



## Details of visit

<b>Service address:</b>	<b>Lady Spencer House, 52 High Street, Houghton Regis, LU5 5BJ</b>
<b>Service Provider:</b>	<b>Lady Spencer House Ltd</b>
<b>Date and Time:</b>	<b>12<sup>th</sup> March 2015 10:00 – 12:00</b>
<b>Authorised Representatives:</b>	<b>Dave Simpson, Nicola King</b>
<b>Contact details:</b>	<b>Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554</b>

## 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.



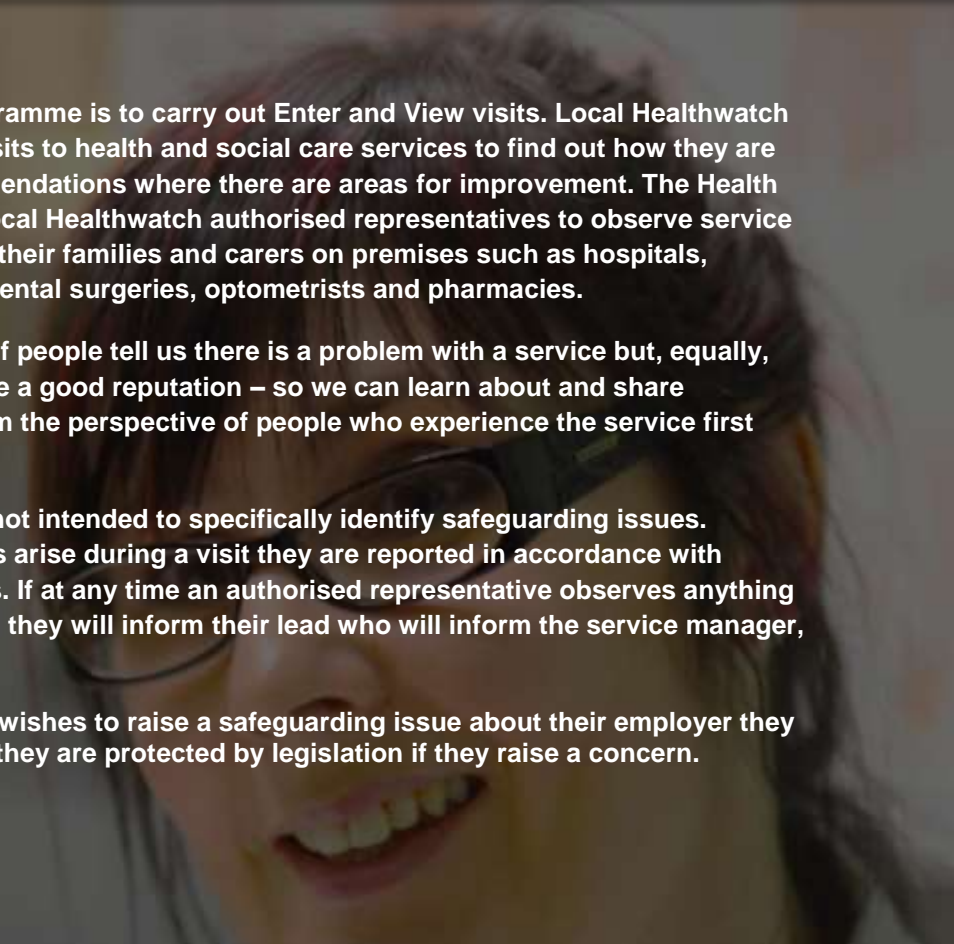
## What is Enter and View?

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.**

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

On arrival, representatives were met by the acting Manager, who gave representatives 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, on leaving, Healthwatch Central Bedfordshire leaflets were given to the acting 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 on them if they appeared to be soporific.
- 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 acting Manager advised representatives that the current capacity of the home is as follows:

- 24 beds, with one currently unoccupied. One resident is bedbound and in a room adjacent to the Manager's office.
- The majority of residents are currently funded by the Local Authority and also privately funded. One resident is currently funded by Hertfordshire Council.
- The home does not currently have beds used for rehabilitation; however available beds may be used for respite.
- Staff employed includes carers, four senior carers, two activities coordinators, a cook gardeners, office staff and cleaners.
- The ratio of carers on duty is 1:6 each shift, with four carers on duty in the morning and in the afternoon, plus two at night. The Manager is always on call.
- The types of residents catered for includes those with dementia and the frail elderly. All residents are over the age of 65.



## 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, they were purpose-built in the 1990s, and the home operates over three floors, the upper floors accessible by lifts.

The home consists of two communal lounge rooms on the ground and first floors, which were being well used at the time of the visit.

Mobile commodes are made available (bedrooms do not have en-suite). Bathrooms are situated on the ground and first floors, shower rooms are on the first and second floors.

The home has a well-tended garden, accessible to residents including those in wheelchairs, with seating, bird feeders, tables and flower beds which residents are able to help cultivate. The garden can be used for residents' barbecues in the summer.

### **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.

The laundry is situated on the top floor of the home; each resident has their own laundry box which is changed daily and all their clothes are labelled. All bed linen is changed regularly or as necessary.

Each resident Care Plan is stored on the home's computer system and is available for residents and their family to view and is also reviewed monthly by staff. 'Turning' charts, night charts, food and drink and bowel movement records, for bedbound residents, is also kept at hand. DNR notices are kept in each resident's folder, which was later visually confirmed.

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

- Hairdresser – once per week.
- Chiropodist – six to eight weekly.
- Dentist – residents are taken to the nearby Dental Health Centre.
- Optician – annually.

### **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 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 a group of residents undertaking games with members of staff.

### **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 the continuing support of the staff. Residents also stated they were pleased with the availability of choice, either of food or of the activities.

Representatives were advised that residents are all registered either with their own GP or with Peel Street GP Practice.

### **Food**

The daily menu is managed on a four week cycle, is freshly prepared in the kitchen and appears to be comprehensive. The home has Food First certification. The home is also in communication with SALT (Speech and Language Therapy) team for advice for those residents who may have difficulty swallowing.

Three choices are on offer at mealtimes with diabetic and religious diets catered for. Fortified drinks and snacks are also available. Breakfast is available for residents at a time of their choice.

Representatives witnessed residents and relatives 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**

Activities Co-ordinators organise events to involve residents and their relatives as much as possible. 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 given a copy of the comprehensive and varied month's activities schedule and advised by both staff and residents that activities included cake baking, film clubs and other interests.

Visits to the home by local schools and their choirs are encouraged and representatives were advised about a 'grandchildren's' afternoon' event.

Trips outside of the home included local garden centres, Milton Keynes shopping centre and others, as well as a 'Fish'n'chip' day and car shows. Pet therapy is also being considered for the future.

Representatives were advised that there are regular monthly visits from the Salvation Army, and a local vicar offers weekly Holy Communion. The home also encourages visits from other religious denominations. Residents are able to visit local churches.

### **Involvement in Key Decisions**

Representatives were advised that the home does not currently hold relatives' forums as they did previously due to very poor attendance. The Manager does however operate an 'open door' policy for relatives to maintain communication. Residents also have a one-on-one monthly meeting with the Manager.

### **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 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 a medication trained Senior Carer at all times although this was not witnessed.

An ongoing training programme is managed for staff in Care Skills, Equality and Diversity, Manual Handling, SOVA, End of Life Care etc., which is conducted in conjunction with two other two homes in the group with some distance learning. Members of staff are all working to NVQ levels of achievement.

### **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**

Residents medications are kept in secure filing cabinets, and are issued by a medication trained senior carer at all times. Cleaning materials are kept in a secure COSHH cupboard on the top floor.

HWCB representatives had previously met the Activities Co-ordinator in another care home in the group and were equally as impressed with the activities work carried out in this home as well as the activities across the other homes in the group. This is evident by the newsletter and monthly activities planner, copies of which were given to representatives.

Representatives were also pleased to see and were given a copy of, an A4 sheet entitled 'The Role of the Keyworker', pinned to the notice board in the lobby.

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### **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.

- HWCB representatives would recommend that the standard of care and compassion which were witnessed during the visit to Lady Spencer House be maintained.
- Healthwatch Central Bedfordshire also recommends that this report is shared with residents and family members of Lady Spencer House, 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

I am the current training manager at Lady Spencer House and I was in position during the health watch enter and view.

I would like to thank both Dave and Nicola for their visit, it was a very pleasant experience.

I am very pleased with the report however I'm not sure if you would like to change the managers name at the time and we do not have a deputy manager (as this was myself).

Kind regards

Kathryn Sygrove  
Lady Spencer House

