The Manager informed representatives that the home was preparing notices to go inside each resident's room with a photograph of their named nurse. Representatives were advised that each resident has a key worker who also works with the family, although none of the relatives spoken to during the visit seemed to know who their resident's key worker was.

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

HWCB representatives were advised that all bed linen is changed regularly or as necessary. Each resident's individual Care Plan is kept in the office, available for residents and/or their family to view on request. One family, during an interview with HWCB representatives, stated that they had never seen their relatives care plan, however within an hour of our visit,

the clinical lead nurse sat with them to review their relatives care plan before they left for their holiday.

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

- Hairdressing
- Chiropodist – six to eight weeks
- Dentist – residents are taken to Houghton Regis, a dentist visits bedbound Residents when required.
- Optician – Vision Call

Representatives were advised that most residents are now registered with the local GP practice in Caddington, which has greatly reduced the previously encountered problems caused when residents opted to remain with their own GPs, which were 'across the county boundary', and had caused problems due to the different Local Authorities involved.

A GP from Caddington surgery conducts 'rounds' at the home on Friday mornings, and a Community Matron from the surgery also visits regularly.

HWCB representatives noticed a 'Birthday List' in the Manager's office, which is duplicated in the kitchen; this ensures that cakes and celebrations happen on each resident's birthday.

Interaction between Residents and Staff

HWCB representatives observed residents in the communal areas and also observed staff members engaging with residents, calling them by their first names and proactively encouraging them to join in activities.

However, one resident was observed eating his lunch in a lounge chair. The lunch had been placed on an 'over chair' table. The resident had scraped the lunch off the plate onto the table and was eating it from there and also spilled lunch down the front of his shirt; the 'bib' he was given had become displaced onto his lap. Representatives observed one carer enter the room, give him a cursory glance then carry on with whatever she was doing.

Staff

Members of staff employed include the Manager (a former nurse), four nurses, twelve carers, an activities organiser, a cook, one domestic, three cleaners and one laundry lady. The home also has three young volunteers gaining work experience by helping at mealtimes and with activities etc.

One nurse and four carers are on duty in the daytime, and one nurse and two carers at night. The staff levels are determined by dependency needs assessment. The home uses one agency nurse on two nights each week and is currently recruiting for a permanent position.

Nurses uniforms are dark blue, and carers are light blue, all have the name of the home embroidered on them. Individual name badges were not apparent to HWCB representatives.

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 the staff, observed speaking to residents, clearly knew them well, using their first names. The staff appeared to be well trained and care was shown when interacting with the residents.

Staff training is delivered externally by Central Bedfordshire Council in the following areas:

- Health and Safety
- Fire Awareness

- Infection Control
- Safeguarding
- Emergency First Aid

Moving and Handling training is delivered on site using the home's equipment by the Manager who designed the training package. Bedfordshire Clinical Commissioning Group delivers training in DoLS and MCA (Deprivation of Liberty Safeguards and Mental Capacity Act). Training records, for the 12 course staff training programme are kept on a Training Matrix; staff are moving towards attaining NVQ levels 2 & 3.

HWCB representatives interviewed several members of staff during the visit, who made comments and observations such as *'The laundry system is not working, it urgently needs changing, the rooms are too small and we cannot easily dry clothes'* and *'Activities from 9-1 Monday to Friday are not enough for the residents, we need to increase to all day activity'*; *'We do need more staff generally, how many depends on the dependency needs of the residents'* and *'We need access to a bus to take residents on trips.'*

Involvement in Key Decisions

Representatives were advised that meetings with relatives are held monthly at present but will move to every quarter. We understand this was due to poor attendance. The main purpose of the meetings is to give both residents and their relatives the opportunity to raise any issues and/or concerns. The Manager explained that a Newsletter has also recently been created along with 'Email shots' to keep families informed of news about the Home.

Individual Care Plans are developed jointly with the resident and their family members to ensure a unique and individual Plan is designed. This includes a 'Life History' sheet for each resident.

Concerns/Complaints Procedure

If a resident or family member wishes to make a complaint, there are complaint notices around the building to explain how they can complain. Residents also receive one to one time with their key worker to give them a further opportunity to raise any concerns; those residents who are non-verbal can write details of their complaint with the help of a family member, volunteer or advocate.

The Manager operates an 'open door' policy for residents, relatives and staff in order to swiftly identify and resolve any concerns. CQC/CBC information and contact details are readily available. Family members can also vocalise complaints at family meetings.

Additional Findings

The Manager advised representatives that if an individual and/or their family members would like to view the Home, as possible accommodation, they can visit at any time; an appointment is not necessary. In addition, the Home has recently installed CCTV in all the communal areas for added security.

HWCB representatives noted that on the Woodside Care Home website, it states that 'All the rooms have en-suite facilities and all our rooms have personal washing facilities'. Clearly, all the rooms do not have 'en-suite facilities' and this can be misleading. The Manager confirmed that the website needed updating.

Since HWCB's previous visit in April 2015, the home has recruited a Nutritional Assistant to assist with residents eating at meal times between 8:00 and 11:00 intended to release carers to perform their other duties. The Manager confirmed that part of the Assistant's role was to ensure that bed bound patients are given their meals prior to the more mobile residents.



Representatives were advised that following recommendations made by HWCB in a report following our visit in April 2015, with regard to improved lighting in the corridors of the home, the Manager confirmed that new lighting had been installed and some redecoration had taken place. However, the appearance of redecoration seemed limited as the stair carpet was very worn and tired. In addition, representatives observed that torn wallpaper was visible in one resident's room and the curtains in another were difficult to open and close as they had come away from the fitting.

The Manager and Owner/Director advised that further improvements to the home were in progress. Planning permission had been sought to provide ten additional en-suite bedrooms together with associated day rooms and additional parking. If planning were granted and the extension to the home built, this would enable further refurbishment and alterations to existing facilities for the benefit of current and future residents.

Recommendations

- Although staff wear different coloured uniforms to depict their role within the home, HWCB would recommend that all staff working in the home should also wear visible and easy to read name badges for the benefit of both residents and visitors.
- HWCB recommends that the identity of each resident's key worker should be more apparent, not only to the resident, but also for visiting relative and guests.
- Realisation of plans to extend the Home could take several months. To benefit existing residents, urgent redecoration of the home is highly recommended including replacement carpets, curtains and all the crockery within the home
- HWCB would also recommend that a recruitment plan is developed, particularly in light of plans to extend the home, given the difficulties currently experienced with recruiting.
- It is highly recommended that the Home review their laundry service for the benefit of residents given the comments from both residents and relatives concerning missing and relocated items of clothing.
- It is recommended that the Home review their menu choices to ensure not only a balanced and nutritious meal but an appealing presentation which is equally as important.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of Woodside and their family members 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.
- Finally, HWCB would recommend that Woodside continue to be monitored on a regular basis to ensure that quality of care is not only sustained but continues to improve.



Service Provider response

Despite reminders to the Manager of Woodside Residential Care Home, Healthwatch Central Bedfordshire did not receive a formal response about the report from the Home.

HWCB
29.11.16

