



Enter and View Report

Care Homes - Langdon House

Service Address:	20 Union Lane, Cambridge. CB4 1QB
Service Provider:	The Cambridge Housing Society Limited
Date and Time:	Tuesday 19 th May 2015 at 10:30am
Authorised representatives:	Jane Belman, Jenny Egbe, Emma Amez and Kate Hales



Acknowledgement

Healthwatch Cambridgeshire would like to thank the residents, carers and staff at Langdon House who spent time talking to us about their experiences of living at the home or having friends staying at the home.

Thank you also to the Manager of the home for helping us to arrange the visit and providing relevant information that was requested by Healthwatch Cambridgeshire. Please note that this report relates to findings observed on 19th May 2015 at 10:30am.

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.

The visit also takes into consideration the fact that some of the residents spoken to will have a long term illness or disability, including dementia, which will have an impact on the information that is provided.

We recognise that providers are often able to respond to us about any issues raised and we will include all responses in the final report.



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Introduction and methodology

What is Enter and View?

Part of Healthwatch Cambridgeshire's work programme is to carry out Enter and View visits. Enter and View authorised 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 and end 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.



Our Care Home project

Healthwatch Cambridgeshire made the decision to undertake a programme of enter and view visits to care homes in Cambridgeshire during spring - summer 2015. Our visits are intended to:

- Find out what daily life is like in a care home in Cambridgeshire.
- Gather the opinions and experiences of residents, relatives/friends and staff.
- Raise awareness of the role of Healthwatch.
- Build relationships to enable those voices not often heard, to have a say about the health and care services that they receive.

Enter and view visits will also highlight (if applicable) what the team view as 'good ideas' and this will be collated and shared with all the care homes that we have visited at a later date.

The care homes to be visited are selected based upon a number of factors which include geographical spread across the county.

Where possible we will ensure the visit does not conflict with other visits such as planned CQC Inspections or visits by the local authority.

Following each visit a report will be produced and this will form part of a summary report highlighting good ideas and issues around access to health and care services.

Purpose of the visit

The purpose of the visit is to find out what daily life is like for residents at the care home. We observe day to day life in the care home and talk to residents, relatives, staff and other visitors, to collect their experiences and opinions.

- We look at how residents are supported to make choices about their daily life, for example making mealtime choices or what to wear.
- We watch how staff interact with residents and other people in the care home.
- We find out what activities are available for residents at the home and in the community.
- We ask people what they think about the range and quality of their food.
- We find out how easy it is for residents to access local health and care services, for example GP, Dentist, Optician and Chiropody.



- We collate examples of good ideas and report on any issues or concerns that are raised.
- We talk to people about their experiences of living in the home, and any ideas they have for change.
- We tell people about Healthwatch Cambridgeshire and what we do.

Announced visit

This was an announced Enter and View visit. It was undertaken by a team of four authorised Enter and View representatives, including one Healthwatch staff member and three volunteers. It lasted approximately four hours and included joining the residents for lunch. Correspondence was exchanged with the home, inviting them to take part in the Enter and View project and explaining the purpose of the visit. Before the visit, the team lead met with the manager to give an overview of Healthwatch and the project.

Confirmation included advising the names of those who would be taking part in the visit. Posters with details of the visit and Healthwatch contact information together with leaflets for display prior to the visit were sent to the home the week before.

The visit was informal and involved a combination of observations and talking to residents and staff. During the course of the visit the team spoke with members of staff and some residents; all findings were logged. The team asked to be escorted around the care home by a member of staff. Following lunch with the residents the team walked around without an escort.

A large proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home works and to get a feel for the general environment.

Notebooks and questionnaires were used to record the information gathered.

The Enter and View team spoke with the Manager, who provided detailed information about the home and answered any queries raised. During the off-site team debrief several queries were raised and these were passed to the manager for clarification and these are included in the findings.



Information was also given out about Healthwatch Cambridgeshire to residents, and the home was given copies of the latest Newsletter, Information and Signposting bookmark and leaflets to display in the reception area. To keep in touch with Healthwatch the Manager signed up to receive both our newsletters.

Langdon House



The Garden

Langdon House is a care home for older people located on the outskirts of Cambridge city centre. It is within easy reach of local shops and public transport. On the day of our visit 51 residents were living at the home in single rooms with en-suite facilities. Some of these beds are funded by Adult Social Care, Cambridgeshire County Council.

The entrance area is accessed both from the front and rear of the property with the latter being key coded and the front being an electronic release outer door and the inner door released by a staff member. Car parking is also available near both entrances.

Langdon House is a two storey purpose built home, with 21 residents residing on the ground floor and 30 residents residing on the first floor. The home offers care across a wide range of needs and includes a specialist unit for dementia with 12 rooms.

The home has several lounge and seating areas, dining rooms and quiet seating for residents use, including a large landscaped garden with greenhouse. Separate bathing, shower and toilet facilities are available on both floors, all equipped with aids, rails and moveable hoists.

The poster advertising our visit was on display in the reception area but no relatives were present for us to talk with.



Summary of findings

- The home is welcoming and friendly.
- At the time of our visit, we observed the home to be operating to a good standard of care with regard to daily life and care of residents.
- The residents appeared well looked after and told us they were able to make decisions about what they liked to eat and what they wanted to wear.
- Residents appeared comfortable, clean and content.
- Staff were observed to be positive, respectful, kind and friendly with residents
- We saw evidence that told us that the residents have access to a variety of social activities both in the home and outside.
- The main garden area featured shrubbery planting with a lawn, patio and several seating areas and a greenhouse.

Our visit identified no substantial issues nor any points that could be classified as a cause for concern.



The Findings

Accommodation and environment



Upon entering the home the entrance is a large area with seating. Notice boards and information stands display lots of information including activities, trips, staff photographs and leaflets.

There was a signing in book which we were asked to complete.

Notice Boards

The home was clean, tidy and had no unpleasant odours. The windows were open and everywhere was bright and airy. Signage throughout the home was clear and at a height accessible for everyone to read. A call bell system was in place and was easily accessible for residents to reach should they need help from a member of staff.

The ground floor includes the reception area and main offices. There is a large seating area with easy chairs, bookcases and tables and chairs that look out onto the main garden and patio area with seating and a gazebo.

A path winds around the garden to the greenhouse and bird feeders can be seen outside the residents' windows.



Garden views

The residents' rooms are located on both floors and the areas are named after the local colleges for example Kings, Clare, Trinity and Sydney Sussex.

All communal areas were spacious with wide doorways, which enabled those residents with walking frames to easily move around.



The residents' lounge and dining area on the ground floor was spacious, light and airy with a kitchenette that was used to serve drinks and meals when they were brought from the main kitchen. All the rooms featured an en-suite WC and the shared bathroom, shower room and toilets were all signposted and equipped to a high standard.

A lift and staircase to the first floor accesses a mural corridor and a large lounge, with seating all around in upright chairs. This area is open plan and with the use of partition walls it divides into three areas; quiet lounge, television lounge and dining area with kitchenette.



Mural decoration

The mural is along the wall adjacent to the lounge and dining area and runs the whole length with local scenes of Cambridge and its surrounding countryside.

Residents are encouraged to be independent with staff available to assist when needed. Residents are able to bring their own furniture and personal items to make their room more home like.

The dementia wing was accessed through a key coded pad and featured sensory areas on the walls, accessories for dressing up, and an activities room with dolls and teddies used for therapy and a reminiscence chest.



Sensory boards



The residents' rooms all have their name and the appearance of a front door with large handle and lock, mounted glass fronted boxes are on the wall next to their front door and these are filled with small personal items such as photographs and mementos.

We were told that *“The memory boxes also serve as a reminder to staff about the resident as an individual.”*

Doll therapy and dressing up items

The laundry area was very well laid out, with all the residents having their own named baskets. Name tags are used on clothing to ensure that individual items are identifiable. Every so often the resident's relatives are invited to come along and look through the 'unnamed' clothes box to check if any of the items of clothing belong to their family member.

Activities

Activity programs are co-ordinated by a lead practitioner in care and allocated to carers daily. There is also a designated group of staff who have formed an activities group and they meet regularly to discuss new ideas and review the existing program and this is adjusted in line with the views of the residents.

There was a weekly activities plan displayed in the entrance area together with photographs of recent outings. These include games, quizzes and details of outings etc. Religious services are held on Sundays, and Holy Communion takes place once a month. The home has links with the local community and churches.

There is a garden club which is run by volunteers from the local supermarket and residents are assisted by staff to potter in the greenhouse. Garden therapy has been introduced and this encourages other residents to watch those out in the garden. The dementia unit encourages the residents to join in using the raised flower beds.

We were told by the manager that the residents enjoy being able to take part in the planting of the summer pots and raised flower beds.



On the day of the visit some of the residents were playing a quiz naming fruit and vegetables, whilst others were chatting, reading or just relaxing.

Animal therapy is undertaken by the use of the PAT dog which visits the home weekly and the residents enjoy visits from local Raptor centre Owls.

There is also a knitting club for the residents, which is run by a volunteer.

The dementia unit had 1940's music playing, and activities were conducted in ten minute bursts.

The Manager told us *“Activity plans are created as a monthly ‘Dates for your diary’ and distributed to all residents in their rooms, we also have some families receive the monthly dairy of events by email at their request.*

There is a monthly residents meeting which is listed on the diary of events and displayed on the front entrance foyer. This is mostly chaired by myself and gives the residents an opportunity to be informed and involved in decision making, as well as contributing to feedback and ideas regarding menu's, health and safety, activities, outings and any suggestions they may have. A typical resident meeting would be attended by approximately 15-19 residents.

To ensure all residents have the same opportunities any outings are also listed on the diary of events but in the days leading up to the event all residents are asked individually by the team leader and carers delegated to be responsible for the outing, if they would wish to go.

Another opportunity for residents to become informed is by the staff at times of monthly care plan reviews and their families. Relative meetings are held 3 x year.”

Catering

The residents are encouraged to socialise and meals, where possible, are served in the dining rooms. A daily menu was displayed in the corridor adjacent to the lounge on the first floor. The dining rooms were nicely laid out with cutlery, table cloths and paper napkins.

We were invited to join the residents on the ground floor for lunch and were given a choice, in advance, from a selection of hot and cold food. On the day we observed staff being helpful, friendly and supportive to residents.



Choices of food were offered and residents were given time to eat and were not rushed. Further portions were given when requested.

Residents told us

"Breakfast is the best meal, I have fruit and cereal."

"If you ask, you get what you want and the staff are very helpful"

Care and help

The residents had no complaints or reservations in the services provided and those that we chatted to, had confidence in the staff who were providing their care.

When choosing Langdon House as a new home, future residents are assessed in their own home or hospital, to ensure that their needs can be met. Where possible they are invited to visit the home and spend some time with the other residents. Relatives and next of kin are encouraged to be involved in the planning of their loved ones care.

We asked about bathing and were told *"Bathing - is individual and specific to a residents needs. For example some residents do indeed have a bath weekly, others 3x weekly, some prefer showers, again how often is dependant and led by the residents wishes, we have residents who are assisted to shower daily, 3 or 5x weekly etc. The resident's wishes and needs are clearly documented in their care plans for all care staff to be aware. Residents request and needs in relation to showers and bathing are also discussed at care team handovers.*

Residents wishes are often discussed on a daily basis and care staff, team leaders and Lead practitioners respond by updating the care plan to reflect changes in need. The care plan is also reviewed monthly by a keyworker with the resident."

We raised a query regarding the number of staff on duty on an evening, as we thought that a high percentage of the residents required support. We were told *"Langdon House is adequately staffed at night and is in line with the expectations of the regulators and with other care home figures. We have 4 carers which include one as a team leader. Two staff are situated to check over two units, however with 4 staff in the home they would need to be flexible and support where the resident need was required."*



Staff attitudes

We saw staff attending to the needs of residents, showing patience and understanding. Staff were respectful and polite making sure the residents were comfortable. During lunch we observed staff interacting with residents asking where they would like to sit and what they would like to eat, also ensuring that napkins were available to assist the residents with spills.

All the residents were treated with dignity and respect.

Carers and Relatives

There were no relatives or visitors available for us to talk to during our visit. We were told that relatives and friends were welcomed at all times and they were invited and encouraged to visit and join in the meetings and outings.

Access to health and care services

The home has a very good relationship with the local GP Surgery (Nuffield Road) and a Doctor visits on a fortnightly basis and does attend more often when needed. There is a direct line with the Link District Nurse and the service provided is very good.

The Cambridgeshire Hearing Help visits monthly to check the hearing and Vision Call provide eye tests for the residents.

The Care Home Manager told us

“Discharge from hospital can be a stressful time for the residents as their needs may have changed and the care home is no longer able to provide the necessary care needed in a residential setting.

Hospitals need to be educated about the difference between residential and nursing care homes and have an awareness about the details of a care home’s registration.

There is concern for residents who are awaiting the Speech and Language Therapist (SALT) as really urgent cases have to wait 13 weeks.

When residents are accessing mental health services and there are changes in their diagnosis there are sometimes delays in receiving those reports or communications in a timely manner.”



The Clinical Commissioning Group (CCG) now provide a new service to care homes and the CCG are required to regularly review the medication given to residents every six months.

The home told us that they had to chase the CCG to complete the review in a timely manner.

Good Ideas

- Dementia Champions, (who have the support of the CHS's Dementia Services Manager and meet monthly to discuss ideas).
- Sensory walls and reminiscence / activity room.
- Individual coloured front doors for residents' rooms.
- Residents' own memory boxes (on the wall next to the door into their room).

Recommendations

1. Continue to develop ways to involve residents, their families, carers and staff in making decisions to improve care in the home.
2. Support people's opportunity to have a say in health and care services by promoting Healthwatch Cambridgeshire through displaying posters, leaflets and newsletters.
3. Encourage a positive approach to managing complaints and actively learning from people's feedback about care in the home.





Service providers response

I would like to thank Kate and her team for her Enter and View visit on 19th May 2015. The team were sympathetic to the environment and our residents and staff throughout their time spent at Langdon House.

As part of a wider organisation, CHS group, and as the Registered Manager of Langdon house I would like to actively promote and encourage this type of visit as we believe we offer a very valuable and quality service to our residents and customers alike, and appreciate the recognition and transparency this offers us.

We are always open to constructive feedback about our service including any recommendations offered, and again appreciate the visit by the Healthwatch team of four representatives and the report received.

Please see my response to: The recommendations:

No.1 and 3

This is something CHS group actively promotes and encourages and I believe we are very active in informing EVERYONE of this process (leaflets displayed in reception), we act on both formal and informal complaints in an evidence based way. Residents also receive this information in their service user guide when coming into the home. I believe we are very responsive in this area and I actively encourage feedback from residents through regular surveys, one that covers all areas and one more specific about menu's which the cooks spend time with the residents collecting, collating and adjusting Menu's as necessary.

We hold an informal log of concerns where actions and outcomes are recorded. We openly seek EVERYONES suggestions, feedback and experiences to be shared with us which are often how we learn to improve our services. There is a Service satisfaction survey that relatives are also invited to complete - we respond to any identified areas of concern in a timely manner and appreciate when these are completed for our attention. (as I write this I realise it also covers aspects of No.1)

No.2

Healthwatch are promoted within the home and posters are displayed in the reception area.



Contact Us

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