

# **HEALTHWATCH HERTFORDSHIRE**

## **Enter and View Visit Report**

**Name and Address of Service:**

**Pinelodge Care Home**

**Graveley Road**

**Stevenage SG1 4YS**

**Name of Provider:**

**Greenswan Consultants Ltd**

## Healthwatch Hertfordshire Enter and View Visit Report

**Premises visited:** Pinelodge Care Home

**Date and Time of Visit:** 30<sup>th</sup> September 2015, 1030 - 1330

**Visit Conducted By:** Sally Gale and Keith Shephard

### **Acknowledgements:**

We wish to thank the staff, residents and family members for welcoming us on this announced visit, for showing us around the Home, and talking to us openly about their work, and their experience at the Home.

### **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 for 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](http://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)

## Healthwatch Hertfordshire Enter and View Visit Report

### 1. INTRODUCTION

This Care Home is registered for 140 residents. On the day of our visit 92 residents were in the Home.

It comprises 5 suites, one of which is dedicated to dementia care, and another (Maple Suite) is closed following a Care Quality Commission (CQC) inspection in April 2015. CQC will be revisiting in October or November 2015. *(The day before our visit, the Home was visited by representatives of the East and North Herts Clinical Commissioning Group).*

We were told that residents 'were upset by the CQC report' and none took the opportunity to leave the Home as a result of it.

Residents currently displaced from the Maple Suite have been located in other suites.

32 rooms have en-suite bathrooms. All other residents have wash basin and toilet facilities in their own room, and share bathroom and shower facilities.

### 2. FIRST IMPRESSIONS

2.1 The Home is not signposted from Graveley Road, and it is not possible to spot from the road. Resolving this may not be in the gift of the Home, but it would be worth asking the Highways Authority to place signage.

2.2 There is ample car parking on the site, with disabled parking spaces adjacent to the main entrance, and ramp access.

2.3 Entry is by keypad access, or ring for reception.

2.4 We were met at the front entrance and were wearing our badges though not checked as such. We were asked to sign in. On leaving we noted that several other people had signed in.

2.5 The reception area was welcoming, clean, colourful and informative, with a strong sense of resident influence on displays and artwork.

2.6 All staff had name badges, appeared to be presentable with uniforms (charge nurse, senior carer, carer). The two 'engagement and activity' members of staff we met were casually dressed in keeping with their roles.

2.7 On process, we spent an hour with the Manager Sophia Roxas, getting an overview of the Home, recent improvements and ongoing challenges. Sophia Roxas spoke highly of the Hertfordshire Care Providers Association (HCPA) offer, and use of it to develop skills and capacity. In this regard the Home now has Champions for Nutrition and Dementia and is engaged with the SMILE programme (*this should be useful for addressing digital inclusion - covered later*). Recent training in wound management and ‘falls’ was also mentioned.

2.8 Staff attending training are required to feedback, and to share their learning with others.

2.9 Staff turnover has stabilised (we did not ask for figures) and the Home uses bank staff rather than agency staff. A key worker system is in place so that each resident has a named person they can go to for support, and to look out for them.

2.10 The courtyard is large, pleasant and secure. We did see a couple of residents using the area, accompanied by staff. Some vegetables were growing, and picked, with resident involvement. More planting and more seating would make the area more attractive. The courtyard is used for events. They had a summer party in 2015 for residents, families and carers.

2.11 We did see residents moving about the Home. Relationships with staff appeared to be compassionate, with consistent use of names.

### **3. FINDINGS**

#### **3.1 Environment**

3.1.1 The Home was clean and fresh and in reasonable decorative order. This is a fairly large site, with residents on three floors.

3.1.2 Signage is a challenge and more could be done to improve it to enable residents and others to navigate their way around more easily.

3.1.3 Doors for toilets, storage, and bath/shower rooms are not differentiated by colour though they have large signs and pictures on them. Door frames are coloured, which helps, but a colour scheme for doors throughout would improve matters.

3.1.4 The dementia suite (Peartree) is decorated based on a number of themes. It is a very creative area. Much of the wall artwork has been produced by one of the engagement and activity staff. It is impressive, and extensive.

3.1.5 Other corridor areas were rather bland, and extending the creativity to other areas is suggested. There were nice messages and poems of love and life pinned to walls throughout the home, and a lot of focus on dignity.

3.1.6 The lounges and dining rooms were vibrant, clean and colourful, with plenty of varied seating (fabric, size etc.) in good condition.

3.1.7 Flooring appeared to be in reasonable condition, and safe, and there are budgeted plans for new flooring.

3.1.8 Signs were at eye level and well lit.

3.1.9 The call - bell system was working safely, but with some technical difficulties being addressed. Residents confirmed that the system worked for them, and responses to it were swift.

3.1.10 We looked in one (self-selected) bathroom/toilet and it was clean, with contrasting colours.

3.1.11 We observed one mirror directly opposite a lift, which may be confusing on exit.

3.1.12 Furniture, and seating in lounges tended to be around the edges rather than clustered around tables for example. We were advised that furniture is moved about to suit room usage at any time.

3.1.13 Residents are able to choose room décor (and tried to meet the requirements of those moving out of the Maple suite when moving into other suites). We verified that residents are free to have their rooms adorned with photographs and personal effects. They have 'risk assessed' lockable cabinet facilities.

3.1.14 The Home has a good range of facilities, with some new provision.

3.1.15 We spent twenty minutes or so in the dementia suite lounge/dining area which is creative, colourful and comfortable. Residents appeared to be enjoying the activities, with a good level of support, and care.

There is a new, suitably equipped though modest sensory room, which has recently opened (by the Local Mayor) and which is within the dementia suite.

3.1.16 We were shown a new café room, which had yet to open, but was nicely

decorated and included a sweet shop area and counter. Residents will be able to 'buy' goods there by using coins and purses, which are currently been collected. The café will be used socially and for regular quizzes for example. We noted that the local Morrisons store had been very generous with various supplies for the café.

Whilst both the sensory room and the café are located in the dementia suite they are open to all residents in the Home.

3.1.17 We saw the library, and various lounges with books, CDs, DVDs and so on. We saw a cinema room with cinema style seating.

Training rooms were well equipped and active.

There is a room available for multi faith usage if required.

3.1.18 With the exception of the sensory room, which was very warm, the temperature seemed about right and is adjusted for the season.

3.1.19 There are monthly resident meetings, and quarterly meetings involving families and carers.

## **3.2 Leisure and Services**

3.2.1 We saw several notice boards (reception, training room, lounges) and other notices, which were tidy and up to date. This was a mix of information for residents, and a reminder of systems and culture at the Home (safeguarding, dignity etc). Notice of the HwH visit was on display.

3.2.2 Staff have the 'personal history' of each resident which helps to match individual residents with activities.

3.2.3 There appears to be an extensive activity programme, details of which were on display in a number of places, including main reception, and lounge/dining areas. This was verified by those we spoke to. Examples of regular activities

- Tending the garden
- Church and faith visits/services (all Christian based, to reflect current requirements)
- Quiz
- Dominoes
- Cinema
- Movement/dance ( there was a country dancing session on the day)

*A lot more activities were listed on the Boards.*

3.2.4 Activities for residents in the dementia suite are planned on a more ad hoc basis, and we did observe a lively session on the day, with a high level of support and engagement.

3.2.5 We were advised by the engagement /activity staff that each week they aim for residents to do.

- At least one 'mental' activity
- At least one 'physical' activity
- At least one new activity

It was confirmed by residents that in addition to the notice boards they are individually informed of activities available, but there is not a printed programme to hand out for example.

3.2.6 The Home has community links and has regular links with North Herts College and with a local primary school. Visits to and from are planned, including at Christmas time.

Residents and staff regularly visit the local garden centre where they are welcome to 'help out'.

The Home uses the Hertfordshire Library service and the reminiscence collection. There are no large print books, but they have a stock of 'talking books.'

3.2.7 There are no pets permanently on site, though they are welcome to accompany visitors.

### **3.3 Digital Inclusion**

3.3.1 There is no Wi-Fi on site with the exception of the Directors office. This was acknowledged as something to address, and there are plans to upgrade on this. No timetable was mentioned.

Inevitably this lack of provision affects the resident experience and the ability to interact with family and friends outside of the home.

Signing up to the SMILE scheme will help move this forward.



### **3.4 Food and Drink**

3.4.1 The menu schedule has recently been (six monthly) reviewed, and is based on a four week cycle. Residents meet regularly with the chef to get comments and develop the service.

3.4.2 Meals are prepared on site, and can be taken in rooms or in dining areas. Residents are able to eat in dining areas in suites other than their own on occasion subject to risk.

3.4.3 Dietary requirements are systematically part of the Manager's initial discussion on entry to the Home, and passed on to the chef.

3.4.4 We saw menus on boards, and verified with residents that they know what is on offer day to day. Menus include pictures to help residents identify how they are feeling, and what they want.

3.4.5 A record is kept of intake of those residents identified as vulnerable.

3.4.6 We saw water jugs, fruit and other snacks in lounge and dining areas, and were advised by staff that there is 24 hour availability.

3.4.7 We observed a number of residents being assisted with eating, and others feeding themselves. Residents appeared to be well attended appropriate to their needs. We were advised that it is the role of nurses to identify, and monitor the level of individual help.

3.4.8 More informally, we noted the introduction of the new café (mentioned elsewhere) and that home- made cakes are a speciality.

## **4. MONITORS CONCLUSIONS**

4.1 We were made welcome at the Home, and were on site for three hours. The Home is clearly under a lot of scrutiny at this time, and the Manager appears to be using this in a positive way to help drive improvements.

4.2 From the evidence of our visit the Home has a good focus on systems, routines, and on the wellbeing of residents. The atmosphere during our visit was friendly and professional.

4.3 It should be noted that HwH received additional feedback from relatives outside of the visit due to the information about Healthwatch displayed before our visit.

Key observations from this feedback include:

- Ensuring that all staff (particularly night staff) are fully conversant with the new ways of working being developed to improve the care of residents in the Home.
- Listening to relatives about the needs and wants of their loved ones so that care can be individually tailored.
- Making sure that drinks are in easy reach of residents day and night.

Good practice was also evident in the feedback.

Our conclusions are otherwise reflected in sections 5 and 6

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

5.1 The provision for residents with dementia, and the environment is very positive with particular regard to

- Décor and creativity
- Activities and engagement
- Level of support
- Flexibility on catering/choice

5.2 The Home has a key worker approach to support all individual residents, and as a point of contact for carers, friends and family.

5.3 Exploiting membership of HCPA and a general push on training and bringing that training back for sharing with others, and applying it.

5.4 The reception area of the Home is welcoming, secure and informative, with a resident input. It feels like a 'home'.

5.5 The new sensory room will be an asset (and could be improved with more creativity).

5.6 The new café offers a place for socialising and a feeling of belonging.

5.7 This is a large home and all of the rooms appear to be equipped for the needs of residents, visitors and staff. Use of space is maximised.

## **6. RECOMMENDATIONS**

6.1 Approach the Highways Authority to explore the possibility of signage on the Graveley Road, coming from either direction.

6.2 Consider extending the décor and corridor creativity in the dementia suite to all other suites, to make those areas less ‘institutional’ and more attractive.

6.3 Review signage within the Home to make it easier to navigate.

6.4 We suggest that doors for toilets bathrooms and store rooms should be ‘colour coded’ rather than frames only, and this should be programmed.

6.5 Set out plans for digital inclusion, including how this will enhance the experience of residents, a timetable for provision to be in place, and how residents are supported initially, and ongoing.

6.6 Resolve any ongoing problems with the call bell technology.

6.7 Consider how to maximise the appearance, and use of, the courtyard space.

**Pinelodge Care Home provided a response to our recommendations below:**

PINELODGE CARE HOME



*Quality care in your autumn years*

## RAG RATED PLAN OF ACTION

### HEALTHWATCH HERTFORDSHIRE ENTER AND VIEW VISIT REPORT

30<sup>TH</sup> OF SEPTEMBER 2015

RAG	Areas requiring Action ( date identified)	What actions to do	Person Responsible	Timescale	Completion Date
	No signage of the home in the main road.	Approach the highways authority to explore the possibility of signage on the Gravely Road, coming from either direction.	Mr Raja	8 weeks	28/10/2015 Debbie has contacted the highways authority; awaiting for feedback



## RAG RATED PLAN OF ACTION

					3/11/2015 Received the application form from the highway authority; given to Faisal raja for completion.
	The suites other than the Peartree Suite needs more décor and corridor creativity to make these areas less institutional and more effective.	Key nurse, senior carers and the activities coordinator for each unit should plan “themes” in each suites to make the place more homely.	Key nurse, senior carer and activity coordinator.	To start in 6 weeks; completion in 4 months (1 month in each suite)	28/10/2015 meeting with the senior carers; waiting for their plans
	Some difficulty in navigating whilst inside the home	Signage to be in place for easy navigation i.e. toilet	Faisal Raja  Activities coordinator	3 months	completed
	The bathrooms and toilet doors are not colour coded (except Peartree suite.)	Colour coded for the toilets and bathrooms for easy reference.	Norman Robson  Chris Hammond	2 months	ongoing



## RAG RATED PLAN OF ACTION

	Resolve any ongoing problems with the call bell technology	Call bells audited. Call bells from empty rooms were removed to ensure that there is a decreased number in the of 'ghost' calls showing in the panels.	Mr MM Raja	1 month	completed
	Consider how to maximise the appearance and use of the courtyard space.	Flower beds were given by HCPA to plant with residents and is being utilised by the activities.  Hanging baskets purchased from funds raised and used by the residents in the Dementia unit for gardening activities	Norman Robson Engagement Coordinators	3 months	ongoing
	Set out plan for digital inclusion, including how this will enhance the experience of residents, a timetable for provision to be in place, and how residents are supported initially and ongoing	Wifi to be installed in the building; the activities has raised money and purchased iPad for the residents. This would be used for residents to connect with friends and family outside the home.	Faisal	3 months (Feb 2016)	ongoing