



## Details of visit

<b>Service address:</b>	<b>The Knolls, Plantation Road, Leighton Buzzard, LU7 3JE</b>
<b>Service Provider:</b>	<b>European Healthcare Group Ltd</b>
<b>Date and Time:</b>	<b>30<sup>th</sup> April 2015 10:00 – 12:00</b>
<b>Authorised Representatives:</b>	<b>Dave Simpson, Linda Grant, Margaret Roberts</b>
<b>Contact details:</b>	<b>Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554</b>

## Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

## 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.



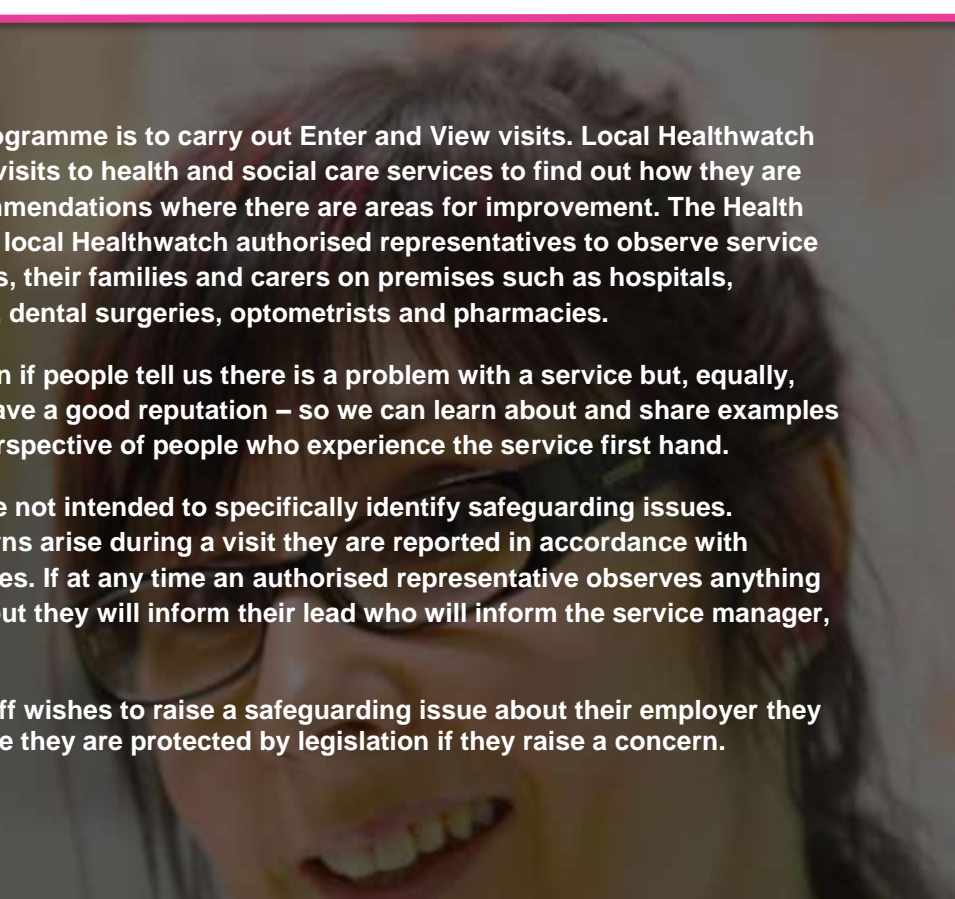
## What is Enter and View?

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 managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 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 will 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.



## Purpose of the 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;
- Consult with residents, relatives and staff about their experiences of the environment within the home and how care is delivered.



## Strategic drivers

- Care Quality Commission dignity and wellbeing strategy
- Care homes are a Local Healthwatch priority

## Methodology

### **This was an announced Enter and View Visit.**

On arrival, representatives were met by the Manager, who gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Authorised representatives also approached residents at the care home to informally ask them about their experience of the home. Several family members and members of staff were also spoken to.

The authorised representatives explained to everyone spoken to why they were there and took notes.

After speaking with the residents and staff, HWCB leaflets were given to the Manager to be displayed in the home to enable residents, family members, friends and staff to contact HWCB at any time.



## Summary of findings

At the time of the visit, the evidence is that the home was operating to a good standard of care with regard to cleanliness, dignity and respect.

- On entry, representatives were pleased to see the Healthwatch Central Bedfordshire posters displayed.
- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- The menu appeared to be balanced and nutritious and mealtimes were suitable for the residents. Residents could also choose where to take their meals.
- There was evidence of social activities with photographs of visiting entertainers displayed on the activities board. The residents spoken to were given the option of taking part in organised activities along with their relatives.

The Manager advised representatives that the current capacity of the home is as follows:

- 53 beds, with seven currently unoccupied.
- 46 rooms are single occupancy, seven double rooms with all rooms en-suite.
- Two of the double rooms are currently being shared however there are plans to change all rooms to single occupancy.
- Beds are funded as follows:
  - Privately (14), social services (16), CHC (7) and NHS (9).
- Beds are available for respite care.
- There are six rehabilitation beds.
- Care categories of residents include those with physical disabilities, sensory impairment, dementia and the frail elderly.
- All residents are over the age of 65.



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## Results of Visit

### Environment

The Knolls Residential Care Home is one of a group of eleven homes across the southern and eastern areas of England, which operates in a Grade II listed building in a pleasant wooded area with a large garden. The entrance and reception area retain the original dark wood panelling on the walls, which engenders a warm welcoming feeling on arrival. There is a daily 'weather board' displayed in the reception area along with activities boards.

On entry, representatives found the environment to be clean, warm, light and airy. The atmosphere was 'neutral' in that there were no apparent smells, good or bad.

The home operates over two floors which are connected by stairs and a lift. The first floor nursing unit has two shower rooms and one bathroom; two bathrooms are located downstairs. The home features two lounge areas and one dining room; one lounge in the downstairs residential unit and one in the nursing unit.

There is a third floor attic, which contains a meeting/training room. The home also has a six-bedded rehabilitation unit with a gym on the ground floor.

### **Promotion of Privacy, Dignity and Respect**

All the residents seen at the time of the visit appeared to be well dressed and cared for. Representatives noticed that several residents wore 'call pendants' on lanyards.

Each resident's name is displayed on a laminated notice on the door to their room. Representatives were advised that each resident has a key worker who also works with the family. The key worker's name and photograph is displayed inside each resident's room.

HWCB representatives were advised that all bed linen is changed regularly or as necessary. Each residents individual care plan is kept in the nurse's station and is available for residents and/or their family to view on request.

HWCB representatives were advised that the home facilitates the following visiting services:

- Hairdresser – two times weekly in the salon.
- Chiropodist – six weekly.
- Dentist – residents are taken to a local dentist.
- Optician – twice yearly or as required.

### **Promotion of Independence**

Residents are encouraged to bring their personal possessions, photographs, pictures, ornaments and small pieces of furniture, including televisions, to create familiar surroundings. Each room also has a telephone point which can be activated by residents/families by private arrangement with BT.

All residents are offered the opportunity to be involved in social activities organised at the home. Relatives are also included in the majority of activity planning, including the planning and construction of a sensory garden.

### **Interaction between Residents and Staff**

HWCB representatives spoke with residents in the communal areas. The residents spoken to stated they were comfortable in the home and quite happy. The residents appeared to be pleased with the care received however some residents felt that the activities on offer were limited.

Representatives observed staff members engaging with residents and calling them by their first names. During the visit, the Activities Coordinator was observed in the lounge and other communal areas chatting to each resident and assisting them in planting sunflower seeds for a competition to grow the tallest sunflower.

### **Residents**

The most important aspects of the home, according to some residents, were feeling warm, safe and secure and the friendliness of staff.

Representatives were advised that residents are all registered with the Bassett Road GP practice and can be taken to a local dentist if needed. A doctor from the surgery visits the home weekly or as required; the Nurse Manager also visits regularly. District Nurses attend whenever needed.

Residents medication is issued by medication trained carers in the residential unit and by nurses in the nursing and rehab units, although this was not witnessed by representatives.

### **Food**

The daily menu is managed on a four week cycle and appears to be comprehensive, with specialist diets, (religious, medical, diabetic etc.) catered for. The menu is displayed on

boards and in the dining room; the pictorial version is currently being reworked. All food is prepared and cooked on site in the well-equipped kitchen.

Representatives witnessed residents and relatives being offered refreshments during the visit and were informed by several residents that tea and biscuits, including fortified drinks, are available *'at almost any time'*. The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals. The home has Food First and 'MUST' (Malnutrition Universal Screening Tool) certification.

At the time of the visit HWCB representatives were informed by the Manager that several complaints had been received regarding the standard of food at the home. The Manager explained that the Chef had recently left which meant that the home was currently using a temporary chef whilst recruiting a new Chef Manager.

The lack of a permanent Chef was reflected in comments received from some of the residents and relatives who confirmed that the food quality was poor. Comments included: *'there are too many sandwiches in the evening, I'd prefer a plated meal in the evening'* and *'they shouldn't serve bruised fruit e.g. bananas'*

### **Recreational activities/Social Inclusion/Pastoral needs**

An Activities Co-ordinator organises events to involve residents and their relatives as much as possible. The communal lounge is used for the majority of activities. There was no evidence of residents being forced to take part in activities; it is optional for all residents.

Residents were observed using the TV Lounge and reading newspapers and listening to music.

Representatives were advised by both staff and residents that activities included Bingo, sing-alongs, arts and crafts, pottery, various entertainers and musical sessions. There is a garden fete scheduled for 11th July.

The Knolls does not currently organise trips outside of the home due to the lack of transport. Staff previously used their own transport however this had to be curtailed due to insurance considerations.

Visits to the home by local schools and their choirs are encouraged and spiritual needs are met by visits from a local vicar who visits on the first Monday of each month and a Catholic Priest also visits regularly. Residents are able to visit the local church should they wish.

### **Involvement in Key Decisions**

Representatives were advised that meetings with residents only are held bi-monthly. Meetings with relatives are held every quarter although these are poorly attended. The main purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns.

### **Concerns/Complaints Procedure**

The Manager, residents, relatives and members of staff all confirmed there is a complaints procedure although no-one mentioned having used it.

The Manager advised HWCB representatives that the Home's 'User's Guide and Complaints' procedure had recently been sent out to all relatives. In addition, the Manager confirmed that as she was now aware of Healthwatch Central Bedfordshire's website, our details would be included in subsequent complaints procedures.

## Staff

Over 50 members of staff are employed, including eight nurses (two are Bank nurses), 32 carers (four are Bank), one Activities Coordinator, one cook and one kitchen assistant, one administrator, one receptionist, three cleaners including laundry, one gardener and one maintenance man.

The Manager of The Knolls informed HWCB representatives that as well as recruiting a Chef Manager, they were also attempting to recruit permanent night duty nurses however this was proving very difficult.

### Staff on duty (as advised at time of visit):

	<b>Morning</b>	<b>Afternoon</b>	<b>Night</b>
Residential Unit	6 carers	5 carers	4 carers
Nursing Unit	1 nurse + 3 carers	1 nurse + 3 carers	1 nurse + 1 carer
Rehab Unit	1 nurse + 1 carer 24/7		

All staff seen and spoken to during the visit were friendly and helpful to the representatives and to the residents they were observed interacting with. All the staff, observed speaking to residents, clearly knew them well, using their first names. The staff appeared to be well trained and representatives were confident the residents were well cared for.

Representatives were advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each residents Care Plan. Care Plans are kept in the nurses' station and are reviewed monthly or as required. The Care Plans and medication charts include photographs of each resident.

Staff training is delivered in house by external training suppliers in the following areas:

- Health and Safety
- Fire Awareness
- Moving and handling
- Infection Control
- Safeguarding (SOVA)
- Emergency First Aid
- Dementia training is delivered by an external consultant who was previously a Care Home Manager and CQC inspector

There are three members of staff whose first language is not English.

## Visitors and Relatives

Representatives observed family members visiting residents in the home. The family members, representatives spoke with, were appreciative of the care given to their relatives.

The Healthwatch Central Bedfordshire notice was displayed in the care home advising relatives of the visit; however Healthwatch Central Bedfordshire was not contacted directly by any relative prior to or since the visit to the home.

## Additional Findings

The management of the home is attentive to any suggestions for improvement and voiced plans and ideas for the future of the home, including the construction of a sensory garden.

The Manager, receptionist, and many of the staff at the home were not wearing name badges.

The Knolls does not currently offer Wi-Fi access or use Skype.

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## Recommendations

This report highlights the good practice that was observed and reflects the resident's and relative's satisfaction with the care and support provided.

- Healthwatch Central Bedfordshire recognises the difficulty experienced in recruiting night nursing staff and recommends that the owners of the home consider the salary structure for night staff to possibly address this issue.
- HWCB also recommends that the recruitment of a Chef Manager be treated as a matter of urgency, to address the residents' dissatisfaction with the catering and to improve the current nutritional diet of each resident.
- HWCB further recommends that all new staff engaged undergo rigorous training in the levels of care and compassion expected of them and name badges are issued, to be worn by all members of staff at the home. This will enable those residents with memory loss to better identify staff.
- The use of Wi-Fi and Skype in care homes enhances the quality of life for many residents, whose family are quite dispersed, and HWCB recommends that access to these services be investigated.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of The Knolls and their family members, to advise that if they should wish to contribute any additional comments about the report, to contact Healthwatch Central Bedfordshire direct on 0300 303 8554.

# Service Provider response

Please receive the action plans (detailed below) arising from the recommendations following the Healthwatch visit on 30/04/15 which was conducted professionally and may I add pleasantly?

Thank you and kind regards,

Nanette Adams, The Knolls Care Home, Plantation Road, Leighton Buzzard, Bedfordshire, LU7 3JE

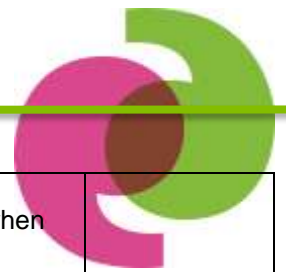
## The Knolls Care Home Audit Action Plan

Healthwatch Visit-n 30/04/15

Date: 26/05/15

	Recommendations	Action	Action by DATE and by WHOM	Date action completed and Signature
1.	Healthwatch Central Bedfordshire recognises the difficulty experienced in recruiting night nursing staff and recommends that the owners of the home consider the salary structure for night staff to possibly address this issue.	Salary for all staff is discussed during budget planning once a year in October. During the last budget meeting, night staff salary was greatly increased. Recommendation will be discussed during the next budget meeting.	October 2015  Home Manager	
2.	HWCB also recommends that the recruitment of a Chef Manager be treated as a matter of urgency, to address residents' dissatisfaction with the catering and to improve current nutritional diet for each resident.	There is now a permanent Catering Manager in post, who is currently undergoing a probation period. After successful probation period, a contract will be issued. <b>(Please note: The current nutritional diet of the residents are good. We have a couple of residents who no matter what the chef provide is not good enough. We had meetings with the relatives of one of the complainant who provided us with likes and dislikes of their mother. We provided these likes and often the chef prepare these specially for her but appreciation is short lived. The other resident follow suit. The old catering manager and cook stepped down because of these 2 residents never ending complaints. Residents who are unwell and observed not to be eating well are referred to the dietician via GP.)</b>	July 2015  Home Manager	





3.	<p>HCWB further recommends that all new staff engaged undergo rigorous training in the levels of care and compassion expected of them and name badges are issued, to be worn by all members of staff at the home. This will enable those residents with memory loss to better identify staff.</p>	<p>All new staff undergo an induction period. During this time, they are shown the area they are going to work in, introduce to Policy and Procedure and work with a more senior colleague to get to know residents and routine. Staff has mandatory training such as Safeguarding Vulnerable Adults and Manual Handling during the induction period as much as possible. The rest of the mandatory training are then scheduled to follow through.</p> <p>Badges have been ordered and now in use.</p>	<p>As and when staff commence employment.</p> <p>Nanette Adams</p> <p>Administrator</p>	<p>15/05/15</p>
4.	<p>The use of WIFI and Skype in care homes enhances the quality of life for many residents, whose family are quite dispersed and HWCB recommends that access to these services be investigated.</p>	<p>WIFI and Skype are being discussed at a higher level. This will be revisited during CEO next home visit.</p>	<p>12/06/15</p> <p>Nanette Adams</p>	
5.	<p>Healthwatch Central Bedfordshire recommends that this report is shared with the residents of The Knolls and their family members, to advise that they should wish to contribute any additional comments about the report, to contact Healthwatch Central Bedfordshire.</p>	<p>Report is made available to Service Users.</p>	<p>Immediately.</p> <p>Home Manager</p>	<p>26/05/15</p>

