2016 Schedule: Moorland Gardens (October 2016)
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1. Introduction

1.1 Details of visit

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<thead>
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<th>Details of visit:</th>
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<tbody>
<tr>
<td>Service Address:</td>
<td>Off Old Bedford Rd, Luton</td>
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<tr>
<td>Service Provider:</td>
<td>Life Style Care (2011) plc</td>
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<tr>
<td>Date and Time:</td>
<td>31 October 2016, 10am-12pm</td>
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<tr>
<td>Authorised representatives:</td>
<td>Lucy Nicholson, Terri Brooks, Jamu Patel</td>
</tr>
<tr>
<td>Contact Details:</td>
<td>01582 439 420</td>
</tr>
<tr>
<td>CQC Rating:</td>
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<td>Healthwatch Luton Rating:</td>
<td>Okay 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 note 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.
The visit announcement letter was followed up by a phone call to the home prior to the visit. On arrival, representatives were met by the manager who gave a verbal introduction to the home; it’s history, the number of beds and residents, staff etc and gave 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, at which they explained who they were, the reason for the visit and took notes.

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.

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

At the time of the visit, 73 people were being accommodated by Moorlands which has a capacity for 80.

The service provides accommodation, care and treatment for residents who have a range of care needs including living with dementia, chronic conditions and physical disabilities. The home is spread over 3 floors. Chronic conditions is based on the ground floor, rehabilitation is the first floor and people with dementia on the second floor.

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

Residents told representatives that they were generally happy with the food menu, they were offered choices and assisted when needed, with fresh fruit and vegetables being offered daily.

Representatives were informed by staff that they received training that was up to date, and there were a variety of social activities available to the residents. Relatives were encouraged to join in activities with their relatives, and a newsletter was provided to the relatives to discuss on-going events.

Overall the staff and residents spoken with seemed happy with the level of care they could provide, and level of care they received.
It was noted at the time of the visit that the home were short of staff for the level of care being provided. The Manager was attempting to find cover, and assured the representatives that she would step into the role of carer due to her experience of nursing. Healthwatch noted a few observations on the lack of staff which are detailed below.

We spoke with one relative, seven staff members including the Care Home Manager, and four residents.
3. Results of visit

Environment

Overall the environment of the home was good. Representatives were able to visit all floors of the home all were clean and tidy, although a ‘funny smell’ was observed by the representatives on arrival at the home.

The communal areas were light and airy, and seemed clean with relevant decorations on the wall (Hallowe’en).

There were many posters on walls around the home informing residents and relatives on events or safety issues, but no boards provided to house the posters.

Those relatives and residents spoken to were happy with their rooms and were able to personalise them (unless they were there temporarily in rehabilitation). Some remarked their rooms were the only places available for peace and quiet in the home.

Promotion of privacy, dignity and respect

All the of residents observed were assigned a member of the care staff although few of them understood who their dedicated carer or Key Worker was.

Staff informed representatives that they feel they receive all the relevant information they require to understand an individual’s needs, although there were few staff on the day of our review, and the residents reported not knowing who different staff were.

Those residents observed in the communal areas appeared to be well dressed and groomed. However, some were left in their rooms in night attire.

Promotion of independence

Of those residents we encountered, they appear to be encouraged to partake in communal gathering, rather than reside in their bedrooms all day, which fosters social inclusion.

Activities available were tailored to the different needs of the residents; for example the activities for the residents who were bed-ridden were made appropriate to their needs.

It was noted that few independent areas were available to the residents, such as kitchenettes to produce their own food and drinks.
Many residents with capacity were able to attend the lounges or communal areas for drinks or refreshments.

**Interactions**

Interactions with staff and residents were observed and seemed genuine and caring. Staff and some residents had a good rapport which was observed during the visit.

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

**Residents**

Representatives spoke with three residents during the visit. Two residents were from the rehabilitation floor and one was from the dementia area.

Generally the residents spoke highly of the staff they encountered and of the care they received. It was observed even the management had a good rapport with the residents and knew them by name and understood individual needs and preferences.

Residents generally did not feel there was a great change in service at the weekends or evenings, although some noted there were sometimes staff they did not recognise.

The residents generally felt their needs were attended to, and were happy with the level of dignity provided. All residents highlighted how they were generally washed in their own beds, and one highlighted that they had not been offered a choice of a bath or shower alternative.

All residents noted they felt safe within the home but few knew what to do should a serious issue arise, such as a fire.

**Food**

Overall the food was rated good. The chef had been a part of the home for nearly four years and received ongoing training in house.

One resident did not rate the food highly, but acknowledged a great choice was offered and the others thought it was of a good standard. Mostly residents felt enough support was provided to eat the food, such as help with cutting up meats if required by the carers. They also were offered choice on where to eat their food. Residents are encouraged to join communal areas but allowed to eat alone if they wished, in their rooms.

**Recreational activities/Social Inclusion**
A dedicated Activities Coordinator is situated within the home. The current coordinator had been at the home for nearly two years and her training was frequent and up to date.

The activities were displayed around the home, and were dementia friendly with images.

There were many things on offer, and they had been made appropriate for the different needs of the residents.

None of the residents we spoke with on the day engaged fully with the activities provided, and some referred to not knowing how to. However, some residents mentioned being able to leave the home on excursion.

It was noted that there had been a further coordinator who had recently left the home, and one coordinator covering the entire home would struggle to provide activities daily for all 73 residents.

Involvement of Key decision

Regular meetings are held with the residents and relatives where capacity allows and the management hold an ‘open door’ policy of engagement with all the staff, residents and relatives.

Families are encouraged to join meetings on a regular basis and the home provides communications to families in a newsletter which was viewed.

On arrival to the home, relatives and residents receive a meeting regarding their care plan to which they are both able to feed in to.

Concerns/Complaints procedure

It was confirmed the home have a concern and complaints procedure and posters were displayed in lifts and walls around the home. However, of all the people we spoke with, few knew what to do if they wanted to complain, but all felt that they could if they needed to.

Staff

Of the staff we spoke too, most enjoyed working at the home because of the ‘team’ feel within the home, but many residents, relatives and staff mentioned a lack of staffing. This affected the overall care provision of the home, as many felt more staff were needed to cater for the needs of all the residents.

Most felt that it was a good care home to work in, stating it was rewarding, and friendly, although it was remarked by the residents that changes in staffing meant few felt there was a large staff turnover.
The staff seemed friendly and capable, and all were fully trained. There are daily meetings with staff with management, and training was on-going.

At one floor, we observed, however, three members of staff in a meeting, whilst one carer was left to care for a lounge (around five) of residents, as well as residents in their rooms and in the hallways. One representative observed a resident asking to leave one floor, at the same time as a resident in their room needing help moving, as well as the lounge residents calling out for help.

**Visitors/Relatives**

Representatives were only able to speak with one relative on this visit. Visitors and family are able to visit at selected visiting times and must sign in on arrival.

This relative felt generally well-informed by the home and felt communications were good. They noted that the activities weren't really relevant to her mother, but as she was an 'anti-social' woman it did not affect her care.

This relative was positive about the staff and carers, and said she was happy with the care her relative received. She did comment more staff were needed generally at the home.

### 3.1 Additional Findings

Overall, this home seemed to be well managed and the residents seemed happy and cared for. The increase in the number of residents in a relative short period of time (within the year) contributed to the growth in requirement which may not have been met yet in provision.

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 agreed due to patient choice they were happy with leaving the residents with their relevant GP's.

It was discussed with the manager regarding the observations on lack of staff and the manager confirmed three members of staff had called in sick. On the day of our review, the home was also being inspected by their head office regarding quality. We were informed if neither Healthwatch or head office were there, the manager and deputy manager would step in as carers. The manager had called agencies three times in the time we were there but had not received cover. It was noted by Healthwatch that more investment in staff was needed in this home.
4. Recommendations

Healthwatch Luton observed the residents and staff at the home and felt overall the home was well managed, and well run.

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 that this home requires more staff investment, mainly at the caring end, but also in the activities area. Using agency staff is fine in temporary occasions, but this home’s growth now warranted further staff investment, and this report recommends the home prioritise this area.
- The report recommends that the home will need to provide further ways of communicating with their residents on activities provided, considering few residents knew of the activities coordinator. It was recommended by staff and relatives that more budget was allocated in this area to provide better communication and variety of activities.
- One of the improvements suggested by the management of the home was to look at developing bringing volunteers into the home, and this would be recommended to pursue.
- The report recommends offering further choice to the residents, particularly around the ways they are bathed or groomed.
- The report recommends the home offer further options of the residents and relatives to be involved in key decision making.
5. Provider Response

Provider response.

This report was agreed by the provider in December 2016.

Changes or outcomes to be actioned provider are as follows:

1. The report recommends that the home requires more staff investment, mainly at the caring end, but also in the activities area. We had identified this need and consequently five full time members of staff have been recruited. They are currently waiting for DBS, references and to complete mandatory E-learning and will be commencing very soon. We use a dependency tool to help assess staffing numbers and skill mix. The home currently has sufficient required number of staff to meet the needs of the residents. The home only uses agency staff in cases of last minute short-term sickness and absence, to keep staffing numbers at an acceptable level. Recruitment is also on-going due to staff turnover and we are developing induction, support and development frameworks so staff feel valued and skilled.

2. Ways of communication: there are activity boards on each floor and also in the rooms for residents with capacity. The home provides newsletters detailing upcoming events on a monthly basis. Care staff are also encouraged to engage in activities with residents. We are conscious of the need to constantly work on improving communication and the Manager holds regular meetings and surgeries to enhance this further.

3. Adverts for voluntary support have been put up on the job centre website and mentioned at relatives and residents’ meetings.

4. The home offers choices to the residents before supporting with personal hygiene. Residents who can express their wishes are asked what they would like to have, that is, a shower, bath or strip wash. Clothes are also shown to the residents so that they can decide for themselves what they would like to wear. We are constantly working with the staff to promote choice for all residents at a level that is comfortable to them. We will continue to work on this.

5. Residents with capacity are always involved in their decision making. Relatives are involved, e.g. Meetings are held monthly with residents. Those residents who are bed bound, meetings are held on one to one basis. Relatives’ meetings also are held 6 monthly and the home manager has an evening surgery every Wednesday from 17.00hrs to 19.00hrs. Home manager has also an open door policy and spends much of the day with residents, relatives, staff and visitors around the home.