2016 Schedule: Georgiana Care Home (October 2016)
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1. Introduction

1.1 Details of visit

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<tr>
<th>Details of visit:</th>
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<tbody>
<tr>
<td>Service Address:</td>
<td>10 Compton Avenue, Luton</td>
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<tr>
<td>Service Provider:</td>
<td>Heritage Care Homes Limited</td>
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<tr>
<td>Date and Time:</td>
<td>10 October 2016, 10a,-12pm</td>
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<tr>
<td>Authorised representatives:</td>
<td>Lucy Nicholson, Terri Brooks, Dave Simpson (Healthwatch Central Beds) and Phil Turner</td>
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<td>Contact Details:</td>
<td>01582 573 745</td>
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<td>CQC Rating:</td>
<td>Good</td>
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<td>Healthwatch Luton Rating:</td>
<td>Good standard</td>
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1.2 Acknowledgements

Healthwatch Luton would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View Programme.

1.3 Disclaimer

Please not that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2. What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To engage with service users of care homes and understand how dignity is being respected in a care home environment
- Identify examples of good working practice
- Observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

2.2 Strategic drivers

- CQC dignity and wellbeing strategy
- Care homes are Healthwatch Luton's priority for 2016, and a general local Healthwatch priority

2.3 Methodology

This was an announced Enter and View visit.

We wrote a letter to a member of management before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives conducted short interviews with members of staff, relatives and residents.

Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families wishes and staff training were explored. We also informally asked the residents about their experiences of the home, and where we could, about accessing other health services from the care home.
Our representatives explained to all those interviews why they were there and took minimal notes.

A large proportion of the visit was observational, involving the authorised representatives walking around the communal and public areas, observing the surroundings to give an understanding how the home actually works and how the residents and service receivers engaged with staff and facilitates.

2.4 Summary of findings

We carried out this inspection on 10 October 2016 between 10am and 12pm. At the time of the inspection, 53 residents were accommodated by Georgiana Care home with a capacity of 72.

The home is a 3 storey purpose built building, with 72 en-suite rooms and multiple lounges and dining areas. There is an activities room and garden area to the rear.

At the time of our visit, the evidence is that the home was operating to a good standard of care with regard to patient dignity and respect. Residents looked tidy and clean and we saw evidence of staff interacting positively with them regularly.

Residents told us that they were generally happy with the food menu and two options were generally available at each meal.

Staff told us and we saw evidence that they received training that was up to date, and although mandatory training was expected for all staff, the majority of the training provided was online.

Many activities were available to the residents, although there were comments from both staff and residents that more trips out of the home would be beneficial. Relatives were encouraged to join in activities with their relatives, and these were available through the home and a dedicated activities coordinator organises these. We were unable to speak with the activity coordinator as she was on leave. Activities were being covered by other coordinators within the Heritage group.

Overall the staff and residents we spoke with seemed genuinely happy with the level of care they could provide, and were receiving. The staff felt a ‘family feel’ to the home and the residents seems to enjoy their carers company.

We spoke with one relative, 8 staff members including the Care Home Manager/Owner (over the phone) and the Deputy Manager onsite, and 6 residents.
3. Results of visit

Environment

Generally the overall environment of the home felt welcoming and warm, although lack of sunlight in the corridors made the home feel darker and less airy than other homes visited. Having reported that, the lounges and communal areas were bright and fresh and clean.

It was noted that some of the decor has been updated recently, and comments from staff and residents implied the condition of the home had recently improved.

The residents seemed generally happy with the decor of their rooms, and are allowed to decorate their rooms, to which the home offers to decorate them free of charge on the instruction of the resident. The home has a new garden area, and whilst not attended on the day we viewed the home, residents mentioned the garden as an asset.

Promotion of privacy, dignity and respect

All the residents in the home are assigned a key worker or carer, although most of the residents we talked with could not name their carer. This could have been due to capacity, but those who could name their carer also noted trouble reading the staff name badges.

The staff told us that they feel they receive all the relevant information they require to understand an individual’s needs.

All the residents we saw were clean and well dressed. Some room doors were closed for privacy, but some were noted open when the residents were calling out for them to be closed.

The staff informed us that the residents were allowed to decorate their own rooms to make them feel more ‘homely’ and this was observed.

Promotion of independence

Of those residents we encountered, they seemed mainly encouraged to partake in communal gathering, rather than reside in their bedrooms all day, where capacity allowed.
Activities available including leaving the home to Day Centres or activities outside of the home are encouraged and provided, although it was noted that more outside-of-the-home trips could be recommended.

It was noted that few independent areas were available to the residents, such as kitchenettes to produce their own food and drinks.

**Interactions**

Interactions with staff and residents were observed and seemed genuine and caring. Staff and some residents had a good rapport which could be experienced during observation.

 Relatives were encouraged to interact with each other, although there was limited space for setting group discussions or activities within the lounge areas. (To be confirmed)

**Residents**

We spoke with 6 residents during the visit. One resident was incoherent and the interview was stopped due to the resident becoming confused and anxious. The authorised representative spoke with his carer.

Generally the residents spoke highly of the home and the care received. Some seemed very grateful, and some has experienced other homes felt it could be improved. One resident was a respite patient whose needs he felt were not met (he needed wider doors and could not use the shower/bath) and questioned why the home accepted him when he needed more nursing care than could be provided.

The residents generally reported that their needs were attended too, although it was noted that most residents noted a change in staffing and quality of care in the evenings and weekends. Some residents noted there were many changes to staffing.

Many residents were unsure on how often bedding was changed and when the staff were asked the answers depended on the staff. Some carers would change the bedding daily and one carer answered every other day. The management confirmed it should be daily.

**Food**

Overall the food was rated at a high standard. The chef had been a part of the home for a long time, and has started at the home as a cleaner. They had received no formal training on feeding multiple people or kitchen management, but the residents all reported a high regard to the quality of the food.
Residents noted that fresh fruit and vegetables were available daily, and generally people felt enough support was provided to eat the food, such as help with cutting up meats if required by the carers.

The kitchens were clean and light and food was well managed.

**Recreational activities/Social Inclusion**

Activities were provided in the home by a dedicated coordinator, and residents generally knew who this person was. Residents were able to list activities, alongside posters being up in communal areas.

A hairdresser was noted as being on-site, and residents gave examples of trips out of the home as well as regular activities provided with in the home on a daily and weekly basis.

It was noted both staff and residents stated more trips out of the home would be good for morale and mental health.

There were board games and bingo on offer, but limited to space to play these unaided by the coordinator.

**Involvement of Key decision**

There were limited options for both the family and the residents to take part in key decision making within the care of the resident, other than the care plan and discussions on arrival. Families are allowed to take residents out of the home, but regarding key decisions this area gathered limited response from either management, staff or residents.

**Concerns/Complaints procedure**

It was confirmed the home have a concern and complaints procedure and this was viewed.

Neither the relative we spoke with or most of the residents understood or knew of the complaints procedure. Most of the staff were aware of the procedure.

**Staff**

The staff seemed genuinely happy to work for this home, and enjoyed the ‘family’ feel. The staff spoken to held the home in high regard and enjoyed working there.

It was noted that there was a high turnover of staff, both from the staff and the residents. When asked about staffing levels, the management seemed confident they coordinated the level of staff to the needs of the home.

Most felt that it was a good care home to work in, stating it was rewarding, family-orientated and professional.
The staff seemed friendly and capable, and all were fully trained, which we saw site of in the governance, however there was a dominance of on-line training other than hands on, with exception of Manual Handling which had recently taken place.

There are daily and weekly meetings with staff and management.

**Visitors/Relatives**

We were only able to speak with one relative on this visit. Visitors and family are able to visit whenever they wish, the home has an open door policy.

The relative generally was very happy and positive regarding the home and the care his relative received. He was unable to answer many questions regarding activities, complaints procedure or how to become involved with the home.

He told us, 'I have been very happy with my Dad's care has been managed, and with how well he has been treated here.'

The relative was positive about the staff and level of care his relative received.

### 3.1 Additional Findings

Overall, this home seemed to be well managed, with two Deputy Managers in post and the residents seemed genuinely cared for.

There were a few aspects of the home that were noted in the report, which we have added as recommendations.

Overall safety and regard was positively noted, and the residents felt safe within the home.

The home was asked a question regarding their contact with a GP, and whether the home would find it easier with one GP working with the entire home. The home informed us that logistically it would be easier for the home to work with one GP, the residents choice had to be taken into account and they were happy to manage the relationships with the residents GP's.
4. Recommendations

Healthwatch Luton observed the residents and staff at the home and felt overall the home was well managed, and well run, with a few areas of improvement suggested.

From the discussions had, this report highlighted good practice that was observed and reflects the appreciation that residents felt about the care and support provided.

- The report recommends utensils such as water jugs should be changed more often. All those observed on the day with the plastic cups were scratched and of poor quality.
- The report recommends the staff all wear larger badges, or badges with larger font, and introduce themselves each time they encounter residents, particularly agency staff to diminish confusion, particularly during evenings and weekends.
- All residents should be informed, and reminded of who their allotted carer or key worker is. Whilst it is noted that many homes use all staff to care for many residents, not one resident we spoke with knew who their key worker or carer was by name.
- The report recommends the management stipulate and formalise how and when bedding should be changed for residents. Whilst stating on a 'need to do' basis, some carers provided different answers on frequency.
- The report recommends permanent rather than temporary wheelchair ramps to the garden.
5. Provider Response

This report was agreed by the provider in December 2016.

Changes or outcomes agreed with the provider are as follows:

'The recommendations are all fine, all points have already been actioned, as below:'

- Independent areas; residents and family members can store their own food on site in a dedicated fridge in the kitchen, but there is no kitchenette available for them to use independently.
- We have a dedicated activities lounge, we usually use this space for arts and crafts and bingo. Residents families are also welcome to use it as a break room or have private time there.
- We only conduct mandatory training online, Manual Handling, challenging behaviour, mental health awareness, SOVA, Diabetes Training and Personal Hygiene care is delivered face to face in group settings and not online as we believe you cannot 'online teach' person centred care skills.
- Plastic cups and jugs have already now been ordered post-report
- Discussed with Maintenance Team the wheelchair ramp and agreed a deadline for permanent installation by 20th Feb 2017.
- To remind all staff to be wearing their badges at the staff meeting on 16/12/16. Manager to order badges for all new staff on 31/01/17
- Due to some resident’s dementia, not all resident can remember their allotted carer but we will discuss it in reviews with residents with capacity by February 2016 and discuss it at the next Residents and Relatives meeting in January 2016.

- We would also like to add that we very much appreciate the feedback and encourage this as it contributes to our continuing improvement and commitment to providing the best service possible