

ENTER AND VIEW
Unannounced Visit
Arbour Lodge Care Home
Saturday 16 September 2017

Part of the Healthwatch Wolverhampton remit is to carry out Enter and View Visits. Healthwatch Wolverhampton 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 Wolverhampton 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 Wolverhampton 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: Arbour Lodge Care Home
Address: 92 Richmond Road, Compton, Wolverhampton, WV3 9JJ
Manager: Amanda Jobber
Date of Visit: 16 September 2017

Authorised Representatives

NAME	ROLE
Shooky Devi	Authorised Representative Lead
Marlene Lambeth	Authorised Representative

Purpose of Visit:

Healthwatch Wolverhampton are visiting care homes within Wolverhampton observing service delivery. To see and listen to what is working well within the care home and what areas need improving. To provide feedback and help improve any areas that may need help and support.

Acknowledgements:

Healthwatch Wolverhampton would like to thank the Deputy Manager, the residents, and the staff for their co-operation during the visit.

1.0 Physical Environment

External

- 1.1 The home is located near to the City centre and easy to access by public transport.
- 1.2 The entrance drive is easily accessible and well signposted. There are parking spaces for the able bodied and disabled. The drive rises slightly, so for people with mobility issues it could pose a problem.
- 1.3 The visit took place at 9.15am. Access to the home was via steps and a ramp, entry to the home was by using the doorbell.
- 1.4 The garden is well maintained at the front and back of the home.

Internal

First Floor

Reception/Lobby

- 1.5 On entry there is a notice asking people to make sure the door is shut. There is a door release keypad to leave.
- 1.6 We were greeted by the Deputy Manager, the Authorised Representative Lead handed the introductory letter and we were asked to sign the visitor's book and use the mounted hand gel. We were given permission to move around the home unescorted.
- 1.7 The lobby contains a lot of useful and practical information including a suggestion box, a rack with various information leaflets and an infection charter. There is also a small desk, with a visitor's book, a litter bin, and a wall clock.

Main Hall

- 1.8 There is a large wall calendar that displays the year, season and weather. Next to the calendar useful information was displayed i.e. notices of 'resident's family meeting' and a comments/complaints - policy statement. There was a fire extinguisher with a panel coding chart and an action plan in the event of a fire.
- 1.9 Further down the hall is a large notice board with photographs of residents involved in activities that have taken place. There is notification of future events and a list of regular visits for example the monthly visit from the pet therapy, and the hairdresser, who visits weekly.

We were told the home does not have an Activity Coordinator in post. There is a lady who comes to the home and carries out exercise with the residents. In addition to the exercises the Deputy Manager said "we arrange a sing along amongst ourselves."

Lounge Area:

Lounge 1

- 1.10 The door sign is clearly signposted as 'Lounge 1'. The lounge is large with twelve armchairs placed around the room. It is carpeted and looked clean and bright. The television was switched on however we noted the extension lead and socket was not placed in a safe position. At time of observation there were six residents sitting in the lounge who were all happily engaging in conversation.

Lounge 3

- 1.11 There is signage on the door of 'Lounge 3'. This room is very traditional looking with a fireplace at the front. There are six armchairs placed around the room. There were two residents in the room. One resident appeared to be asleep and the other was watching the television which was mounted on the wall above the fireplace.

Dining Room

- 1.12 The dining room is clean and well lit. The tables are easily accessible. There is an open hatch kitchen where the cook prepares breakfast for residents. There were three residents having their breakfast. There was a sense of calm within the room with music playing in the background. We saw the Deputy Manager making drinks for the residents from the tea trolley.
- 1.13 During our visit the kitchen was being set out for lunch with a new set of clean table cloths and napkins by a member of staff. There is waitress service at each meal. Although there are set meals times if a resident wanted to eat outside these hours then the home provides this flexibility.
- 1.14 There was a locked drugs trolley by the door in the dining room. We were told the Deputy Manager administers the medication to the residents. The trolley during the day is chained to the wall outside the Managers office and then at the end of the day it is stored in the medication room.

Laundry/Ironing Rooms

- 1.15 In a room we saw a member of staff ironing clothes and further down the corridor, there was a laundry room with two large washing machines in operation. We were invited to come into the room.

All resident's clothes are labelled with their names and all clothes are put in colour coded sacks for washing. Red sacks for heavy soiled clothing, green cloth sacks for kitchen laundry, white cloth sacks for bedding etc and blue cloth sacks are used for jumpers etc. Instructions on how to use the washing machine and how items need to be washed were displayed. We were shown an item of clothing labelled with a resident's name.

The member of staff told us her working hours are from 10.00am to 3.00pm and has been at the home for two years and find it “beautiful and amazing.”

On the same floor there was a toilet used for residents which needed cleaning.

Corridors

- 1.16 The corridors were not sign posted along the first floor. The corridor near the Managers office had a noticeboard displaying ‘Pressure Injuries’ Ground Floor, Middle Floor, and Top Floor.
- 1.17 A door of a room was open along the second floor. The signage on the door indicated it was a ‘Hairdressers Salon’. The room stored wheelchairs, a filing cabinet, a small fridge, folders on a shelf, ladders and various other items.

Second Floor

Assisted Bathroom

- 1.18 The bathroom was large and spacious and had a toilet which was used for visitors. There was no running water from the sink however a mounted hand sanitiser/gel was available. We were told the bathroom was not in working order. There was no signage to notify people the bathroom was out of order or the sink had no running water.
- 1.19 Outside the bathroom opposite there was an Evacuation Sledge, to support residents in the case of a fire.
- 1.20 There was another visitor’s toilet across the corridor which looked pleasant and clean.
- 1.21 We noted a cupboard with the sign ‘COSHH’ Please lock at all times along the corridor which was closed.

2.0 Staff Numbers

- 2.1 It was noted that staff wore uniform in relation to their job.
- 2.2 During the week there are three Carers, one Deputy Manager, one Manager, one Cook, one Laundry lady and two Domestics. The Deputy Manager carries out the administration duties.
- 2.3 Both the Deputy Manager and the Manager have been in post for approximately twelve months.

- 2.4 Currently all vacancies are filled, the home has a pool of bank staff. If an emergency arises and staff are needed, the first step would be to use the staff rota. If there is no staff available then the sister homes would be contacted. The final approach would be to make contact with the bank staff and the agency. References are obtained from management to friends as well.

3.0 Agency Usage

- 3.1 We were told no agency staff have being used for a long time; they are only used on rare occasions.

4.0 Patient Experiences and Observations:

- 4.1 Most of the residents we spoke to on how long they have been in the home stated “I’ve been here three years and we don’t do anything”, “do not go out much”, “sit down all day.”
- 4.2 A resident was asked the following question, how long have you being in the home and why you like being here? The resident gave the following response “short time” “I like the freedom”, “do not like activities it’s boring”, “likes mending cars” “staff are very helpful.”
- 4.3 Another resident we spoke to said “has only being out once, visits her son when he has days off.”

5.0 Family and Carer Experiences and Observations

- 5.1 No family/visitors were present during the time of our visit.

6.0 Catering Services

- 6.1 Breakfast is served between 8.00am to 10.15am and lunch is between 12.30pm to 1.45pm. Residents can eat or drink outside these times, the Deputy Manger commented “at the end of the day we are here for them. It is their home. We are not in it for ourselves.” The home has introduced new menus.
- 6.2 As we were leaving the home, we observed a member of staff organising tea and biscuits for residents. Drinks and biscuits were available on the trolley outside Lounge 1. There was another member of staff seated and had residents notes placed on the table in order to record food/drink intake.

7.0 Staff Experiences and Observations:

- 7.1 One member of staff told us she had started work last June and has completed training in First Aid and mandatory courses using On-line Learning Curve Group. She works at the weekend mornings only and likes working within the home and on start of her employment she had spent time shadowing.

8.0 Summary, Comments and Further Observations

- 8.1 The home has a capacity of twenty-eight residents, currently there are twenty-seven residents within the home who are either elderly or have on set dementia. The home has three floors which are accessible by lift and the stairs. The home uses a call bell facility. During our visit we did not observe if the lift was operational. The home has a number of sister homes.

- 8.2 Due to the design of the home it was difficult to navigate, there was no signage to direct you within the home. For example, there are no direction signs to tell people if they are on the first, second or third floor.

We were told the rooms are numbered from 1 to 7 on the first floor, 8 to 21 on the second floor and 23 to 30 on the third floor.

- 8.3 The home was well decorated and the rooms we observed were odour free and had furniture and other contents as a domestic house. In some of the rooms there was cabling placed with the potential to cause a hazard. Throughout the home there are motivational messages painted on the walls which the Deputy Manager had implemented after conducting research on the internet.

There are notices placed throughout the home requesting people use the provided hand gel which is placed at various points within the home.

On the day of the visit there was on duty, the Deputy Manager, the Cook, the Laundry Lady and three Carers. We noted how staff took in turns to bring residents to the dining room for breakfast and then escorted the resident to the lounge.

- 8.4 The Deputy Manager showed compassion towards the residents and was observed helping the Carers.
- 8.5 Throughout the visit, the staff were getting residents ready and escorting them to the dining room by a wheelchair if needed, and then to the lounge.
- 8.6 The conversations we had with the Deputy Manager clearly indicated a lot of hard work has been put in to improve the effectiveness of the home, and the improvements are ongoing.
- 8.7 The Deputy Manager explained previously there was no risk assessment in place. New care plans have been introduced. New welcome packs are

currently being implemented and should be completed by the end of January 2018.

- 8.8 The Deputy Manager explained how she has designed a bath routine to suit a resident. Should the resident need a bath at a particular time of his/her choice this option is available.
- 8.9 It was observed the home took special care to make things comfortable for the residents, for example, residents had their names on their walking frames and a bag attached for personal belongings.
- 8.10 Residents have access to health services; the Dentist/Optician visits annually and the Chiropodist on a six to eight-week basis. A Hairdresser visits weekly.
- 8.11 The home originally used the Pharmacy (Co-op) but since the post of both the Deputy Manager and the Manager, they now use Meda at Home. The GP's of the residents are responsible for administering the prescription.
- 8.12 Regular meetings are held with families and residents.
- 8.13 A lot of information is displayed throughout the home i.e. on notice boards, and racks. It was observed outside the Managers office there was memos with dates as far back as 2015 and other paperwork too.

The following books were displayed on the racks; a maintenance book, fire warden training, staff handbook, infection control and infection.

- 8.14 We were shown notice boards which displayed photographs of residents engaged with activities.
- 8.15 Conversations with the Deputy Manager indicated a good knowledge of ensuring the needs are met for each resident and the home. Doors within the home had Dementia friendly signs, for example, the toilet had an image of a toilet. Some of the resident's rooms had pictures of themselves on the door. Each resident with a walking frame had their name and a bag attached for personal items.

We were told the residents communication needs are addressed when they arrive in the home and these are recorded in the care plan.

Staff are provided training in communication, dementia awareness in order to care and communicate effectively with the residents. The staff we spoke to were aware of the resident's needs. Information is available in different formats to make it accessible to all residents. Information is provided to the next of kin in an accessible format if needed.

9.0 Follow - Up Action:

The following information is to be requested from the service provider:

- 9.1 Staff rota and staffing structure

10.0 Recommendations

- 10.1 Introduce signage throughout the home i.e. dementia friendly signs easy to understand by all, visitors, family and friends and of course the residents.
- 10.2 To ensure cabling/extension cables are repositioned to reduce the risk of potential trips/falls.
- 10.3 To remove out of date paperwork and replace with new for residents and staff outside the Managers office.
- 10.4 To invest in staff/volunteers for additional support in the following areas; carryout activities with residents within the home/ administration to support the Managers office and perhaps to assist the Carers.
- 10.5 To place a notice in the bathroom for example 'the bathroom is out of order and the sink has no running water.'
- 10.6 To ensure appropriate signage is displayed and out of date signage is removed.

11.0 Provider Response and Intended Action:

Responses to

- 1.10- Currently we do not have an activity coordinator in post, however following speaking to my deputy she has commented that she gave much more information in response to what was documented. We have a regular activity programme which is decided following asking our residents what they would like to do daily. This can range from art work such as colouring, puzzles, bingo, sing along, reminiscing. We also provide fortnightly & monthly activity programmes which include motivation & Co, debbie exercise to music as well as chair exercise provided by independent living. We have a monthly music entertainer who provides music from the 1940's-1960's and much more depending on what our dear residents want and like to do, this can include hand and nail care which is held twice weekly where our ladies like to have nails polished and hands massaged and creamed, our gents have a trim & file. The home also supports a fulfilled programme of outings to the grey hound racing, mecca bingo hall, Dobbies garden centre,

cupcake lane café, Essington fruit farm, old school tea rooms, mindful gifts dementia café where activities such as rag rugging, meccano, memory afternoons and much more, Narrow boat cruises, roebuck hotel meal and entertainment. We also fulfil calendar events with theatre productions and other entertainment as well as birthday parties.

- 1.16- Following speaking to the deputy regarding the comment made about the toilet used by residents which needed cleaning, as both my deputy and I have very high standards. The deputy assures me that this was not something that was just left, however possibly been used by a resident therefore I feel that these areas should be looked at on a wider scale given the dependency levels of individuals. We ensure that all areas are kept clean and tidy as much as is possible and immediate action taken to prevent infection.
- 1.17- Our corridors are not currently sign posted which I believe in respect of room numbers? This is something that we intend to address in our action plan. The notice Board near the manager's office did not only have notice displaying pressure injuries for ground floor, middle floor and top floor. It was our safety crosses which we adopted through the space programme, we use this to monitor areas that we feel are important to our home and helps identify Areas that may require improvement. The comment made I felt needed explanation rather than "notice board displaying pressure injuries"
- 1.18- We do not have a Hairdressers salon on the second floor, the room with this sign on is situated on the ground floor and has recently been converted into the staff room which contains a fridge for their food stuffs. The stated filing cabinet are lockers for staff belongings whilst on duty for safe keeping. It is where surplus wheelchairs are stored for use during the day avoiding clutter in other areas our staff are happy with this. Folders on shelf are old files ready for destroying.
- 1.19 - We do have a large spacious bathroom with a toilet on first floor, there is no running water as we recently had a leak which lead through to the kitchen, this did not affect the use of the entire bathroom as stated in report, this is being addressed by the provider & our plumber. This is not a visitor's toilet; the visitor & staff toilet is situated in the square on the first floor clearly signed. There is now a notice on this door stating out of order whilst works are in progress.
- 8.3- The motivational messages painted on the walls were and continue to implement by the manager not the deputy following research.
- 8.13- memos dated 2015 were memos still valid and related to no specific issue or concern but a general memo reminding staff to read documents. Again

something highlighted that did not affect the health and wellbeing of our service users.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on **16 September 2017**.

The report does not claim to be representative of all service-users; only of those who contributed within the restricted time available.

DRAFT