

Enter & View

Report

Hunters Lodge Care Centre
Kitwood Unit
16th August 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: Hunters Lodge Care Centre - Kitwood Unit
Provider: Interhaze Limited
Address: Hollybush Lane, Oaken, Codsall, West Midlands WV8 2AT
Service Type: Specialises in care for people with dementia and nursing needs.
Date of Visit: 16th August 2018

Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire:

Julie Thurlow

Mary-Ann Burke

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

Hunters Lodge is surrounded by picturesque countryside in Oaken on the outskirts of Codsall, approximately 5 miles from the centre of Wolverhampton. The site is well signed with a clear map of the location and parking areas. There are three different units on the site - Kitwood, The Terrace and the Pavillion. All had ample parking. This visit focussed on Kitwood House (Unit 1 downstairs and Unit 2 above). The Registered Manager has an office in Kitwood House. Outside the entrance was a container with dead plants, although it is appreciated that it has been an extremely warm summer which has created many challenges for gardens.

Internal

Kitwood House is accessed by a doorbell for visitors and this was answered promptly by a member of staff who welcomed us and went to locate the Manager. There is a keypad system for staff. The small entrance hall was clean with up to date notices. These included a visitor's book that was clearly in use. In addition, there was a range of information including a Feedback/Suggestion Relative Comment Box, Complaints procedure, four thank you cards, general information pack showing a plan of the site, fire certificate valid until February 2019, Area Manager information and the latest CQC report. On one wall there is a display showing 'Employee of the Month'. This was completed up to June: July had not been completed.

The home is clean and suitably equipped for the residents. After walking round it did not seem very homely. Relevant pictures had started to be put up on the walls but there were few items to represent a home in the communal areas. The bathrooms for example were very sparse and in the lounge there were chairs, a television and a TV (showing subtitles), In the main room there was a Dignity Tree alongside the dining table. These areas were stark in appearance, without items that people would usually have in their own home which create comfort and ambience. It is possible that some changes in these areas could be of benefit and comfort to the residents and that some dementia friendly changes could be helpful in provoking memories and reminiscence.

There are eight bedrooms with en suite and the rest have a sink in the room. It may be helpful if Residents who require more care intervention could have an en suite room. Furniture was provided but residents could bring their own into the home, although we did not see this in the rooms that we were able to see. In each room there is a call bell with a PIR sensor to detect movement in the room. There are shared toilets and bathrooms on each floor. In addition there are 2 commodes and we were told that the number was sufficient for the 33 residents. We were told that residents capable of using a commode safely on their own could have one in their room, otherwise the facility was available when and if required.

Outside each bedroom there was a notice on each door stating the name, room number and any interests of the residents. There was a letter box on the outside of each room and in some cases a photograph. There was a small device on the door stating whether the room was either vacant or engaged. Unfortunately this made the door look a bit like a toilet door.

We were told that some residents had a stair gate fixed to the door if they had been risk assessed and they felt there was a need for safeguarding or if someone needed to rest during the day.

There was no odour except on floor 1 where there was a distinct smell of urine outside room 104 towards the end of the corridor.

Along one corridor there was a display of locks and lights to trigger memories for the residents. The corridors were wide which provided plenty of room for wheel chair access and hand rails were at the side of each corridor.

The COSHH cupboard was locked.

In the Treatment Room the refrigerators are provided by the Pharmacy and we were advised that temperatures are checked in the refrigerator and room temperature twice a day.

Resident Numbers

In Kitwood House there are forty bedrooms but some rooms are vacant. On Kitwood 1 floor there were 19 residents and on Kitwood 2 floor there were 14 residents.

Staff Numbers

We were told:

There is one nurse on duty in the home at all times.

There are eight carers during the day and evening. Four carers are available during the night.

An Activity Co-ordinator is available during the day and evening.

There are two domestic staff during the day and evening.

One maintenance man is employed.

The Manager works from 9 - 5 pm.

Agency Usage

We were told recently there has been a recruitment drive to reduce the number of agency staff used. Kitwood Unit use two agencies and we were advised that they try and employ carers they have used before for consistency.

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

The Registered Manager was not available during our visit. We were advised that the Registered Manager oversees all units at Hunters Lodge and works with other care homes in the group. A Manager for Kitwood House has just been appointed and this Unit Manager has a wealth of experience in the caring environment. As she is new into post she was supported by two team leaders during the visit. We were able to observe the Unit Manager working effectively with other members of staff and the two team leaders were caring, supportive and knowledgeable.

Comments

There was to be a good working relationship within the team and the Unit Manager and staff interacted well with the residents. It would have been useful to be able to meet the registered manager.

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

There seemed sufficient staff on duty to care for the residents. Nobody seemed rushed and all had time for the residents. The Manager of Kitwood Unit and Team Leader seemed motivated and told us that they enjoyed their roles. They also commented that they had the support of the Maintenance Manager if they required additional equipment.

We were told that some staff training is carried out on site e.g. First Aid and Manual Handling by Team leaders and the Provider. Staff are encouraged to keep up to date with training. There is a 'tablet' available that can be used for training in the home or training can be completed in their own time based on the 15 care standards.

There is a training record matrix that was available on the day and this is updated weekly. Staff are encouraged to continue with training and we are advised that progress is checked at intervals e.g. appraisals.

Each member of staff has a set of cards attached to their lanyard representing the Interhaze culture. This included 5 principles of Mental Capacity Act, Types of Abuse, Skin Integrity amongst others as a reminder for staff.

Comments

Kitwood House have shown through the training matrix that the staff seem to well trained, that there are sufficient staff to look after the residents and the staff have the time and skills to do their job well.

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

We were told:

There is a 24 hour handover sheet that nurses and carers are given when the new shift begins to check on resident's health and well being. There are audits and field observations, supervision and communal supervision. Documents are reviewed if there is a need. There is also a weekly walk round by Team Leaders who monitor the quality and suitability of the care. In addition, there are quarterly staff meetings to share information. If there are any concerns these will be followed up and reviewed at the next meeting.

If agency staff are used there is a site checklist which is information that is attached to the staff profile. For each unit there is a photograph of the person and a summary of their needs, which is updated weekly when the team leader does the audit. This is shown to staff during thier induction period. This is usually a paper copy. In addition there is a personal emergency evacuation plan. A signature is required from staff to say they have read the induction sheet. In addition, the induction covers the whistle blowing policy, which is explained and safeguard training is introduced to protect the residents.

We were advised that covert medicine is sometimes administered after consultation with the GP and a senior member of the team. In Kitwood 2 three people were highlighted who had covert medicine administered to them. We were advised that although it is not always possible to involve family or friends who have Power of Attorney they are working towards making decisions which are in the best interests of the client. There are forms in place to record a best interest meeting and any concerns.

The administration files are found in different parts of the building depending on where seems to be most convenient. Care plans including DoLs are kept in the downstairs office whereas the MARS are kept separately in the treatment room.

Comments

The home is trying to include all information on line but this will take time to introduce. For some staff they still prefer paper copies and for agency staff this seems to be the best option as it is easily available.

The systems in place, which are regularly updated and audited assist the staff in having knowledge of individuals needs and any changes to those needs.

The auditing and supervision, individual and group, shows the home is continually monitoring the service in order to maintain standards.

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

The Home has an Activity Well Being and Lifestyle Facilitator, covering all three units, who we were able to meet. She is also a Dementia Champion - a qualification she has undertaken in her own time through the Alzheimer's Society. A full programme of events are planned and these are advertised in the home. These range from trips out, craft activities, quizzes and the visit of a horse! The wide range of activities on offer include functions at the other locations on the site.

The activity for the day was a trip out but it had been cancelled because of forecast rain, which is a shame and of course typically it did not rain at all during the time we spent at the home.

We were advised that she does ask the residents monthly what they would like to do on a one to one basis.

A monthly newsletter is produced showing the various activities. On Sunday 19th August a Summer Fete has been arranged where all members of the residents family are welcome.

We saw residents colouring in and folding serviettes. In addition another carer was encouraging another couple of people to identify singers from photographs i.e. Frank Sinatra - this was before they started serving lunch.

A hairdresser attends weekly - a list of charges was posted in the lounge.

Comments

The Activity Well Being and Lifestyle Facilitator was very keen and enthusiastic and had a positive attitude towards providing opportunities for the residents. In addition, she has also offered to send the newsletter by e mail and has requested if relatives have suggestions, information or questions they should contact her directly.

On the day we visited the majority of residents were not doing any activities, which may be in part of result of the cancelled trip out or their own preference.

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

All food is cooked in the main kitchen on site and then transported to Kitwood House. Each unit kitchen has a warm cabinet to ensure that the food is stored at the appropriate temperature. There are also limited facilities to prepare simple meals, i.e. scrambled eggs etc. We were told if a resident is hungry outside of meal times or doesn't want to eat the meal being offered simple meals could be prepared.

Snacks and drinks were served at 11 a.m. and lunch from 12 noon. Snacks and drinks are also available in the afternoon. The residents are encouraged to drink by the regular offering of drinks.

Each kitchen has a record of each resident's likes, dislikes and dietary requirements. In the kitchen there is a nutrition and hydration chart for each resident. There is an audit weekly to determine the dependency levels of low, medium or high.

There was a menu written on a whiteboard and also a printed menu. The date was not on the board but when this was mentioned the date was added. The menu did not represent what was being served. There was also a printed menu for the week on the wall near the kitchen door but again this differed from what was being offered for one of the main courses (faggots). Therefore the menu that was displayed did not correspond to what was being offered. The residents sitting at the tables were each asked which of the two main courses they preferred and had a choice of desserts.

Of the 19 residents in Unit 1 only 9 sat at tables to take their meals the remainder were assisted to eat by staff. Residents who were able to feed themselves had the opportunity to do so to maintain independence. Assistance to residents was done in a caring and considerate way and it was apparent that the Carers knew the individuals very well. One female resident sitting at the table didn't respond when her meal was served but the Carer took it away and tried again about 10 minutes later when the resident responded and ate her meal unaided. All plates had a guard in place and were white china. Knives and forks were given to residents who could use them and the rest had a spoon, so residents needs and abilities were met on an individual basis. Everyone at the tables seemed to have a drink in a coloured beaker. There were green cloths on the tables and round beige place mats and white paper serviettes. A family member said that it was not usual for the tables to be laid with cloths.

Where a resident was being assisted to eat, the main course, dessert and a drink were brought out on a tray by the Carer. It appeared that residents had choice over which items they wanted to eat and when they wanted to eat them according to their individual preference.

Lunch was taken to one resident in his room. Initially it looked as if he had been left without any assistance but in fact he ate his meal without the need for assistance. A subsequent enquiry confirmed that although bed bound he insisted on feeding himself which he clearly was able to do. This showed that the staff encouraged independence where possible and were aware of residents preferences.

When asked, one resident said that the meal was very good. Most of the other residents did not respond but did finish their meal!

After lunch one resident asked for a cup of tea and this was provided in a timely manner.

Comments

The kitchen is in need of modernisation but we were advised that this should happen at the end of August. The only access is through using the key pad, so it is a secure area. The white board that had the range of foods available may be difficult to read for the residents. The appearance of the board could be improved as it looked as if it had been done in a rushed manner. The purpose seems to be beneficial mainly to the carers. If two courses are offered at lunchtime and is rotated it might be useful to have laminated photographs of the meals to aid the decision making, if residents have to choose their meals before they are cooked. In addition, some dementia patients may find brighter coloured crockery easier to use. Planned menus need to be communicated more effectively to the residents and families and not done on an ad hoc basis.

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

We were told that there are 3 GPs that visit the home. If residents are registered with Russell House or Bilbrook in Codsall a GP will visit them in the home. If not Tamar Medical Centre visit twice a week and also respond to call outs once they are registered with this practice.

We were advised that a dentist is available.

A chiropodist attends every six weeks. The next visit will be on the 21st August 2018. This is generally at the resident's cost unless an issue has been identified, usually when someone first arrives, where it is covered by the NHS e.g. Diabetes.

The optician from Vision Call will visit when needed.

Comments

There is good access to GPs and other services are available to residents. Some services are provided but others will need to be paid for by the resident.

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

We were told:

There is a church group who visit and offer communion once a month. This covers all churches. In addition someone from the Catholic Church also visits. If people have religious preferences this is indicated on their door to their room with a symbol alongside their other interests if they wish this to be recorded. Some rooms had pictures that represented their personal, cultural and lifestyle needs whereas others preferred no information on their door.

Residents have choice over their dress, food, drink, bedtime and personal care to promote their independence.

Their care plan is tailored to their own needs.

If any of the residents require treatment outside the home relatives or friends (next of kin) are expected to take responsibility for this. If this is not possible staff are used but there is an additional charge for this service.

Advocates are used for some residents.

Comments

The home does accommodate residents individual preference. The Activity Co-ordinator offers a range of activities that satisfy many needs and interests, although on the day we visited we saw limited activities taking place.

Family and Carer Experiences and Observations

As mentioned earlier one family member stated that it was unusual to see cloths on the table at lunch time.

In addition one relative stated the following: Concern was raised about her Husband's personal care, shaving and showering in particular. She has raised this with the Manager and discussed with Psychiatric Nurse. Her husband won't always comply, however the Nurse suggested that if encouraged at a later time he probably would do so, but this does not seem to be happening and it upsets her to see him looking unkempt. She said this might be a staff/time issue but she was told that it could be done.

Also she doesn't feel that the system for alerting staff when a resident has got out of bed is sufficient. By the time her husband has actually got out of bed he will be wet and too late to use the commode that is by his bed, that he probably couldn't use unaided. The relative was asked if she thought he could use an alarm button if that was available but she wasn't able to say that he could. She is worried that if he is left wet he will get sore.

Furthermore, the relative advised that his personal belongings are constantly going astray, although staff do make an effort to locate things. He was for, example, without glasses for about two weeks. One pair was eventually found in a jacket pocket in someone else's room the other pair is still missing. We asked her if she had requested a stair gate on his door to stop unwanted access but it appears she hadn't done this. There has also been issues with his hearing aids and I pod (currently missing but we were advised that he leaves it lying around rather than it being taken from his room) and on one occasion a diabetic resident went into his room and ate a bar of chocolate left for him.

She also mentioned that the wheelchairs need attention; the foot rests on many don't work and she has resorted to using the one she keeps in her car.

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

As the residents have dementia it is difficult to find out how they feel about living in the home. We were advised that questions are asked at an appropriate time to determine whether they are happy or not.

The relatives are given a Family Quality of Service Programme where they indicate the smiley face that is appropriate to the question. As mentioned previously there is also a newsletter where feedback is encouraged about activities in the home and a feedback/suggestion relative comment box is to be found in the entrance hall. The manager stated that nobody had made any suggestions.

There is a complaints booklet. The latest complaint included was from a family who expressed concerns about a hearing aid. This had been resolved.

There is also an open door policy for any areas of concern.

Comments

We were informed that there seems to be limited interest from some family members and feedback can be difficult to obtain.

Summary, Comments and Further Observations

Overall we observed many positives at the Kitwood Unit of Hunters Lodge Care Centre, in particular the caring and helpful attitude of the staff to the residents.

We observed the Management and systems that are in place contributing to maintaining standards throughout the unit.

We did however note that the home appeared a little stark without homely items that could make it feel more personal and cosy / comforting. Each corridor looks the same except for the notice on each residents door giving basic information.

It is good that there is a member of staff dedicated to activities and well-being of the residents, and it was refreshing to see the carer interacting and encouraging residents with reminiscing the names of singers.

We are concerned about the number of commodes available to service the number of residents, particularly as advised that that residents capable of using a commode safely on their own could have one in their room. We would question how this would be possible with only 2 available for the whole unit.

It is of concern that residents belongings are going missing, even though they often “turn up” at a later date. This has previously been reported to Healthwatch as an issue.

It is of concern that there are reported problems with the footrests of wheelchairs as this could pose a risk to users.

We felt that the home met Independent Age’s quality indicators well, although there are some issues that could be addressed with a view to improvement.

We would like to thank the Unit Manager and staff for their warm welcome and the time spent telling us about the Kitwood unit. The staff were very knowledgeable and helpful throughout the visit.

Recommendations and Follow-Up Action

In respect of catering we would recommend that the White Menu Board is kept updated in order that the menu on the board matches the meals that are on offer that day.

In addition, consideration should be given to the appearance of the white board and how this could be improved to aid residents in making their choice. We would hope the possibility of menu photos may be considered as this may be helpful to some residents.

Although we noted many dementia friendly things in the unit, we would recommend that it be considered what further improvements could be made in this area for the benefit of residents. A suggestion, from our experience of visits to other homes, is the possibility of each door could be painted a different colour and maybe each corridor could have a name of a road e.g. Hunters Close. The addition of retro posters (e.g. famous adverts such as Pears Soap or Bovril) in corridors alongside coloured door may assist residents in awareness of the location of their rooms. It is well documented that the use of colour can be beneficial to the life experience of people living with dementia.

It may be useful for the home to consider whether there is an area that they could make into a quiet room or quiet corner, for the benefit of residents and their visitors, rather than having to go to the residents bedroom to find a quieter space.

We would hope that the home could give some consideration to improving the environment to make the unit seem more homely, comforting and cosy.

We would recommend that all wheelchairs, and in particular the footrests, are checked for safety and any necessary maintenance or replacement carried out.

We would hope that the home can consider what can be done to minimise the problem of residents belongings going missing and residents having access to other residents rooms where they can pick up and remove items. Any improvements in this would help protect privacy as well as property.

We would recommend that appropriate steps are taken regarding the strong odours in the corridor near room 104.

We would ask the home to consider whether there are sufficient commodes available in order to try to assist residents in maintaining their dignity.

Provider Feedback

No feedback has been received from the provider

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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