

# Enter and View report

Chater Lodge Care Home

10 November 2017



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# 1 Introduction

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## 1.1 Details of visit

Details of visit:	
<b>Service Address</b>	Chater Lodge Care Home, High Street, Ketton, Stamford, PE9 3TJ
<b>Service Provider</b>	Owner: Barchester Healthcare
<b>Date and Time</b>	10 November 2017 11:30 – 13:30
<b>Authorised Representatives</b>	Bart Taylor-Harris, Brian Godfrey, Jennifer Fenelon, Marion Gee
<b>Contact details</b>	01572 720381

## 1.2 Acknowledgements

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

## 1.3 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.

# 2 What is Enter and View?

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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.

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.

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## 3 Purpose of Visit

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- To observe how the facility operates and provides its services.
- To collect views of residents, staff and any visitors on how the services provided affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

### 3.1 Strategic drivers

In 2016, Healthwatch Rutland commenced a programme of visits to all Care Homes in Rutland to look at the quality of life of residents. The visit to Chater Lodge Care Home on 10 November 2017 was part of this series of visits.

### 3.2 Methodology

Some two and a half weeks before the Enter and View visit the Enter and View team leader met with the manager of Chater Lodge Care Home. At that meeting the purpose of the visit was explained and agreement was reached about the timing of the Enter and View visit and how staff, residents and their families/regular visitors would be informed of the visit using a letter produced by Healthwatch Rutland.

A team from Healthwatch Rutland visited over a two hour period starting at 11:30 on 10 November 2017.

The team stayed in areas accessible to all residents and staff. In addition to general observation we talked to staff, residents and visitors using the framework prepared in advance of the series of care home visits.

Following the visit a meeting had been arranged with the manager where key observations were shared.

### 3.3 Summary of findings

- a) Chater Lodge care home is part of the Barchester Group and has a specialist dementia unit. It is not a nursing home.
- b) The kitchen has just been renewed and major upgrade of communal areas is planned for early 2018.
- c) All residents' rooms have toilet and wash basin en suite. Shower and bathing facilities are shared.
- d) The Barchester Group, owners of the home, provide a range of induction and staff development opportunities that were spoken of highly.
- e) The manager also commended the support available to her and the Barchester Group system for determining staffing levels.
- f) The home spoke highly of GP support but expressed concern about dental care, the supply of specialist equipment and access to physiotherapy and occupational therapy services.

### 3.4 Results of visit



Chater Lodge Care Home occupies a purpose built two storey building which was opened by the Duchess of Gloucester in 1968 and has since undergone modernisation. At the time of our visit there

were 38 residents including 11 in the “memory lane” dementia unit. Maximum capacity is 45 including 16 in the “memory lane” dementia unit. The home has private and local authority fee paying residents.

#### Approach/Exterior

Chater Lodge Care Home is situated in the village of Ketton. It is located off the main Stamford Road behind a small development of retirement bungalows that look as though they were constructed in approximately the same period.



Entrance is gained by ascending a short flight of steps and through a gated patio area that contains raised flower beds and exterior tables, chairs and sun umbrellas. There is an alternative signed level access for wheelchair users. Although entrance



to this level access is marked by yellow road markings in the car park area no designated disabled parking area was observed. When members of the team arrived no parking spaces could be found that would have allowed a wheelchair user to exit their car. The route to be followed was not clear.

Entrance to the building is gained through automatic sliding double glass doors.

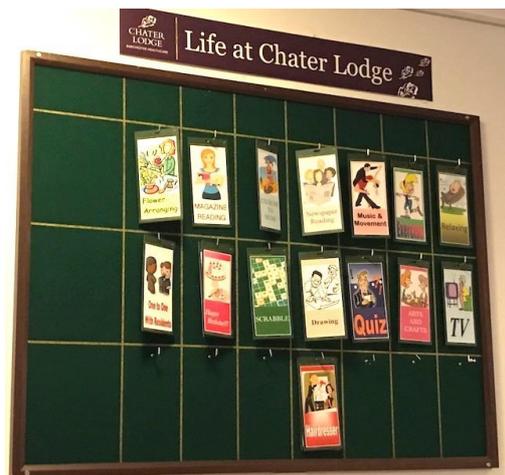
## Reception

In the entrance lobby there was a book on a table by the front door for visitors to sign in and out of the home. This area contains a number of notices including a summary of the last CQC report, various certificates and policies, and a request to sign in and out of the home. Entrance to the home proper is



controlled by a key pad and a bell. Exit through

this door is also key pad controlled. Immediately inside this door is a reception desk plus administrative and manager's office. There are also tea/coffee making facilities available to visitors and a number of easy chairs. Displayed on walls in this area are photographs of residents and events and information boards about activities. Some of the latter did not appear to be fully up to date and we found some of the information about activities unclear.



## Layout and general environment

The home occupies two floors. Upstairs, accessed by both staircases and a lift, is the "Memory Lane" dementia unit and rooms for frailer residents. There is also a

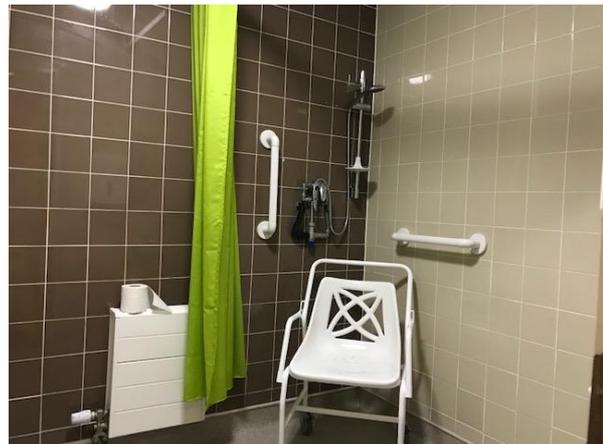


lounge and dining area for residents with dementia. On the ground floor are further residents' rooms, a large lounge/dining room, a small library/TV room and a hair salon.

At the time of our visit work was being completed on the complete refurbishment of the kitchen. Temporary kitchen facilities had been set up in part of the dining room and this area had been partitioned off. We were told that work had taken a week, and with the exception of one meal when fish and chips had been bought in, meals were served as normal.



Further work is planned for 2018 which will enhance communal areas and provide folding sliding door access to the patio area. The manager told us that residents and families were consulted on matters such as the arrangement of furniture in the lounge and features of the proposed upgrading.



All rooms have toilet and wash basins en-suite. Bathrooms and shower/wet rooms are shared. They are equipped with equipment to assist with bathing and showering. Downstairs there is one bathroom and one shower/wet room, which are shared by 16 residents. The manager told us that all residents are able to bathe or shower whenever they wish.



All parts of the home we visited presented as clean and neutrally decorated. We talked to a member of the house keeping staff who took us to a “show room” which she described as being typical of rooms. (This was confirmed by a visit to a resident’s room at the invitation of a family member.) The member of staff told us that residents can and do bring their own furniture to replace that provided.



### Activities

There are two activities coordinators, each working 20 hours a week. This is a comparatively new arrangement and the manager told us it allowed a 6 day a week active programme. During our visit we heard residents singing along with Frank Sinatra songs, and later a quiz as well as armchair based exercise classes. We were told that skittles and word games are popular. One lady said she would like to go swimming but acknowledged this was just not possible. Chater Lodge is planning to participate in a Rutland County Council “Twilight Games” that will involve a number of care homes in the county. A family member to whom we spoke expressed concern that there were insufficient activities available for those who were less ambulant and found it more difficult to move from their rooms. Some of these concerns were directed at services provided by agencies other than Chater Lodge.

### Residents/families

We met four family members during our visit and some friends of residents. We were told that friends and family regularly “pop in” to see residents and the manager told us that they could visit at any time. The home administrator told us that she knew the names of all residents and was able to link residents to family members.

We were told that Sunday is a popular day for visitors and this is the day when there is not an activities coordinator. Residents’ meetings and separate residents’ and families’ meetings are held every two months normally. At these meetings a range of topics are discussed including menus, activities, and furniture arrangements. We were told that news of our visit had been relayed at one such meeting. The manager also communicates with families using email.



The residents had recently decided to replace the home's tropical fish and a group was going out in the minibus to choose the new fish. Residents we talked to seemed positive in their comments about the home. We heard no complaints about staff or facilities.

Chater Lodge carries out an annual survey of residents and family members and publishes the results on its website (<https://www.barchester.com/home/chater-lodge-care-home>) and follow the link in the purple box).

### Meals

Meals are cooked on the premises using fresh ingredients. Vegetables, fruit and other fresh food are bought locally. Dried goods are bought in bulk and there is a supply of frozen items including fish fingers and Chicken Kiev, which we were told are both popular. We were told that breakfast comprises a choice of cereals, porridge, toast and a cooked meal and the breakfast menu is available on the dining tables. "Porridge and prunes" is very popular.

We were told that staff joined the residents to have their meals and to assist in some cases. We observed lunch. Residents gathered in the dining area. Many had a glass of wine or beer. There was a general hubub of conversation.

Residents were provided with a three course meal and a choice of two dishes for each course. When we visited sixteen residents were sitting at four tables. There was a choice of drinks, including fruit juice water and wine. There were flowers on the tables. The main course options were fish and chips with mushy peas, or sausage and mash with carrots. We were told that other options are available if residents do not want the choices available. We did not see residents choosing other than from the two choices described above. Earlier we had seen snacks and fruit on tables in the lounge.

### Medical/care

The manager told us that the amount eaten by residents is monitored and recorded. Chater Lodge is a not a nursing home therefore there are no currently qualified nursing staff. Nursing support is provided by District Nurses and through the GP surgeries in Stamford. The quality of the care provided by Stamford GPs was praised. Emergency services were not viewed so positively although it was reported that response times had improved recently.

Concern was expressed about the delay in obtaining specialist equipment. We were told of a 3 month wait for a walking frame and of a resident who had been confined to bed for a considerable time because delays in providing a specialist wheelchair. Dental support was not described positively. No dentist is prepared to visit. Taking a resident with dementia and dental problems to a dental surgery can be a disorientating experience for the individual concerned we were told.





We were shown a care home call system that had been installed. All rooms are equipped with call buttons and/or cords. LCD displays alert staff to where help is needed. Response times are monitored by the system.

## Staff

All of the staff we met were friendly and helpful. The manager told us that the Barchester group have a system which allocates staffing levels according to the needs of residents. The computerized system, called DICE takes information about the needs of the home and combines it with the needs of each resident to determine staffing levels. Residents, and hence staffing levels are assessed monthly. The manager praised this system, which she said always ensured an appropriate staffing level.

The Barchester group also provides an extensive training programme plus thorough induction processes. A senior house keeper we spoke to described a five day off site induction course. The new deputy manager was also undergoing an induction programme. All staff that we talked to spoke of the friendly atmosphere and described it as a good place to work. Some had worked at Chater Lodge for many years. The manager told us that there were currently no agency staff.

One family said the care was excellent, but money was clearly tight and staffing levels could be higher.

Staff we talked to were aware of the whistle-blowing policy. We were told that there is a poster on the wall next to the meet the team board behind the reception desk. A member of staff told us that she would go to the manager with concerns.

During our visit we met contractors working in the home. All were in uniform but we observed that one was without personal ID. The manager assured the team leader that all contractors entering the home were subject to a Barchester Group registration procedure.

## Dementia

“Memory Lane”, the dementia unit, is on the first floor. There is key pad controlled access and egress. Residents have their own lounge and dining room but also visit external spaces and other communal areas under supervision. One member of staff told us she would like to see these residents being able to walk in and out of an open space rather than having to be escorted. There is no secure external space specifically for residents of this unit. The corridor has pictures on the walls. We were told that there was an intention to theme areas as part of a 2018 refurbishment plan.

We observed 4 residents with dementia eating a meal in their dining room assisted by staff. They seemed able to exercise a choice of food. Another resident of

“Memory Lane” was having her meal in the lounge where a friend, who was also employed as a carer, was attempting to encourage her to eat. The resident kept wandering down the corridor and the carer was employing a range of strategies to try to get her to return to her food.

The home is not a nursing home and the manger told us that over the last 5 years it had been necessary to seek alternative provision for two residents when the home could no longer meet their needs. Some residents with dementia live in the main part of the home.

### 3.5 Recommendations

- The Barchester group is encouraged to continue to develop its systems of support for their homes, and training and development for the staff employed in them.
- Consideration should be given to reviewing the quantity and quality of information available near to the entrance and elsewhere with a view to presenting it in a way that will make its assimilation easier.
- Wheelchair access arrangements, including the lack of clearly defined parking spaces for disabled visitors should be addressed.
- Chater Lodge should investigate the activities available for those who are less able to access communal areas.
- Healthwatch Rutland should:
  - raise the matter of dental provision with the Local Dental Network (LDN) during its work with them on Gerodontology, and
  - further pursue the issues raised about specialist mobility aids as part of its 2018 programme.

### 3.6 Service providers response

I would firstly like to thank the Healthwatch team for their visit and enabling the residents, relatives & staff to share their views.

We as a team are committed to continuously enhancing our residents’ wellbeing and experiences. There are many plans for facilities and activities in 2018 including refurbishment and community engagement which will be advertised and easily accessible to all.

