



Cumbria Local Involvement Network Visit Report

**Virginia Lodge Care Home
Longtown
Carlisle
CA6 5TL**

Tuesday 8th November 2010

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Cumbria Local Involvement Network (LINK)

Local Involvement Networks (LINKs) were established in April 2008 to give people the opportunity to influence local health and care services by representing their views to those responsible for the planning, commissioning and delivery of services.

LINKs may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between LINKs and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. LINKs' role is not to seek out faults with local services, but to consider the standard and provision of care services and how they may be improved.

Purpose of Visit

Cumbria LINK Visiting Team will be looking to gather individual residents personal experiences of what life is like for them living day to day in that particular residential establishment.

Methodology

Cumbria LINK were approached by Adult Social Care to carry out visits to specific residential homes named by them, specifically asking for residents views about their care and how 'at home' they feel.

The LINK Visiting Team has been drawn from the membership of the LINK. Those members who volunteered to be part of the LINK Visiting team have received appropriate training in Safeguarding (level 1), Interviewing Skills, Listening Skills and LINK Visiting training. Further training opportunities will be available as and when required

A questionnaire was designed by the team to help them gather the resident's perspectives of their day. The questionnaire was designed to include prompts for the visiting team members. Residents were not given the questionnaires to complete on their own.

If individual residential homes request a copy, this will be sent in advance of the visit. This particular visit was carried out by the following LINK Visiting team members:

Anna Brooks

Evelyn Bitcon

Supported by Kay McGregor

Arrangements were made to visit Virginia Lodge Care Home on:

Monday November 8th at 2pm

A copy of the final report will be sent out to the Manager for comment, before forwarding to the LINK Governing Body, Adult Social Care, the Care Quality Commission, then to be uploaded onto the LINK website.

LINK Visiting Team Findings:

LINK visit reports reflect a snap shot view of what is seen or heard from residents and possibly staff talked to during the duration of the visit.

When the initial approach was made to Virginia Lodge to arrange the visit, Kay specifically asked if Julie could identify some residents who had capacity to hold a useful conversation that would reflect their personal experience of living in Virginia Lodge. The LINK members asked for guidance as they specifically did not want to cause upset by their presence as many of Julie's residents have dementia. Our report is therefore based on discussions with 2 residents, one spent time with Evelyn in her own room, and another resident who spoke to Anna. This was Anna's first visit as a member of the LINK Visiting team, so after checking with the resident, Kay supported Anna by discreetly taking notes of their discussion. The team members were taken around the home by the Manager before the discussions took place so some observational comments are also included.

First impressions:

Virginia Lodge is in a very beautiful rural isolated setting, and is an adaptation of the old fever hospital outside Longtown near Carlisle.

On arrival there was a need to ring the bell as the front door was locked. There was a very clear sign on the main door asking any person who had cold or flu like symptoms not to visit until they were clear, for the sake of the residents.

Julie, the owner and Manager took us round the building to show us the separate EMI unit and the rest of the accommodation.

There was a music session going on in the EMI Unit with some of the residents sitting in a circle enjoying joining in by playing various musical instruments.

The whole place was very clean, well carpeted throughout, with homely extras like a canary in a cage in the sitting room. There was also old time music playing in the main sitting room where Anna sat to chat to one of the residents. One advantage of this home being an old fever hospital is there are no stairs for residents to negotiate.

All residents have their own rooms and Evelyn talked to a resident in their own room. Residents are a mixture of residents referred to them by Social Care or Private, and actually come from all over the country, not just locally.

Mornings:

If residents want to stay in bed they can. One resident we spoke to was regularly woken by the staff at 8am, they were pleasant and helpful, and helped her to get ready.

Another lady had just had a lie in that morning as the wind had kept her awake at night, so the staff encouraged her to lie in until she was well rested.

Some residents need staff support to take a shower in the mornings. There are only communal bathrooms but the residents can have a bath or a shower whenever they like, provided it fits in with staff availability especially if they need support.

The staff administer medications to residents when they need it.

Laundry is done in the home and there is no problem getting back what they send, it is nicely done.

The residents we spoke to did not need any help to eat breakfast, but said they could get help if they needed it. Breakfasts were very good with a good choice of either cooked meals or other choices available.

Those residents we spoke to enjoy watching their own televisions after breakfast, and for the rest of the morning, or reading newspapers.

The residents said they don't go out much, but do enjoy the homes organised trips. They had recently had visits to Houghton Hall to shop and have a meal, and Blackpool.

There is a hairdresser that comes in to the Home, but some residents have their hair looked after by members of staff who are very good and helpful.

One resident wishes there was access to a dentist as she hasn't had her teeth cleaned in a long time and would like to get that done.

Lunchtime:

Lunch is served at 12.30 in the dining room. The chef checks with some residents twice daily about the menu to see if they are getting what they want. Cooked meals and the choice of lovely salads are available.

It is routine to eat meals at set times. If they are unwell they can eat in their own rooms.

One lady has put on a lot of weight since she became a resident. She manages to have lovely salads with grapes. The cooks bake their own delicious cakes and trifles and home made soup. They are very flexible around what people want to eat.

One resident said they almost got too much to eat, as there were temptations all day. She thought it was strange that old people should be considered contented if they were being fed a lot (her views).

Afternoon:

One resident spends her afternoon in the lounge with her friend and the canary.

Sometimes there are activities like a keyboard player and a singer.

She would like to see a Parson or a vicar on Sunday or other times, and would like to take Communion.

Evening:

The evening meal is at 4.30 along with coffee or tea. Evening snacks of things like buns were served at 7pm.

It was preferred if you kept to the routines of the home for meal times, and it was very rare for them to go out for a meal or order take away.

It was said that some residents didn't feel it was possible for friends or relatives to join them for meals.

They enjoyed chatting to others in the lounge in the evening or watching TV. There was no problem with residents taking a drink at night, one lady enjoys a glass of whisky.

Night time:

One lady is a good sleeper, she has a buzzer if she needs help, and feels the staff respond well if she needs them. She is not disturbed by other residents during the night

Another resident is a poor sleeper but has tried to deal with it herself. She feels staff are too busy at night to bother with her, as they have others to deal with and work to do.

Communications:

One resident told us she had her own mobile phone to contact friends and relatives

Regular residents meetings are held where the residents spoken to felt able to talk about anything. One lady had suggested they be taken to Asda shopping and this is being considered for one of the future trips.

Privacy:

There are opportunities for able residents to be private if they so wish, and many places to go to be private. We were told that residents from the EMI wing can wander through the building and are not restricted to the wing itself.

Religious & Cultural Beliefs:

The residents we spoke to both felt they would like to see a Parson or a vicar visiting regularly, as there is no-one fulfilling this at the moment.

Personal Belongings:

Residents are encouraged to bring things from home. One lady had her own arm chair, television, and pictures and photos of family and friends.

Money Matters:

One resident we spoke to manages her own financial matters.

Another resident said that she had a small amount of money in her handbag, but any other money she needed was kept in the office for her.

Any other comments about living here:

The residents we spoke to told us that they were very happy living here, one had been in some other homes and was very unhappy at both of them. She is nicely settled now.

The staff are very friendly and helpful, one resident felt very well supported by them and that she could talk to the Officer in Charge about anything, and she would re-assure her that she had no worries living there.

Any areas of Best Practice:

Good food, discussions with residents about what they would like, lot of focus placed on providing lots of good food throughout the day
Staff praised by residents – friendly and attentive
Staff encourage and support residents to have a go at doing things for themselves, but are always there to support if they find things difficult
Recent trip to Blackpool was wonderful. If staff had not given of their own time it would never have been possible. One resident stated that had she not been a resident here, and the staff had not been so good, she would never have been able to attempt such a marathon trip.

Any areas of Concern:

Isolation – the home is surrounded by beautiful countryside, but this leads to it being very isolated, and maybe not as accessible to those who might want to visit as some others. We were concerned that there were no visitors or local people at the home when we visited. The Manager did mention that she was concerned that local people from the locality who used to visit through contacts with the local church were viewing residents who had been members of the local community before they had become residents, or had developed dementia problems, and were judging them as having declined because of being resident at Virginia Lodge, rather than a natural progression because of their dementia. Because of this, she felt protective towards her residents and was upset and concerned about them being talked about locally in a negative manner.

Visitor accommodation -We were told by the staff that there is a room available for resident's relatives to stay, but the residents we spoke to told us that their relatives and friends had to stay in Longtown or somewhere else.

Access to a dentist – One resident told us that she would like to get to see a dentist to have her teeth cleaned, but hadn't been able to do so since becoming a resident

Recommendations:

Religious belief needs are not presently being met. the LINK would recommend that the Manager acts upon this information from her residents as soon as possible. We

were told that there had been difficulties in finding someone local and that the Manager would look into this, and rectify the problem

Ensure residents can access a dentist as and when they need or want to.

Encourage local people to visit and help them to understand what dementia does to people naturally. Maybe, for example, have regular coffee mornings and invite local people to come and mix with residents, and see how well cared for the residents are. Or alternatively, take residents out to activities in Longtown or on shopping trips to get personal effects, as a few residents seem to find this difficult because they are isolated.

Ensure residents requiring daily newspapers can have them.

Circulation:

Manager – Virginia Lodge for comment
LINK Governing Body
Adult Social Care,
Care Quality Commission,
uploaded to LINK website

Contact Details:

Cumbria LINK can be contacted via the Host Organisation,

Cumbria LINK, Cumbria CVS, 27 Spencer Street, Carlisle CA1 1BE

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Additional Information

Following our visit and the Manager receiving our report, she phoned and made the following points:

- The Manager has made many attempts to get local people from Longtown to come to the home, having organised various events, like coffee mornings, and advertised them in many local shops, doctor's surgeries and other places within Longtown with little success of getting local people to come along.
- Since our visit they have had a visit from a member of the Church, and have discovered that the local vicar has serious health problems. She is going to keep an eye on this situation.
- The Manager also told me that all residents have access to newspapers every day. They are not delivered individually, but are available for all to read.
- The lady who wanted to see a dentist has been approached by the Manager to confirm what it was she wanted to happen. The staff are now helping her to whiten her teeth and has told them she no longer wants to go to a dentist. The Manager stressed that there were no problems taking residents to the dentist if they told her they wanted to go.
- There are far more visitors over the weekends when relatives can manage to get there. There are some residents who have no family, and some who have family who visit very infrequently.