

Report of Enter and View

Albany Lodge Nursing Home
201 St James's Road Croydon CR0 2BZ

Report of Enter and View

Healthwatch Croydon CIC

Healthwatch Croydon CIC is the independent consumer champion for those children, young people and adults who use health and social care services in the borough. It:

- works to ensure consumers views about services are represented both locally and nationally;
- focuses on local voices being able to influence the delivery and design of local services;
- has statutory powers that enable local Croydon people to influence Health and Social Care services under the Health and Social Care Act 2012.

Healthwatch Croydon CIC finds out what people want from their health and social care services such as hospitals, GPs, care homes and pharmacies. This is referenced against information gathered from health and social care providers and commissioners and national and local research sources. Healthwatch Croydon CIC also produces reports about services visited and makes recommendations for action.

As part of this role Healthwatch Croydon CIC has statutory powers to undertake an Enter and View visits of publicly funded Health or Social Care premises. Enter and Views are undertaken when Healthwatch Croydon CIC wishes to address an issue of specific concern and gives the opportunity to its trained Authorised Enter and View Representatives (ARs) to find out the quality of services and obtain the views of the people using those services. Our Enter and View policy is available to view at www.healthwatch.co.uk. You may also wish to look at the Department of Health “Code of Conduct” relating to Enter and View at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

Background to Visit

Elderly care is one of the key priorities of Healthwatch Croydon.

Albany Lodge

Date and Time of Visit:	Friday 5th Sept 2014, 11.00-13.00 hours
Establishment Visited:	Albany Lodge Nursing Home
Enter and View	Anne Hooper, Nicky Selwyn, Janice Fisk,
Representatives:	Anne Milstead & Vanessa Hosford

Methodology

The representatives of Healthwatch Croydon (ARs) gathered information through observation; they also carried out interviews with patients and staff members logging all data with an interview sheet, which included a set of qualitative questions designed to capture issues relating to patients' care within the home including:

- how the setting treats patients with respect and each person as an individual;
- what measures are in place to meet spiritual, cultural, physical, practical and emotional patients' needs and improve their quality of life;
- How they engage with family members.

The questionnaires were compiled by at a briefing meeting held on 27th August 2014. At that meeting (ARs) discussed, planned their visit and allocated tasks. Some questions were targeted at patients (relatives or carers) while others were solely for staff members. The representatives worked in pairs or threes and while one asked the question the others wrote down the responses.

We used questions aimed at assessing the quality of life of the residents by asking them about the care and support they received and the facilities and activities provided.

ARs interviewed:

- 5 Service Users - 3 female and 2 male (one lady had considerable care needs and very limited communication so this was very much an observational visit)
- 3 members of staff - the Responsible person, a Care Co-ordinator and a Healthcare Assistant

Overview of the home

Albany Lodge is registered with CQC as a Care Home with Nursing.

Categories include: care of the elderly, people with dementia & mental health conditions, physical disabilities plus a specialism in Alzheimer's.

Albany Lodge is a large purpose built modern property offering 100 beds. Not all beds are used by Croydon Service Users. When we visited we were told 90 beds were occupied.(we did not verify this due to time constraints)

Albany Lodge is a bright, airy building set over 4/5 floors. There were no unpleasant odours at the home on the day of our visit and it was clean and felt welcoming.

There seemed to be a sufficient number of staff on the day we visited and many of the residents of the home were sitting in the lounge.

The premises are located close to a railway line, a few shops and bus routes and on a fairly busy road but the rooms did not seem to be unduly affected by the noise outside.

At the back of the building is a small outdoor garden area which well kept and sunny and we were told that some of the service users go into the garden though we did not see anyone in the garden on the day of our visit.

Please refer to the notes below for scoring.

Cleanliness	Scoring 1 – 5 (1- Poor, 3 – adequate, 5 - excellent)	Comments
Lounge /dining area	4	Looked warm and welcoming and very bright though chairs were grubby and floor very scratched
Bathrooms	4	Of those we saw they looked clean and adequate
Individual – Room	4	The one we visited was well equipped and clean
Reception	4	Welcoming with comfortable seating area for visitors
Corridors	4	Very clean
General State of Repair (Specific Areas)	3	Dining chairs and the scuffed floors needed some attention
Cleaning – Rosters	NA	Did not see

Staffing	Scoring 1 – 5 (1- Poor, 3 – adequate, 5 - excellent)	Comments
Level of cover	4	Appeared to be adequate on the day we visited.
Uniform	5	All staff in uniform which looked clean and where necessary plastic aprons used

Training	4	There appeared to be a lot of training available for staff
Attitude of staff	4	Good on the day we visited
Morale of Staff	4	In general we felt that this was good but it is a difficult to assess in one visit.

Service Users/residents in the home	Scoring 1 - 5 (1- Poor, 3 - adequate, 5 - excellent)	Comments
Diet Needs	4	We saw the residents' meals and they looked good.
Do you see your family or friends	5	The residents in the home who had relatives said that they saw them on a fairly regular basis
Are you happy with the care you're getting?	4	All said they were happy with their care though we picked up an issue about hot drinks being available
What do you think of the Décor & fittings	4	Good overall.

Support for Service Users	Scoring 1 – 5 (1- Poor, 3 – adequate, 5 - excellent)	Comments
Care plan	3	The manager said all residents have care plans but we did not see these.
Feedback to staff (complaint)	3	There were complaint boxes dotted around the home
Exercise & Outings	4	We were told that outings happened and this was confirmed by some of those we spoke to.
Reviews		n/a

Interviews with Service Users

We interviewed 5 Service Users who we will refer to as residents in this report. 3 ladies and 2 gentlemen. Of these one had considerable care needs and one was from an ethnic minority background.

We used questions aimed at assessing the quality of life of the residents by asking them about the care and support they received and the facilities and activities provided

Of the people we spoke to on an individual basis who were able to communicate they told us they were mostly happy with the activities in the home and spent their days doing what they chose to do.

Activities included Bingo and quizzes, sing-songs and outings from time to time. One resident said that you could 'pretty much come and go as you pleased' within the home, saying you could go to bed when you liked. Some went out on a regular basis to dinner clubs or with family members. The residents felt that there were a good selection of things to do and we learnt that activity co-ordinators came in to lead some sessions as well as staff.

Dial-a-ride is used to go out in the community and the garden is visited though some needed help to get there. Several talked of having their own things such as bedding and items which clearly added to their feelings of self esteem.

When asked about the food most felt that the food was good and there were choices. In one instance staff responded to a request for a specific dish.

Overall the residents who were able to communicate said they enjoyed the food and spoke of having choices.

When asked about having a drink when you wanted it was clear water was available. However, although there was a table in the lounge with tea/coffee making facilities it was unclear to the resident if 'they' could use it or whether it was just for visitors. Either way the resident had not been shown how to use the hot water dispenser.

It was not clear if the music/television choices were being made by staff or residents.

Interestingly one resident spoke of 'not being afraid to press the buzzer' and another resident spoke of having to wait 'a long time' for staff to come when you rang the buzzer but it was not possible to gauge how long so it was hard to quantify how much of a problem this is.

There was a comment about the lack of physiotherapy and also a lack of help available to help with walking when needed.

The residents said they felt able to speak to doctors and the staff.

Most took medicines and knew what they were for and could ask to see the doctor.

One spoke of having their own money but knows there is a safe if they wanted to use it.

Although the overall feeling was staff were respectful one resident spoke of it not always being the case.

Interviews with staff

We were told that they had 90 residents out of total of 100 beds available. The ratio of staff was 7 Healthcare Assistants to one nurse per floor.

One staff member had been working at the home since it was set up. in 2009

We spoke to 3 staff -the Responsible person, a Care Co-ordinator and Healthcare Assistant

We noted that since 2009 there have been a 'series of different managers'. One spoke about doing the staffing rotas & ran floors G, 3 & 4 and was covering a member of staff on holiday on the Dementia Unit. The level of need has greatly increased over the years so staffing needs have increased – now 7 HCAs & 1 nurse per floor.

Staff we spoke said they enjoyed working at Albany Lodge. The work was varied and one staff member said she liked resolving the 'many demands and request' from staff, that people saw her as the 'key person who gets things done'. She talked of trying to meet individual requests from patients, e.g. getting one resident a daily paper. Also in one instance an interpreter was used as the individual's first language was not English.

Sometimes non urgent issues can overlap to the next day. Also some patients may need extra support due to their high care needs.

Having enough time was an issue if people wanted to chat as there was always 'something to do'..

Some of the dementia patients can be violent and abusive. But we were told they had a good retention of staff because they still find it rewarding.

The member of staff wished they could have 1:1 support for those who need it at meal times. Currently 1 staff member is responsible for feeding 2 patients so they can't take their time and chat as they're rushing to feed the next person. Also at time one member of staff talked of the floor being 'short staffed', not always sure why, sickness, holiday or not enough staff employed but she said the team worked harder to make sure care standards didn't slip.

We were told that leaders of various faiths came in and some people went out to worship but because most are bed-bound or chair-bound it makes more sense to bring people in. Today we were told that a visiting team would offer Holy Communion.

Nurses get supervision from Deputy Manager; HCAs from nurses; Deputy Manager from Manager. All 3-monthly. We were unsure as to whether the supervision included opportunities for 'issues' to be discussed, however, one member of staff said that she was able to discuss issues as they arose.

We were told that there was a lot of training offered, mainly in-house but one member of staff spoke of following an NVQ course to level 5. Also St Christopher's - palliative care & Croydon Care Services provided training. As well as carrying out basic care procedures the HCA told us that she was on the Overseas Nursing Programme and is very happy that she is currently waiting to receive her 'PIN' number. Another issue raised was the lack of co-operation sometimes from other staff to enable the member of staff to pursue her 'training as a nurse'. Basic training on topics such as Manual Handling, Safeguarding, Bag-feed training, Palliative Care, Diabetes was on-going.

Staff were aware that we would be visiting but they were just carrying on as usual - perhaps a bit more tidying up had been done.

One member of staff felt the office space was limited and that better facilities for the staff would enable staff to carry out their tasks more effectively.

Observations and recommendations

OBSERVATIONS

- Safeguarding & complaints notices & leaflets throughout
- Suggestion box in reception
- Safety notices very evident and suggestion envelope on some notice boards
- Book on reception was 'Compliments' book rather than 'Comments.'
- music in the lounge - not sure if this was the choice of residents or staff? (at the time a disco type playing over lunch)
- there was fruit in bowls in the lounge areas
- Jugs of water dotted around
- Wishing tree- in reception
- Well-kept garden
- Several residents with visitors during our visit
- Regular relatives' meetings with minutes on display
- Weekly newsletter full of reminiscence items
- Extensive topics on Staff Training board
- Whole place was immaculate and fresh-smelling but wood floor badly scored in places but clean.
- Radio on at all times in lounge - potential barrier to conversation. Do residents choose the station? Whether to have it on at all? Volume?
- Buzzers clipped to chairs of those who need them
- Residents generally well groomed and dressed
- Food looked & smelled very good
- Seems all the listed activities take place
- Residents like staff - but both residents & staff note numbers are less than ideal
- All staff seemed happy and friendly
- Difficult to be 100% sure because our presence may have changed the dynamic – but meal time didn't seem a very sociable time

Recommendations

1. That hot drinks of tea and coffee are made more readily available for the residents not just when the home usually serves them.
2. That staff consider how they might be able to spend a 'little more' time with residents to talk to them while sitting beside them (2 - 3 mins)
3. That managers ensure that residents do not wait an 'unreasonable length' of time before a member of staff attends to them.
4. That staff are aware of the food preferences (cultural and religious) of residents or discuss this with family members to ensure that they can meet their needs.
5. That the dining chairs in the lounge area be cleaned or recovered.
6. It was noted by residents and staff that more staff would be better particularly at meal times and to 'chat' to the residents. There may be adequate staff but it's about the quality of life and how that could be improved. It was noted that the home was trying to get volunteers involved but it felt more aimed at 'activities' rather than for visitors to chat which might be as useful and beneficial.

Conclusions

Overall the group felt that the residents were well looked after in the home, had a reasonable degree of autonomy as to how they spent their days, taking into account their general health and mobility.

The main issue was 'time' to spend with the residents and time to listen to them though none of those we talked to complained.

The home was clean apart from some of the chairs in the dining area of the lounge.

Of the residents we met and observed they were appropriately dressed and in clean clothes and looked well cared for. Given its size the home was reasonably homely and the general atmosphere was good.

Included in this report on **page 11 is an Appendix - taken from the Annual Report of Croydon's Safeguarding Adults Board**. It cites Living well through Activity in Care Homes - a toolkit produced by the College of Occupational Therapists.

It would be beneficial if care/nursing homes could use this as part of their induction and training for staff to encourage conversation and interaction with residents. It is not overly time consuming and can be included in everyday tasks, rather than having to set aside extra time, which we all know is scarce.

Appendix 1

Examples of **Living well through Activity in Care Homes** some of the recommendations are included below:

- Regularly stop for a 2 minute chat with the resident. How are they? Did they sleep well?
- discuss the weather/time of the year/ their plan for the day
- Ask after their family
- Sit for 2 minutes and place a reassuring hand on the person's arm
- involve a resident in what you are doing - laying a table , tidying a room, carrying laundry
- Sing or hum a tune together
- encourage a resident to carry out some aspect of personal care, such as brushing their teeth or hair
- Help a resident to select an album, scrapbook or book to look at
- Share a poem, article or short story you think a resident might like, "I saw this and thought of you...."

Approvals

PREPARED BY: _____
Authorised Enter and View Representatives (ARs)

Approved by: _____
Chair, Healthwatch Croydon CIC