

HEALTHWATCH HERTFORDSHIRE

Enter and View Follow Up Visit Report

Heath Lodge Care Home

Danesbury Park Road

Welwyn

Hertfordshire

AL6 9SN

Gold Care Homes

Healthwatch Hertfordshire Enter and View Follow-Up Visit Report

Premises visited: Heath Lodge Care Home
Date and Time of Visit: Monday 26th May 2015 at 10.30am
Visit Conducted By: Virginia Kirri-Songhurst (VKS)
Tim Sims (TS)

Purpose of the Visit:

This is an unannounced follow-up visit, following concerns raised during a previous Enter and View visit on the 12 June 2014, and also to review the recommendations made by the Healthwatch Authorised Representatives at that time.

1. FINDINGS

1.1 Compare to 2014 visit report 2.0

A new manager, Olga Richardson (OR) has been appointed in post as the manager of Heath Lodge. Since her appointment she has reiterated the mission statement of Gold Care Homes, and as result of this a number of staff have resigned.

The Manager said:

For the current occupancy, there are enough staff to provide care and support to our residents to meet their needs. However, recruitment of staff is on-going to ensure that when the occupancy increases, enough staff will have been recruited.

At the time of the visit the Home was not fully occupied. The new manager stated that no new residents will be accepted without her prior consent, due to previous CQC reports.

The home is still in a bad state of repair. Some decorations are in progress on the ground floor. It has been witnessed by both VKS and TS that the new flooring, being wood affect lino, with natural defects i.e. knots etc. can be easily conceived as dirt, which makes it dementia unfriendly. Wall decorations such as mirrors are apparently encouraged by Gold Care Homes, contrary to Dementia Friendly



Guidelines. VKS and TS did ask about the décor but OR said it was dementia friendly.

The manager commented that she is working on the implementation of the dementia friendly environment.

On this visit we observed that the lower ground floor residence was only accessible by stairs with no lift which suggests that those residents living here cannot socialise outside their area.

The manager stated that that there is access via the garden to other areas of the home so that residents can visit other units and join activities in any area of the home.

1.2 Compare to 2014 visit report 3.1

No change observed to original report.

The manager pointed out that two signs had been placed on both sides of the road to advertise the home.

1.3 Compare to 2014 visit report 3.2

No change observed to original report.

1.4 Compare to 2014 visit report 3.3

No change observed to original report.

1.5 Compare to 2014 visit report 3.4

In the original report the interim manager told us that the three caravans situated on their premises were for the use of overseas staff that needed temporary accommodation. On this visit we were told by OR, that the caravans belong to the adjacent 'Mobile Home Park' however the situation of these caravans does not suggest this.

1.6 Compare to 2014 visit report 3.5

No change observed to original report. The photo album depicting resident activities has no current photos. The reception area smelt of cleaning products but there was a lot of thick dust present on the ledges and switches.

There is refurbishment work at present which may contribute to this. The manager confirmed that carpets were being replaced with flooring so dust was inevitable.

1.7 Compare to 2014 visit report 3.6

We were required to sign in.

1.8 Compare to 2014 visit report 3.7

Manager was not on site; however we were made to feel welcome until she arrived

1.9 Compare to 2014 visit report 4.1.1

Once inside the home proper, the notice board now had photographs and identification of staff which was previously blank.

Stale smell of urine was still prevalent.

1.10 Compare to 2014 visit report 4.1.2

Cleaning rotas were still not filled in. The visitor's toilet was unacceptably dirty and had a strong smell. The door was not easily opened by persons with a disability or infirmity. Toilets are still not pictorially dedicated to single sex.

The toilet seat was very loose which we reported to OR. The door is bolted at the top outside and therefore is not wheelchair accessible.

1.11 Compare to 2014 visit report 4.1.3

Gel dispensers were clean and full.

1.12 Compare to 2014 visit report 4.1.4

No change observed.

1.13 Compare to 2014 visit report 4.1.5

No change observed.

However OR said this area would be rearranged. This is one of the many areas which should be reviewed in future. There were some memory boxes set up in the corner for patient use and some activities stored here.

1.14 Compare to 2014 visit report 4.1.6

No change observed to original report. In addition it was noted that access to the patio was Wheelchair unfriendly as there is a step.

1.15 Compare to 2014 visit report 4.1.7

Vending Machine containing sweets had been removed.

1.16 Compare to 2014 visit report 4.1.8

No change on the 2nd floor. On 3rd floor however, the lounge area has been changed to a “Bistro” themed eating area, this was not quite finished and not in use at the time of our visit.

No change in regards to large easy read clocks and calendar, etc.

1.17 Compare to 2014 visit report 4.1.9

No change observed to original report.

1.18 Compare to 2014 visit report 4.1.10

No change observed to original report.

On the original visit however we were not made aware of the availability of residents’ rooms on the lower ground floor.

VKS and TS visited a small residential room on the ground floor that had no en - suite facilities, the toilet was next door. OR told us that the resident had just left. The furnishings were stained and torn.

The bedding had blood on it and did not look as if it had been changed regularly. The room also smelt of body odour.

There was an identical small room opposite that shares the toilet, this is currently used as an office.

1.19 Compare to 2014 visit report 4.1.11

No change observed to original report. Although we did not observe any of the top floor rooms, the windows appeared to open much wider compared to the last visit, this was observed from the carpark.

1.20 Compare to 2014 visit report 4.1.12

These have been rectified.

1.21 Compare to 2014 visit report 4.1.13

No change observed to original report.

1.22 Compare to 2014 visit report 4.2.1

OR said that she was the new dementia champion.

1.23 Compare to 2014 visit report 4.2.2

On this visit, no activity schedule was noted.

1.24 Compare to 2014 visit report 4.2.3

No residents were observed in the garden during the visit despite it being a pleasant and appealing day for outdoor activities.

1.25 Compare to 2014 visit report 4.2.4

No change observed to original report.

1.26 Compare to 2014 visit report 4.3.1

No change observed to original report.

1.27 Compare to 2014 visit report 4.4.1

Tea and biscuits were being given out mid-morning.

1.28 Compare to 2014 visit report 4.4.2

No change observed to original report.

1.29 Compare to 2014 visit report 4.4.3

No change observed to original report.

1.30 Compare to 2014 visit report 4.4.4

No change observed to original report.

1.31 Compare to 2014 visit report 4.4.5. The food looked quite appealing and well balanced. It was easy to eat and moist.

1.32 compare to 2014 visit report 4.4.6

On the lower ground floor dining area, one member of staff with the help of a volunteer feeding one resident, was busy helping and encouraging five residents to eat, with a sixth resident left to her devices and was observed not to be eating, but to be constantly moving food around the plate.

I asked the carer if there was any training given for feeding residents and she said no. She also told me that care staff do not like the responsibility of giving medications.

VKS was invited to taste some of the food on offer, which tasted pleasant.

VKS moved to the first floor dining room and witnessed one member of staff attempting to feed 3 residents at one sitting. Another staff member was observed to flit between two tables encouraging residents to eat. TS observed similar problems and offered help himself.

The time between serving food and then being helped to eat it turned the food cold.

OR told us that all staff has had specific training concerning feeding and nutritional support.

VKS did inform OR that there are thermal bowls available to keep food warm for longer for slow eaters. OR to look into this.

1.33 Compare to 2014 visit report 4.4.7

Food intake is recorded in patient notes. The manager said that there were two nutrition champions in the home, one being the Unit Leader and another is the Kitchen Chef.

2. CONCLUSIONS

The residents that were in the lounges looked clean and cared for. Some staff were interacting with them. They were spoken to respectfully but the staff in some areas did not call the residents by name but called them “darling” and “my love”.

The smile service has been implemented. An effort is being made by staff to entertain and stimulate the residents with memory boxes and reminiscence facilities in the ground floor lounge, however seating in all of the lounges is not arranged to encourage conversation amongst residents.

The televisions are on all the time including mealtimes which can be a distraction from eating.

The home does have a rolling programme of refurbishment in progress however this will take some time due to the size and dilapidation of the interior of the building.

The majority of lighting is dim; the carpets are heavily stained in some areas due to spillage and flooding. In the opinion of VKS and TS, some rooms were not fit for someone to call home. All rooms should have en suite facilities to preserve dignity.

The linen was inspected by VKS and was found to be of extremely poor quality due to age. It was grubby and washed out.

OR showed VKS and TS a ground floor room which had been newly decorated. There was no privacy film or curtain on the bathroom window which was clear glass.

In the main room the net curtain had been nailed to the wall upside down so that the lace pattern is on the bottom. The room was large and quite pleasant.

The manager commented that the net curtain had been deliberately positioned in this way as part of the overall design for the room.

It is very clear that the residents do not have access to equal size accommodation.

The manager confirmed that the Gold Care Process of admission is very clear and prior to moving into Heath Lodge every resident is assessed to ensure that we are able to meet an individual's needs. An assessment is followed up by a resident and family visit where they have a choice of a room. Also, any residents that live in Heath Lodge have a choice of changing their room if at some point they like to do so.

The new manager is very much aware of the chequered past of the home and is determined to set things right and rebuild the infra structure of this home to provide a safe and caring environment.

She appeared to be very focused and enthusiastic about the opportunity to deliver change to improve the resident's life by ensuring that she has dedicated staff through education and management.

She is very proud of the small changes that are being made. There was work going on whilst we were there; new flooring being put down and a new staff room being fitted out.

OR showed TS and VKS the staff training records as well as the minutes of staff and resident/relatives meetings and the complaints folder, all was in order.

Food service remains poor as there are not enough staff to feed all of the residents.

VKS told OR of a home that she had recently visited where the meal times are staggered to make sure residents get a one to one service.

3. AREAS OF GOOD PRACTICE

Redecoration of home and cleaning remaining carpets.

Introduction of the SMILE service to interact with residents living with dementia.

The manager commented that much progress had been made over the year with good work completed backed up by caring staff.

4. RECOMMENDATIONS

See recommendations in 2014 visit report

1. More staff needed. Staff recruitment drive.
2. Staggered meal times in order to give a better focus on feeding needy residents.
3. Keep warm bowls for slow eaters. 'Eat well' plates as mentioned by interim manager at our last visit.
4. Better training to help staff feed residents.
5. Improve toilet facilities for visitors and make these fully wheelchair accessible.
6. Signage from the road remains poor.
7. Total redecoration of the home without patterned flooring and mirrors that can be covered up as suggested in the dementia friendly guidelines as set up by NHS England.
8. New photos in the book at reception showing residents interacting with activities.
9. All residential rooms to have ensuite facilities and to be of an adequate and equal size that constitutes a pleasant homely feel.
10. More physical activities that get residents on their feet and interacting with each other.
11. Activities calendar on show in communal areas, large faced clocks and calendars in all lounges.
12. New linen.



Response by the manager to the HwH Recommendations:

Area of concern raised	Action to be taken by the home
Staggered meal times in order to drive a better focus on feeding needy residents	<ul style="list-style-type: none"> • Staff to continue receiving training and support for nutrition and supporting residents to eat and drink. • Staff responsible for serving meals to be trained to understand appropriate portion sizes and serving food in a way that means meals are kept warm for residents. • Keep warm bowls for slow eaters • To help improve the meal time experience and prevent rushing due to time constraints. • Menu currently being reviewed by chef and nutrition champion to look at variety/quality and reflect the 'eat well' plate. • Regular dining audits to be continued as it helps to monitor meal time experience for residents.
More staff needed, staff recruitment drive	<ul style="list-style-type: none"> • Staff recruitment is on-going
Home to be compliant with dementia friendly initiatives	<ul style="list-style-type: none"> • Total redecoration of the home according to Dementia friendly guidelines to be completed
Activities calendar on show in the communal areas. More physical activities that get residents on their feet and interacting with each other	<ul style="list-style-type: none"> • Activities calendar to be in the communal areas • Large faced clocks and calendars in all lounges • Lounge area to be rearranged to ensure socialising in a small groups • Residents' to be encouraged to visit other floor's dining areas to promote movement and socialisation.
Improvement of visitor's toilet	<ul style="list-style-type: none"> • To improve visitor's toilet • To make visitor's toilet fully wheelchair accessible.
Redecoration of the home	<ul style="list-style-type: none"> • Decoration programme to be planned by the home manager and implemented by the maintenance team.
Cleanliness of home to improve and odours removed.	<ul style="list-style-type: none"> • Cleaning schedule in place and overseen by Home Manager in absence of a head housekeeper. • Continence needs of residents reviewed.
New linen	<ul style="list-style-type: none"> • To continue ordering new linen for our residents.

In response to the recommendation:

9. All residential rooms to have ensuite facilities and to be of an adequate and equal size that constitutes a pleasant homely feel.

The above has been passed to a Senior Management Team for consideration.

The manager would like to thank the HwH Authorised Representatives for the report which has helped to further develop the service to benefit residents.

