

HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Stanborough Lodge Care Home

Great North Road

Stanborough

Welwyn Garden City

Hertfordshire

AL8 7TD

RMD Enterprises Ltd

Healthwatch Hertfordshire Enter and View Visit Report

Premises visited: Stanborough Lodge Care Home,
Welwyn Garden City

Date and Time of Visit: Thursday 5th of October 2017 11.00 am

Visit Conducted By: Virginia Kirri-Songhurst & Tim Sims

Acknowledgements:

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

This is a revisit following a previous visit in September 2016 and is an announced / unannounced visit. This means that the care home is informed that the visit will take place within a specific time frame but not which date the team is visiting.

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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The home was originally visited on the 25th September 2016 by the same Healthwatch Hertfordshire team. The purpose of the revisit was to see if any of the Healthwatch Hertfordshire recommendations had been put in place as there were some concerns especially with décor and quality and state of the furniture.

A. MONITORS CONCLUSIONS

This home provides a friendly and homely environment and has kind and caring staff. The staff are tidy and professional in appearance and demeanour. They spoke and interacted with the residents in a respectful and positive way. The staff were happy with the work load and training and have a good relationship with the manager. There were two carers on duty during our visit and although the home was calm and quiet, helping the residents who needed help to wash and dress in the morning must have been quite challenging.

The manager was very pleased to see us and welcomed us warmly. She told us that she was sure that our (HwH) report and recommendations had contributed positively towards the improvements made within the home. She listened eagerly to our comments and ideas. We were impressed with the improvements made so far.

B. AREAS of GOOD PRACTICE

- Kind and caring staff.
- Redecoration of the environment.
- New furniture.
- Home cooked food.
- Outings and visiting entertainment.
- Hertfordshire Care Providers Association (HCPA) champions.
- Copy of the complaints procedure in every room.
- Copy of activity schedule in each room.
- Information about individual key worker with photo in every room.
- Wi-Fi installed.

1. INTRODUCTION

Stanborough Lodge is a 23 bedded privately owned care home set in a residential road in Welwyn Garden City, Hertfordshire. The home is managed by Ms Beauty Maruta and its registered category is 'Dementia and Old age' 65 years +.

The home overlooks open land and is located close to the motorway A1(M), and subsequently the ambiance is largely affected by the noise of traffic.

The home is set up over 2 floors which includes 23 ensuite rooms, 3 double rooms with showers, 2 with baths and 18 with hand wash basin and toilet only. The large/double rooms can cater for married couples and fee paying single occupants. At the time of the visit there were 25 residents including two married couples. Most residents are living with dementia. The manager has been in post for 15 years.

2. FIRST IMPRESSIONS

2.1 There is no signposting from surrounding roads to the care home. *This remains the same as the day of our last visit.*

2.2 There is space for approximately 7 cars in the gravel driveway with no marked bays. *There is no change.* Parking is adequate for able and disabled parking.

There is a new bus service serving a route from Borehamwood through St. Albans, Hatfield, Welwyn and Stevenage. The bus stops at the end of the road. This makes it more convenient for some staff to travel to work and encourages them to leave their car at home to free up the car park.

2.3 From the front, the building appears to be of the Victorian era with a later extension. Many of the window and external door frames made of wood have rotted through and some fascia boards missing from the eaves to the side of the house. The name of the home is displayed on a board at the entrance to the drive; there is no signage on the façade of building itself. *This remains the same.*

There is outdoor lighting present though we did not test it due to the time of the day. There is no noticeable CCTV, no intercom and the doorbell cannot be reached from a wheelchair due to a stone step at the front of the door. There is no wheelchair access to the main entrance.

The recommendation to develop the step into a ramp for the ease of self-propelled wheelchairs had not been taken up.

The door was locked.

2.4 We rang the bell and a member of the care staff opened the door. We were not offered to sign the visitors book and we explained our visit and asked to see the manager - we volunteered our identity.

2.5 While in the front hall, we observed a keypad to exit the front door. The hall itself is very small and dominated by the staircase which is not secured from access at the bottom. *No change*. There were no odours.

2.6 We were shown into an inner corridor to await the manager. A member of the care staff told us that the manager was busy at the moment and asked us if we wanted to wait for her or start our observations, she offered to accompany us.

2.7 We agreed that we would start our walk around on our own but would find her and ask her about our findings or queries when they arise. Whilst in the corridor we observed notices and certificates some of which were outdated although the Care Quality Commission (CQC) report was up to date. There is a clear notice to identify who the home manager is. There is a photo board to identify staff. The staff do not wear name badges as apparently those residents who get confused pull on the pin and lanyards would be too tempting to snatch. Those residents who are able, know and recognise the staff. The staff do not approach visitors offering their names, one has to ask. Perhaps a "Hello my name is.." approach could be adopted.

2.8 The members of staff include a champion for dementia, nutrition and falls. Two staff are training for health & engagement and wound care; one of the staff is presently studying for a higher level of certificate.

2.9 There are two activities organisers, one of whom was off sick on the day of our visit and one of whom was present. (The manager is keen for staff to be trained in preparation for a possible future management role).

2.10 We were shown the staff work rota and various other schedules relating to the residents care and wellbeing. Each resident also has their own daily check list and recording of all checks and activities done. We did not see any activities at the time of our visit.

The staff rota is on the office wall. There were two care staff on duty plus a domestic worker and two kitchen staff. The names of the staff on duty are displayed on the notice board in the hall along with important messages and the days menu.

2.11 The home was quiet and calm and smelt clean and fresh. There was no dust on inspection. The manager told us that she is short staffed and was having a problem recruiting full time staff. Two members of staff are also pregnant which will limit their ability with manual handling in time and will also result in maternity leave and potential staffing issues if recruitment is not successful.

2.12 We talked about some ideas of alleviating the staffing difficulties which the manager was interested to explore.

Unfortunately, there are no volunteer programmes in the local schools/colleges and community to help out around the home.

2.13 The home is a member of the Hertfordshire Care Providers Association (HCPA) and uses their training and education.

2.14 We were told that the residents can choose their décor and bring some items of furniture with them and their own duvets and curtains. We observed that the rooms that we entered had all been tastefully decorated with the resident's possessions, and they all smelt clean and homely. Some of the rooms are due to be refurbished.

One resident who lives with dementia had notices in certain key areas of his room attached to walls and furniture to remind him what to do.

2.15 Bringing valuables are not encouraged for security reasons and also because of misplacement or misappropriation of wandering residents. There is a safe place in the manager's office for storage which can be locked; some residents have keys to lock possessions away in their rooms. All rooms can be locked on request.

2.16 We were told that the residents are offered a bath twice a week but could have more if requested. We were shown a copy of the care plan and rota which is fairly comprehensive.

2.17 The visiting hours are free up to 7pm and after that by arrangement only. Families often take residents out for the day. Some independent residents can come and go as they please during the day, one resident is often out. She does not need any care but prefers to live in the care home.

3. FINDINGS

3.1 Environment

3.1.1 The home looked clean and smelt fresh.

3.1.2 The ground floor corridor was in poor decorative repair on our first visit and the wallpaper coming away from the wall in some areas. *This has now been attended to and is in good decorative order.*

3.1.3 The bedrooms off the corridor are small and the ensuites cannot be accessed by a wheelchair user and an attendant due to their very limited size. This is a structural problem which would be hard to fix unless there is a total reconfiguration of all of the rooms in this area. There is a ground floor bathroom and an adequately sized toilet area for wheelchair transfer from the front and the right but does not have a drop-down support bar for those who are unsteady on their feet or those who need help to stand from a sitting position. Seat raisers are available to use if requested but a member of staff has to be found for this.

3.1.4 The décor is much improved but still relies on artificial lighting. The floor dramatically slopes upwards in a small area in this corridor and there are no hand rails. Although the upward slope is manageable for those who are ambulant, it would be a challenge for a self-propelling wheel chair as it is fairly steep. Due to the carpet there is no warning of the sloped area and on walking from this area to the main hall the sudden downward incline can cause unsteadiness.

3.1.5 There are two toilets off the hallway, neither of which can accommodate a wheelchair user to transfer and one of the toilets outside a resident's room, is so small that only a person of thin stature can gain access. The sanitary ware is old and scaled.

3.1.6 There is a large lounge which is segregated into two halves, one being for the storage of books and games, which was very dark on our last visit (although there is a glass panel door to the exterior). On this visit the area was bright and furnished in an attractive manner. A desk has been moved here in preparation for a computer as the home now has Wi-Fi.

The main area had contained various types of mismatched seating which has now been replaced with new matching and wipeable high back chairs all which were in use by the residents watching television - these were all one height. There is also a two seater settee which is slightly lower and one resident was seated in a large reclining chair which looked very comfortable.

The television still cannot be seen from every seat. Arranging seating in a crescent shape so that all those seated can see each other might help conversation.

Two chairs by the doorway facing away from the other chairs would perhaps benefit from being moved to face into the room.

There remains a large "pocket watch" style clock on the rear wall with roman numerals. There is still no large faced clock, calendar or noticeboard with information of the name of the home and no activities schedule on display. The seat directly next to an electric plug which was level with the chair arm no longer

presents a health and safety/ hazard issue. The walls which were marked and stained have been repainted.

3.1.7 Further on through the lounge is a conservatory which on our last visit had mismatched seating from different eras, some of which were fraying and heavily stained. The furniture was old and residents were crammed in together with no personal space. ***Here is the biggest transformation.*** The room has been painted and has new furniture spaced out thoughtfully to give personal space and improve mobilisation. There is a feeling of calm in this area. There is no clock or calendar.

The blinds on the ceiling which had leaves and dead insects trapped in the layers have been removed.

3.1.8 The exit to the garden was to step over the door frame onto a small steep piece of wood fashioned into a ramp. This was not fixed to anything. This remains a trip hazard. The conservatory is a wooden structure and the wood is rotting away. This is very apparent from the outside.

3.1.9 In the garden there was an area used for discarded furniture, this has been cleared. It was a pleasant sunny day but yet again none of the residents were outside. The plastic garden furniture was under a gazebo as there had recently been a barbecue which residents and relatives/ friends had attended.

3.1.10 There are no handrails to help people to walk around the garden and the ground is uneven in places; slightly raised concrete projections remain a trip hazard.

3.1.11 There is a disused greenhouse with a broken window; we alerted the manager to this who said she would attend to this. We also suggested that some of the steps should have the edges painted to warn people of the different levels.

3.1.12 There is no fencing surrounding the property and access can be gained from the unmade road at the rear, this again could be a security issue. The traveller site at the rear has been closed and vacated.

3.1.13 The door to the laundry room was open and someone in the garden could gain access. There were detergent bottles out on the washing machine - these should be locked away to prevent possible ingestion.

3.1.14 There is outdoor lighting but no CCTV.

3.1.15 The manager had told us that there are plans to build a nursing home on this ground. Planning permission has subsequently been refused by the council.

3.1.16 Externally the rear of the building was in very poor repair. Window sills, fascia boards, and the wooden frame of the conservatory are rotting away. This has much deteriorated.

The rooms have a mixture of single, secondary and double glazing in wooden frames. Many of the double-glazed panels have "blown", all of these windows will need replacing. Some rooms on the first floor have a double or triple aspect making them light and bright.

3.1.17 There is a gardener/ handyman but he only works 7 hrs a week, and therefore is limited to what he can do. The plant pots had dead plants and had obviously not been used. Unfortunately, due to the later arrival of the motorway, the sound of constant traffic is unavoidable. *Nothing has changed.*

On the whole the garden is tidy. There is a large apple tree with an abundance of fruit which is not used by the catering staff for pies etc. who buy fruit in. It seems a pity to waste a free resource.

3.1.18 Back inside, opposite the main lounge is a dining room with a small snug. This has a few items of furniture and is separated from the dining area by a brick fireplace housing a cuddly toy. This has been redecorated and furnished. A large television is waiting to be put up on a wall. There is no clock or calendar

The dining area has a dome above it with windows which can be opened. There are blinds in situ to stop debris from the open windows, however previously the blinds contained dead leaves etc. and needed cleaning. It was hard to say if this had been cleaned after our last visit.

3.1.19 The buffet/display unit containing glasses and plant pots is old, and damaged and the surface is badly scratched; this was still here. However the dining area is due to be redecorated shortly and the unit is likely to be replaced. There was some carpet peeling away from the floor which was notified to the staff.

The tables were set out nicely with table cloths and crockery/cutlery in preparation for lunch. Jugs of drink were placed on a side table.

3.1.20 There are some resident's rooms leading straight into the dining area next to the Kitchen. There are pictures on the wall but nothing bright or stimulating. The area is due to be redecorated shortly. Decorating can only be done in the evening when the room is not in use.

3.1.21 There is a small lift which contains a large mirror to the first floor, here there are three larger rooms which can be used by couples. These rooms are bright with two to three windows. All windows are secondary glazed due to the noise of

traffic. This makes it difficult for a resident to open for fresh air. These rooms had newly installed ensuite showers which are roomy. Not all showers have grab rails and no non-slip matting was present. We were told that usually the residents don't use the showers and prefer a bath. *This remains the same.*

3.1.22 Two of the upstairs rooms are accessed down a small flight of three steps. The rooms have an ensuite bathroom. In one room the bath is difficult to access as you have to shut the bathroom door after entering in order to get past the washbasin to the bath. Again very little safety features are present. The residents of these rooms have to be able to go up and down the stairs otherwise they will be room bound.

3.1.23 The upstairs decor had been poor and in need of updating. This has been repainted although there are still some areas where the edges of the wallpaper are lifting away from the wall.

3.1.24 There is an assisted bathroom. All the toilets and bathrooms have picture signs as well as words. There are mirrors in all the bathrooms and toilets with no apparent means of covering them (for those with dementia).

There are no single sex toilets in the communal areas. There are no fully equipped accessible toilets. There are no other signs in the home except fire exit.

3.1.25 Flooring throughout the home is of different types and colours.

3.1.26 The temperature is controlled by a thermostat on the ground floor not accessed by the residents. The ambient temperature was pleasant.

3.1.27 The furniture supplied throughout the home had been in very poor condition and mismatched. This has been replaced and in good condition except in the dining room which is about to be refurbished.

3.1.28 When the manager was asked about wheelchair access into the home ,we were told that the chairs would be man handled over the step. There is an access gate to the garden at the front of the home.

3.2 Leisure and Services

3.2.1 There are two activities co coordinators at the home who keep a record of each resident's daily activity, this is recorded in a folder. The reminiscence service and SMILE¹ activities are in use.

There is an activities schedule but it is not presented in a way to attract attention; all of the rooms have a copy but the font is very small and could be difficult to read. It is black print on white paper, if it was black on yellow paper it would be easier to read for the visually impaired which includes visual disturbances in dementia.

3.2.2 Games, books, videos and music are readily available. Residents can also take part in baking and flower arranging. Outside entertainers visit offering quizzes and singalongs. At Christmas the local schools come to sing carols. Some of the more capable residents do not join in because they find the activities are more focused towards those living with dementia. (60% of the residents.)

3.2.3 There are chair exercise sessions, barbeques and the hire of a minibus for outings. Staff told us that many residents don't want to go out. We were told on this visit that residents had gone to the seaside and that a barbecue had been held recently in the garden.

3.2.4 We spoke to one resident who does not leave her room except for having an assisted bath. She said that she was afraid of falling over if she leaves her room and refuses the offer of the staff helping her with a wheelchair. Because of this, she is unable to join in with activities. We asked if it was possible for the co-ordinator to give one to one activities; the resident told us that she loves to have visitors but no one ever stays long enough. Perhaps the co-ordinator could bring a few of the capable residents to her room to do a joint activity so that she doesn't feel excluded?

3.2.5 A hairdresser visits weekly, a priest visits to give Holy Communion.

3.2.6 Residents have television points in their rooms along with phone points.

3.2.7 We saw the minutes from the last residents meeting. Those who do not physically attend the meeting are informed by the staff visiting their rooms individually afterwards. Everybody's opinion is taken into consideration when it

¹ Support Me In Life Engagement (SMILE) is a service launched by HCPA to support everyone in the Health and Social Care sector to engage in meaningful activities and promote wellbeing, regardless of age or ability.

comes to change or the introduction of something new. Relatives and friends are free to contribute. Activities and the menu are always on the agenda.

3.2.8 We were informed that residents did help out with the gardening, the cooking and baking, laying the table and folding the linen.

3.2.9 Pets are allowed to visit by arrangement, one resident has his dog visiting frequently.

3.2.10 There are daily newspapers available.

3.2.11 Most of the residents were watching television on our visit We did not witness any activities whilst we were there.

3.3 Digital Inclusion

3.3.1 The care home has had Wi-Fi installed (one of our previous recommendations) and a computer is being set up for the use of residents.

3.3.2 Residents can use the office computer with supervision; one resident frequently skypes her relative in Germany.

3.4 Food and Drink

3.4.1 Breakfast starts at 7am, tea/coffee biscuits at 10.30am, lunch 12.30, tea 3pm and supper at 17.30pm. The menu for the day is written on the notice board in the hall outside the dining room.

3.4.2 Most of the residents came to the dining room straight from the lounge/conservatory. No wet wipes were on the table; there appeared to be no encouragement to wash their hands.

3.4.3 The food service was satisfactory, and the food looked and smelt appetizing; all the residents were tucking in. Pudding was served separately and also went down well.

3.4.4 There are three meals a day and snacks and fruit are available anytime which includes finger foods. Residents can influence the menu at their meetings. Most diets are catered for by the chef and some can be ordered in.

3.4.5 There was no picture menu available.

3.4.6 Residents are weighed monthly and those needing supplements are referred to the GP for prescribing. (The GP visits every week from a local surgery, residents can keep their own GP, End of life care is supported by MacMillan nurses).

4. RECOMMENDATIONS

1. Look into getting voluntary agencies involved to help with gardening.
2. Repair and repaint externally with special attention to windows and frames, door frames and fascia boards. (Some roof tiles have fallen off into the garden).
3. Consider fencing to the rear of garden for security.
4. Consider obtaining a large easy read clock and calendar, including a display of the day and month and the weather.
5. Consider displaying the name of the home in a prominent focal area (depending on resident feedback).
6. Review art work on the walls (involving residents).
7. When buying new chairs, look at having a selection at differing heights.
8. Add a ramp for front door and repair the ramp for the conservatory exit
9. Clean ceiling blinds.
10. Clean all fans.
11. Add grab rails in showers and non-slip mats. Pull down bar in toilet.
12. Consider a dedicated accessible toilet on each floor with red cords 10mm from floor.
13. Activity schedule to be printed in a larger font. Consider black ink on yellow paper to help those with a visual impairment.
14. Keep laundry chemicals locked away. The door to the garden was open on our visit.