

# HEALTHWATCH HERTFORDSHIRE

## Enter and View Visit Report

Name and Address of Service:

**Houndswood House Care Home**

Harper Lane,  
Radlett, WD7 7HU

Name of Provider:

**Speciality Care (REIT Homes) Ltd**



## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** Houndswood House Care Home

**Date and Time of Visit:** Tuesday 10<sup>th</sup> June 2014  
11.00 -13.30

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

### Acknowledgements:

Thank you to the manager Debra O'Hare (DOH) 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 11am 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)

## Healthwatch Hertfordshire Enter and View Visit Report

### 1. SUMMARY and CONCLUSIONS

The home is an extended 18<sup>th</sup> century house set in extensive grounds. The home seems to be well maintained and cared for, although some of the high traffic areas are marked and worn. The general ambience seemed homely.

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

There is a friendly and welcoming atmosphere and the residents generally seem well settled, happy and well cared for. There were however a few noticeable exceptions, where the resident or relatives/carers alluded to dis-satisfaction.

There were relatives present during our visit who expressed mixed feelings, and negative feedback in regards to quality and choice at mealtimes.

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.

At present there is no Wi-Fi available on site and therefore no digital inclusion for the residents.

There appeared to be a wide and varied time-table of activities for residents.

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

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.

## 2. INTRODUCTION

Houndwood House is care/nursing home that can provide accommodation for up to 49 older persons many of them with dementia, and is staffed by a mix of registered nurses and care assistants.

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 by car. The home was set back from the main road in a quiet and pleasant location, however the drive way from the road (Harper Lane) was not tarmacked and was badly rutted which provided for an uncomfortable drive to the home.

### **The Manager stated that:**

Houndwood House does not own the access road up from Harper Lane, however the parking area surrounding Houndwood House has recently been assessed and reviewed and resurfacing is planned. This will take place in stages.

## 3. FIRST IMPRESSIONS

3.1 On arrival there was plenty of parking for staff and visitors; the bays in the front of the home are unmarked, in particular no marked disabled bays were observed and there were cars parked against the bushes. This presented an untidy view for the rooms overlooking this area. The car park at the side/rear of the building is tarmacked and sign posted.

### **The Manager commented:**

**\*\* Re: marked disabled bays, this is valuable feedback and is something we will look into when the resurfacing is complete - thank you.**

The ground from car to front door was generally uneven and rutted, (see note above) and the approach to the front of the home has unevenly sloping terrain which presented an uncomfortable access to a self-propelled wheelchair user.

The kitchen was situated at the front of the building and as one approached the building a strong odour of cooking was noticeable and lingered with the visitor until one entered the building.

**3.2** 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 outside lighting could not be assessed as the visit was conducted during the day.

**The Manager commented:**

The keypad entry system is set at a height that may be difficult for wheelchair users with upper limb impairments to access however there is a large doorbell on the other side of the doorway set at a lower, accessible height that can be used to summon assistance.

**3.3** The entry phone was answered quickly and the door was opened by a staff member of the home. We were welcomed and our reason for the visit was ascertained. We were then asked to sign the visitor's book but our identification badge was not checked. There appeared no dedicated reception desk. The signing in book was located on a table in the vestibule.

**3.4** The decoration was bright and there was no unpleasant odour as we entered a small hall way. There was an area set aside with a few chairs where visitors could sit.

**3.5** A larger inner hall way is reached via a locked door where two notice boards were noted - displaying information, including the activities schedule and the other displaying photos of resident's outings and activities. The HwH flyer was on display. We were advised that there were three notice boards, in each wing and a staff notice board(not observed), where the HwH flyer was displayed, and as such the manager had taken photo copies of the laminated one supplied by HwH to deploy to all.

**3.6** There is a visitor's toilet which was large enough for access to a wheel chair user. We were then led to the manager's office. 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.

**3.7** We had been pre-warned that the manager and some staff had to attend a funeral by 2pm, and therefore we would need to conclude the visit promptly at

1pm. We apologised to the manger if our questions seemed 'rushed' as we had quite a lot to get through to do our visit thoroughly.

## 4. FINDINGS

### 4.1 Environment

4.1.1 The home comprises of two wings - Primrose and Magnolia, providing 49 units in total (discrepancy as the web site indicates 57). The Primrose wing accommodates residents with higher dependency needs.

#### The Manager said:

Houndwood House was previously a 57 bedded home when operated by another Care Company. Four Seasons Health Care took over operations in 2010 and deregistered 7 beds. Unfortunately it is not possible to remove the old websites however if the Internet search is via Four Seasons Health Care website to Houndwood House site is fully up to date and informative.

4.1.2 The home is laid out over two floors and different 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 are all well-lit.

4.1.3 There is comfortable seating present in some corner areas in the passage ways interconnecting the two wings. Some of the carpets are a little worn especially around the doorways.

4.1.4 The home smelt fresh with no unpleasant lingering odours. It is noteworthy that at time of visit the weather was warm bordering on hot and sunny, and as such all windows and doors to the external areas were wide open allowing fresh air to circulate. There was one exception, being in the vicinity of the bathroom in Primrose unit which on approach had an unpleasant and noticeably strong odour of urine.

4.1.5 The communal toilets and bathrooms/shower rooms were clean. Good pictorial signs were used to good effect, however there are no dedicated male/female toilets identified by signs.

4.1.6 We were told that the residents had a bath once a week but more frequently if requested or needed. All of the rooms have ensuite facilities for the residents to strip wash we were told.

4.1.7 There was cleaning activity present throughout the visit.

4.1.8 We saw a lounge and dining room in each wing, an activity area, quiet area and a conservatory. All of these areas were bright and clean. Furniture was arranged nicely around tables in dining rooms. The lounge areas, which also were thoroughfares, had seating arranged along the wall, not conducive to encourage social interaction. The chairs were noted to be mostly of the same height.

**The Manager commented:**

**\*\* We have previously tried to group seating facilities but due to the needs of the Residents, the majority requiring hoisting, we have to have clear access to the chairs.**

4.1.9 Only the dining rooms (one per each wing) had large easy read clocks and date and day displayed. None of these areas had the name of the home displayed to remind residents where they are living.

4.1.10 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. No evidence of take-up of this was observed.

4.1.11 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 most 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. The home also has a safe where residents' valuables may be kept.

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

4.1.13 There was a pleasant ambient temperature throughout the home. It was a very warm day and the windows and patio doors were open.

4.1.14 Not all of the rooms are the same size, some overlook the front drive, some the rear car park and others the extensive garden/grounds. Natural light is good.

4.1.15 The residents can use their own room for private conversations or an empty lounge or by prior arrangement the manager's office. There is no bereavement room for relatives and friends.



**4.1.16** Relatives and close family members can stay at the home if a resident was very ill. They can be accommodated in an empty room if available, or if more appropriate, a mattress could be provided in the resident's room.

## **4.2 Leisure and Services**

**4.2.1** There is a busy activity timetable that varies from week to week. The notice boards in each wing had information about activities. We would like to commend these, especially as they are very informative and clear by incorporating pictorial information and large text size.

**4.2.2** We witnessed a group of residents doing some gentle exercises with a balloon supervised by the activity co-ordinator in the lounge on Magnolia wing. There seems to be a good rapport between residents and staff.

**4.2.3** The lounges in each wing had a television centrally positioned. Both were tuned to 50's music broadcast playing.

**4.2.4** We saw games, jigsaws stored in the corner of the conservatory. There is an electric organ in the conservatory, which we were told is played by one resident.

**4.2.5** 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.

**4.2.6** There are quarterly residents meetings where the residents have a say about which activities they would like. These include outside activities such as a visit to a local swimming pool and coach trips to museums and shopping are also available. There are three fulltime and one part-time activities organisers employed by the home. However the few patients we spoke to indicated not being able to influence these.

### **The Manager commented:**

Activities are discussed in residents' meetings, suggestions taken on board and activities planned accordingly.

**4.2.7** There is a substantial garden with a large patio area with raised beds and seating. Both the grounds and patio were in a very good state of maintenance. There is a large canopied area over the patio with seating arranged to allow residents to sit outdoors.

**4.2.8** The day of the visit was a splendid sunny day and the patio in the garden was being used to seat all residents who wished to go outdoors. We witnessed an immobile resident being moved out to the patio by wheeling the chair out.

**4.2.9** Residents from Primrose, either in wheelchair or ambulant disabled, had to access the garden via patio windows in Magnolia wing and pass through the dining and lounge area to access their own wing. This is because the only level access to the garden and patio is from Magnolia wing as the direct access to the outside space from Primrose wing is via the conservatory and a couple of steps.

**4.2.10** Residents can also be involved with 'limited' everyday tasks such as laying the tables at meal time etc., but they are not allowed in the kitchen.

**4.2.11** A visitor we spoke to indicated that their relative was not happy with meals provided - neither the choice nor quality. However when the resident had been spoken to before the relative arrived, they had not complained about the food except to state that 'one did not always get what one asked for'. This family member also indicated that although there was a residents committee little or no material contribution was possible. We noted the same remark from another resident. Yet another visitor confirmed the same, but did not have time to (or was unwilling to) expand on this. We left HwH contact details with visitors we had spoken to.

**Regarding the 'residents committee', the manager commented:**

**\*\*** There are quarterly minuted Residents meetings where suggestions are taken on board and acted on. Relatives/ Visitors do not attend Residents' meetings. There is also quarterly, minuted, Relatives and Friends meetings where feedback is listened to and acted on. Minutes of both meetings are displayed on notice boards, minutes of Relatives meetings are also sent out to next of kin. Healthwatch did not notice this.

**4.2.12** The manager said that the mobile library visits quarterly and leaves a box of books and materials. There was no indication that residents could directly make a selection. One resident told us that staff members obtain books for her from the local library. We did not see evidence of talking books or Braille publications at time of visit although we were told that they could be accessed.

**4.2.13** At present there were no regular visits by community organisations such as schools or scout/guide groups. The deputy manager told one of the monitors that volunteers are not currently used. There is a church/religious service every last

Friday of the month. A pastor visited the home until recently, but due to family (pastor's) reasons these visits have ceased for the moment

**The Manager said:**

It can be difficult to get volunteers as we are a private company and volunteers tend to go to non profit organisations.

Houndwood House had a volunteer activities person for over a year before she then joined our bank team and we also previously worked with a volunteer therapist.

**4.2.14** 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 at the end of the day it is the resident's choice.

**4.2.15** There is no named Dementia champion at the home. But most staff, especially on Magnolia wing are dementia trained. There are a number of trained mental health nurses on the staff including the deputy manager who works in both units. There are two trained dementia mappers and two staff trained to deliver "The Resident Experience" training.

**4.2.16** there is no named Nutrition champion at the home. But we were told that the Chef was trained to consider the nutrition needs of the residents.

**4.2.17** We observed a piano in one of the lounges and an electronic keyboard in the conservatory. We were told that one resident played the piano in the lounge.

### **4.3 Digital Inclusion**

**4.3.1** There were no computers set up for residents use. We were told by the manager that they had problems with Wi-Fi deployment. The manager stated that they have a programme of work in planning to install WI-FI in the future.

**4.3.2** However it was said that one resident had a laptop computer and mobile phone and was able to access the internet from their room. (Accessed through own telephone line).

**4.3.3** There is no plan to introduce digital tools (tablets etc.) to embrace stimulation such as pictorial/memory games, which will not require access to internet connectivity.

## **4.4 Food and Drink**

The team split to observe mealtime in both units. One monitor remained in Primrose wing, and the other accompanied by the deputy manager observed Magnolia wing. The remarks below apply to observations in both wings unless otherwise stated.

**4.4.1** 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 and there is a picture menu for those who cannot manage the written version. Staff help residents to choose their meals.

**4.4.2** 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.

**4.4.3** Drinks were available any time and some residents could make their own if able. We saw water and juice jugs in the dining areas, and some snacks. We were present during the morning tea break.

**4.4.4** Residents can eat in their own room if they wish. We observed the lunch service at 12.30pm. Food can be brought in by relatives but storing and reheating is governed by food hygiene rules. One resident's relative stated that they brought in meals for the resident who was generally unsatisfied with the menu choices.

**4.4.5** 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 and were offered a choice where or with whom they wished to sit. The tables were laid out in advance.

**4.4.6** 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 and everyone seemed to enjoy this. 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.

**4.4.7** 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. Some residents were having their lunch in their own room; at least one resident was in the company of their family in their own room.

**The Manager said:**

Residents' dietary requirements and support needs are clearly and fully documented in their care plans.

**4.4.8** Pictures of food and drinks were displayed on the wall in the dining room of Primrose wing, which we felt was a commendable practise particularly for the residents in the nursing wing.

## 5. RECOMMENDATIONS AND AREAS OF GOOD PRACTICE

### 5.1 Recommendations:

**5.1.1** Improve the long private drive/road access, so that visitors and residents travelling to/from experience a comfortable (and pain free) journey to the home. The state of disrepair of the access road may be of particular concern for residents transported by the ambulance service.

**Response:**

Houndswood House do not own the whole of the access road but plans are already underway to resurface the surrounding driveway.

**5.1.2** Smoothing out path to the front entrance - To avoid self-propelled wheel chair from tipping forward when wheel hits ruts and pot holes.

**Response:**

See 5.1.1

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

**Response:**

This will be looked at and plan to be implemented.

**5.1.4** Provision of bereavement room - For Communication, privacy, dignity and respect. A dedicated room is needed to prevent interruption. This should contain information about the next steps following bereavement and information about counselling and groups who can help.

**Response:**

Houndswood House does not have an available room that can be used as a bereavement room however families can be offered use of the conservatory or quiet lounge. For communication in private with either the Nurse or Management team, the use of the Nurses station or Managers office is available. Nurses and Management provide information about the next steps following bereavement.

**5.1.5** Signage on communal toilet doors to indicate male or female (can be interchangeable to suit clientele- so that residents can identify the right toilet to use preserving privacy and dignity.

**Response:**

The number of communal toilets equals one to eight persons and therefore cannot be gender specific.

**5.1.6** To improve signage on accessible toilet doors indicating side of transfer, to maintain dignity and safety.

**Response:**

Residents who are able to access toilet facilities independently are orientated to the environment on admission and are able to identify the toilet appropriate for their needs. Those that are not able to access the toilet independently are accompanied and supported by staff for safe access to facilities.

**5.1.7** Install large type-face clock and date display together with the name of the home prominently in all activity/lounge areas in much the same way as it's implemented in the dining rooms.

**5.1.8** Improve the residents meetings; publish minutes, to demonstrate that their feedback is important and taken into account.

**Response:**

Residents meeting minutes are displayed in each unit. Previous minutes are reviewed at the beginning of each meeting.

**5.2 Good Practice:**

**5.2.1** This report has highlighted excellent use of outside space available to the Home for the benefit of residents.

**5.2.2** The clear descriptive activity time-table prominently displayed on resident notice board in both wings, is also highly commended.

**5.2.3** Display of pictures of food and drinks on the wall in the dining room in the nursing wing.