

Visit Final Report

Name of Service Provider: Restful Homes Limited

Premises visited: Alma Court Care Centre, Health Hayes, Cannock, WS11 7AD

Date of Visit: 18th October 2013

Time of visit: 10:15am

Home Manager: Ms Cheri Law

Authorised Representatives: Isabel Ford & Michael Allen

Observers: Chris Bain

Summary of findings

Cleanliness, hygiene and décor were excellent with no bad odours. Staff attitudes were exemplary with examples witnessed of caring and appropriate tactile affections obviously appreciated by the residents.

There was opportunities for some residents to go out shopping and other in-house arrangements such as hairdressing, nail care and podiatry.

Special diets are catered for and there are meals available at differing times of the day to cater for those whose body clocks may differ from the norm.

Staff members are considered very important to the running of the care centre and there was good evidence of in-house training using external trainers. Support is given in achieving high grade skills and qualifications. The ratio of staff to residents is high allowing the care centre to cater adequately for a range of complex needs.

Complaints were dealt with mainly by the home manager and by practising an open door policy, minor issues could be dealt with on the same day, this was corroborated by visiting relatives.

Recommendations

Please use bullet points for the recommendations and if needed any reasoning behind the recommendations.

There were no recommendations following this visit.

1. Report Overview

Provide a short summary of the visit, including a brief description of the service visited (please include the name of the person who conducted the visit if different to the home manager):

Alma Court Care Centre is a purpose built care home with nursing.
It has 51 single en suite rooms, most are wetrooms.

The Home Manager is Ms Cheri Law. We also met Mr Cawley of Restful Homes (Cannock) Ltd.

2. Purpose of Visit

Put in a small paragraph about why the visit was undertaken

The reason for this visit was due to concerns raised about the Restful Homes group. The concerns were raised by the Local Authority.

3. Approach Used

The approach used e.g. direct observation; talking to Staff; talking to Patients/Residents; talking to Relatives/Carers/Visitors; evidencing written procedures etc.

- Direct observation
- Talking to staff
- Talking to patients/ residents
- Talking to Relatives/ carers and visitors.
- Evidencing written procedures

4. Observations/Findings

These should be summarised under the following headings:

Section 1 - Physical Environment

Cleanliness, hygiene and décor were excellent with no bad odours. The walls were decorated with meaningful murals giving a bright and interesting aspect. There was good use of photographs to encourage stimulation and recognition by residents and an impressive start had been made to a sensory room was in process of being produced, also a 1940's memory room.

Equipment

This was adequate and well maintained in all bathrooms and toilet areas. Staff were aware of choosing the most comfortable type of chair for each resident to encourage independence of movement and comfort. Dining tables were at a suitable height for residents to eat comfortably.

Section 2 - Staff

Staff members are clearly considered very important to the running of the Care Centre. There is good evidence of in-house training using external trainers, and support is given in achieving high grade skills and qualifications. There is careful selection of candidates to fill vacancies, with great importance being attached to their willingness to commit to the residents. The ratio of staff to residents is very high which enables the care centre to cater adequately for a range of complex needs.

There was evidence that the Home Manager gave considerable thought to the introduction of new starters and settling them in to the existing staff group. Staff from agencies had to satisfy security checks as required.

Section 3 - Service User Experience, Dignity and Respect

Staff attitudes were exemplary with examples witnessed of caring and appropriate tactile affection obviously appreciated by the residents. There was also good interaction with visitors and family members. Meal choices are made daily and exceptions are observed readily. Arrangements are made for some residents to be taken to the local shops to choose new clothes. In-house arrangements are in place to deliver hairdressing, nail care and podiatry. Clothing is marked to ensure individual ownership.

Rooms are attractive and easily maintained. Residents are encouraged to personalise their rooms. En suites, including wet rooms have adequate guards to maintain privacy, dignity and safety. Personal care and help was readily available on a one to one basis when required. Call bells were well placed and response time was less than one minute.

There was evidence of religious/cultural preferences being actively observed and demonstrable affinity and cooperation between groups. There was tangible evidence of many activities to occupy and stimulate residents, with full participation and leadership from staff. A recently appointed activities manager seemed to provide popular themes and to be a good source of inspiration. Seasonal themes, with a light hearted sense of competition between units, added an additional source of motivation.

Outing to shops, picnics and (occasionally) hostelrys were organised. Outside entertainers and exercise classes were encouraged on a regular basis. A karaoke and dance session was observed and was extremely successful in that it involved the participation of residents, staff and many visitors. A nice touch was the provision of readily accessible finger foods.

Special diets are catered for and four hot meals are available to allow for residents whose body clocks may differ from the norm. This ensures an adequate level of nutrition for all residents. Help is given on a one to one basis when needed. Drinks are readily available on request.

Complaints

Complaints were dealt with mainly by the home manager or their designated substitute. Complaints, whether from residents, families or staff, are reviewed monthly at review meetings involving all relevant persons. The Home Manager advocates, and practices an open door policy at all times. This often results in minor problems being resolved on the same day, this was corroborated by conversations with visiting relatives. Appropriate records are initiated and dated.

Medicines

Only RGN and RMN qualified nurses dispense medicines and adequate records are kept for each resident. They had keys to medical rooms which were kept locked, with controlled medicines stored in locked containers secured to the wall. Medicines are not administered by subterfuge. Where possible, it is a key part of the Care Centre's policy not to control behaviours wholly through the use of drug therapies. Drinks were readily available to assist with taking drugs.

Section 4 - Service User / Relative or Carer story

Section 5 - Staff Feedback

Section 6 - Overall Lasting Impressions

General

- Cleaning records and fire reports were consolidated into the overall maintenance records
- Several of the suggestions from the Authorised representatives regarding exercise classes, visiting speakers and improvements to the sensory garden and sensory room were well received
- The Home Manager and Mr Cawley were very clear that further visits from Healthwatch Staffordshire would be welcomed

5. Feedback from Patients/Residents/Relatives/Carers/Staff

Please ensure anonymity at all times

- a) Patients/Residents
- b) Relatives/Carers
- c) Staff/Other professionals

6. Follow Up Visit : YES / NO *(delete as appropriate)*

Authorised representatives to state whether they feel a follow up visit should take place, the purpose of visit, and an approximate timescale for this.

