

# ENTER AND VIEW

## Unannounced Visit

*Eversleigh Care Centre*

*26 November 2016*

Part of the Healthwatch Wolverhampton remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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 Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The local Authority Safeguarding team will also be informed.

### ***Provider Details***

**Name:** Eversleigh Care Centre  
**Address:** 52-62 Albert Road, Wolverhampton, WV6 0AF  
**Service Type:** Nursing /Residential Home  
**Home Manager:** Sue Baldry  
**Date of Visit:** Saturday 26 November 2016 at 2.30pm

<b>NAME</b>	<b>ROLE</b>
Sheila Gill	Authorised Representative (Lead)
Dana Tooby	Authorised Representative
Shooky Devi	Authorised Representative
Mary Brannac	Authorised Representative

### ***1.0 Purpose of Visit:***

Healthwatch Wolverhampton received feedback on a range of services and treatments received within the home. The objective of the visit was to gather views from residents, relatives/visitors and staff about their experiences within Eversleigh Care Centre, along with understanding the staffing levels.

### ***Acknowledgements:***

Healthwatch Wolverhampton would like to thank the Home Manager, Head of Operations, the Training Manager and the residents, relatives and staff for their co-operation during the visit.

## **2.0 Physical Environment**

### **External**

- 2.1 The door bell was used to gain access to the building. The 'call bell' could be heard as the Authorised Representatives stood outside the entrance of the care home.
- 2.2 There are two parking areas: one for visitors and the other for staff.
- 2.3 "There is a paved garden which is only used in the summer, some areas of the garden cannot be used by residents" This comment refers to the Garden House Unit.
- 2.4 A sign on patio doors said 'slippery and uneven paths.' The garden was very low maintenance, mostly pebbles and concrete. There were no flowers, plants or other features seen but there were planters outside the main door. This comment refers to the Garden House Unit.

### **Internal**

- 2.5 On entry a Nurse was called to receive us. The Authorised Representative lead explained the purpose of the visit and what the visit would involve. She commented "this is like an ambush". She was shown e-mail confirmation received from the Home Manager welcoming the visit.
- 2.6 The Authorised Representatives were not asked to sign the visitors book or use the hand gel.
- 2.7 Within the reception area there were a number of notices displayed on the walls such as; a certificate of liability insurance, complaints procedure and an infection prevention charter. Other information displayed included a notice on fire alarm designations and a fire procedure. A fire extinguisher was fitted to the wall. A staff allocation folder was in place. On a small side table next to reception there was an 'invitation to the family and residents' displayed in a photo frame.
- 2.8 The visitor's toilet in reception was clean.

- 2.9 The 'call bell' was heard consistently throughout the visit. It was very distracting, loud and highlighted that some resident(s) somewhere was waiting for assistance.
- 2.10 Within the reception area there were facilities available to make hot drinks for visitors and relatives. There was one spoon and two sachets of milk available. No cleaning cloths for spillages were seen nearby. A water machine was available with plastic cups available.

### **Authorised Representatives were shown around the Garden House Unit by a member of staff:**

- 2.11 "The home is made up of three units: West Park, Robinswood and Garden House."
- 2.12 There was an overpowering smell of urine in the corridors on the ground floor.
- 2.13 There is a 'quiet lounge' available for family and visitors however "no one uses it". There was a large trolley and a long trestle table which was "used by staff to sort out drugs/medicines." The quiet lounge contained lots of chairs. The temperature was cold in this lounge.
- 2.14 An Authorised Representative noted the following:
- A door with a 'Electricity Panel' sign had a notice 'should be locked at all times'. The door was not locked even though it had a code lock.
  - A door to the B1 Sluice/clinical/general waste room had a notice 'should be locked at all times'. The door had a code lock but was open and there was bad odour.
  - A door with a 'keep locked' sign was unlocked and had bottles of fluids stored amongst other items.
- 2.15 The 'Show Room' had a separate toilet and wash basin but most of the rooms are not en-suite. This facility is optional.
- 2.16 Some staff photos were displayed on a noticeboard. Another notice board identified two staff members as 'Dementia Champions'.

- 2.17 A noticeboard displaying activities for November was located in a corridor between the ground and first floor together with another staff photo board.
- 2.18 Residents have access to communal bathrooms resourced with items such as a hoist and a chair for a bath. “Two members of staff are required to use the hoist.” The bathroom looked very clean.
- 2.19 A separate toilet with a code lock is available for staff on the first floor.
- 2.20 It was observed that not all residents had their names on their bedroom doors.

**Authorised Representative’s observations around the West Park Unit.**

- 2.21 Due to the lack of signage it was easy to get lost especially in the West Park Unit.
- 2.22 There is a spacious and freshly decorated wet room used by all the residents.
- 2.23 The smell along the corridor of the first floor occupied by “bedridden residents” was extremely unpleasant.
- 2.24 The Authorised Representatives walked past some of the residents’ rooms whose doors were open. The Authorised Representatives observed some of these rooms had the TV switched on whether the resident was sleeping or had limited responsiveness.
- 2.25 There was a section of the wall between the activities board and the stairs to the first floor (next to the door to the boiler house fire door) that was not plastered.
- 2.26 Three clean towels were on top of a storage unit on the first floor.
- 2.27 There was an empty ‘toilet paper roll’ hanging in a toilet and shower room i.e. no toilet paper available to use.

2.28 One corridor had two wheelchairs folded up against the wall with the potential to cause a trip hazard.

### ***3.0 Staff Numbers***

- 3.1 “There are currently three nurse vacancies and full staffing in all departments and a 10% over-staffing of Carers.”
- 3.2 “Bank nurses and agency staff are used to cover sickness and annual leave.”
- 3.3 When asked what the resident/staff ratio is, we were informed “the home uses a Dependency Model and works out staff numbers required according to dependency needs of residents.”
- 3.4 “Monday to Friday there are six Nurses on duty (Deputy RGN is super numerate) there is a minimum of three nurses at work at any one time (one in each unit).”
- 3.5 “There are two Activity Coordinators and a Head Housekeeper.”
- 3.6 “Staff receive six supervision sessions and an appraisal annually.”

**A copy of a supervision planner for 2016 showing supervisors/supervisee and dates of supervision meetings was given to the Authorised Representatives.**

### ***4.0 Agency Usage***

- 4.1 One agency is used to cover sickness and annual leave.

### ***5.0 Patient Experiences and Observations***

- 5.1 A lounge with a TV is situated on the ground floor. The Authorised Representatives engaged with the residents present.
- 5.2 There was an unpleasant smell in the lounge.

- 5.3 A resident spoke very positively about certain members of staff but said, “that the home was understaffed and staff managed as well as they could.”
- 5.4 A resident said “my laundry is not always returned and is worn by others; though it does turn up eventually.”
- 5.5 A resident said “activities take place but I don’t know what they are although some people did exercise.”
- 5.6 A resident said “staff had been taking residents to the park in the good weather and a member of staff helped with shopping.”
- 5.7 “The call bell is always ringing and staff respond eventually but you have to wait some time.”
- 5.8 When asked who chooses which TV programme is watched a resident said “nobody bothers to change it as staff are too busy and residents aren’t mobile.”
- 5.9 A resident said “they had been waiting for a replacement denture for some time.”
- 5.10 An Asian resident was calling out from her room and appeared to become calmer as she heard one of the Authorised Representatives speak to her in her spoken language. A member of staff was present in the room holding the residents hand during this time.
- 5.11 Some residents that were bedbound had bedrails; some had crash mats. These were covered in beige plastic and blocked/restricted their view and prevented the resident from looking out.

## ***6.0 Family and Carer Experiences and Observations***

- 6.1 A visitor said “there was not many/enough staff around at weekends.” They knew how to complain; they talk to a nurse and usually felt listened to. The shared room they were visiting their relative in had been deep cleaned but still had an unpleasant smell. The resident was in an angled chair but kept trying to get out and was agitated.

Following a risk assessment, the home “is trying to get another chair” for the resident. “There is a mat at the end of the chair which alerts staff if (the resident) manages to leave or fall off the chair.” There was another mat in front of the lowered bed. The TV in the room was switched on although the resident was not watching it or aware of it.

The curtains in the left corner, some of the hooks had come off the rail. A chart/folder in the room showed relatives what the resident had eaten, their fluid chart and when they last had a bath.

There was another chair in the room that was very stained. The visitor was trying to find a member of staff but “couldn’t find anyone.”

This room is a shared room, the bedroom door only had one name of the resident and not the other.

- 6.2 A visitor was looking for a staff member to request pain relief as the resident he was visiting “appeared to be in pain.” He said “I can’t find anyone” and looked visibly upset and a little angry. He took two Authorised Representatives to his relative’s room but got a little lost.

As a result, the Authorised Representatives and the visitor walked up a staircase and the door in front had a code lock. On the way down the stairs the lift was used which looked very old.

- 6.3 The wife of a visitor explained that she had been in the home for eighteen months and would not be returning to their family home due to her condition of Parkinson’s and Dementia.

He is happy with the care as he stated that “the staff are as good as gold.” He had been notified of the Carer/family member meetings: “they are also on the noticeboard.”

The visitor knew there was a complaint book in reception but he said, “he would talk to a member of staff first if he needed to complain.” He described the training manager as “marvelous.”

## **7.0 Catering Services**

- 7.1 The kitchen has a hygiene certification rating of 5 displayed.



- 7.2 “Able residents eat in the dining room” which is located next to the main lounge on the ground floor. “West Park residents use first floor dining room.”
- 7.3 When one resident was asked about food, they wrinkled their nose and said, “it isn’t very good, the gravy today was grey!”
- 7.4 A resident told us “you can choose what you want but they grumble if you want something different.”
- 7.5 Drinks are replenished by staff when residents asked them to.
- 7.6 A staff member said, “the menu is changed in consultation with residents and is changed seasonally.”
- 7.7 “Staff do not eat food prepared at the home; they are provided free tea/coffee and toast.”

## ***8.0 Staff Experiences and Observations***

### **A Care Leader (no ID badge) stated:**

- 8.1 “Carers wear pale blue, Care-leaders wear dark blue and nurses wear another colour”
- 8.2 “There are activities on Monday and Friday”
- 8.3 “A modified PC station (i.e. with big letters) is moved around rooms”
- 8.4 “There are two Activity Coordinators”
- 8.5 “Staff, Carers and Care Team manager meetings take place and the Training Manager feeds back any patient concerns”
- 8.6 “There are two staff on each unit with a senior nurse. The Manager and Deputy Manager is on call”
- 8.7 “There is a Complaint booklet in every room”

### **A Senior nurse (no ID badge) shared:**

- 8.8 “Practice Fire Drills take place every month for staff”
- 8.9 “Any opportunities for bedridden patients to get exercise are in their Care Plan”

8.10 “I don’t know what percentage of the residents are confined to their bed, end-of-life or have Dementia/Alzheimer’s but estimate it is less than a third”

8.11 “Each resident has named Carer and Nurse”

**Operations Manager (no ID Badge) stated:**

8.12 “The Home has a capacity of 79 and has 73 residents currently. The bedrooms are mainly single and shared only if preferred e.g. husband/wife or friends”

8.13 “There is a welcome pack in each room; it contains a guide to the Home and a menu”

8.14 “When a new patient joins the home they complete a 'getting to know me document.' Religious and other preferences are all captured and support plans are kept in resident’s room with a daily support guide (snapshot) and communication book. Nutrition and fluids are also monitored in charts in bedrooms”

8.15 “The patient’s ‘call bell’ (for assistance) is monitored from the office and ‘call bell’ audits are undertaken to establish how long residents have to wait before being seen to (or the call bell being turned off)”

8.16 “Family/carers/residents come to the office if they want to talk to us. We have an open door policy. The Home Manager is out on the floor a lot. We also have resident/relative meetings, 6 monthly, it’s quite a big event and is well attended, the proprietor and Heads of Departments also attend. Notes are taken at the meeting. There are also residents’ forum meetings and a Newsletter; these had run out but were usually available in reception and sent to relatives. The home communicates with relatives by email”

8.17 “All residents have care plans and they are audited by the Clinical Commissioning Group and the home was fully compliant”

8.18 “Regarding wound care, Eversleigh is the only home in Wolverhampton which had four Unavoidable Pressure Sores. The home keeps robust notes, reviewed by the tissue viability nurse and won a patient safety award”

8.19 “We have loads of activities taking place with residents, sometimes we bring people from outside. (The Authorised Representatives

present requested a list of activities as there was no evidence seen during the visit.)”

8.20 “The Home celebrates birthdays and provides a cake if the resident wants to celebrate and family can use the ‘quiet lounge’”

8.21 “Residents can keep their own GP or transfer to one of the GP’s that work with Eversleigh; they have a good relationship with local GP’s”

**The Authorised Representatives present requested a list of GP’s used by the home.**

8.22 “The home has more residents needing General Nursing rather than just residential. Dementia needs are secondary, some have complex needs and continuing healthcare needs. The Home has a good relationship with Compton Hospice and has good ‘end of life’ care and provide step down and respite care. They work closely with the Rapid Intervention Team ‘RIT’ which is consultant led. They also have Nurse Prescribers who work closely with GP’s.”

**Home Manager and Training Manager (no ID badges) stated:**

8.23 “Home Manager had only been in post for five weeks”

8.24 “A formal complaints procedure is in place and complaints are encouraged as this is how things improve”

8.25 “New staff have formal induction training (both Home Manger and Training Manager are qualified Trainers)”

8.26 “Prefer new staff to have at least Level 2 qualifications but they are trained over the first year through a programme of mandatory one-off in-house sessions”.

8.27 “One member of staff is the End of Life Champion”

8.28 “The home achieved the Investor in People Award in the summer”

## **9.0 Summary, Comments and Further Observations**

- 9.1 One member of staff was wearing a tunic with 'Do not Disturb' on it because she was pregnant and was waiting for her uniform.
- 9.2 Very few staff members were seen during the visit around the different units and rooms.
- 9.3 From observations it was noted there was only one or two staff members who wore identification badges.
- 9.4 Bad odours could be smelt in many of the resident rooms, some communal areas and some corridors.
- 9.5 There were a number of doors with signage such as 'should be locked at all times' around the home that were unlocked.
- 9.6 Throughout the visit the 'call bell' at times was ringing a lot.
- 9.7 It was in the opinion of the Authorised Representatives and some of the visitors that the layout of the home was confusing and navigating it proved difficult at times as there was no clear signage inside the building.
- 9.8 On arrival at the home there was no management staff present.
- 9.9 Approximately 3.30pm the Operations Manager, Training Manager and Home Manager met with the Authorised Representatives.

## **10.0 Follow-Up Action:**

*The following information is to be requested from the service provider:*

- 10.1 One of the lifts was very old and unsteady. The home to supply service history and confirmation that it meets health and safety requirements.
- 10.2 Practice Fire Drill records and information to be requested including monthly drills format.

10.3 What additional support is given to residents with particular needs e.g. non-English speakers?

10.4 List of GP's that regularly support the home and undertake visits.

### **11.0 Recommendations**

11.1 The provider is to ensure all visitors sign the visitors book recording time of entry and time of leaving the home and to use the hand gel.

11.2 To ensure soiled/odorous materials are not left in the communal areas.

11.3 To ensure doors that should be locked are not left open.

11.4 Staffing levels to be reviewed at weekends.

11.5 All staff to wear an identification badge with name and job role.

11.6 Introduce clear signage for visitors and relatives around the home.

11.7 Ensure all staff wear the correct uniform for their position, so residents, visitors, relatives are able to identify who is who.

11.8 More inclusion of residents with meal choices. What choices are available for residents with specific dietary requirements.

11.9 More activities during the week and weekends to stimulate residents.

11.10 Resident names are put in their clothing so they are returned back to them from laundry.

11.11 Ensure all residents are given a timetable of activities to include where these will take place and what the activity will entail.

## ***12.0 Provider Response and Intended Action:***

- 2.1 The call bells have to be loud enough for the staff to hear all around the building in order to respond to residents' needs. Residents, relatives or professionals have never raised this as a concern.
- 2.3 & 2.4 These comments relate to a small patio area which is not for residents' use but nothing is mentioned of the lovely large garden with lawns, patio area, barbecue, flowers, hanging baskets, planters, well stocked borders and trees which the residents do enjoy.
- 2.5 The staff were totally unaware that a visit was taking place that day. It was highly unexpected particularly on a weekend by an organisation that they are not familiar with. The Home had only sent the email on the 25<sup>th</sup> of November 2016 to acknowledge that Health watch wished to carry out a visit. We hadn't had any time to notify the staff as the visit was undertaken the following day. The staff member was most surprised to see so many Authorised Representatives on a Saturday afternoon. Due to the number of people, an organisation unfamiliar to her and the unexpected visit, she felt apprehensive about letting people in and made a joke which was an inappropriate comment.
- 2.6 The Nurse was very surprised by the way the visit took place and with heightened anxiety forgot to ask. This was an isolated incident. The Visitors Book is used by all as can be evidenced from its availability and use.
- 2.9 I attach the Call Bell Analysis of the 2-hour period on the day of the visit. As you can see, 20 call bells were activated by 12 service users. The call bells were answered within a range of 4 seconds to a maximum of 5 minutes. The majority were answered within 1 minute or less. As mentioned above, the call bells do need to be loud for staff to be able to hear.
- 2.10 This is because the Catering Team are responsible for dealing with any spillages. Dirty cloths cannot be kept in the main entrance.
- 2.12 When the Operations Manager arrived at the home she noticed that the linen bag was full and was still in the corridor next to the lounge which was causing the odour. This was immediately removed and sent to the

laundry. This is to be expected in a general nursing home where there is certain amount of odour when pads are being changed and removed from the residents' bedrooms and not as a result of lack of hygiene and cleanliness within the home. Please note that the home is usually commended by visitors for being odour free.

- 2.13 The staff explained what they had done and were clearing up when the visitors walked in. It was also explained on the day that residents use the lounge if they wish but it is also for residents to have family meals with their families or private parties. The room gets set up as needed.

The temperature is maintained at 21 degrees throughout the building. Was the temperature taken on the day? If not, it was your preference on the day and not a fact.

- 2.14 A staff member had just been into the sluice a resident had just opened his bowels causing an odour. Unfortunately, this part of the course of within a nursing home.

However we acknowledge that the doors should have been locked.

- 2.21 We are an 80-bedded Home which has at least 20-30 visitors a day. The home has been operating for about 30 years and received at least annual visits from CQC, CCG and Social Services and lack of signage has not been an issue for any of the regulators. As this is our residents' home, signage is not required just like it is not required in our personal homes.

- 2.23 As we are a general nursing home, many of residents are too unwell to be able to use a bathroom and need to use continence aids. Depending on when the residents open their bowels, there can be a smell lingering for a while. The carer was not oblivious to the smell. She had immediately notified the Operations Manager that she was embarrassed when the Authorised Representative was in West Park when a resident had just opened their bowels. She would have provided you an explanation had you sought to clarify.

The home does not have bad odours unless it relates to residents normal bodily function which is temporary. We would have been more than happy to show you our cleaning schedules as evidence of regular cleans, deep cleans of bedrooms etc. on a rolling programme. We have annual Infection Control audits by the Infection Control team and they have never highlighted bad odour as an issue in our home. Please amend these sentences.

2.24 This is not factual but an opinion without seeking clarification regarding each resident and their specific circumstances. All residents have very detailed care plans as pride ourselves in providing person-centred care to all our residents. All residents have a document in their care file called 'Getting to know Me' which identifies their likes and dislikes. A short care plan called Daily Support Plan is also kept in the room detailing residents' likes and dislikes. We would have been more than happy to provide these details to you on the day regarding any residents you were concerned about. This is a general statement not based in fact.

2.25 We informed you on the day that we had had a leak and the maintenance man was dealing with it.

5.2 When the Operations Manager arrived at the home she noticed that the linen bag was full and was still in the corridor next to the lounge which was causing the odour. This was immediately removed and sent to the laundry. This is to be expected in a general nursing home where there is certain amount of odour when pads are being changed and removed from the residents' bedrooms and not as a result of lack of hygiene and cleanliness within the home. Please note that the home is usually commended by visitors for being odour free.

5.3 The home is not understaffed and in fact the levels are very good and are based on an occupancy / dependency model and also agreed with the local CCG.

5.5 This implies the home is failing to provide any kind of stimulation for the residents using one resident's comment. Our residents are elderly and most lack capacity. It would have been useful to have spoken to a few residents to get a better feel for what happens in terms of activities. Activities Planners are displayed on all notice boards. We would more than happily explained the process to you. For clarification, we hold a Residents Forum and the residents choose their activities. An assessment of their social care needs is undertaken by the nurses and the activities coordinators which are recorded. A record of any activity undertaken by each resident is also recorded. Monthly Activities Planners are displayed on the Noticeboards and kept in each bedroom. You had noted the Activities Planners on the noticeboards and the fact that we employ 2 activities coordinators.



- 5.7 Call bell audits are carried out by the manager and in addition the period of time it takes staff to answer is logged on a system. Staff are answering call bells promptly but I can imagine 1 minute feels a long time when you are a resident needing the toilet.
- 5.9 In this situation, the resident's family had arranged the replacement dentures themselves and these were being made at the time of the visit. The resident now has her new dentures. This is not a failure on part of the home.
- 5.10 The resident concerned struggles to understand her spoken language as she has dementia. We have staff who speak Punjabi and we also have picture cards available.
- 5.11 We are fully compliant with legal requirements in relation to the use of the bedrails. Bedrails where used are subject to risk assessments which are regularly reviewed. The design of the bedrails and covers is the design for all residents in all homes as they are there to protect the residents from sustaining injuries.
- 6.1 Please note the staffing levels are the same 7-days a week. The only difference is that all office staff, managers, activities staff and maintenance staff do not work weekends. Relatives can ring the call bell if assistance is required. This has been re-iterated with them via Relatives Meetings.
- 6.2 The relative concerned does become confused due to his own mental health the Resident was not in pain and had been reviewed by Compton Hospital.
- Please note the lift has been serviced on a regular basis and meets regulations.
- 7.2 Residents eat where they chose, there is not a first floor dining area.
- 7.3& 7.4 The residents are consulted on admission re their dietary likes and dislikes. The residents are consulted twice a year when the summer and winter menus are implemented so that the residents' choices are incorporated into the menus. The residents choose from the set menu which has 2 main options. If residents prefer an alternative, alternatives are provided. We have evidence as alternatives are recorded. It would

also have been helpful for you to ask staff particularly catering staff what the arrangements were as well as consulting a number of residents.

- 9.1 The staff member had been provided with a maternity uniform the “do not disturb tunics” are for when medication is administered.
- 9.2 This is due to the layout of the home and staff are usually delivering care to the residents in their rooms. The staffing levels as agreed with CQC and Social Services are on duty 7-days a week. We would have shown you the staffing rotas had you requested this information and there was a full complement of staff on duty.
- 9.4 The smell had come from a skip bag that should have been taken to the laundry and from a resident who had his bowels opened. The home does not have bad odours unless it relates to residents normal bodily function which is temporary. We would have been more than happy to show you our cleaning schedules as evidence of regular cleans, deep cleans of bedrooms etc. on a rolling programme. We have annual Infection Control audits by the Infection Control team and they have never highlighted bad odour as an issue in our home. We are usually commended on having no odours by visitors and have achieved Silver infection control status.
- 9.5 We acknowledge this and will be addressing with the Manager and Staff.
- 9.6 The call bells were answered promptly which is what is important. There will be a lot of activity as we are an 80 bed nursing home.
- 9.8 The Home Manager, Care Manager and the Operations Manager do not normally work at weekends unless required. All staff require 2 days off each week for rest. This is the norm in the NHS, the healthcare sector and most other sectors providing 24/7 service.

We were not aware of the date of your visit which occurred at the weekend. The Home Manager, Care Manager and Operations Manager attended as soon as they were informed. There were 2 Unit Managers in the building. The Home Manager and the Operations Manager were on call. We did inform you of this on the day but note that you have not included this in your report! Please remove as not relevant.

- 10.1 Service history and evidence that the lift meets Health & Safety Standard has been supplied.

- 10.2 Fire Drill information and our Fire Policy has been supplied evidencing we meet legislative requirements.
- 10.3 Every resident is individually assessed prior to admission to make sure we can meet their needs. We have one resident who communicates with his feet using specialised equipment and a couple who are deaf. We have staff who speak a variety of different languages and employ staff from diverse cultural backgrounds. We have communication aids such as picture cards and documentation in various languages. We can also access an interrupter and speech and language therapist if required.
- 10.4 A list of GPs was supplied as requested.
11. 1 This was an isolated incident we will remind staff in the next meeting.
- 11.2 This was an isolated incident we will remind staff in the next meeting.
- 11.3 We will remind staff in the next meeting and the home manager will monitor.
- 11.4 The staffing is the same at the weekend as in the week.
- 11.5 We will remind staff in the next meeting and the home manager will monitor.
- 11.6 We will not be introducing signage as it is the resident's home.
- 11.7 The staff already wear the correct uniform.
- 11.8 We already have full inclusion with our residents in menu planning and choices.
- 11.10 Sometimes relatives bring items that are unlabeled sometimes they are labelled in pen and the writing washes out. We advise our residents & relatives of a tag service that is more robust.
- 11.9 & 11.11 This implies the home is failing to provide any kind of stimulation for the residents using one resident's comment. Our residents are elderly and most lack capacity. It would have been useful to have spoken to a few residents to get a better feel for what happens in terms of activities. Activities Planners are displayed on all notice boards. We would more than happily explained the process to you. For clarification, we hold a

Residents Forum and the residents choose their activities. An assessment of their social care needs is undertaken by the nurses and the activities coordinators which are recorded. A record of any activity undertaken by each resident is also recorded. Monthly Activities Planners are displayed on the Noticeboards and kept in each bedroom. You had noted the Activities Planners on the noticeboards and the fact that we employ 2 activities coordinators.

### ***13.0 Disclaimer***

Please note that this report relates to findings observed during our visit made on Saturday **26 November 2016**. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.