



**Enter and View at
The Lodge Care Home**

Lodge Lane

Collier Row

Romford

RM5 2ES

Friday 4th April 2014



What is Healthwatch Havering?

Healthwatch Havering is your new consumer local champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary. There is also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

Why is this important to you and your family and friends?

Following the public enquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizen's needs.

*“You make a living by what you get,
But you make a life by what you give”*

Winston Churchill

What is an Enter and View?

Under the Local Government and Public Involvement in Health Act 2007, Section 221 (2), Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dentists, to observe how a service is being run and make any necessary recommendations for improvements.

These visits are often prompted if Healthwatch Havering is informed of any issues about the service or after investigation, is of the opinion that such a visit is warranted. Healthwatch Havering offers advice and guidance to the service provider and will often visit those services which are reputed to carry out good practice in order to share the good news.

Background and purpose of the visit:

The Enter and View visit was carried out as a follow up to the Care Quality Commission (CQC) report published in March 2013 where actions were needed in the following categories:

- Respecting and Involving people who use services
- Staffing
- Records

The home had met standards on a follow up CQC visit published in June 2013. It is the intention of Healthwatch Havering to visit the care/residential homes in Havering and we wanted to ascertain that the improvements seen in June had continued.

About the home:

The Lodge Care Home is owned by Ian Nicoll and managed by Mrs P Nicoll and Lynn Baker is the Deputy Manager. The home provides accommodation and support with personal care to older people. It is a care home without nursing. The building is one storey with a limited upstairs extension. There is a new building recently erected which is currently unused.

There were 67 residents on the day of the visit, The Lodge has 82 beds. The ground floor is in a circular lay-out. It is divided into three units:

- Green Unit = Dementia

- Yellow Unit
- Blue Unit

There is one double room with single occupancy and since the CQC report noted that some rooms were shared, at no time is there any sharing of a room.

All Healthwatch Havering authorised Enter and View representatives have undergone the following training:

- Enter and View
- Safeguarding Adults
- Mental Capacity Act
- Deprivation of Liberties Training

They have all undergone Disclosure Barring System checks.

Preparation and carrying out the visit:

Prior to the visit, the team had read and understood the recent CQC report(s) on the home, and had spoken to the Inspection Manager at the CQC beforehand.

The team met and spoke about the aims of the visit and before arriving at the home wrote to the Manager informing them of a given time span of the proposed visit and enclosed a copy of the Healthwatch Havering Enter and View Governance.

The visit:

The Healthwatch Havering representatives arrived at 10.25am, on Friday 4th April 2014. They met the Care Manager and explained to her the activities and development and role of Healthwatch Havering.

On arrival the representatives noted that there was a buzzer on entrance and a signing-in book.

The care manager had started work that day at 7am, and always on arrival inspects the home, speaks to all the residents and this is a normal routine. When she starts work she looks in the communications book and if there are any concerns about any of the residents she visits them, she said that any such visit to their room is done in a respectful manner, i.e. by first knocking on their door and gaining permission to enter. If the resident has not had a good night then she speaks to the night staff to ascertain the problem. This is recorded on shift observation sheets, these record the time of the inspection of the building, the staff on duty and if they are wearing the correct uniform. If not or anything else has arisen the staff are spoken to and

advised. These sheets were started in November 2013 and they also record the condition of the rooms, corridors, curtains, odours etc. The sheets are always followed up and include action plans which are used as a supervisory tool.

The overall Manager was not on duty that day and the Deputy Manager was at another home in Kent that is in the same ownership but was due to return to The Lodge later that day.

There are diabetic residents and they receive visits from the District Nurse to those with type 1 diabetes in order to administer insulin. The care plans are reviewed monthly, or as needs be, i.e. if a resident's mobility needs have changed which may involve the use of a hoist. These care plans are reviewed either by Ms Forrester or a senior member of staff. There are also personal files with photographs, the risk assessments are all reviewed at the same time.

The medicine trollies are reviewed weekly, those residents on controlled drugs are recorded on Medication Administration Records (MARS charts) which are reviewed weekly. These are all booked in the pharmacy with regular reviews. If there are any concerns a review is called for with the GP. There is one designated GP to the home and all new residents see the GP. There is a GP surgery held every Thursday at the home. There is a separate book for controlled drugs to monitor the stock.

Dementia forums are held, the owner is considering transforming the cinema which has been under-utilised, into a texture room for the dementia residents. The cinema is currently being used as storage room.

There are only a few residents without dementia, all mix well and those residents able to go out are often taken out by their families.

Residents are weighed weekly, they are all on a fortified diet, special cream is used in porridge, unless a resident is intolerant. The dietician assesses all residents and the BMI is compared. The dietician guides them and if there are any concerns the GP is always contacted.

There were some complaints from the residents about the Complan diet, which is a good way to build up calories. It is also difficult to make pureed food attractive but they use food moulds to make it look more attractive. The staff have had training in Thick and Easy, this is a food thickener and is used for people who have swallowing difficulties.

There had been a staff meeting that morning and arrangements are now going to be

put in place that meal times are protected and visitors will not be allowed access. The reason for this decision is because some of the residents have become distressed and it can be disruptive.

Staffing Levels

- 2 staff per unit with 4 floaters
- At night: 6 to 7 night staff, one per unit and one on float. 2 carers always turn the residents if needed together.

In the morning there are 10 carers on duty and all wear uniforms. The Senior Care Managers wear blue and other carers wear red. All wear badges which was witnessed by the representatives of Healthwatch Havering. It was noted that these are pin type badges which could cause the carer injury. This was pointed out to the Care Manager.

In the afternoon there are 8 carers on duty. There is one night cleaner which enables the carers to concentrate on the residents.

There have been problems in the past about the lack of staffing and when questioned about this, the care manager said that at a recent staff meeting it was discussed that when a member of staff has a day off they could act as standby, in case of absence. The home does not use agency staff as they do not know the residents or the home. Most of the staff agreed to the change. She did say that sometimes they can be short of staff especially when a dementia resident has to be escorted to hospital so this new scheme should help solve the problem.

The staff generally meet every 6 to 8 weeks unless there are emergency meetings which sometimes does happen. Staff receive training during work time.

There is always a handover of staff, especially if a staff member has just returned from holiday they are given an account of the progress of the residents.

There is a point of contact with the health services and this point was visible in the office. This enables the staff to arrange physiotherapy. If referred from the hospital then the physiotherapy is free otherwise the resident pays for it.

The home has applied for End of Life Care Gold Framework, and they liaise with St Francis Hospice. The palliative nurse visits if required.

There are four activity staff members and activities are more often held in the afternoon, this has proved to be more beneficial. If a resident does not want to take part and stay in their room, they are visited by staff who can offer hand massage or

sit and talk with them. The Care Manager informed us that the day before there had been a 60th wedding anniversary party held and the singer had entertained them all. The home regularly has singers and entertainers.

The Visit

An activities board was displayed showing such things as card games and “get togethers”.

Leading up to Balmoral Lounge there was a smell of urine and towards the next lounge.

There were 4 cleaners on duty, and in Bathroom 4, one Parker Bath was not in use and the bathroom next door was being used for storage. The toilet seat was broken in number 2 bathroom. In bathroom 4 the hot water was slow to flow from the tap.

In Balmoral lounge, the residents present had dementia and they all appeared to be well dressed for the time of day, well-nourished and seemed content.

In the next lounge the representatives noticed that one resident had vomit on her sweater, they informed a carer immediately who went to the resident to change her. She spoke to her kindly and led her gently out of the room. The vomit appeared to be fresh and not stale.

The corridors were clean and well decorated. The lounges were attractive and homely and the furniture was of good quality. The surrounding gardens were well maintained and attractive.

Speaking to the Relatives

One relative said that both his parents had lived in the home but one had passed away. The remaining relative in the home, was well cared for, he said and the quality of care was very good and he was very happy. The staff listen to any suggestions and he was comfortable to leave his parent there safe in the knowledge that they were well cared for.

Another relative had brought her dog to visit her next of kin, they said that they were happy with the home. The staff and other residents appeared to be happy with the dog being present.

Speaking to the Residents

Resident A said that they were very happy, the food was good, and there are things to

do if you want to. The representatives noticed that she had a crutch and the resident said that she did not see the physiotherapist.

Resident B, had been at the home for over a year, they showed two of the representatives their room which was spotless, bright and very cheery. The resident has a shower and is helped. The resident said that they were very happy in the home.

The representatives noticed one resident who had a bruise above their left eye and a cut on the nose. When questioned, the resident said that they had fallen over.

The representatives spoke to the care manager about this: she said that the bruise had occurred some time ago and the resident had been taken to hospital. The cut had happened the day before. The Falls Protection staff had been informed and an accident report had been filled out. The Healthwatch Havering representatives said that they would be informing Safeguarding at Adult Social Care, London Borough of Havering.

The dining room was clean with fresh tablecloths. The room had a pleasant aroma. There was matching cutlery with glass place mats. In the opinion of the representatives these were deemed as a hazard. The dining room did appear small.

There was a menu on each table and on the wall a chart giving details of the dietary needs of each resident. For example who was diabetic and who required minced food.

The kitchen was clean and colour coded boards were visible.

Speaking to staff

As the staff were very busy the representatives only had the opportunity to speak to one carer who said that they were very happy working at the home. When questioned about staff absence they were informed that the manager covers this with bank staff.

The staff appeared to be friendly and happy in their work.

The representatives noticed that Care Manager interacted with a distressed resident in an empathetic way and also spoke to other residents in a friendly way and knew them by name.

Conversation with the Care Manager after the visit

The representatives spoke about the injuries noted on one of the residents and it was reiterated that Healthwatch Havering would be informing the CQC and Safeguarding

at LBH. The care manager acknowledged this matter.

The representatives pointed out the problems found in the bathrooms and the smell of urine. She immediately noted these down and said that she would speak to the maintenance man to rectify the problems.

The home uses the Rug Doctor to clean the carpets and to eliminate any unpleasant odours. The care manager said that she would investigate the odour described by the representatives.

Our Observations

The residents appeared to be happy and well-nourished. The home was clean, tidy and apart from the unpleasant odour encountered at the start of the visit, the rest of the home had a pleasant odour. Speaking to the residents, relatives and staff things appeared to be running smoothly and it was evident that the staff are caring and the priority is the welfare of the residents.

On speaking to the Care Manager it is evident that she has put processes in place such as the observation sheet to ensure that all good practice is evidenced.

Our Recommendations

- The place mats should be material rather than glass which can be used to harm someone
- All bathrooms should be checked regularly by maintenance
- As soon as a member of staff notices an unpleasant odour this should be rectified immediately.

We would like to thank the Care Manager and the staff for their co-operation and hospitality during our visit.

Disclaimer

This report relates to the visit on Friday 4th April 2014 and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.