



Enter & View Visit Report

Details of Visit

Service Name and Address	Ellesmere House, SY12 0HB
Service Provider	BestCare Ltd
Day, Date and Time	Thursday 27 th August 2015 10.30 -12.30
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Vanessa Barrett Chris Knight Jane Randall-Smith

Purpose of the Visit

Choice, safety, dignity and respect: to explore the quality of life experienced by service users in this care setting.

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 experience of all service users and staff, only an account of what was observed and contributed at the time.

Context of Visit

Healthwatch Shropshire received comments about the apparent lack of engagement with, or activities for, residents in the home. The Care Quality Commission (CQC) had visited the home in August 2014. Its report (January 2015) rated services as requiring improvement against three standards and as inadequate in the two standards of safety and leadership.

This visit was unannounced.

The home has capacity for 28 residents. There were only 20 residents at the time of our visit, but we were told several more were booked to arrive in the next week. We were told by staff that about 75% of the residents had some level of cognitive impairment.

What we were looking at

Do individuals experience choice?

- Choices in social and leisure activities: including engagement with family and friends, social activities and entertainment
- Choices in shaping their daily routine such as times of rising or going to bed, food choices and inviting family or friends to a meal
- Choices over personal appearance and space.

How well is the safety of residents protected?

- Staff awareness of the principles of safeguarding adults.
- Staff awareness of best practice in supporting people with different levels of dementia.

Do individuals experience dignity and respect?

- Personal privacy: how staff prevent residents from invading another's privacy such as entering their room; what steps staff take to protect dignity during personal care
- An individual's needs are recognised and met
- Group dynamics are well managed
- The opinions of residents and their visitors are sought to improve the services provided
- Facility to complain both formally and informally
- Access to healthcare services.

What we did

We arrived for this unannounced visit and were greeted in a most welcoming manner. We were shown around the building. This is on three levels, with residents' bedrooms on each floor. It is a very old building and the design makes it difficult to accommodate residents to modern standards, but it was evident some major improvements are underway such as the creation of a new kitchen and new dining room. Only five bedrooms are en-suite: other residents are assisted to use the wet room/bathroom on each floor. At one end of the house there is a dining room (one closer to the kitchen is under construction), with a pleasant glazed sun room extension and which overlooks an accessible, secure terrace. The garden extends much further, with landscaped features.

After the tour of the building we were left free to talk with residents in the main lounge area, as well as with one resident who invited us to talk with them in their bedroom.

What we found out

There was a large display board with photos about group activities, a well-sized illustrated display of the activities programme for the week and the day's menu written up on a board in the main corridor.

Do individuals experience choice?

It was clear that personal choices were respected when expressed. One resident who preferred to spend much of their time in their own room invited us to talk with them there. Two thirds of residents were in the lounge when we visited. Several appeared to enjoy the company of particular residents, but the room layout and furniture were not conducive to small groups of people who wanted to share each other's company. One resident in their 90s who had been in the home for about a year, told us how much they enjoyed going into the garden to look at the view over the mere, and even more to enjoy watching the antics of the rabbits in the garden. This resident was smartly dressed, as indeed most residents were.

We were told by staff that some residents like to sit in the 'sun-room' off the dining room for its quietness and greater privacy than the communal lounge.

Activities

A programme of activities, mornings and afternoons, was displayed in the main hall. One of the activities planned for the morning we arrived was colouring and resident involvement was being encouraged, two or three residents were happy to join in. One older resident told us that they were keen to keep their mind occupied and so tried to fit in with other people in the home and get involved with activities which were organised for them.

One resident clearly enjoyed music and is allowed to have a key board in their room; being able to continue to practise playing was obviously very important to them.

A monthly newsletter is also circulated, with quizzes and puzzles in it for residents to do, as well as the programme of social activities planned.

We were told there are not many opportunities for outings from the home. Individual residents can be accompanied into the town, if sufficient notice is given. However the home does seek to organise various events and encourages residents and their families and visitors to join in. A 'Summer Fayre' will take place in September and a Cheese and Wine party to celebrate Ellesmere's dairy heritage was held the weekend prior to our visit. Some residents were dependent on friends and family to provide them with the opportunity to go out.

A new carer with responsibility to develop the activities programme had recently been appointed 2 months ago. They told us that they were getting to know the residents as they explored different options for more additional activities. This carer told us that a new programme of activities is being planned for the autumn by working with local organisations and charities to cater for a wider range of interests, such as wildlife, baking and a memory walk.

Shaping daily routine

One resident told us that there were a few residents who would get up and come down from their rooms for breakfast relatively early (usually provided in the lounge) while other residents were helped to get dressed by the care staff. One resident who spent much of the day pacing through the corridors was met many times during our visit, but did not appear to interact with other residents.

The menu offers two main courses, with a vegetarian variation, and two desserts. One resident told us the staff do discuss the menu with the residents, and will do something different for you if you don't like either option. Some other residents told us that they liked the food while others felt it was all that could be expected from a care home. The manager told us that the staff will steer people with diabetes to choose the most appropriate options when discussing the menu with them.

Drinks were being served mid-morning and we were told by a resident that this also happened at tea time. In between times, staff went round the room offering a cold drink. However, residents did not appear to have access to a kitchen area or a drink when they wanted it - they would have to ask someone. Several residents told us they usually had their lunch on individual tables in the main lounge where they spent most of the morning. On the day we visited, most residents were encouraged to make their way to the dining room.

The Church is just across the street from the home. Some residents like to attend services and volunteers from the Church will accompany them. Both Anglican and Catholic priests visit once a month and hold services in the home.

Choices over personal appearance and space

All residents we saw were fully dressed, with matching and well-fitting clothes. There are weekly visits from a hairdresser. We observed several ladies with smartly styled hair.

The chairs in the main lounge were all of one type and heavy to move. They were close together and all arranged around the perimeter, facing into the room. There is a particularly pleasant view of the mere from a large bay window, but no chairs were positioned so that residents could see this view. A resident told us that no-one has a particular chair or space in the lounge and that the residents are friendly towards one another. Although we saw one resident move across to a different seat when a visitor arrived, it was not clear how much movement and exercise was encouraged. One resident told us that they liked their room on the first floor because they appreciated the exercise of going up and down stairs.

The resident's room that we visited had been made personal by the inclusion of their own bed and other personal effects which made it very comfortable. The resident chose to stay in their room during the morning and eat lunch there but to go down to the lounge sometimes in the afternoon. Another resident had a key-board in their room, for personal music practice.

How well is the safety of residents protected?

The home is on the main road in a residential part of town. The front door is kept locked, with a keypad on the inside. There is a small area of the large garden with patio tables and chairs that is secured and can be accessed from the house. One resident, who did not appear to have any memory problems, told us they would go into the larger part of the garden because they enjoyed walking and watching the birds and animals.

Care staff we spoke to had an awareness of the principles of safeguarding adults. However, apart from the manager, no one we spoke to was able to tell us about mental capacity assessments or national policies on deprivation of liberty when asked.

We discussed meeting staff training needs with the manager. The home is located a considerable distance from the training centre run by Shropshire Partners in Care and it is rare for staff to be able to attend courses there. We were told that the parent company (Best Care, which is based in Leicester) provides training for care staff on lifting and moving, medication, fire safety, safeguarding adults and dementia awareness. However, although discussions with staff showed that they tried to ensure personalised care for each resident, there seemed to be little awareness of best practice in supporting people with different levels of dementia. All residents who expressed a view commented that the staff are caring and kind.

Do individuals experience dignity and respect?

We spoke with one resident, who had moved in about a month before and who has quite advanced dementia, and their spouse who visits every day. The spouse said they felt the home provided a really good service. The spouse said they (and other family members) are always warmly welcomed and that the care staff were really attentive and very caring. They went on to say that this was in contrast to some other care homes in North Shropshire they had visited before the decision to move here was taken.

The manager told us there are sometimes problems caused by residents who wander and enter other people's bedrooms. These situations have been resolved through explanations and appropriate action e.g. capable residents can lock their rooms at night. He also informed us that sometimes there were challenges in persuading residents to take baths or showers.

We observed staff asking before entering rooms. When a call-bell sounded, it rang for approximately 20 seconds before being responded to.

We observed staff escorting residents from the lounge in a friendly supportive manner. However, at least one of the toilets was too small for two people to be inside with the door fully closed. We observed the lack of privacy during our visit.

We were told by care staff that every resident has a care plan, and they note the different preferences and habits of individuals to try to ensure their needs are recognised and met.

The manager told us the home actively seeks the opinions of residents and (more recently) a questionnaire has been sent to their family members and visitors, to identify what could improve the services provided. We asked about how any suggestions might be put into action.

The manager said that all complaints came to him and he was usually able to resolve them to everyone's satisfaction. We were not made aware of any more formal complaints system.

The care home had a system of lay visitors in place. Their names and contact details were on a noticeboard.

The manager said that both the community nursing service and the local general practice are very supportive and provide an excellent service. Although not a nursing home, the home will whenever possible continue to care for residents on their return from an acute episode in hospital and provide end of life care, when appropriate.

Additional Findings

- The home was kept very clean, with no odour. The decoration was fresh, with the same colour throughout the building and with discreet numbers on each room door; this is not helpful for people with dementia.
- In terms of residents' experience of care in Ellesmere House, two residents we spoke to expressed satisfaction with living there but referred to their coping strategy of "blocking out" less good experiences there. It was not appropriate to discuss this further.
- Another resident said new friends had been made since moving in, but it was important to try to 'fit in' with the other people.
- One resident said that they were unhappy on arrival at Ellesmere House but did settle down and felt fortunate to be there.
- A new fire protection system was in place which allowed corridor fire doors to be kept open, allowing free movement about the building for the residents and carers alike.

Summary of Findings

- The building is very old with an internal design that does not provide much flexibility in use. One toilet is too small to ensure privacy when two people are inside. The home is currently undertaking building work to improve the facilities on the ground floor.
- The furniture in the large lounge is not arranged in a way to promote interaction between residents.
- Residents are offered choices in respect of the menu, activities to engage with, personalisation of their bedrooms and flexibility in their daily routine e.g. the time they get up.
- The home is not decorated or signed in a way that reflects best practice in relation to supporting those residents with dementia to feel more familiar with their surroundings.
- There is a varied programme of activities carried out in the main lounge, but it was unclear how much physical activity is encouraged in residents unable to initiate it themselves.
- A carer has been appointed with a specific remit to develop the activities programme.
- Residents told us that the staff are caring and kind.
- Staff could not tell us how they tailored their care to meet the needs of people with dementia.
- The home actively seeks the views of residents and their families and visitors, and encourages their involvement in social activities in the home. These are advertised in a monthly newsletter.

Recommendations

- Staff of all grades should undertake some structured learning about managing people with dementia.
- As part of the building programme consideration should be given to improving the toilet facilities to ensure privacy.
- A review of the arrangement of furniture within the general lounge should be carried out by staff with the aims of giving better access for residents to the view out of the window and more opportunity for residents to socialise with each other and with staff members.
- Consideration needs to be given in future planning for a decoration scheme and door labelling system which better supports those with dementia to recognise their surroundings.
- The home should explore the development of a more formal and structured complaints system.

- Healthwatch Shropshire to follow up how more accessible training could be provided for care homes in the north of Shropshire.

Service Provider Response

Harry Dowling has provided this response to the recommendations as the Responsible Person on behalf of BestCare Ltd.

Staff of all grades should undertake some structured learning about managing people with dementia.

All staff attended a half day training course on dementia awareness facilitated by Central Management systems on the 23rd April 2015. On the same day a training session was run by the same provider on the Mental Capacity Act and deprivation of liberties.

Action: We will carry out some checks on knowledge and skills of staff in the above two areas by the 31st October 2015. This action plan will be checked by the Responsible person in November 2015.

As part of the building programme consideration should be given to improving the toilet facilities to ensure privacy.

Action: An audit of toilet facilities will be undertaken and where possible amendments will be made to ensure all toilet facilities provide privacy for Service Users. This audit will be overseen by the Registered Manager and Responsible Person and completed by the 31st October 2015. Once needs have been identified a feasibility study will be completed to ensure the work identified is possible and produces the desired results.

A review of the arrangement of furniture within the general lounge should be carried out by staff with the aims of giving better access for residents to the view out of the window and more opportunity for residents to socialise with each other and with staff members.

The lounge furniture has been arranged in numerous different ways but by Service Users wishes the design seems to rotate back to the arrangement that was on place on your visit. With this arrangement Service Users can chat to each other and also watch television and participate easily with activities. Other furniture arrangements do not seem to provide the same flexibility of use.

Action: Consider alternative with Service Users and staff and make amendments where the majority feel improvement could be achieved. Complete this consultation by 30th November 2015. Any action will be taken by the Responsible Person.

Consideration needs to be given in future planning for a decoration scheme and door labelling system which better supports those with dementia to recognise their surroundings.

Ellesmere House is due to receive some Dementia friendly signage which was to have been in place once the decorating was fully completed.

Action: The signage will be in place by the 31st October 2015 even if the decorating has not been completed by this date. This will be overseen by the Registered Manager.

The home should explore the development of a more formal and structured complaints system.

BestCare as a Company has a comprehensive Complaints procedure. A copy of the procedure currently in use at Ellesmere house is on a notice board in the reception area.

Action: The Responsible Person will forward a copy of the Company's Complaints procedure to the Registered Manager at Ellesmere House by the 6th October 2015 to ensure the Company policy is being followed.

Check to be made in November that the correct policy is being displayed and that staff and residents have been made aware of the policy.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for the contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

01743 237884

enquiries@healthwatchshropshire.co.uk
www.healthwatchshropshire.co.uk

Healthwatch Shropshire
4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG