

HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Autumn Vale Care Centre
Danesbury Park Road
Welwyn
Hertfordshire
AL6 9SN

GCH (Heath Lodge) Ltd

Healthwatch Hertfordshire Enter and View Visit Report

Premises visited: Autumn Vale Care Centre

Date and Time of Visit: 4th November 2015 - 10.30am to 1.30pm

Visit Conducted By: Meg Carter (MC) Roger de Ste Croix (RdSC)
Chris Lindeman (CL)

Acknowledgements:

We would like to extend our thanks for the help and cooperation received from the staff, residents and volunteer 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.

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)

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1. INTRODUCTION

GCH (Heath Lodge) Ltd.'s site in Danesbury Park Road (a small narrow lane) is approached from a small country road that crosses over the adjacent A1M. There is adequate signage to the home from this country road which is some $\frac{3}{4}$ of a mile from a local parade of convenience shops but no public transport services are available so access by car/taxi is a necessity.

The Autumn Vale Care Centre provides care and accommodation for up to 69 residents living with dementia and 38 staff which is made up of a mix of (registered nurses and care assistants). The Centre shares expansive car parking facilities with the adjacent Heath Lodge Care Home though we could see no marked disabled bays.

Signage at the entrance to the facility for Autumn Vale Care Centre was clearly distinguished from Heath Lodge. The main entrance was difficult to identify for a first time visitor though Willow Walk, Fern Way and Poppy Meadow entrances were clearly marked (*Recommendation 2, Section 6*) Autumn Vale Care Centre was clearly purpose built some 9 years ago, well designed and laid out in a U shape on a single floor level, taking advantage of the topography of the land which is on a sloping gradient. The building wraps around the communal car park and has a small grassed garden area to the west and southern perimeter boundary. On the west side there is a patio area approached either via a long winding path through a woodland area from the dining area of Fern or via steep steps from the Poppy Meadow end. The patio area contains raised beds that include a sensory garden (herbs) amongst others and space for a barbecue. The area is currently under development by a much appreciated volunteer but currently appeared little used as evidenced by the overgrown pathway.

Overall the facility itself appeared in very good condition, well maintained with modern fixtures, fittings and equipment.

2. FIRST IMPRESSIONS

2.1 On arrival the front door was open, with a further door that was opened for us by a member of staff. The waiting area was pleasant; some outdated framed certificates were on the walls with information leaflets available to read. The Healthwatch poster announcing our visit was on the glass front door which, although in a prominent position, was rather indistinguishable from other posters.

2.2 We were not challenged to show our ID badges and were not asked to 'sign in.' It was apparent that we were expected.

2.3 The acting interim manager Mr Sam Ndlovu greeted us very enthusiastically but seemed unprepared for our visit. He explained that he was the Group Development Manager and had been in post for 5 months travelling some distance to work each day.

2.4 Mr Ndlovu apologised for the cramped surroundings of his office space and explained that considerable investment was ongoing and plans for a new office were being considered. Replacement flooring and repainting had recently been carried out and they had consulted with dementia experts on colour schemes.

2.5 Unfortunately we were unable to discuss our initial feedback with him, in any detail as we had arranged to do between 1 and 1.30 pm, as he had a meeting to attend and taxi waiting at 1.10pm.

2.6 We were not aware that Mr Ndlovu was leaving Autumn Vale at the end of the week. We have been advised that the Regional Manager has taken over until a permanent manager is appointed.

3. FINDINGS

3.1 Environment

3.1.1 The home is split into 4 defined areas all catering for short and long term residential care:

Willow Walk - Blue 17 residents
Willow Walk - Peach 16 residents
Fern Way - 28 residents
Poppy Meadow - 8 residents

3.1.2 These areas were all clean, fresh and well decorated with sympathetic colour schemes and with the exception of a small area at the entrance to the lounge/dining room in Peach where a decorative feature had been taken down. The skirting boards were badly scuffed in contrast to the rest of the décor.

3.1.3 We viewed a number of rooms. All were ensuite and they were either well furnished by the care provider or populated by the residents own choice of furniture to create familiar surroundings. The furniture provided by the care home was standardised but of good quality and fit for purpose. The rooms all appeared to be maintained to a high standard of cleanliness.

3.1.4 One resident confirmed that he could put valuables in a locked cupboard in his room.

There is a safe in the admin office where residents' valuables can be stored.

3.1.5 The manager advised us that residents could vary the temperature in their room. One resident told us he was not aware of this. We are not clear as to how far residents have a choice of wall colour in their room.

3.1.6 We noticed that there was a mirror in the exit door in Willow Blue. It may be confusing for residents with Dementia to see their reflection as they approach this door. ([Recommendation 5, Section 6](#))

3.1.7 We were advised that a dementia champion has not yet been identified.

3.1.8 In Willow Peach the large dining room/lounge had a side room utilised for meal serving. Overall this is a pleasant environment. At the time of our visit the residents were watching 'The Sound of Music' and the chairs were arranged in rows. At meal time it was observed that the majority of residents were sitting up at the tables in groups of four and that the ratio of staff to residents was more than adequate.

3.2 Leisure and Services

3.2.1 Neither specific activities nor any ongoing activity was evident either at the time of our visit; neither did we see a record, for example a photograph of activities that had taken place. ([Recommendation 1, Section 6](#))

3.2.2 A noticeboard highlighting activities throughout the month was difficult to interpret and the type far too small to read standing at the noticeboard.

3.2.3 The Hertfordshire Care Provider Association (HCPA) Smile service is in the initial stages of providing support and a representative was available at the time of our visit but had to leave before we were introduced to him.

3.2.4 We met the activities coordinator who was appointed two months ago. He said he had found the input from Smile very helpful but it will be important to sustain this level of activity once the project has ended.

3.2.5 Mr Ndlovu told us that the residents do spend time in the garden when the weather is fine (it was raining when we visited) Mr Ndlovu explained that he was

hoping to introduce a 'washing line' activity to encourage social interaction.

3.2.6 The location of Autumn Vale means it is difficult for individual residents to go out to the shops, as these are at least 3/4 mile away, down and back up a steep hill. If people go out into the locality this would have to be as part of a group and would depend on the Minibus being available.

The manager told us if a resident wanted shopping the admin staff 'popped out.'

We were told by management that there were outings and they had a minibus/transport although it transpired that this was not being used as the home does not have a qualified driver currently (*Recommendation 1, Section 6*).

3.2.7 The mobile library no longer visits (as Herts County Council has withdrawn the service) but local schools and groups visit on a seasonal basis (e.g. Carol service at Christmas), although this is infrequent.

3.2.8 Residents /relatives meetings appear to be infrequent. One resident's representative told us that the previous meeting was held some 5 months ago and he understood that very few have been held in the last 4 years (*Recommendation 6, Section 6*).

3.2.9 Events are organised to include staff, residents, relatives and friends and the last Fete in July had a good turn out and was enjoyed by all and a charity walk had been suggested. When we visited, Autumn Vale was preparing for a Bonfire and Firework Party.

3.3 Digital Inclusion

3.3.1 No computers / iPads / tablets were seen although a Wi-Fi signal was evident in the main office. However internet coverage appeared to be poor. One resident said he thought this was due to the Home's rural location and that it was only accessible in one bedroom on his unit and in the Admin office. When we requested the password none was given so we were unable to check coverage across the premises. However mobile phone coverage throughout the site was good (*Recommendation 4, Section 6*)

3.3.2 In the initial meeting with Mr Ndola he gave us an example of one resident using Skype and a programme that helped her cognitive behaviour.

3.3.3 All documentation, including forms and procedures, is only available to staff in hard copy format

3.4 Food and Drink

3.4.1 At the time of our visit no menu was seen to be displayed at Willow Peach on the noticeboard outside the dining room although there was an empty picture frame fit for purpose.

3.4.2 New tablecloths had been recently purchased and were expected to be in use the day after our visit. The crockery is plain white.

3.4.3 We are unclear as to how far residents are encouraged to participate in a communal meal time. While there was evidence of this being encouraged in Willow Peach, this did not appear to be encouraged elsewhere. Allowing for the possibility that some residents could not be expected to manage social interaction at mealtimes a number of residents appeared to receive their meals while sitting in their armchair and some without support of a care assistant (*Recommendation 3, Section 6*).

3.4.4 Staff claim residents often chose to stay in their lounge chairs to eat. We observed that some meals were taken between units on a wooden trolley and are concerned as to how the meal is kept hot.

3.4.5 All the staff, residents and volunteer/ residents representatives who were spoken to were very complimentary about the standard of the preparation, quality and quantity of the food provided by the two chefs in residence.

Nevertheless, one short stay resident told us that he had not been involved in menu planning or offered a choice of meal.

The staff member (SN) said that if a resident did not want to eat something when it was served the Chef would arrange an alternative.

3.4.6 There was no sign of any snacks in the rooms. Drinks are readily available on demand

3.4.7 The chef is in the process of becoming a Nutrition champion.

4 MONITORS CONCLUSIONS

4.1 The residents appeared to be well looked after relaxed and treated with dignity and respect. The staff looked happy in their work and their interaction with residents was good.

4.2 It was difficult to engage in meaningful dialogue and obtain reliable information from many of the residents as the majority of them have limited capacity and this inhibited conversation. However, our findings are informed by conversations with staff and one resident's representative.

4.3 The senior staff we spoke to had long service with the home and appeared well trained and experienced for the work that they carry out.

4.4 As noted in 3.2 Leisure and Services of this report, we are less clear about the range of one to one activity. When we visited there appeared to be *no* or *very little* activity taking place and while interaction between staff and residents was caring and attentive this was generally conversation from time to time, without the stimulation of activity. Two residents were observed sitting on their own hugging dolls.

A staff member confirmed that the TV is hardly ever, if ever, turned off.

4.5 Interaction amongst residents at the time of our visit did not seem to be facilitated by the seating arrangements (other than the mealtime observed at Peach unit between those residents who sat at tables) as seating in the lounge area were not grouped.

4.6 We are aware that Autumn Vale has changes in management over a period of time and we observed this to be having some impact on the day to day experience of the residents. For example, a lack of clarity in practice with regard to good practice in dementia care and what appears to be a limited activity programme. Concerns were expressed about senior managements' approach and poor staff morale by one resident's relative who was present during our visit ([Recommendation 7, Section 6](#)).

5 AREAS OF GOOD PRACTICE

1. The staff spoken to had a positive attitude to their work and we observed some good interaction between them and the residents.

2. A pleasant, friendly and caring environment, which is well maintained and furnished and has high standards of cleanliness.
3. Excellent, nourishing and well prepared food.
4. One member of staff emphasised the importance of recognising the individuality of each resident and use of care plans. For example, where possible fixed routines for everyone are avoided if possible e.g. bathing and showering. Effort is made to ensure that day to day routines are tailored to the resident's needs and what s/he can cope with without becoming distressed.

6 RECOMMENDATIONS

1. A diverse range of activities is required and hopefully the new activities coordinator can improve the situation that currently exists. We recommend that management work in liaison with the HCPA Smile project to set up a sustainable activities plan, geared to meeting the needs of all residents, and to provide training and support to staff so that this can be effectively implemented
2. Signage indicating the Main Office Entrance from the car park would alleviate uncertainty on first arrival.
3. The presentation of pictorial menus and activities on the noticeboards could be reviewed so that they are easier to comprehend. Menu choice should be clarified and a more proactive approach taken to encouraging residents to share meal times with other residents at the dining table.
4. We recommend that Wi-Fi coverage throughout the building is reviewed and upgraded as required so that residents can both access digital equipment and are encouraged to do so.
5. Consideration should be given to reviewing how far the environment is comfortable for those living with dementia - for example position and use of mirrors /choice of crockery. The appointment of a dementia champion could support such an initiative.
6. We recommend that residents / relatives meetings are held more frequently, and held at a time more conducive to those who need to

travel a distance in order to attend and not held at the manager's convenience. Minutes of meetings (and previous meetings) should be easily accessible.

7. We strongly recommend that steps are taken by GCH to ensure continuity of senior and middle management at the Home. Autumn Vale has great facilities at its disposal which we observed to be under used. Discussions with some staff suggest there is an understanding of the current shortfall in providing a more stimulating environment in order to enhance the life experience of those in its charge, with poor incentive to remedy this. We recommend that we carry out a second Enter and View visit at approximately six months following the appointment of a permanent manager.

Response from Autumn Vale Care Centre

Since your visit a number of changes and actions have been implemented and a few remain in progress.

- The chairs across all units have been deep cleaned and a plan is in place for this to happen on a quarterly basis,
- We have a painting and decorating rolling programme being established. This month carpet is being replaced within all sitting rooms and the main corridors throughout Fern. Our residents are able to choose the colours for their walls at the point of planning room update.
- A substantive Home Manager has now been appointed, Susan Sim who will be taking forward all actions from your and other reports.
- A dedicated member of staff has been appointed to focus on social inclusion and activities. A daily, weekly monthly and seasonal plan will be in place involving the residents and their families.
- Our chef has been reviewing the menus and our activities co-ordinator, Activities lead and staff are putting in place visual aids to support nutrition alongside the process for engaging residents at meal times and additional snacks.

- Relatives and residents meetings will be planned to take place at least quarterly, advertised in the units and letters of invite being sent to relatives. These meetings will be published and be scheduled to take place at varying times during the evening, afternoon and occasional weekend.