

HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Name and Address of Service:

Greenbanks Care Home

Greenbank Road Watford Hertfordshire

WD17 4JR

Name of Provider:

Runwood Homes



Healthwatch Hertfordshire Enter and View Visit Report

Premises visited:	Greenbanks Care Home
Date and Time of Visit:	28 th January 2016 10.30 am - 1.30pm
Visit Conducted By:	Phil Redshaw (PR) and Sundera Kumara - Moorthy (SKM)

Acknowledgements:

Thank you to the manager 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:

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

This 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

Greenbanks is a care home that can provide accommodation for up to 66 older people

This visit was to assess the resident's quality of life in respect of environment, nutrition, plus activities and leisure services. For the first time we will also be looking at digital inclusion as part of leisure and communication.

We travelled to this facility separately, PR by car and SKM by Taxi. The home was set back from the main road in a quiet and pleasant location, however there was no sign posting from the road which made it difficult for the taxi driver to find. PR had prior knowledge of the location.

2. FIRST IMPRESSIONS

2.1 On arrival there was free parking available with some areas reserved for disabled use and service vehicles. The terrain had a slight gradient and there is a raised pathway between the care home and the adjacent day centre which could cause problems to a self-propelled wheelchair user arriving by car.

2.2 The outer door to the entrance lobby did not have an opener for wheelchair users which could prove difficult. Once inside the lobby there is an entry phone system set up on the wall by the front door, this could cause a problem for wheelchair users due to the height (One must bear in mind that wheelchair users may also have upper limb impairments). There did not appear to be any CCTV and the effectiveness of outside lighting could not be assessed as the visit was conducted during the day.

2.3 The answerphone was answered promptly and having identified ourselves we were we introduced to the manager of the home. We were welcomed and asked to sign the visitor's book.

2.4 The decoration in the reception area was bright and there was no unpleasant odour as you entered. The reception was quite busy with residents and staff. There was an area set aside where visitors, staff and residents could sit comfortably. There were notice boards and posters displaying a variety of



information, this included the activities schedule and the resident's newsletter. The Healthwatch flyer was on display in the lobby.

2.5 There were toilets in the vicinity of the lift to the second floor. We were initially shown to the manager's office so that we could ask the manager questions. On the way to the manager's office we passed a large lounge where residents were enjoying ten pin bowling. After our initial discussion with the manager she agreed to show us around.

3. FINDINGS

3.1 Environment

3.1.1 Greenbanks is a care home that can provide accommodation for up to 66 older people. The home receives the additional complex care premium. Resident rooms are located on two floors, the upper floor has 34 rooms catering for special needs residents and two rooms for respite. The lower floor has 32 rooms catering for persons living with dementia.

3.1.2 Each floor has two wings which radiate from the entrance lobby. There are four dining rooms, one per each wing on either floor, although residents can choose to eat in their own rooms. Numerous bathrooms and toilets are provided on both floors. Co-joining the entrance lobby is a large lounge for use by residents. Access to an outside garden area is available via this lounge. We did not make a close examination of the garden area although given the weather at the time of the visit its visual appearance gave a welcome aspect.

3.1.3 Residents are free to move throughout the building but there are security devices fitted to external doors and other areas have locking doors.

3.1.4 The décor in the communal corridors was bright and the walls had items attached which were theme co-ordinated. The theme depicted in the corridors varied as we progressed through the home. It was suggested that the paint colour could be changed in line with the theme. This could help residents with dementia locate their rooms more easily. Each themed area could also be given a name which could be used to signpost visitors to different parts of the building.

3.1.5 Residents have been allowed to personalise their own rooms including the entry area. Décor is the responsibility of management although residents are allowed to provide their own possessions including beds if considered. Each room



has a lockable drawer for valuables, residents can also keep valuables in the office safe.

3.1.6 Throughout the visit all areas visited appeared clean, uncluttered and well maintained. There were seating areas at various points throughout and all furniture and fittings where considered suitable and in good condition.

3.2 Leisure and Services

3.2.1 Residents are offered a weekly choice of activities which is advertised on posters throughout the home (See below). The home has a member of staff whose responsibility is "Activities Co-ordinator"



3.2.2 Residents are also able, with supervision, to help with gardening and meal provision

3.2.3 Local schools also visit the home throughout the year.

3.2.4 A mobile library service is provided which includes provision of "Talking Books".

3.2.5 A hairdresser visits twice per week.

3.2.6 Outings are also arranged throughout the year. Photographs of past outings



were on display. Several residents confirmed taking part in such activities.

3.3 Digital Inclusion

3.3.1 Wi-Fi is available although coverage is limited. Residents however are not provided with access to computing facilities and would need to provide their own access equipment.

3.3.2 There were no dedicated digital aids used to stimulate residents living with dementia.

3.4 Food and Drink

3.4.1 Food preparation is undertaken in the kitchen on site.

3.4.2 The lunchtime meal service was observed. Some residents were not present in the dining room, but a member of staff took their meals to them in their room.

3.4.3 The residents were offered hand wipes in preparation. The tables were set with standard cutlery. No special utensils were observed, but when asked we were advised that if required it would be provided.

3.4.4 Meals were delivered from the kitchen in large trays and put on to individual plates by staff members. Residents had previously indicated their choice of meal but staff checked with everyone before serving their meal.

3.4.5 Visual examination indicated that the food was of a good standard and was at an acceptable temperature. Very little food was not eaten which was a good indication of resident satisfaction.

3.4.6 Everyone was given a choice of drink with their meal.

4. MONITORS CONCLUSIONS

We had various conversations with staff, residents and visitors. No concerns were raised and the responses verified that residents overall wellbeing had improved since moving to the home. Meetings are held with residents monthly (minutes were displayed) and there are meetings with their relatives twice per year where day to day activities including catering can be discussed.

Overall our impression of Greenbanks was that their provision of service was good.



5. AREAS OF GOOD PRACTICE

- 5.1 Staff morale appeared good and this was reflected in their treatment of residents.
- 5.2 Weekly pictorial activities programme posters.

6. **RECOMMENDATIONS**

- 6.1 Consider changing the paint colour of corridors whenever there is a change of theme. This could help residents locate their rooms more easily. It was also suggested that contrasting colours be used to assist visually impaired residents.
- 6.2 Consider naming each themed area which could be used to signpost visitors to different parts of the building.
- 6.3 Digital inclusion to be improved by extending Wi-Fi cover to the entire complex. Consider providing workstations in communal area where residents may use them with or without staff support, and providing digital applications that stimulate residents, especially those living with dementia.

Please see Page 9 for the action plan from Greenbanks



Healthwatch Response and Action Plan

Home: Greenbanks

Manager: Florence Gamino

Date of Visit: 28/01/16

Recommendations	Response	Action
6.1 Consider changing the paint colour of corridors whenever there is a change of theme. This could help residents locate their rooms more easily. It was also suggested that contrasting colours be used to assist visually impaired residents.	This has been considered to change the paint colour whenever there is a change in theme to differentiate each area as well as the colour contrast.	To include in the homes décor plan.
6.2 Consider naming each themed area which could be used to signpost visitors to different parts of the building.	Residents has been consulted and given us ideas of what name they would like to call the themed areas.	To discuss with dementia manager regarding different sign post.
6.3 Digital inclusion to be improved by extending Wi-Fi cover to the entire complex. Consider providing work stations in communal area where residents may use them with or without support, and providing digital applications that stimulate residents, especially those living with dementia.	Internet service provider has been changed including the router, speed and connections has improved but the coverage area still limited to 150 meters from the reception area. Wi-Fi is also available on the first floor adjacent to the reception area and front part of the home. There is currently no computer, tablet or I-Pad for residents to use. Discussed the use of digital applications in resident meeting only one who showed interest and she already have her own I-Pad. Residents who bring their own I-pad/tablet is supported and given access to use Wi-Fi facilities in the home.	To source/fundraise I-Pad or computer to be used by residents in the home. Work stations to be identified.

