



Details of visit

Service address:	Ridgeway Lodge, Brandreth Avenue, Dunstable, LU5 4RE
Service Provider:	BUPA
Date and Time:	16th April 2015 10:00 – 12:00
Authorised Representatives:	Dave Simpson, Den Fensome, Linda Harrison
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.



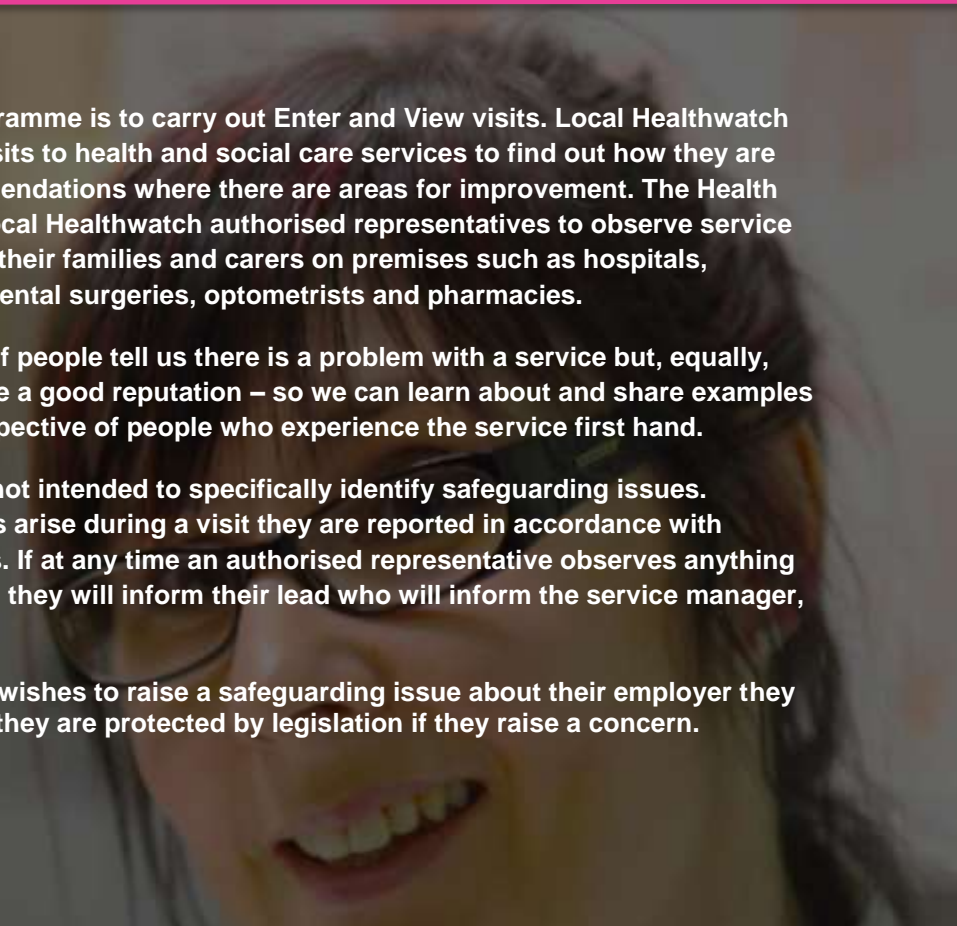
What is Enter and View?

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 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, 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, the representatives were asked to sign-in.
- 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.
- Clear evidence of social activities was evident, with photographs of visiting entertainers displayed on the activities board. The residents spoken to were given the option of taking part in organised activities along with their relatives.

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

- 61 beds with 59 room's en-suite.
- 55 beds currently occupied at the time of the visit.
- All rooms are single occupancy.
- Eight residents are self-funders; the remainder are Local Authority funded.
- Two beds are available for respite care.
- There are no rehabilitation beds.
- A total of 73 members of staff are employed, including Senior Carers, Team Leaders and Carers, two Activities Coordinators, a Chef Manager and kitchen staff, one administrator, six Housekeepers and two laundry ladies.
- Care categories of residents include those with mild memory loss, dementia and the frail elderly.
- All residents are over the age of 65; the current age range at the home is 78 to 104.

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; however, during the escorted walk around the home, there was an unpleasant odour in the vicinity of one of the downstairs sluice rooms.

The home operates over two floors and is divided into four units; Keswick, Coniston, Derwent and Windermere. The ground floor is for residents with early dementia and the frail elderly and the upper floor is for dementia residents. Access to the upper floor is protected by keypads for security.

Each floor has two bathrooms with hoists, a shower room and several WCs. The home consists of dining rooms, a lounge, a 'quiet room' and tea rooms, in each unit. One of the lounges has a resident Canary in a cage.

A large courtyard/garden is accessible via three doorways and a conservatory. The courtyard has seating, a smoking area, bird feeders and shrubs. Representatives were informed by the Manager that they had tried to establish a gardening club although it was mainly relatives who actively took part.



The Fire Alarms are tested every Thursday morning (as experienced by HWCB representatives) and a quarterly Fire Evacuation Drill is carried out.

Promotion of Privacy, Dignity and Respect

All residents seen at the time of the visit appeared to be well dressed and cared for. Each resident's name is displayed on a laminated notice on the door to their room.

Representatives were advised that each resident has a key worker who also works with the family. The Manager advised representatives that key worker's names and photographs were in the process of being put on display inside each resident's room to help the resident recognise and remember their key worker.

HWCB representatives were advised that all bed linen is changed regularly or as necessary. Each residents individual care plan is kept in the Team Leader's offices, available for residents and/or their family to view on request. Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each residents care plan.

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

- Hairdresser – two times weekly.
- Chiropodist – every six to eight weeks.
- Dentist – under review.
- Optician – a rolling programme of checks.

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.

A nurse-call' point is situated in each room in addition to TV and telephone points, the latter to cater for residents who would like to have a landline connected.

Interaction between Residents and Staff

Representatives observed staff members engaging with residents and calling them by their first names. This was observed to be spontaneous on several occasions during the visit.

Residents

HWCB representatives spoke with residents in the communal areas. The residents spoken to stated they were comfortable in the home and very happy. The residents appeared to be pleased with the care received however some residents felt that there could be more staff on duty to support residents. The most important aspects of the home, according to some residents, were feeling warm, safe and secure and the friendliness of staff.

The Manager and/or Deputy Manager, or Team Leader, pre-assess potential residents at their own homes or in hospital to ensure that the home can adequately meet their needs, also designed to identify likes and dislikes.

Representatives were advised that most residents are registered with the Kingsbury Court GP practice and a GP from this practice holds a surgery at the home on Thursdays. District Nurses visit the home daily or more frequently if required

Residents' medication is issued by senior carers, who remain with the resident while the medication is taken, although this was not witnessed by representatives.

Residents are all weighed monthly and Team Leaders have the telephone number of a dietician for consultation if needed.

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. Choice is available at all mealtimes and the home has Food First certification. All food is prepared and cooked on site in the well-equipped kitchen.

Menus are displayed on notice boards and are available within the home.

Representatives witnessed residents and relatives being offered refreshments during the visit and were informed by several residents that tea and biscuits are available '*at almost any time*'. There is also a 'Nite Bite' menu available between 6.30pm and 6.30am which offers a range of snacks including fruit, sandwiches, cereals, yoghurts and hot or cold drinks.

The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals. The residents, representatives spoke to, 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. All residents are offered the opportunity to be involved in social activities organised at the home, there was no evidence of residents being forced to take part in activities; it is optional for all residents. Relatives are also included in the majority of activity planning

Residents were observed using the large lounges, reading newspapers, listening to music and watching TV. The dining area was also being used at the time of the visit by a few residents and representatives also observed mid-morning refreshments being served.

Representatives were advised by both staff and residents that activities included Bingo, quizzes, film club, reminiscence, a Wii, board games, pamper sessions, 'knit and natter', visiting entertainers, arts and crafts, and musical and sing-along sessions. Trips are organised outside of the home, including visits to local shops and attractions, although it was not clear how often these took place.

Visits to the home by local schools and their choirs are encouraged and spiritual needs are met by a monthly service in the home with regular visits by a Roman Catholic priest.

Involvement in Key Decisions

Representatives were advised that meetings with residents are held regularly. Meetings with relatives are held every quarter; however these tend to be poorly attended. The main purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

Concerns/Complaints Procedure

The Manager, residents, relatives and members of staff all confirmed there is a complaints procedure although no one 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 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.

A Team Leader and four carers are on duty downstairs during the day, with two carers on duty at night. Upstairs there are five carers during the day and two at night.

Staff training is delivered 'off-site' by an area trainer in all of the relevant disciplines, including:

- Health and Safety
- Fire Awareness
- Moving and handling
- Infection Control
- Safeguarding
- Emergency First Aid

Training records are kept on a computerised Training Matrix and staff undergo NVQ level 2 Dementia training facilitated by an outside provider.

There are nine members of staff whose first language is not English.

Visitors and Relatives

No family members were visiting residents in the home during the visit, however the Manager informed representatives that relatives are encouraged to be '*hands on*' with residents.

Visiting during mealtimes is discouraged however family members are encouraged to 'dine with' their relatives.

Additional Findings

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

Some staff members commented that at times e.g. sickness or annual leave, staffing levels appeared to be too low.

It was also felt by some members of staff that a minibus would be a great asset for residents, to enable more trips outside of the home, which is particularly needed for a large home.

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 acknowledges the good practice observed during the visit and recommends the continuation of staff training to become Dementia Champions.
- HWCB recommends that staffing levels be reviewed to ensure the safety and wellbeing of residents at all times.
- HWCB would encourage management of the home to act on staff suggestions for a Mini Bus to improve and widen possible activities for residents and their family members at the home.
- HWCB would also recommend that the home encourage more family members to be involved in the relatives meetings, to contribute and be involved in their relatives care.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of Ridgeway Lodge and their family members 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

On reviewing the only comments I have is that I was disappointed that there was no mention to our 2 Cafes we have in place which are used and Residents and Relatives are encouraged to use and that we encourage Resident's and Relatives to be greatly involved band on part of our Dementia training we are working on gaining as much life history about an individual to improve the quality of care we give.

Thank you so much for your visit and your report.

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