



Details of visit

Service address:	Orchid Lawns, Ampthill Road, Steppingley, MK45 1AB
Service Provider:	Priory Adult Care
Date and Time:	10th April 2019, 10:30 – 14:00
Authorised Representatives:	Diana Blackmun, Dave Simpson, Dee Dillistone, Mani Meena
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?

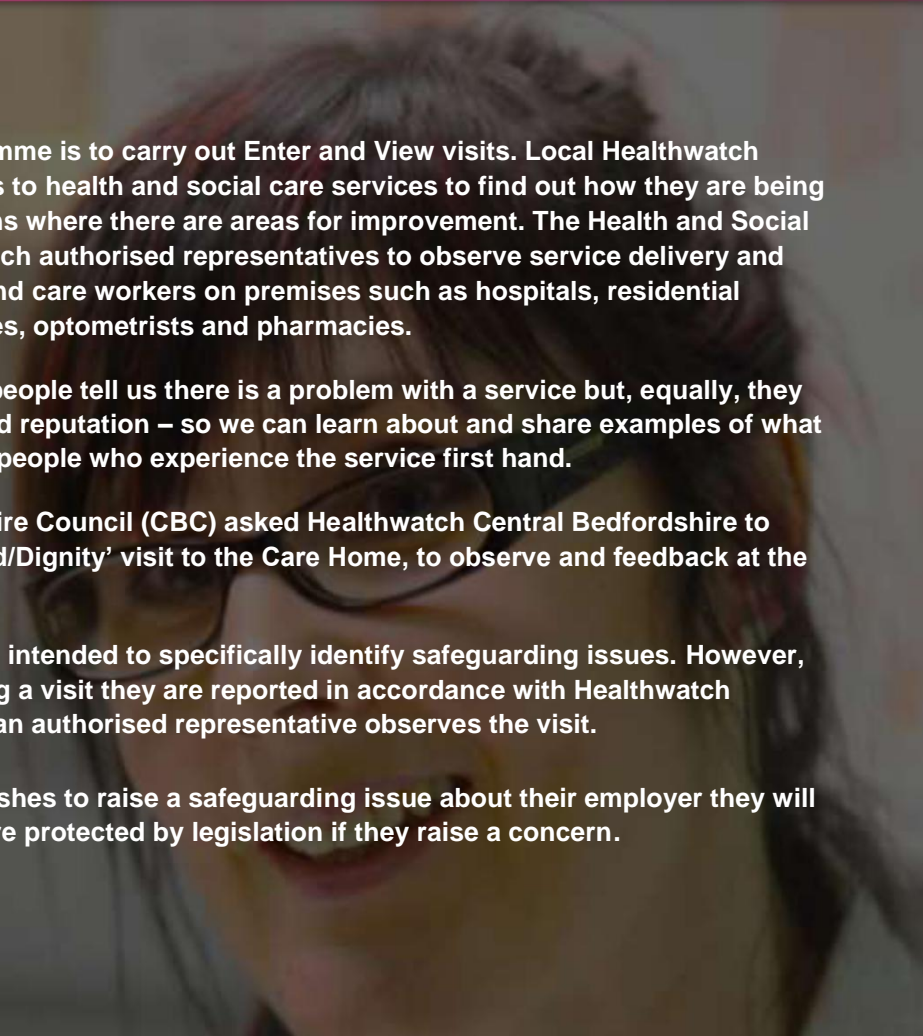
Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and care workers 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.

The home was previously advised that Healthwatch Central Bedfordshire (HWCB) representatives would be on site and posters were sent prior to the visit informing residents and relatives of our visit. At the time of the visit representatives of HWCB were pleased to note that the HWCB poster was clearly displayed on the door of the main entrance into the home.

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 found it difficult to have any meaningful conversations with residents due to their health condition, however, family members and members of staff were interviewed. The authorised representatives explained to all those spoken with why they were there and that notes would be taken.

In order to understand patient experience HWCB representatives used observational activity over a period of approximately two hours in the main rooms of the home.

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

Orchid Lawns Care home is a 26 bedded Care Home owned and operated by Priory Adult Care, part of the Priory Group. It is situated in a single storey building to the rear of the former Steppingley Hospital and is well signposted from the main road and around the Hospital site.

There are eight parking spaces opposite the main entrance, with a further three and one dedicated disabled parking space adjacent to the main entrance. There are also 20 car park spaces close by.

Entry to the building is gained by a secure front door, visitors ring the doorbell and are then admitted and asked to sign-in using the visitors' book.

The Home occupies three wings which lead off the central entrance lobby, all of which have access to a pleasant fenced-in garden area with some seating, a sensory area, raised beds and 'summer house' type shelters.

During the visit, representatives looked for evidence to show that the home was operating to a good standard of care with regard to dignity and respect.



- Representatives were advised that the home is a 'high maintenance' home which caters exclusively for dementia patients.
- Residents appeared clean and suitably dressed; representatives saw no initial evidence of dignity not being respected.
- Representatives saw some evidence of staff interacting with residents positively and regularly, including just checking if they were OK, and referring to them by their first names.
- The relatives spoken with confirmed that they felt the meals and the menu were balanced and nutritious, and mealtimes appeared suitable for the residents.
- HWCB representatives witnessed some evidence of social and handicraft activities during the visit. Photographs of previous activities were displayed on a large noticeboard, but it was not clear how long ago these took place.

The Manager advised HWCB representatives that the home has:

- 24 beds, 23 which were occupied at the time of the visit, mostly privately funded with currently 6 funded by the local authority.
- Six care workers and one nurse are on duty during the daytime, along with the manager, cook and activities co-ordinator.
- Two care workers and one nurse are on duty at night.
- The manager is available on call 24/7.
- Currently, of the 23 residents; 16 are male and seven are female, the ages range from 66 to 99.

- All have varying forms of dementia and five are wheelchair users. One resident is bedbound.
- GP cover is provided by three local Practices; Highlands in Flitwick, and Houghton Close and Oliver Street in Ampthill.
- The Manager also explained that it has been difficult to recruit suitable care staff, largely due in part to the location of the Home and the scarcity of public transport. This has resulted in a vacancy of 272 hours (6 care workers) which have to be covered by agency staff, with three or four agency staff on duty at any one time. It was not made clear how long this has been an issue.
- Due to a difficulty in recruiting, the Manager has not been successful in recruiting a Deputy Manager for over two years.
- The Manager explained she was working with the families of residents to ensure they received the best quality of care and had seen an increase in the number of relatives who attend family meetings. The Manager also explained that *'If we could get more staff, I could deliver an improved service'* and that *'Staffing issues are very difficult, it is affecting the quality of care and consistency'*.



Results of Visit

Environment

On entry, after going through the appropriate security measures, representatives found the environment to be clean and light, but the air quality seemed to be 'stale', representatives could not detect any opened windows and there was little or no air movement.

HWCB representatives were immediately aware on entry of a high volume of music being played mainly from the 1940s/1950s which, during the visit, made it very difficult to make conversation and hear the residents.

First impressions of the décor were that it appeared to be rather plain, however the representatives also observed some boards containing 'pictures from the past' and residents rooms had memory boxes affixed to the wall next to the door. The Manager had also explained that she was expecting decorators to arrive as she would like the home to be more appealing to the residents *'looks a bit dull'* and that she has consulted with the dementia coach to ensure that colours are themed and suitable for their residents.



Resident's rooms led off from the main corridors as well as other 'staff only' rooms (cleaning cupboards, kitchen etc.) with security keypads for the residents' safety.

There is a large communal lounge and dining room which appeared well used, and two other smaller lounges for use by residents, and representatives observed some family members in these lounges assisting relatives to eat their lunch.

General Observations by Representatives.



A 'who's who' of staff, or a photograph board with staff on duty was not evident in the home. This would greatly assist those residents who do identify with faces, and for relatives and visitors.

The Activity Board explains the activities planned for each day. Two activities were highlighted, one in the morning and one in the afternoon. Very little was evident during our visit.

There is only one activity on the board for each day over the weekend. It is not clear how the activities are inclusive for all i.e., Wednesday morning, during the visit, card games were on the rota. Representatives observed this happening with two residents, who were clearly experiencing a one to one with the activities co-ordinator. This left a number of residents without any motivation or engagement.

There are at least four communal areas, some larger than others, however the majority of residents were sat in the main lounge/dining room and remained there during the morning.

Each residents' room has identifying information on the door, and one displayed the resident's qualifications after their name. All had boxes with personalised items and photographs attached.

Representatives noted that the majority of staff were unaware of who HWCB were, why we were there or what we were doing.

Menus – though on display, these are in very small print and not accessible at all to the residents, i.e., not in pictorial format and are difficult to read and understand for visitors and residents alike.

The Chef was able to fully explain the change to the day's menu to representatives and took the time to serve residents with care and dignity and assist them when needed.

The Care Plan files for individuals are quite extensive. Key information – such as 'My life' documents are filed at the back. We believe these should be more prominent in the file to ensure new staff can get to know residents and their needs.

Representatives noted that one of the newest recruits had two discrepancies in their employment file; an incorrectly filled in reference which had two different names recorded, only one of which belonged to the worker. The other documentation related to their employment history, of which there was approximately 22 years of employment history missing that had not been accounted for in the CV, application or interview discussions.



Promotion of Privacy, Dignity and Respect

All the residents, representatives witnessed, appeared to be well dressed and cared for, however none of the men were clean shaven. Representatives were advised that each resident is allocated a key worker who works closely with them and their family members.

All residents' rooms are fitted with a WC and washbasin; bathrooms are also available for use by residents with supervision. Residents are encouraged to bring their own personal items with them into the home and can also request for the room to be decorated to suit their own taste. During the visit representatives were not invited to visit a residents room.

Interaction between Residents and Staff

During a period of observation in the main lounge where there were 16 residents seated, 12 in the lounge and four in the dining area, we observed the following:

- Four residents were sleeping, some woke during the time representatives were there and others remained asleep. There were no periods where everyone was fully awake.
- One resident sat at a table on her own facing the wall, with little staff interaction, it is not clear whether or not she was asleep.
- In the lounge area four residents were sat continually wearing aprons, with only one clearly still eating breakfast items. There was no obvious reason why the others remained in their aprons. Staff continued to walk through the room to other areas, there was only minimal interaction with those in the lounge/diner.
- Staff could be seen cleaning other areas, however this left one member of staff mainly alone in the lounge/dining area; this was a new member of staff who had only been employed at the home for a week. Representatives observed her talking gently to people, encouraging people to drink and responding to people calling out, but she could not meet all their needs.
- One resident got up and started to walk unsteadily, although another member of staff saw this, she asked the new member of staff to manage it. HWCB's representative saw that the care worker was unsure (she said that she wasn't trained in manual handling) and, feeling concerned for the resident, assisted her to help the resident back to her chair.
- In HWCB's opinion the new staff member had not had sufficient training or experience to have been left unsupervised for so long with 16 residents in her care. This issue was raised with the Manager during the summary meeting.
- One of the residents tried the door to the garden and a member of staff clearly said to the resident that *"you can't go out there ... the door is locked"*. Although they stood at the door for a minute or so, no-one offered to open it and go outside with them. It was a bright pleasant day, and this would have been an ideal opportunity for the resident to get some fresh air and spend time in the garden.
- There were two staff on duty during tea/coffee time and representatives observed some staff dancing with one of the residents.
- It appeared that not all residents were given the encouragement they needed to drink although there was a choice of hot and cold drinks and residents were advised of the choice. However, staff did not appear to interact well with the residents, leaving them with a hot drink which subsequently went cold.
- Hoist care was observed to be managed well by two members of staff.
- After lunch the activities co-ordinator played the piano and there appeared to be more staff on duty spending time with residents.

Food

The food menu is managed on a four-week rota, which changes daily, and representatives were advised that all dietary requirements are catered for, including any religious requirements.

The Chef has been in post for 18 months and receives regular dietary advice from a dietician. Dietary specifications are passed to her by the Manager, and also from relatives, however, it is a challenge for her to keep the physical menu displays up to date as she manages this single-handedly with no support.

Because of the nature of the illness suffered by the residents, representatives considered that the daily menu should be presented both in written and photographic form to enable all residents to select the dishes of their choice.

Recreational activities/Social Inclusion/Pastoral needs

The Manager explained that the home had been without an Activities Co-ordinator for several years, due to difficulties recruiting, until one was appointed in February 2019. Part of the induction for the Activities Coordinator was meeting with the Dementia Coach at a sister care home to help them gain an understanding of suitable activities.

The activities Co-ordinator explained that since starting the job he *'took time to understand the resident's needs, also in conversations with relatives and can now see the improvements – you can tell if they are having a good or a bad day'*.

Representatives did not see evidence of an Activities Diary, however in a conversation with representatives, the Activities Co-ordinator explained some interesting ideas he has to increase engagement with residents, including the creation of a Cinema Room. He explained that it is not *'one size fits all, the activities have to be tailored as their interest and concentration levels vary widely'*.

At the time of the visit the Activities Co-ordinator spent some time in the lounge area and was observed playing cards with two residents, and after lunch he was playing the piano in the lounge area which clearly created a much more vibrant atmosphere.

The Manager informed representatives that there are visits by a Boy Scouts choir who come once a month to sing to the residents, visits by a 'Petting Dog' and a lady pianist attends three-weekly to play for the residents.

Representatives were also advised that there are regular visits from a local vicar who celebrates Holy Communion on a Wednesday and the home also encourages visits from other religious denominations. The Home holds a monthly church service.

Involvement in Key Decisions

HWCB representatives were advised by the Manager that due to the medical status of the residents, the home relies very much on the relatives to raise any issues and concerns. The relatives are encouraged to do 'walk-rounds' of the Home to catch and report anything that may have been missed by staff. The Manager also explained that she operated an 'open door' policy and residents or family members could talk directly to her in confidence, at any time.

Concerns/Complaints Procedure

The Manager confirmed to representatives that the care home has a formal complaints procedure. The noticeboard in the entrance lobby had information about POhWER (Advocacy), Safeguarding and the Ombudsman, however representatives did not observe

any reference to the complaints procedure on the notice board but did have sight of the Complaints Policy in the Manager's office.

Staff

The staff wear uniforms; purple polo-necks for male staff and blue or purple blouses for the female care workers and nurses. It is unclear how to differentiate levels of seniority between staff members by their uniforms or name badges.

Name badges were worn by some but not all staff, and one staff member when asked by a representative whether she had one replied *'oh, it's somewhere!'*

All the staff representatives observed and spoke to during the visit were friendly and helpful, and generally interacted with residents who they clearly knew well, using their first names, however a minority of staff openly ignored residents.

Each member of staff spoken to expressed the view that the Home desperately needed more 'permanent' staff to ease pressure on existing staff and raise the standard of care for the residents.

When asked if they had time to talk to the residents, the majority of staff said, *'whenever possible but we are very busy!'* and when asked if they could improve or change any aspect of their job, many stated that *'They use too many agency staff; would be far happier with more permanent staff and more money!'* Other staff felt that *'They don't recruit the right staff; they need to explain exactly what the job entails – you have to have the right mental attitude – be very caring'.*

Many staff were keen to explain that they enjoy working at the home and one staff member said that she *'Likes to care for people and the staff here are good people to work with; it's like working with friends and family'.*

When asked about staff training, many staff felt they were *'adequately trained'* with regular on line training encouraged.

The majority of staff were unaware of a complaints procedure and just said that they would *'Talk to the Manager'* if they had any concerns. However, one staff member when asked who they would go to if they could not approach the Manager was totally unaware of what she would do or who the owners of the home were.

Staff were always pleased to work with the relatives and to ensure that relatives are involved in the care and wellbeing of the residents. One staff member explained that she *'Knows all the relatives really well and they come along at mealtimes to help us – we all join in together'.*

Medication

Representatives were advised that residents' medication is distributed by a nurse at all times and representatives witnessed this being done and noted the nurse was wearing a red 'Do not interrupt me' tabard. Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each residents' care plan.

Visitors and Relatives

Representatives observed family members visiting residents in the home and spoke with several during the visit. The majority of relatives were very pleased with the care provided and had not had any recent complaints. Two family members felt the care delivered was of



a high quality and they were very happy to have their cared for person living at Orchid Lawns.

Many of the relatives spoken to did mention that there appeared to be an increased lack of staff within the last six months, however the current staff were '*very friendly, lovely girls*'.

One visitor to a resident expressed concerns about the residents state of dress; he said that she appeared not to be wearing any underwear, only a thin top and skirt and was therefore '*feeling very cold*'. He complained to staff who offered the resident a blanket, however, the visitor felt this was '*inadequate*'. This issue was raised with the Manager during the summary meeting.

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.

Recommendations

- Healthwatch Central Bedfordshire recognises the challenges the home faces in recruiting new staff, care workers and a Deputy Manager, but considers that more should be done to hasten and encourage recruitment and that the parent company should be offering their increased support with possible incentives to potential candidates.
- The Manager recognises the value of family members in key decisions however this does not consider all those without family or friends who can support them. Consideration should be taken for the use of advocacy services when making any best interest decisions.
- HWCB representatives were concerned that many residents appeared to have been left alone for long periods of time, or when they were moving about, they were encouraged to return to their original position. We understand that staff are concerned about the risk of a fall however, we would recommend that staff are encouraged to accompany residents for a walk, where possible, particularly if they wish to tour the garden.
- Healthwatch Central Bedfordshire recommends that the food menus be produced in a pictorial form as soon as possible for the immediate benefit of the residents. This would make it much easier for residents to understand what is being offered and to make their choice.
- HWCB considers that new staff would benefit from a '*Get to know me*' document with key information such as likes and dislikes, daily needs etc. for each resident, with a photo for easy identification, which could be filed at the front of each residents' Care Plan
- HWCB would recommend that an Activities Plan is put in place and adhered to, and relatives encouraged to join in.

- Upon review of the Home's website, representatives noted that there is reference to the Bedfordshire PCT, which was replaced in 2013 by the Bedfordshire Clinical Commissioning Group (BCCG). This should be updated with immediate effect.
- Representatives also noted that the main banner on the website's front page has a photograph of Steppingley Hospital taken from the main road. This could be misleading, as it depicts a 3-storey building whereas Orchid Lawns is a single storey building which cannot be seen from the main road. HWCB recommends that contact is made with the website administrators to rectify the discrepancies mentioned above.
- It is also recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to advise HWCB direct if they wish to contribute any additional comments about the home or to this report. Contact Healthwatch Central Bedfordshire direct on 0300 303 8554.
- Finally, HWCB would recommend that Orchid Lawns Care Home continues to be monitored on a regular basis to ensure that quality of care is not only assured for all but continues to improve.



Service Provider response

I have taken into consideration all the points you raised and we will be working on them to improve care of the residents that we care for. As the resident who's relative complaint that she did not seem to have under pants, she had a bra that looks closely to her colour as I checked when she was assisted back to bed and staff always put underpants on for all residents despite having incontinent aids on.

Thank you for your support and we looking forward seeing you soon to work together to improve the care we provide to the residents.

Kind regards

Ompelege Sepepere

Home Manager

Priory Adult Care

T 01525 713 630

T 01525 718 624

Fax 01525 716 224

E: Ompelege Sepepere@priorygroup.com

W: www.prioryadultcare.co.uk

Orchid Lawns Care Home | Ampthill Road | Steppingley, Beds. | MK45 1AB

