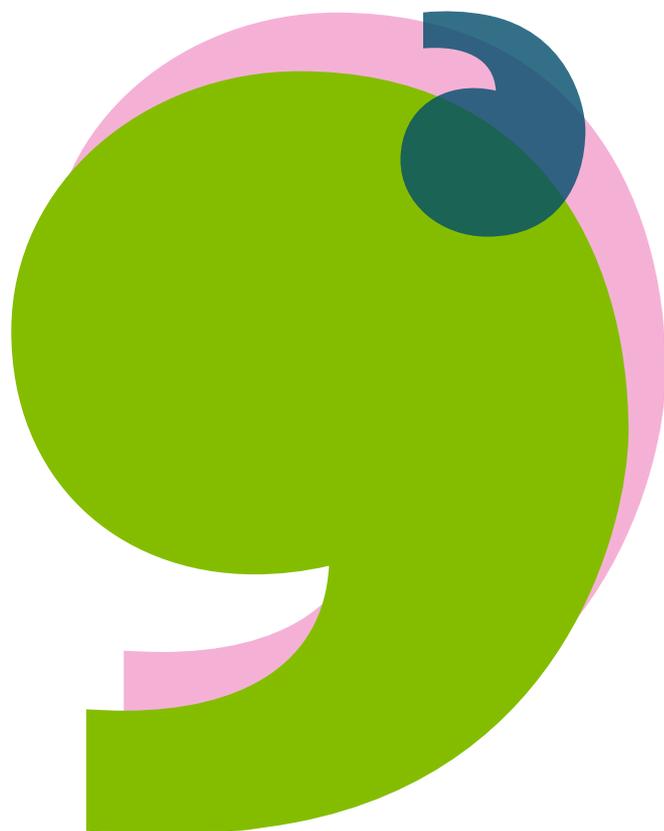




Enter and View report

Amber Lodge Nursing Home

28 February 2019



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1 Introduction

1.1 Details of visit

Details of visit:

Service address	686 Osmaston Road, Derby DE24 8GT
Service provider	Diginew Limited
CQC rating	Requires Improvement (December 2018)
Date and time	28 February 2019, 10.00 am to 3.30 pm
Contact details	Healthwatch Derby, The Council House, Corporation Street, Derby DE1 2FS
Declaration of interest	There were no declarations of interest on this visit

1.2 Acknowledgements

Healthwatch Derby 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. It is not a representative portrayal of the experiences of all service users, visitors 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 authorised 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 and nursing 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 Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

This visit was part of Healthwatch Derby's work around residential and nursing homes in the city, looking at the experiences of the residents, their visitors and the staff.

2.2 Strategic drivers

Residential and nursing homes are one of Healthwatch Derby's key priorities to ensure the services within the city are of adequate quality and meet the expectations of the service users and their families.



2.3 Methodology

Prior to the visit, the home is contacted in order to explain the purpose of Enter and View. Posters are then displayed advertising the visit and the opportunity for residents, staff and visitors to complete a survey. Therefore, this was an announced visit.

The visit consists of talking to the manager, tour of the facilities and resident interviews. Authorised representatives take advice from staff as to which residents should not be approached/are unable to give informed consent. They introduce Healthwatch Derby and Enter and View, gain their consent to take part and explain that they can withdraw at any time. They ask structured questions in an informal manner.

Visitor and staff surveys are left with freepost envelopes. The surveys include introduction, consent and withdrawal information, questions about their views and experiences and contact details for Healthwatch Derby and other relevant organisations.

A draft report and full anonymised survey results are sent to the home which then has 28 days to respond. The finalised report is sent to the CQC, Derby City Council, NHS Derby and Derbyshire Clinical Commissioning Group and published on the Healthwatch Derby website.

2.4 Description of service

Amber Lodge Nursing Home is a stand-alone purpose built 40-bed nursing home which has been open for approximately 20 years. It caters for residents who are mainly aged mid-50s upwards and specialises in dementia, end of life care, some younger residents with physical disabilities, a few residents who do not require nursing care and also offers respite care. At the time of the visit there were 36 residents; two thirds of which were female, the youngest resident was 56 and the oldest nearly 100 years old. All rooms are single with private toilet and wash basin. It is situated on a main road and bus route and is close to local amenities.

During the day there are seven carers and two nurses, two domestic and three kitchen staff. Overnight there are three or four carers and one nurse. Agency staff cover sickness but only one agency is used and the same staff are always requested to provide continuity to the residents. Ninety per cent of the staff have their NVQ Level 3 attained through Derby College, the rest have Level 2. Other training includes end of life, community mental health, delirium and dementia, moving and positioning, medication and 17 online courses. All staff, including domestic staff, complete a course in palliative care. All staff members are encouraged to attend staff meetings and individual training and care staff have a training booklet. At the time of the visit, the home was working towards the DELQA end of life award for end of life care - some end of life training was happening on the day of the



visit. Amber Lodge is also hoping to obtain the Derby City Council Bronze Dignity Award and recognition for staff members as Dementia Friends.

The majority of residents are registered with the Haven Medical Centre which is located next door to the home. Nurse practitioners from the surgery visit regularly and have a good relationship with Amber Lodge but a GP ward round is hopefully in the process of being set up. An optician visits regularly as does a dentist from Normanton Road Family Dental Centre and, as part of a NHS pilot scheme care, staff have received oral health training. Residents are supported to clean their teeth or dentures and oral health sheets are given to new residents and kept in their care plans. An NHS chiropodist visits residents with diabetes when necessary and a private one visits every six weeks. A hairdresser attends Amber Lodge every Tuesday.

Ahead of admitting potential residents, a full assessment is carried out and care plans carefully gone through in order to get a balance of residents and their needs. Key workers liaise between relatives and nurses. Nutrition and mobility are reassessed monthly and then audited to ensure everything is still in place, therefore care plans are updated with any changes. As well as a detailed care plan, each resident has a weekly care record with any dietary information on the front and nutrition and behaviour recorded inside. This is all part of moving to more person centred care plans.

Mealtimes at Amber Lodge are flexible, with a rolling breakfast especially suited to each resident. Quite a few residents choose to eat in their bedrooms. Menus are changed regularly and are adaptable - the kitchen is open until 7.00 pm and residents can eat what they want when they want if they don't want the meals on offer. There are usually two hot options, jacket potato or salad at lunchtime. Cake or biscuits are offered in the morning and a tray of sandwiches is available in the evening. Snacks are also available all day. Residents are asked for their meal choices not long before each meal and soft diets are moulded to look more appealing. No charge is made to relatives who would like to eat a meal with residents, which has proved encouraging to residents. Themed mealtimes are regular occasions at Amber Lodge. Generally, ideas are suggested by the residents or are seasonal - for example, Christmas or Shrove Tuesday.

Amber Lodge has a dedicated activities co-ordinator who works from 10.00 am to 6.00 pm daily. On Wednesdays and Fridays there is an additional member of staff for activities. Although activities are planned, the co-ordinator was assuring in telling the representatives that "there is always a Plan B". External entertainment is booked for the residents including singers and pet-a-pony. Following an external booking, the co-ordinator will obtain feedback from the residents with a view to making future bookings. Readily available and always popular are board games, skittles, music, sing-a-longs or, when the weather permits, sitting in the garden. Where residents cannot make it the communal areas to participate in activities, the co-ordinator visits them in their rooms to encourage them to participate in



something of their choice like colouring or reading. She uses care plans to obtain information on their interests and what they used to do before moving to Amber Lodge in order to fully cater for their needs. Recently Scottish music was played for a Scottish resident who struggles to communicate. Everything is documented as her belief is “if it isn’t written down, it hasn’t happened”. Residents can be taken out although the home does not have a minibus. Taxis are used to take small groups out - residents from the home have visited garden centres.

2.5 Summary of findings

- Amber Lodge has pleasant indoor and outdoor areas for the residents to enjoy.
- Security of the residents at Amber Lodge is clearly a priority. Visitors to the home were adhering to signing in procedures without being prompted.
- Communication between residents, staff and visitors is a priority and information on a range of matters is readily available.
- At the time of the visit residents were being included and treated with respect and dignity.

2.6 Results of visit

Environment

On street parking is available at the front of the home and the car park is at the rear of the building accessed from Tennyson Street. The garden is a bright, functional, wheelchair friendly area with a table and chairs, a potting shed, raised flowerbeds, a wetpour style flooring path, an artificial lawn area and a bright mural painted on the side of the building that faces the garden area. The mural design was a joint effort between Derby College students, the staff, residents and management. The students then painted the mural and the project gave a real sense of community spirit. The local police visit regularly and provide a nice presence. The staff at Amber Lodge feel honoured that the officers choose to use their garden.

The décor appeared clean and fresh. At the time of the visit cleaning was being carried out and wet floor signs were in use. The entrance hall and communal areas are light and airy.

Facilities

The home is gated at the front and back with a wrought iron gate and fencing. Wooden fencing then separates the car park from the garden. Entry to the home is via buzzer at the front or rear entrance and both exits have keypads that require a code to open the doors.

In the entrance hall is a reception desk and a table with the signing in book and pen on. There are two displays of thank you cards, one on a heart shaped board a high mounted post box. Hand gel is available upon entry to the home. The entrance feels cosy and homely with two tub chairs and side tables placed in front of a fireplace which was on with a flickering flame effect and above it a large clock. On the fireplace was a memory tree; a white twig tree ornament with hanging laminated hearts and the name of a resident that had passed away or was on end of life care. The representatives were told that this serves as a tribute to those loved and lost and is a subtle memorial for staff, residents and visitors.

There is a lift big enough to hold a stretcher. Throughout the wide corridors are waist height handrails and hand gel dispensers are readily available. There are pictures on the walls throughout the corridors including some created by the residents. Internal phones on the walls have a list of numbers next to them. A noticeboard in a corridor titled 'What are your future wishes?' is inspired by the NHS ReSPECT campaign. There is a stairgate on the stairs.

The main lounge has a selection of armchairs and two seater settees creating two circles around the edge of the room, resulting in a social communal area. At the end of the lounge is a separate station used as a base for the activities co-ordinator, a toilet and an organ. The television was on and old time music was also playing in the background.

The dining area has round tables with chairs on skis on a wooden laminate floor and the tables were clean and tidy from breakfast. Food is served from the kitchen via a hatch into the dining room. There is a bookshelf and a display of photos of the residents enjoying various activities and special occasions. There is an alcove for hoists and wheelchairs to be stored neatly.

The shower room is used as a storage room when not in use.

Bedroom doors have bedroom signs on the outside including a word and a picture and space to enter the resident's name, a small coloured sticker for evacuation purposes and a brass number. Some of the doors had the key hanging high next to the door. The bedrooms vary in size but all have a bed, lockable cabinet, chest of drawers and wardrobe as standard, although personal furniture can also be used, and a television can be provided on request. Residents are encouraged to personalise their own rooms. Rooms are generally redecorated before a new resident is allocated the room. One resident likes Manchester United Football Club so his room is decorated entirely with soft furnishings and memorabilia to reflect this. In all rooms the red emergency cords are covered with a plastic sleeve and



the door between the room and the bathroom can be removed. On the day of the visit, some residents were seen in their rooms watching television and engaging in activities.

On the day of the visit the social room was being used for a training session. Day to day this tends to be used for care reviews, meetings and activities.

The shower room has a multi height shower head and the emergency cord is covered by a plastic sleeve.

The upstairs dining room has recently been redecorated with wood flooring and round tables. The room is smaller and more intimate than the main downstairs dining area. The door was labelled on the outside with a picture of a knife and fork. The room can be used by families when more space or private time is needed.

The upstairs lounge has a selection of chairs around the edge of the room. The television was on at the time of the visit with some residents that were not communicative (due to disabilities) watching. The room has crystal chandelier-type light fittings that contributed to the light and airy feel. On the door is a sign including the word lounge and pictures of a settee and chairs.

The upstairs bathroom is half-tiled with a Jacuzzi bath, toilet and sink whilst the emergency cords are covered with plastic sleeves. There is also offensive waste bins, gloves, a cupboard for pads, aprons and yellow bags.

The salon has two sinks, two chairs with mirrors, a pile of towels ready for use and pictures on the walls. The room was labelled from the outside and all treatments are paid for personally.

Information

The home is noticeable from the main road it is situated on due to a large sign above the front entrance.

There is a dementia pledge sign, FSA (Food Standards Agency) rating sticker, a notice about advising staff about allergies or dietary requirements if eating with relatives and a memo asking relatives to request any incoming mail on the front door.

Information on display in the entrance hall includes fire plans and the CQC registration certificate. A noticeboard has information and useful leaflets including The Mental Capacity Act, Commissioning Care Homes and Common Safeguarding Challenges. Resident and relative meetings are advertised as being quarterly, with a notice advising of the next scheduled meeting for April.

In the dining room is a chalkboard for the menu although it was not filled in on the day of the visit. By the hatch on the drinks table there are several folders containing allergen information; breakfast and beverages, desserts and soups and dinner and tea. Listed in the folders are all the meals that are cooked and every



ingredient that goes into them. All nutritional information was sourced and printed from the www.food.gov.uk/allergy website. The representatives were informed that all meals and recipes can be adapted and tailor made to suit individuals' needs. There is also an activities board with a detailed morning and afternoon programme using words and pictures on laminated cards with hooks.

Outside the lift upstairs is another activities board with a copy of the activities schedule that is downstairs.

Residents

The residents appeared to be clean and content and engaging with the staff. On the day of the visit residents were playing musical instruments in the lounge before lunch. After lunch was a sing along whilst a visitor played the organ for the residents. On the day of the visit, the lunch menu included beef casserole, chicken and potato bake or cheese and potato pie and coconut sponge and custard for dessert. Comments of the food being “hot” and “nice” were overheard. One of the residents has her dog living with her at the home - Choccy is friendly and well received by other residents, staff members and visitors alike.

Staff

All staff at the time of the visit were friendly, approachable and hospitable. The Healthwatch representatives were acknowledged by all staff and regularly offered drinks. Some of the long-serving members of staff have worked at Amber Lodge for between 14 and 18 years. During the visit the nurses and care staff were observed administering medicines and offering drinks and biscuits from the tea trolley to residents in the lounge area. The home managers were observed addressing residents and speaking to staff and visitors on the tour of the home. The activities co-ordinator was engaging and encouraging and calling all residents by their name during the activity sessions. Carers were wearing different coloured uniforms and not wearing name badges, only the nurses and kitchen staff were identifiable. Throughout lunchtime, staff were observed wearing hats and aprons and carers were seen wearing aprons. Food was covered up whilst it was taken to the residents whilst those in their rooms were looked after first at approximately 12.30 pm. At lunchtime residents were being asked what they'd like to eat from the menu by the carers and the activities co-ordinator was also assisting those that required it. Tray tables were being used where residents were eating in the lounge. Each resident was being treated individually as per their needs with either cups with handles or thermal mugs. Permission was obtained by the staff from the residents for assistance when eating. One resident was being assisted with his lunch by the activities co-ordinator - upon him only eating half of the provided portion, she was heard informing the nurse.



Visitors and relatives

At the time of the visit the home was hosting a training session to internal and external delegates. Whilst the Healthwatch representatives were observing from the entrance hall, one of the managers was greeting and directing external delegates arriving for the session and all visitors were asked to sign in. Visitors of the residents were signing in without being prompted.

2.7 Survey results

A total of 14 surveys were completed.

Resident surveys

- I know the manager and find them easy to talk to.
3 out of 3 responses said strongly agree.
Respondent A: Often comes round and chats.
- The staff have time to stop and chat with me.
2 out of 3 responses said strongly agree.
1 out of 3 responses said agree.
Respondent C: I love all the staff - they will always chat unless dealing with something urgent.
- The staff know what I need and what I like and don't like.
3 out of 3 responses said strongly agree.
- There is a range of activities that I can join in with including some of the things I used to enjoy before I lived here and going on trips.
3 out of 3 responses said agree.
- There is a good choice of what to eat and when I eat.
2 out of 3 responses said strongly agree.
1 out of 3 responses said agree.
Respondent B: I like the dinners and puddings.
- I have seen a dentist to check my teeth or an optometrist (optician) to check my eyes recently.
2 out of 3 responses said strongly agree.
1 out of 3 responses said disagree.
- My religion or culture is respected at this home.
2 out of 2 responses said strongly agree.
Respondent B: I go to church - my friend said he used to go but not now.



- The home tries to find out and respond to my views and suggestions about how the home is run.
2 out of 3 responses said strongly agree.
1 out of 3 responses said agree.
Respondent A: If they can they will support my suggestions.

Staff surveys

- I receive support from the manager and it is easy to talk to them when I want to ask a question or raise an issue.
3 out of 5 responses said strongly agree.
2 out of 5 responses said agree.
Respondent C: Whenever I need to speak to management about an issue I have always felt supported.
- I have the time and skills to properly care for the residents.
2 out of 5 responses said strongly agree.
2 out of 5 responses said agree.
1 out of 5 responses said disagree.
- I have a good knowledge of each individual resident.
2 out of 5 responses said strongly agree.
3 out of 5 responses said agree.
Respondent A: It is nice, we have time to get to know residents.
- The home offers a varied programme of activities and supports all residents to take part.
1 out of 5 responses said strongly agree.
3 out of 5 responses said agree.
1 out of 5 responses said disagree.
Respondent D: We have two activities people that do varied activities.
- The home offers good quality and choice around food and mealtimes.
3 out of 5 responses said strongly agree.
2 out of 5 responses said agree.
Respondent D: All residents are offered choices and if there is nothing they like they can request something that isn't on the menu.
- All residents regularly see health professionals such as dentists and optometrists (opticians).



3 out of 5 responses said strongly agree.

2 out of 5 responses said agree.

Respondent A: We have taken part in a NHS pilot scheme for getting extra assistance with dentistry and have a visiting optician.

- The home supports and respects residents' personal, cultural and lifestyle needs.

2 out of 5 responses said strongly agree.

3 out of 5 responses said agree.

Respondent C: We have always accommodated cultural and religious needs - for instance, certain diets and religious acts.

- The home tries to find out and use feedback and suggestions from residents, their family and staff about how the home is run.

2 out of 5 responses said strongly agree.

3 out of 5 responses said agree.

Respondent C: The home holds meetings with residents' families to discuss any issues.

Visitor surveys

- I know who the manager is and find them friendly and helpful.

5 out of 6 responses said strongly agree.

1 out of 6 responses said agree.

Respondent E: I have always found them very helpful and caring, always taking care of my wife and myself when I visit.

- The staff in the home have the time and skills to care for my relative/friend.

2 out of 6 responses said strongly agree.

3 out of 6 responses said agree.

1 out of 6 responses said disagree.

- The staff have a good knowledge of my relative/friend.

4 out of 6 responses said strongly agree.

1 out of 6 responses said agree.

1 out of 6 responses said disagree.

Respondent A: They seem to understand her needs very well.

- The home has a varied programme of activities and my relative/friend is helped enough to take part.



2 out of 5 responses said strongly agree.

3 out of 5 responses said agree.

Respondent E: I am so very happy of the activities that take place here and everyone is encouraged to take part whenever possible.

- The home offers good quality and choice around food and mealtimes.

2 out of 3 responses said strongly agree.

1 out of 3 responses said agree.

Respondent E: An excellent and varied menu which is extremely well prepared and cooked.

- My relative/friend regularly sees a dentist and an optometrist (optician).

1 out of 2 responses said strongly agree.

1 out of 2 responses said agree.

- The home caters for my relative/friend's cultural, religious or lifestyle needs.

2 out of 4 response said strongly agree.

2 out of 4 responses said agree.

- The home tries to find out and respond to my views and suggestions about how the home is run.

3 out of 3 responses said strongly agree.

Respondent E: I am lucky to be able to say I have an excellent relationship with all within the home.

2.8 Evidence of best practice

- Oral health sheets handed out to residents upon arrival encourage sound dental and mouth care.
- Permission is obtained by the staff from the residents for assistance when eating which respects their dignity.
- Regular visitors of the residents sign in without being prompted - this suggests that this expectation is well communicated and practised.
- Labels on doors with words and pictures are dementia friendly.
- The plastic sleeves on red emergency cords are easy to keep clean.
- Enabling residents to have their pets reside with them creates a home from home feel and potentially makes the transition into care less traumatic.



- Provision of nutritional information in all food that is served is useful to all service users and may prevent situations that may cause detrimental effects.

2.9 Recommendations

- A staffing board with names and photographs would help provide a 'who's who' of the home which would help both residents and visitors.
- Name badges for all staff would make identification to residents and visitors easier.
- Completing the menu board daily may make mealtimes easier for the staff as the residents would know what the choices are ahead of making their selections.
- Implementing signage at the rear of the home would make it easier for first time visitors to locate the home and car park.

2.10 Service provider response

The report is comprehensive and thoughtfully well laid out, easy to read.

We feel it was a very good reflection of our home and will be using it as part of future information about the home for relatives and inspections. We will also use it as part of our action plan to improve using the recommendations put forward.

The Enter and View visit highlights areas that we sometimes overlook, particularly the signing at the rear of the home. Not everyone realises we have the car parking space available. The name badges and staff badges were on the agenda but we needed to be reminded about them. In general the visit was very good for the staff morale and positive feedback for Managers.

Although you gave us two dates it was good practice for us to ensure the visit worked around the residents in the home. Therefore we felt it gave us the time to make sure we were in the home to welcome you and spend time with you.

