

# HEALTHWATCH HERTFORDSHIRE

## Enter and View Visit Report

Name and Address of Service:

**Forest Care Village**

10-20 Cardinal Avenue,  
Borehamwood, WD6 1EP

Name of Provider:

Forest Healthcare Group



## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** Forest Care Village

**Date and Time of Visit:** Friday 31<sup>st</sup> October 2014  
10.30 -13.30

**Visit Conducted By:** Sundera Kumara-Moorthy (SKM)  
Ken Appel (KA)  
Virginia Kirri-Songhurst (VKS)

### Acknowledgements:

Thank you to the manager Wendy Lawther (WL) for showing us around and answering all our questions so patiently, as well as to the residents, relatives and staff.

### 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:**

A rolling programme of care homes/nursing homes in groups of 12 in order to review results, methodology and outcomes at defined intervals.

We have consulted with Herts Valleys 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 10.30am to 1pm.

## **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

Forest Care Village is a care/nursing home that can provide accommodation for up to 178 residents aged 18 years and over of which a significant proportion comprises of older persons many of them with dementia, and is staffed by a mix of registered nurses and care assistants.

The home comprises of three main units looked after by its individual team leaders.

**Glastonbury unit**, a 58 bedded facility, is located on the ground floor supporting residents of predominantly working age affected by physical and neurological conditions including acquired brain and spinal injuries.

**Avalon unit**, located on the first floor, is a 62 bedded unit, supporting residents over the age of 65 who are frail and some living with dementia.

**Rainforest unit**, is a 45 bedded unit, supporting residents suffering from advanced stages of dementia and or mental health conditions and is split into three sub-units arranged over three floors.

Unit one: Savannah a 9 bedded unit on the 2<sup>nd</sup> floor mainly for residents with early onset dementia.

Unit two: Lavender a 18 bedded unit on the 1<sup>st</sup> floor supporting residents with old age dementia particularly at challenging stages, the theme of which is reminiscence.

Unit three: Sunflower a 18 bedded unit on the ground floor supporting those with a mental health diagnosis but who are not held under the mental health act.

The current capacity of the home was less than advertised due to a rolling programme of refurbishment in progress and on the day of the visit the capacity was said to be 134 and was fully taken up. We were told that on average 70% of the availability was taken up by persons funded by HCC with remaining uptake being taken up by neighbouring authorities, in the main the neighbouring London Boroughs.

This visit was to assess the resident's quality of life in respect of environment, nutrition, plus activities and leisure services including digital inclusion as part of leisure and communication.

We travelled to this facility by car. The home was set back from the main road and was not signposted. On approaching the home large sign posting is present in the immediate vicinity. The property is protected by automatic gates accessed by keypad control and via entry phone by staff and visitors respectively. However the pedestrian side gate was open.

### **Manager's Response:**

The pedestrian gate is scheduled to have an automatic closer fitted to raise security to premises.

It was further noted that the facility was located central to Borehamwood Town, and was accessible by public transport, bus and rail. Bus stops were situated within walking distance on Shenley Road the main thoroughfare through Borehamwood. Elstree & Borehamwood railway station, served by Thameslink, was reachable by foot (10 min) or potentially less by bus.

## **2. FIRST IMPRESSIONS**

**2.1** On arrival we noted that there appeared to be plenty of marked parking bays but given the size of the facility we felt that this arguably was insufficient. Later when asked we were advised that there was another car park on the other side of the complex which was designated for staff use but visitors may be re-directed if no space was available in the main car park. We noted only two bays were marked as disabled bays, the service users' guide suggests that these should be kept free for ambulances.

**2.2** The ground surface from the car park to the front door was even and the approach to the front door of the home was served by paved path accessed by a drop kerb.

**2.3** There is an entry phone system set up by the front door accessible to wheelchair users. The front doors were automatically operated by sensors sensing an approaching person and worked well for wheelchair users. We did not observe any CCTV and outside lighting could not be assessed as the visit was conducted during the day.



**Manager's Response:**

There is CCTV recording coverage both externally and internally across the entire facility. There is external lighting across the car parking areas.

2.4 The entry phone access control was not assessed as the doors were unlocked at the time of visit. On entry we observed a small cluster of seating for visitors immediately inside the door and the main reception desk facing the door. The reception desk had a drop down counter for wheelchair users. There was no hearing loop observed, nor any sign to tell that a hearing loop was in place.

**Manager's Response:**

The home will look into facilitating this.

2.5 The receptionist was on the telephone and there were staff members at the desk signing in. We waited for the receptionist to become free. It must be noted that it would have been easy for persons to walk in or out unchallenged past the reception as the receptionist was distracted by activities and the ease of access through unlocked doors. We were then asked to sign in the visitors' book.

2.6 After making ourselves known we waited at the reception area for the manager. There were newspapers on display for residents to read. There was a leaflet dispenser containing brochures and literature about Forest Care Village Group and also a Service User Guide. Healthwatch Hertfordshire's cards were displayed. Internal signage is good. There were no strong odours noted. The area was clean.

2.7 The Manager arrived to meet us and showed us to a meeting room which had been a former residential room.

2.8 Immediately beyond the reception area to the left there is a large atrium which is laid out in the style of a café lounge. This was very light and airy with plenty of natural light. This area was used by both residents and visitors and appeared to be well utilised. On the day of the visit, a party was scheduled to happen in this area in the afternoon and consequently there was much activity preparing this area for this event.

2.9 Immediately past this café lounge area there were several rooms, some used as offices and at least one set aside as a meeting room. Immediately outside these on the inner wall, we observed a large notice board displaying information, including the activities schedule and resident's outings and activities. There was

also a staff notice board. The Healthwatch Hertfordshire's flyer was not on display. We were advised that there were other notice boards in each wing.

**Manager's Response:**

The notice board in the staff rooms did have a flyer. It was also displayed on all unit notice boards.

**2.10** There is a visitor's toilet on the mezzanine floor accessed by a lift immediately beside the reception desk. This was large enough for access by wheel chair users but it was not equipped for disabled visitors. There are no grab rails and the red emergency cord was cut and was at an inaccessible height for anyone seated who has upper limb mobility issues, and totally inaccessible from the floor.

**Manager's Response:**

Grab rails are going to be installed following this visit. The red emergency cord has been replaced to meet the standard.

**2.11** We did not meet other staff involved in the residents care at this juncture. We explained who we were and the reason for our visit. We then proceeded to ask the manager our questions. After gaining some information about the home, the manager agreed to show us around.

### **3. FINDINGS**

#### **3.1 Environment**

**3.1.1** The different floors are accessed by code controlled lifts and the areas are separated by doors with keypad locks to maintain security. The doors and frames were in reasonable condition although some damage caused by trolleys and wheel chairs was evident. The corridors were all well-lit.

**3.1.2** On the first floor we observed that a number of rooms on Glastonbury were being renovated. We were advised that there is a rolling programme of refurbishment currently in progress.

**3.1.3** Most of the home smelt fresh with no unpleasant lingering odours. However the Lavender unit on the 2<sup>nd</sup> floor, in some areas, had a lingering odour of urine, especially in the reminiscence room. It is noteworthy that at the time of the visit the weather was bordering on a warm and sunny day, and as such windows and doors to the external areas were open allowing fresh air to circulate.

**3.1.4** The en-suite toilet/shower rooms we observed were clean. However the sanitary wear was white against a white background. This has a “white out” effect for those who have visual impairment (like being in a blizzard).

**3.1.5** We were told that the residents had a bath/shower once a week as a minimum dependent on mental capacity but more frequently if requested or needed. Although we asked we did not see a bathroom. All of the rooms have en-suite facilities, this ranged from a wet room to hand wash basin and toilet only.

**3.1.6** We did not see any communal toilets in the corridors throughout the home. One resident who wanted to use the toilet was told to go to his room to use the facility.

**Manager’s Response:**

There are communal toilets on each unit which people can access easily with or without support.

**3.1.7** We observed attractive and varied art work throughout the home in communal areas, in particular in the corridors. The dining room on the 2<sup>nd</sup> floor has a large fish tank.

**3.1.8** The ambiance of the older parts of the home felt more homely. The condition was poor in some places due to wear and tear however the home was clean. There was cleaning activity present throughout the visit.

**Manager’s Response:**

The rolling programme of refurbishment includes all communal areas in addition to individual room areas.

**3.1.9** We saw a lounge/dining room in each wing, an activity area and a courtyard garden. All of these areas were bright and clean. On the whole furniture was arranged nicely around tables in the lounge/dining areas. The chairs were noted to be mostly of the same height. No bariatric chairs were seen.

**Manager’s Response:**

There is a range of furniture available including bariatric equipment as required. At the time of the visit there were no bariatric residents in the home.

**3.1.10** We did not observe, even in lounge/dining rooms any large easy read clocks and any date and day display. Neither did these areas have the name of the home displayed to remind residents where they are living.





**3.1.11** On the first floor, the lounge/dining room overlooks the main atrium. The noise levels from the ground floor area could be a distraction to residents wanting to read, watch TV or desired quiet contemplation.

**3.1.12** In the red lounge/dining room on the 1<sup>st</sup> floor we found a Medical Care Plan Folder which had been left unattended on a side board. We brought it to the manager's attention who dealt with it immediately.

**3.1.13** We were informed that options exist for room decoration to be decided with residents or with the descriptions of their likes and interests from relatives/carers/friends prior to admission. We were told that not many residents were interested but where interest expressed this has been facilitated.

**3.1.14** Residents are allowed to bring in their own pictures, ornaments and furniture. They can bring valuables and have a lockable drawer in their room and they keep their own keys. However due to the forgetful nature of some residents this practise is discouraged as keys could be lost. The home tries to dissuade residents from bringing valuables if avoidable due to security reasons.

#### **Manager's Response:**

However when people choose to do so they are reminded of company policy and risk.

**3.1.15** Residents are allowed to have their own electrical items such as a television, radio or music systems in their rooms subject to safety checks.

**3.1.16** There was a pleasant ambient temperature throughout the home.

**3.1.17** Not all of the rooms are the same size. Natural light is good.

**3.1.18** The residents can use their own room for private conversations or an empty lounge or by prior arrangement with the manager's office. There is no dedicated bereavement room for relatives and friends. Relatives and friends can stay overnight if they wish in these circumstances.

## **3.2 Leisure and Services**

**3.2.1** There is a busy activity timetable that varies from week to week. We saw notice boards in each wing that had information about activities. However we felt that these notice boards were not always easily accessible, and were located in corridors. Some were cluttered and notices directed to residents' did not stand



out. The notice boards were at a height not easily read by wheelchair users on all floors.

**3.2.2** We did not witness any leisure activity during the visit. However it must be noted that the activity staff were preoccupied with organising a Halloween party in the ground floor lounge to involve all the residents to commence at 2pm on the day.

**3.2.3** We saw physiotherapy staff working with several residents walking them with specialist aids.

**3.2.4** There is a hair dressing service available and we observed a resident who had her hair done that morning.

**3.2.5** The lounges in each wing had a television centrally positioned. They were tuned to day time TV.

**3.2.6** One of the first floor lounge/dining rooms had a pop-up unit in the style of a public bar set up in a corner. This did not seem to elicit any special interest from residents at the time of the visit.

**3.2.7** The Manager had not heard of Herts Sport Partnership grants to help with keep fit activities. We left the information leaflet from our pack with her.

**3.2.8** There are monthly residents meetings where the residents have a say about which activities they would like. These include outside activities such as a visit to the local shops, coach trips and parks further afield. There is a mini bus available. There are four fulltime activities organisers employed by the home. However the few patients we spoke to indicated not being able to influence these. Several indicated that the outings were limited and difficult to get on as spaces are limited per event,

**Manager's Response:**

There are regular resident meetings with the activity team where suggestions are requested and where demand is great, additional trips are planned to facilitate all interests.

**3.2.9** There is a courtyard garden accessible to residents off of the Sunflower unit on the ground floor which was being used by a resident.

**3.2.10** The day of the visit was a splendid sunny day, several residents were observed in the paved area immediately outside the front door waiting in the sun in their wheelchairs. Residents were observed smoking in this vicinity.



**3.2.11** It was not clear if residents from other units had ready access to either the courtyard garden or the area outside the front entrance.

**Manager's Response:**

All residents are able to access garden facilities either independently or with assistance; this is facilitated by both care and activity staff teams.

**3.2.12** Residents can also be involved with 'limited' everyday tasks such as laying the tables, etc. although this was contrived as special activity. There are two kitchenettes for residents and visitors to make hot drinks.

**Manager's Response:**

Training is scheduled to expand this and the emphasis is on normalisation of daily activities.

**3.2.13** We spoke to several residents in Glastonbury Unit who indicated they were able to influence the menus. When asked about the quality and variety of the meals the residents response was non-committal.

**Manager's Response:**

There is a weekly residents meeting with the catering manager. People are able to discuss concerns and preferences at this time in addition to as they require or desire.

**3.2.14** There is a laundry service for residents. One relative we spoke to told us that clothes have gone missing and that they have found their relative dressed instead in somebody else's clothes which was upsetting.

**Manager's Response:**

There is a complaints procedure which people are encouraged to use, issues such as this will always be addressed immediately. The home encourages people to ensure that clothing is named with discreetly sewn in labels to ensure dignity.

**3.2.15** There was no evidence of the mobile library visiting either the home, or other provision for residents to access library facilities but there was a variety of books around the lounges.

**Manager's Response:**

A large number of residents do access the local public library service either independently or with assistance as required.



**3.2.16** There is a small activities room that used to be a bathroom. The room was dark as the window was small and frosted. There was a large blackboard which can be used by residents to write on.

**3.2.17** There is a reminiscence room set up as a vintage living room but this is underutilised by residents and is due to be re-assigned.

**3.2.18** We were told of occasional visits by community organisations such as schools.

**3.2.19** The manager told us that if a resident wants to stay in bed for the day then as long as it is not contrary to health, they are not forced to get up. Residents can stay in their room if they so wish during the day, staff will always try to encourage socialising and taking part in activities, **but the resident choice is respected.**

**3.2.20** There is no named Dementia champion at the home. But most staff, are said to be dementia trained. Registered mental health nurses work in the home.

**3.2.21** There is no named Nutrition champion at the home. There is no dietician employed by the home, but we were told that the home relied on community dietetic services.

### **3.3 Digital Inclusion**

**3.3.1** There were several computers set up for residents use in Glastonbury unit (Red lounge) and the ground floor atrium coffee lounge. However we did not observe any residents using these. There was no evidence of Wi-Fi deployment in the home as one of the monitors tested this with his smart phone.

#### **Manager's Response:**

There are routers placed around areas of the home to facilitate WIFI access. A code is required to access and is provided on request.

**3.3.2** The manager said that Forest Healthcare may be looking into the use of iPads for those living with dementia.

### **3.4 Food and Drink**

The team split to observe mealtime. One monitor observed the two lounge/dining rooms on the first floor accompanied by the unit manager, and the other observed



the meal service on the 2<sup>nd</sup> floor. The remarks below apply to observations in general unless otherwise stated.

**3.4.1** Residents have the opportunity to be involved in choosing menus at the residents meeting. There is a choice of two main courses on the menu. There are picture menus on display on the notice board on the 2<sup>nd</sup> floor, for those who cannot manage the written version. The food is chosen the day before.

**Manager's Response:**

However there is also an alternative menu if people have a different preference on the day.

**3.4.2** The food is prepared freshly in the home kitchen. Sandwiches and snack boxes are available in each wing for residents who ask for food at non-meal times. Special dietary needs, i.e. religious, ethnic and medical, can be catered for if required.

**3.4.3** Drinks were available any time and some residents could make their own if are able. We saw water and juice jugs in the dining areas.

**3.4.4** Residents can eat in their own room if they wish. We observed the lunch service at 12.30pm.

**3.4.5** We observed the residents being brought into the dining area - no hand washing was observed nor were any wet wipes available on the table to clean their hands prior to eating. Residents were brought into the dining room but were not always seen to be offered a choice where or with whom they wished to sit. The tables were laid out in advance.

**3.4.6** The residents were offered fruit juice or water at the table. The first course was served once most of the residents were seated. The food we did see the residents eating looked appetising and well prepared. The pudding was served separately after the main course. We asked those who had finished eating about the food, if it was hot and if they had enough. Most were happy about temperature and portion size.

**3.4.7** There is no particular process to identify those residents who need help with eating; however it was evident that the staff were familiar with the resident's needs. We observed staff helping with feeding several residents who were eating their meal in the lounge on individual tables. One of the carer's who we observed to be feeding a resident had put too much food on the fork and the resident spat



it out, and then took the fork from the carer and proceeded to feed himself the remainder of the meal without any difficulties.

**3.4.8** A visitor told a monitor that their relative (resident) appeared to enjoy the food however some of the food was not appropriate, i.e. spaghetti, for persons with dementia. She also said that they had visited at meal times and found her relative eating with hands as no cutlery had been provided. This resident had not been seated at the main table. Menu choices are made following the preference of the individual.

**Manager's Response:**

There may be times when a resident makes a choice that may seem inappropriate, however the team try to facilitate choice wherever possible.

**3.4.9** The dinner plates used had good colour contrast to the table and some plates were observed to have deep rims around the edge to stop food falling off. No special cutlery was observed at the time of visit.

**Manager's Response:**

Where assessed as a need specialist equipment is provided.

**3.4.10** There were no condiments laid out on the tables/trays, however staff were offering these to residents who requested them.

## **4. MONITORS CONCLUSIONS**

4.1 The home is a modern purpose built residential home. The home seems to be well maintained and cared for. The general ambience seemed homely.

4.2 The manager readily answered our questions and took us around the home.

4.3 There is a friendly and welcoming atmosphere and on the whole the residents generally seem well settled, happy and well cared for.

4.4 As the meal service commenced the team split with each monitor observing meal time in respective wings. The residents appeared to be enjoying their meals at the time of our visit.

4.5 At present there is no Wi-Fi available on site and therefore no digital inclusion for the residents. There were PC's located for use of residents in one unit (Glastonbury) but was not being used at the time of visit.



**Manager's Response:**

There is WIFI access via routers throughout areas of the home; however an access code is required which is available on request. There are 2 PCs on the ground floor unit and one on the 1<sup>st</sup> floor, all with internet access.

4.6 There appeared to be a wide and varied time-table of activities for residents, but we will recommend that these are prominently displayed in lounge/dining areas for easy access to residents and that some of these could be in a pictorial format.

4.7 Staff that we spoke to were happy and satisfied that they were well trained for the work they had to do.

4.8 Due to the residents communicational difficulties it was hard to gain information from other than a few during this visit. Findings not witnessed by ourselves are based on information supplied by staff.

## **5. AREAS OF GOOD PRACTICE**

5.1 Vibrant and attractive art work displayed throughout the communal areas of the home.

5.2 The staff seemed happy in their work.

## **6. RECOMMENDATIONS**

6.1 Improve car parking, increasing the spaces allocated for disabled drivers. There are several disability vehicles kept by residents on the premises which generally are parked within the disabled spaces.

**Manager's Response:**

The home have requested that these are parked in the rear car park to provide additional space for visitors.

**6.2** Appoint a named Dementia Champion, Nutrition Champion and also explore the possibility of taking advantage of Herts Sports fund.

**Manager's Response:**

Champions will be appointed following the scheduled training. Herts Sports fund information has been shared with activity and therapy staff and residents and will be explored.

**6.3** Provision of communal toilets for residents' use, instead of requiring residents to rely on their en-suite facility at all times.

**Manager's Response:**

There are communal toilet facilities around all units.

**6.4** Introduce colour contrast between sanitary wear and walls in all toilets/wet rooms in line with recommendations for visually impaired and dementia affected users.

**Manager's Response:**

The dementia unit is scheduled for refurbishment between January and March 2015; this will be included as part of the improvement plan. This will also be considered for other areas of the home.

**6.5** Consider installing a large type-face clock and date display together with the name of the home prominently in all activity/lounge/dining areas.

**Manager's Response:**

This has been actioned following the visit. The dementia areas already have 'orientation' clocks in place (day and time of day display morning/afternoon/evening). Alternative clocks will also be installed.

**6.6** Improve communications of residents meetings; display published minutes to demonstrate that their feedback is important and taken into account.

**6.7** Provide fully equipped disabled toilet (serviceable red-cords, which means two bangles one at midway point and other just off the ground; grab rails etc.). Please refer to Building Standards for provisions covering fully accessible disabled toilets.

**Manager's Response:**

This has been actioned and in progress.





**6.8** Display pictorial activity schedule and pictorial menus in lounge/dining areas for easier visibility and understanding.

**Manager's Response:**

This is in progress.

**6.9** Provide regular refreshers to carers helping to feed residents.

**Manager's Response:**

Training has been provided for care staff and continues in regard to assisting people to eat.

**6.10** Provide more reminiscence artefacts, i.e. specifically themed areas such as sea side etc., around the home, especially in dementia units.

**Manager's Response:**

There are plans in place in line with the refurbishment for the dementia unit which includes reminiscence items and themed areas.

**Manager's Update 13/02/15:**

In terms of actions - all areas have either been completed or are in progress currently.

The major refurbishment in the dementia areas has commenced with new corridor flooring. Decorating and themed areas have been scheduled to commence in the next week. All bedroom doors will be painted to a colour of resident choice and will be furnished to appear like a normal house front door.

Ground floor toilet - all actions completed with grab rails and pull cord fully in place, also redecorated during the process.

Picture menus have also arrived this week to aid mealtimes with photos of each meal choice.

Resident meeting minutes are more easily available - always on request but now on a 'what's new' board for information.