

Enter & View

Report

Blacklake Lodge
Residential Home

Meir Heath - 28th November 2018



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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Blacklake Lodge Residential Home
Address: Lake Croft Drive, Meir Heath, Stoke on Trent, Staffordshire. ST3 7SS
Service Type: Residential Care Home
Date of Visit: 28th November 2018

Authorised Representatives

This visit was made by Barbara Jackson and Lindsey Stockton, Authorised Representatives of Healthwatch Staffordshire.

Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

Blacklake is well signposted from the road, and there is a sizeable car park. The entrance is clearly marked and access is via a doorbell. There was no CCTV.

The exterior of the building appeared in good order, and there were secure gardens at the rear of the building. These were tidy, but we were told that there are plans to improve the environment with the introduction of raised beds. These will also provide activity for the residents with the growing of vegetables.

Planning permission has been obtained to build a 9 bedroom extension, for which the footings have already been laid. This will reduce the outside space but there will still be adequate provision for the number of residents.

Internal

On arrival we were asked to sign the visitors' book before being shown to the office which was to the left of the entrance foyer. There was a large information board in the foyer, upon which was displayed the most recent CQC inspection report, along with a wide range of other information for residents and visitors, including notices regarding activities and details of how to make a complaint. Also available were the latest edition of the newsletter, which is published monthly and largely compiled by the residents, as well as the Home's brochure, which contains a Statement of Purpose and a Service User Guide.

The Home was clean and well decorated, with no unpleasant odours. The furnishings were appropriate for the residents and in good condition. The corridors and circulation space were clear and free of clutter.

Blacklake Lodge felt very much like a home. Whilst adhering to all the regulatory standards, simple touches such as a large well stocked bookcase removed any feeling of being in an "institution".

Resident Numbers

Capacity - 37, current occupancy - 33, with 2 further residents arriving at the weekend.

There are 15 rooms on the first floor, 22 on the ground floor. All have en suite toilets and sinks, with 3 having showers.

Staff Numbers

Staff work 12 hour shifts, 8 till 8.

Day:

Seniors x 2

Carers x 5

Activity Co-ordinator x 2

Domestic x 2

Catering x 2

Manager and Assistant Manager

Maintenance man and decorator as and when required.

Night Staff:

Seniors x 1

Carers x 2

Manager and Assistant on call

Total number of staff - 6 x Seniors, 15 x Carers - rotas were seen.

When full capacity is reached, an extra member of staff will be used to do breakfast, washing up and laundry, to save taking away from care hours. This has already been agreed with the management, who are very responsive to requests for extra staffing.

Agency Usage

Agency staff used very rarely - but if required are sourced from two agencies. No bank staff currently employed.

Management

Management - A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Our findings

We spoke to the Manager, and her Assistant. The Manager has been in post since August 2018. She has worked in care for all her working life and has previously managed 2 other homes. The home has had 3 Managers in 2 years, which has been somewhat unsettling, but the current team have established a good working relationship and feel that they are restoring some stability to the home.

The Manager operates an open-door policy, with a number of staff coming into her office during our visit.

Full staff meetings are held every 6 weeks, with smaller group meetings held in between. Regular supervisions are carried out, with the owner of the home doing the Manager's, the Manager doing her Assistant and the Seniors, and the Assistant Manager and one of the Seniors doing the care staff and ancillary staff.

Comments

In the short time the Manager has been at the home, she seems to have gained an excellent knowledge of all her staff, and the working of the home.

Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

All staff we saw and spoke to appeared happy and confident in their work. They were all very welcoming and eager to speak to us about their roles. They are actively encouraged to offer suggestions to improve the running of the home.

There is a comprehensive training matrix in place, with training provided by a variety of means - external trainers, in house and on line. Staff are paid for training and are encouraged to study for NVQ qualifications.

Staff levels appeared adequate to cater for all the residents' needs, with thought given to increasing staff hours when the home reaches full capacity, as outlined above.

Comments

There was a feeling of empowerment amongst the staff, with a great sense of ease in the way in which they interacted with the residents. This served to further enhance the homely feel of the home as previously mentioned.

Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Our findings

The initial assessments of the residents are always carried out by 2 people, either the Manager and her Assistant, or the Manager and another care worker, as they feel that it is important to have two separate inputs to ensure that they capture all the relevant information. The care plans are stored and updated electronically, with paper copies printed off and stored in individual resident's files. These are kept in the Manager's office and accessed as and when needed by members of staff. Any changes to care plans are entered onto the handover sheets to ensure that staff are immediately aware of these alterations. An example of a handover sheet was seen.

Sexuality, religion and end of life are not as yet adequately covered within the care plans, but this is being addressed by the management team.

Care plans are routinely reviewed on a monthly basis.

Hourly check sheets are completed for the residents, but the sheets did not appear to have a date on. Two hourly checks are completed for all residents at night, unless they request for this not to happen.

Comments

The management acknowledge that their care plans are not perfect, but are working on recognized omissions. There are clear and robust systems in place for updating care plans and communicating changes to staff.

Activities

Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Our findings

There are 2 Activities Organisers who work from 9 - 3 Monday to Friday. We spoke to both members of staff, who seem to compliment each other very well with different areas of expertise. The range of activities provided was substantial and varied: -

Christmas card making / singers / comedians / violinist / visiting children's choir / bingo / clothes shows / pamper days / vegetable growing / gardening / keep fit / chair-based exercise / flower arranging / coffee mornings.

There is a monthly newsletter generated by the residents. Residents are asked to review any new activities.

Residents are able to go out accompanied by a member of staff, and indeed when we arrived the Manager was just returning from a trip to the supermarket with one resident. The home are awaiting the arrival of a 6 seater people carrier which will give further scope for resident outings.

As part of the initial resident assessment, social profiles are drawn up to enable targeted activities to be offered. Residents have been encouraged to think of favourite recipes from their past, which they have then recreated in the kitchen. These recipes are being compiled into a cookery book to raise funds for the home.

Parties are held for residents' birthdays and a wide range of other special occasions.

A dedicated activities room is to be provided as part of the planned extension in 2019.

Comments

The huge range of activities on offer to residents is admirable, and the two organisers are obviously very passionate about their work. Involvement of the residents in drawing up the programme of activities is also to be commended.

Catering Services

Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

Our findings

The home offers a four weekly menu, with residents asked for their feedback on menu choices, or suggestions for any additions.

Homemade soups have recently become a focal point of the menus and proved very popular. The raised beds planned for the garden will provide the ingredients for these soups.

One of the Activity Organisers has a background in catering and has worked alongside the chefs to encourage them to become more adventurous with the menus.

Hot meals are available at both lunchtime and dinnertime. There is a choice of breakfasts, with a full English breakfast available at the weekend. Drinks and biscuits are available mid-morning, with tea and cakes available in the afternoon. The cakes being made by the owner's mother.

A small glass of wine is available at lunchtime for any residents who want it.

We were present at lunchtime and saw that the food looked very appetizing, with a good choice of options, and very healthy portions. Staff were witnessed giving caring support to any residents who required assistance.

There were a number of small dining rooms on offer to the residents, further enforcing the homely nature of the environment.

Nutrition, hydration and weight are regularly recorded for all residents, and weight loss for some of the residents was a driving factor behind the revamping of the menus.

Comments

The food on offer in the home is very much a shared initiative, with the residents having active involvement in formulating the menus.

Resident Experiences and Observations

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Our findings

All the residents are registered with one of 2 practices in Stone. The majority of residents are local, which means that they are able to stay with the same practice and ensure continuity of care. Both practices have Advanced Nurse Practitioners who visit the home on a weekly basis. The home also has close links with the District Nurses from both practices.

Residents are all registered with a local dentist.

The home has regular visits from the SALT team, chiropodist, physiotherapist, optician and social workers.

Comments

The home seems to enjoy a close working relationship with both local GP surgeries, with the benefit of a weekly visit from an ANP as well as ad hoc care.

Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Our findings

There are monthly religious services held at the home which are open to all. Residents are also able to attend any services they wish to outside of the home.

Comments

Comprehensive assessment of residents' needs takes place on admission to ensure that these can be addressed as far as possible during their stay.

Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

Residents meetings are held every other month. Monthly feedback forms are also issued to residents, with ad hoc feedback requested on things such as menus and activities. This feedback is used to shape future provision.

Relatives meetings are not currently held but are planned for the new year.

The complaints procedure is well publicised for residents and relatives.

Comments

The home appears to be a model of integrated working, with all stakeholders being actively encouraged to comment and offer ideas.

Summary, Comments and Further Observations

The current management appears to be offering a level of stability to the home which is benefitting both staff and residents. We felt like we were observing residents living in their own home, whilst enjoying the security of a robust care system. It was a pleasure to witness such a happy and well run environment.

We have noted considerable improvements to the home since our last visit in November 2017 and would like to thank the Management and Staff for their co-operation and openness during our visit.

Recommendations and Follow-Up Action

We would recommend that monthly relative meetings are introduced as soon as possible.

Staff must ensure that dates are completed on the hourly check sheets.

Provider Feedback

No feedback has been received by Healthwatch

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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