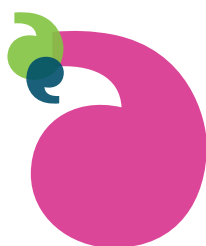


Healthwatch Hertfordshire
Care Home Enter and View Visits 2014
Summary Report



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Summary Report

Introduction

Healthwatch Hertfordshire is the independent consumer champion that gathers and represents the public's views on health and social care services within the county.

Healthwatch Hertfordshire has the statutory right, through the Health and Social Care Act 2012, to carry out Enter and View visits to any publically funded health and social care settings to see and hear for themselves how services are provided and to collect the views of service users (patients and residents), carers, relatives and staff for the purpose of service improvement. Service providers have a duty to respond to our reports and recommendations.

Authorised Representatives who carry out the visits are Healthwatch Hertfordshire volunteers who have undergone Enter and View training, Safeguarding Vulnerable Adults training and have had a Disclosure and Barring Service (DBS) check.

Purpose of the Visits:

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:

Visits to care homes/nursing homes in groups of 12 (this set also included an additional request by commissioners - Westgate Care) in order to review results, methodology and outcomes at defined intervals.

We consulted with the Clinical Commissioning Groups, Hertfordshire County Council, Hertfordshire Care Providers Association and our local Care Quality Commission Compliance managers as well as looked at feedback from the Community to choose our first 12 homes.

Announced visits using questionnaires for residents, staff and observation from 10.30 am to 1.45 pm

All reports were checked with the service provider managers for factual accuracy before publication and an action plan for any recommendations was requested. The reports have been shared with commissioners and the Care Quality Commission and are published on our website www.healthwatchhertfordshire.co.uk together with the service provider comments and actions.

● Premises visited:

1. Alexandra Care Home, Hemel Hempstead: [Four Seasons Healthcare](#)
2. Beane River View Care Home, Hertford: [Quantum Care](#)
3. Forest Care Village, Borehamwood: [Forest Healthcare Group](#)
4. Foxholes Care Home, Hitchin: [Foxholes Nursing Home Ltd](#)
5. Heath Lodge Care Home, Welwyn: [Gold Care Homes](#)
6. Houndwood House Care Home, Radlett: [Speciality Care \(Reit Homes\) Ltd](#)
7. Jubilee Court Care Home, Stevenage: [Quantum Care](#)
8. Prince Michael of Kent Court, Watford: [Royal Masonic Benevolent Institution](#)
9. River Court Residential and Nursing Home, Watford: [BUPA Care Homes](#)
10. St Anthony's Residential Home, Watford: [RMD Enterprises Ltd](#)
11. St George's Nursing Home, Royston: [Newton Chinneck Ltd](#)
12. Tara's Retreat Care Home, Sandridge: [Colleycare Ltd](#)
13. Westgate House Care Centre, Ware: [Westgate Healthcare](#)

● Dates of Visits:

March 2014 - November 2014 10:30am - 1:45pm

● Visits conducted by Healthwatch Hertfordshire Authorised Representatives:

Ken Appel, Doreen Bratby, Jean Brown, Meg Carter, Helena Constantinou, Roger de ste Croix, Madeleine Donohue, Catherine Free, Sally Gale, Edith Glatter, Pat House, Virginia Kirri-Songhurst, Sundera Kumara-Moorthy, Pam Morris, Keith Shepard, Tim Sims

● Acknowledgements:

Healthwatch Hertfordshire would like to thank the service providers, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer Please note that these reports relate to findings observed on the specific dates 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 during the visits.

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Summary Report

Findings

Environment

We were interested to see how much influence and choice residents and their families had on their environment and how having dementia might impact on the way the home is decorated.

What we found

What worked well was where care homes had come up with creative solutions to make the home welcoming, homely and easier to navigate.

Some very good examples of how decoration can be used imaginatively to enhance the environment of those living with dementia were seen. Themes were often chosen based on the interests of some of the residents. It demonstrates that helping people to find their way around the home doesn't have to be clinical or institutional.

In the main, residents could choose the colours for their rooms (though not everyone did) and bring in their own ornaments, pictures, electrical items and furniture though valuables could pose a security risk (many homes did provide lockable boxes or an office safe). The décor of the communal areas was sometimes chosen by the residents committee.

In most of the homes, the furniture in communal areas was positioned in a way that promoted socialising and could be rearranged as needed. Sometimes the default position was focussed around the television and a couple of the homes that we visited were relatively small and therefore furniture layout was less flexible.

Conclusion

On the whole most of the homes we saw provided a friendly and welcoming atmosphere. A few recognised that they still needed to make improvements and many of the HwH recommendations in this section relate to general maintenance and safety. One home was particularly poor in terms of the physical environment and arrangement of furniture and was also not very dementia friendly - a redecoration programme has been planned.

Some homes had obviously thought very carefully about the needs of those residents with dementia. Themed areas were present, for example the beach, transport, pet area and in one, rooms appeared to be in a 'residential street', had been carefully

thought out. Others recognised that improvements need to be made to make them dementia friendly.

Health and care services very much focus on physical needs but it is important for residents to feel involved in their surroundings and to maintain a personal identity.

Leisure and Services

We sometimes receive feedback from the public that residents in care homes are not stimulated enough and have a lot of time on their hands. Fixed routines and a lack of staff as well as staff inexperienced in providing a range of activities to suit individual needs can be barriers to residents feeling satisfied and able to express their individuality.

Ideally leisure activities should enable residents to build relationships within the home, provide an element of physical activity for health benefits, promote links with the wider community and give residents something to look forward to.

There are a variety of agencies that care homes can use to help them do this. The Hertfordshire Care Providers Association offers advice and guidance to all care providers in Hertfordshire and has a range of training and resources such as the SMILE service.

Herts Sports Partnership can offer support for physical activities for older people and Hertfordshire Library Service has a range of reminiscence materials as well as providing books via a mobile service or digitally.

We asked the care homes what use they made of the above services and also how they connected with the wider community.

What we found

Homes provided varying levels of activities and social events. Some had made some excellent connections with the local schools and organisations which enriched the daily lives of the residents. One home had no regular contact with community organisations.

There were some excellent examples of homes making every effort to support residents' wishes. For example one built a small aviary in the garden to house a pair of finches for a new resident's desire to have a pet to look after. In another home, a relative told us that her husband had not been able to go out in the garden in previous years but that now 2 members of staff use a hoist to allow him to access the garden.

Some homes are able to support residents to join in with daily tasks if they want to such as polishing, sweeping leaves or food preparation (following strict health and safety rules).

The range of activities across all the homes visited included to varying degrees the following :

- Indoor gardening - potting plants ready for the garden
- Raised gardening beds
- Hairdresser
- Beautician - hand massage, manicure
- Animal petting
- Age UK Movement and motivation
- Ball throwing
- Everyday tasks
- Parties
- Entertainers
- Raffles
- Musical instruments
- Flower arranging
- Quizzes
- Bingo
- Musical bingo
- Large skittles
- Trips to the park, museums, swimming pool, garden centres, strawberry picking, theatre, boat trips, the coast, pub lunches,
- Singing
- Exercise with balloons
- Themed events e.g. for Christmas, Halloween, Summer Fair
- Barbeque
- Picnics
- Baking club
- Film club
- Knitting
- Skittles
- Bowls
- Soft football
- Crossword club
- Reading groups
- CDs, books, games, jigsaws
- Licensed bar

Community involvement examples:

- Carol concerts (Schools)
- Local school students visits

- Visits from the Brownies
- Drama and arts groups
- Local churches
- Local Mayor inviting residents to tea
- Trips to the supermarket
- Students helping with technology support
- Work experience placements for the Duke of Edinburgh award scheme
- Local band
- Speakers on local historical topics

Note: Not all homes offered all the activities or all of the time.

There was sporadic use of the mobile library service and many were unaware of the Reminiscence service the Library provides although many homes have developed their own versions. Talking books and newspapers were used by one home.

Conclusion

The focus for staff in care homes has understandably been on the care and safety of the residents in the home but there is now more of an acknowledgement that mental well-being is as important and that one size doesn't fit all.

In larger homes it is important to ensure that the activities are well advertised. A good example was a home that had notice boards in each wing that were uncluttered and had information in large text together with pictorial information.

Digital Inclusion

We wanted to map how the care homes we visited were enabling residents to use technology. Evidence that care homes are embracing digital technology and thinking about how it could be used for communication with the outside world or therapeutically with dementia residents varied considerably.

Research has shown that those living with dementia can benefit from using touchscreen technology to aid memory recall. Tablets such as iPads can also be used for creative activities and games and engage people who may not normally participate in organised activities.

Access to a computer can also enable residents to speak to and see their loved ones via Skype.

What we found

A few care homes had little or no access to computers. In some no Wi-Fi was available for residents. Often it was felt that it wasn't needed because residents had not asked for it.

iPads were not used by care home staff although one home was trialling the use of iPads with people living with dementia. Some residents had their own mobile devices and were able to use them independently.

However there were a couple of homes where residents were actively supported, used SKYPE to keep in touch with families and where residents were encouraged to use 'gadgets'.

Many of the homes we spoke to said they would look into improving access to computers/tablets which is encouraging.

Conclusion

This is an area that care homes need to start thinking about as more people are used to using technology in their everyday lives. Families either abroad or in the UK can keep in touch using Skype and computers/iPads can also add another dimension for entertainment.

Where a home had access to Wi-Fi, it often relied on the knowledge of the staff to support residents who may not themselves be confident in using technology. This may be an area where there may be a need for targeted training to upskill staff to support residents effectively. One home had students from a nearby college coming in to support residents in the use of technology which is an excellent solution.

Food and Drink

With food and drink we were interested in finding out how much input residents had in choosing the menu, what support they received and whether they could decide when and where they wanted to eat.

What we found

Food was cooked on the premises, and was generally (according to the residents) tasty and well presented. In one home food was described as 'excellent' and they were asked for their choice of food every day by the cook. We did see however some examples of 'stodgy' colourless food' served in large portions. Temperature was also sometimes an issue if the service was slow.

Most homes did consult with residents about what should be on the menus usually through residents meetings though one chef said he was going to ask residents at

breakfast what they would like for lunch. However residents did not always recall that they had been consulted about meals.

Usually there was a choice of two courses but alternative food such as omelettes were available if the resident decided they did not want the main course on the day.

We found that residents could choose to eat in their rooms or perhaps in the lounge, alone or with family and friends.

Snacks, sandwiches and drinks were available throughout the day though in some homes these were less well advertised than others and had to be requested. In some homes residents who were able could make their own drinks and this also allowed for visitors to be included. Bigger homes had small café areas that gave an element of vibrancy.

Menus are usually offered in pictorial format as well as written but not in every home (see recommendations).

Some of the homes did not seem to encourage hand washing before meals or offer wet-wipes as an alternative.

Conclusion

Homes try to involve residents in choosing the menu and there is generally flexibility of where the resident can eat their meal. In one home a resident had bought the chef an Asian cook book and the chef had then made her individual meals from this. Another resident had a glass of wine with her meal.

On the whole staff knew their residents likes and dislikes and whether they needed support (where there is not a high dependency on agency staff). There is also a need for staff to consider improvements in how they feed staff through training and peer support.

Preparation before the meal needed some improvement.

Where appropriate we have recommended that managers look into the support offered by HCPA regarding nutrition champions. One home is putting in a new system to analyse nutrition and allergy issues.

General Conclusions

Generally we felt that the care homes we visited are working towards the NICE guidelines 1 and 2 of QS50 but at varying levels.

It should be remembered that the fabric of the environment is important and can have an impact on the way residents feel about the home and how others perceive

it when they visit. Involving residents and families in any refurbishment is essential as well as ensuring new décor is dementia friendly.

More needs to be made of the available resources such as HCPA and the Library service but also interaction with the community such as schools and colleges. Seeing different people (other than care staff) is stimulating for residents particularly if they have few visits from family and friends.

Some lifestyle choices were facilitated, for example where a husband and wife who wanted to be in different units had all their meals together.

Activities and themed areas will need to regularly refreshed as new residents move into the home with their own lived experiences and needs. Good practice was shown where homes also included relatives in regular meetings and activities.

Homes need to ensure that if they have services/activities available that residents and their relatives are aware of them so that they can make informed choices.

Staff need to feel confident and supported to enable them to maximise their time with the residents to move from doing things for people to doing things with them and respecting their individuality.

Where homes were not making use of the resources available to them, HwH provided the relevant information to the manager. There appeared to be a positive response to this and HCPA has said that they have followed up where we have mentioned them.

‘We have arranged a mentorship course for our activities staff through SMILES as you recommended, this is in progress and is proving beneficial in improving the service we provide’ Manager River Court Residential

Recommendations from the Enter and View Care Home reports

Area	Recommendation	Outcome
Environment		
HL	Cleaning practices to be reviewed as areas looked dirty and smelt bad	Cleaning schedule in place, new carpet cleaner purchased and the continence needs of Residents reviewed
ACH	Review arrangements for cooling where air conditioning is not available	Referred to the Regional Manager for review
RCR	Ensure residents requests for help are responded to immediately	New call bell system installed that records waiting time

BRV	Lengthen emergency red cords in toilets, bathrooms and wet room so that they can be reached by anyone who falls	Call bell cords untied
FCV	Provide fully equipped disabled toilet with grab rails and pull cord fully in place	Completed and redecorated
BRV	Review pull down rails in toilets	Completed and adjusted as required
BRV	Improve signage on toilet doors	Completed
FCV	Introduce colour contrast between sanitary ware and walls in toilets/wet rooms	Dementia unit is set to be refurbished between January and March 2015 and this will be included as part of the improvement plan. This will also be considered for other areas of the home
FCV	Consider installing a large type-face clock and date display.	This has been 'actioned' following the visit. The dementia unit already has 'orientation' clocks. Alternative clocks will also be installed
FCV	Provide more reminiscence artefacts, consider themed areas especially in the dementia unit	Decorating and themed areas have been scheduled to commence in February 2015. All bedrooms will be painted in a colour of the resident's choice
FX	Differentiation in the décor to enable residents to find their way around.	More pictures now on the corridor walls, helping to differentiate areas
HL	Home to be compliant with dementia friendly initiatives	Home to look at signage and colour coding for prominent doors in the home
SA	Consider introducing a more permanent ramp for access to the garden to enable ease of access at all times	This will be looked into
HL	Repair keypad lock to fire escape door	Completed
HL	Redecoration of communal areas	Decoration programme to be planned by the home

HL	Clean and fill antiseptic gel dispensers	Completed
PMKC	Ensure all visitors sign in and out of the Home	Signing in book moved to the Reception desk and a new notice put up. Staff now welcome and ask visitors to sign the book when entering and leaving the building
HH	Provide marked disabled car parking spaces	To be looked into when resurfacing is complete
SG	Entrance Hall brightened up to improve first impressions and the Quiet Room made cosier	Plans are in place to buy new lights for the entrance hall and upstairs corridor. The Quiet Room will be redecorated and different furniture and accessories obtained to lighten and enhance the ambience
WH	Staff work rotas should be available to staff in advance	Completed
WH	Infection Control champion to be appointed	Completed
SA	Consider the arrangement of chairs in the lounge area to achieve a more versatile environment	This will be discussed at residents meetings
SA	Carry out an audit to ensure residents are happy to have lap tables in front of them and do not feel constrained by them	Completed. Residents confirmed that they were happy with this arrangement
ACH	Reserving visitor car parking spaces	Staff to double on parking on busy days
TR	Consider fixing a doorbell sign at the entrance	New sign installed
Leisure and Services		
HL	Improve activities to socialise and activate residents	SMILE mentoring programme to commence in August 2014
FCV	Display a pictorial activity schedule	In progress
JC	Large print and pictorial activity timetable	Now printed on A3 paper
WH	Evidence of residents meetings	All minutes will be displayed on notice boards

ACH	Consider contacting Hertfordshire Libraries about their Reminiscence service	Contact to be made
ACH RCR	Consider becoming a member of the Herts Care Providers Association for training and support	Contact to be made - ACH. Completed by RCR also arranged a mentorship course for staff through SMILE service and is 'proving beneficial'
JC PMKC SA TR	Consider using the HCPA SMILE service	This will be investigated
FCV HL HH PMKC SA TR	Appoint Dementia and/or Nutrition Champions through Herts Care Providers Association	To be appointed following training FCV, HL, HH
ACH HH FCV	Consider contacting Herts Sports Partnership re physical activity for residents	Contact to be made
JC	Display of information in units should be reviewed in order to give a clearer and more comprehensive picture	Reviewed monthly
JC	Consider re-connecting with the library service	The home will approach the Library again and will put a trolley of books in a more prominent area of the Home for residents use
WH	A bath or shower to be available 2-3 times a week (more than reported at present)	This is being looked at as part of the individual's needs and choice
RCR	Investigate the possibilities of arranging real tasks for residents to undertake if they wish	SMILE service to be used for guidance
Digital Inclusion		
ACH	Provide Internet access for residents	Referred to the Regional Manager
ACH	Use of iPads and tablets to engage with people with dementia	Referred to the Regional Manager
JC	Consider appointing an IT Champion and the use of iPads/tablets to engage people with dementia	To be considered

SG	Provision of digital equipment to enhance the work being done with residents	A lap top will be supplied for residents use. A tablet may be purchased in the New Year (2015)
SA	Consideration should be given to setting up Wi-Fi	Management see this as an important development and will take this forward
TR	Use of IPads and tablets to engage with people with dementia	In progress
RCR	Investigate increasing the uptake of opportunities for digital inclusion	Home is working in partnership with their GP service to install a pioneering telemedicine system at the care home. Part of this project will involve a full Wi-Fi upgrade that will provide full access for residents
Food and Drink		
FCV	Display pictorial menus for easier visibility and understanding	Completed
FCV	Provide regular refreshers to staff who feed residents	Training has been provided and will continue
FX	Speed up the serving of food	Food is now served on pre-warmed plates to keep food warmer for longer
HL	Train staff who feed residents	Staff to receive training
HL	Review menus, portion size and keeping food warm	Menus being reviewed by nutrition champion and chef. Dining audits to be conducted to monitor the meal time experience
HL	Staff to be supported to fully understand the policy regarding actions to be taken for weight loss/gain	Staff to receive the appropriate training
WH	Perhaps a more flexible approach to breakfast time could be considered	This is being looked into with the residents on each unit to meet their needs and choice

JC	Water should be routinely placed on tables along with juice	Actioned
WH	Choice of hot food at meal times should be greater	New menu has been given to residents and relatives for feedback before implementation
WH	Wet wipes/hand cleaning facilities should be available before meals	Wet wipes are being ordered alongside alcohol gel
HL	Dining area too small on second floor	Residents to be encouraged to visit other floor's dining area to promote movement and socialisation
SG	Ensure residents are aware of the availability of snacks	A snack menu will be made available in the lounge

Key:	ACH	Alexandra Care Home
	RCR	River Court Residential
	BRV	Beane River View
	FCV	Forest Care Village
	FX	Foxholes Care Home
	HL	Heath Lodge
	HH	Houndswood House
	JC	Jubilee Court
	PMKC	Prince Michael of Kent Court
	SA	St Anthony's
	SG	St George's
	TR	Tara's Retreat
	WH	Westgate House