

## Enter and View Visit



<b>Name and Address</b>	<b>Holly Lodge</b> <b>208 Maidstone Road</b> <b>Chatham</b> <b>M46HS</b>
<b>Date &amp; Time of Visit</b>	<b>26th November</b> <b>2015</b> <b>11am – 1.30pm</b>
<b>Authorised Visitors</b>	<b>Graham M Trice</b> <b>Joy Bryson</b> <b>Peggie Jonas</b>

### Background to 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. Providers can also invite us to visit a service. 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.

**Disclaimer:** Please note that this report relates to findings observed on the specific date stated above. Our report is not a representative portrayal of the experience of all service users and staff, it is only an account of what was observed and discussed during the limited time of the visit.

## Introduction & Methodology

This was an announced Enter and View (E&V) visit undertaken by Healthwatch Medway's E&V trained volunteers. Letters of introduction and announcement were sent to this provider two weeks in advance of the visit, together with laminated posters and leaflets advertising Healthwatch Medway and the date and time of the visit, these were displayed for staff, residents and visitors to see and were clearly visible at the time of our visit.

Healthwatch Medway has designed a question prompt sheet inspired by useful resources supplied by organisations such as (the King's fund / the Alzheimer's Society) which promote person centred care to people with dementia deserve.

The question prompt sheet was used during and after this visit and surrounded provision of activities & occupation / care and treating residents with dignity & respect / the relationship between care homes and relatives and friends / the setting.

The Alzheimer's Society states that 'good care homes have a good atmosphere and warm relationships among residents, staff and relatives'.

During the course of our visit there were 19 people in residence at Holly Lodge. We spoke with 8 residents, 2 family members/carers. We spoke with all staff members on duty, the registered manager and also the proprietor Mr Garcha.

## The Setting

Based in Chatham, Holly Lodge is a privately run residential home for people diagnosed with dementia who can no longer care for themselves in their own home.

Holly Lodge has been operating for over 20 years and is owned by Imperial Care UK Ltd. The registered manager is Mrs Catherine Arthur who has worked at the home for 18 years being the manager for the last 6 and a half years.

Holly Lodge is registered with the Care Quality Commission to care for 22 residents of any age/sex in the commission's Dementia (DE) category

The home is located on Maidstone Road, Chatham, Kent and provides easy access to all local amenities. Local transport is easily accessible i.e. buses, taxis and trains as well as the town centre. Major road links include the A2, M25 and M20. The nearest train station is Chatham, which provides services to Kent and London.

The home is a semi-detached building with a narrow secluded garden area to the back. There is car parking facilities at the front of the house and a limited amount of off road street parking at the front of the premise.

Facilities include en-suite bathrooms, separate assisted bathrooms, communal living room, communal kitchen, ground floor toilet and bathroom facilities, study/office, separate dining room, office and staffroom. The building does not have a lift but does have a stair/chair lift

A Hairdresser attends Holly Lodge weekly and a dentist and optician visit when required.

3 staff are on duty at all times and Holly Lodge does not use agency staff. The manager and senior carer are on call during the evening/night periods.

## Provision of activities & occupation

We observed that books and games were available in the lounge and we observed that different activities are advertised for each day within the residents lounge and hallway.

At the time of our visit nail care / manicure activities were taking place with music and movement being the planned activity for the afternoon. A member of staff was observed guiding a resident with a word search puzzle.

A member of Holly Lodge staff coordinates activities and we were informed by the manager that they were advertising for an activity co-ordinator.

4 residents were having a nap in armchairs in the lounge area during our visit.

We observed that newspapers were available as are talking newspapers, Holly Lodge had 2 blind residents at the time of our visit.

There is a narrow paved outside area which had hanging baskets on display and we were informed by a resident that during springtime they had planted bulbs.

We observed that the outside area had a BBQ and garden chairs.

Residents are able to freely access the outside garden area with a member of staff we observed that the doors were alarmed.

There were 2 Televisions in the lounge area, 1 was off at the time of our visit, the radio was playing and we made an immediate suggestion to a member of staff regarding the appropriate and relevant music for the residents.

A resident told us about carol singers coming in from the local church, and one resident told us that they have outings to the pub escorted by their family members as this is an activity of their choice.

## Care at the home

Family members told us that residents have their own care plan that they helped to create, alongside staff, these are reviewed monthly.

A family member told us that they have been involved in the care plan for their loved one and the manager and staff members seemed familiar with resident's likes and dislikes.

The manager knew the unique details of all 19 residents.

One of the residents told us 'Cooks cooking is always good' and we observed that during the mealtime the cook returned to check that the residents were enjoying their meals.

The dining room area was welcoming and inviting, set out like a dining table in a hotel, the food menu was on the wall, at the time of our visit it was roast chicken or a vegetarian option, non meal snacks were available.

Interactions observed between staff members and residents indicated respect. Staff members were observed being familiar with the likes and preferences of the residents they were interacting with.

All residents appeared clean and dressed appropriately.

We were informed that pressure sensitive warning mats are besides the beds of residents in order to alert the staff of any movement.

The proprietor informed us that it was difficult to get patients registered at City Way Surgery .

## The relationship between care homes and relatives and friends

Relatives of one of the residents told us that they were very happy with the care their relative was receiving and would move their loved one if they were not satisfied.

Visiting is permitted at any time but they do operate 'protected meal times'.

## Conclusions and Recommendations

It was a pleasure to visit this 'homely' establishment, and to speak with residents, family members as well as staff members and the manager.

There appears to be a good level of understanding of Dementia throughout the team and staff members were able to tell us about the training they receive in order to carry out their role.

We witnessed positive interactions between members of staff and residents, completing a word search puzzle together, staff members aware of the unique likes and dislikes of the residents, checking they are satisfied with their meals .

We gave an immediate suggestion regarding the appropriateness of the music/radio that was being played during our visit and this was acted upon?

It is unfortunate that the building does not have a lift and access to the rooms upstairs relies upon an electric chair lift.

We welcome the introduction of an Activities Co-Ordinator as this will enhance the quality and variation of this extremely important aspect to dementia care.

## Holly Lodge Response

The Provider chose not to comment on the report