

Enter & View Visit Report

Orchid Lawns Care Home
12th April 2023

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Details of visit

Service address:	Orchid Lawns, Ampthill Road, Steppingley, Central Bedfordshire
Service Provider:	Priory Care Ltd
Date and Time:	12th April 2023 10am to 1pm
Authorised Representatives:	Annette Brown, Carol Carter, David Debutts
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.

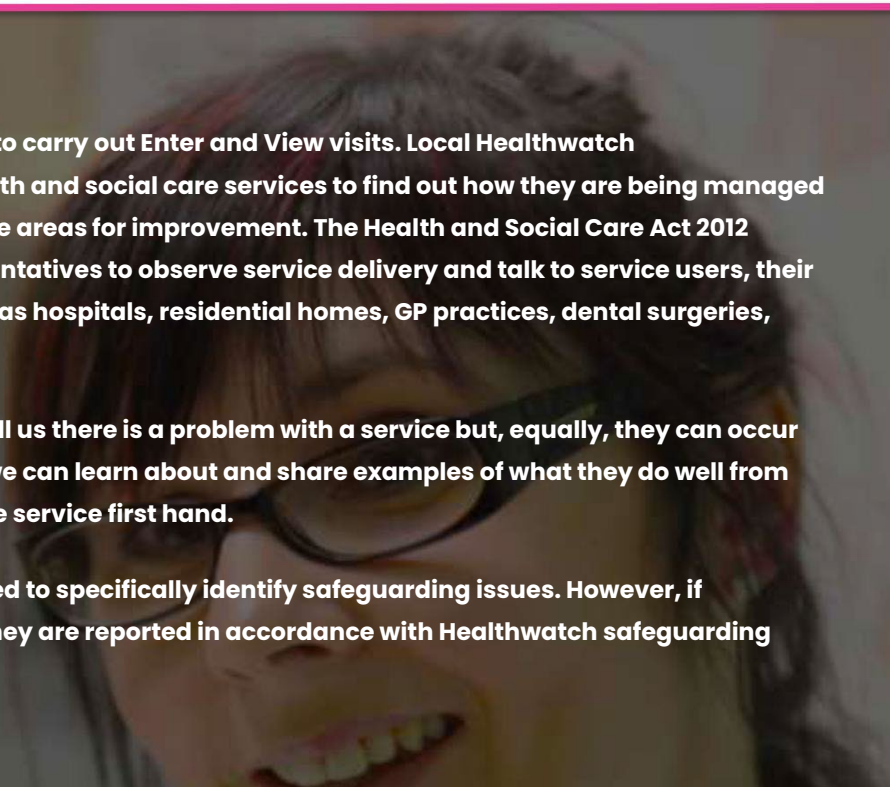
Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

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.

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.



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 Quality Commission visit on 28th June 2021 rated as '**Requires Improvement**'
- Care homes are a Local Healthwatch priority.

Methodology

This was an announced Enter and View Visit.

The Care Quality Commission (CQC) gave an overall rating of 'Requires Improvement' to Orchid Lawns Care Home on 10th August 2021. Healthwatch Central Bedfordshire (HWCB) therefore included Orchid Lawns on our list of Care Homes to visit when we reinstated our programme of visits towards the end of 2022. HWCB visited the home on 12th April 2023 to meet with residents and their relatives, including staff.

Notification of the intended visit, and posters informing residents and relatives of the date of our visit, were previously sent to the home.

Upon arrival, representatives were met by the Manager and Deputy Manager, who gave a guided tour of the home and introduced HWCB representatives to staff members.

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

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

Summary of findings

Orchid Lawns is a Nursing and Residential Care home providing accommodation with personal care for up to 24 people. The home is situated to the rear of the grounds of Steppingley Hospital on a single level. There is a large, fenced, secure garden area that is accessible to residents and the home has its own parking area for at least 30 cars.

The Manager gave details of the current capacity of the home as follows:

- There are 24 rooms in the home (all with ensuite toilet and sink) with a total of 22 residents at the time of the visit (13 male and nine female).
- Seven residents with Alzheimer's Disease.
21 residents with Dementia
Four residents with other mental health issues.
Two wheelchairs users
Two residents with a hearing impairment
- Resident ages range from 65 to 94 years.
- Residents care is funded by the Local Authority in Central Bedfordshire and the Clinical Commissioning Group (now BLMK Integrated Care Board)
- One Manager and one Deputy Manager
Four male Carers and seven female Carers.
Five staff Nurses - 1 permanent and four 'bank' staff
Two laundry staff
Two housekeeping staff
One Chef
Two Administrative staff
One maintenance staff
- Night shift: One Nurse and two Carers
Day shift: One Nurse and five Carers

Staff on duty at the time of the visit totalled 11. The Deputy Manager (also an RGN) was administering medication as the regular Nurse was undertaking training during the time of the visit. One visitor was present. Outside activities such as visits to cafés did take place, however this was an area that was lacking. There was also an external physical activity provider undertaking games in the main room at the time of the visit.

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

Results of Visit

Environment

The care home is signposted at the roadside entrance to Steppingley Hospital. The exterior of the building is quite modern; however, it does appear tired from the outside (e.g., flaking painted timber windows). The garden was freshly mowed, and a summer house was available for visitors to sit in with benches and other seating areas for residents, with a perimeter fence around the garden for security.

Access is gained by ringing a bell near to the entrance door. On entry, representatives found the environment to be clean, light and airy and the interior smelt fresh and clean. The interior of the building has ample space for wheelchairs. There is small but adequate reception area and an office space for the receptionist. Ample parking is available to the side of the care home.

A large, main room, inclusive of a dining area and additional seating for listening to music and watching the TV, is available for both residents and relatives. In addition, a 'conservatory' type room adjacent to the garden has comfortable seating and an additional dining / seating room.



General Observations by Representatives

The home currently has 22 residents; one resident had sadly passed away at the weekend. Representatives observed that all the staff were fully occupied caring for the residents for all of the time that HWCB representatives were at the home.

Health and Safety Whistleblowing and Safeguarding Policies/ Procedure are on display. All policies and procedures are printed and kept in a folder in the nurses' office. All staff know where this is kept and have read and signed them.

A noticeboard with staff photos, names and job titles was on display in the entrance corridor. All staff were wearing uniforms (except for the Manager & Deputy Manager); dark blue for Nurses and purple for Carers. All staff were wearing name badges.

Representatives saw approximately three Healthwatch posters displayed. A poster was visible advertising monthly meetings at the home for family members to attend. One visitor at the home was seen during the visit.

Care plans were available in electronic format and accessible via a hand-held device; Carers were observed checking care plans and adding information.

The bedrooms are quite small but adequate and clean; with their own toilet and sink. In addition, there are communal bathrooms and shower rooms.

Promotion of Privacy, Dignity and Respect

Interaction between Residents and Staff

Representatives witnessed residents sitting in chairs in the communal areas. Residents appeared clean and suitably dressed. Representatives did not observe bed bound residents, as all residents are encouraged to get out of bed to reduce isolation. Representatives saw evidence of staff interacting with residents positively and regularly and referring to them by their first names. One resident who spoke to representatives stated that the Carers do speak loud enough for them to hear, and they can understand what they say.

Personal Care

It was only possible to speak with one resident, with difficulty, due to the nature of their health condition; another resident refused to be interviewed.

The resident spoken to said that she, *'undertook her own personal care'* as in getting dressed, having a wash and brushing her own teeth.

When asked if she had a choice of a shower or bath, she said, *'yes'*.
When asked if she felt that the staff had good hygiene practices to reduce infection she said, *'before, not good, but are good now'*.

Recreational activities/Social Inclusion/Pastoral needs

Each resident has an electronic care plan which is discussed with relatives and is reviewed quarterly. Many residents are able to communicate what it is they want.

When asked about ongoing quality improvements and how they were identified, HWCB representatives were told they are identified via audits and surveys, a risk register and weekly meetings. A raiser chair to help with falls has been ordered and will be trialled as well as the decoration of some of the rooms, corridors and lounges.



A daily 'Activities Programme' is on display in the corridor. The home is currently advertising for an Activities Co-ordinator; however, they are finding it difficult to recruit for this role.

When asked about activities in the home, one resident was aware of the exercise activities that were in progress, however they could not name any other activities.

When asked what they liked to do, they said, ***'I like horses, I think they would take me if I asked'*** adding they like to ***'sit and talk'***.

The Manager said, ***'Some families come in daily or weekly. Families join in with activities especially in the summer. This is discussed at the monthly meeting. At the last meeting someone said they would come in and do gardening'***.

When asked if they had guests/volunteers from the community come into the home, representatives were advised that animals were brought it from a farm e.g., pony, guinea pigs, chickens, and sometimes family and staff brought dogs in too. A local cat also wanders around the garden, and someone brings old cars to the home for residents to view. There are plans to work on the garden e.g., putting in raised beds and growing vegetables.

Representatives were also told that, ***'Clergy don't come often but a choir may come now that Covid is over. No children recently and DBS can affect who comes in'***.

Some of the residents like DIY tools; a tool display was observed on a wall in the corridor of the home.

Two residents of the home are Jehovah's Witnesses and when asked how the home accommodates their needs the Manager responded, ***'their family does that for their religion'***. The Vicar sometimes visits from the local church, and the one Hindu resident, ***'sees to herself'***.

When a resident was asked if, when she needed a doctor, dentist or attend a hospital appointment, how she would make that appointment, she was unable to answer the question.

The same resident interviewed was unsure who the Manager was, however, they had positive comments about the staff, saying they addressed her by her Christian name, they spoke loudly and clearly and were attentive to her needs.

Risk assessments relating to the likes and dislikes of residents can be found in the care plan, which is filed electronically and includes family details, and the resident's history prior to dementia.

Residents are able to retain their own furniture in their room; when one resident was asked if she liked the décor and furniture in her room she said *'it's alright, it's not very big'*. The resident has their own TV and goes to her room for peace and quiet time.

When the resident interviewed was asked if Carers knocked at the door before entering her room she said, *'I don't know'*.

Food

Meal- times at the care home include breakfast at 8am, lunch at 12:30 and dinner at 5pm. Lunch is a hot meal and dinner tends to be a sandwich or light meal.

One permanent trained Cook is available on-site Monday to Friday, plus a 'weekend Cook'. All food is freshly cooked on the premises. The company that supplies the ingredients deliver food three times per week. One member of staff is also trained to help out in the kitchen. If the Cook is off work for a length of time, e.g., holiday or illness, the home will employ an agency Cook. Priory Care also has another care home in Biggleswade, and they can ask for support with a Chef if required.

A diet sheet is completed when residents are admitted to the home which is reviewed regularly.

One resident was asked how they felt about the meals offered to them (choice, dietary needs) and one resident said the choice *'was not too bad'*. When asked if they were given enough food no response was received. The resident did not know if snacks were available and if they could manage to make a snack for themselves.

A menu was available, and photos of meals were visible in the dining area which included a choice of two meals and a vegetarian option. A food chart was in the kitchen and in the staff office, identifying what kinds of food each resident could eat according to their dietary needs.

Mealtime was observed in two of the dining areas. Food was delivered by the Cook and residents were supported with feeding by the Carers where necessary. A few residents were sat at the dining table, and some remained in their chairs in the lounge area. Approximately 50% of residents feed themselves and the other half are supported by Carers. Aprons were worn by staff and although aprons were placed on some residents, with their consent, just prior to their meal, some other residents were left for approximately 15 minutes wearing an apron prior to being supported by a Carer. This shows a lack of dignity and respect to residents during mealtimes.

Essential visitors are allowed to stay for lunch and support their relatives however it is not encouraged due to the choking risk of many of the residents. Family members are advised to provide advance notification of a visit to the home. A separate kitchen area is available for relatives to use.

Concerns/Complaints Procedure

HWCB representatives were advised by the Manager that regular meetings are held with residents and family members to enable them to feedback concerns, ideas and opinions. The Manager also confirmed that feedback can be taken from completed questionnaires called, *'Have your say'*, which are available to residents and their relatives in the reception area, as well as via emails or face to face meetings. The Manager confirmed she has an 'open-door' policy for all relatives and staff.

When the Manager was asked how staff knew if a resident felt they needed to make a complaint but could not communicate this clearly, she explained that, prior to admission, residents are assessed, and guidance is obtained from a book called *'This is Me'* from the Dementia Society.

A 'Who am I?' form is also completed online along with a resident's family on admission. This records how to best support the resident, for example, what triggers make them angry, and how staff can support residents to calm down, and what their interests are.

Staff

All staff undergo Disclosure & Barring Service (DBS) checks by the compliance team and sent a tracker prior to recruitment. Reference checks are also carried out prior to appointment and the Manager undertakes checks relating to the 'right to work' in the UK.

At night one Nurse and two Carers are on shift. One of the dayshift Carers overlaps with one of the night staff, to undertake personal care, and one of the night shift workers overlaps with the day-time Carers to get residents up and ready. The Manager said, ***'This is sufficient at the moment but when full there needs to be more night staff'***.

Representatives spoke with three members of staff at the home plus the Care Home Manager and asked a variety of questions about their work in the home, and relationship with residents and family members.

Shifts patterns are 8am to 8pm, and 8pm to 8am. Of the three staff spoken to all of them were happy with their shift pattern. One member of staff thought there was enough staff, another said they ***'could always do with more staff'***, and another said they were, ***'OK for staff when not in a crisis. Sometimes patients are disruptive, and more staff would be good'***. The Manager added, ***'If residents are increased to 24, they will increase staff'***.

The home is currently advertising for an 'Activities Co-ordinator'; someone has been offered the post and the home is awaiting their response. The Manager confirmed that ***'Staff turnover is low, the last time someone left was last year'***. The residents were engaged in social activity (games) with an external instructor during the visit.

When asked about cleaning of residents' rooms, all staff confirmed they are regularly cleaned, and the bedding changed daily. They also confirmed that food is prepared on-site, and they were aware of residents' dietary needs by details provided in their Care Plan or on the wall chart. They also confirmed that visitors can visit during mealtimes however, this was not encouraged.

All of the staff spoken to enjoy working at the home, comments included, **'I enjoy working with the patients and showing compassion'**. One member of staff said, **'The residents don't judge you; they see you as you are'**.

Training undertaken by staff included safeguarding, manual handling, mental health awareness, Fire safety and First Aid, and is a combination of online and practical training. One staff member said they would like more training in medication.

One staff member is being sponsored by Priory Care and is being supported to undertake a nursing course, they said, **'Training and opportunities for improvement are good. The company invests in you'**. They suggested more intense training about dementia / mental health issues especially for new Carers, adding, **'It's been a great experience. I've learnt a lot from Managers and colleagues. Makes our job easier'**.

Staff were trained in how to recognise if a resident's condition should deteriorate e.g., sepsis, high temperature etc, and are advised always to seek a Nurse's opinion.

Daily 'flash' meetings are held in the morning, and all staff receive quarterly supervision and an annual appraisal. All staff except one were confident they would be happy for their relative to stay at the home.

When asked what they considered to be the best reward in their role, many of the staff were very positive and comments included, **'taking care of people and making a difference'** and **'knowing that residents are safe and well looked after'**.

Staff detailed their shift allocation, and all were happy with the shifts given. Some of the staff confirmed they had been allocated several residents for whom they were a keyworker, and when asked what they would change or improve about their job, many said **'nothing really'**, although one staff member commented, **'more intense training about dementia and other mental health issues'**.

When staff were asked if they had the opportunity to improve / change anything, what would they choose to do, comments included:

'Need a bigger kitchen and get everything on computer and go paperless'.

'New furniture but recently changed beds and dining room and lounge furniture in 2021'.

'Have a bar to look homely'.

'Have more Nurses (two per shift) and more activities and to take residents out more. Transport vehicle required to take residents out as they share it with Biggleswade currently; we don't have our own driver'.

The Manager confirmed that regular activities are planned for residents, naming **'arts and crafts, 'music karaoke', 'ball games'** as well as **'trips to the garden centre and the Rufus Centre for tea'**. When asked how they ensured residents could pursue their own activities, staff mentioned, **'look at their Personal Plan'** and **'knowing what they like to do'**.

When asked what they would do if a resident no longer wished to join in the activities, comments varied from, **'leave them alone and try again later, don't force them'** and **you get to know that they like and how to treat them'**.

Another staff member said, *'I would ask them why or just leave them alone. I can tell just by looking at them if something is wrong'*.

If a resident had concerns and this was raised by a relative to a member of staff, all confirmed they would report the issue to management, comments included, *'report to the Manager or person in charge unless I can fix it myself.'*

The Manager explained that the home had drastically improved since she came to post in 2021 as there was an embargo on the home at the time due to poor care, therefore no new residents were allowed to live there. Feedback from families was clear and they were not happy with the service provided. The CQC came in regularly to monitor and since then care and staff morale had improved. The Manager said an email from Central Bedfordshire Council (CBC) to the home had said the care home had changed *'from level 5 performance (very bad) to level 1 (very good)'. The families are very happy and there have been lots of good comments from them; no complaints this year.'*

'Staff are happier and new Carers recruited are happy and competent. Dementia is not easy, and they care for them'.

The relationship with other health providers e.g., Ampthill GP surgery, *'has improved and they have regular meetings with the Nurse Prescriber to work together to improve care for residents'*.

Visitors and Relatives

Representatives observed only one family member visiting a resident; the family member was occupied with her relative, so a questionnaire was given to her to return to HWCB at a later date.

Representatives of Healthwatch Central Bedfordshire saw three copies of the Enter and View notice displayed in the home advising relatives of the visit: HWCB were not contacted directly by any relative prior to or since the visit to the home.

Additional Findings

The overall impression gathered by HWCB representatives during the visit was of a friendly, caring environment.

During the visit a representative observed a Carer turning a small dining table round to enable a resident to support themselves with feeding, showing compassionate care.

Recommendations

- Healthwatch Central Bedfordshire recognises that the home is currently near to full capacity, therefore staff were fully occupied caring for the residents for all of the time that representatives were at the home.
- There appeared to be a limited range of outdoor activities available for residents and HWCB appreciate many activities were suspended during the pandemic. It is recommended that a wider variety of outside activities is offered once an Activities Co-Ordinator has been appointed. This would also require a review of transport facilities available to residents to enable this to happen.
- Review of the ratio of staff to residents is recommended due to the specialist care that is required, this was evidenced during lunch time when residents were waiting to be supported with feeding, for a long period of time, whilst wearing a apron.

- It had been identified by management that some of the residents' rooms, communal areas and the exterior of the building required decorating. This was also recommended by HWCB representatives.
- Due to staff comments, HWCB recommend a review of ongoing training needs to include more robust training regarding mental health, especially dementia.
- 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 is sustained and continues to improve.
- It is 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.



Service Provider response

All the recommendations will be actioned as soon as possible.

Once again thank you for your visit and I am happy for this to be published once the corrections have been made.



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