

Care Home Provider:
Care Home Address:
Date and Time of Visit:
Authorised Representatives:

Burnham Lodge Ltd
Parliament Lane, Burnham, SL1 8NU
20.08.19 – 10.30 am
Alison Holloway, Graham Faulkner, Heather Duffy,
Liz Baker

Summary of findings



- We were told that staff are caring and saw that they knew the history of many residents
- A wide variety of things to do and eat but no evidence of residents being involved in choosing these
- We were told that there were not always enough staff around

The Visit

Burnham Lodge currently provides nursing and residential care for 35 people. We talked to 12 residents, 4 visitors and 5 members of staff. We observed a further 11 residents, 5 visitors and 7 staff.

How people are treated



We were told that “the carers are wonderful”, “they do their best” and that they are “very good, kind, thoughtful...most of them”. “I’ve no qualms over anything.” A visitor said they appreciated that staff were consistent, and few agency staff were employed. However, her relative didn’t like the fact that she was mainly given personal care by male staff. She said she had only accepted this “ in the busiest periods” but now she had male carers all the time. We were told by residents and visitors that there were insufficient staff on at night “you wait a long time” and occasionally not enough staff on during the day; “ sometimes we have to wait for the carers,” “there’s not enough helpers”. Many residents wore call buttons, on wrist bracelets or, around their necks. However, not everyone used them. We heard one woman call out many times from the patio. A staff member, who was sitting close by, told her they would get someone. It took about 10 mins before someone came and then the shouting stopped. One resident had a catheter bag visible below his trouser leg.

Whilst most staff knew each resident by name, including the chef, one staff member called residents “darling” and “sweetheart” rather than by their name. When we entered the conservatory, everything stopped but staff did not introduce us to any residents or explain who we were or why we were there; we felt residents were being ignored whilst staff were keen to talk to us. Some staff were occasionally condescending to residents treating them like children, whilst some of the ‘jokes’ could be interpreted as patronising. However, there was a nice touch in the room of a couple moving in that day; a bouquet of flowers and a card had been left for them on a chest of drawers.

Personal Choice



Two residents told us they get up “whenever I can get someone to help me”. Another resident told us that they must stay in bed until at least 10am “sometimes later and we don’t like that”. One resident was put to bed after lunch every day because they find sitting in their wheelchair all day

uncomfortable. When asked why they didn't ask to be put to bed later, at least on some days, they said that staff had told them that if they didn't go immediately after lunch "we'll have to leave you for a couple of hours" This resident didn't want to stay in their wheelchair that long.

People have a choice of where to eat and what they would like to eat. We saw residents given pears as a starter followed by a sausage roll or pasta bolognese with vegetables. Dessert was cinnamon sponge or Eton mess. Residents had a range of drinks to choose from and, almost without exception, they were given these in glasses. Earlier in the lounge many more residents were given tea in Sippy cups although several were drinking out of cups and saucers. There were no menus, written or pictorial, up on a wall or on the tables. The manager brought us a copy of the day's menu and we could see there was also a three-course meal in the evening. A staff member demonstrated that they knew residents well. This staff member knew those who did not want to wear a bib at lunch, and those who would be happy to have one across their laps. However, we were unsure why bibs rather than napkins were put on these resident's laps. Other staff were seen trying to subsequently move these bibs up peoples' chests rather than leave them in laps.

Just like Being at Home



The reception area was being decorated during our visit. We were told refurbishment started on the upper floors in 2018 and that the carpets will all be replaced when the refurbishment is completed at the end of the year. Some paint was already peeling off the newly painted walls and was on the carpet in the corridor of the 1st floor. There were walkers and wheelchairs left in corridors. No one could easily access two bathrooms on the ground floor because in one bathroom the doors were open but fully blocked by a wheelchair and the other by a large hoist. Some of the bathrooms in the home had doors painted yellow to indicate they were a bathroom but there were no written or pictorial signs on them. Other bathroom doors were not yet painted yellow and many did not yet have contrasting grab rails. One refurbished bathroom we were shown had contrasting grab rails in dark blue. Many corridors had been painted in pastel colours but there was no signage; this meant walking around could be disorientating. The manager said that arrows and signs would be put up at the end of the year. Some doors had been redecorated in different colours to help residents find their bedroom. However, there were no numbers or names on these doors. On the old doors there were names in small type and 3- or 4-digit numbers. We were told all bedroom doors will be renumbered after September 2nd. There were no pictures or photos up in the corridors. Nether were there reminiscence objects which might provide talking points for residents living with dementia. The bedrooms we saw were personalised with furniture and photos. The dining room was refurbished and there is also a large quiet room, but we saw no one use this. In this room and in the conservatory, all the chairs were pushed against the walls making small group conversation difficult.

The garden is extensive and well-tended. On our arrival one member of staff was already taking one resident for a walk around the garden and another resident was sitting on the patio with a visitor. Several residents were wheeled onto the patio, which was fully accessible during the morning. A large motorised awning was activated across this space at midday. There were several visitors who arrived and left when they pleased.

Privacy



Most bedroom doors were open. Residents we spoke to said that staff liked them kept open and whether they were open or closed “it depends on what staff choose to do”. However, everyone did say that staff closed doors them when personal care was given. We heard a staff member drop her voice and whisper something to a resident when she wanted to talk to her at the dining table in private.

Quality of Life



An activity session was running when we went into the conservatory. Whilst there is an activity schedule, it did not match up with what we saw and was not up on any noticeboard. We did see a staff member’s grandchild running around and were told they were all about to sing ‘10 Little Ducks’; this did not seem age appropriate for the residents in the room. Residents said the activities were ok, but none seemed to know how they could influence what these might be; “I suppose there are meetings”. Activities this week were sweet tasting, film watching, newspaper discussion, bingo and crosswords. We were told that exercises happen but saw none and none were scheduled this week. A singer had visited the previous day and a staff member said an art teacher visits too. Horse riders have been invited into the grounds as they go past which one resident who used to be in the Household Cavalry particularly enjoys. We were told that there are no one-to-one activities such as reading out loud to a resident who has macular degeneration. Neither had any adaptations been made for those with diminishing sight such as audio descriptions set up on TVs.

We were told that the home has access to a minibus for a week every 5-6 weeks. This allows 5 residents to go out each day. The home is holding a family day on August 21st for families of staff and residents; donkeys were visiting from Devon. Previously birds of prey have visited. The home had also hosted three groups of National Citizen Service (NCS) teenagers over summer. The bird boxes they made were still on the table tennis table outside.

A resident said that a chiroprapist, a hairdresser and a GP visit every week.

Recommendations

We recommend that Burnham Lodge

- brings staff together to discuss what person-centred care means to them and how they can make sure they treat all residents as equals
- ensures residents receive attention in a timely way and enough staff are available to achieve this day and night
- encourages staff to think carefully about how they talk to each resident so that they do not patronise them either by tone of voice or the language they use
- ensures staff are on the lookout for catheter bags etc which may need adjusting to protect an individual’s dignity
- makes sure residents are introduced to strangers visiting their home and that residents remain the focus of staff attention
- involves residents more in the choice of what they eat and what they do to maximise involvement and enjoyment in the options available
- recognises that some people do like a change in routine and staff adapt to this rather than assuming the opposite. For example, look at other options rather than putting a resident to bed after lunch because spending all day in a wheelchair is not comfortable

- ensures wherever possible all residents are assisted with personal care by those they prefer
- puts out written and pictorial menus for residents
- provides some residents with napkins rather than bibs if they are wearing these on their laps
- adds more interest to corridors with pictures
- puts up signage on floors which are already decorated to help with navigation in the building
- adds pictorial signs to communal room doors such as a bathroom/toilet
- moves equipment such as hoists and wheelchairs out of bathrooms to better storage locations
- rearranges chairs in the communal lounges to enable small groups to interact rather than all the chairs being pushed against the walls.
- adds more reminiscence material into communal areas such as corridors to stimulate conversation with those living with dementia
- ensures residents know they can have their bedroom door closed at any time of day or night if they would prefer this
- ensures activities are age appropriate
- provides more one to one activity, particularly where residents spend a great deal of time on their own
- increases the amount of chair-based exercises
- contacts groups that are knowledgeable about visual impairment e.g. Bucks Vision, the Macular Society (local groups in Beaconsfield and Maidenhead), Calibre Audio Library etc.
- looks to switch on speaking subtitles on TVs in bedrooms where residents have any visual impairment and investigate low vision aids and technology for those with macular degeneration.

Service Provider Response

- “We were told by residents and visitors that there were insufficient staff on at night “you wait a long time” and occasionally not enough staff on during the day; “sometimes we have to wait for the carers,” The highlighted comment is factually incorrect and the evidence, which is available, had not been requested during your visit. Our staffing level is monitored monthly or sooner if required using a dependency tool according to the following: ratio of staff to residents, the dependency levels of residents, the layout of the home, workload, categories of care, current occupancy of the home. The home is fully staffed both day and night. We are more than happy to share the rotas with you and our dependency tool accordingly if required.
- During your visit, the home was being decorated and all the signages on the doors were removed for painting. All the resident’s bedroom doors have names on them with the exception of 2 at the time of your visit because they just had their doors changed with 3D effect paper and awaiting completion. The decoration of the reception area has now been completed and the home is looking stunning. There is now a storage area for wheel chairs.
- Feedback given to the Home on the day of your visit did not highlight most of your findings, otherwise we would have shown the residents care plans and signages at the back of the door to your team. There is a signage at the back of all residents bedroom doors stating whether they would like their doors open or closed and this is also indicated in their care plans and adhered to by staff.



Recommendations

- Brings staff together to discuss what person-centred care means to them and how they can make sure they treat all residents as equals

Staff have been trained in Dignity through action and they are aware of treating residents as individuals.

- Ensures residents receive attention in a timely way and enough staff are available to achieve this day and night.

Our occupancy and dependency tool indicate that the Home is sufficiently staffed both day and night.

- Recognises that some people do like a change in routine and staff adapt to this rather than assuming the opposite. For example, look at other options rather than putting a resident to bed after lunch because spending all day in a wheelchair is not comfortable

4 of our residents prefers to sit in their wheel chairs. We offer them alternative of sitting in the armchairs but they chose to sit in their wheel chairs instead. Their care plans reflect this.

- provides some residents with napkins rather than bibs if they are wearing these on their laps

The Home does not provide bibs we use cloth protectors instead and the residents are able to tell us whether they prefer it around their necks or laps.

- adds more interest to corridors with pictures

Pictures have now been added on walls on all floors as the home was in the process of decoration during your visit.

- ensures residents know they can have their bedroom door closed at any time of day or night if they would prefer this

Residents bedroom doors are kept open or closed according to their preference which is clearly stated in their care plans and at the back of their doors.

- contacts groups that are knowledgeable about visual impairment e.g. Bucks Vision, the Macular Society (local groups in Beaconsfield and Maidenhead), Calibre Audio Library etc.

The Home contacted Bucks vision in 2016 following your first visit to the Home. We also provided audio books to one of our residents who was visually impaired.

- looks to switch on speaking subtitles on TVs in bedrooms where residents have any visual impairment and investigate low vision aids and technology for those with macular degeneration.

The residents were offered the options of having subtitles on their television. The residents who wanted the subtitled TV was installed. This was already in place prior to your visit.

Acknowledgements

Healthwatch Bucks would like to thank the residents, visitors and staff at Burnham Lodge for their contribution to the Enter and View visit as part of the Dignity in Care project.

Disclaimer

Please note that this report, on dignity in care, relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was seen and heard at the time.

Methodology

This was an unscheduled Enter and View visit in that the care home were given up to 2 weeks' notice of our intention to visit but not the time and date. Authorised representatives noted what they observed and were told.