

## Enter and View Visit Report

### 'What Good Looks Like'

#### 1. Visit Details

**Premises Visited:** Cedar Court Nursing Home, Bretby Park, Bretby, Derbyshire, DE15 0QX

**Purpose of the service:** Dementia Care Unit

**Date and time of visit:** 11th February 2014, 10.30am-12.45 pm

**Authorised Representatives:** Mrs Anne Walker and Mrs Grace Wood

**Contact details:** Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Derbyshire DE56 0RN Tel 01773 880786

#### 2. Acknowledgement

Thanks to Mrs Joy Smalley, Registered Manager of the Dementia Unit; care staff and a residents for their time and valuable contribution.

#### 3. Disclaimer

Please note that this report relates to findings found on the specific date and time specified above. It is not representative of all service users and staff only those who contributed within the restricted time available.

#### 4. Purpose of the visit

Healthwatch Derbyshire wants to ensure that everyone who lives in Derbyshire, including those who live in a care home, get the opportunity to engage with Healthwatch to have their say about the health and social care services they are receiving.

For the purpose of this visit, Healthwatch Derbyshire wanted to observe 'What good looks like' within a care home setting.

Cedar Court Nursing Home was randomly selected, alongside 9 other Care Homes who had been awarded the Derbyshire County Council Bronze Dignity Award.

The purpose of the visit was to:-

- Identify examples of good working practice.
- 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.

#### 5. Methodology

This was an announced Enter and View visit.

Authorised Representatives conducted short interviews with some of the staff of each care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's families' wishes and staff training were explored.

Authorised Representatives were unable on this occasion to approach residents or relatives to informally ask them about their experiences of the home, as would usually be the case. This was because the majority of people living in the unit had an advanced stage of dementia. It also became apparent that family carers mostly visited during the afternoon. One resident was, however, able to tell us their experiences.

A large proportion of the visit was therefore observational, involving the Authorised Representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service receivers engaged with staff members and the facilities. There was an observation checklist prepared for this purpose. The sequence of the observation was negotiated with the Manager and included a guided tour of the Dementia Care Unit.

The visit was approximately 1 ½ - 2 hours in duration.

## 6. Findings

### Environment

**Approach** - The signage from the main road to the unit was small and easily missed. The approach track was full of pot holes and difficult to navigate through in the weather conditions - (heavy rain/turning to snow and as we left, floods). There was plenty of parking and good signage to reception, giving clear instruction for visitors.

**Reception** - The reception area was clean, bright and welcoming. The receptionist was friendly and quickly located Joy Smalley who was expecting us. We arrived 30 minutes early, and every effort was made to accommodate our arrival. There was a water dispenser for the use of visitors. We were asked whether we wanted a drink whilst we waited. However, the home seemed to not cater for some dietary requirements by not stocking decaffeinated tea and coffee.

There was a lot of information on display in the reception area. This included a file with thank you letters and compliments; organisational information indicating safeguarding of vulnerable adults, dignity campaign information, the weekly menu (week 3 of a 4 week rotation); a programme of activities for the general unit to inform relatives and visitors; a complaints procedure for family and visitors; certificates of achievement e.g. The End of Life award.

### The Dementia Unit

Once in the unit we were shown the inner garden around which the two units were built. The doors to the garden were not locked and residents could go into the garden, a sheltered, safe outdoor area. This terrain has stable, level paths with grassed areas and seating. It also had raised beds and some garden sculpture.

There were signs on every door as we walked through the unit. Each sign clearly indicated whether it was a bedroom, bathroom, toilet etc. The unit was clean, light and airy. There were areas that had a definite odour indicating incontinence, but we saw cleaners making their way round the unit addressing the overnight 'accidents'. These odours had dissipated by the time we left.

There are several lounges and dining rooms in the unit. One lounge and dining room was located close to the 'managers' office and the 'nurses office'. There were 10-12 residents in the lounge, one had visitors, others were talking to care staff or sitting quietly. There was a wall mounted TV

and music available. The seating was such that people could sit on their own, or in groups. Some of the seating could access the TV, whilst others were separated away. The TV wasn't switched on as it is mainly used in the evening. Usually music is played during the day. The atmosphere was calm and peaceful although busy.

There were photographs on the wall, capturing and celebrating activities that had taken place. There was evidence of parties and fun activities. The lounge was decorated to celebrate Valentine's Day later in the week

## **Health and Safety**

There was a signing in book in reception but we were not asked to sign in. There was a bottle of hand sterilising solution available but it was not made clear that this was for our use before entering the unit.

Health and safety signs were on display and were current.

All approaches to the unit are kept locked at all times. Staff have the code to open doors. The intention is to keep the residents safe whilst letting them have opportunity to walk safely within dedicated areas.

The unit was free from hazards, clean and airy.

Protective aprons were in use.

## **Activities**

The site has a comprehensive activity programme - we saw 4 'scrap books' which recorded/photographed a range of activity days - including parties and open days for residents and visitors, art and craft session, baking days, gardening activities and games sessions.

They have a regular programme of celebration days that include a range of cultures. Since Christmas they have celebrated Chinese New Year and Valentine's day. They also celebrate the Saint's days.

They have activity plans which are promoted in reception. They produce a newsletter that celebrates the achievements of residents, as well as staff achievements, whilst also acknowledging the passing of residents. They employ an Activity Worker who co-ordinates all activity, who we met.

In the garden area there was evidence of summer gardening activity. There was a storage area with plant pots and a raised bed which we were told was very popular particularly with the male residents.

In order to individualise the activities for residents they elicit their interests and achievements through the assessment process and involve family and friends. This can be a slow process, but each resident has a 'life story' that indicates interests and achievements as well as preferences. This helps to inform the range of activities available.

There was evidence of a wide range of games available, but at the time of our visit most residents were talking with staff, or resting after breakfast.

One resident was distressed when we arrived. The Activity Worker was able to divert her attention to having a manicure and she calmed down and dozed off.

## **Eating and Drinking**

Mealtime took place whilst we were there. The food was cooked on the premises and delivered to the units in hot trolleys. The food was freshly cooked. Some of the food was food processed for those with difficulty swallowing. Only 2 residents were in the dining room, eating together. The other residents were in the lounge with staff helping with feeding. The unit has three lounge and dining areas. The other two lounges have residents who are more able bodied and enjoy a mealtime as a social event.

We observed a blind resident eating 'finger food' in a quiet lounge area. This resident struggled to eat and drink, regularly having spills. After discussing with the resident the staff now present 'finger food' on a plate with a food guard so that she could continue to feed herself following an increasing difficulty to manage cutlery. Food was presented in such a way as to promote independence.

Most staff on duty, were involved in supporting residents to feed. Protective clothing was encouraged but not compulsory for residents although all staff wear appropriate aprons at mealtimes. One lady decided to remove her 'tabard' and walk off before completing her meal. The staff gently encouraged her to return to her seat for her to continue eating.

We understand that family carers are encouraged to help support their relatives at meal times but this was not observed on this visit. Family members are also welcome to have a meal with their loved one as this maintains their social contact. Staff are also welcome and encouraged to eat with the residents should they wish to do so.

The one resident we were able to speak with confirmed that he liked the food.

## **Personal Care Practice**

All residents were clean and dressed comfortably. Some time ago the unit introduced a wet room into one of the bathrooms because of the distress some residents experienced using hoists and baths. Residents liked the showers and are able to wash themselves easily and independently. Due to the popularity of the wet room all bathrooms were converted and the site now has only one bath.

## **Choice and Control**

Residents were encouraged to choose what clothes to wear, what they ate and what activities to do. But most preferences came through the information in the 'life story' and from relatives and friends.

Respect of the residents' cultural and religious preferences was reflected in the care plan - e.g. whether a person was a vegetarian in their earlier life. The family are encouraged to be involved in identifying these preferences.

## **Staff/Resident Relationship**

The staff/resident relationship was relaxed, friendly and warm. Interaction personalised with staff mindful of the communication needs of the resident. For example, staff spoke more slowly

and with clarity of diction when addressing a resident with hearing impairment. They walked at the pace the residents set.

The staff multi-task. For example, the Activity Worker was observed feeding a resident at meal time.

Staff were kind to those residents walking around or displaying agitation/distress. They encouraged/diverted attention into an activity that they individually enjoyed.

The staff all wear uniforms. This was considered reassuring for clients with dementia as there was continuity and it inspired confidence. However, we observed many different coloured uniforms with no information on display indicating the colour coding of job role, although staff do wear name badges. This was confusing for visitors and possibly the residents.

### **On-going Improvement**

We saw evidence of ongoing improvement. They have a comprehensive quality/continual improvement process that encourages feedback from residents and their families and friends as well as staff. They gather evidence via questionnaire to inform their annual reviews, which we saw.

Three monthly quality auditing of care plans takes place to make sure they are up to date and accurate - with any changes in preferences by the client recorded. They have tried to set up residents' family meetings but they weren't supported by the relatives.

Cedar Court provide a 'Service User Guide' which contains reference to the Dignity Principles and how the home apply these principles in practice. For example, under privacy they promise to always knock on the service user's room doors, bathroom, and toilet doors before entering. Further information includes how residents can stay in touch with family and friends, opportunities for interests and skills to be applied and advocacy arrangements. They have an explicit complaints and compliments policy called 'Listening and learning' policy.

We also saw an employees' handbook stipulating the service standards expected of staff which was based on the national dignity principles.

### **Relationship with outside organisations**

Relationships with external health services are excellent, especially the GP practice. The local GP is proactive in end of life meetings, has a regular visit routine and responds to calls when required. They run 'mini' surgeries on site occasionally. They have a consultant psychiatrist every month. Residents can stay with their own GP if they are located within the catchment area of the site. They have a chiropodist monthly, an optical service and regular hearing checks. The Dementia unit work closely with Derby College and Derby University for their training needs. But they have widened their relationship to include student projects. They enlisted the help of Derby University to design and build interesting features in the court yard/garden. The project was undertaken by the students and designed with the needs of residents in mind. These features had reminiscence themes and were integrated into flower displays in the summer months.

## 7. Summary of Findings

Despite the signage from the main road to the unit being small and easily missed, and the track difficult to navigate due to pot holes, there was plenty of parking and good signage to reception, clear instruction for visitors, and a welcoming reception area.

The facilities at the unit are good and provide for the residents' needs, in particular the introduction of the wet rooms for personal care to promote independence.

There is evidence of a wide range of activities available.

Food is cooked and served in a way that is flexible to the needs of the residents, and assistance is available when needed.

Residents were able to exercise choice and control over what they did.

The staff/resident relationship was relaxed, friendly and warm. Interaction was also personalised to be mindful of the communication needs of the residents.

Good partnership working was evident with the local colleges, to the benefit of the residents in terms of innovative projects.

It was clear that practice reflected the Dignity Principles.

There is evidence that feedback from residents and relatives is listened to.

## 8. Recommendations

This report highlights the good practice that we observed.

It recommended that Cedar Court:

- Address the signage to prevent people from using the back lane.
- Tighten up on the signing-in procedure.
- Explain the procedure regarding the use of the sterilising solution before and after entering the unit.
- Provide information about the differences in staff uniform, so that roles and responsibilities are clear.
- To cater for other choices with regards to hot drinks, i.e. ensure decaffeinated options are available, etc.

## 9. Joy Smalley, Manager at Cedar Court Nursing Home has checked the report for factual accuracy and also provided the following response:-

As regards the approach to Cedar Court Nursing Home, I would like to point out that Healthwatch Derbyshire have now been made aware that the main entrance to Cedar Court is via Burton Road where the lane is well maintained by Bretby Estate and Cedar Court. This is the route that people are advised to use when they call for directions. The back lane is a private and un-adopted road, but it appears to be the route that the satellite navigator takes you too. It has been agreed after discussion with the general manager that the sign should be made bigger and indicate that the main entrance is via Burton Road.

There is a programme of activities for both the general unit and the dementia care unit.

It is my understanding that the Authorised Representatives were asked to sign in but they went to the toilet first and then forgot when they came back to the reception.

One of the Authorised Representatives did not have their ID badge with them. *(Healthwatch Derbyshire has acted on this by adding this to a checklist for Authorised Representatives that should be checked and completed for each visit they conduct).*

Although the Authorised Representatives were not asked to use the hand sterilising solution next to the visitor's book, most people do know what it is for. However, we have now placed a small sign besides the gel asking people to use before entering the units and when leaving.

A list is being formulated to clear up the confusion regarding the colour coding of uniforms and this will go on display in the main reception area.

Decaffeinated drink options are usually kept in stock but on this occasion they had not been replaced when they went out of stock, as they are rarely used. This was our error and has been addressed with the kitchen to ensure adequate stock is available.

It is my recommendation that the visits should be for longer - perhaps a minimum of 3 hours. This is because in the time the Authorised Representatives were at the home, they did not capture a wider observation of the service at the point of delivery.

I would also like to add that after reading the summary of good practice you listed in your covering letter which was sent with the draft report, I have spoken to our activity organiser and we will be doing our own 'Dignity Tree' in each lounge as I thought this was a lovely idea.