

Enter and View Report



**K Lodge,
Higham Ferrers
January 2019**



Contents

Details of the visit	2
Acknowledgements	2
Disclaimer	2
Purpose of visit	3
How the visit was conducted	3
Observations and findings	4
Summary	4
About the home.....	4
General impressions of the home	4
Activities for residents.....	5
Food, drink and meal times	5
Oral hygiene and dental care	6
Care and dignity of residents	6
Staff behaviour, attitudes and relationship with residents	6
Other observations	7
Recommendations	8
About Healthwatch Northamptonshire	9
About Enter and View	10
About Connected Together CIC	11
Contact us	11



Details of the visit

Name and address of premises visited	K Lodge, 50 North End, Higham Ferrers, Rushden NN10 8JB
Name of service provider	Mrs Crizantema Farcas, Registered Manager Mr Claude Fonseca, Nominated individual
Type of service	Residential Home
Specialisms	<ul style="list-style-type: none">• Dementia• Learning disabilities• Physical disabilities• Sensory impairments
Date and time of visit	21 January 2019, am
HWN authorised representatives undertaking the visit	Susan Hills, Chris Drage
Support Staff	Becky Calcraft, Healthwatch Manager
Contact details of Healthwatch Northamptonshire	Moulton Park Business Centre, Redhouse Road, Northampton, NN3 6AQ enquiries@healthwatchnorthamptonshire.co.uk

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of K Lodge for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

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.



Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life, experience and opinions of residents, with a particular focus on activities, nutrition, hydration and access to dental health. K Lodge was selected as one of the homes to visit as they provide care to residents with a range of different needs.

How the visit was conducted

The visit was an announced visit, with the manager being given four weeks' notice of the intended visit. We sent letters, posters and leaflets to the home to inform residents, relatives (and other carers and visitors) and staff about our visit and Healthwatch Northamptonshire.

The visit began with a general talk with the manager, followed by interviews with the residents and staff, using the suggested questions provided by Healthwatch Northamptonshire as guidance. At the end of the visit we had a brief discussion with the manager and the computer adviser who was in the area. We asked the manager at the beginning of the visit if anyone should not be approached. She said that all the residents in the lounge area could be interviewed and she took us to see a couple of residents who were in their rooms. There were opportunities to speak to 13 of the residents, one relative and three members of staff, in addition to the manager and computer adviser.



Observations and findings

Summary

K Lodge cares for up to 40 residents. Most residents were mobile although some were confined to a bed, and a number had dementia. The residents congregated in the lounge area and this was where they could have their meals and take part in any organised activities. There was a good range of activities. Meals were cooked on site and most residents said that the food was good, and that they had what they wanted to drink.

The residents we spoke to were not concerned about dental hygiene but access to a dentist is difficult for both them and the home.

Our key finding and recommendation is that the home endeavours to register the residents with a local dental practice and that individual residents who are unable to leave the home to visit a dentist are referred to the Northamptonshire Healthcare NHS Foundation Trust (NHFT) Salaried Primary Care Dental Service.

We also recommend that the home investigates training for staff and information on the importance of oral care for residents.

About the home

The home is situated in the small town of Higham Ferrers and is registered to take up to 40 residents, with 34 places occupied at the time of the visit. The home has six places kept for people discharged from hospital and awaiting a home placement. Six beds are in a purpose-built building at the back of the garden, known as the Garden Villa, where residents who are confined to a bed live.

General impressions of the home

Our overall general impression of the home was good. We were greeted in a friendly manner by the staff member who opened the door to us, and by others as we went around. The corridors were clear for residents with walkers or wheelchairs. Everywhere was clean, bright, nicely decorated with many ornaments and pictures on the walls. There was an area at the end of the main lounge where residents could sit quietly, away from activities. Residents appeared to have their own aids as needed, e.g. walkers. There was a garden area where residents could sit in the summer if they wished.

We were told that all residents have care plans and risk assessments. One staff member provides cover in the Villa at all times, together with surveillance cameras for extra safety monitoring. Altogether, there are five staff working during the day, three at night and two cleaners.



A district nurse visits the home twice a week and will attend more frequently if called in. A doctor will be called in if needed. The home uses a service provided by the district nurses in Northampton. The home also uses a triage service for urgent medical issues, using a camera and a laptop to communicate with a health care professional, which speeds up diagnosis and treatment. If someone has a fall the Care Quality Commission insists that a referral is made to the Falls Team but sometimes there is a wait for someone from the team to come in. The Falls Team assess the person who has had a fall and advise on any further equipment needed.

Activities for residents

An activity co-ordinator was appointed in September 2018. She had produced a programme shown on an activity board in the lounge. This had Monday to Sunday across the top and Morning, Afternoon and Evening down the side. There were 3 activities for every day shown as a picture card in each slot. It was very easy to see what the activity was for each day. The activity co-ordinator worked 9.30 - 11.30am Monday to Friday so the other care staff provided the activities in the afternoon and evening when they had time.

When we arrived some of the residents were doing armchair exercises with the activity co-ordinator. The activities were varied and included arts and crafts, 'singing for the brain', and reminiscences. At least one resident was knitting squares for blankets. One resident had a colouring book and a couple of people had newspapers.

The residents particularly enjoyed the ball games, skittles and singing. They were able to watch older films but also really liked the film 'Mamma Mia'. The activity co-ordinator wanted to introduce one bigger event a month, e.g. a Valentine's Day afternoon tea and dinner, and a mini-Olympics. For new events she would discuss them with the manager first before introducing them. She hoped to introduce an activity of potting plants and planting seeds.

Volunteers from the local church visited and a service was held on Sundays (most residents were not mobile enough to attend church). Volunteers from the Salvation Army also visited.

One resident said that family and friends were not invited to events at the home.

A relative of one resident told us that they had difficulty with speech and movement but they were happy to sit quietly as they could not join in with the activities.

Food, drink and meal times

K Lodge has a chef and all meals were cooked on site. A menu was put up for the day at 10am. If residents did not like a particular dish they could ask for something else (this was confirmed by the residents we spoke to). Residents had breakfast, a snack at 10am, lunch at 12 noon, a snack at 3pm and supper at 5pm, with another snack later if wanted.

Some residents ate in the lounge, some in the dining room. Most staff help with meals, ensuring residents have food and drink.



Residents said that they could ask for drinks and their visitors were offered one too.

One resident interviewed was on a soft food diet and they missed being able to choose a meal. They did not ask for anything in between meal; staff would bring a yoghurt but they preferred not to bother.

One resident thought it would be good if the recipes could be varied occasionally.

Oral hygiene and dental care

The home has tried to register residents with a local NHS dentist but has been unsuccessful to date. There is usually a 1 - 2 month wait for an appointment. They have also tried a private dentist but they would not visit the home. If there is a problem, families are advised to take the resident to an out-of-hours dentist.

Residents interviewed said that they had not seen a dentist and had not needed to. However, one resident said she has occasional toothache. One resident said that they cleaned their own teeth once a day, another said that their relative would bring in toothpaste and do any shopping they wanted.

Care and dignity of residents

All residents were smartly dressed in their own clothes. We observed that staff members were going around mid-morning asking residents if they wanted to go to the toilet. One resident was having trouble tucking their shirt into their trousers - a staff member observed this and offered to help them discreetly, away from the other residents.

As lunchtime approached, the residents were being prepared for lunch. Some went to the dining room but most stayed in the lounge. We observed individual care as some were given tabards or aprons and others had plastic shields to protect their clothing. No residents appeared to complain and they all seemed used to this.

One particular resident had a raised chair, using 'elephants' feet', so that she could sit comfortably. The other residents knew who this chair was for.

Generally we observed staff members using residents' names, being friendly and caring towards the residents and talking to them in a kindly manner and a conversational mode.

Staff behaviour, attitudes and relationship with residents

During our visit we observed that staff smiled at residents (and us) and had a nice manner with residents. They were calm with residents who had dementia, steering them out of the way of other residents, who were trying to move somewhere else, in a kind manner.

Residents who needed help to get up and go to bed said that they received it. The residents that we spoke to found the times they got up and went to bed acceptable.



Other observations

Information concerning patients is kept on computer in the office and is password protected. In the Garden Villa, where the residents were confined to bed or rooms, notebooks were used to document the residents' individual care as it happens, ensuring they are up to date. In the main building, residents' care records are updated via laptops as soon as staff are able to do it.

The manager is 'trained to train' so all staff have mandatory training on site.

Visioncall provides an optician service to the home although some families take their relatives to other opticians. Visioncall also provides a 'hearing' service, although families usually take relatives to hospital for audiology services.

We asked staff about security of residents when they were in the garden in warmer weather. We were informed the electric gates were securely closed. We were also assured that the outer doors were locked for the residents' safety at all times.

One resident observed:

"Sometimes I can be cold in the lounge."

The following positive comments were made by the residents we interviewed:

"I can have a good laugh here."

"I'm happy here."

"I like the activities here."

"The staff are very good."



Recommendations

1. Access to dentists is a problem for the home and thus the residents. One of the NHS dentists in Higham Ferrers is now open to new patients and we recommend that the home tries again to register the residents here, regardless of any waiting times.
2. We recommend that the home manager looks into booking a visit from the specialist dental hygienist for training on oral health. The NHFT Specialist Dental Service at Isebrook Hospital has in the past provided training on oral health. This service would be of benefit to both staff and residents.
3. Healthwatch Northamptonshire has sought clarification from NHFT about access to community dentistry for care home residents. Referrals can be made to the Salaried Primary Care Dental Service for individuals who are unable to access community dentists and we recommend that the home makes use of this service for residents who are unable to leave the home to attend a dentist, e.g. because they are confined to a bed.
4. We would like to highlight to Northamptonshire County Council and Nene and Corby Clinical Commissioning Groups that many care home residents may not have access to community dentistry services and that this is likely to have a detrimental impact on the health and wellbeing of residents. Healthwatch Northamptonshire will continue to monitor this issue and will share findings.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.
- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.





About Enter and View

Healthwatch Northamptonshire representatives carry out 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 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 View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had a Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch 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 safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate 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.



About Connected Together CIC

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures

Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.



Connected Together

First for Community Engagement





Contact us

Address: Healthwatch Northamptonshire
Moulton Park Business Centre
Redhouse Road
Northampton
NN3 6AQ

Phone number: 0300 002 0010

Text message: 07951 419331



Email: enquiries@healthwatchnorthamptonshire.co.uk

Website: www.healthwatchnorthamptonshire.co.uk

Facebook: www.facebook.com/Healthwatchnorthamptonshire

Twitter: twitter.com/HWatchNorthants

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch Northamptonshire 2019