

## **HEALTHWATCH HERTFORDSHIRE**

### **Enter and View Visit Report**

**Name and Address of Service:**

**Clare Lodge Care Home**

8 Battlefield Road

St Albans

Hertfordshire

AL1 4DD

**Name of Provider:**

**B&M Care Ltd**

## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** Clare Lodge Care Home, St Albans

**Date and Time of Visit:** Tuesday 1st of December 2015 10.30am

**Visit Conducted By:** Virginia Kirri-Songhurst & Helen Clothier

### 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

Clare Lodge is a 24 bedded privately owned care home set in a quiet residential back road in St Albans Hertfordshire.

The home is set up over 4 floors which includes 24 ensuite rooms, 20 with showers and 4 with hand wash basin and toilet only.

### 2. FIRST IMPRESSIONS

2.1 There is no signposting from surrounding roads and no public transport to the care home. We were told by the manager that it is within walking distance from the train station, however the surrounding pavements are in a poor condition with uneven, broken and moving paving stones which are hazardous to elderly visitors and those with mobility problems. This must be compounded in the winter by ice and snow.

#### **The Manager explained:**

We approached Hertfordshire Highways about signposting from Sandpit Lane and Sandridge road in 2012 and were told we were not allowed to have signage from these roads due to too many road signs at these junctions. There are bus stops in Sandridge road and Sandpit Lane which are within a maximum of a 5 minute walk from Clare Lodge.

The surrounding pavements are again due to **Hertfordshire Highways**; the pavement directly outside of Clare Lodge is made of tarmac and is even and well maintained.

2.2 The immediate problem confronting one arriving by car is the extreme lack of parking. There are 4 car parking spaces available and no disabled spaces. At the time of the visit there was very little on-street parking available, and we had a precarious walk due to the condition of the pavement.

#### **The Manager said:**

On the day of the visit there was 1 space available for visitors, however if visitors require space due to disabilities or any other reason we are more than happy to move cars around if requested to do so.

2.3 From the outside, the buildings looked modern and clean. There is a large sign on its façade saying Clare Lodge. There is outdoor lighting present though we did not test it due to the time of the day. The doorbell can be reached from a wheelchair and there is an intercom. The door was locked.

2.4 The door bell was answered by the deputy manager. There was some confusion about the time agreed for our visit that day but the Manager was happy for the visit to go ahead.

### **3. FINDINGS**

#### **3.1 Environment**

3.1.1 The Entrance Hall smelt fresh and looked clean. Christmas decorations were in the process of being installed. The only seating was a large sofa. There were no chairs of differing heights available for visitors.

##### **The Manager commented:**

The entrance hall is not a huge area. The entrance hall needs to be kept reasonably clutter free as it is also a fire exit and a place where residents like to sit quietly. We also have to consider wheelchair users and ambulance trolleys. There is not enough space for additional seating, however if this was required it would be offered. Visitors do not tend to sit in the entrance hall; they usually go straight to see their relatives or friends. We find the large sofa adequate for our needs.

3.1.2 There was a display stand tucked in a corner containing information about the home. This was not obviously visible and had to be sought out. One of the folders contained staff information. This appears to need updating. There are a number of accreditation certificates on display and a large mirror.

##### **The Manager said:**

The display stand is not tucked away in a corner it is fully visible from the sofa and I have never had any visitor ask me where it is. Many people visit and are able to access this information without asking where it is.

The staff information folder does need updating and we are in the process of doing this.

3.1.3 There was also a table present with a signing in book visible, but we were not asked to sign in due to the confusion at the beginning of our visit. (See 2.4)

3.1.4 We were invited to sit in the lounge, where we explained the purpose of the visit to the Manager. The lounge smelt stale. We were later told that it was because of one resident who did not change her clothes regularly, although the staff did their best to gather her clothes and launder them most nights.

3.1.5 The lounge was bright and very warm, bordering on being too warm. The heating is underfloor and regulated by a thermostat on the wall. The seating consisted of single arm-chairs and sofas. Initially they looked clean, but on inspection some of the seating were found to be stained with food. The seating could be raised on blocks if required and special cushions could be used also. Some of the seating was arranged to facilitate conversation amongst residents.

**The Manager said:**

The lounge is controlled individually and on the day of the visit the thermostat was turned down to 10. The residents feel the cold and when you visited you were wearing winter clothing (jumpers, coats and scarves) so you would have found the temperature too warm, however the residents find it a comfortable temperature. The cushion covers get washed when soiled and the arm caps also. This is usually at night when the lounge is empty. We would wipe with damp cloth during the day so as not to reduce the seating.

3.1.6 The walls were covered in wall paper chosen by the manager and new curtains had just been fitted. The carpeted floor had a small pattern. The pictures hung on the walls depicted 'past' scenes of St Albans.

**The Manager said:**

The pictures on the walls are a very good conversation maker, as lots of our residents and families have lived in St Albans all of their lives and will often talk about their memories.

3.1.7 There was a television in the lounge which was tuned to radio however the television could not be seen from all seats, due to a structural pillar blocking the view of some. Seating would have to be moved if all were to view the television.

**The Manager said:**

There is 1 chair obstructed by the structural pillar, but it is not placed directly behind the pillar it is set at an angle for conversation. The pillar is structural and I am unable to do anything about it. Residents who wish to see the television are able to sit in many other seats.

3.1.8 A Christmas tree was being put up and decorated during our visit.

3.1.9 The lounge leads out to a large patio area and a lawn accessible by stairs and a ramp.

3.1.10 The residents were being served mid-morning drinks, and a bowl of fruit was readily available.

3.1.11 There was a large clock, however the display was in roman numerals only. No calendar or notice board showing date/time and the name of the home was present.

**The Manager said:**

I will consider changing the lounge clock to numbers instead of roman numerals, however this current clock has never been an issue. I will ask the residents in the next residents meeting if they would like the clock changing. The date is displayed in the dining room and I will purchase some form of calendar/ date item to display in the lounges.

3.1.12 There was a notice board on one wall of the lounge, which was very cluttered with layers of leaflets pinned to it. The HwH poster was found under another flyer. No HwH cards were on view. Staff notices and those for information to residents and visitors were all on the same board. None of the information was eye catching or in larger easy to read type. There was no special provision for visually impaired residents - we met two residents who were visually impaired.

**The Manager said:**

The notice boards are now separate, residents info in lounge and staff info in small office. The HwH cards were clearly on view in the reception area and actually still there. The notices will now be in larger print and more eye catching. The visually impaired residents are actually registered blind and are given the opportunity daily to be read anything on the board. They actually ask what is on the board for today and are told by a member of staff.

3.1.13 One of the notices was an A4 sheet with pale red typeface, which was the weekly activities schedule. The minutes of the residents meeting was also attached on this board.

3.1.13 Leading off from the lounge is a smaller lounge which is called the 'quiet room'. This contained bookcases stocked with books, a large fish tank and a coffee machine (free) for use of residents and their visitors. There were sofas and armchairs as in the main lounge. We did not observe this room closely, as we

wished to preserve the dignity and privacy of a very ill resident and her family who were using it.

3.1.14 We then moved to the dining room, which leads off from the lounge via double doors to continue our conversation with the manager. The dining room is furnished with four tables, all of which were laid out ready for lunch service. The flooring here is wood laminate, and the décor was modern. The room is bright and smelt fresh - the windows were open.

3.1.15 There were no menus on the table, however there was one poster size picture menu on the wall which is changed daily. We observed the menu was displaying the previous day's choice.

**The Manager said:**

We have a large menu board which has pictorial and written food options for the day. This is changed daily, however on the day of your visit the member of staff responsible for this did not want to disturb our conversation we were having in the dining room.

3.1.16 There is a notice board, displaying day, date and weather outlook.

3.1.17 We were told that this room was also used for activities, but there was no visible activity calendar on display. There were three emergency red-cords in this room plus a master switch.

**The Manager said:**

The activities are not displayed in the dining room as they are displayed on the notice board, in the lift and in reception.

3.1.18 The residents bedrooms are spread over three floors, accessible by a lift. We did not visit the first floor at all due to the time constraint. We visited the second floor. The corridors were clean with handrails along the walls. The residents had their photos on their doors. The artificial lighting was adequate. The fire exits were visible, and were locked, operated by keypad.

3.1.19 We were shown two rooms on this floor. Both rooms have a large window supplying good natural lighting. The first room contained many personal possessions and furniture belonging to the current occupant - this room looked and felt very homely. The residents can bring their own bed linen if they wished, which is then washed by the home's laundry service. The ensuite shower was accessible to a wheelchair user. But the toilet was only accessible to left-handed transfer - we were told all rooms had that configuration. There are no pull down bars surrounding the toilet.



Some rooms are slightly larger than others.

The second one was furnished mainly by the care home. This room had a toilet and washbasin, but not a shower. This was one of the smaller rooms. There is a bathroom on both the first and second floors.

**The Manager said:**

The toilets in the en- suites are all left handed accessible due to the layout of the rooms. This cannot be changed without **major** works being done. The toilets have raised seats with arms if needed and are used in toilets where they are required. This is a suitable arrangement and works satisfactorily for our residents.

3.1.20 There are four resident rooms on the ground floor near to the manager's office opposite a shower room.

3.1.21 On the lower ground floor it was observed that some of the floor tiles immediately outside the lift were broken. There is a large hairdressing area, laid out as a salon. Sharing this area is a large work surface with cupboards and an oven (which is condemned now) which used to be used when the cook had held Friday cooking classes. This area is used by Occupational Therapists for teaching daily living activities to residents - i.e. making a cup of tea safely. At the time of our visit this area was much cluttered with equipment being stored and boxes from the Christmas decorations (which were in the process of being put up).

**The Manager said:**

The tiles outside of the lift are cracked due to the bain-marie being used up to 3 x daily to bring the food up to the dining room. I have requested that these are repaired and this should be completed within the month. The clutter was from the xmas decorations and was only there whilst the decorations were being put up.

3.1.22 In addition there is a laundry room which is staffed and the Home's kitchen where all residents meals are prepared and cooked.

3.1.23 There is also a third residents lounge which is currently being used as a training room for staff. There is vibrant, reminiscent art work on the wall. The manager has ambition to convert this into a cinema room.

3.1.24 The whole home is heated by under floor heating, and the residents have an adjustable thermostat in their rooms to control the temperature at will. All rooms have telephone points, and the residents have a lockable drawer for their valuables. A master key is held by the management. There is a safe available in the home for residents to store items if desired.

3.1.25 Pressure relieving mattresses can be supplied.

3.1.26 There is an assisted bathroom on the first and second floor respectively.

Universally none of the bathrooms had pull down bars near the toilet. The suites (toilet, washbasins, bath) were white and did not offer a contrast with the walls - referred to as whiteout. The mirror could not be covered over. Therefore the bathrooms were not dementia friendly. The signage on the bathroom, shower room and the toilet doors were illustrative pictures, but not the universally acknowledged signage. The shower room on the ground floor is located next to the manager's office, which is not practical for those on first and second floor without an ensuite facility to use.

The alarm cord on the 2nd floor bathroom is situated behind the seat and was not long enough thus did not conform to BS3800 being no more than 10mm from the ground.

**The Manager said:**

Our bathrooms have raised seats with arms, this is sufficient for our residents. Clare Lodge is not solely a dementia home and the residents that do live here with dementia are at early stages and still recognise the equipment and use it appropriately. Again the mirrors in the bathrooms are used by people living without a dementia and are able to be covered if necessary. The pull cord in bathrooms on the 1<sup>st</sup> and 2<sup>nd</sup> floor does not conform to BS3800 and will be looked at by the maintenance team.

## **3.2 Leisure and Services**

3.2.1 There is no discernible activities menu, other than an A4 size flyer, lost amongst the other information on the notice board. Additional copies were found in a drawer in the main lounge.

**The Manager said:**

Activities are displayed in reception and on the notice board and also in the lift. Following your comments there is now a separate notice board for residents and staff, there is also an A5 clip frame in reception which is changed weekly with the activities programme displayed. Church services are booked in advance for the next 12 months and this is also displayed on the resident's notice board.

3.2.2 Television and Radio is available to all residents. There are boxes of games, DVD's, CD's and books available. We were told the residents have the use of a mini-

bus which is parked at another home for outings to places of interest. For example garden centres, stately homes and canal trips. The home also has a car to take residents shopping and other short local trips.

3.2.3 Other activities include gardening -several window boxes have been purchased for residents to use- simple cooking classes, helping with ordinary domestic activity i.e. laundry, laying tables etc... Several residents said that they were invited 3/4 times a week to take part in activities such as bingo, carpet bowls etc. The manager said that anyone not wishing to participate will have their decision respected. The residents may go out for meals and family outings.

3.2.4 Newspapers are available, however the mobile library vehicles service no longer visits as it has been withdrawn by the County Council. In the past talking book/newspapers were available, but staff can take residents to the library if required.

3.2.5 Schools and other voluntary services (e.g. Duke of Edinburgh award) regularly attend the home. The PAT DOG services are used, and the Smile service is subscribed to. Church services are arranged as required and usually held in the lower ground floor lounge.

3.2.6 There are residents meetings, where a variety of subjects are discussed, including food and leisure. Relatives may also attend if they wish.

3.2.7 There is a complaints policy. Most issues are usually resolved before the need for escalation, due to the small size of the home, and the close relationship between staff and residents.

### **3.3 Digital Inclusion**

3.3.1 Although Wi-Fi is not widely available throughout the home the staff can help the residents to use the two office computers. This does not seem suitable or secure as a resident facility.

#### **The Manager said:**

Wi-fi is available throughout the home. Some residents have their own tablet or similar device. There is a computer available for the residents to use downstairs, this has always been the case and residents are aware of its location, however our current residents show no interest in using it.

3.3.2 We were informed that one resident is assisted to skype-call relatives. One resident was said to have a computer and printer in their room.

3.3.3 No tablet or I-Pad is used therapeutically for memory exercises to stimulate residents living with dementia.

**The Manager said:**

There is currently no tablet or I-pad for memory exercises but this has recently been discussed with the activities coordinator and will be discussed with the residents at the next residents meeting.

3.3.4 Some residents have their own mobile phones.

3.3.5 There are no plans in the near future for provision of further digital inclusion.

### **3.4 Food and Drink**

3.4.1 The manager informed us that there was no set menu published in advance of any day - it depended very much on the chef's discretion and the supplies she had purchased.

3.4.2 The residents are advised of the meal option at the table at meal time (except for breakfast where traditional choices are available).

**The Manager said:**

The residents are not advised what to eat they are given a visual choice.

3.4.3 There are three cooked meal options every day. For lunch and supper, there is a soup, a hot and cold choice of main menu, and a choice of hot or cold pudding. If the choice available was not acceptable the chef will prepare something ad-hoc, e.g. scrambled egg or jacket potatoes. Sandwiches and snacks/finger food are always available.

3.4.4 When we arrived to observe the meal service, most residents were already seated at the table. We noted no hand cleansing wipes on the table or in use by residents. Every one had a drink. Some residents are permitted alcoholic drinks (supplied by themselves) and are served in glass on the table by the staff. We were told that residents were permitted to keep alcohol in their rooms. This depends on their medical history.

**The Manager said:**

The residents that are assisted with using the bathroom before meals are also assisted with the washing of their hands after using the facilities. We received 4 out of 5 in our recent infection prevention and control assurance by Hertfordshire and have had no outbreaks of diarrhoea or vomiting in the past 4 years.

3.4.5 We asked a number of residents about the quality of the food. Some said it was 'hit and miss', another believed she was in a hotel and was very happy. The general consensus was satisfactory.

3.4.6 There were staff available to help residents with eating/drinking.

3.4.7 Two residents had their lunch served in the main lounge. One was observed to have been given inappropriate crockery as she appeared to be struggling to scoop the food from her plate. Food was slipping over the edge. When the manager was asked why this resident did not have high sided crockery, the reply was that the person dishing out the food hadn't realised that it was for that particular resident however the person who served the plate to the resident should have been aware of the specific needs.

The other, was calling out for a drink several times before she was responded to. The staff had put down table cloths underneath her chair, anticipating spillage.

#### **The Manager explained:**

We currently have 2 residents who require deep dishes to prevent spillage, all staff are now aware of this and the cook dishes their meals up in the appropriate crockery. I can only apologise for the lady being ignored, this resident does live with a dementia and repetitive calling out is part of her behaviour. I can assure you we are not intentionally ignoring her it just appears that way as she repeats words all of the time. This is a positive behaviour and is stated in her care plan.

3.4.8 Mashed, pureed, gluten free and diabetic diets are catered for. We were told that halal and kosher meals can be purchased readily if needed.

3.4.9 Staff may eat from the food on offer with the residents.

3.4.10 The residents are weighed once a month, and any weight loss is reported and dietary supplements ordered as appropriate. The manager states that from admission most residents manage weight gain and so far it had not been required to place anyone on weight loss diet.

## **4. MONITORS CONCLUSIONS**

Clare Lodge appears to be a well-run happy warm and friendly home.

Staff/Resident relationships appear to be very good and residents are spoken to in a dignified and respectful manner.

The home is clean and tidy, and provides many activities and a good outdoor space.

The home has made Deprivation of Liberties (DOLS) applications for 9 out of 24 residents. At the time of the visit only one has been granted.

We were informed by the manager that the residents can keep their GP, or use one of the homes pool of five local GPs, to maintain health care. Nursing services, podiatry, physio and occupational therapy all visit. Dental check-ups can be arranged. End of Life Care is under the guidance of Rennie Grove Hospice Care.

The home is a member of the Hertfordshire Care Providers Association (HCPA) but it does not use their dementia training programme. The manager has done a course on 'virtual dementia', and states that due to her experience she is the dementia lead. She is encouraging other staff to do the same course. At present there is no nutrition champion. We observed the staff training matrix, which has gaps but apparently is being restructured.

The individual resident care plan is very comprehensive.

## 5. AREAS OF GOOD PRACTICE

- a) Good interaction between staff and residents.
- b) Residents' choices are respected.
- c) Attractive décor.
- d) Freshly prepared and cooked food.
- e) Comprehensive activity schedule.
- f) Helpful and willing staff.
- g) Help for one resident to skype.
- h) Quote from the manager "Your home is not in our workplace. Our work place is in your home"

## 6. Recommendations

- 1. Staff information is in need of updating.

**Manager's Response:** Staff information folder is in the process of being updated.

- 2. All staff should wear name badges.

**Manager's Response:** All staff are in possession of a name badge and have been reminded that they should be worn at all times.

3. Consideration should be given to installing pull down bars in all toilets and having colour contrasting toilet seats and background against the white sanitary wear.

**Manager's Response:** We will not be installing contrasting toilet seats or changing the background as this is not a higher needs dementia home. I will discuss pull down bars with the appropriate people.

4. Emergency cord in toilet should be within easy reach and not more than 10mm off the floor.

**Manager's Response:** I will get Maintenance to look at and move emergency cords in the bathroom.

5. Consider having more than two meal choices per course.

**Manager's Response:** We already have more than 2 meal choices available. For example:

Breakfast there are 4 cereals, fruit, Yogurt, cooked breakfast, bread and butter and toast, Plus condiments.

Lunch is a mixture of salads meat/ cheese /egg. The Main meal which is served with potatoes or rice or pasta and vegetables and either sausages, pie or a piece of fish. There are always 3-4 different options available.

There are also many different puddings. Yogurt, ice cream, fruit, hot pudding with choice of cream, custard or ice cream.

Supper consists of mixture of sandwiches both on brown and white bread, soup and a hot option may consist of any of the following choices beans on toast, cheese on toast, scrambled egg or macaroni cheese.

6. Suitable special crockery used for residents who need them.

**Manager's Response:** Appropriate crockery is available for those that need it.

7. A larger notice board with easy read information and separation of staff and residents notices.

**Manager's Response:** The notice boards are now separate for residents and staff and the information and that we provide for residents is now in a larger more vivid print.



8. Consider having a pictorial activities diary.

**Manager's Response:** The activities are now in pictorial as well as written format.

9. A large plain faced clock and calendar in main lounge may be more appropriate.

**Manager's Response:** I will not be replacing the clock in the lounge as the residents find the current one suitable. We now have a block calendar in both lounges.

10. Consider having computer(s) available for residents use in either of the lounges.

**Manager's Response:** If residents decide to use the computer, there is one available downstairs.

11. Appoint a dementia champion, supported by certification.

**Manager's Response:** I am a dementia champion and have certificates. These would have been shown during the visit if asked.

12. Appoint a nutritional champion, supported by certification.

**Manager's Response:** I have a new assistant manager starting on the 18/01/16 as they will be looking at all of the champion courses and will be signing up to some of these. I have a new cook and will be asking her if she is interested in becoming a nutritional champion.

13. Consider having more vibrant pictures on the wall.

**Manager's Response:** If I choose to change the décor I will look at the colour scheme and purchase more brightly coloured art work if appropriate. This would involve our residents as this is their home.

14. Have at least one high-seat chair in the entrance hall.

**Manager's Response:** The entrance hall is not big enough to have a high seat, this is not a waiting room and visitors do not use it as one.