

**Details of visit****Service address:****15 Hibberd Road, Malin Bridge, Sheffield S6 4RE****Service Provider:****Croft Acres Residential Care Home****Date and Time:****26 February 2015****Authorised****Carrie McKenzie, Ryan Stuchbury, Chris Sterry****Representatives:****Contact details:****Healthwatch Sheffield, The Circle, 33 Rockingham Lane,  
Sheffield, S1 4FW****Acknowledgements**

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

**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, only an account of what was observed and contributed at the time.

**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to 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 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 a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views 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 authorised representative observes anything that they feel uncomfortable about they need to inform their lead 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 where they are protected by legislation if they raise a concern.



## Purpose of the visit

- To review service user satisfaction
- To review what activities were available to service users
- To ensure dignity needs are being met in line with Healthwatch's focus on dignity in care

## Strategic drivers

- To continue with a planned series of Enter and View to residential settings started by the former Sheffield LINK
- To ask particular sets of questions about dignity, oral health and dementia.

## Methodology

All information recorded within this report has been collected by observation, questioning and conversation. On arrival we conducted a meeting with the manager before viewing the home. In this meeting we explained the purpose of the visit and asked a series of pre-prepared questions in relation to the homes overview, staff training, activities and dignity. During our visit we also asked some of the same questions to members of staff and service users who agreed to speak with us. We collectively spoke with all members of staff on duty, 3 service users and a relative of a service user.

On approach, we explained to each individual our purpose and distributed Healthwatch leaflets. We informed each individual that any information shared is anonymous and that they can discontinue the conversation at any time. We also asked the manager if there were any individuals who we would be unable to approach, responding that one service user may find our presence distressing.

After speaking with staff and service users, and observing the home, we de-briefed the manager and gave a snapshot of our findings and recommendations.



## Summary of findings

- Service users feel satisfied with the service they are receiving.
- Staff members feel positive about changes made within the past 12 months. Staff training is now stronger which has made staff members feel more competent within their roles.
- Activities are available; however, no plan is in place.
- Dignity standards are being met.



## Results of Visit

Croft Acres is a 25 bed residential care home that provides EMI and respite care and is a family business. The home is currently operating at 92% occupancy, and the EMI: Residential ratio is approximately 50:50. On first approach the home looks presentable and the outside area is clean and tidy.

### Staff and training

The manager informed us that changes have been made to staff training in the past year. Before, the home provided staff training internally using training videos as primary resource. Now, each member of staff receives certified training externally. These training packages cover; dementia awareness (including physical intervention), health and safety, infection control, MCA/DoLs, moving and handling, safeguarding, end of life care and dignity (and one appointed Dignity Champion). The home still provides some internal training but usually when larger groups are available. Kitchen staff have all received accredited training in areas of Food Hygiene and Safety. Domiciliary staff have received Control of Substance Hazardous to Health regulation (COSHH) training. In addition, care staff receive manager training on care planning, however, at present the manager is responsible for the administration of all care plans. Senior care staff receive the addition of medication administration training, although only senior care staff administer medication, most care staff have completed the training. No concerns have been raised regarding training.

There is a low turnover of staff.

Current staffing: A.m. 1 senior and 2 carers, P.m. 1 senior and 2 carers, Night 2 staff

### Activities

At present, the home doesn't employ an activities coordinator. We spoke with two service users who confirmed that activities are available. After speaking with the manager and service users, it's evident that activities are available however, additional work could be done to improve daily activities to further prevent boredom. During questioning of staff, we were informed that all services users are allocated a key worker. One member of staff informed us that one service user enjoys gardening during warmer weather, and that staff will purchase gardening equipment to provide personalised activity during warmer periods.

Authorised Representatives have recommended that the home's management creates a weekly activities plan to promote in home and external activities. Croft Acres doesn't have a private

garden/outdoor area due to landscaping issues, but there is a clean area equipped with garden furniture next to the main entrance where service users can sit outside. The home is linked with the local community, as members of the local church visits the home weekly and provide weekly entertainment to all service users.

## **Dignity**

Croft Acres has a named Dignity Champion.

When the authorised representatives asked service users questions relevant to dignity, one service user confirmed that they felt dignity in their care was being delivered. The service user commented that staff members always knock on bedroom doors before entering. Croft Acres has an appointed Dignity Champion. The home also provides a confidential comments and complaints procedure, and has a 'post box' hung in the main entrance where written comments and complaints can be discretely submitted.

At present the home doesn't provide care to any individuals with advanced additional needs (sensory impairments etc.) Staff informed us that in the event that a service user is admitted with limited sensory capability, they consult with third party organisations to provide training and ensure the home has appropriate equipment. Such third parties include Sheffield Royal Society for the Blind. In the event of an admission where English isn't the service users first language, the home will consult with SCAIS to provide staff with additional communication/interpretation training. Croft Acres works closely with opticians who do provide materials to enhance communication between staff and service users with visual impairment.

No pressing concerns have been raised regarding dignity standards. The only recommendation is to ensure all service users and their families are fully aware of the comments and complaints procedure upon admission.

## **Involvement/Internal Communication**

Croft Acres hosts quarterly meetings for service users and their families. These meetings provide the opportunity for all parties to discuss care needs and the daily operations of the home. These meetings are documented and minutes are available. Croft Acres operates on an open door policy and staff informed us that relatives, friends and stakeholders are able to express any concerns at any time.

## **Food and Nutrition**

When staff was asked if a menu is publicly displayed, we were informed that menus for each meal times are displayed daily. Upon observation, only the breakfast menu was on display on the wall in the dining rooms. Menus are created on a week one/two rota and are changed seasonally to adapt to seasonal taste and produce. We were informed during staff questioning that two meal options are offered each day, but specific dietary requirements are also catered for. This was confirmed by a service user's relative.

The main meals are breakfast, hot lunch and the option of a hot or cold dinner. Snacks are available

to all throughout the day, and in between meal times a tea and cake trolley makes rounds through the home. Jugs of water are available in all rooms. Meal times are scheduled, but service users have the option to eat outside of this schedule, this was confirmed by staff and one service user.

Breakfast serving is flexible as not all service users wake up at the same time. Other meals are served in the two dining rooms, however, through observation and speaking with a relative, service users have the option to eat in their rooms or in the lounge areas. During lunch observation it was noted that all portion sizes were identical. A member of staff was always present during meal times to offer additional support, and one member of staff was observed influencing fluid intake to a service user with additional care needs, fluid intake for this individual is recorded.

### **Fire Procedures**

Service users have personal evacuation procedures.  
Fire Brigade visit every 6 months and a full test is undertaken.  
Advised that there are various Fire Risk Assessments.

### **Additional findings**

One service user informed us that they felt a lack of privacy when relatives visited, to ensure privacy is promoted, we recommend that staff offer the use of the upstairs lounge when visitors arrive.

### **Additional comments**

One relative commented that their relative enjoyed being at Croft Acres. They added that there were plenty of activities on offer and that the home provides a good selection of meal options and that on the occasion that the service user disliked the meal choices on offer, the kitchen would endeavour to cook an alternative. They stated that they felt welcome to visit at any time. The relative felt that the staff are attentive and their loved one is generally happy.

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## **Recommendations**

1. Ensure all members of staff are identifiable by wearing a name badge.
2. Ensure all members of staff are wearing uniform correctly. We observed some staff members wearing open tunics revealing own clothing underneath.
3. Create and update a weekly activities plan to display in the entrance/communal areas.
4. Incorporate more daily/weekly activities. Small daily duties and tasks for those who are able can be included into this plan.
  - a. Lost Chord is a charity that provides free activity sessions specifically for people living with dementia. If you'd like to arrange a visit, contact Helena the charities Chief Executive. Her email is [helena@lost-chord.org.uk](mailto:helena@lost-chord.org.uk) or 01709 811160.

5. Relocate the chaise longue. Service user preferences are duly noted, however, the current placement is a risk as it reduces access to the front entrance/exit.
6. Staff to ensure they offer the use of the upstairs lounge when visitors of service users arrive.

### **Service Provider response**

