

Longlea Nursing Home

Enter and View Report 23rd October 2024

healthwatch
Windsor, Ascot and
Maidenhead

healthwatch
Bracknell Forest



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What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Windsor, Ascot and Maidenhead to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives.

Enter and View is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch Windsor, Ascot and Maidenhead can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

Purpose of the visit

This visit was to look at what is working well with the service and what could be improved. We had a particular focus on independence and choice.

Background of the home

Longlea Nursing Home is a dementia home based in Fifield and has capacity for 22 residents. At the time of our visit 17 of the rooms were occupied, with one of the residents being there for respite. Most rooms are on the ground floor with five rooms on the upper floor, which can be accessed by a lift and stairs.

It is part of the Atkinson Group and was acquired by them in 1989. It was rated as 'Good' by CQC in their report from September 2017.

Longlea Nursing Home supports residents from Windsor, Ascot and Maidenhead, and Bracknell Forest Local Authorities, and therefore this report will be sent to the commissioners of both local authorities.

The manager had resigned a few weeks prior to our visit, so we liaised with the area manager. We were informed that the new manager would be starting on 11th November 2024.

Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Windsor, Ascot and Maidenhead Advisory Group who agreed the visit to Longlea Nursing Home.

Three weeks prior to the visit, the area manager was telephoned and we requested a visit on 23rd October. This was confirmed with a letter. One week before the visit a member of the team dropped off posters to promote the visit, as well as printed surveys for staff and relatives, along with a post box to hold them securely. Details on the post box also included a link to both surveys, and a QR code. The post box was collected one week after we had visited.

During our time there we spoke with two residents.

Additionally we spoke to/received surveys from four relatives/friends, and six members of staff, from a team of forty. We were disappointed that more staff did not engage with the Enter and View process. We also spoke to the area manager.

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. It is only an account of what was observed and contributed at the time.

Observations

Interactions with staff

When we arrived we were asked to sign in and then we were shown around by the area manager (the deputy manager was on holiday and the new manager had been appointed but was starting in November). Most of the rooms were on the ground floor with some on the first floor. There is a main living area which is also where meals are served.

There is a conservatory, and this seemed to be mainly used by staff on their breaks.

There is a large garden, mainly laid to grass. There is a central area where residents can have their own plants outside their rooms to look at. One resident had just had a delivery of some new plants to look at over the Winter.

The staff were friendly and helpful and we were offered refreshments. One of our team sampled the lunch.

Environment

As well as general observations, we used the King's Fund Dementia-Friendly tool.

1. The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

All assessment criteria met. As examples:

Does the care home give a good first impression, does the approach look and feel welcoming?



Are there social areas such as day rooms, dining rooms and dedicated quiet spaces?



2. The environment promotes well-being

All assessment criteria met except:

Is the décor age appropriate, are there photographs or artworks of interest and in a size that can be easily seen?

The artwork on the walls at Longlea nursing home were mostly quite small in size, they were not bright and of large enough dimension to stand out, and therefore would perhaps not be particularly appealing to residents.



Below are examples of good artwork we have seen in other care homes:





Examples of where the assessment criteria were met:

Is there good natural light in bedrooms and social spaces? And are links to and views of nature maximised e.g. by having low windows?

All social spaces had lots of natural light and windows in social spaces and in bedroom were low enough to have views of outside



3. The environment encourages eating and drinking

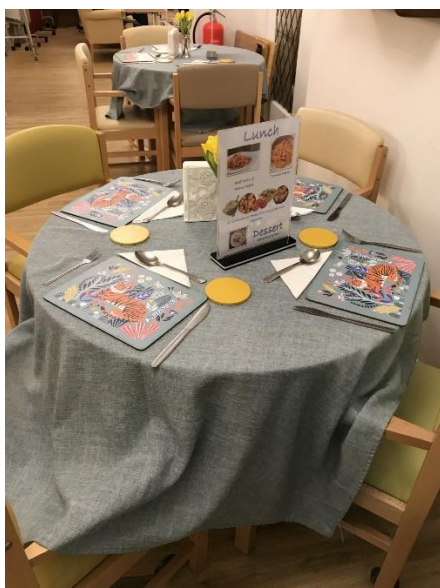
All assessment criteria met except:

Can large dining areas be divided to be domestic in scale, and does the dining room provide opportunities for residents to eat in small groups or alone if they wish?

There wasn't the opportunity for people to sit in small groups or alone as the dining area only had one large dining table and not divided to be domestic in scale. When lunch was due to be served, a ruffled dining cloth was only put on half of the dining table.



Below are examples from other care homes we have visited that had dining areas that were domestic in scale and gave residents the opportunity to sit in small groups or alone:



Examples of where the assessment criteria were met:

Do the people living in the care home and / or their relatives have constant independent access to hot and cold drinks?



4. The environment promotes mobility

All assessment criteria met except:

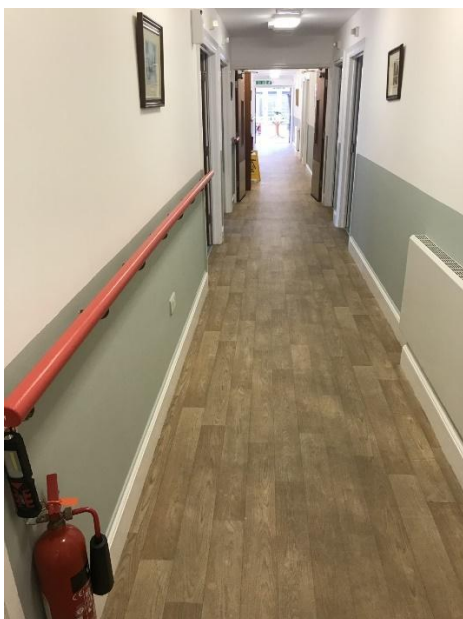
Are there points of interest e.g. artworks, memorabilia on the walls hung at a height where they can be easily seen?

As mentioned earlier in this section, under a different category, there was some artwork on the walls but it was small, not colourful and would not particularly draw interest. Additionally we didn't see any areas of interest for residents that included memorabilia.

Below are examples from other care homes we have visited showing interesting and large artwork, and items of memorabilia:



Examples of where the assessment criteria were met:
Are there handrails and are they in a colour that contrasts with the walls so there are easily seen?



Are the flooring, skirting and thresholds of a consistent colour, matt, non-reflective?



5. The environment promotes continence and personal hygiene

All assessment criteria met except:

Are the taps clearly marked as hot and cold and easy to distinguish?

The toilet/bathroom we saw had a mixture of tap types, traditional separate hot and cold taps, modern mixer taps. There were very small coloured red and blue dots on the body of the tap, but these are not easy to see. Residents may find it difficult to determine what is hot or cold and people with sight impairment would find it very difficult. It would help if there was a large sign on the wall behind each tap indicating hot and cold.

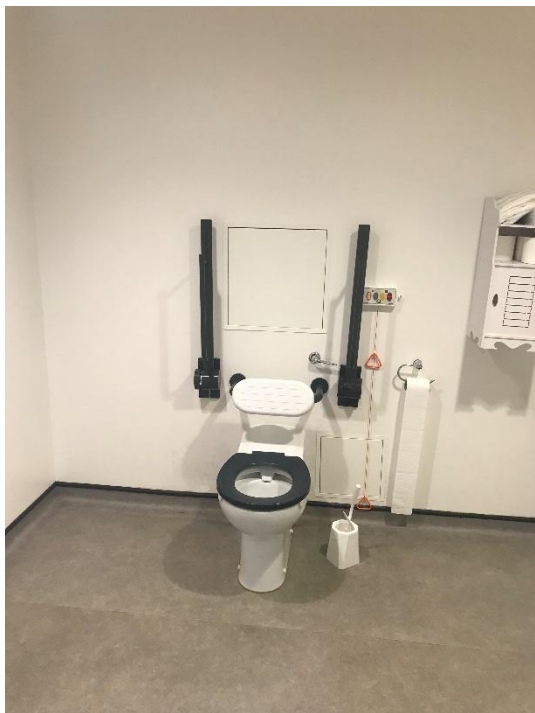


Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor?

Some of the toilet/bathrooms we saw did not have rails and toilet seats in a distinctively different colour to the bathroom walls/floor.



Below are examples from care homes we have visited that have rails and toilet seat in a very distinctive colour:



Have mirrors been placed carefully to avoid disorientation and can they be covered if required? (Reflection in mirrors can cause confusion to some people who have dementia)

There were some toilets with mirrors directly above the sink basin, none had the facility to be covered.



Examples where the assessment criteria were met:

Do the signs to the toilets include clearly identifiable images and text?, and Are all the doors to toilets painted in a single distinctive colour?



6. The environment promotes orientation

All assessment criteria met except:

Is there a large, accurate and clearly visible clock, and Is the correct day and date displayed and clearly visible in social areas?

We saw a small analogue clock and a small digital clock that had the date, day and time. These might be difficult for residents to see clearly and particularly if they had sight impairment.



Below is an example from a care home we visited that shows a large clock, displaying the day, date, time and weather.



Example of where the assessment criteria was met:

Have strong patterns been avoided e.g. in wall coverings, furnishings and flooring?



We also observed a bathroom that was now being used to store wheelchairs and other equipment, the door was not secured and was open on our visit. We felt this was a hazard, not only for any residents wandering in, but also, the way things were stored also made it hazardous for anyone entering the room to collect a piece of equipment. This was also mentioned by one of the relatives as being a concern: We were later told that this bathroom has now had a change of use, it is marked accordingly and it has a keypad to enable it to be locked.

“The bathroom is full of wheelchairs. it is unhygienic.”



Garden Observation

We undertook a garden observation, using the King's Fund Garden tool for guidance.

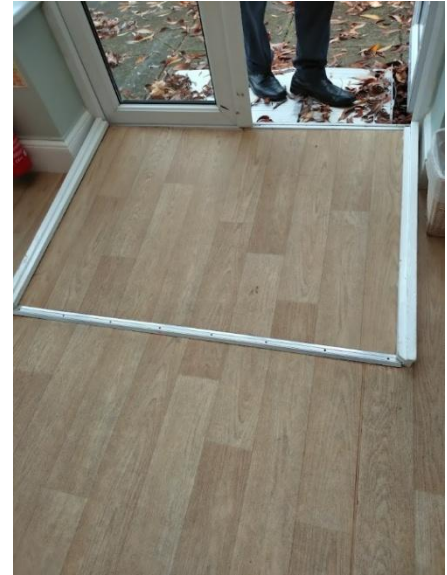
The garden is of a good size and mainly laid to lawn, which was slightly sloped and a little uneven.

There is a gate leading to a large field behind the main garden:



Some residents had commented that they liked to go for a walk, but it was dangerous to go out the front as there were no pavements on the road and so was a risk with the cars, which drive quite fast past the home.

The main access to the garden seemed to be via the conservatory. The ramp inside the conservatory was quite narrow with a lip on each side, which we found to be a trip hazard as it was not easy to see the lip. The ramp outside was not flush to the doorframe.



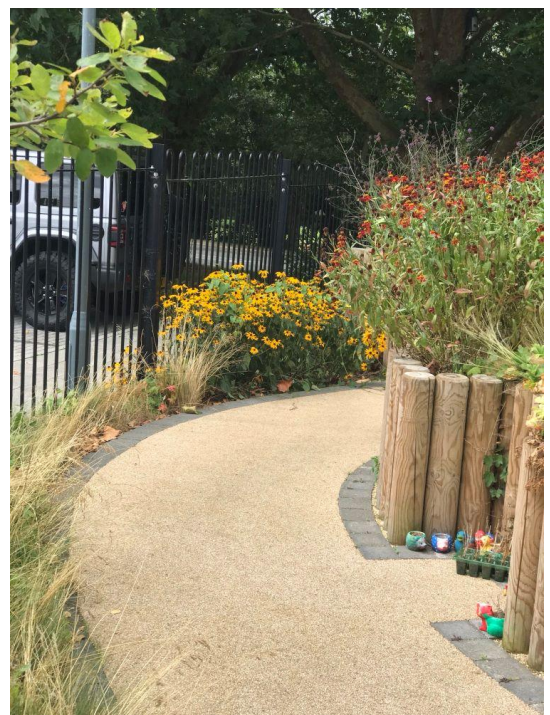
There was a gazebo within a short walk of the conservatory, but no path to it for those who may have mobility issues.

The garden was lacking access for those in wheelchairs, except for the central area which was paved:



This area could be accessed from the doors in the living room and contained a table and chairs, plus some other chairs along the wall. The paving stones had been affected by the weather and were quite dark and uninviting. This area had some plants outside the bedroom windows of the residents, some of which had been bought by them.

The central area contained a tree and some other planting but would benefit from a variety of other plants such as grasses as demonstrated below in another home that we visited:



There were no raised beds offering the residents the ability to become involved in the garden. Raised beds would also enable the residents to see more of the plants from their bedroom windows.

Relatives also commented on how the garden could be used more and the issue with access:

“They don't use the garden as much as they could. They don't like to open the doors to let fresh air in. The ramps in and out of the garden don't work, you can't get a wheelchair over them so I can't take him out there easily. They have a lot of space with the garden and the extra area at the back that they could use. There are some pots outside one of the residents rooms that look nice but maybe some planters outside so all of them could see the flowers, they could help with the planting etc.”

Quality of Care

The residents we spoke to were happy with the quality of care. They felt they were able to get up and go to bed, at a time that suits them. We were told, when we arrived, that not all the residents were up as some of them preferred to get up later in the morning.

“It's quiet and homely here. I feel very lucky.”

Relatives felt that overall the care was good, although some felt that their loved ones would benefit from more interactions and stimulation:

“He's very lonely and likes company and having someone just to sit with him.”

Some felt there was room for improvement in specific areas:

“Could be better: I have noticed he sometimes has been wearing the same T shirt for a few days!”

“Not sure, he is not always shaved. I bring it up if I notice it. I would like him to have a shower more often, I am going to ask them to do it 3 x per week.

“I have noticed that sometimes they don't take people to the toilet quickly enough, one resident got cross with them as they kept him waiting.”

None of the relatives we heard from felt that their loved ones were encouraged to be as independent as they can be:

“That has changed over time as when he first went in he was able to walk but don't feel he has been encouraged to do so over time.”

“The home is a small, homely place, when running well and I hope this is the start of a better beginning when the new manager arrives.”

Activities and Daily Life

Residents' comments

The residents we spoke to enjoyed the activities and especially going out. One liked to go for walks in the village but said there were concerns around going out due to there being no pavements outside the care home.

Overall, more trips out would be welcomed.

“They are trying to get us out more: went to Maidenhead football and Black Park.”



I like the quiz, but I'm not the best!



Relatives' comments

The relatives felt that more activities could be aimed at those less able to join in with what was on offer:

"They have people come in to do activities. They have a quiz but only 3 of the residents are able to take part. There is nothing provided for the others who are non-verbal or with advanced dementia."

They felt that there were no alternatives if the activity on offer was not suitable for their loved one.

They also felt that their loved one was not encouraged to move around during the day or use the outside space:

"They don't use the garden as much as they could. They don't like to open the doors to let fresh air in."

Staff

The staff we heard from were aware of the activities that were on offer and were positive about them, but recognised that there was more of a challenge to find activities for those with dementia:

"Awesome: very engaging."

"They love them and the activities makes them smile more and they enjoy it. I feel I can't always provide something to suit the needs of everyone because of their dementia."

We spoke with one of carers who was also an Activities Coordinator, who told us that she has opportunities to talk to residents while doing activities with them and, for those confined to their rooms, she will go and sing and chat to them, read magazines and stories. We were shown photographs of the event held in the garden over the summer and we were told that she would like to take the residents out more and were planning a trip to the garden centre in the coming months. They have also been taken to the Park, McDonald's and into Windsor.

When we asked staff what they did if a resident wanted a different activity from those on offer they were proactive:

“Other than for snacks, I would engage them in another activity.”

“Find something similar and notify the deputy manager of the resident's request.”

“Will offer them an alternative and speak to the manager about it and ask the resident to be patient.”

There was a board showing the activities. However we could not work out which week we were on, it was difficult to read and we felt that ‘TV Programmes’ are not activities in themselves:



Food and Drink

Dining Room lunch observation

The dining area is split off from the sitting room by a low wall. It consists of one large table and it was laid out with a table cloth and settings for two residents which included aprons.



Two residents were hoisted into wheelchairs and moved over in their chairs to sit at the table.

Some music was put on in the dining area, as well as the TV still being on in the main living room.

Food was served to these residents about 5-10 minutes after they had been seated. Each resident had a member of staff seated next to them to help them eat. Both members of staff spoke to the residents, gently and in a reassuring manner and encouraged them to eat. They regularly used the resident's name to help them engage with the food they were being fed. Staff used positive body language and were smiling to encourage the residents with eating.

The chef came out to check on the residents and interacted with them. The main meal was roast chicken/curry and the dessert was rice pudding.

A nurse was accessing drink thickeners for residents, which were kept in a locked cabinet and clearly marked with the name of the resident.

Staff were getting drinks for residents. One staff member dropped the lid of a cup on the floor and immediately replaced it with a clean lid.

One resident only wanted a pudding and staff relayed this to the chef.

Staff were heard explaining to a resident that it was lunchtime.

At 1pm more food came out to be delivered to those residents who were confined to their rooms. All meals were covered.

Living Room

The majority of residents were served lunch on trays, in the lounge and staff reassured one lady that she didn't need to eat it all 'Just take it little by little'.

The roast chicken had gravy and vegetables and looked appetising.

One person refused to have his lunch put in front of him as he had not been given his medication (the nurse was doing the round on the other side of the room).

Regular cutlery and plates were used.

Some residents were sleepy, but managed to eat independently. One resident did not want the main course, only the dessert. Staff asked him to try it but listened and brought him a pudding instead.

The television remained on and the music from the dining table area was also playing which made for a lot of mixed sounds.

Residents had bibs to protect their clothing which were a good size, and discreet.

One person waited longer than others as she was having medication before her food. The total wait was twenty-five minutes as a nurse was needed to feed her and the nurse was already helping another resident.

Two residents were helped with eating. Due to the way the chairs were arranged around the outside of the room, it was a less social environment than it would have been by sitting at a dining table.

Most people ate a small part of their meal, to their preference: one man ate only the meat and a woman ate only the softer vegetables as she was finding eating difficult. The plates were cleared away without the staff encouraging them to eat more other than in one case 'One more bit'.

Those who were receiving help laughed and chatted to the nurses.

One lady told us she would rather have a small portion of food and then ask for more if she is hungry as she does not like to waste food, but can never finish what she is given.

We observed good access to drinks and residents had something next to them to drink when sitting in the living room.

Resident feedback

The residents we spoke to liked the food and the choices they were offered. Most of the residents in the living area stayed where they were to have their lunch.



Won't get anybody better than the chef. You can make suggestions to him. He puts himself out for people.



Relatives

The relatives we heard from tended not to visit during lunchtime, and did not feel encouraged to do so. They also felt that more support was needed:

" We tend to avoid mealtimes as we feel it is disruptive for the staff."

"I don't spend much time here at mealtimes so I'm not too sure but when I arrived today he was eating. I thought he was supposed to have his food mashed but it wasn't. Not sure if it should be like that or not? I will ask the deputy manager about it. They sent a questionnaire to the relatives about food but as I'm not here at mealtimes I couldn't answer it."

"I would like to see more support at mealtimes: sometimes it seems only those with 1:2:1 support, receive it."

They felt that there was a suitable quantity of food on offer and that there was a good choice of food as well.

One felt there could be more variety in terms of the afternoon options:

“Feel there could be more variety in cake as it always seems to be sponge cake: they used to be given eclairs now and again for a change.”

Staff Feedback

The feedback from staff was that the food was good and there was some room for improvement.

Hydration and nutritional needs

We could see drinks on tables next to the residents in the living area and there were two drink stations in the living area, which were easily accessible for the staff. The staff quickly cleared away any abandoned drinks as they went about their work.

Residents were encouraged to drink at lunchtime.

All the staff we heard from seemed to be well aware of the importance of hydration and had an App that alerted them if a resident had not had enough hydration.

“At night time, before they go to bed, we give water, juice, tea or coffee, according to their preferences.”

“Eating and drinking support/encouragement. Tea time and pre-lunch snacks.”

“Give them fluids hourly and offer them different drinks.”

Dignity and Respect

The residents felt they were well treated and that they were listened to:

“Someone a few years ago was getting me up too late: they listened to me and I now get up earlier.”

Relatives felt that on the whole their loved ones were well treated, and that this was better since they no longer used agency staff, but there was also room for improvement:

“At the present time the staff are regular so it is better. Before there was constant change as many were agency and unaware of the residents' needs.”

“They are caring to an extent but maybe not confident in what they are doing. One staff member has a lot of experience and tries to do it all but they need to work as a team. They need to just talk to the residents more, even something like putting a hand on their shoulder and asking them if they are OK would be good.”

Staff

Resident feedback

The residents were overall happy with the way they were treated by the staff and we observed good interactions between staff and residents.

Residents felt that more staff would enable to have more time to talk to them:

“When staff are doing 1:1 and that person is asleep, they will talk to you.”

Relatives' feedback

All the relatives we heard from felt that the staff were caring and kind and that they treated the relatives well, even when presented with some challenges:

"They treat me well, although I expect I get on their nerves if I see something I don't like or if something is wrong."

"They know I come in and observe so I don't think they are happy with me."

Relatives felt that any concerns would be acted upon, but weren't always sure who to talk to and usually opted to speak to the deputy manager.

Relatives also felt that generally, they were kept informed of their loved one's health and changes that occur:

"If there has been a medication change they always let me know. I am not always told of other things that might have happened."

Relatives did express concerns over the recent changes in manager:

"The staff are unsettled with changes in management, the new manager needs to just sit and observe for a while before making changes. There is more continuity of care, now the staff team has been in place for a while."

Area Manager feedback

As the new manager was not in place the day we visited, we spoke with Vlad the Area Manager.

Overall he felt that, when he first joined, there was a lack of implementation of some things that would enable the home to provide better care, so he had put them in place e.g. reporting/information.

The new manager has a nursing background and knows the borough so this will benefit the home.

Staff: training and support

The feedback from staff was that the training was excellent and it was done both in person and online:

“Awesome induction and training. Excellent!”

“Yes, lots of training: we did Fire training last week.”

“All the staff are professionally trained and take part in all trainings.”

It was unclear as to whether staff had regular meetings or if there were just handovers in the morning and evening.

Staff felt well-supported by both the team and the senior management and felt they were able to raise concerns.

When we asked the staff what was the hardest part of their job some felt it was the moving and handling (especially using the hoists) while others felt it was watching the residents' deteriorate.

We asked the staff to tell us what improvements they thought could be made and:

“We need I-pads/Tablets that have medical administration software (emar/emed etc) These would save time and paper and the planet!”

“Put matching pillow case with duvet covers: Wheelchairs in the bathroom are never kept tidy: When I come back after my day off, there's always lots to do and clothes aren't put away properly.”

The area manager said there have been no recent challenges regarding recruitment and there had been five applications recently when they were recruiting another nurse.

They have a good supply of bank staff and use them as opposed to agency staff, when needed.

There was a preference for face-to-face training rather than online.

It was mentioned that the care-related training supplied by Bracknell Forest was good quality and is missed since it stopped in 2017.

Connections with other services

One resident said that, while they had a GP come to visit, they had not been happy with their treatment and also felt the 'flu vaccinations should have been given earlier.

“I go privately to have my hearing tested”

“ A member of staff cuts my hair; they do a good job”

The area manager told us that the GP practice they use is Simmonds and it was felt that this was very good and the home gets the help it needs. There is a care home support team who can be telephoned or emailed for support. A physiotherapist and chiropractor are also available on request.

Dental services have been into the home recently and are responsive. It has improved in the past year.

Pharmacy: the home uses 'Care2Homes' as they find them more flexible than Boots.

An optician visits the home as does a podiatrist and hairdresser.

In terms of the discharge process, they have dealt with both Frimley Park and Wexham Park. Frimley Park used to be bad but has got better and it was felt this was due to staff having been there longer. There has been an incident with Wexham Park regarding a resident who developed a pressure injury after being admitted. It was also mentioned that it is challenging to get hold of people to talk to at the hospital.

It was also mentioned that Bracknell Forest and RBWM report falls differently and it was felt that some consistency would be better.

Recommendations with response from manager

Overall the residents and families are happy with the care at Longlea, but feel that the home has a capacity to make more improvements.

There are opportunities for more interaction with staff for all residents, and the garden also offers a space that can be utilised for the benefit of all the residents, as well as their relatives and the staff. We look forward to the new manager being able to make some of these positive changes.

We would like to make the following recommendations:

- At mealtimes encourage residents to sit together in small groups, and have two smaller tables in the main dining area, to enable them to talk to each other. At nearby local care homes we found that residents ate better when they had a member of staff eating with them at mealtimes.

Response from Manager: This has already been addressed. We now have two separate tables in the dining room and a complete dining audit was completed. Further improvements to the dining experience: menu holders, new table clothes etc.

- Turn off the television at meal times to enable people to interact better.

Response from Manager: TV turned off during mealtimes.

- Give smaller portions of food to those who may find a large plate overwhelming

Response from Manager: Already in place.

- Create more opportunities for interaction with staff, especially for those without dementia.

Response from Manager: Review of the activities schedule in progress.

- Make more use of the conservatory for activities and perhaps as a quiet area.

Response from Manager: Under review. The home will organise another meeting with relatives and residents to establish what people need/want.

- Activities: Increase the number of outings, get more ideas for activities that can be used for all residents, from nearby care homes such as Langley Haven, which is well-known for its excellent activities.

Response from Manager: New activities schedule is under review. Need to discuss proposed changes with relatives and residents

- Make the activities board less busy and easier to read.

Response from Manager: Format changed; weekly format now in place.

- Garden: make much more use of the large garden area, putting in paths, raised beds, grasses, trees as well as fruit and vegetables, enabling residents to participate. If possible also make use of the large area behind the garden. Perhaps involve a local gardening club, or ask Berkshire College of Agriculture, in the planning, and use the King's Fund Garden Dementia Tool for guidance.

Improve access to the garden with better ramps in the conservatory.

Response from Manager: Garden refurbishment planned for Spring 2025.

- Investigate having local village volunteers come in to chat to residents.

Response from Manager: Activities coordinators investigating this aspect.

- Wash basins – have clearer markings for the 'hot' and 'cold' taps.

Response from Manager: Markers kit ordered. Arriving w/e 8/12/2024.

- Introduce contrasting toilet seats in bathrooms.

Response from Manager: Contrasting toilet seats ordered.

- Ensure that mirrors can be covered.

Response from Manager: Still under review. Need to look at an infection control approved cover.

- Introduce larger pieces of artwork, (such as murals – a local art class may help), more tactile artwork, and some memorabilia.

Response from Manager: Already ordered. Delivery beginning of January 2025.

- Introduce larger clocks which also give the date and weather for the day.

Response from Manager: Ordered.

The Manager also added the following information:

In addition to the details outlined, we've also initiated more outings and activities recently. For example, there was a trip to Black Park on 28/11/24, and we had a quiz night on 02/12/24. More activities are scheduled throughout December.

healthwatch
Windsor, Ascot and
Maidenhead

healthwatch
Bracknell Forest

Unit 49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS

www.healthwatchwam.co.uk

t: 03000 012 0184

e: enquiries@healthwatchwam.co.uk

 [@https://twitter.com/HealthwatchWAM](https://twitter.com/HealthwatchWAM)

 [Facebook.com/Healthwatchwam](https://www.facebook.com/Healthwatchwam)

e: enquiries@healthwatchbracknellforest.co.uk

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