

‘Enter and View’ Report

Elm Lodge Care Home

4A Marley Close, Greenford UB6 9UG



Healthwatch Ealing

8th January 2018

Contents

Contents.....	1
Introduction	2
Details of Visit	2
Acknowledgments	2
Disclaimer	2
What is Enter and View?	3
Purpose of Visit.....	3
Strategic Drivers.....	4
Methodology	4
Summary of Results.....	5
Summary of findings	5
Background.....	5
Detailed Results.....	6
General Observations.....	6
Reception Area	6
Information displayed.....	6
Environment.....	7
Staff	8
Relationship of staff members with residents	9
Food	9
Medication and Health.....	10
Activities.....	11
Interviews	13
Residents	13
Managerial Staff	15
Staff Members.....	19
Conclusions and Recommendations	21
Report	22
Appendix One - Observation Guide.....	23

Introduction

Details of Visit

Details of Visit:	
Service Visited	Elm Lodge Care Home
Service Address	4A Marley Close, Greenford UB6 9UG
Service Provider	Optivo
Care Home Manager	Foluke Tella
CQC Rating	Good
Date of CQC Report	23 June 2017
Status of Enter & View Visit	Announced
Date and Time	Monday 8 th January 2018, 10am to 2pm
Authorised Representatives	Oyinkan Adesiyan, Gayatri Monani
Lead Authorised Representative	Oyinkan Adesiyan
Contact Details	Healthwatch Ealing, Martin House, 1 Swift Road, Southall, UB2 4RP Tel: 0203 8860 830 Email: info@healthwatchealing.org.uk

Acknowledgments

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

Disclaimer

This report relates to findings observed on the specific date set out above. This report is not a representative portrayal of the experiences of all service users and staff. It is an account of what was observed and reported at that time.

What is Enter and View?

Enter and View is a statutory power of every local Healthwatch organisation. Local Healthwatch Enter and View Authorised Representatives carry out these visits to a range of 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 Enter and View 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 the service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and View visits 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 Enter and View Authorised Representative observes anything they feel uncomfortable about, they need to inform their lead representative 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 and Ealing Council's social services team where they are protected by legislation if they raise a concern.

Purpose of Visit

- To engage with service users of care homes at the point of service provision
- To assess care homes against Healthwatch England's quality indicators of a good care home

- Observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

Strategic Drivers

- CQC Dignity and Wellbeing Strategy
- Healthwatch Ealing delivers an enhanced Enter and View programme. Several care homes have been selected to be visited as part of this programme due to the relative isolation of these type of services. Elm Lodge was chosen as part of this list of care homes and this visit was part of Healthwatch Ealing's Enter and View programme

Methodology

This was an announced Enter and View visit. Healthwatch Ealing Enter and View Authorised Representatives approached a member of management at Elm Lodge before commencing the visit and took their advice on whether any residents should not be approached due to their ability to give informed consent, or due to safety and medical reasons.

Authorised representatives conducted short interviews with one resident, three members of staff, and the care home manager. The interviews centred around Healthwatch England's indicators of a good care home¹;

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

¹ Healthwatch England (2017) [What's it like to live in a care home](#)

The interviews also included specific questions about fluid intake, taking the recent iHydrate report² into account. This report gave recommendations to increase fluid intake among care home residents.

A large proportion of the visit was observational, involving a tour of the public/communal areas of the home. Healthwatch Ealing Enter and View Authorised Representatives observed the surroundings to gain an understanding of how the home works and how residents and service receivers engaged with staff members and the facilities. An observation checklist/guide was created for this purpose (Appendix 1).

Summary of Results

Summary of findings

At the time of our visit, Healthwatch Ealing Enter and View Authorised Representatives concluded the home was operating to a good standard of care. The tour of the home, and the interviews with staff, residents and a relative showed us that Elm Lodge demonstrated Healthwatch England's indicators of a good care home.

Background

We were informed that Elm Lodge has accommodation for 75 residents and the home was at full capacity at the time of our visit. There are five units; two general residential units, one general nursing unit, one dementia nursing unit and one dementia residential unit. We were informed by the manager that there are 15 beds in each unit and staffing consists of 1 senior carer and 1 carer in the general residential units, 1 nurse and 3 carers in both nursing units and 1 senior carer and 2 carers in the dementia residential unit. According to CQC guidelines, there should be “*sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times*”.³ There is no specific ratio highlighted in the guidelines.

² University of West London, CWHHE Clinical Commissioning Group Collaborative, and NIHR CLAHRC (no date) The I-Hydrate project Optimising hydration of elderly residents in nursing homes.

³CQC (2017) CQC Regulation 18: Staffing

Detailed Results

General Observations

The visit commenced with a short meeting with the manager describing the Enter and View process. This was followed by a tour of the care home. This section details the direct observations made by the HWE authorised representatives.

Reception Area

The reception area was clean, tidy and secure. There was a reception desk, and to access the home, one had to ring a doorbell. The outside door was opened by the head of nursing, and we were let in to the home. We were asked for identification by the head of nursing and were asked to sign the sign-in book. The monthly activity plan was on display in the reception area, and there were copies available for visitors to take and keep.

Information displayed

The CQC certificate of registration and a CQC inspection rating were displayed clearly on the wall in the reception area. This rating was not the most current and was dated March 2015. The latest inspection by the CQC had taken place in June 2017. A poster on how to identify and report abuse in vulnerable adults was on display in the reception area also. We observed a family noticeboard which had the fire evacuation procedures and cards from residents and relatives on display. We also saw a 'Relatives and Friends Notice Board' which is used to keep relatives and friends up-to-date on the home.



Relatives and Friends Noticeboard at Elm Lodge Care Home

Environment

The environment was clean and clutter free. There was no discernible odour in the home. In one of the units, there was a urine odour but we were told that a resident had just been incontinent, and we observed the care staff contacting the domestic staff to clean the area as soon as possible.

Each unit was named after major streets in London e.g. Fleet Street and Baker Street. The doors to staircases and the outer doors in the dementia units were coded for entry and exit. In each unit, there was a large lounge where residents watched tv and took

part in activities. Each lounge had a small kitchenette attached. We were told that dry foods and snacks are kept in the kitchenettes. We were informed that residents (who have the capability) and relatives are able to use the kitchenettes for snacks and drinks.

We saw residents' names and pictures on their bedroom doors. We were told that residents are able to have pets at the home, and one resident had a cat. We were informed by the manager that this is determined on the basis of a risk assessment and is only allowed if the resident is able to care for the pet with minimal staff involvement. It was clearly marked on the resident's bedroom door that care needed to be taken when opening the door so as not to let the cat out of the bedroom.

We were told that each bedroom and communal area in the home has a call bell. We heard the call bell from a lounge going off for a few minutes without any response. The manager called the unit to check why the call bell was still going off. She was informed that the call bell was faulty and informed the home's full-time maintenance operative. We saw that the home was kept very clean and domestic staff were called immediately by the care staff if they were needed.

Staff

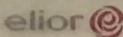

Staff were recognisable with distinct uniforms. The manager, head of nursing and head of care did not wear uniforms. We were informed that this is due to their position as supernumerary staff who are not actively on duty in the units. We were told by the manager, that should the head of care or nursing be required to be on duty due to staff shortages, they would wear the uniform. We were told that there are currently 89 members of staff (not including the kitchen staff who are subcontracted through a company). We were told that agency staff are used occasionally at Elm Lodge. The manager informed us that all staff are DBS checked, and two references are required prior to commencing work at Elm Lodge. We were told that staff levels depend on the occupancy levels, and should occupancy increase, staff levels will also increase.

Relationship of staff members with residents

Upon observation by the Healthwatch Ealing Enter and View Authorised Representatives, the relationship between the staff members and residents appeared positive. The manager was friendly towards residents, and we observed residents and staff joking together. Staff were very protective of the residents and Authorised Representatives were asked for ID multiple times before being able to speak with any residents. Staff also ensured to ask residents if they felt comfortable speaking with us prior to letting us speak with them. We observed staff behaving in a respectful manner towards residents and gaining consent to touch or help residents in any manner.

Food

We were informed that hot food is prepared daily in the kitchen on the ground floor, is taken to the units in hot trolleys and served to residents by staff. We saw the daily menu clearly displayed on boards in each unit. We were told that the menu is planned monthly and orders are taken from residents for their food the day before. We were

<div>  <div>ELM LODGE</div>  </div>						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Cooked Breakfast			Cooked Breakfast			
Braised Sausages and Onions	Cottage Pie	Gammon with White Sauce	Chicken Curry and Rice	Fried or Battered Fish	Spaghetti Bolognese	Roast Turkey, Sage & Onion Stuffing & Gravy
Tuna Macaroni Pasta Bake	Vegetable Quiche	Sardine Salad	Cauliflower Cheese	Poached Fish in Parsley Sauce	Cheese and Onion Flan	Vegetable Pie
Creamed or Boiled Potatoes, Carrots, Peas	Creamed or Boiled Potatoes, Swede, Broccoli	Creamed or Boiled Potatoes, Green Beans, Parsnips	Creamed or Boiled Potatoes, Mixed Vegetables, Savoy Cabbage	Creamed Potatoes or Chips, Grilled Tomatoes	Creamed or Boiled Potatoes, White Cabbage, Swede	Roast or Creamed Potatoes, Carrots, Brussel Sprouts
Chocolate Sponge and Chocolate Custard	Semolina and Jam	Apricot Cheesecake	Fruit Jelly and Cream	Banana and Custard	Pears and Cream	Tart
Homemade Cakes			Homemade Cakes			
Minestrone Soup	Tomato Soup	Lentil Soup	Leek Soup	Carrot Soup	Vegetable Soup	Onion Soup
Jacket Potato with Cheese and Coleslaw	Sausage Roll with Baked Beans	Prawn Salad	Scrambled Eggs on Toast	Quiche Lorraine	Cornish Pasties	Pilchards on Toast
Or	Or	Or	Or	Or	Or	Or
Choice of Sandwich	Choice of Sandwich	Choice of Sandwich	Choice of Sandwich	Choice of Sandwich	Choice of Sandwich	Choice of Sandwich
Pear and Cream	Carrot Cake	Crème Caramel	Scones and Jam	Peaches and Cream	Jam Doughnut	Muffin
<p>Selection of Salads, Baked Potatoes, Omelettes and Fresh Fruit are available daily.</p> <p>Alternative Dessert is available for Lunch or Tea. I.e. Cheese & Biscuits, Fresh Fruit Yoghurt and Diabetic Ice Cream</p> <p>Some of our foods may contain nuts or other allergens. Should you have any special dietary requirements, please ask for the Manager or Chef (Week 1)</p>						

Daily Menu - Elm Lodge

informed that staff take the menu to each resident, explain the options and take their orders. We were told that residents' dietary requirements and religious and cultural needs are taken into consideration. While the menu contained a variety of options, there was no specific reference made to dietary requirements; vegetarian, vegan, halal, kosher. We were told that residents could also choose off-menu items if they were not happy with the choice available to them.



Daily menu displayed in units at Elm Lodge

Medication and Health

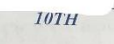



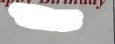

We were told that all residents are registered with the local surgery. GP rounds take place at Elm Lodge every Monday and Thursday. We observed the GP being taken around the home by the head of care. We were told that residents who were identified as needing a GP appointment were put on the GPs list and seen at the next GP visit. We were informed that the podiatry department have a list of residents who require podiatry care and visit on a monthly basis, treating whoever needs care at that time. We were told that there are also regular visits by social workers. There are also visits by a hairdresser twice a week.

Activities

There are two employed activity coordinators for the home - one full-time and one part-time. Their roles involve planning and organising daily activities and events, liaising with outside entertainers and planning outings for residents. We were told that one of the activity coordinators specialises in one-to-one activities for residents who are unable or unwilling to take part in group activities. We were told that activities are devised in conjunction with the residents at the monthly residents' meetings. We were informed that the activity coordinators take the lead on the 'This is Me' questionnaire filled out by residents and relatives and use these to inform individual activity plans for each resident. We saw the daily activity schedule was displayed prominently in the units. A paper copy of the daily activity schedule was also displayed on the activity board, and copies were available in reception for relatives to take. We were told by a resident that each resident was also given a copy of the monthly activity plan.



Weekly activity schedule displayed in units at Elm Lodge

Elm Lodge Activity Programme Planner JANUARY 2018							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1ST	2ND	3RD	4TH	5TH	6TH	7TH
	NEW YEARS DAY	Painting Bow Street 11am	Morning Sing along Baker Street 11am <i>Happy Birthday</i> 	Reminiscence Session Regent Street 11am	Coffee Morning Oxford Street 11am	Daily Activity With Carers	Daily Activity With Carers
	8TH	9TH	10TH	11TH	12TH	13TH	14TH
	Chair Exercise Class Bow Street 11am	St Johns Church Service 2.15pm Oxford Street 	Painting Regent Street 11am <i>Happy Birthday</i> 	Music For Health Oxford Street 2pm	Coffee Morning Fleet street 11am 	Activity With Christine Baker Street <i>Happy Birthday</i> 	Activity With Christine Fleet Street 

	15TH	16TH	17TH	18TH	19TH	20TH	21ST
	Morning sing along Baker Street 11AM <i>Happy Birthday</i> 	Bingo Session Oxford Street 11am	Arts & Crafts Session Bow Street Everyone welcome	Quiz Time Fleet street 11am <i>Happy Birthday</i> 	Coffee Morning Regent street 11am 	Daily Activity With Carers <i>Happy Birthday</i> 	Daily Activity With Carers
	22ND	23RD	24TH	25TH	26TH	27TH	28TH
	Morning Sing along Baker street 11am	Residents Meeting Fleet Street 11.30am Everyone welcome	Chair Exercise Class Oxford street 2.15pm  <i>Happy Birthday</i> 	Father John Church service Bow Street 10.45am <i>Happy Birthday</i>  & 	Coffee Morning Regent Street 11am 	Activity with Christine Baker street 11am	Activity With Christine Fleet street 11am

January activity plan for Elm Lodge - displayed in units and available at reception
(Resident names edited out for privacy)

Interviews

Healthwatch Ealing Enter and View Authorised Representatives Oyinkan Adesiyen and Gayatri Monani interviewed 2 residents and 3 staff members. Interviews with the residents and staff were carried out in the home's 'Quiet Room' on the first floor while the manager's and head of nursing interviews took place in their offices.

Residents

Healthwatch Ealing Enter and View Authorised Representative Oyinkan Adesiyen spoke with two residents.

General Questions	Residents reported enjoying living at the home. We were told that residents had “ <i>nothing but praise</i> ” for what they considered a “ <i>first class</i> ” home. Residents reported that they felt comfortable at the home, with one resident telling HWE that they felt safe in the home and were never frightened. We were told that residents are treated with respect by staff and feel that they are afforded privacy. We were told that staff knock before entering residents’ private bedrooms, gain consent to conduct any personal care and treat residents in a manner that ensures their dignity. One of the residents told us that their bedroom feels like their own space and was decorated by their daughter to their own tastes.
Food and Mealtimes	We were told that residents enjoyed the food on offer at Elm Lodge. Residents told us that they felt the food was to a high quality and they were given enough options on the menu (approximately 2 to 3 options per meal). They felt they received the right amount of food. They told us that they can have their food in the dining area, in the lounge, or in their bedroom if they want. One resident told us that they had once

	<p>eaten in their bedroom as they were feeling poorly and did not wish to walk to the lounge. We were told that drinks and snacks are always available between mealtimes. Positive feedback regarding drinks was received. We were told that there are a range of drinks on offer and residents are offered drinks regularly. Residents told us that there are water jugs and cups in their bedrooms and they are offered drinks “<i>all the time</i>” by staff members. We were told that residents are asked about their food preferences at each residents meeting which takes place monthly. We were told that residents are encouraged to feed back and most of them give ideas about what they would like to be added or removed from the menus.</p>
Personal Care	<p>We were given positive feedback regarding personal care. We were told that residents feel comfortable with staff carrying out their personal care and do not feel embarrassed or unsafe at any point. Residents told us that staff are always on hand to help, should they require any assistance. We were told that staff respected their privacy and they were able to choose whether a man or a woman carried out their personal care. We were informed that the resident can request GP appointments if they need them and are supported to request other healthcare appointments - podiatry, ophthalmology. Residents told us that they attend the hairdressing service.</p>
Activities and Interests	<p>We were told that the residents enjoyed the activities on offer, particularly bingo. We were told that residents are able to choose which activities they</p>

	<p>want to go to and are never forced to take part. We were told that there are enough activities on offer - painting, exercises, bingo, and more. Residents told us that they are asked for their feedback and input around activities at the monthly residents' meetings. We were told that minutes are taken at the meetings and are circulated to all residents.</p>
Staff Behaviour and Attitudes	<p>Residents were extremely positive about the staff. We were told that staff members are helpful, polite and respectful. We were told that they check up on residents regularly, ensure they have no issues and are quick to arrive if residents need their help. We were told that <i>"there's no 'I'm better than you' kind of a thing. We all talk and joke with the staff and they take care of us"</i>. We were told that some residents at times speak to staff rudely, but staff always respond politely and calmly.</p>

Managerial Staff

Healthwatch Ealing Enter and View Authorised Representatives Oyinkan Adesiyun and Gayatri Monani spoke with the manager. She has been the manager at Elm Lodge for almost seven years, joining in April 2011.

Audits and Checks	<p>We were told that there are several internal audits carried out at the home. There are daily, weekly, monthly, quarterly and annual audits. These include health and safety, care plan reviews, medication, staff files and records, and policies and procedures. We were informed that there are a number of external audits carried out by Optivo, the quality</p>
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	<p>assurance manager and the health and safety department, among others. External audits include pharmacy audits, fire systems and safety, financial audits and staff competency audits. Staff competency audits include topics such as manual handling, health and safety, and tissue viability.</p> <p>We were told that findings from audits and checks are shared with staff through staff meetings of which there are; unit meetings (weekly), handover meetings (daily), senior staff meetings (as necessary) and general staff meetings (monthly). Staff have to attend a certain number of meetings per year. We were informed that minutes are circulated by email and placed in the staff room.</p>
Feedback and Complaints	<p>The manager told us that resident feedback was gathered through monthly resident meetings, annual family meetings and a bi-annual customer satisfaction survey completed by residents and (in most instances) relatives. We were told that residents are involved in the planning process of the home (particularly the menu, laundry, home cleanliness, activities). We were informed that residents are comfortable with giving their feedback and nominate the 'Good Staff Member' of the month at each meeting.</p> <p>We were told that the home tries to make residents and relatives aware of the complaints and feedback procedures. The complaints procedure is discussed at admission, at the residents' meetings, relatives' meetings and is displayed around the home. We were</p>

	<p>informed that all complaints - verbal and written - are investigated by management (or an external agency, depending on the complaint received), following the complaints policy. Feedback is given to the individual, and action is taken on the complaint within 28 days.</p>
Activities	<p>We were told that when residents move into the home, they and their family members complete a 'This is Me' form to inform management and staff of the resident's likes/dislikes and personal history. This lets staff know what activities residents may enjoy. The manager told us that all staff are made aware of the 'This is Me' form so they can engage residents in conversation and get to know them even better. We were told that residents are encouraged to take part in activities by targeting their interests and in certain cases, giving them space until they are ready to engage. We were informed that suggestions for activities come from residents and feedback on current activities is gained at the monthly residents' meetings. There are two activity coordinators employed at the home - one full-time and one part-time. Their roles differ slightly as one focuses more on one to one activities with residents who are unable to take part in group activities while the other develops the group activities and plans external outings.</p>
Staff	<p>The manager explained that each new member of staff must complete an induction process which includes shadowing on at least one shift. New starts</p>

	<p>are assessed, and training needs are identified. The home then organises any necessary training to be undertaken.</p> <p>We were told that there are currently 89 members of staff at the home, and this number is currently adequate for the home dependency level. We were informed that dependency levels are assessed by external consultants and staffing levels are based on this.</p>
Food and Drink	<p>We were told that there is a summer menu and a winter menu which are designed to provide optimum nutrients and target seasonal issues amongst the elderly e.g. urinary tract infections in the summer. There is a four-weekly rolling menu which is developed in conjunction with residents. We were told that residents' religious and cultural needs and preferences are taken into consideration. The kitchen is halal certified. We were informed that for residents adhering to strict kosher diets, meals on wheels are delivered to the home which are blessed and do not need to be touched by staff members.</p> <p>We were told that each resident has an intake and output charge where staff log what is offered and drank by residents daily. There are drinks on offer throughout the day, a jug of water/juice in the bedrooms which are changed daily and topped up regularly throughout the day. There are also water and juice dispensers in each unit. We were told that staff take note of residents' drinks likes and dislikes in the care plans.</p>

Staff Members

Healthwatch Ealing Enter and View Authorised Representatives Oyinkan Adesiyen and Gayatri Monani spoke with two staff members.

Positive Aspects of the role	We were told that staff members enjoy working at the home. Staff members reported that they enjoy the continuous learning and how each day on the job is different. They both felt that there was enough time for all staff to complete duties to a high standard. We were told that sometimes emergencies occur e.g. falls or other health issues that require all hands to be on deck. However, we were told that these situations are always managed effectively by staff without putting any of the residents at risk.
Induction process	Staff reported completing a one-week induction. We were told that shadowing takes a minimum of two weeks after which new staff are evaluated and then shadowing is discontinued as necessary. We were told that training included manual handling, safeguarding, infection control, medication management, health and safety and fire training. We were told that training is face-to-face, online in one-to-one and group workshops. Staff told us that training is updated regularly, and they are informed by management when they are due to complete training.
Safeguarding Procedure	All staff members we spoke to stated they were aware of safeguarding procedures and had completed safeguarding training. We were informed that all incidents are investigated and, if necessary, safeguarding alerts would be raised with social services. We were told that any marks - scratches or

	bruises identified on residents are documented, investigated and reported to relatives immediately.
Supervision and appraisal	Staff members stated staff supervision occurs every 2 months, and appraisal takes place every annually. We were informed that the supervisions are completed by the manager, head of care and head of nursing.
Staff meetings	Staff said that meetings happen monthly, and can also happen as necessary. Staff told us that they find the staff meetings helpful. We were told that minutes are taken at each meeting and are shared with all members of staff.
Involvement of family members	Staff told us that families and carers are very involved. We were told that relatives are a big part of Elm Lodge and are kept informed of all changes with residents and to the home.
GP Access/Physiotherapy/Hairdressers etc.	<p>We were told that the GP visits take place twice a week (on Mondays and Thursdays). Residents who need to see the GP are identified by staff and are placed on the list for the next GP visit.</p> <p>All staff said that residents have access to various services;</p> <ul style="list-style-type: none"> • Hairdresser - twice a week • Chiropodist - every 6 weeks • Physiotherapy - by referral • Dentist - by referral • Optician - annually (more often if required) • Speech and language therapy - by referral
Staffing Levels	All staff agreed that the staffing levels are reasonable. No concerns were raised by staff.

Support from Management	We were told by staff that they felt very supported by management. Staff told HWE that management is approachable and accessible. They felt that if they had any problems, they would be able to talk to the manager, and received any necessary help.
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Conclusions and Recommendations

Overall, positive feedback was received from the resident and staff members at Elm Lodge. Staff commented that they receive adequate support from management, and residents felt that staff are friendly and pleasant. Based on the observations and the talks with staff and residents, we would conclude that Elm Lodge meets Healthwatch England's quality indicators of a good care home (see methodology). This report highlights good practice observed at Elm Lodge:

- We were made aware that staff members have very positive relationships with residents, making residents feel comfortable, safe and well looked after in the home.
- The home appears dedicated to ensuring adequate fluid intake levels for their residents. The jugs of water and juice in bedrooms makes it easier for residents to drink as the drinks are readily available.
- The home appears to seek feedback and input from residents routinely. The monthly staff meetings seem to be enjoyable for the residents and residents were happy that they were able to put forward ideas of their own.

This report also provides a few recommendations for Elm Lodge. Responses were sought from the home and are highlighted in bold print.

- All information displayed in the reception area should be checked at regular intervals to ensure it is up to date. **Response: The home now displays the current CQC report which was published on 26th June 2017.**

- A 'protected drinks time' where all residents are offered a varied menu of hot and cold drinks should be implemented. The iHydrate report⁴ showed that the introduction of a protected drinks time increased the amount of drinks per resident, the percentage of residents getting drinks and the amount of fluid consumed per resident. This would reduce residents' risk of dehydration which is linked to urinary tract infections, falls, and unnecessary hospital admissions.
No response received.

Report

The report will be published on the Healthwatch Ealing website - www.healthwatchealing.org.uk and will be disseminated to the provider, commissioners and the public.

The Healthwatch Ealing Enter and View Team would like to thank the staff and residents at Elm Lodge for their courtesy, patience and openness during our visit.

⁴ University of West London, CWHHE Clinical Commissioning Group Collaborative, and NIHR CLAHRC (no date) The i-Hydrate project Optimising hydration of elderly residents in nursing homes.

Appendix One - Observation Guide

Observations about home in general

Name of Home:	Elm Lodge Care Home
Date and time of visit:	8th January 2018 (10am – 2pm)

1. Reception Area

Observations:

2. Information Displayed

Observations:

3. Dining Area

Observations:

4. Odour and Environment

Observations:

5. Choice of food and refreshments

Observations:

6. Dignity and Appearance of Residents

Observations:

7. Relationship of staff members with residents

Observations:

8. Appropriateness of activities

Observations:

9. Other Observations