



Enter and View Report | Queen Anne Lodge

Details of visit

Service address:
Service Provider:
Date and Time:
**Authorised
Representatives:**

Queen Anne Lodge
1-5 Nightingale Rd, Southsea, PO5 3JH
Living Plus Healthcare Ltd
12th May 2016 12.00 - 14.00
Alison Nicholson
Brenda Skinner

Acknowledgements

Healthwatch Portsmouth would like to thank the home manager, service provider, service users, visitors and staff for their contribution to the Enter and View programme.

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.



What is 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 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 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 where they are protected by legislation if they raise a concern

Purpose of the visit

This visit was arranged following a meeting with the home to discuss the steps the home had taken and were still taking to ensure the standards of service provision meet those set out by the regulator.

Healthwatch trained Enter and View representatives have statutory powers to enter certain funded health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. Our aim is to report the service that is observed, to consider how services may be improved and how good practice can be shared.

Methodology

The home manager was notified at least two weeks prior to the visit. Posters notifying staff, patient and visitors about the visit were given to the home to display along with details about how to get in touch with us if they were not available on the day of the visit.

During the visit, the Enter and View representatives observed the facilities, practices and spoke with the home manager, staff, residents and their families.

The home provided full support and cooperation to Healthwatch Portsmouth.

Summary of findings

Queen Anne Lodge is located in a quiet residential neighbourhood close to the common and the seafront at Southsea. It provides accommodation for residential and nursing care for up to 40 residents, some of whom live with dementia. Queen Anne Lodge presents a secure and attractive place to live for elderly people who now require some care and support.

At the time of our visit the home was fully occupied with around 50% of residents receiving local authority funding. During the visit we spoke to the Registered Manager, four members of staff, five residents and one family member. The people we spoke to were enthusiastic about the home and the way it was run.

The mealtime we observed was a relaxed experience, service users were offered choice with regards to food, drink and choice of venue.



The two activities coordinators provide a range of activities in consultation with the residents and residents informed us they are encouraged to continue hobbies and interests they had before moving into the home.

Feedback we gathered from staff, service users and a family member on the day was positive and reflected the friendly and warm atmosphere that we observed.



Results of the visit

Environment

The entrance to Queen Anne Lodge is via a small courtyard garden with a covered area for those who prefer shade. The entrance area is small but light, with lots of information on display. We found the home friendly and welcoming, it appeared clean and free from any unpleasant smells. We visited the communal lounge where a number of residents were gathered watching television, the dining room, and saw a smaller quiet room which is used for private visits with families, meetings with professionals or staff.

Whilst the lounge appeared popular with residents the layout of the room made it difficult to approach residents to gather their views. As all the chairs were lined up around the outside of the room with no space between them not all residents were equally accessible. This may have been due to the fact that we visited during lunchtime and the residents had chosen to eat lunch in the lounge. We also observed staff having to lean down in front of residents and to communicate with them which we felt could be intrusive at times.

The home has more plans to improve the environment in the coming year. They plan to redecorate in consultation with the residents to make the home appear brighter and cleaner. There are also plans for indoor and outdoor gardens on the flat roof of each floor of the home to ensure they can be seen and appreciated as people move around the home.

Residents and families views

During our visit we spoke to a number of residents who had been at Queen Anne Lodge for varying lengths of time. All residents we spoke to talked highly of the home and its staff. Some of the comments we received included “Well looked after”, “carers are very helpful” and “Very happy”

The relative we spoke to described how she had seen an improvement in the mobility of one particular resident since they had been at the home due to the encouragement of staff.

One resident explained how she had struggled to settle into the home at first but staff especially Hazel the manager had helped with this.

The interactions we saw between residents and staff appeared warm and friendly. One staff member and residents were joking between themselves which indicated a familiar

rapport whilst another staff member was supporting a resident with their lunch in a calm unrushed manner.

Staff

All staff we spoke to were very friendly, welcoming and happy to talk about working at Queen Anne Lodge. All new staff are supernumerary for 3 long shifts prior to being put in the rota. They then shadow for 1 month during which time they undergo safeguarding, moving & handling and fire training. Training appears to be a priority with a training plan on display in the dining room. One member of staff said she felt particularly supported by Carol the in house trainer.

We were informed by the manager that the aspiration is that carers who work within the home further their experience and qualifications with the view they can go on to train as nurses. This was at odds however with some accounts we were given by staff who informed us that they were doing less specialised work at this home compared to their previous position despite having the necessary qualifications. We were also informed trained nurses were the only members of staff permitted to complete the drugs round thus deskilling some members of staff who have obtained the required competences. ***Queen Anne Lodge's response: A new carer has joined us from a residential home where she may have administered medication. She does not have the qualifications to administer medication in a nursing home.***

Staff told us that staff meetings were regular and compulsory and that they felt listened to. Most staff we spoke to felt comfortable suggesting changes in the home with one member of staff giving the example of a request for an increase in staffing levels which was actioned upon.

There was a general feeling that staff would recommend the home to others and in one case they had actually done so.

Concerns/complaints procedure

All residents we spoke to felt confident that if they had a complaint they would know how to deal with it, and the general feeling amongst residents was they would speak with Hazel (The Registered Manager) and she would resolve the matter. There is a comments box situated in the entrance area where cards can be dropped in anonymously.

The Home has regular meetings for residents, families and carers but attendance has been low. They have also introduced feedback surveys which did highlight one issue a relative had with regard to catching the manager in her office to have an informal update on their family member. The manager was able to clarify that the regular time the relative was visiting was also the manager's day to finish early. Steps were put in place to ensure the relative was able to contact the manager if they had any concerns or needed updates.

Activities and methods of reducing social isolation

The Home employs two activities coordinators to ensure residents have a variety of entertainments available to them. There is a very impressive activity board in the entrance of the home giving a flavour of what is available for the week although we were told this is really led by resident interest and not set in stone. Almost every resident we spoke to mentioned the Friday Quiz which was very popular. Other popular activities were bingo and the hairdresser. One resident spoke of how they enjoy continuing their painting and have been encouraged to do so by the home.



Staff described how they would encourage residents to take part in activities to alleviate isolation and how they spent time in the rooms of residents who were unable to join in either colouring in or playing games.

One resident stated they could take part in the activities if they wanted to but they were content to watch the TV.

Mealtimes

We were informed there was a choice of two main courses for lunch but residents were free to choose an alternative. We observed a range of meals being served to the residents; all appeared well presented and hot. As many of the residents had chosen to eat their lunch in the lounge they were offered aprons and each had an individual dinner tray/table. The residents we saw dining were offered the appropriate assistance to ensure they could enjoy their lunch, with adapted cutlery, drinking vessels and plate guards all in use where needed. We witnessed staff offering assistance to residents and another feeding a resident in a relaxed and attentive manner.



There appeared to be little interaction between the residents themselves or with the staff for those eating in the dining room. All residents were seated at different tables but we did not clarify if this was through choice. ***Response: Our clients choose to sit at certain tables and refuse to deviate at any time. We can try to encourage but it is their choice to sit with whom they wish. Carers are not encouraged to have conversations with clients during meal times as this can cause distraction and then they may not eat as well as we would wish them to.***

Recommendations

This report identifies the good practice we witnessed whilst visiting Queen Anne Lodge and reflects how the staff and residents feel about the support provided.

Healthwatch Portsmouth recommends the following:

1. The layout of the lounge is reviewed to encourage conversation and interaction between residents.

Response: We have tried on many occasions to put furniture in small group around the home but clients have objected and asked for the furniture to be placed in its current position.

2. There should be a process where care assistants can shadow nurses to gain confidence and competence to assist with the medication rounds.

Response: Our carers have and are receiving training in medication, what they are for, side effects, etc.