



Details of visit

Service address:	The Limes, High Street, Henlow, SG16 6AB
Service Provider:	The Limes Care Home Ltd
Date and Time:	26th March 2015 10:00 – 12:00
Authorised Representatives:	Dave Simpson, Diana Blackmun
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.



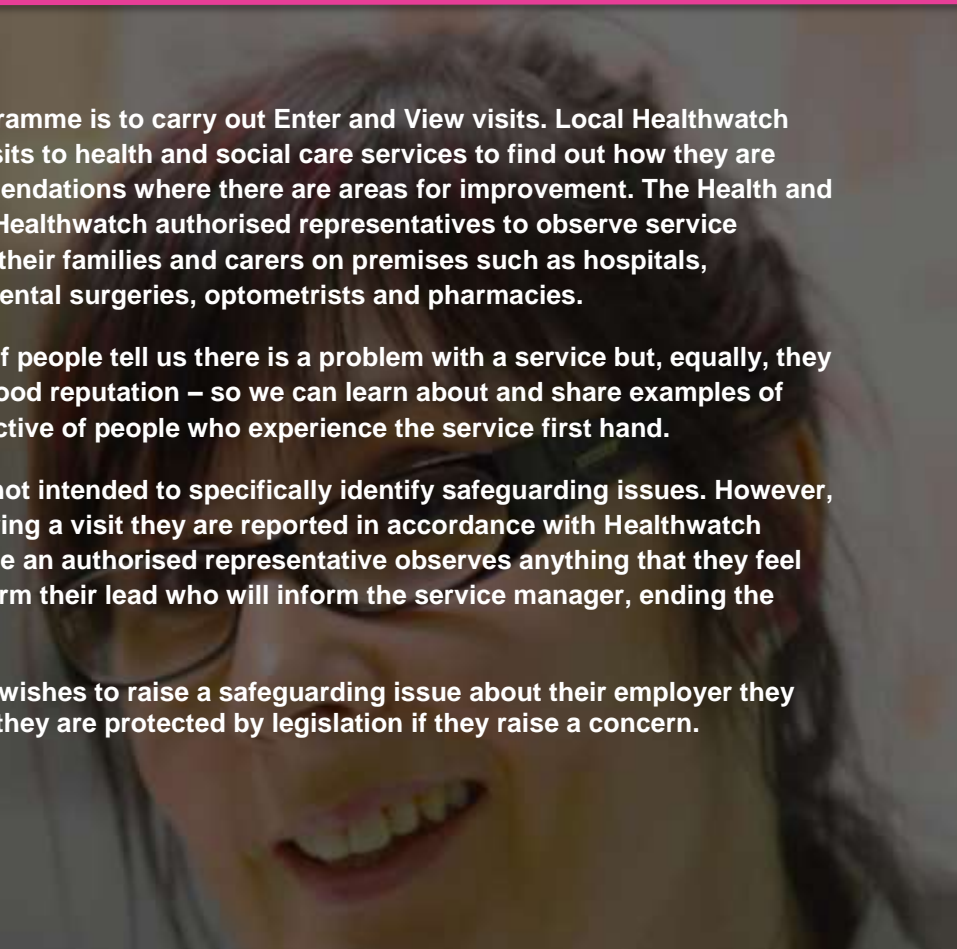
What is Enter and View?

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.

On arrival, representatives were met by the Assistant Manager and Deputy Manager who gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Healthwatch Central Bedfordshire (HWCB) authorised representatives also approached residents at the home to informally ask them about their experience of the home. One family member and several 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, HWCB leaflets were given to the manager to be displayed in the home to enable residents, family members, friends and staff to contact HWCB at any time.



Summary of findings

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

- On entry, HWCB representatives were pleased to see the Healthwatch Central Bedfordshire posters displayed.
- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- Residents spoken to were generally happy with the meals; the menu appeared to be 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, with photographs of visiting entertainers and activities displayed on the activities board. 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:

- 28 beds, with three currently unoccupied.
- 24 rooms are single occupancy with two doubles.
- 24 rooms are en-suite.
- One bed is available for respite care.
- One rehabilitation bed was being used at the time of the visit.
- Care categories of residents include those with mild memory loss, dementia and Korsakoff's syndrome.
- The youngest resident is 52 and the oldest is 98.
- There are currently two bedbound residents.
- Four carers are on duty in the morning, three carers in the afternoon, and three carers at night.



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, which is a family-run business, is currently undergoing a programme of redecoration and refurbishment in the original building which dates from the mid-1800s. This part of the home also contains a 'quiet' lounge and a dining area.

A large modern extension was added at the rear of the original building in 2001 which is surrounded by a decking walkway/veranda which is accessible by residents including those in wheelchairs. The decking area overlooks a large garden and pond stocked with Koi Carp which also has an excellent view over the surrounding countryside. This part of the home has a large communal lounge room which was in full use at the time of the visit.

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.

HWCB representatives were advised that all bed linen is changed regularly or as necessary. Each residents individual care plan is kept in the office, available for residents and/or their family to view on request.

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

- Hairdresser – weekly.
- Chiropodist – six weekly.
- Mobile Dentist – every two months.
- Optician – Vision Call, three to six monthly.

Promotion of Independence

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

All residents are offered the opportunity to be involved in social activities organised at the home. Relatives may also be included in the majority of activity planning.

Interaction between Residents and Staff

HWCB representatives spoke with residents in the communal areas. The residents spoken to stated they were comfortable in the home and quite happy. The residents appeared to be pleased with the care received.

Representatives observed staff members engaging with residents and calling them by their first names.

Residents

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

Representatives were advised that residents are all registered with Larksfield GP Practice. A GP visits monthly to review all residents, but also visits the home whenever necessary outside of the monthly schedule. District Nurses visit twice weekly and each resident has a pink folder in their room for the District Nurse to keep notes and observations.

Residents' medication is issued by two staff members one of whom is an advanced medication trained senior, with one member remaining with the resident while the medication is taken, although this was not witnessed by representatives.

Care Plans are kept in the office, and also contain a 'likes and dislikes' page for each resident and DNR notices. Care Plans are reviewed every three months internally and every six months with relatives and clinicians.

Food

The daily menu is managed on a four week cycle and appears to be comprehensive, with specialist diets, (religious, medical, diabetic etc.) catered for. The menu is displayed on a large board and is also available pictorially if needed. All food is prepared and cooked on site in the well-equipped kitchen. The home has a Food First certification and also has regular contact with a dietician.

Representatives witnessed residents and relatives being offered refreshments including fortified milk shakes and being served lunch during the visit. They were informed by several residents that tea and biscuits are available '*at almost any time*'.

The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals. HWCB representatives were advised that if residents choose to take their meals in their rooms, food observers ensure that the food is consumed and that portion sizes are correct.

The residents, which representatives spoke to, all thought the standard and variety of food served was very good.

Recreational activities/Social Inclusion/Pastoral needs

An Activities Co-ordinator organises events to involve residents and their relatives as much as possible. The communal lounge is used for the majority of activities. During the visit residents were observed using the lounge, listening to music and reading newspapers. 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 Bingo, festive cake baking, visiting entertainers and animals, and musical/choral sessions. There were also trips organised outside of the home, including visits to the local stately home, the seaside and to Lavender Fields. The home has Wi-Fi connection and two laptops are available for residents to use.

HWCB representatives were also advised that the home has recently set up 'The Limes Fun Club' for people with learning disabilities. Many activities are available including organised trips out to the cinema, zoo, parks and swimming plus breakfast and lunch. The home charges for trips out which vary according to the timetable.

Representatives were informed that the local Roman Catholic priest visits the home regularly and one resident attends the local church every week. Other residents can be escorted there and to the local shops.

Involvement in Key Decisions

Representatives were advised that meetings with residents and relatives are held every six to eight weeks, although relatives' attendance is poor. Contact with relatives is maintained via email and the bi-monthly newsletter. The home operates an 'open door' policy for relatives to approach management whenever they visit the home. The main purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

One particular long term resident acts as a spokesperson for all the residents who can also be approached by relatives who wish to raise any issues or concerns. This resident explained to HWCB representatives that he will speak on behalf of residents and their family members, directly to the management team at the home, to help resolve any issues or concerns or highlight areas that need improvement. This resident advised HWCB representatives that he was very happy at the home, the care provided to all the residents was excellent and added that all staff at the home are friendly and caring.

Concerns/Complaints Procedure

The manager, residents, relatives and members of staff all confirmed there is a complaints procedure which is sent to all families, although no-one spoken to mentioned having used it.

Staff

A total of 27 members of staff are employed, including carers plus one activities coordinator (who attends for five hours at the weekend and also does the hairdressing), kitchen staff, one administrator, three cleaners and maintenance staff.

When bank (Agency) staff was required due to staff absence, the home was concerned with continuity of staff for their residents. To mitigate against this, the home has recently set up their own 'agency' of care staff, who are also available to work in other care homes. This ensures a degree of continuity of care for residents.

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 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. The Deputy Manager is the trainer and also the Dignity Champion.

HWCB representatives were advised that residents' medication is distributed by a medication trained carer at all times although this was not witnessed. Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each residents care plan.

Staff training is delivered internally which includes the following:

- Health and Safety
- Challenging Behaviour
- Moving and handling
- Safeguarding (SOVA)
- Emergency First Aid

Visitors and Relatives

Representatives observed family members visiting residents in the home. The family members, representatives spoke with, were appreciative of the care given 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.

Subsequent to the visit HWCB also interviewed one family member by telephone, at their request, who could not attend at the time of the visit. The relative was very positive about the care delivered at the home by staff and the treatment their relative was receiving.

Additional Findings

The management of the home is attentive to any suggestions for improvement and voiced innovative plans and ideas for the future of the home.

There is a large fish tank in one of the recreation areas which looks very unsightly, dirty and unhygienic. HWCB representatives were advised that the tank became 'contaminated' and is currently devoid of any fish.

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 would recommend that the large fish tank mentioned above is either thoroughly cleaned or reinstated/restocked, or removed from the occupied areas of the home as a matter of urgency.
- HWCB also recommends continuation of the redecoration of the home with a view to improving the living environment and atmosphere for residents and family members.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of The Limes, their family members and staff and to advise that if they should wish to contribute any additional comments about the report, to contact Healthwatch Central Bedfordshire direct on 0300 303 8554.



Service Provider response

It was a pleasure to welcome you into our home and I can see from the report you are satisfied that we are operating a happy and safe environment for our residents. I note that there were a couple of points of recommendations, these have been addressed and actioned details below.

The fish tank has been removed .

The redecoration programme is still on going and several areas have been completed, this includes the new fun club.

The report will be shared with all parties, ensuring they are able to contribute additional comments. A copy will be linked to our new website and a copy placed on the notice board.

I hope this meets all the outstanding recommendations, please feel free to contact me for further assistance.

Once again thank you for visiting

Kind Regards
Claire Burnside

