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Enter and View Report | Single Provider

Details of visit

Service address: Service Provider: Date and Time: Authorised Representatives: Contact details: Ferndale, Easton Road, Flitwick, MK45 1HB Central Bedfordshire Council 26th February 2015 10:00 – 12:00

Steve Nash, Linda Grant

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.

On entry HWCB representatives rang the doorbell twice prior to noticing a sign on the outside door which asked visitors to be patient as staff had to come from the office or other parts of the home. HWCB representatives were subsequently admitted to the home by a member of the Administration staff who confirmed that the Manager was currently on leave and she would arrange for the Deputy Manager to meet with us. (HWCB office was advised in advance that the Manager would be on leave and that the Deputy Manager would be available).

Representatives were pleased to see the Healthwatch Central Bedfordshire poster notifying staff, residents and relatives of the visit clearly displayed within the building.

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, on leaving, Healthwatch Central Bedfordshire leaflets were given to the Deputy Manager for distribution and display in the home.





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, including just checking periodically.
- 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.
- Clear evidence of social activities was evident and 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:

- ➢ 30 rooms in total.
- > Four rooms occupied by fully independent residents.
- Seven rooms occupied by intermediate care residents who need personal care; lifting and walking.
- > Five rooms occupied by residents who need full assistance.
- Five rooms where residents are non-transferable.
- Two rooms where residents have been transferred, or are in hospital at the present time.
- Seven empty rooms, two recently vacated other rooms waiting refurbishment.
- > One respite room (not numbered or named).
- The average age of residents is 90 one lady is 102 years old and the youngest is a gentleman in his 60s awaiting transfer to a new home of his own.

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 home operates over three floors. The bedrooms do not have en-suite facilities. The home consists of 12 toilets sited throughout the home, one of which is for use by the disabled with hoist plus five bathrooms/shower rooms; two of which situated on the ground floor are wet rooms.

The home contains three named lounges; 'Bluebell', 'Peacock' and 'Primrose' for differing degrees of activity. The home also has a sun lounge area adjacent to the dining room.

The Primerose Lounge accommodates a large hoist and hoist equipment for residents unable to be moved independently or via a wheelchair; a separate room adjacent to the lounge accommodates the hoist equipment and wheelchairs and is also the location of the disabled toilet.

A quiet area is situated near the kitchen and known as 'The Snug' where residents and relatives can sit and have private conversations. Residents also have access to a well-

tended garden with good pathways and adequate seating, which also incorporates a shelter (seldom used) and a herb garden.

The home also contains a hairdressing room and a laundry room with a full time laundry assistant (agency worker).

Promotion of Privacy, Dignity and Respect

All the 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.

On admission all residents receive a thorough assessment of their needs and undertake an induction programme. All rooms are furnished with an information folder and this is explained to all new residents. Each resident has a named key care worker.

Each resident Care Plan is kept available for them and their family to view. 'Turning' charts, night charts, food and drink and bowel movement records, for bedbound residents, is also kept at hand.

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

- Hairdresser once per week.
- Chiropodist six to eight weekly.
- > Dentist as required if residents are unable to visit the nearby dental surgery.
- Optician annually.

All residents are able to lock their doors with their own key and they can also have their names displayed on nameplates on the doors if they wish. Each room has its own laundry box and bed linen is changed weekly or as necessary.

Promotion of Independence

Residents are encouraged to bring personal possessions, photographs, pictures, ornaments and small pieces of furniture to create familiar surroundings.

All residents are offered the opportunity to be involved in social activities organised at the home, including trips outside of the home with relatives included in the planning.

Representatives observed residents in wheelchairs being moved around the home without undue difficulty; there is sufficient space to facilitate this.

Interaction between Residents and Staff

HWCB representatives spoke with residents in the communal lounge. 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.

Residents

Representatives were advised that residents are all registered with the four GP Practices in Ampthill and Flitwick. District Nurses are also based nearby.

The Medication system is electronically controlled and medication is dispensed by the Deputy Manager and the Senior Team. Medication is kept locked away at all times in the Medication Room.

Care Plans are handwritten and locked securely in a cupboard in the duty office; relatives are able to view on request.

Food

Seasonal menus, printed in English, are displayed on noticeboards throughout the home. Meals can be varied and changed at the residents request via the Resident/Staff Liaison meetings. The home has a Food First Certification.

The Dining Room is very bright and airy; the tables are laid with a starched clean tablecloth with cutlery ready for each meal and each table is adorned with a vase of flowers. Each table displays an up to date easy to read menu. All residents are waited on at the table; however meals can be served in rooms if required.

HWCB representatives witnessed residents and relatives being offered refreshments during the visit. 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. Residents, representatives spoke to, all thought the standard and variety of food served was very good.

Recreational activities/Social Inclusion/Pastoral needs

The Housekeeper acts as an Activities Coordinator, however activities are very minimal due to the average age of the residents and limited capabilities. Activities include Bingo, Dominoes, Jigsaw and Crossword puzzles. Historically, trips have been planned to local Garden Centres and places of interest however these did not prove to be popular and only a minority of residents took part. The home has also held Jumble Sales, Summer Fetes and Christmas get-togethers but as the residents aged and there was a lack of younger and more mobile residents, interest has faded.

However, Ferndale has recently had visits from a local singer/entertainer that have been very well received and the home is hoping to repeat the activity. The home also has two resident cats called Poppy and Betsy.

Children from Templefield School and Flitwick Lower School visit the residents on occasion, for example during Harvest Festival and Flitwick Town Council Community Team also visits the home to hold a knitting session. Local Church members collect residents from the home who wish to attend religious services.

Involvement in Key Decisions

The home has no official resident group or association; this has been attempted in the past but there was no interest shown by residents. The home does however hold regular resident/relative/staff meetings to discuss topics such as menu choice and general home duties

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

Staff employed at Ferndale includes a Manager, Deputy Manager, carers, housekeeper, cleaners, cook and kitchen assistant, maintenance man, office administrator and laundry assistant. Three carers are on duty each morning, afternoon and evening shifts, with two carers on duty for the night shift.

Training for staff is now managed and implemented by Central Bedfordshire Council (CBC). All induction is currently managed in house but it is thought this will also be managed by CBC in the future. All staff will be repeating their SOVA training during March 2015. The Deputy Manager is also the Trained Fire Warden and all staff fire training is conducted by the Deputy Manager in house. Fire Alarm testing is carried out each week. Fire panels and bells are tested weekly.

All staff seen and spoken to during the visit were friendly and helpful to the representatives and to the residents they were observed interacting with. All staff, observed speaking to residents, clearly knew them well, using their first names. Staff appeared to be well trained and representatives were confident the residents were well cared for.

Representatives were advised that residents' medication is distributed by two nurses at all times although this was not witnessed. Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each resident Care Plan, which was later visually confirmed.

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 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.

Additional Findings

One member of staff remarked to representatives that the toilet pans were too low and should be higher to accommodate the residents.

Staffing levels have decreased due to loss of staff who did not wish to TUPE transfer to the local authority, following the previous Providers withdrawal from the home. As a consequence, insufficient staff are available on occasion; this can result in a lack of cover in the Lounge areas if the attending carer is called away, for example, to take another resident to the toilet.

Recommendations

This report highlights the good practice that was observed and reflects the resident's and relative's satisfaction with the care and support provided.

- Healthwatch Central Bedfordshire would recommend that staffing levels are increased to ensure that adequate cover is available at all times, taking into account the geography of the home and the welfare of residents.
- Healthwatch Central Bedfordshire also recommends that, in light of comments made by staff members with regard to the suitability of the WCs, an investigation is carried out as soon as possible to address this issue.
- Healthwatch Central Bedfordshire recommends that this report is shared with residents and family members of Ferndale, 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



We are currently advertising for additional permanent staff which will in turn eliminate agency usage in the home.

Contractors have been requested to attend the home with a view to replace another toilet with another disabled height toilet.

Kind Regards

Debbie Whaley

Home Manager Ferndale Residential Home Easton Road Flitwick Bedfordshire MK45 1HB

