

Enter And View

Report
Mill Lodge Care Home
Carried out 28th November 2017



Local voices
improving local
health and social care



Tel: 0800 470 1660
Email: Info@healthwatchwalsall.co.uk
Web site: www.healthwatchwalsall.co.uk



Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall Authorised Representatives, will carry out these visits to health and social care premises to find out how they are being run, and make recommendations where there are areas for improvement.

The Health and Social Care Act, allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises. 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 Walsall 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 Walsall safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.



Provider Details

Name: Mill Lodge Care Home

Address: 98 Mill Road

Pelsall

Walsall

WS4 1BU

Service Type: Elderly residential care

Date of Visit: 28/11/17

Authorised Representatives

Name: Ross Nicklin

Role: Healthwatch Walsall Advisory Board

Name: Tom Collins

Role: Community Outreach Officer, (HWW)

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents
- To listen to, observe and capture the experiences of service delivery from the residents and relatives
- The reason for the announced visit was that the last CQC inspection report dated 26th January 2017 stated that Mill Lodge requires improvement overall

Physical Environment

External

The exterior of the building was well maintained with off road parking to the front. There is CCTV to the exterior of the building. Entry to the home was via a bell and then keypad.

Internal

Visitors are requested to sign in; however, consideration should be given by management/owners to providing a visitor/contractor signing in book which both meets legislative requirements and imparts the relevant health and safety information at the point of signing. This would include a tear off identification pass facilitating and indicating authorisation to be on site.

Fire procedures are well documented and up to date. These include an innovative approach to resident safety in the event of an emergency evacuation. Through the use of the home's P.E.E.P, (personal emergency evacuation plan), document each resident's capabilities are documented so that safe movement to exit can be effected in the event of emergency.

The main reception opens onto three linked communal areas. There is a small area for visitors to sit with residents, a larger lounge area with TV and a dining area which also doubles for resident activities. Off this area is the kitchen and office. The reception area displayed the obligatory documentation, such as the certificate of employer's liability insurance and CQC registration.

The resident rooms are arranged over 2 floors with the upper accessed by stairs and a stair lift.

The ground floor is decorated to a reasonable standard. Furniture is plentiful, in good condition and is arranged to encourage interaction between residents. Whilst these areas are not large by design, they are free from clutter making it safe for residents to move around. The communal areas are bright and clean. We did not see call bells on the ground floor although it should be noted that there was a constant staff presence in these areas given the size of the rooms.

There is a large communal garden area which was not being used on the day of our visit. Generally, the garden area was adequate, **however the management and owners could consider the introduction of more sensory designed objects to enhance resident experience, as the communal areas face out to the garden.**

Resident Numbers

Capacity is 20 and the home is fully occupied.

Staff Numbers

There are presently 25, including 2 management, 1-part time maintenance, 1 part time activity coordinator and 2 catering. The remainder are carers and senior care staff, arranged over day and night cover. Typically, this is 2 carers and 1 senior carer at any given time of the day.

Agency Usage

Not applicable at the time of our visit.

Resident Experiences and Observations

We managed to speak to 3 residents who were able to share their experiences. The feedback received was mostly positive as one resident told us **they didn't think there were enough staff.** However, residents told us that their personal choices in respect of dress, food and drink, bedtime and personal care were always respected.

We were also told that residents felt able to speak readily to staff regarding their individual needs and that they were responsive to their requests. One resident was able to tell us that their medication was always provided in a timely fashion. All of the residents we spoke to felt safe and free from risk. They were aware there was scope to raise concerns or complaints with staff, although none had cause to do so.

The residents appeared to be well looked after. The attention to personal care was much in evidence. We were also told there were regular visits from the chiropodist.

The residents we spoke to confirmed that they were treated with dignity and respect. In addition, there was positive feedback regarding the interaction of the staff with residents. We were told that the staff were polite and used resident first names in conversations.

Religious preferences are respected and there is a regular service in house.

One of the residents we spoke to understood how to use the call bell which was easily accessible within individual rooms, however they told us there **weren't any call bells downstairs**. Residents seemed to be aware of activities available to them although not all choose to participate.

We were told that external outings are arranged and accompanied, whilst special events are celebrated. Access to external professional care such as the GP is possible, although most of the residents we spoke to take advantage of healthcare visits to the home including chiropodist.

Overall, all of the residents we spoke to felt happy within the environment.

Family and Carer Experiences and Observations

We were able to speak to 2 family members on the day of our visit. They were also positive regarding their experiences. They were made to feel welcome in the home and able to visit at any time. They felt they were kept informed regarding the relatives care at all times and involved in the care process and able to take part in meetings with staff.

In both instances the relatives confirmed that they felt the resident was safe, well cared for and treated with respect and dignity. They also confirmed that any concerns that they might have would be considered and acted upon.

One of the relatives told us that the staff were wonderful They thought that the standard of food was very good.

Activities

The residents we spoke to were aware of the activities available, but also felt that they had a choice in their level of participation. In addition, the residents that we observed taking part in the group activity, seemed to be enjoying themselves and interacting not only with staff but other individuals.

We were told that the home provides individual and group activities. These are arranged both internally and externally. A visit to the dementia friendly performances at the local cinema was quoted as an example. We did not see many examples of past resident activities at the time of our visit. The sensory aids displayed around the home were typically pictures of movie stars from bygone days. There was background music playing throughout our visit.

Catering Services

The current food hygiene rating is 4 which means generally good. The residents we spoke to were happy with both the quality and variety of meals provided. Kitchen preparation areas, although compact were clean and food storage was adequate. There is a choice of menu which is changed regularly and individual documented dietary needs are catered for.

There is an understanding of nutritional requirements and soft/puréed meals are provided. In addition, fruit platters are available mid-morning. Meals can be taken either at the designated meal time or at resident request. Due to the timing of our visit we did not see a food service.

Staff Experiences and Observations

On the day of our visit we managed to speak to 3 staff members, including the home manager, a carer and chef. The home uses wipe boards for communicating relevant information. One board had written up the menu and also which members of staff were working on that particular day. Another detailed the staff team as a whole. **Whilst these boards are easy maintenance for staff, our concern is that they may not be as practicable for residents.**

There is a good emphasis on staff training and staff are able to progress in their roles and acquire new skills accordingly. There is a training matrix to cover all employees. Training is carried out either by external trainers or in house. Staff are knowledgeable of the Mental Capacity Act and also DOLS procedures. Recruitment carries a high priority to include DBS checks and a focus on NVQ accreditation.

The carer told us that there is an open culture in which staff concerns can be raised with management. She also told us she felt supported in her role and to undertake additional training. We were shown the quality assurance system by the manager and she confirmed that owner and herself were responsible for carrying out mandatory audits. We saw evidence of recent audits being carried out. We saw evidence that concerns are documented and are followed up with remedial actions put in place.

We were also told by management that they encourage and facilitate visits by healthcare professionals into the home. We observed a number of staff and resident interactions during our visit. One group of residents were engaged in a Christmas candle making activity in one of the communal areas with a member of staff. They were being encouraged to interact with each other. This activity was being conducted in a caring and respectful manner.

Staff used first names when speaking to residents and addressed them in a caring and friendly manner.

Summary, Comments and Further Observations

Most of the feedback received was extremely positive and the staff are striving to provide a high standard of care for the residents.

Whilst the design of the home is confined by its size, the staff and management are putting the residents at the centre of the service provision and there is a strong sense of community.

Notwithstanding this, the owners may consider some contribution to updating the decor when practicable.

We thank the residents, relatives, staff, management and owners for their Co-operation and contributions during our visit.

Recommendations and Follow Up Action:

- Review the provision of call bells in all areas
- Tear off identification pass facilitating and indicating authorisation for visitors and contractors to be on site
- Consider the enhancement of sensory aids in the garden area
- Review how information is communicated to residents to supplement wipe boards
- Develop a plan to achieve a 5-star food rating to provide confidence in the standard of food hygiene

Provider Feedback

No provider feedback received.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



healthwatch Walsall

Office 10, Bridge House
47-55 Bridge Street
Walsall
WS1 1JQ
Tel: 0800 470 1660

Email: info@healthwatchwalsall.co.uk

Visit our website: www.healthwatchwalsall.co.uk

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