

Report of Enter and View Visit

Godiva Lodge Care Home

Published 22 August 2016



Care Home Visited	Godiva Lodge
Date and Time of visit	Wednesday 15th June 2016, 10am - 3pm
Address	Heath Crescent, Stoke Heath, Coventry CV2 4PR
Size and Specialism	Up to 40 residents. Older people requiring residential care. Mixed Gender, specialising in Dementia.
Authorised Representatives	Kerry Vieira, Caroline Wilde, Lissa Clarke & Amanda Whitlam

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.

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What is Enter and View?

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. This is so we can learn from the experiences of people who interact with these services at first hand.

The Healthwatch Coventry Steering Group has agreed that Enter and View Visits to care homes for older people form part of the current Healthwatch work programme.

Healthwatch Authorised Representatives carry out these visits to find out how services are being run and to gather the perspectives of those who are using the service.

From our findings we look to report accurately a snapshot of users' experiences, highlight examples of good practice and make recommendations for improvements.

Reasons for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of 'would I wish my relative to live here?'

Methodology

We collected our information by speaking to 6 of the 40 residents, 5 members of staff, 2 visitors and 1 manager. We also gave out some questionnaires for visitors to complete and return in our freepost envelope.

Information was recorded on semi structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes of what we saw around the home.

Before and after the visit we had a look at the website¹ for the home and the most recent CQC report² to see how it compared with our findings.

Summary of findings

This was a large residential home specialising in dementia. There was capacity for up to 40 residents in single en-suite rooms. On the day of our visit the home was full.

There were 4 separate units each accommodating 10 residents. We felt that the themes (e.g. Music) for the units needed to be more defined and more colour needed to be introduced to the décor around the home because of the dominance of magnolia which resulted in a clinical feel.

During the Enter and View, we spoke to the home Manager, 5 other members of staff and 6 residents. Residents appeared happy and comfortable. There was a good atmosphere amongst the staff and they were keeping busy.

We spoke to two people who were visiting residents and received one completed visitor questionnaire.

The home was bright with plenty of natural light and there were dementia friendly signs and features throughout.

The manager told us that all residents are referred from social services.

¹ <http://www.anchor.org.uk/our-properties/godiva-lodge-coventry>

² <http://www.cqc.org.uk/location/1-126240530>

We found the home to be well managed, homely and friendly and also seemed safe and secure. All areas of the building and the gardens were spacious and well maintained.

There was a mix of male and female residents. Female residents were more involved in activities than the male residents. There was also a mix of male and female staff.

Initial Impressions

We arrived and rang the door bell, the door was opened by a staff member and we signed into the visitors' book in the entrance hall. We were introduced to the Manager who was welcoming and happy to answer any of our questions and show us around. The home had a welcoming and friendly feel.

The building looked fairly new and modern with facilities for parking. The pictures and description on the Anchor website were a true reflection of the home.

There was a secure entrance to the building which had a front door leading to an entrance hall where there was a signing in book, an intercom to alert staff who then opened an inside door using a key pad.

Inside there was a large reception desk and staff offices. The desk was not attended by staff and it did not appear to serve any purpose.

Facilities and environment

The home was on one level and consisted of four separate units with ten spacious, en-suite bedrooms, a communal lounge and kitchen. The Manager and staff told us that on one unit two of the bedrooms were used for short stay respite care. Each unit was located along a corridor, which lead off from the reception area or the main communal lounge.

All resident's rooms were single en-suite and there were a total of 40. The home was full on the day of our visit.

Most of the walls around the home were decorated in a magnolia colour with some pictures on the walls. Staff commented that they would like the rooms to be more colourful and would like the residents to be given a choice of how their room is decorated.

The Manager told us that they try to encourage residents to personalise their room with their own pictures and other belongings. The Manager mentioned that they will be putting letter boxes on residents' doors to make them look like their own front door, she also expressed that she is trying to introduce gradual changes around the home and encourages the staff to leave "*stuff*" around instead of tidying it away such as sensory items and books. She said this is because some

residents may put things down and want to come back to them later. She hopes this will make it feel more homely.

Around the home there were positive slogans on the walls i.e. "*Life is better when you're laughing*". Throughout our visit we saw lots of residents and staff looking happy and smiling around the home.

The Manager told us that each unit has a name and a theme. However, it was not clear to us what all the themes were or how residents would differentiate easily between the units. Our representatives were only able to recall the themes on two of the units (i.e. beach and music) and we all had to ask for clarification of what the theme was on each unit as it was not clearly defined.

The lounge areas on each unit were pleasantly furnished with a fireplace as a focal point and chairs gathered in small groups at one end and dining tables and chairs down the other end.

Carpets were in contrasting colours to the walls throughout the home. However on one unit the carpet was blue which we thought could be confusing for some residents who have dementia (our dementia awareness training taught us that blue floor could be mistaken for water). The Manager said that she had not experienced any residents having issues with the blue carpet. We also noticed lines where the flooring changed from one room to another in some areas. A staff member told us that they had seen residents hesitating to step across because they thought there was a step there.

At a central point within the home there was a large communal lounge with a selection of tables and high backed chairs around the tables. In the corner there was a fish tank and there was a large flat screen TV on the wall. During the morning this lounge was being used for a coffee morning which we were told is a regular thing on Wednesdays. When we visited it was during Euro 2016 (football) and there was bunting with the flags of different countries around the room. In the afternoon there was football on the TV and just one resident was sitting in front of the TV but had fallen asleep.

Located through a door off the main lounge was a small shop selling items such as toiletries, snacks, greetings cards. Staff told us that they keep the shop stocked and the residents like to be able to purchase things that they might run out of such as toothpaste or deodorant.

We saw that there was a hair salon, male and female residents told us that a hairdresser comes into the home and there is a charge to get their hair done. The Manager and staff told us that the Hairdresser visits on Tuesdays and Thursdays and residents are charged reduced rates for this service. Outside the door to the hairdressers was a barbers' shop pole that someone had made for the home.

There were a couple of meeting rooms available for the home to use and for external agencies to hire for meetings. The Manager told us that these rooms are

sometimes used by families for special occasions and the catering staff will provide a buffet for birthdays etc.

The Manager told us that all referrals to the home are from social services who book their rooms. Around a third of the residents were male at the time of our visit.

There was a mix of male and female staff. The Manager and care staff that we spoke to said that residents are asked if they are happy with a carer helping them with washing and dressing and allowances are made for them to choose if they prefer a specific member of staff to help them. The Manager told us that some residents find a staff member that they trust and they will sometimes ask for that person to help them with personal care. This was confirmed in our conversations with residents.

We found the home to be clean but one of our representatives occasionally noticed a slight smell of urine in some areas, which were carpeted. The home was well lit and there was plenty of natural light around the home. Furniture was comfortable and fit for purpose. It was a humid and rainy day and we found the temperature around the home to be comfortable.

During the visit a coffee morning was taking place for residents. Before and after the coffee morning, we observed that many of the residents were wandering around, many with the use of a walking frame. Residents were allocated a key worker but were not restricted to staying within one unit and could walk around and have their meals in any of the 4 units. The Manager told us that she likes to encourage this as it is good for the residents to keep active.

Residents had a TV in their room. The Manager told us that they supply a TV for residents. Some residents told us that they have a radio in their room. After lunch we observed staff offering resident's a newspaper or magazine to read.

We saw lots of laughing and chatting among residents and staff, there was a calm and cheery atmosphere. During our visit we observed that the majority of residents were alert and mobile, most of the residents were in the large communal lounge or in the lounge in one of the four units. Some residents were in their rooms having a nap.

The Manager, staff and visitors we spoke to told us that visitors are welcome anytime day or night.

On a scale of 1 being poor and 5 being excellent; One of the two completed visitor questionnaire received rated standard of care 2/5; Quality of meals 2/5; quality of activities -1/5 and environment as a whole 1/5. This person commented that there are **"some good (staff) and some bad" and** relatives considering Godiva Lodge as a place for their relative should **"see it from all angles"**. The other completed questionnaire was very complimentary and said, **"staff are extremely friendly, helpful and very caring....they are always on hand to answer our**

queries". They also rated all areas 5/5 and said *"I would strongly recommend it to anyone"*.

Staff

The Manager told us that a "10-10" meeting is held at 10am each morning for 10 minutes. This is attended by a selection of staff such as Team Leaders, Catering Manager, Handyman, so that everyone is kept updated and informed about what is planned for the day ahead. A staff member told us that they sometimes think the "10-10" meetings are pointless as there is not always something to report, they felt their time could be better spent doing other things.

During our visit we observed the Handyman helping with the coffee morning and interacting with residents, he told us that he likes to help out during the coffee morning on Wednesdays if he is not too busy because he enjoys spending time with the residents. There was a relaxed atmosphere between staff and residents. However, some residents told us that they had witnessed what looked like disagreements between staff. A staff member mentioned that there are some ups and downs and *"a few words"* said amongst staff sometimes as in any workplace but it always gets sorted in the end. Another staff member told us *"no-one moans with each other we all get on as a team"*.

On the whole, staff were very positive about working at Godiva Lodge and told us that the management are very good and supportive e.g. flexibility if staff have family commitments or emergencies to attend to. The Manager said she has an open door policy and staff also told us this.

Staff told us that training provided was good, they are given an induction followed by ongoing training which is regularly updated. The training is partly online, partly face-to-face. Staff also mentioned that they had received training in dementia awareness, care planning, lifting and handling. One staff member told us they had done a 3 day course as a 'Dignity Champion/Dementia Friend' and is keen to put this training into practice at Godiva Lodge. Staff also mentioned that personal development is encouraged and there are opportunities for carers to progress to team leader. Regular supervision is provided as well as regular staff meetings. We saw a list on a notice board showing which staff were first aiders. There was an extensive list of staff who had received first aid training.

Other comments by staff were that they were frustrated that they were expected to do training on things they already do i.e. filling in spread sheets and personal records which are done every day. They expressed that they feel this is sometimes unnecessary. They also said that they get frustrated with having to attend training especially at times when the home is short staffed or very busy.

The Manager told us that there are regular staff meetings. She said that staff have raised issues in these meetings and she takes their suggestions and concerns very seriously and will act upon them.

We were told by the Manager that 57 staff work 35 hour shifts, 5 x 7 hour shifts. This included housekeepers, catering staff, a chef, a handyman on site every day and an Activity Worker who works 30 hours per week to ensure that there are activities available throughout the day. There are dedicated night shift staff and day shift staff. At night there is 1 team leader and 4 staff (1 for each unit) and during the day there are 2 team leaders and 8 care staff (2 for each unit). A Manager or Deputy is present every day.

The Manager also told us that there are in-house 'movability trainers' (moving and handling trainers) present every day. She explained that ***"These are staff who are trained to deliver moving and handling training to the whole staff team. Having our own, on-site trainers means we can make sure new staff receive this training straight away. It also means that the trainers are alert to anyone who might be tempted to use incorrect techniques and re-train them straight away. Their main task is ensuring the staff team are all up to date with regular refresher training."***

The Manager spoke positively about being part of the Anchor group and told us that they have regular manager's meetings with other Anchor run homes in other areas such as Oxford, Leamington and Warwick. The home used to be in a group with homes in and around Birmingham, which the Manager preferred as these were nearer to Coventry. She described the organisation as supportive and said she liked that the homes share a common goal to deliver good quality care and meet to share good practice and ideas. However, a staff member told us that sometimes when things are reported, nothing seems to get done as it has to go to higher levels for them to authorise it.

<p>The Manager has informed us that since our visit the home has been moved back to the group with the homes in and around Birmingham.</p>
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Food and drink

The Manager and staff told us that residents have their breakfast when they get up; there was no set time to get up or go to bed. A staff member told us that a hot breakfast trolley comes round to each lounge at from about 9 am and if residents are early risers and want breakfast earlier, staff will be available to prepare them something such as cereals or toast.

We saw snacks and drinks being offered to residents throughout our visit. On each unit there was a snack basket with things such as biscuits, crisps and fruit for residents to help themselves.

Residents told us that staff provide them with a hot or cold drink when they ask for one. We were also told by staff that residents who are able can help themselves to drinks from the kitchen on any of the units. We observed that there were jugs of squash in each of the kitchens.

The Manager told us that the main meal is served in the evening and we saw that there were menus on the wall in each of the units which looked varied.

All of the residents told us that they liked the food. One resident said, "*the chef is a good fellow, if I want something different I can ask for it - food very good here.*" Another resident told us that they like to eat salad and that this is available for them to eat.

Just before 1pm, the residents who were in the main lounge dispersed to the separate lounges in the units to be served their lunch. The residents were served leek and potato soup, followed by sandwiches and salad or a hot dish. We observed residents being shown two plates of food, one with macaroni cheese and one with a selection of sandwiches so that they could choose what they wanted and see what it looked like. At lunch time they were also offered cake for dessert, however most residents had already had cakes at the coffee morning so did not eat the cake at lunch time.

We split into two pairs during lunch and each pair observed mealtime in two of the four units. We ate lunch with the residents and found the food to be fresh and tasty. We were told by staff that all meals are prepared on site. Staff had a good knowledge of what some residents preferred and we saw staff offering alternative choices such as yoghurt or fruit. A Staff member told us that they make lots of effort to maintain people's eating and that nutrition is monitored as this a crucial issue for people who have dementia. We saw some residents being given thickened drinks. The Manager explained that this is for residents who have difficulty swallowing.

During meal time one resident had been agitated and speaking angrily to other residents and staff. However, after the meal we observed a volunteer chatting to this resident who then looked happy and calm and was clearly enjoying having someone spend some time listening to her.

Dignity and Care

In one of the lounges during lunch we observed a resident saying they did not like the soup and also complain that the macaroni cheese was cold. We observed staff laughing at the resident and the resident expressed their disapproval at their laughter and clearly felt that they were being ridiculed. Staff then apologised to the resident for laughing and encouraged them to try some sandwiches which they ate plenty of. Following this we observed the same resident chatting and laughing with staff but we felt uncomfortable having witnessed this behaviour by staff.

We observed that staff appeared to be spending more time with residents who were more able to chat than with those who were not as verbal and some residents were left alone for long periods. This could lead to some residents feeling isolated and frustrated.

At other times during the day we saw that staff showed patience, respect and care towards residents. The atmosphere around the home was generally calm although one resident did cry out constantly and staff went to this resident frequently to offer reassurance and helped them to eat and drink.

A resident told us that they had been upset and staff had taken the time to sit with them in the office and listen to their concerns. All of the residents we spoke to told us that they are happy with the care they receive and that they get well looked after.

The Manager told us that each resident has a '*living story*' at the front of their care plan which is completed when they move in. This is put together by talking to the people involved in their lives and the resident about their individual likes and dislikes and what they did in their past.

The Manager told us that there are no facilities to accommodate couples in the same room but if there was a married couple wishing to live together and they were able to meet the needs of both of them, they would try to put them in rooms next to each other. The Manager went on to tell us that there is a woman whose husband is being cared for elsewhere and he visits her everyday with support from his carers and family. We were told that they are not housed together because they have different needs.

We saw one resident and her husband who was visiting, we were told that he lives nearby and a friend or family member take him to see her each day for one hour. The resident told us that she loves her husband very much.

Each room has an alarm next to the beds and there were alarm pulls in all individual bathrooms and communal bathrooms. There are also alarms which alert staff if a resident wanders out of their room during the night in cases where they are at risk of falling and need assistance. We saw in one bathroom there was hoist and the bath had a seat which could be raised and lowered to help staff and residents to use the baths.

A resident told us that they usually have showers and used to always have baths before they moved into Godiva Lodge. They then laughed and said "***I had been there several years and did not know there were those lovely big bathrooms available until recently***". We asked if they would have chosen to have a bath if they had known there were baths available, they replied "***probably not, because I have a shower in my room and staff help me to have a wash and a shower in there.***"

Activities

At 11am we observed a coffee morning and cup cake day taking place. We were told by staff and residents that there is a coffee morning in the main lounge every Wednesday and this seemed to be popular with residents and staff. There was music playing, staff and residents were chatting and some were decorating

cupcakes. Some residents and staff were dancing to the music during the coffee morning.

Staff told us that they like to have activities in the garden when the weather is nice. A visitor told us that they had seen staff and residents using the garden for a barbecue and activities. A staff member also told us that they take some residents shopping around Christmas time and to see the Christmas lights in town.

Staff also told us, ***"Every day there are activities for residents such as dominoes, knitting, painting and they have movie nights with popcorn, they also have local singers and children from the local school visit."***

Residents told us that they like the spacious gardens but that they have to wait for staff to be available to accompany them if they want to go outside. The garden looked secure with a fence around and staff told us that residents were able to go outside when they wish. There were paths with bedding areas and benches and the garden looked attractive and well maintained. Residents told us that their favourite things about the home were the friendly staff and the nice big garden.

Two of the activity workers introduced themselves to us and were chatting to residents. We saw a list of activities for the week (2 each day) and a list of resident's birthdays on each unit. There were notices on notice boards around the home giving information i.e. a regular church service and cinema nights.

A visitor told us that they had seen staff doing word searches and puzzles with residents and also dancing on Friday's. We saw a notice on the wall appealing for people to donate items to support activities such as wool, knitting needles and craft items. We also saw books on book shelves around the home and a collection of vinyl records and a record player on one of the units.

The Manager told us that they are developing a pool of volunteers to share their skills and come in to do activities with the residents. This process is proving quite lengthy due to requiring DBS checks for each volunteer and they have not had many people show and interest. She also added that some family members find it difficult to see their relatives being confused and will often not visit. The staff will refer them to agencies who can offer support such as the Alzheimer's Society and Age UK.

A male resident we spoke to said ***"I sometimes keep away from activities because there's a lot of women and no men"***. When we asked if they mixed with the other men in the home he laughed and said ***"if there are other men here they must be hiding"***. Another resident told us, ***"I've no complaints. We don't want to be here but we need to be cared for."***

Some residents told us that they have played card games and that they enjoy dancing, painting and going out with their family when they take them. Staff told us that Sometimes staff will take a small number of residents to the local park. Another staff member told us that residents who like to help with washing up or

dusting are encouraged to do so to maintain these skills. We saw a resident helping with washing up during our visit.

We were told by the Manager, staff and residents that there are not any arranged outings. The home does not have access to transport and have to use taxis if they go out. We spoke to residents who said they would like to take part in outings to somewhere like the seaside or the pub. The Manager told us that Anchor has told them that the running costs for a mini bus would be too high. There is one resident who likes to go to the local park to feed the ducks and staff will take her, but many of the residents will often say they want to go out and then turn around when they get to the door. She also said that the majority of residents would need 1-1 support and most of them become anxious in unfamiliar surroundings due to their dementia.

We mentioned examples of other homes we had visited which had use of a minibus and felt that if a lot of money is being spend on taxi's it could be more cost effective for the home to invest in their own transport or share the cost with other homes in the same Anchor group. One resident expressed that they felt frustrated at not being able to go out and commented ***"it is not nice being confined to this place year in and year out."***

The Manager told us about an activity they like to do with residents, one year they had a train journey where they set up an area of the home like a train and pretended to go on a journey. They are planning to do a similar activity soon, where they will go on a pretend cruise. Residents we spoke to were not familiar with this activity.

Dementia Friendly Design

There was a sensory board on the wall with a variety of locks and handles. We didn't observe anyone using it and The Manager said ***"residents don't use it, the only time it is noticed is by visitors."*** It was in a corridor and was accessible for anyone to use if they wished to. On the board there was a sink plug hole and a chain where there used to be a plug but there was no plug attached.

We saw residents walking around with teddies and dolls that were around the home for them to access if they wanted to.

We saw dementia friendly signs being used throughout the home and each resident had their name on their door with a door number and some had pictures such as flowers as a background with their name.

Doors were painted blue to indicate a communal room which had a toilet, we heard staff reminding residents of this so that they could access the toilet independently. We noticed that some taps needed to be labelled hot and cold as the red and blue markings had worn off.

There were handrails around the corridors and in the bathrooms. Handrails were white against a magnolia wall and were visible.

Each corridor looked very similar and was painted the same colour; we thought that some introduction of colour could help to distinguish the separate units. We commented to staff that we felt confused and lost when walking around. Staff said that residents and staff soon get used to it and find their way around.

Healthwatch Recommendations

Following our visit Healthwatch recommends:

1. Anchor should consider investing in a mini bus and trained drivers so that staff are able to take residents out on day trips and to appointments. This could be more cost effective than using taxis and mean that small groups of staff and residents could go on outings, especially those whose dementia is less progressed.
 - Some other care homes we have visited share the cost of a mini bus between two local homes.
 - There are also local organisations such as community transport who may be able to assist with this.
2. In some bathrooms the hot and cold labels had worn off on the taps and so need replacing or updating
3. More activities aimed specifically at engaging the male residents in the home and encouraging them to interact more with each other to reduce the risk of feeling isolated.
4. Replace the plug on the sensory board. Perhaps try moving it to a new location to see if it is noticed and used more by residents.
5. The units were not clearly defined, this could be improved by:
 - Introduction of separate colour schemes for each unit.
 - More objects around the units and on the walls in relation to their separate themes.
6. Consider introducing more colour into the décor all around the home and in resident's rooms with their consent.

Response from Care Home Manager

1. **Mini bus:** While we would love to have our own mini-bus to take our Customers out more often, it is unlikely that Anchor will agree to it. However, I am happy to pursue this with my line manager and see if we can progress the request.

2. **Bathroom taps:** Unfortunately the taps we have are no longer being made and the coloured inserts are no longer available for them. In order to get the colours back, we will have to replace the whole tap which is not economically viable for the sake of the colour inserts. As the taps are replaced due to wear and tear, we will try to make sure the colour inserts are more easily available to replace.
3. **Activities:** Our Activities Organiser has moved to be our Administrator and we are in the process of recruiting a new Activities co-ordinator. When that person is in place, they will be focussing on arranging more activities around the home for everyone - this will include specific activities for groups with particular interests.
4. **Sensory board:** Plug has been replaced. We are currently looking to see where we can re-site it.
5. **More distinction between the units:** We are keen to move this forward and have just purchased the paint to re-decorate Greyfriars Unit which has the beach theme. This will be Blue and Yellow in the corridors - with more items around to reflect the theme. We have decided that it will be better to concentrate on one unit at a time and get each one as good as we can, before starting on the next unit. (Previously we have been trying to do a bit on every unit and this has not really worked as it has spread the effort too thinly to make any real difference)
6. **Introduce more colour in the Décor:** As described above, we are working on getting more colours onto the units. We are also purchasing a supply of paint for the bedrooms which we are re-decorating as they become vacant. Current customers will be approached to ask if they would like their bedrooms painted in a different colour although the practicalities of re-decorating bedrooms that are occupied is difficult especially for people living with dementia as it can be disorientating for them both while the work is being done and afterwards in terms of them remembering that it is their room as it is not familiar to them.

Additional comments from Manager:

"There is an Anchor - wide activity which all the Homes are encouraged to participate in. Last year was the 'virtual cruise' where we had various destinations, chosen by the customers, and each month we 'went' to a different place and had a themed day with food from that country, decorations and music from there, in our main lounge and encouraged everyone to join in. This year we have the 'virtual train journey' which has a similar format. These always prove popular although our Customers often forget where they are 'visiting' on the day!

During the course of this activity we are encouraged to put a scrap-book together with pictures and information about where we have 'been' and what we have done. This is entered into a national competition and the best scrap book wins a prize."

Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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