



## Details of visit

<b>Service address:</b>	Ashton Lodge, Ashton Road, Dunstable, LU6 1NP
<b>Service Provider:</b>	Resicare Homes Limited
<b>Date and Time:</b>	24th January 2018 10:00 – 14:00
<b>Authorised Representatives:</b>	Diana Blackmun, Dave Simpson, Dee Dillistone, Brian Scott
<b>Contact details:</b>	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?

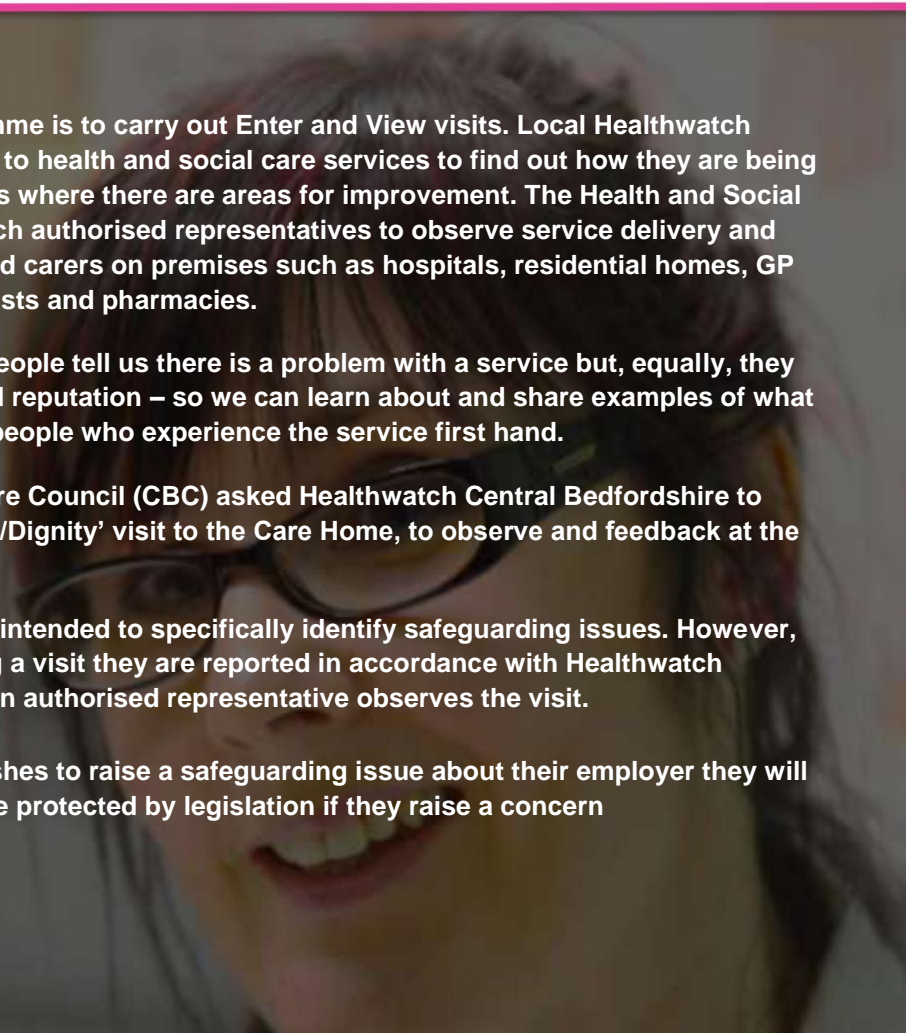
Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care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

CBC asked Healthwatch Central Bedfordshire to visit the home following a CQC Inspection which took place on 31<sup>st</sup> August and 1<sup>st</sup> September 2017. In the final CQC report published on 12<sup>th</sup> October, Ashton Lodge Care Home was rated as 'inadequate' and the service was placed in special measures. An Improvement Plan has been developed and is currently in place. The Council requested that Healthwatch Central Bedfordshire (HWCB) visit the home to conduct an independent review, observe activities within the home, to talk to staff, residents and their families about their experience of the home.

This was an announced Enter and View Visit; the home was previously advised that HWCB representatives would be on site and posters were sent prior to the visit informing residents and relatives of our visit. Representatives of Healthwatch Central Bedfordshire (HWCB) were pleased to note that the HWCB poster was clearly displayed within the building at the time of the visit.

Upon arrival, representatives were met by the Manager, who gave a verbal introduction regarding the home, its history, the number of beds, residents and staff etc.

Authorised representatives also approached residents at the care home to informally ask them about their experience of the home. Family members and members of staff were also interviewed. The authorised representatives explained to all those spoken with why they were there and that notes would be taken.

After speaking with the residents and staff, HWCB representatives distributed a number of Healthwatch Central Bedfordshire leaflets to encourage residents, relatives or staff to contact HWCB direct, after the visit.





## Summary of findings

The home is registered to accommodate 54 residents in 50 single and two shared bedrooms, 48 are with en-suite bathrooms. These are situated over two floors. A CCTV system is in place in four areas of the home which was introduced in the last quarter of 2017. The Manager would like to install more cameras in other areas of the home.

Ashton Lodge has the following members of staff all of whom are directly employed by the home. HWCB representatives were advised that the home does not use agency staff as it is felt this is detrimental to the wellbeing of the residents. The home currently has one vacancy for night staff.

▪ Manager	1
▪ Deputy Manager	2
▪ Medicines Coordinator	1
▪ Male Carer	5
▪ Female Carer	32
▪ Domestic Staff	5

The number of residents currently at Ashton Lodge is:

▪ Male	12
▪ Female	30

The following are the conditions being managed and the number of residents in each case:

▪ Alzheimer's	10
▪ Dementia	17
▪ Other Mental Health	2
▪ Wheelchair users	6
▪ Visual impairment	3
▪ Hearing impairment	4



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## Results of Visit

### General Observations

#### Upon Arrival

Access to the building was gained by ringing the bell, and a member of staff greeted the Enter and View Team. All were asked to sign the visitor's book. There was no specific reception desk and the visitor's book was located on a cabinet in the hallway. A slightly unpleasant smell was noted upon entry but it was not prevailing. The hallway was adequate in terms of space but had a number of visitors arrived at the same time this might be difficult to manage. Healthwatch Central Bedfordshire posters announcing the visit were clearly displayed on noticeboards.

Representatives noted that the telephone ring tone is quite loud outside the offices, but that calls were answered very promptly. It was clear on entry to the building that refurbishments are currently taking place within the home and improvements can be observed. New flooring is being installed throughout the home with a beach themed area in the main



corridor. The refurbishment of the building is currently ongoing and would appear to be conducted with minimum disruption to residents and staff.

HWCB representatives were advised that current plans to improve the quality of life and wellbeing for all residents living at the home is as follows:

- Investing in new equipment;
- Making the medicine trolley more homely by covering the trolley to make it look more like a cabinet (this was a resident's suggestion);
- Putting in an old fashioned lounge/bar in the family room;
- Creating a rehabilitation centre with a hot tub.

If given the opportunity and resources, other ideas for the future will include:

- Brand new fire doors;
- Minibus for use by all residents;
- Refurbish or renew the kitchen floor.

### **Promotion of Privacy, Dignity and Respect**

Residents observed by HWCB representatives appeared to be content; some were resting with pillows at their heads. The lighting levels were adequate. There was fresh air from open windows, at the request of residents.

In total there are four lounges, one of which is a TV Lounge and one a quiet lounge. The home currently employs two activities co-ordinators; one full time and one part time. Pupils from a local school also regularly visit Ashton Lodge and owners bring dogs in to visit with the residents. Visits to the Grove Theatre and canal trips are part of a robust list of entertainment; full details of which are posted on the notice board.

All residents are given the opportunity to go on outings to schools, markets, libraries, the theatre etc. Resident's preferences are observed at all times and if they prefer to be alone, the staff are on hand to ensure their choices are adhered to whilst also observing and regularly checking on their care needs.

The majority of rooms at the home are en-suite and there is one communal bathroom. A hoist is being installed and refurbishment work is currently being undertaken. There are three wet rooms/shower rooms. Residents are able to bathe independently if they wish to.

### **Residents**

At the time of the visit the number of residents staying at the home was 42 with one resident staying for respite. 12-15 of these are privately funded and the rest are state funded. The age range of residents at Ashton Lodge is 51 to 101 years.

### **Promotion of Independence**

The majority of residents spoken with, and observed within the home, appeared to be happy and the carers all used first names when talking to the residents. The residents spoken with felt that the Carers responded quickly when needing assistance, and they did not feel ignored by the Carers at any time. Most residents confirmed that the Carers will always knock on the door to their room before entering and if they need some quiet time they can retire to their room without question. One resident, who has a regular shower on a Thursday, mentioned that she preferred a bath to a shower but *'it takes too people and I know they are short staffed so I'm not worried too much'*.

The majority of residents spoken with confirmed they are given a choice of snack when they would like one and staff will help them to make a cup of tea if needed. The majority of

residents mentioned the activities staff and confirmed they are encouraged to take part in the activities offered at the home, one resident observed *'I can't fault them at all' and 'the home is good, I get the care I need'*. A family member whose relative was currently receiving respite at the home stated *'they (the staff) are very friendly and fingers crossed we'd like her to stay here'*.

### **Interaction between Residents and Staff**

Residents' rooms are cleaned daily, sometimes more often and bedding is changed regularly. Notes are kept in resident's files and on the computer showing any special dietary needs and these are put into practice. There are also instructions on hospital discharge notes or GP notes. Representatives felt that staff have genuine affection for the residents and feel happy in their role. One staff member mentioned *'it is seeing everyone smile that makes it special'*. When staff were asked if they would place their own relative in the home they clearly stated that they would be happy to live at Ashton Lodge, should they need to find a residential home for themselves or a relative in the future. The staff receive regular training and all appear to be very satisfied with their caring role.

### **Food**

The home currently has one permanent chef on staff and one assistant, plus one at the weekend. HWCB representatives were advised that the Chef will hold a one to one meeting with each resident for menu planning to ensure that dietary requirements are met and updated.

HWCB representatives observed residents during the lunch period which began at 11.50am/12 noon. The residents are able to receive their meals where they wish; in their own rooms if preferred. There are no menus printed, instead a member of staff sits with the resident and shows them a picture of what is on the menu and the resident can then make a choice. All residents appeared happy with the meals. A very clam atmosphere was observed during mealtime although it did appear that some residents were kept waiting longer than others to receive their meal, although this is to be expected when catering for larger numbers. Staff were observed cleaning up after meals when it was safe to do so.

One resident, who commented on the food and drink available at the home, noted that *'It varies, I'd say it's not as good as when I first came here; she used to be a fully trained chef. Nothings bad, but you don't seem to get the full variety'*. When asked if they are given sufficient food, the comment was *'sometimes too much'*.

Representatives also noted that bibs were being placed on residents in preparation for their meal but this was up to twenty minutes before mealtime commenced. Representatives flagged this to the manager on duty and the manager confirmed she will review how this is managed in the future.

### **Recreational activities/Social Inclusion/Pastoral needs**

There are two Activities Co-ordinators, one full time and one part time. Pupils from a local school visit Ashton Lodge regularly and owners bring dogs in to visit the residents. The Grove Theatre and canal trips are part of a robust list of entertainment which is detailed on the notice board. Residents are aware of events and activities coming up because *'they come and talk to you about what's on offer'*.

Generally residents liked their rooms with most bringing in items from home. Although the staff were all observed clearly communicating with residents and their relatives, it was felt that as staff are wearing name badges on their waistband it can sometimes be difficult for residents to read their names. The majority of residents spoken to like the staff and believe they are *'kind and caring'*. None of the residents or relatives spoken to by HWCB representatives made any mention of religious beliefs.





### **Involvement in Key Decisions**

Some visitors spoken with were unaware of a key worker allocated to their relative/friend; however they were consulted by the staff on issues that needed their input. One relative, when asked if they are with their relative when changes are discussed concerning their care, and whether they have a say in those changes, stated 'yes, *absolutely*'. Family members were aware that residents are encouraged to bring in their own furniture and personal effects to make their rooms feel more like home. The ethos of Ashton Lodge is '*To get to know the clients and the families. We are people oriented not task oriented.*' The Manager of the home also confirmed that residents/relatives meetings will be re-started as soon as the refurbishment is complete.

### **Concerns/Complaints Procedure**

The complaints procedure was not clearly visible however upon investigation it was found to be included as part of the Service Users Handbook. When asked, the majority of relatives and family members would speak to the Manager if they had a complaint, or one of the Carers. When asked how staff would know that a resident feels they need to make a complaint but cannot communicate this clearly, staff advised that they '*use observational techniques and body language plus pictorial tactics such as pen/paper and happy/sad faces*'. Staff would be aware, and share their opinion with other staff, for example, '*Mr or Mrs X is not right today*'. One relative commented that '*the only complaint I had was seeing the CQC report in the local paper. Some of the things they said was ludicrous and grossly unfair*' and added '*If I had complaints I'd voice them*'.

### **Staff**

Representatives observed that staff wear different colour uniforms. Dark blue signifies senior staff, lighter blue for general staff. Staff wear their name badges on their waistbands but they are not easy to read as previously mentioned. A whiteboard is on display which shows the details of staff on duty however, on the day of the visit, representatives noted that it showed the details but the date was incorrect. All staff appeared cheerful and were observed dealing with repetitive comments with sensitivity and avoiding 'stock' answers. Respect is given to those residents wishing to be left alone. Refusal to take medication is dealt with encouragingly and with sensitivity to residents' needs.

The daytime number of staff on duty is eight carers on a shift basis and at night there are normally four carers, currently there are only three (one vacancy).

Members of staff have the following responsibilities:

- |                         |     |
|-------------------------|-----|
| ▪ Laundry               | 1   |
| ▪ Falls champions       | 18  |
| ▪ Care Staff            | 28  |
| ▪ Hydration champions   | All |
| ▪ Medicines Coordinator | 1   |

All staff will/are:

- ✓ Dealing with GPs on a daily basis
- ✓ Coordinating GP visits for UTIs etc.
- ✓ Conduct DIP tests
- ✓ Order medication
- ✓ Make a referral to OTs Mental Health, Speech & Language, etc.
- ✓ Conduct an external audit
- ✓ Update client's medical files
- ✓ Monitor Blood Glucose

- ✓ Prepare hospital packs

The Medicines Coordinator advised the HWCB representative that their previous role was a Chemist's Assistant before taking a Pharmacy course and then joining Ashton Lodge as a Carer 16 years ago. Career development has led to the current position as Medicines Coordinator.

During the interview, the Medicines Coordinator informed the representative that a comprehensive pack was sent with the resident detailing all medications etc., but stated that when the resident returns from the hospital, the accompanying discharge pack is usually of a poor quality regarding treatment summaries etc.

When asking the Manager if they were in need of care when becoming older, would you want to live here and why, the Manager stated that *'Yes; care is based on love, kindness and tenderness and getting to know who the residents are'*.

Other staff comments include the following:

*'It's the residents for me, I see residents as gran/grandpa.'*

*'I've been here 12 years. I get a feeling of satisfaction.'*

*'Just seeing everyone smile gives me job satisfaction.'*

*'I love coming to work, and love the recognition from the residents.'*

All staff receive full training for their role which includes both in house, external and on line training. Refresher courses are encouraged and the majority of staff spoken to all found these *'invaluable'*.

The Manager confirmed that detailed Care Plans for each resident are kept in the office and on the computer system. Care Plans are regularly updated and reviewed every month with the resident's relative where applicable. The Manager stated that Ashton Lodge is *'A warm, loving, dedicated home that provides a very good quality of care with particular person centred care'*.

### **Visitors and Relatives**

The majority of visitors and relatives who were within Ashton Lodge at the time of HWCB's visit gave positive responses to all questions asked. In general visitors and relatives were highly complementary about the staff and their role.

Visitors are able to join their family member for lunch if they wish. There are places set aside for visitors to eat with the person they are visiting, if they do not wish to eat with the other residents. Some mealtimes are protected and visitors are asked not to visit at those times, in accordance with the wishes of the residents. There are no time restraints put on visitors and family members are encouraged to help out sometimes to enable their family member to feel more at home.

Additional comments from relatives include:

*'I have had to tell them. They were giving blended food but I said she's fine with normal food; now she gets proper meals.'*

*'This is just respite for a fortnight. Half an hour in the morning and quarter of an hour at night was not meeting her needs.'*

*The atmosphere is nice here I would say, more than just a welcome, you feel good walking in.*

*'I apologised for parking and they said 'oh that's fine'. They are very friendly and the staff are kind.'*

*'Fingers crossed we'd like her to stay here, we will have to see.'*



## Additional Findings

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

- Hairdresser – twice per week.
- Chiropodist – six to eight weeks.
- Optician – annually.
- Priory Church – monthly.

Residents are encouraged to bring their personal possessions, TVs, photographs, pictures, ornaments and small pieces of furniture to create familiar surroundings. Relatives may also decorate the resident's rooms.

All residents are offered the opportunity to be involved in social activities organised at the home including organised trips out. Relatives are also included in the planning.

Representatives observed residents in wheelchairs being moved around the home without too much difficulty; although some of the corridors did pose a challenge at busy times.

### Additional comments received from residents include:

*'All together now I can't fault them at all'.*

*'New staff learn from the good ones we have here'.*

*'We had a little period of unhappiness. They had some terrible staff but they sorted them out'.*

*'Activities take two people out; I have enjoyed coffee out at the shopping centre'.*

*'The home is good; I get the care I need'.*

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## Recommendations

- HWCB recommends that the wearing of staff name badges be reviewed. Those currently in use are difficult to read even for a normal sighted person, the font and size of text should be altered and made bold. The position the badges are worn should also be moved from the waistband to the upper torso.
- HWCB representatives noted that bibs were put on the residents up to 20 minutes prior to the serving of meals, which can cause anxiety and/or impatience in the residents. It is recommended that staff defer issuing the bibs until just before meals are served.
- Healthwatch Central Bedfordshire recommends that this report is shared with key stakeholders, potential new residents and relatives of Ashton Lodge Care Home to advise that if they should wish to contribute any additional comments about the Home, to contact Healthwatch Central Bedfordshire direct on 0300 303 8554.
- Finally, HWCB would recommend that Ashton Lodge 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

No Provider Response Received

