



Enter and View Report

**Cinnamon Lodge Care Home
Announced**

22nd January 2024

What is Enter and View

Part of Healthwatch Bedford Borough's remit is to carry out Enter and View visits. Healthwatch Bedford Borough Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Bedford Borough's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Bedford Borough's Safeguarding Policy, the Service Manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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Provider details

Details of Visit	
Registered Manager	Pauline Zwazanewako
Service Address	Cinnamon Lodge Care Home, 27 Crawley Road, Cranfield, Bedford, MK43 0AA.
Service type	Care Home for residents living with learning disabilities aged over 18 years.
Date and Time	22 nd January 2024
Authorised Representatives undertaking the visit	Tracy Cresswell, Lead Authorised Representative Gloria Chukwuji, Observing Authorised Representative

Acknowledgements

Healthwatch Bedford Borough would like to thank the Home Manager, staff and all the residents for their cooperation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit on 22 January 2024. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Tracy Cresswell, Lead Authorised Representative
Gloria Chukwuji, Observing Authorised Representative

Who we share the report with

This report and its findings will be shared with the Manager of Cinnamon Lode, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Bedford Borough website.

Healthwatch Bedford Borough details

Address:
21-23 Gadsby Street
Bedford
MK40 3HP

Website: www.healthwatchbedfordborough.co.uk
Telephone: 01234 638678

Healthwatch principles

Healthwatch Bedford Borough's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis.
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

The visit was announced and was part of the ongoing work programme of Healthwatch Bedford Borough.

What we did

On arrival to the building, the Authorised Representatives (ARs) rang the bell and were greeted by a staff member. Temperatures were taken before being asked to sign in.

The ARs were made very welcome from the beginning of the visit; refreshments were offered throughout.

The ARs spent time talking to the Manager, residents, relatives, and several members of staff.

The Registered Manager has been working for the organisation for 8 years, carrying out various role.

The ARs were informed that the home is a 5-bedded care home caring for learning disabilities residents with complex needs. They are currently up to capacity, with:

3 residents requiring 2:1 care (whilst in residence), 3:1 (whilst out externally) and 2 residents requiring 1:1 care (whilst in residence), 2:1 (whilst out externally).

There are 8 members of staff on the daytime shift, 8 am to 8 pm, and 2 members of staff during the night shift, 8 pm to 8 am

They currently have 1 Manager, 1 Deputy Manager, 1 Team Leader and 16 Support Workers, who do everything in the home, from promoting and encouraging the residents to cook, clean, undertake their laundry, and support with personal care incl. bathing etc.

Findings:

Environment

External

The home is situated in a residential area with off-street parking at the front of the building. However, the ARs found it difficult to park. The entrance was well-signposted and easily accessible.

The rear garden area was well maintained and was easily accessible through the kitchen/dining area. However, the access for wheelchair users would be through the conservatory.

Internal

The entrance was small with offices to the left, and stairs leading to the resident's room. The light, airy dining area was off the main entrance. The kitchen was off the dining area and a large lounge was on the other side of the dining area with the conservatory running across this and the dining area and kitchen. The laundry was accessible through the conservatory. This was accessed by the residents as they were encouraged to undertake their laundry. However, the ARs did not observe many Exit routes signs.

This home has a warm, friendly feeling. We spent time in the Manager's office which was open, as several of the residents liked to come and sit with the Manager. All the resident's medication was stored in locked units in the Manager's office. The desk that the Manager used would benefit from being re-arranged due to the electrical cables from the computer, especially as the residents often come into the office.

Essential services

The residents all had complex needs and several needed assistance so the staff supported the residents with asking and answering the questions.

The Manager explained that when residents arrive, they have an initial assessment with the individual, relatives, Social Workers and any other professional. If everyone is happy, they start a transition period and work with the previous care home (if applicable) or their families, if they are still being cared for at home. The care plans are put together with the family and reviewed on a regular basis.

The Manager explained that the care plans are in both written form and digital. However, due to the care plans needing to be in depth, they have had a few teething problems. The staff explained that they received a

handover and look at the allocation and followed the routine for the day. All the staff encourage the residents to be as independent as possible.

All staff are up to date with their mandatory training, and some staff are completing their level 3 NVQ.

The ARs used symbols to ask the residents questions and with the assistance of the Support Workers. Residents all said they *“like living here”*. The relatives that the ARs engaged with expressed their loved ones *“love it here”*, another relative expressed that the home is *“very warm, flexible and the staff care deeply for the residents.”*

Access

The Manager expressed that the GP visits are not consistent, they used to come weekly into the home, then it was moved to every 4 weeks, but they have not received any support for the past 6 weeks (at the time of our visit) Staff support with hospital visits for the residents.

Safe, dignified and quality services.

The ARs used symbols to ask the residents questions and with the support from the Support Workers, most of the residents expressed *“they felt safe.”* Relatives expressed that they are happy with the care home. One relative expressed that their loved one is *“always happy to return back to the care home.”* Another relative expressed that they had *“worked with the home to ensure that their relative was safe in their bedroom and it was adapted to meet their needs.”*

The home has CCTV outside and in the communal areas inside.

Information

The relatives can speak to the Manager if they have any concerns. Key workers hold monthly meetings with relatives, and they receive summary notes of the meeting. Each resident uses a personalised PECS (Picture Exchange Communication System) which the staff use to communicate with them. The ARs were informed all the residents have their own TVs in their rooms and there is also a large TV in the main living area.

There is a comments box that visitors and relatives can leave comments/suggestions. The Manager advised that she takes all the



Figure 1- Example of PECS

comments seriously and actions them immediately. ARs asked how they fed back the actions to relatives and visitors. A “You said, we did” board was suggested.

There was information displayed on which staff were on duty with their photo, and all staff wore name badges.

The Manager explained that they had received complaints from the neighbours, and that she had dealt with these with Head Office and filed these complaints in the quality folder.

Choice

The ARs used symbols to ask the residents questions and with the assistance of the Support Workers the majority of the residents expressed they *“had choice.”* One resident expressed that they did not want to talk to the ARs. However, they were happy to sit in the dining area and complete the survey themselves with support from a member of staff.

The staff explained that they encourage all the residents to live as independently as they can. They are encouraged to wash their own clothes, and prepare their own meals and beverages with support if required. The residents decide when they go to bed and what time they get up each morning. This was confirmed by a relative that we engaged with.

The ARs observed a resident being encouraged to prepare themselves a snack and a drink.

The residents' rooms are decorated with the individual's own furniture and chosen colour scheme.

A relative that we engaged with explained that they provide the clothes for their loved one and the Support Workers encourage them to choose what they want to wear each day, also explaining that the resident is *“being offered new food types in addition to what they like.”*

Being listened to.

The Manager explained monthly meetings are held for staff and each month a staff member is chosen and appreciated as “staff member of the month”. Parents/relatives are invited to a parents' meeting that is conducted once a year.

The staff expressed that they have supervision every 2 months, where they discuss training needs, the residents general feedback etc.

A relative explained that they visit regularly, and they are always asked for their opinions, with any suggestions being listened to and acted on

accordingly. They are included in regular meetings with the residents and the staff.

The ARs used symbols to ask the residents questions and with the assistance from Support Workers, residents said they *"like the staff."*

Being involved

The staff expressed that they would raise concerns. Depending on the severity of the concern, they would follow the Safeguarding Policy, report to the Manager, if required also report to external agencies, and would document in the communication book where everything is recorded, concerns and positive comments.

The ARs observed a meal/activity plan on the wall next to the kitchen. The staff explained that the residents are included in updating this, as it is listed with the food for each day and with activities for the week ahead. The staff explained that they often take the residents out and several of them have their own cars that the staff use.

The ARs observed the staff engaging with a resident during the lunch time to see if they wanted to eat with the other residents. It was noted that the resident was happy to stay where they were and would eat later.

A relative explained that they have seen a huge improvement with their loved one since they have lived in the care home, stating that they will *"now sit down to eat and pray both in the care home and at home."* with their family.

Current challenges for the home

The Manager expressed that the location was a challenge.

The management and staff were asked if they could change one thing, what it would be, and why.

The staff expressed that they would like a bigger car park, as several of the residents have their own cars, and staff have access to additional vehicles.

A relative expressed they would like more Epilepsy support from the hospital.

Recommendations

Recommendations made from findings	
1	Consider having a “You said, we did” board by the comments box.
2	Consider having a ramp from the dining area to the conservatory.
3	Consider putting up signs to exit routes inside the house
4	The manager to consider re-arranging their office to limit the electrical cables from their computer being shown, especially as they have residents who often go into the office.

Provider feedback

Thank you for visiting and providing such as positive support, we know it will mean a lot to the people we support, their families and our staff team.

We have moved our main office desk to reduce the visible extension lead for the computer as recommended on the recommendations.

We have also put-up fire exit posters throughout the building giving visual aids to direct staff and service users to the nearest fire exit.

As we do not support people with physical disabilities or trip hazards, we have assessed that we do not need a ramp into the conservatory as all our residents are mobile and we are not registered to support those with inside wheelchair use. However, this will continue to be monitored.

We have also considered your recommendation of having a “you said, we did board” however as our service users could not understand this type of complex information and we like the service to feel like their home and we like to limit the number of notice boards on display. We do however have regular easy read key worker sessions, complaints and actions and quality assurance processes with all actions clearly recorded which are shared with service users and their families which can be easily accessible.