

Healthwatch Cheshire West Enter and View Report	
Enter and View Visit to	The Laurels, Walnut Drive, Winsford, Cheshire, CW7 3HH
Date	26 th June 2015 - This was an unannounced visit
Authorised Representatives	Lynda Kenny and Alan Murphy
Staff Present	Gwenda Francis (Home Service Manager) standing in for Alexandra Heath (appointed in April 2015 and on compassionate leave) who is in turn covering for Rebecca Murphy (on maternity leave).
Background	The Laurels is an older, purpose-built home operated by CLS Care Services. It has 18 beds for non-EMI Residents split over two floors (15 currently occupied) and 22 dementia beds in two units of 12 and 10 (20 currently occupied). Gwenda said that when dementia beds became vacant, they were normally filled within a few days. Residents can also use The Laurels on a short stay basis.
Overall Impression	<p>Representatives were made welcome by Gwenda Francis (Home Service Manager), who had worked at The Laurels for several years and showed a good knowledge of its operation.</p> <p>The Laurels seemed a bright, clean and tidy establishment, although some of the furniture, fittings and carpets have seen a lot of use. It is surrounded by a secure, bigger than average garden area, with a tarmac footpath, plenty of seating, a greenhouse and a small gazebo. The 'bowling green' advertised on the website is no longer in use. There is a smaller secure garden attached to the downstairs dementia unit. Inside, the atmosphere was quiet, with no blaring televisions and no noticeable unpleasant smells - some doors and windows were open to allow in fresh air. The general decor was adequate, with red 'front doors' to all Residents' rooms. The Laurels is divided into three 'households': a Residential household split between two floors ('Rowan House') and a separate, secure dementia household on each floor ('Willow' and 'Cherry' Houses.) There are social areas and dining facilities on both floors; Residents can eat in their rooms if they so wish. The main dining area in the Residents' household is large, and can be used for group social events. Bedrooms are of an adequate size, but only two have en-suite facilities; most Residents opt for a commode in their room. All of the toilets, showers and bathrooms we saw were clean and well-equipped.</p>
Any ideas or suggestions for improving service?	<ul style="list-style-type: none"> • Suggested improvement to Welcome Desk area: improve security of care plans stored here so that they cannot be accessed by Residents; clearly display complaints/suggestions procedures. • Make 'memory boxes' lockable so that they can be used as intended; consider 'personalising' the walls next to Residents' doors with photographs, etc. • Protect non-residential third floor and laundry entrances by use of a keypad. • Display menus on individual dining tables. • Activities programme - more prominent display and communication to all Residents. • The CLS website mentions a 'bowling green' - this is no longer in use. Likewise, there are no longer any dog visits. • Consider more bird feeders.

Environment

Welcome Desk: there was a large desk opening into a Residents' communal area - this area is also used as the care staff office. Care plans are stored here in a filing cabinet which was open at the time of our visit. Gwenda agreed that this should be locked to maintain confidentiality but said that there were plans to move this office area into a more private location. Similarly, this 'office area' was not guarded by a door or keypad, so there is some risk that residents could access this area. On the Welcome Desk was a small bottle of hand sanitiser but no obvious complaints or suggestions procedures.

Rooms: Residents' rooms have a red 'front door' and bathroom doors are yellow in keeping with best practice dementia guidelines. Some rooms display residents' names, but not all as name labels are often removed by residents. An attempt has been made to provide 'memory boxes' adjacent to bedrooms in the dementia units but these are not secure, so are little used. Representatives understand that plans are in place to replace them with secure boxes. Although there were no personal displays outside of residents' rooms, inside there was evidence of personalisation, e.g. photographs and personal belongings. Residents could also bring in their own furniture, and one former resident had decided to have her own carpet fitted into her room.

All rooms have television points.

One representative noted a 'welcome card' in an empty room awaiting the arrival of a new Resident - thought this a nice touch!

There are social areas and dining facilities on both floors; residents can eat in their rooms if they so wish. The rooms are of an adequate size but only three have ensuite facilities; most Residents opt for a commode in their room. **All of the toilets, showers and bathrooms we saw were clean and well-equipped.**

There is one lift at The Laurels, and this is in the Residential Household: Representatives thought that there may be some difficulty for dementia residents in accessing this but it is noted that they would normally be accompanied by a carer.

There is a 'Hub Room' leading off from the main downstairs lounge: which is used as a 'quiet room' and for meetings requiring privacy (such as GP handovers or chiropody). It also houses a computer which residents can access and which is used for online learning by staff. However, Gwenda said, ***"There were plans to turn this into the nursing staff office this would solve the problem of limited privacy in the welcome desk area."***

Garden: As mentioned above, the dementia units' gardens are secure. However, it is possible to walk into the Welcome Area from here, which may be an issue. The gardens have large lawned areas with a popular walk around the perimeter - referred to as 'Doing a Lap'. There were several places for Residents to sit, including tables with umbrellas and a small gazebo. Representatives felt that locating more bird feeders here would benefit resident's enjoyment of the area.

Representatives noticed a third floor at The Laurels which Gwenda said was not used by residents, but was used by Staff for various purposes. However the door to this floor was not protected by a keypad; Gwenda said that she would discuss this with other managers.

Health and Wellbeing

Staffing: As noted above, Representatives spoke with Gwenda Francis who was the most senior manager on the day due to absence of other managers. Gwenda told us that Paul was the on-call manager on the day of our visit. He is the manager of a CLS sister home - The Cedars at Holmes Chapel. Representatives were told that CLS operates a 'buddy' manager system with their other homes in the area to provide advice and cover when the regular manager is absent; there is always a 'buddy' manger on call 24/7.

Two staff teams cover the day shifts from 8am to 3pm and 3pm to 10pm. Each has a Care Team Leader or a Senior Carer assisted by a Carer and tend to cover the same unit each day (thus giving continuity of care for Residents). The 10 pm to 8 am night shift has a Care Team Leader assisted by two carers: they cover both floors and all three households. The Laurels does not use agency staff

and has a number of casual staff on zero hour contracts to provide cover for leave or sickness. Gwenda said that staff ratios were 2:10 within the dementia households and 2:20 in the residential household.

Also, there are two Activities Co-ordinators who each work 15 hours per week, usually 10am to 3pm. The care teams are supported by: three chefs and a kitchen assistant; a launderer; a maintenance person; a domestic supervisor and two cleaners.

CLS Care Services has a mandatory two day induction programme for new staff which covers all of the training one would expect, including a three hour safeguarding session by HQ staff. This is followed by a local induction to be completed within six weeks, giving more details about residents and procedures. In addition CLS provide their own e-learning packages and organise refresher training, and there are six monthly programmes covering fire training and hand hygiene.

Care: Each resident's care plan is audited monthly, and key workers are assigned to each resident with responsibility for hygiene and general well-being.

Bedrooms have some sensor mats or infra-red devices (dementia houses only) which are used to alert night staff that a resident has left his/her bed.

We were told that The Laurels would try to approach relatives to escort residents to non-emergency hospital appointments, and, in case of emergency, would send a staff member and also contact relatives to meet them at the hospital.

Residents can keep their own GP if they prefer.

CLS Care Services uses head office staff to visit its homes to give a "First Impressions" report, which can identify problems or issues which the regular *Laurels* staff, may not have noticed. For example, this report noted that some pipes in a bedroom were wrapped with unsightly lagging and recommended that these be boxed-in.

Representatives felt that the Care Staff seemed friendly, and Gwenda demonstrated personal knowledge of, and genuine affection for the Residents - one Resident said "*She's a good girl.*"

Food and menus: There is a five week rotating menu and Residents have been consulted about the imminent switch to the summer menu. At Residents' request, the main hot meal is at 12.30 pm and includes a pudding. Most Residents opt to use the communal dining areas, but can dine in their rooms. Breakfast usually starts shortly after the chef arrives at about 8am and can continue up to 9:45am or so. Residents can choose when to get up. Teatime usually offers soup or a small portion of hot food (fish fingers and chips during our visit) and a range of sandwiches and drinks. Supper offers similar fare without the hot food option, but does include a warm, milky drink if required.

Gwenda said that food was cooked in the kitchen downstairs, and was taken to upstairs dining areas using a hot trolley. She said that the original idea was to cook meals in the kitchenettes in each secure dementia household. However, the cooker in Willow Household is not safe to operate (too close to the wall), and this, along with other impracticalities, meant that food was moved up from downstairs. Still, residents could make their own breakfasts in these upstairs kitchenettes.

Residents are offered drinks mid-morning and mid-afternoon to assist in ensuring they remain properly hydrated.

One Representative noticed that dining tables were not set for meals at the time of the visit (mid-afternoon), and no menus were in evidence on tables.

The main kitchen is designated a 'white clothes only' area, and seemed to be clean and tidy.

Laundry: Representatives observed that the laundry was clean and fresh, with all the features one would expect. However, one Representative observed that the laundry entrance was not protected by a key pad, so there might be a possibility of Residents getting in. We were informed that Residents' laundry is turned around with 48 hours.

Activities and Community Links

Activities: Representatives saw plenty of stimulating games and such like in one of the communal rooms and there is a regular programme of activities, although this needs more prominent display and communication to all Residents.

There was evidence of art/craft activities taking place - some paintings in the downstairs lounge. The lounge upstairs was used for storage of craft materials, which seemed to be actively used.

The two Activities Co-ordinators try to assess which activities would be suitable for each resident, with an emphasis on one-to-one work in the dementia households. Gwenda said that they tended to work in small groups, doing such things as painting, art, baking, etc. Group activities included sing-songs, bingo, chair exercises, parachute games, etc. Gwenda said that The Laurels had purchased some balloons and fly-squatters for use as a game, "***We spent an hour just squatting balloons...we really had a good time!***" Entertainers and musicians also visited, and local schools sang carols at Christmas. Representatives observed a Residents' quiz in progress, run by a regular volunteer, which seemed to be well received.

Gwenda said that The Laurels did not have a mini bus, and tended to do smaller outings because of the high costs of coach hire and that this was exacerbated by changes to the 'taxi vouchers' scheme by the local council. Residents do not pay for activities apart from hairdressing and outings; Gwenda said that Residents, "***Would be asked for £10 at most to pay for mini-bus hire.***" The Laurels has a comfort fund to purchase equipment for activities or augment the cost of a trip.

There is a dedicated hair salon on the first floor with a clear listing of treatments and costs.

Residents can also bring in their own hairdresser.

The garden area had a vegetable patch and small greenhouse which one Resident used regularly for gardening - she had also been encouraged to plant bedding in several pots and baskets. Gwenda said that, "***A couple of Residents had been out painting the gazebo.***"

There is a resident cat and budgerigar at *The Laurels*, and pets can be accommodated. However, the 'Pat the dog' scheme is no longer in operation.

Community links: The Laurels has links with several local churches with regular visits from Ministers and in-house services every few weeks. Also, local schools visit at Christmas as do the Salvation Army.

Feedback

Most of the Residents we met and spoke with were not able to communicate very well (even those outside of the dementia units) and so it was difficult to get meaningful feedback. The Laurels does not have formal residents meetings, instead relying on staff, particularly the activities co-ordinators, to 'consult' with residents: "***The activities girls go round to the households and...have a general chat***" [Gwenda].

Similarly, there are no formal meetings with Relatives. However, Gwenda said that managers' "***Doors were always open,***" and that "***...families are often in kitchen areas making drinks for people.***"

There was no evidence of complaints/suggestions procedures or boxes in the Welcome Area. The complaints procedure was displayed in the main Residents' dining area, and Gwenda said that people could always make an appointment if they wished to speak with a manager. Also complaint forms were available to be completed anonymously and then posted.

Additional Comments

None at this time

Feedback from Provider of Service

Minor factual details in the report - corrected prior to publication.