



ENTER AND VIEW

Blacklake Lodge Residential Home

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.

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Provider Details

Name: Blacklake Lodge Residential Home

Address: Lake Croft Drive, Meir Heath, Staffordshire, ST3 7SS

Service Type: Residential Home
(Residents over 65 years including people living with dementia and physical disabilities)

Date of Visit: 01st November 2017

Authorised Representatives

Name: Olivia Farrer **Role:** Author/Observer

Name: Barbara Jackson **Role:** Author/Observer

Purpose of Visit

Primarily this is a visit to follow up on the most recent CQC report which resulted in Black Lake Lodge being removed from special measures.

Of secondary interest, Blacklake Lodge website comments on its patient-centred care approach. This visit provides an opportunity to observe and ask about the resident's experience of "person-centred" care.

Methodology to be used:

Residents:

- Speak to residents/visitors about staff levels. Do they feel safe and cared for adequately.
- Speak to residents/visitors about decision making/involvement in care package/needs met etc.
- Speak to residents/visitors about activities, what activities are there, are the activities responsive to residents' needs/abilities/interests/hobbies?
- Speak to residents/visitors about activities in the community?
- Speak to residents about their experience/observation of how the service is led/managed. e.g do staff appear to be supported and confident in their own work and their manager?
- How do residents interact with staff and vice versa?

Staff:

- Speak to staff about staffing levels/training/support/turnover.
- Speak to staff about their involvement with the residents/family members care choices and day to day choices.
- Speak to staff about what processes have been put in place to address issues raised by CQC report. E.g. staffing, training, activities, leadership
- Speak to staff about management support

Manager:

- Speak to manager about what, if any, improvements have been made to staffing levels. Are there still issues? What are they? What plans are in place to address any staffing issues?
- Speak to manager about what, if any, processes or plans are in place to improve activities both in and out of the premises and how these are being/will be achieved.
- What quality monitoring systems are now in place, who reviews these, how often? Are action plans implemented?

General:

- Cleanliness
- Dignity/Respect
- Staff (appearance/interactions)
- General appearance of the home both internal and external. Are improvements needed?

Physical Environment

External

The entrance is clearly signposted from the main Meir Heath to Hilderstone road and is easily accessible.

There is a shared access which leads on to a private drive to the Home.

There is adequate care parking.

The outside of the building is well maintained.

There are secure gardens which the residents can access.

We were told that the home does not have CCTV.

Access to the home is via a doorbell. There is no signage to show this is how visitors access the home. Staff responded quickly to the doorbell.

Internal

There is a visitors book in the reception.

The front sheet of the CQC report is in the main entrance, the rest of the report is in the home on the visitors board.

There were no malodours in the home.

The décor is well maintained and the furniture seems to be in good condition. The corridors are clutter free.

The Home has two floors. The lounges and dining rooms are located on the ground floor together with some bedrooms. The second floor, which is accessed by a small lift or a secure staircase, has only bedrooms.

We observed that there are no warning notices advising people not to use the lift in the event of fire. *(see Feedback 1 at end of report)*

Hard flooring has been fitted where appropriate. Bedroom doors have the residents names in large print.

We were unable to access any bedrooms.

The bathroom is well furnished with a walk-in bath and was clean and tidy. The other toilet in the home did have scraps of tissue on the floor.

We observed a domestic assistant vacuuming the corridors with a cordless vacuum cleaner. This is good practice as it removes the hazards of residents/staff tripping over leads which have been left trailing across corridors.

The home was not clean. In one of the dining rooms, the fireplace appeared dusty and there were bits of food on the floor. There was food debris and rubbish on the dining chairs and lounge chairs. *(see Feedback 3)*

Resident Numbers

The home has the capacity for 37 residents and currently has 31 residents. All rooms are en-suite.

Staff Numbers

We were shown a copy of the staff rota showing 7 care staff, although during our visit the staff levels appeared to be lower than was indicated on the rota, and we were not able to ascertain an explanation for this. *(see Feedback 2)*

Other grades of staff comprise:

1 activity co-ordinator (9am to 3pm Monday to Friday)

1 domestic assistant

1 cook + 1 breakfast assistant (7am to 5pm Monday to Sunday)

1 administrator (Monday, Wednesday and Friday)

1 full-time home manager

1 full-time deputy manager

A breakdown of the number of staff in total and individual staff grades was not available.

Turnover

Accurate details of staff turnover were not available to us on this visit. One member of staff had worked at the Home for 17 years and another for 7 months.

Agency Usage

We were advised that use of agency staff is kept to a minimum. The Home uses three agencies who provide the same staff where possible. This enables continuity of care for the people who live at the Home and also for regular staff.

We were advised that two bank staff have been employed and will commence as soon as satisfactory references and DBS checks have been obtained.

Resident Experiences and Observations

Whilst in the lounge area we noticed that manual handling slings were left in situ when residents had been transferred to lounge chairs.

We also observed a manual handling transfer. Staff did not explain to resident that they were going to use a hoist to transfer him from his chair to a wheelchair and continued chatting to each other whilst seemingly ignoring the resident. They then proceeded to carry out an unsafe manual handling transfer. **(See Feedback 4)**

Some residents seemed to be well dressed and cared for whilst others did not. One lady had a skirt with no stockings/tights on and her legs were out of the blanket.

Whilst in the lounge one of the authorized representatives had to help a resident put their cup of tea down as they were unable to do this. Care staff were nearby in the dining area attached to the lounge but did not help.

Whilst in this lounge area we could see the dining area. Staff were not interacting with the residents who were sitting in this area. Staff were assisting residents with eating and drinking, but we observed that they were standing over people, not seated by the side of the person they were assisting.

There is a hairdresser who comes into the home; she was arriving as we were leaving.

Family and Carer Experiences and Observations

We did not get the opportunity to speak to any relatives whilst we were there.

There is a visitors board which holds the minutes and date of the relatives/residents meetings.

Activities

During our visit, we did not see any on-going activities. People were mainly engaged in watching the televisions in the lounges or sleeping.

Staff did communicate with people whilst they were passing but seemed mainly concentrated on performing tasks.

We have since been advised that singers were coming into the home that afternoon to entertain the residents and this is a regular weekly activity, and that this is very popular with residents who have more advanced dementia as the songs are ones that they remember and can sing along with. We are further advised the home also has a weekly session with a Yoga instructor.

The Activity Coordinator has since advised us that that morning they held “Book Club” for a group of residents, selecting books from the library provided by Staffordshire libraries. The selection on this day were reminiscence books on the home, toys and games. A group discussion was held and then four one to one reminiscences sessions were held with residents in the sun lounge.

Following this the Activity Coordinators visited residents in their rooms with a selection of books that were utilised for one to one discussion.

Prior to lunch there was a group get together for the more mobile residents and the time was used as an opportunity for debate and discussion over the day’s news and other topics, including superstitions, as Halloween had just been, and the group shared many superstitions that were personal to them.

We have also now been supplied with a copy of the weekly and monthly activities programme, which includes Bingo, putting up Christmas decorations and wrapping presents, armchair exercise and singing practice. In addition there will be a Christmas Party, crafts for Christmas, Christmas arrangements demonstration, Carols and Christmas songs with the Blacklake Choir and a Christmas Quiz with prizes.

We would hope that on a further visit, we would have the opportunity to meet the Activities Coordinator to hear more about the range of activities on offer to the residents.

Catering Services

The Home has a 5* food hygiene rating.

There is only one sitting for lunch (12-30pm) and dinner (4-30pm), however residents can eat outside of this if they want to.

There was a limited choice in what the residents could choose.

Details of foods containing products which may cause allergies were available in both dining rooms. We were told that kitchen staff were aware of any allergies and that this is in the residents care plan.

Food appeared poorly presented and unappetising. Food moulds were not used for residents on a pureed diet.

We were told that residents requiring extra fluids were given them, but saw no evidence of extra fluids/jugs in the lounges.

Staff Experiences and Observations

We asked staff about training and they told us that they felt appropriately trained.

Staff training is online e-learning for them to complete either at work or at home.

New employees receive two weeks Induction Training.

The owner, who was present for part of our visit, told us that they do try to employ staff members with experience if possible and that Staff are supported and paid at their normal rate for all mandatory training. We were also advised that should staff wish to complete the NVQ care certificate, they are encouraged to do so, but they complete this in their own time due to the time it takes for the assessments to be made and the need for staff to be available for normal duties when on the floor so that the staff ratios are maintained at their specified level.

The Deputy Manager told us that staff are now completing more training. Training now in place is:

Dementia

Health and Safety

First Aid

Mental Capacity Act

Pressure Area Care

Medication

Summary, Comments and Further Observations

We were advised that the new home manager has re-written all the policies and procedures in the home.

We were also advised that all the care plans have been re-written by the new manager.

One of the Senior Care Assistants told us that protocols are now in place for PRN (when required) medicines and that there are weekly stock checks. Medicines are checked by staff when they are received from the pharmacist and the amounts entered on to the MAR (medicine administration record) charts. Staff report any discrepancies to the Home Manager, the pharmacy and the person's GP.

As the Manager was not at the home at the time of our visit, there were some questions that we were not able to have answered clearly. ***(see Feedback 4)***

We noted that staff interaction with the residents was not consistently good, as evidenced by staff not explaining to the resident what they were going to do when using the hoist, by chatting to each other over the resident that they were assisting and by the support of residents in the dining room appearing task centred rather than person centred.

Recommendations and Follow-Up Action

We recommend that we complete another visit in the home to see what changes have been made and so that we can discuss changes/improvements with the Home Manager, who was not at the home at the time of our visit. It would also be hoped that we could hear about the activities that may be in place or to be introduced to the home. ***(See Feedback 4)***

We recommend that a review of Manual Handling techniques is completed as soon as possible, with further training or supervision as necessary. ***(See Feedback 4)***

We recommend that Staff need to ensure that risk assessments have been completed for residents who have manual handling slings left underneath them.

We recommend that steps are taken to improve staff interaction with residents and the delivery of person-centred care. This may be able to be achieved by supervision.

We would recommend that the home environment and gardens are made more dementia friendly.

It is also recommended that a deep clean of the home is completed. (*See Feedback 3*)

We also recommend that residents and staff are consulted regarding the food and menus to see if any improvements are required in this area.

Provider Feedback

The Director of Blacklake Lodge was able to provide the following information and confirm the actions being taken to address some areas of concern raised in the report.

Healthwatch Staffordshire appreciate the clear and appropriate response and advice of the actions being taken to make improvements within the home. Healthwatch Staffordshire will arrange a further visit to meet the Manager and to see the changes that have been made.

Feedback 1. There has always been a clear commercial sign on the lift door. I have taken a photo of the door this morning to show the sign and enclose a copy for your information.

Feedback 2. For clarification I confirm that the staff are deployed as follows. Of the 7 care staff that are on duty each day, the 1 shift that is the 7 am to 5 pm shift goes in the kitchen from 7am to 11 am to help with breakfasts. This person then becomes a carer for the rest of the day.

Feedback 3. Following a meeting with my Care Manager this morning, we have agreed to employ a second cleaner who will work 7 am to 4.30 pm Monday to Friday. The second cleaner will now go into the kitchen from 7 am to 11 am to help with breakfast, so one of the carers does not need to do this anymore each day and the new shift will them become a cleaner from 11 am to 4.30 pm Monday to Friday, so will effectively be an additional 27.5 hours cleaning and 20 hours care hours increased each week.

Feedback 4. I also suggest that we arrange a meeting with my care manager, to go through your other areas of concern mentioned in the report, however, I confirm that I have instructed my care manager that all care staff have refresher manual handling training as a matter of urgency.

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.