

HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Heath Lodge Care Home

Danesbury Park Road

Welwyn

Hertfordshire

AL6 9SN

Gold Care Homes

Healthwatch Hertfordshire Enter and View Visit Report

Premises visited: Heath Lodge Care Home

Date and Time of Visit: Thursday 12th June 2014
10.30 -13.30

Visit Conducted By: Tim Sims (TS) and Virginia Kirri-Songhurst (VKS)

Acknowledgements:

We would like to thank the interim manager for taking the time to show us around and answer our questions and we would like to extend our thanks for help and co-operation to the staff, residents and visitors.

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 10.30 am to 1.30 pm.

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

Heath Lodge care home provides care and accommodation to 67 residents over the age of 65 years. It also claims that it “can cater for more extensive personal needs including being skilled enough to offer packages for people suffering from dementia”. Respite care is also provided.

2. SUMMARY

This home has had ongoing problems with permanent management and as a result of the lack of leadership; training and staff retention has been a problem. There is an interim manager present who is waiting for a new manager to start at the end of the month.

The home and services offered seems to have been in decline though the interim manager has tried to make improvements whilst in post. There is no dementia champion.

The home is in a bad state of repair and needs redecoration in all areas. There is a garden to the front of the building which is bright and well furnished, it provides the opportunity for residents to do a bit of gardening by potting plants into containers. Activities were happening at the time of the visit but not all residents were engaged.

There seems to be a problem with food and its presentation at meal times and the staff require more training in feeding and encouraging residents to eat. Food wastage was high. Despite all of these problems the residents appeared clean, well dressed, cared for and fairly happy. The staff were engaging and encouraging residents and spoke to them respectfully and treated them with dignity, they were helpful and polite.

The staff wear the same uniforms as different levels of trained nurses when in fact there are no trained nurses employed, this is misleading and confusing to residents especially those who may have come from hospital and also for the visitors.

Due to the mental capacity of the residents it was difficult to gain their views, visitors present gave mixed views on the care and quality of life their relative was experiencing. Some were happy others appalled.

3. FIRST IMPRESSIONS

3.1 Heath Lodge is situated in Danesbury Park road but there is no signage at either end of the road to advertise it. It was not particularly easy to find, the best approach was from the Great North Road as the other side of Danesbury Park road is an unmade road (single lane.) No shops or bus stops were noted on the way to the home as advertised on the website.

Heath Lodge was originally built as a hotel in the 1970's which had been converted to a care home in 1996. Set out over three floors. The building looks dated. There is a small garden area to the front where some residents were enjoying the sunshine; this would not cater for all of the residents should they wish to sit out together.

3.2 A patio area /walk way is wrapped around one side of the building but this was not well kept and needed some gardening.

3.3 There is good parking but without marked disabled bays. The car park is shared with a nursing home on the same site (in the same group).

3.4 There is a fenced off area where there are three caravans situated closely together with little recreational space. The interim manager told us that this was for recruited overseas staff who had not yet found accommodation.

This makes an unpleasant outlook for residents whose rooms overlook this side of the building as the caravans were dirty and lines of washing were present.

3.5 The approach to the entrance was by steps or a ramp and was easily identified. The front door was open and on questioning the IM (interim manager) this is not locked. There is a reception area where outdated framed award certificates are on display. There is a collection of photos depicting residents involved with activities and parties but these were dated 2012, no up to date photos displayed.

3.6 There were some information leaflets; the Healthwatch poster was on display on a notice board by the front door. There was no signage to tell visitors the name of the manager in charge. We were not challenged to show our ID badges and although there is a signing in book we were not asked to sign in.

3.7 The IM greeted us and asked us into the front office. We explained who we were and why we were visiting the home. The IM explained the current situation about the management problems and told us that historically it had not been good and the home and quality and provision of services had suffered.

A new manager has been appointed and will start at the end of June 2014, the IM will handover over in a period of two weeks. There was no duty rota on view and we were told that this is kept in the staff room. The IM agreed to show us around the home. To access the residential area there is a locked door operated by a keypad so that even though the front door is unlocked, no one can enter or leave the residential area without a member of staff.

4. FINDINGS

4.1 Environment

4.1.1 On entering the residential area there was an initial smell of cleaning products which made it smell fresh. There is a small seating area with a table and a radio. A large notice board on the opposite wall with only one small leaflet displayed, it was not obvious if this board was for residents or staff.* As we approached the dining room and lounge a stale smell of urine became very obvious and lingered through the communal areas. The IM is aware.

* [The manager confirmed that the notice board was recently installed in preparation for making a display of staff photos for visitors' reference.](#)

4.1.2 There was cleaning going on during our visit but many areas including toilets which had been cleaned were still unclean and unpleasant. Cleaning rotas were not filled in. The toilets were not dedicated to single sex and there were no pictorial signs on the doors for easy recognition for any one confused.

4.1.3 The antiseptic gel dispensers were empty and very dirty and even mouldy on the underside. The IM said she would attend to this.

4.1.4 The paint work is very dull and the walls are marked, there is a hand rail running along the wall to aid unstable residents. Doors and door frames were damaged from contact with equipment. There are many pictures on display.

4.1.5 The rest of the residents in the lounge were either (appeared to be) sleeping, reading or watching the television. The seating was not grouped together to promote communication. Some seats were turned away from the television. It was quite dark as there is no window and is artificially lit.

4.1.6 Next to the dining room there is a small area furnished with second hand furniture and a piano with some artefacts displayed to help reminisce. One resident plays the piano. A small table and chair is set up in a "bistro" setting with lace curtains on the windows. Tea can be served here.

4.1.7 We were shown to the second and third floors. This is accessed by a lift or by stairs; in the lift lobby is artwork and a vending machine containing sweets.

4.1.8 There is a dining room/lounge on the second level, this had a small kitchenette. IM told us that residents could use this if they were able. The residents were seated around the periphery of the room again no group seating to promote conversation. There was also a further small lounge on the third floor which is mainly unused. All lounges have television and radio. This lounge also has a self-contained kitchen. This is used as a quiet room for meetings between staff, residents, and visitors/relatives.

None of the dining/lounge areas had large easy read clocks and calendars displaying day and date, there was nothing to remind people where they were by having the name of the home displayed

4.1.9 The upper level corridors had lively artwork on the walls but the décor is poor and needs refreshing.

4.1.10 It was a hot day and the home felt very stuffy. We saw a few rooms that varied in size. Residents can bring their own furniture, one room had a previous resident's furniture which was very dark; the room was very small and there was an en suite wet room. We were told a new resident would be put in here until a bigger room was available. The room décor was very poor. We felt it was unsuitable for a resident due to size and condition. We were told that if a resident wished to have their room painted in a specific colour this would be arranged, however most residents/relatives do not ask.

We also looked at some larger rooms. All rooms are en suite with washing facilities although there is a bath and large shower room for assisted washing. Residents can have a bath on request.

4.1.11 On the upper floors in the rooms the main windows are sealed shut and only a small window at the top can be opened which made the rooms very stuffy. There are thermostats on the radiators so that the temperature can be varied by the residents. All rooms have call bells. Some residents do have access to a lockable draw in the bedside table however not all rooms had the same type of furniture. Bringing in valuables is discouraged unless necessary; there is a safe in the staff office where valuables can be kept.

4.1.12 The stair cases/fire escape on the third floor is keypad operated but this was broken and the door was open, this was brought to the attention of IM as a safety issue as someone who wanders could fall down the stairs.

4.1.13 We observed residents mobilising around the home.

4.2 Leisure and Services

4.2.1 The home is a member of the Herts Care Providers Association (HCPA) and has arranged a mentoring programme starting in August for the activities staff by the HCPA SMILE service. There is currently no Dementia champion.

4.2.2 We observed staff interacting with residents and there was an activity co-ordinator present in the ground floor lounge playing a game with a group of residents. Boxed games, books, and DVD/CD's were on view.

An activities schedule was noted.

4.2.3 Some residents were enjoying the sunshine in the garden, they were grouped to encourage conversation. A resident's pet dog was with her, the pet is allowed to live in the home and the staff help her to look after it. Gardening activities are encouraged.

4.2.4 We were told that there are outings and coach trips. The residents can ask for new activities though residents meetings to make decisions are poorly attended. Visitors can take their relatives out if they are well enough. There is a church service every month though this has recently been put on hold due to family illness.

4.3 Digital Inclusion

4.3.1 We asked if there was WI FI available to residents, IM told us there was but it was rarely asked for. No computers were seen. iPads/tablets are not used to engage people with dementia.

4.4 Food and drink

4.4.1 At the time of our visit we saw bananas handed out to the resident's mid-morning. A resident told us that there are snacks between meals. There are two choices of menu for the main meals. Hot and cold drinks are available throughout the day, we did not observe the availability of drinks in the resident's rooms.

4.4.2 The staff help residents to fill in their menus in the morning. We were told that the choices could be changed at meal times if the resident has changed their mind. Alternative food e.g. omelettes are available if they don't want the main course, sandwiches are available 24hrs. Some residents said they would prefer a wider choice of menu. We were also told that they did not always get what they asked for and the food was not always hot.

4.4.3 Whilst eating in the dining room is encouraged, meals can be taken in the garden or in the residents own room. Visitors can bring in food but the reheating and storage is governed by food hygiene and environmental health rules.

4.4.4 We did not observe residents being encouraged to wash their hands before meals and no wet wipes were available at the table. The dining tables were set out for four residents each. There were no distinctive table mats or trays for those that needed help with feeding, the staff have to use their knowledge of the residents.

4.4.5 On the day of our visit there was a meat based dish with vegetables and gravy and a pasta dish served with mashed potato and a vegetable covered with a thick cheese sauce. The whole meal was colourless, very stodgy, dry and sticky and totally inappropriate for anyone with swallowing difficulties. Large portions were served. There was no pureed or special diet meals ordered that day.

4.4.6 Some staff were helping to feed residents but the spoons offered were too large. The food of the residents being helped was getting cold and congealed there was no method employed to keep the meal warm. We asked if high calorie drinks would be given to someone who had not eaten their meal, we were told this would happen however there was no evidence of this.

4.4.7 We also enquired how the food intake was recorded, how often the resident was weighed and how much weight loss or gain would begin to cause concern. We were not clear what the process was from the response by the member of staff we spoke to. We asked to see the food charts but there were no spare ones printed off.

The unit leader is the nutrition champion, due to the time constraints we could not speak to her as she was busy with residents.

5. MONITORS CONCLUSIONS

The residents appeared to be well cared for and happy, interaction with staff was good and they were spoken to respectfully and treated with dignity. Some staff looked happy in their work.

The physical environment is not ideal, it desperately needs repairs and repainting. There is a constant smell of stale urine in communal areas. Artificial lighting is dull and there is lack of visual stimulus for residents with dementia although there were some interesting pictures on the walls. The environment is not dementia friendly e.g. the carpet is heavily patterned. Seating appeared clean and fit for

purpose. Interaction amongst residents did not appear encouraged as seating in the lounges were not grouped together but around the periphery of the room.

The home has been left to decline physically along with the quality of services provided by previous mismanagement. The Interim Manager was frank and earnest in her responses to our questions. She was aware of the many problems and concerns and since her arrival she has tried to amend some of the more important issues however, she knows that too much change in the short term is not conducive to a good working model as the new manager will inevitably bring in her own management style and things will change again. This has an effect on staff morale. The IM has been able to improve staffing levels and reduce the amount of agency staff used during day shifts.

The food service was also poor and the IM agreed that the staff needed more education and training around feeding residents.

All of the staff appeared to be working hard towards customer satisfaction in an environment of uncertainty and change.

6. RECOMMENDATIONS

1. Training staff regarding feeding residents. Review of menus, portion size and presentation; deploying a method of keeping food warm on the plate for slow eaters. More variety on menu quality rather than quantity. Cut down on wastage.
2. Staff to be supported to fully understand the policy regarding actions to be taken for weight loss/gain.
3. It was noted that the dining area on the second floor was too small for the amount of residents present in the lounge therefore some residents had to eat where they had been sitting all morning, this means little movement, change of scenery or opportunity to socialise in a small group throughout the day. This needs further consideration.
4. A dementia champion should be appointed. Home to be compliant with dementia friendly initiatives e.g.; plain carpets, different coloured doors to walls, picture signs for easy recognition of toilets and bathrooms etc. Digital inclusion to stimulate users.
5. More activities to socialise and activate residents as many seemed tired (may be due to some medication) and sleepy during our visit.

6. Repairs to damaged areas, redecoration and deep clean to remove stale smell of urine. Cleaning schedules to be filled in and cleaning practices to be reviewed as “cleaned” areas were still dirty and smelt bad.
7. Repair keypad lock to fire escape door on upper floor as this is a health and safety risk.
8. Clean and fill antiseptic gel dispensers.
9. Remove the seals on all windows on the upper floors and use opening restrictors instead as on the ground floor to make rooms fresh and airy.

7. AREAS OF GOOD PRACTICE

Allowing residents to keep their pets whenever possible.

8. FURTHER RECOMMENDATIONS

1. Better signage from the road.
2. Use more appropriate uniforms that do not infer that the staff are trained nurses as this can confuse residents and visitors coming from a hospital setting.
3. Revise accommodation for new overseas staff. The caravan area is not suitable accommodation for children and is an eye sore for residents who overlook this area.
4. Healthwatch should revisit in December six months after the start of the new manager to see what changes and improvements have been made. This will be after the next CQC visit.

In response to our recommendations the manager has provided the following:

Area of concern raised	Action to be taken by home
Meal time - training/ menu/service	<ul style="list-style-type: none"> • Staff to receive training and support for nutrition and supporting residents to eat and drink. • Staff responsible for serving meals to be trained to understand appropriate portion sizes and serving food in a way that means meals are kept warm for residents. • Kitchen assistant hours have been extended by two hours a day to help improve the meal time experience and prevent rushing due to time constraints. • Menu currently being reviewed by chef and nutrition champion to look at variety/quality and reflect the ‘eatwell plate’*. • Regular dining audits to be conducted to monitor meal time experience for residents.

	<p>*The eatwell plate highlights the different types of food that make up our diet, and shows the proportions we should eat them in to have a well-balanced and healthy diet.</p>
Resident weights	<ul style="list-style-type: none"> • All residents already weighed on a monthly basis as a minimum (and more often where required) and nutrition screening tool used to monitor increases and decreases and actions taken. • MUST tool implemented for all existing residents and new admissions. • Staff to receive nutrition training which includes an understanding of the MUST tool and appropriate action to take. • Staff to be supported to understand the home's current monitoring process with regards to resident's weights.
Dining area too small on second floor	<ul style="list-style-type: none"> • Residents to be encouraged to visit other floor's dining areas to promote movement and socialisation.
No dementia champion in the home	<ul style="list-style-type: none"> • An appropriate person to be identified and enrolled for next course via HCPA in September.
Home to be compliant with dementia friendly initiatives	<ul style="list-style-type: none"> • Home to look at signage and colour coding for prominent doors in the home - i.e. toilets/bathrooms.
More activities to socialise and activate residents	<ul style="list-style-type: none"> • SMILE mentoring programme to commence in August.
Redecoration of communal areas	<ul style="list-style-type: none"> • Decoration programme to be planned by the home manager and implemented by the maintenance team.
Cleanliness of home to improve and odours removed	<ul style="list-style-type: none"> • Cleaning schedule in place and overseen by Home Manager in absence of a head housekeeper. • New carpet cleaner purchased to assist in carpet cleaning. • Continence needs of residents reviewed.
Key pad lock to stairwell faulty	<ul style="list-style-type: none"> • Repaired.
Clean hand gel dispensers	<ul style="list-style-type: none"> • Cleaned or replaced where necessary.
Seals on windows which prevent opening	<ul style="list-style-type: none"> • Maintenance to look into this and take remedial action.

In response to Section 8 - Further Recommendations:

Area of concern raised	Action to be taken by home
Better signage from the road	<ul style="list-style-type: none">• These comments have been passed to our senior management team for consideration.
Uniforms	<ul style="list-style-type: none">• This is currently the uniform used by the home, and by many homes locally, however, when a review of uniform takes place, these comments will be considered before making a final decision.
Caravans	<ul style="list-style-type: none">• These comments have been passed to our senior management team for consideration.