

# HEALTHWATCH HERTFORDSHIRE

## Enter and View Visit Report

### Stanborough Lodge Care Home

Great North Road

Stanborough

Welwyn Garden City

Hertfordshire

AL8 7TD

**RMD Enterprises Ltd**

## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** Stanborough Lodge Care Home, WGC

**Date and Time of Visit:** 15th of September 2016, 10.30am

**Visit Conducted By:** Virginia Kirri-Songhurst & Tim Sims

### **Acknowledgements:**

We would like to extend our thanks for the help and cooperation received from the staff and residents for the time taken to show us around and answer our questions.

### **Purpose for the Visit:**

To look at the individual's quality of life in respect of environment, leisure and services, digital inclusion and food and drink.

To see if NICE guidelines 1 and 2 of Quality Standard 50: Mental Wellbeing of Older People in Care Homes 2013 are being considered by providers.

### **QS50 states:**

1. Older people in care homes have opportunities during their day to take part in activities of their choice that help them stay well and feel satisfied with life. Their families, friends and carers have opportunities to be involved in activities with them when the older person wishes.

2. Older people in care homes are given support and opportunities to express themselves as individuals and maintain and develop their sense of who they are, for example, this can include helping people to maintain their relationships with family, friends and carers.

### **Methodology:**

Healthwatch Hertfordshire (HWH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HWH authorised representatives to 'Enter and View' health and social care premises to see and hear for themselves how services are provided.

Healthwatch Hertfordshire is conducting a rolling programme of Enter and View visits to care homes/nursing homes in groups in order to review results, methodology and outcomes at defined intervals.

They are announced visits using questionnaires for residents, staff and observation from 10.30am to 1.30pm.

Hertfordshire County Council, as commissioners, are aware of this planned piece of work and will receive reports and recommendations from our visits. Reports will also be shared with the relevant Clinical Commissioning Groups, Care Quality Commission and Hertfordshire Care Providers Association and will be published on our website [www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk).

#### **Disclaimer**

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

## Healthwatch Hertfordshire Enter and View Visit Report

### 1. INTRODUCTION

Stanborough Lodge is a 23 bedded privately owned care home set in a residential road in Welwyn Garden City, Hertfordshire. The home is managed by Ms Beauty Maruta and its registered category is 'Dementia and Old age' 65 years +.

The home overlooks open land and is located close to the motorway A1(M), and subsequently the ambiance is largely affected by the noise of traffic.

The home is set up over 2 floors which includes 23 ensuite rooms, 3 large rooms with showers, 2 with baths and 18 with hand wash basin and toilet only. The large rooms can cater for married couples and fee paying single occupants. At the time of the visit there were 23 residents and 1 respite care. Presently 15 applications for Deprivation of Liberty Safeguards (DoLS) have been made, 3 have been urgently approved. The manager has been in post for 15 years.

### 2. FIRST IMPRESSIONS

2.1 There is no signposting from surrounding roads to the care home.

2.2 There is space for approximately 7 cars in the gravel driveway with no marked bays.

2.3 From the front, the building appears to be of the Victorian era with a later extension. The name of the home is displayed on a board at the entrance to the drive but there is no signage on the façade of the building itself.

2.4 There is outdoor lighting present though we did not test it due to the time of the day. There is no noticeable CCTV, no intercom and the doorbell cannot be reached from a wheelchair due to a stone step at the front of the door. There is no wheelchair access to the main entrance.

The door was locked.

2.5 We did not ring the bell as a member of the domestic staff saw us and opened the door on our approach. We offered to sign the visitors book and we asked to see the manager. We were not asked who we were.

2.6 While in the front hall, we observed a keypad to exit the front door. The hall itself is very small and dominated by the staircase which is not secured from access at the bottom. There was a strong smell of food.

2.7 We were shown into an inner entrance and were left in a corridor to await the manager. Whilst in the corridor we observed notice boards and their contents,

some of which were outdated. There is no clear notice to identify who the home manager is. There is however, a photo board to identify staff.

2.8 The domestic had left the vacuum cleaner in our path, which constituted a trip hazard. As the manager came to greet us she asked for the vacuum to be removed.

2.9 We were warmly greeted and shown into her office. The manager told us that she has 17 members of staff which includes a champion for dementia, nutrition, falls, two staff are training for health & engagement and wound care, and there is an activities organiser. The staff rota is on the office wall.

2.10 The home is a member of the Herts Care Providers Association (HCPA).

2.11 We were told that the residents can choose their décor and bring some items of furniture with them and their own duvets and curtains. Whilst bringing valuables is not encouraged there is a safe place in the office for storage; some residents have keys to lock possessions away in their rooms.

2.12 We were told that the residents are offered a bath twice a week but could have more if requested. A copy of a care plan was shown to us, which is fairly comprehensive.

2.13 The visiting hours are free up to 7pm and after that by arrangement only. Families often take residents out for the day.

2.14 Unfortunately no community groups visit the home but a local primary school comes to sing carols at Christmas time.

2.15 The home owner came to say hello and was very welcoming.

### **3. FINDINGS**

#### **3.1 Environment**

1. The home looked clean but felt very stuffy as it was a warm day.
2. The ground floor corridor was in poor decorative repair. There is wall paper coming away from the wall.
3. The bedrooms off the corridor are small and the ensembles cannot be accessed by a wheelchair user and an attendant due to their very limited size.
4. There is a ground floor bathroom in which two hoists were stored. The toilet area does not have a drop down bar. The décor is poor and relies on artificial

lighting. There is a storage area for equipment behind a curtain. The floor slopes upwards from the entrance. There are no hand rails. There are two toilets neither of which can accommodate a wheelchair user to transfer and one of the toilets is so small that only a person of thin stature can gain access. The sanitary ware is old and scaled.

5. There is a large lounge which is segregated into two halves one being for the storage of books and games which is very dark although there is a glass panel door to the exterior. The other side contained various types of mismatched seating which were in use by the residents and a television. There is a large "pocket watch" style clock on the rear wall with roman numerals. There is no calendar or noticeboard with information of the name of the home, no activities schedule on display. One seat is directly next to an electric plug which is level with the chair arm. The walls are marked and stained as are some of the chairs.
6. Further on through the lounge is a conservatory which also has mismatched seating from different eras some of which is fraying and heavily stained. The furniture is old. This area was also in use.
7. There are blinds on the ceiling which have leaves and dead insects trapped in the layers. It is very clear that they have not been cleaned for some time. There was an electric fan on which was very dusty. The room was very stuffy.
8. The exit to the garden was to step over the door frame onto a small steep piece of wood fashioned into a ramp. This was not fixed to anything; We were asked to be careful as it is a definite trip hazard.
9. Outside in the garden there is an area where discarded furniture is put. It was a pleasant sunny day and yet only one resident sat outside with his family. There is an abundance of dusty plastic garden furniture on the patio.
10. There are no handrails to help people to walk around the garden and the ground is uneven in places, slightly raised concrete projections are a trip hazard.
11. There is no fencing surrounding the property and access can be gained from the rear, this is a potential security issue. There is outdoor lighting but no CCTV.
12. The manager told us that there are plans to build a nursing home on this ground.

13. Externally the rear of the building is in very poor repair. Window sills, fascia boards, and the wooden frame of the conservatory are rotting away.
14. The plant pots had dead or dying plants. Unfortunately, due to the later arrival of the motorway, the sound of constant traffic is unavoidable.
15. Opposite the main lounge is a dining room with a small 'snug'. This has a few items of furniture and is separated from the dining area by a brick fireplace housing a cuddly toy.
16. The dining area has a dome above it with windows which can be opened. There are blinds in situ to stop debris from the open windows however the blinds contained dead leaves etc. and needed cleaning although due to the height it would be difficult without moving the furniture and using a ladder.
17. The buffet containing glasses and cutlery was old, and damaged and the surface was badly scratched.
18. The tables were set out nicely. There are some residents' rooms leading straight into the dining area next to the Kitchen. There are pictures on the wall but nothing bright or stimulating.
19. The Healthwatch poster and feedback box was outside the dining room.
20. On the first floor, of which access is gained by a small lift which contains a large mirrored surface, are three larger rooms which can be used by couples. These rooms are bright with two to three windows. All windows are secondary glazed due to the noise of traffic. This makes it difficult for a resident to open for fresh air. These rooms had newly installed ensuite showers which are roomy. Not all showers have grab rails and no non slip matting was present.
21. Two of the upstairs rooms are accessed down three steps. The rooms have an ensuite bathroom. The bath is difficult to access as you have to shut the bathroom door after entering in order to get past the washbasin to the bath. Again very little safety features are present. The residents of these rooms have to be able to go up and down the stairs otherwise they will be room bound.
22. Again the upstairs decor is poor and in need of updating. There is a door with a keypad protecting the staircase but the manager told us that she did not know the code.

23. There is an assisted bathroom. All the toilets and bathrooms have picture signs as well as words. There are no single sex toilets in the communal areas. There are no fully equipped accessible toilets. There are no other signs in the home except fire exit.
24. Flooring throughout the home is of different types and colours. There are mirrors in all the bathrooms and toilets with no apparent means of covering them.
25. The temperature is controlled by a thermostat on the ground floor not accessed by the residents. There was a mention in a copy of the residents meeting minutes about there being a problem with the hot water and heating in the past nine months.
26. The furniture supplied throughout the home is in very poor condition and mismatched. There were several fans on around the home as it was very stuffy and residents were heard to complain about this.
27. When the manager was asked about wheelchair access into the home, we were told that the chairs would have to be carried over the step. There is an access gate to the garden at the front of the home.

### **3.2 Leisure and Services**

1. There is an activities coordinator at the home who keeps a record of each resident's daily activity, this is recorded in a folder. The reminiscence service and SMILE service (provided by Herts Care Providers Association) are in use. There is a schedule, though it is not presented in a way to attract attention.
2. Games, books, videos and music are readily available. Residents can also take part in baking and flower arranging. Outside entertainers visit weekly offering quizzes and singalongs, chair exercise sessions, barbeques and the hire of a minibus for outings. Staff told us that many residents don't want to go out.
3. A hairdresser visits weekly, a priest visits to give Holy Communion.
4. Residents have television points in their rooms along with phone points. No Wi-Fi is available.



5. There is a good dialogue between staff and residents, two sets of visitors told us that the staff are very kind and that the manager is marvellous. They said that their relatives had flourished since being there and the residents we spoke to are very happy with the staff and the manager and were complimentary about the care. Via one of our feedback cards a resident reported 'they feel very happy, secure and well looked after' and gave the home a 5-star recommendation.
6. A few residents were chatting together but mainly they sat in silence in the lounge. We did not witness any activities whilst we were there. Residents are asked about which activities they would like in their meetings.
7. We were informed that residents did help out with the gardening and laying the table and folding the linen. Pets are allowed to visit by arrangement.
8. The manager told us that there are residents meetings and provided the minutes from Jan and June 2016. We were told that although relatives are invited they don't usually take up the offer.
9. There are daily newspapers available.

### **3.3 Digital Inclusion**

1. None at present, E books are not downloaded. There are no plans for the future at present.

### **3.4 Food and Drink**

1. Breakfast starts at 7am, tea/coffee biscuits at 10.30am, lunch 12.30pm, tea 3pm and supper at 5.30pm.
2. Most of the residents came to the dining room to eat straight from the lounge/conservatory. No wet wipes appeared to be on the table.

3. The food service seemed a little slow due to only two servers. One member of staff sat down to feed a resident another cut food up for someone else. A few residents refused to eat saying they were not hungry.
4. There are three meals a day, snacks and fruit are available anytime which includes finger foods and residents can influence the menu at their meetings. There were no picture menus available. Most diets are catered for by the chef and some can be ordered in. The main meal looked appetising on the plate and most residents ate it all, pudding was served separately and also went down well.
5. Residents are weighed monthly and those needing supplements are referred to the GP for prescribing. The GP visits every week from a local surgery, residents can keep their own GP, End of life care is supported by Macmillan nurses.
6. There were jugs of juice in the lounge and everyone was offered a drink with their lunch. Some residents can have alcohol, medication and health condition permitted, we were told that the "sensible" people can keep it in their room which we witnessed.

#### **4. MONITORS CONCLUSIONS**

4.1 This home provides a friendly environment and has kind and caring staff. The staff are tidy and professional in appearance and demeanour. They spoke and interacted with the residents in a respectful and positive way. The staff were happy with the work load and training and have a good relationship with the manager.

4.2 The environment however is sadly lacking. Treating a resident with dignity and respect includes the up keep of their "home". Deteriorating décor affects both the morale of staff, residents and relatives and is as important as clinical care.

#### **5. AREAS OF GOOD PRACTICE**

5.1 Kind and caring staff.

5.2 Home style cooked food.

5.3 Outings and visiting entertainment.

5.4 HCPA champions.

5.5 A copy of the complaints procedure in every room.

5.6 Information about individual key worker with photo in every room.

## 6. RECOMMENDATIONS

The Registered Manager (Beauty Maruta) has responded as follows:

**‘Thank you for your report and recommendations. I attach my response to the recommendations you have made, some of which we have already actioned.’**

1. Look into obtaining the help of voluntary agencies to help with gardening.

Manager response: We employ a gardener whom we have increased his weekly hours to cope with the garden and sometimes brings in help when needed.

2. Repair and repaint internally and externally.

Manager response: Repainting has been done downstairs along the hallway from front entrance to the end of the hallway and the small lounge and staircase.

3. Consider fencing to the rear of garden for security.

Manager response: External part of the building may have to wait until we get approval for extending the building for more beds.

4. Update notice boards and make a residents’ board with information they can use for daily living activities and future events, local news etc. There is a large white board in front of the dining room.

Manager response: We have new staff that have joined and their photographs have been taken. The notice board will be updated within the next week.

5. Consider obtaining a large easy read clock and calendar in all lounges and dining room.

Manager response: A large easy read clock has been purchased and displayed on the hallway wall.

6. Consider imaginative signage to identify communal areas and location of rooms.

Manager response: We will consider imaginative signage to identify places and rooms.

7. Stimulating artwork for walls as part of any redecorating plans.

Manager response: Our service users already do arts and crafts and colouring as an activity.

8. New co-ordinated furniture and chairs at differing heights.

Manager response: We have just ordered new furniture for the dining room and lounge.

9. Ramp for front door and fixed ramp for conservatory exit.

Manager response: We get the ramp fixed to the front door and repair the one to the conservatory.

10. Look into providing Wi-Fi and at making future plans for improved use of technology as demand increases.

Manager response: We have Wi-Fi in the home and we do not have a demand from our service users at present.

11. Clean ceiling blinds.

Manager response: the handyman cleans Ceiling blinds from time to time.

12. Clean all fans.

Manager response: All fans have been put away and will be cleaned before use in the summer when they are needed.

13. Grab rails in showers and non-slip mats to be looked into.

Manager response: None of the service users use the showers in their rooms and they use the communal baths. However, we will look into fixing grab rails and provide non-slip mats in case we get a service user who likes to use the shower in their rooms.

14. Dedicated accessible toilet on each floor.

Manager response: This can be looked at when the extension to the building is being done.