



Details of visit

Service address:	Ashton Lodge, Ashton Road, Dunstable, LU6 1NP
Service Provider:	Holdcare Ltd
Date and Time:	10th February 2015 10:00 – 12:00
Authorised Representatives:	Dave Simpson, Linda Grant
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.



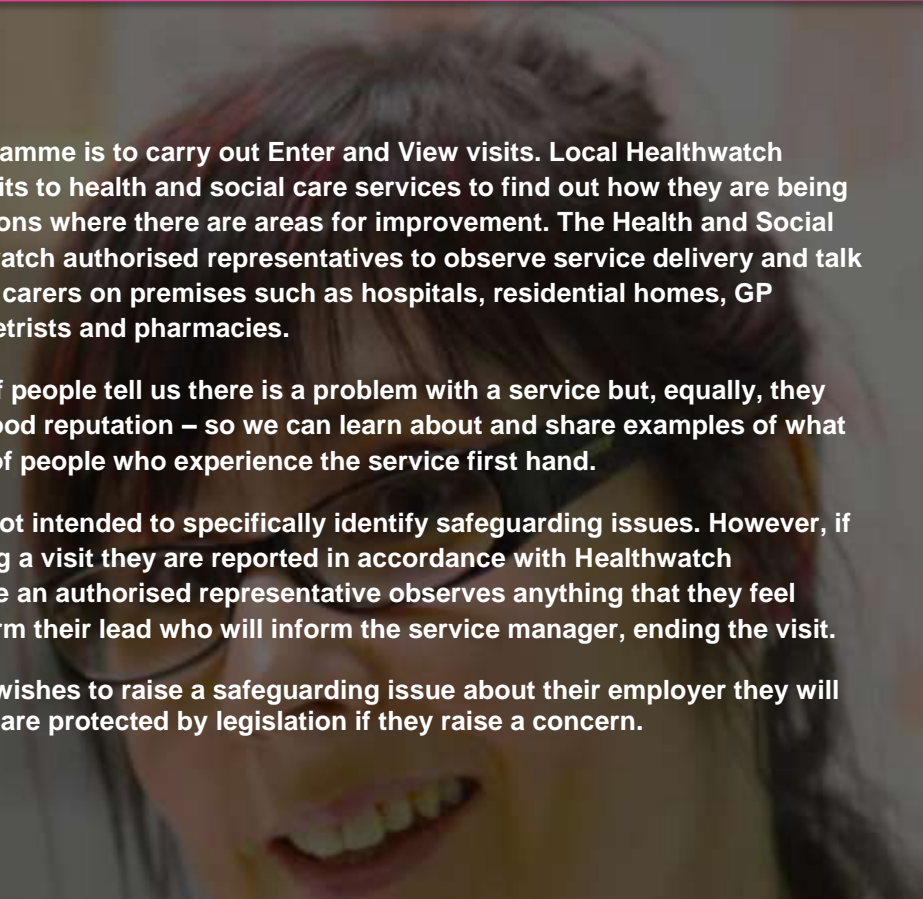
What is Enter and View?

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.

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 anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending 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.

HWCB representatives were disappointed to note that the Healthwatch Central Bedfordshire poster, previously sent to the home to notify residents and relatives of our visit, was not displayed within the building as requested.

On arrival, representatives were asked to sign in and were introduced to the Deputy Manager, who gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Authorised representatives also approached residents at the care home to informally ask them about their experience of the home. Several family members and members of staff were also spoken to.

The authorised representatives explained to everyone spoken to why they were there and took notes. After speaking with the residents and staff, Healthwatch Central Bedfordshire leaflets were given to the Deputy Manager to be displayed in the home to enable residents, family members, friends and staff to contact us at any time.



Summary of findings

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

- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- Representatives saw evidence of staff interacting with residents positively and regularly.
- Residents spoken to were generally happy with the meals, the menu was balanced and nutritious, and mealtimes were suitable for the residents. Residents could also choose where to take their meals.
- There was clear evidence of social activities; representatives were given a copy of last month's planned activities which were full, varied and interesting; all the residents spoken to were given the option of taking part in organised activities along with their relatives.

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

- 52 beds, with 43 currently occupied, all rooms are single occupancy.
- The majority of beds are currently local authority funded, with two or three privately funded.
- There are two beds designated for respite care.
- There are no rehabilitation beds.
- A total of 44 members of staff are employed, including 26 Carers plus three Senior Carers, one cook, two activities coordinators, a grounds man, office staff and cleaners.
- Six carers are on duty in the morning, six in the afternoon and four at night.
- A senior Carer is responsible for issuing residents' medication, and remains with each resident while he/she takes the medication.
- Residents cared for are mainly dementia residents, those with long term conditions, frailty and also end of life care.

Results of Visit

Environment

On entry, representatives found the environment to be clean, warm, light and airy. The atmosphere was 'neutral' in that there were no apparent smells, good or bad.

The premises are much larger than on first impression, as a result of additions to the original buildings, which were previously a police station and a school. HWCB Representatives did note however that some of the corridors were fairly narrow and could give restrictive access to the passage of people and wheelchairs/hoists etc.

Accommodation is spread over three floors, with lifts and stair lifts available. Call buttons are in every room and monitors on every floor. An ongoing programme of redecoration is currently in place for each room, including new curtains and carpets.

There are four large communal lounge/dining rooms which were being well used at the time of the visit. One is a 'high needs' lounge area for residents with dementia, which HWCB representatives were advised, is appropriately staffed at all times. There is also a main



lounge, a quiet lounge and 'lounge four' which is mainly used by residents who are more cognisant of their environment.

A large garden is accessible to residents including those in wheelchairs, with seating, bird feeders and tables, and a pond. There are also views over an adjacent school playing field.

Promotion of Privacy, Dignity and Respect

All residents seen at the time of the visit appeared to be well dressed and cared for. Representatives were advised that each resident has a key worker who also works with the family. Key workers are coordinated by a Senior Carer.

The home has an in-house laundry; resident's clothes are collected each night by care staff and placed into one of the three differently coloured baskets (wet, soiled or dirty) situated on each floor. Resident's clothes are labelled by the families or the carers. All bed linen is changed daily or as necessary.

Each residents care plan is kept electronically and is available for them and/or their family to view on request on laptop computers in various locations in the home. 'Turning' charts, night charts, food and drink and bowel movement records for bedbound residents are kept in paper format in the office along with DNR forms.

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 (a new service).

Promotion of Independence

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.

Interaction between Residents and Staff

HWCB representatives spoke with residents in the communal lounges. The residents spoken to stated they were comfortable in the home and quite happy. Residents were impressed with the activities available and the care received.

Representatives witnessed the two activities coordinators fully engaging with residents in a variety of activities.

Residents

The most important aspects of the home, according to some residents, were feeling warm, safe and secure; the friendliness of staff and other residents; the cleanliness of the home and engagement with the staff.

HWCB representatives were advised that residents are registered with the Priory GP Practice unless they wish to remain registered with their own GP.

The manager, or deputy manager, visits all prospective residents in their own homes, prior to acceptance to the home, to assess their condition and confirm that Ashton Lodge is capable of delivering their care needs.

Food

The daily menu is managed on a four week cycle and appears to be comprehensive. The menu is varied and is available in both written and photographic format for the residents. All food is freshly prepared at the home.

Special diets are catered for and HWCB representatives observed printed lists of residents' dietary requirements on the fridge door in the kitchen.

HWCB representatives also witnessed residents and relatives being offered refreshments during the visit and were informed by care staff that the tea trolley is circulated every two hours. The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals; in the lounge dining area or in their rooms. The residents that representatives spoke to all thought the standard and variety of food served was very good.

Recreational activities/Social Inclusion/Pastoral needs

Two Activities Co-ordinators organise events to involve residents and their relatives as much as possible. The communal lounges are 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.

Representatives were advised by both staff and residents that activities included trips outside of the home, cookery classes, films, crafts, reminiscence sessions, NAPA (National Association for Providers of Activities for Older People) books, sing-alongs and other interests. HWCB representatives were given a copy of last month's activities which were comprehensive, varied and inclusive.

Trips out included visits to the Grove Theatre, local garden centres and shopping. Visits to the home by local schools and their choirs are encouraged.

HWCB representatives were advised that a minister from the Priory Church has commenced a monthly service schedule and the home also encourages visits from other religious denominations. Residents are able to visit local churches.

Involvement in Key Decisions

Representatives were advised that separate meetings are held with residents and relatives every month, although the relatives meetings are poorly attended. The purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

Concerns/Complaints Procedure

The deputy manager, residents, relatives and members of staff all confirmed there is a complaints procedure, although no resident or relative spoken to mentioned having used it.

Staff

All staff seen and spoken to during the visit were friendly and helpful to HWCB 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 representatives were confident the residents were well cared for.

Representatives were advised that staff training is carried out at another of the provider group's homes and new staff have a one day induction at the home followed by a period of 'shadowing' another carer, before being permitted to work alone.

High praise was given by relatives and residents regarding the Activities Co-ordinators, and as previously mentioned, representatives observed them fully and enthusiastically engaging with residents. Their plans for the future include creating a herb garden for residents to cultivate.

Visitors and Relatives

Representatives observed family members visiting residents in the home and spoke to several of them, all of whom spoke highly of the care afforded to their relatives.

The Healthwatch Central Bedfordshire notice, previously sent to the home, advising relatives of the impending visit, did not appear to be displayed in the care home. Healthwatch Central Bedfordshire was not contacted directly by any relative prior to or since the visit to the home.

Additional Findings

Some concerns were raised by residents, relatives and a few staff members, that there was currently insufficient care staff, particularly during the night shift. The concerns related to the size of the home, operating over three floors and the level of care needed.

The management of the home is attentive to all suggestions for improvement and is currently promoting the use of Skype in the home for residents whose relatives may live a distance away. There are currently only two members of staff whose first language is not English, but there are no apparent communication difficulties.

When residents arrive at the home, care staff consult with them to discover their personal preferences, which are noted in their care plans and communicated to all carers.

Cleaners were observed working in the home and representatives noticed the replenishment of gloves and hand hygiene gel being carried out in various locations.

Recommendations

This report highlights the good practice that was observed and reflects the residents' and relatives' satisfaction with the care and support provided.

- In recognition of comments made by residents, relatives and some staff members, it is recommended that consideration be made to engaging additional care staff, particularly during the night shift. HWCBC representatives were concerned that, as the home operated over three floors, the number of night staff may be insufficient to meet the needs of all the residents considering the extent of the area to be covered.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of Ashton Lodge 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.



Service Provider response

Despite reminders to the Manager of Ashton Lodge Care Home, no response was received from the Home, by Healthwatch Central Bedfordshire, to the report.

HWCB
06.05.15

