



Name of service:	Boulters Lock Residential Home
Service address:	56 Sheephouse Road, Maidenhead, Berkshire, SL6 8HP
Service provider:	Hartford Care (2) Limited
Date of visit:	Friday 16th November 2018 (afternoon)
Authorised representatives:	Andrea McCombie, Sharon Bowden, Chris Taylor, Susan Rolph, Neil McGiffen and Marian Troughton
Contact details:	info@healthwatchwam.co.uk

Acknowledgements

Healthwatch Windsor, Ascot and Maidenhead would like to thank the service providers, staff and residents for their contribution to the Enter and View programme.

What is Enter and View?

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to patients, service users, their families and carers in premises such as hospitals, residential homes, GP practices and dental surgeries. These are known as Enter and View visits. They can then make recommendations where there are areas for improvement. 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.

Disclaimer

Please note that this report relates to findings, observations and feedback from the residents and/or family and friends on the specific date set out above.

Purpose of visit

- Observe residents engaging with the staff and the care environment.
 - Capture the experience of residents and their families/visitors and to record any ideas they may have for change to improve their experience.
 - To produce a report summarising the above which will highlight areas of good practice and make recommendations that could improve the service.
-

Strategic drivers – why we carried out the visit

Healthwatch Windsor, Ascot and Maidenhead collects and collates feedback and intelligence on local health and social care services. It shares anonymised intelligence with regulatory agencies such as the Care Quality Commission (CQC) and other strategic bodies involved in improving the quality of care such as the Care Governance Board. This Enter & View was planned to gather the direct feedback of the residents of the home (and their family/unpaid carers) and their views about the care and support they receive.

Collecting feedback on local social care provision is one of the identified areas in Healthwatch Windsor, Ascot and Maidenhead's work plan for 2018/2019 and different types of residential homes will be visited in the next 6-9 months in addition to independent surveys of the users of local domiciliary care providers.

Notification

A letter to the Registered Manager was sent almost 3 weeks before the planned visit - explaining what local Healthwatch is, an explanation of Enter and View and its purpose and giving the proposed date and time of the visit.

Methodology

Boulter's Lock is registered to accommodate 32 people; there were 28 people staying at the home when we visited. Many of the residents have dementia; at the time of our visit over a third of the residents were subject to Deprivation of Liberty Safeguards (DoLs) authorisation (which means they were not assessed

as having the mental capacity to consent to their placement at the home). Therefore, authorised representatives planned to speak to small groups of residents utilising the seven main themes of a questionnaire Healthwatch Windsor, Ascot and Maidenhead has developed for conducting semi-structured interviews with people receiving residential or supported living care.

The seven areas/themes are:

- **Do you feel listened to and supported?**
- **Do you do the things you want?**
- **Do you see your family and friends when you want?**
- **Do you like where you live?**
- **Are you supported to stay healthy?**
- **Do you feel safe?**
- **Do you know what to do when things go wrong?**

During the visit, we were able to talk to approximately half the residents and 3 visiting families. Due to dementia, not all residents were able to contribute to all of the discussion themes but their input was still very valuable including authorised representatives' observations of their non-verbal communication during the visit. It is important to listen to people's experiences as they remember them.

Authorised representatives' observations also formed part of the report content.

Surveys for visitors (and Freepost envelopes) were made available, next to a poster about the Enter and View visit, for the two weeks prior to the visit. The questions were aligned to these seven areas. We received one completed survey.

Discussions, findings and observations

The Registered Manager told us that weekly fees for the home start at £980. Two to three beds are made available at a lower rate (81.6% of cost) to the Royal Borough of Windsor & Maidenhead. The home cannot offer more beds at this reduced rate.

The Registered Manager told us that the staffing ratio is 1:4/5. It is unclear if this covers just staff directly involved with caring duties and we do not know what percentage of staff on duty are qualified nursing staff for example. The Registered Manager told us that in the last year recruitment is becoming more difficult and there is concern, as there is in other areas of health and social care, of the impact of Brexit. We were told it has only been in this period that the home has had to rely on support from agency staff. To try and provide some continuity for residents, agency staff are offered at least one month's worth of shifts. Potential agency staff CV's are sent to the Registered Manager for approval and these include DBS and training information.

Job opportunities are circulated widely including online. The basic rate of pay is £8.60 per hour (days) which is 9.8% above current minimum wage levels (In April these rise so it will be 4.75% above the level then). Looking at the local health and social care economy this is neither the lowest or the highest hourly rate currently available but it does come with other advantages and perks such as Perkbox, Cycle to Work Scheme and work usually takes place on one site. Pay rates are reviewed annually. Online social media adverts seem to attract interest but when people are responded to the interest does not continue. The home also provides a placement for a health and social care student from the local college.

After initial Induction training we were told that there are different types of mandatory training that staff must complete. Some are classroom based sessions (such as First Aid) and others are available as E learning. These must be completed annually and E Learning is normally completed outside of work time but staff do receive an additional payment for these hours.

The majority of people who live at Boulters Lock are long stay/permanent residents; at the time of our visit only one resident was there for respite care. Respite care can be booked in advance but, in order to ensure the bed remains free, the Registered Manager told us that the cost of the bed would have to be

paid from the time it was booked until the time it was used to ensure it remains vacant – this is due to business pressures to operate at full capacity.

One of the authorised representatives, Andrea McCombie, was able to have a guided tour of the whole home and an interview with the Registered Manager. This was conducted in her office which appeared clean and well organised.

Boulters Lock is part of the Hartford Care company which runs fourteen homes in total. The majority of these are on the South coast but there is one nearby; Burnham Lodge in Slough. Boulters Lock has a 9.7 out of 10 rating (based on 32 reviews) on www.carehome.org.uk. The home's most recent published CQC report is July 2017 – when it was rated “Good”.

The Registered Manager told us they liked to describe themselves as “home care” rather than as a “care home”.

The Registered Manager told us that Hartford Care has, in the last year, been approached by Wexham Park Hospital for ideas and support for their Ward 17 staff. Ward 17 is the medically fit for discharge ward and many of the patients have dementia and cannot be discharged until suitable care – often residential – is found and put in place. Boulters Lock also chooses a local charity each year to raise funds for; residents and staff are encouraged to plan and take part in events.

Do you feel listened to and supported?

The atmosphere was extremely calm and no agitated or distressed behaviour was observed; this did not appear to be due to the over use of sedation/medication. Residents were still engaging with us and each other; residents were observed helping each other.

There was minimal interaction between care staff and residents during our visit but we felt this was in part because of our visit (staff were allowing us to talk to residents in relative privacy) and also because the Activities Coordinator was absent (statutory training day) and the timing of our visit coincided with what would have been the afternoon activities session. We did observe staff looking into the main lounge as they passed by in the course of their work and they were observed saying goodbye to residents when they went off shift.

From our chats with residents we got the impression that although people felt listened to and supported most of the time this was, in part, dependent on who was on duty. There have been recent staff changes and some people we spoke to felt there was a level of understaffing. One resident told us the staff were very kind.

There are regular resident meetings and there is a suggestion box. The resident meetings are held every two months and the meeting is broken down into different areas such as laundry, food, staff, activities etc. If necessary staff responsible for those areas can come along to answer questions or to get the views of residents. Notes from these meetings are kept in the office.

There are also meetings every three months for families, although one family member did tell us these are not always at suitable times. These minutes are also kept in the office but also circulated to all family members, not just to those who attended, so that everyone is kept up to date and ask for items to be discussed at the next meeting. The Registered Manager told us ten people attended the last meeting.

The member of staff from the kitchen appeared to know the residents very well. She asked a lady if she wanted biscuits, knowing this lady was going to hold out for cake. It seemed this was a familiar game to them which made the resident feel special and highlighted that afternoon cake (homemade) was a usual occurrence. She also remembered that this lady did not take milk in her tea.

The Registered Manager told us that day care/support is also provided (when there is capacity) and this is as a direct result of the feedback and requests of a former resident who is now living in the community.

After we spoke to one resident - who said she did not really speak to people and did not really engage with our questions, probably because she appeared to be living with advanced dementia, we observed staff actively speaking with her and trying to get her to engage in an activity.

The family and friends survey response stated they totally agreed with the statement “The person I visit is listened to and supported” and in the comments section stated there is a relatives meeting once a quarter.

Do you do the things you want?

One resident told us she cannot always do the things that she wanted to do but had insight that her mobility and motivation plays a large part in this. Her daughter confirmed staff offer to take her for a walk around the garden but that she usually declines this. Another resident told us that some people’s preferences seemed to take priority. She was not upset about this, taking it as the norm.

The hairdresser comes in every Monday, an Elvis tribute act every month and other singers every couple of weeks. Residents told us they do baking, flower arranging, crafts, dancing, quizzes and other activities with Mark, the full-time Activities Coordinator. The Registered Manager told us they also, in the mornings, discuss news items (they produce an accessible newspaper). They do go out occasionally on a bus (Royal Ascot was mentioned) and we were told by the Registered Manager that Mark does sometimes take some residents out in his own 5 seater vehicle (trips to garden centres, pubs etc.) The Registered Manager told us that the company own a bus which all the fourteen homes can book about four times a year in week long blocks. When we arrived to start our visit we observed staff were leading a game with a big, bouncing ball in the lounge which many residents appeared to be involved with.

A resident told us they had recently had a Fireworks and Halloween party, another told us that although she did not go out she was able to go where she wanted within the home and grounds. The building has a large lounge and a dining area but there are also other smaller areas with one or two chairs and a small lounge/activity area. The garden area includes raised flower beds, lawn, summer house and decking areas with seating. It is also where the home’s pet guinea pigs live (the home has previously had chickens and rabbits). Helping in the garden was an activity particularly mentioned in our conversations with residents.

The music from the smaller television in the communal lounge was playing inappropriate music for the age group. One resident commented that the same music is always played and it gets boring. The smaller television was on YouTube and one of our representatives told this lady it has almost every song ever recorded on it and suggested she could ask the staff to change the play list. At one point this was turned up by a staff member and people were offered a dance. After the dancing was finished it was not turned back down and the lady sitting next to it complained it was too loud. The larger, main television was turned down by a resident so they could hear us. The larger television also had the subtitles on

Residents can eat all together in the dining room or eat in their rooms. One resident told us that although she personally does not drink, residents are offered sherry and wine on occasion. Another stated everyone was very caring and they cater for her needs; they know she likes Rich Tea biscuits and will get them for her.

There is a book shelf in the lounge labelled "Library" in big writing. From our chats with residents we know that some of them still like to read and this was felt to be a very dementia friendly way of people being able to locate the books available. There is also a big board in the lounge with day, date, month, season and weather in an accessible format. Unfortunately, the date was incorrect (the staff member responsible for this was absent), but it was quickly corrected when we pointed this out.

One resident who was wandering was directed back to a seat however, this was just before drinks and snacks were issued. The resident got up later and was able to go to another area in the home.

No residents leave the home unless accompanied by a friend/family member or a member of staff (this is usually a chargeable service). Comments were also made on the fact that due to the high proportion of residents with dementia this limited social interaction and activities.

The family and friends survey response stated they totally agreed with the statement “The person I visit is supported to do the things and activities they want”. The only area the relative could think of that required improvement was that if the Activities Coordinator is off it has an impact and this could be covered. The Registered Manager confirmed that staff cover as best they can when he is off and the impact of his absence was mentioned by many people we spoke to and was observed.

The survey response also stated the Chef was fantastic and caters to all their relative’s needs. We were told that, in addition to the pre-arranged menu choices, kitchen staff will cater for individual needs and requests and prepare food outside of core meal times.

Do you see your family and friends when you want?

This was a difficult question for many of the residents we spoke to due to their dementia. Most of them could remember that they had children but were confused about where they lived and if they visited. Timelines made them very confused. We did not pursue this in these instances so as not to cause distress.

One resident told us her family visit most days and that they can see her Care Plan on an iPad and that this is very thorough – they know exactly what has happened even down to personal care support etc. The Registered Manager told us that all aspects of the care plan are on the hand held tablets and that there were different levels of access (in regards to editing information). If a scheduled task – such as bathing – is due it produces a reminder which increases to a red “breach”. The only way it stops is if a member of staff makes an entry to say it is completed or explains why it is being overridden.

Family/regular visitors are given the front door code so that they can visit whenever they want to. If family members call on the telephone, staff will pass the phone on to the resident so they can talk. We observed staff bringing chairs over so visitors could sit next to the person they were visiting in the lounge.

One relative said that one of the reasons for choosing this home was because it was so close to the station so that all the children could get there to visit. There is a small area within the home that families can reserve for small family gatherings and parties to mark special occasions such as birthdays and anniversaries.

The family and friends survey response stated they totally agreed with the statement “The person I visit is supported to see and keep in contact with their family and friends”.

Do you like where you live?

Although the majority of residents we spoke to were not able to say how long they had lived at Boulders Lock, they all said they liked where they lived, praised the staff and they did not feel restricted in anyway. One resident confirmed she had visited the home and chosen the place herself, another described it as a ‘home from home’, another that ‘the place was lovely’ and another resident told us that her daughter had originally arranged a two-week respite stay but she herself liked it so much so she decided to make it a permanent arrangement. We felt that relatives were often the ones making the decision about where to live, probably because of the high number of residents with dementia and those deemed to not have the capacity to make the decision on their own.

From the people we spoke to we were told it was one of the best homes in the area. The single rooms were very much appreciated and provide a quiet place for residents when they want to leave the lounge to read, watch specific TV programmes etc. All of the authorised representatives reported they found the atmosphere of the home welcoming, pleasant, relaxed and calm and that it had “a nice feel to it”. Staff observed all appeared to be happy and genuinely enjoying their work. The home appeared really clean, well maintained and uncluttered. The home had a neutral smell; it did not smell of disinfectant, cooking or other negative smells often associated with care homes. Although it was a dull day outside, the lighting in the corridor and communal areas was light and bright without being overpowering. The temperature did not feel too

hot or cold to us although one resident did say she was cold – she did however then say she gets a jumper when she feels chilly.

All of the bedrooms have an on-suite toilet and some have a walk-in shower. There are also two communal bathrooms. These both used to have baths but, after listening to what residents needed and wanted, one of these bathrooms has been converted into a walk-in shower.

Outside every door to the residents' bedrooms is a box which residents can put items/photographs in to help them and others identify this as their room. Many of these were completely empty.

Although the home provides furniture and a television in each room, residents are able to bring in their own, have other personal possessions and choose colour schemes. One resident told us their room was the colour they wanted and overlooks the road which was perfect as they used to live in London and like seeing the traffic.

Throughout the home – in corridors and other communal areas – there are photos of residents engaging in activities and at social gatherings. Art and craft work from the residents is also displayed. This helps personalise these areas.

Another resident reported that although she had hated it at first things have improved as years have gone by. She said that 'now they understand me and I can understand them'. Another resident told us that it had been a very positive place for her; very caring with lots of laughter. She told us she does not feel sad when family leave. This is her third year living here and she reported that staff encourage her to do things and keep mobile. She "really likes it here".

One of the relatives we spoke to said she and her siblings had chosen the home for their parent because of its location, that it was a small home and that it did not have a clinical feel about it. All authorised representatives felt the home had a friendly and welcoming atmosphere and this relative confirmed this. We observed that both residents and staff smiled at each other when communicating/interacting.

There is a variety of seating throughout the home. Although these were wipe able they were not slippery so were a low risk for accidents. One resident said the comfortable seating and her comfy bed were very important to her.

The family and friends survey response stated they totally agreed with the statement “The person I visit likes living here”. In the comments section of the survey they stated that the home was “fantastic” and was “very good, very caring, really look out for Mum”.

Are you supported to stay healthy?

We observed residents being offered the choice of water or juice in between lunch and the afternoon tea trolley. Once these had been given to everyone the staff came back around and encouraged people to drink them. One resident did struggle to keep hold of the cup; at one point a member of staff came and righted the cup and at another point a fellow resident did this. All of the cups, cutlery etc. appeared very clean.

Bags of crisps were offered as snacks which could diminish the benefit of the regular drinks offered.

Meals are cooked to a pre-arranged menu. There is a choice of two main meals at lunchtime. Soups or sandwiches are given for supper. One resident said she would sometimes like bacon and eggs for breakfast. Her family member reminded her that she could have this as long as the staff were aware of her request. However, she has difficulties with short-term memory and forgets to ask.

The residents are able to choose or keep their own GP (if local). They are not made to have one GP or surgery who provides services for the whole home. During our visit a resident had a medical issue and her GP conducted a home visit in a private room. She was then transferred to hospital via ambulance. GPs and District Nurses attend the home regularly and as needed.

We were told that staff arrange for repeat prescriptions, store and administer medications and organise flu vaccinations. They will also contact a person's GP if asked or if they have observed any health concerns. A relative told us that, in the past, staff have done this for their family member. Residents appear to be quite reliant on family/friends to attend external health appointments. Staff can attend and arrange transport (taxi) but this will have a financial cost attached (to cover both staff and transport).

The majority of the residents appeared clean, well dressed and well cared for.

Arm chair exercises are encouraged and the garden is accessible. One resident told us that she has lost her confidence with walking and the authorised representative got the impression she did not feel that she could ask the staff to accompany her; she did not like to make a fuss.

The family and friends survey response stated they totally agreed with the statement "The person I visit is supported to stay healthy".

Do you feel safe?

It was mentioned that staff do not seem to be around in the lounge area in the afternoon/evening so if a problem arises the more mobile residents will go to find staff. One resident raised a concern about the level of staffing at night but did not elaborate.

The doors to the lounge did not contrast with the corridor but were wide open and labelled lounge. All toilet doors (apart from in one bedroom; resident's choice) are a uniformed contrasting colour (yellow) to the walls and clearly labelled with both a word and a picture.

One resident told us she knows to talk to the staff if feeling anxious and that staff are really good at picking up that she is anxious about something. The majority of the staff wore bright coloured uniform style clothing and ID badges, making them easily identifiable to residents. Other staff, such as the Registered Manager, wore an ID badge.

During the tour of the home we used the small lift to the upper floor. The Registered Manager told us that a resident had been very anxious and scared about using the lift and was unable to use the stairs. We were able to observe the pictures and other changes (such as the flooring) which had been made to help this resident overcome this fear and provide distraction during use.

The Registered Manager told us that all safeguarding concerns are reported to the Safeguarding Team at the Royal Borough of Windsor and Maidenhead.

Rooms are lockable (but accessible in an emergency). All rooms have a call bell. We did not observe a call bell in the lounge or in the other smaller communal areas.

The home is over two floors. At the top of the stairs there is a small communal area. A gate was at the top of the stairs which is opened and closed in a similar way to a front door. It was above waist height.

The family and friends survey response stated they totally agreed with the statement "The person I visit feels safe".

Do you know what to do when things go wrong?

Some of the people and families visiting that we spoke to knew what to do if they had a problem but one resident did say they felt vulnerable about reporting anything fearing that it might backfire. It was also said that staff were not always empathetic or observant but that when something was pointed out the situation was quickly rectified. However, this relies on the residents/families to raise the concern.

One resident told us that if she was upset about something she would tell her family but would also tell staff as she is very strong-willed and if something was not right she would let them know.

Due to our visit, there was a local Healthwatch poster on the information board by the front door but this is not normally there.

The Residential Manager told us that formal complaints are logged, investigated and sent to Head Office who respond. These are also shared with staff.

The family and friends survey response stated they neither agreed or disagreed with the statement “The person I visit knows how to let the right people and organisations know if things are going wrong or they have any concerns”.

The family and friends survey response stated they totally agreed with the statement “I know how to let the right people and organisations know if I feel things are going wrong for the person I visit or if I have any concerns”. They also stated they had no current concerns in the relevant section of the survey.

Good practice highlights

- Overall care environment and atmosphere.
- Staff/resident interaction
- The level of personalised care and support given to residents.
- Regular resident meetings.
- Regular family meetings.
- Sharing of ideas and good practice with other organisations.
- The varied activities provided in the home – including the garden, pet care and baking and the provision of a full-time Activities Coordinator.
- Choice offered to residents – GP practices/health.
- Choice and quality of food offered to residents.
- The use of technology in care planning, delivery and recording.
- The support given to maintain residents’ links with family and friends (e.g. making it easy to visit, welcoming their views and providing a place for families to meet and celebrate special occasions).
- Memory/personal identity boxes outside each bedroom.

Recommendations that could improve residents' experience

- Ensure snacks that may impact on residents' hydration, such as crisps, are not the only option/offered daily.

We have all necessary drinks and snacks available around the home. And they are offered to our residents. The residents who is at risk of loosing weight offered additional calorie drinks, such as milkshakes and cakes and fortified food

- Ensure the views of those residents that do not find it easy to speak out are actively sought (e.g. in the choosing and planning of activities).
- Purchasing / hiring an accessible minibus to enable more external group outings.

We have mini bus on weekly basis every month. Residents do not choose to go out on daily basis. We do encourage residents to join in outings. Also act coordinator has 6 sit car where he takes residents out when weather permits. We have booked our bus on monthly basis (for 7 days) for whole year.

- Ensuring that music play lists are varied and residents are involved in their choice.

Residents choose their music and staff joins them in dancing and singing.

- Robust plans in place to cover for the Activities Coordinator when absent to ensure continuity of activities.

Activities coordinator is working towards activities care plan.

- Ensure that, as a minimum, a photograph is contained in the memory/personal identity boxes outside each bedroom.

This is chosen by residents. And the memory boxes not only for the pictures it is for anything they like to put in their boxes. Some residents wish keep their boxes empty.

- Ensure that there are ways for residents to alert staff in all communal areas – particularly the smaller areas around the home that are quite isolated.

We have aid calls in the lounge and dinning area and communal toilets and also in the individual rooms and staff is allocated to walk around the building to ensure any residents who stays in their rooms or in other areas of the building to support them .

- Ensure posters and literature about how to make complaints and information and support available if there are issues (e.g. Healthwatch Windsor, Ascot & Maidenhead, the CQC) is widely displayed and is accessible.
This has been displayed in reception area
- Themes/issues raised in complaints are shared in forums such as family meetings (whilst protecting individual's identity and specific details) – this will help identify if they are isolated concerns or indications of wider issues.
We do discuss any complaints or concerns been raised in our meetings

Questions for the provider for clarification

- Can you provide further information on the ratio of staff to residents (is this all staff or just care staff) and if any qualified nursing staff are employed within the home?
Currently we have 5 care staff ,1 senior staff, Deputy manager and Home manager, 2 domestic staff, 1 kitchen assistant and chef . Activities coordinator, Maintenance. As we are not nursing home- no RGNs on duty. If the residents require to be seen by RGNs we request DN services. We have very good relationship with DNs, they are very helpful.
- Is there clear, easily available guidance on the prices of essential services that are not included in the weekly rate so residents and families can understand the likely additional costs before they move in?
During the show round we go through our guidance on the all the prices. Potential residents are always happy with our clear guidance in regards to prices of any additional costs and weekly rates. We also discuss about available additional funding. They are provided out up to date brochures in advance prior home visits.
- Are different cups, cutlery etc. available to support independent hydration and nutrition if requested/needed?
Yes all necessary equipment provided.

Issues the visit has highlighted that are also impacting on the wider health and social care economy

- Staff recruitment
- Level of fees paid by local authorities

Provider's response

The Registered Manager was sent the draft copy of this report on the 14th January and asked to provide answers to the clarification questions and any response to the report and recommendations by the 28th January 2019. When this was not received they were contacted by telephone and the report was returned on the 1st February.

The questions and recommendations were responded to directly rather than a summarised response and these have been included (in red) in this final version of the report. These have not been edited and are exactly as received.

Distribution of report

- Healthwatch Windsor, Ascot & Maidenhead website, social media accounts and email bulletin
- Healthwatch England
- Care Quality Commission (CGC)
- The Royal Borough of Windsor & Maidenhead – commissioners and relevant elected members
- Optalis – relevant social care teams and managers