


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  
30<sup>th</sup> November 2017  
Alison Nicholson, Leonie Greenwell, Jean Morgan,  
Fergus Cameron

### Acknowledgements



Healthwatch Portsmouth would like to thank the home manager, service provider, service users and staff for their warm welcome and 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, 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 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 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 and consider 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

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### **Purpose of the visit**

Queen Anne Lodge is one of seven Nursing and Care Homes in the city taking part in the pilot Multispecialty Community Provider (MCP) Care Home project. Queen Anne Lodge is one of the homes selected to receive frequent and regular support led by Community Nurses. This support is hoped to:

- improve the support offered by primary care teams to Portsmouth Care Homes
- educate Care Home staff and through this reduce inappropriate callout for conveyance of patients to hospital
- Improve the quality of care for patients
- create a feeling of shared decision making for patients and families with increased offer of care plans for all residents
- make a positive impact on Care Homes ability to comply with CQC requirements.

This visit was arranged to gather feedback from staff, residents, clients, relatives and carers of the pilot project. The home had previously been visited in May 2016 and this visit also offered an opportunity to review the recommendations from that visit.

### **Methodology**

The Registered Manager was notified of the intended visit in advance. Posters notifying staff, residents and visitors about the visit were sent 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 Senior Nurse, Care Staff and Residents.

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### **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.

The staff were well aware of the Multi-speciality Community Provider project (MCP); whilst the home did not refer to it as MCP they were very well informed of the pilot project they were taking part in. They felt the support they were getting had improved the care they were able to offer their residents.

Representatives found this a caring and considerate staff team with a good focus on the people living there. This is a positive and warm environment to live in.

### **Environment**

The entrance to Queen Anne Lodge is via an attractive 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. The Representatives found the home welcoming and the staff response to the visit was informed and positive. There was a good understanding of the Healthwatch role and purpose of the visit and we received a vigorous welcome from the staff. The reception area was bright, and the opportunity to maintain personal hygiene was immediately available using hand gel from a dispenser. There was a sense of purposeful activity and busyness everywhere. The home is clean and bright throughout. The building is at a pleasant temperature, appropriate for older and sedate residents but not stuffy. As noted during the previous visit it appears a bit institutionalised in the lounge, with chairs around the wall and all looking inwards. Previous attempts to promote a more intimate “café style” arrangement has been objected to by the residents, and so this set up has been kept. While not visiting any bedrooms we were told that the beds “are really comfy”.

We had a whirlwind tour and explanation of recent renovations, these were initiatives that we had heard about in May 2016 and it was pleasing to see the decoration change and hear of the input from the residents.

As a visitor, it was difficult to find the downstairs visitors’ toilet and easy to wander into areas visitors shouldn’t be in, such as the laundry and staff areas; directions from staff were needed.

Representatives noticed that the staff room was unlocked and that personal items were open to view; given the volume of visitors this should be more secure.

### **Personal care**

The lead nurse told us about the attention to the monitoring and recording of residents’ well-being. It was evident that staff attitudes and behaviours promoted the dignity and appearance of residents.

Representatives were impressed by the reassurance given when a resident needed support to get up from a chair. It was noted that she was dozing and when she was asked, she remarked that she wanted to go up to her bedroom from the lounge. Her dignity and privacy was maintained by staff who quickly and competently made use of curtain screening to avoid being open to view while being hoisted. The staff communication was clear and gentle and reassuring during the hoisting and it all happened with a minimum of fuss and discretion. This was very professional and displayed a high level of person centred knowledge, competence and skill.

## **Safety**

We spoke with staff who were confident about keeping residents safe and spoke about having undertaken core training and then refresher training in key areas; Control of Substances Hazardous to Health Regulations (COSHH). These Regulations require employers to control exposure to hazardous substances to prevent ill health. Hazardous substances include certain chemicals that are commonly used for cleaning and could be damaging for health if exposed by inhaling or skin contact.

Moving and handling of residents as witnessed at a high level of competence

Staff had undertaken training in Safeguarding and had an understanding of the Deprivation of Liberty Safeguards (DOLs) which provides safeguards for people who lack the capacity to consent to treatment or care in a care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty. See Care Quality Commission (CQC) guidance for further explanation.

Representatives observed that the environment felt safe, with no carpeting or trip hazards seen. The lifts and wheelchairs were all being used in a safe manner including the remotely operated gate system.

## **Dignity & independence**

As already evidenced this felt a place to live with dignity and as an individual. One resident had a photograph of themselves and their name outside their bedroom as an aid to being independent and recognising their personal space. Residents rights and status was reinforced by recognising the importance of promoting a “Complaints Notice” at the reception door, representatives were invited to take a copy of the procedure.

During the visit representatives noticed on the wall a list of residents with full names available to see, it was felt this was unnecessary and gave too much information to a casual visitor. This was discussed with staff and on reflection they agreed to change this and be mindful of confidential information in the future. The Representatives were impressed by the service’s willingness to listen and respond to recommendations.

## **Recreational activities and methods of reducing social isolation**

The Representatives noted a record of the previous residents meeting held on 14<sup>th</sup> November 2017; 16 residents attended the meeting which is a good representative number of residents and the meeting covered key topics; comments and complaints, updates from the manager, feedback from residents on food, entertainment, activities, an interesting discussion on choosing to have or not to have male carers ( this was considered a matter of personal choice and residents could ask for same gender carers), records of previous and future fire drills, and a place for residents to add to the agenda under any other business.

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. Representatives were introduced to the identified activities coordinator.

### **Views of relatives**

The representatives were not able to speak with friends or relatives during the visit but there was evidence of “Thank Yous” and positive comments around the building.

### **Staff behaviours & attitudes**

The staff were all smartly dressed and wearing clean and pleasant uniform. It was noted that the staff were quite young and enthusiastic about their work.

### **Contact between staff and residents**

As reported we were impressed by the interactions with staff when supporting people in moving and handling. The atmosphere in the home was active but not loud. Staff were attentive in the way in which they engaged with residents, making eye contact and approaching from the front. It was clear that the staff seemed comfortable and sociable with residents. Families appear very involved with staff and managers.

We saw that the staff were attentive to residents, recognising when any resident needed help with drinking or that they were too tired to sit in the main lounge. A lot of interaction occurred but it was not loud or hurried.

### **Food and drink**

During the mid-morning break we could see that residents had drinks to hand and had personal trays that were easily in reach. Tea, juice and other drinks were available.

There seemed a good variety and choice of meals but representatives felt the food menu was not clearly written and not easy to read.

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## Recommendations

1. Representatives noticed that the Staff room was unlocked and personal items were open to view, this should be more secure given the volume of visitors. It was reported prior to completing the visit.
2. Representatives felt the food menu was not clearly written and not easy to read. This could be more accessible using larger print, easy read or photographs.

*Response from Queen Anne Lodge;*

*“Signage has been put up to make visitors aware where the visitor bathroom is situated. Also the list of resident’s names has been removed from the notice board and placed in a more appropriate place. Lastly blackout screens have been put in the staff room and keys for the lockers have been ordered to give staff more security with their personal belongings.”*



Healthwatch Portsmouth  
103 Technopole  
Kingston Crescent  
Portsmouth PO2 8FA  
Tel: 023 9397 7079

Any enquiries regarding this report should be sent to us at:  
[info@healthwatchportsmouth.co.uk](mailto:info@healthwatchportsmouth.co.uk)

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