Enter & View Visit Report

Details of Visit

Service Name and Address	Meadowbrook Care Home Twmpath Lane Gobowen SY10 7HD
Service Provider	Four Seasons (DFK) Ltd.
Date and Time	Friday 20th January 2017, 2pm – 4.30pm
Visit Team	Three Healthwatch Shropshire Enter and View Authorised Representatives

Purpose of the Visit

Dignity, Choice and Respect: to explore the quality of life experienced by residents in this 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.

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Context of Visit

Healthwatch Shropshire gathers 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 provided. These visits are called Enter and View and always have a purpose.

Enter and View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced.

When ARs from Healthwatch Shropshire (HWS) visited this care home in October 2015, they made a number of recommendations. Since then we have received feedback from other organisations and learnt that a new manager is in place, so we decided it was appropriate to do another visit. This was a semi-announced visit, with the home manager being given written notification that a visit would take place in January 2017.

What we were looking at

How the home provides individualised care

We asked about:

- the choices residents have e.g.
    - the food they eat
    - activities available
    - personalising their bedrooms
- support for residents in personal care and hygiene
- if residents are happy living in the home

Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents

- how staff find out about a resident's previous life and their likes and dislikes
- if residents are dressed properly
- if privacy is respected in providing personal care

Whether the home offers a safe environment for the residents

We looked at or asked about:

- whether the home meets standards for being 'dementia friendly'
- complaints procedure: opportunities to complain without fear
- staffing levels, staff recruitment, qualifications, training

What we did

Our arrival coincided with meetings for residents, family members, the management team and staff. These were organised in each of the three units. The manager asked a Care Assistant to show us around the home while she returned to the last of these meetings. We also met the Regional Manager for Four Seasons who told us she had taken on responsibility for this care home two weeks previously.

The Care Assistant showed us around the building. We then met with residents and staff. We spoke to 12 residents in the Agnes Hunt and Mary Powell units, and two relatives. There were several other residents we greeted and observed but we were unable to have a conversation with them.

One AR focused on observing interactions between staff and residents.

What we found out

The home

The home is purpose-built. Windows are large and the communal areas are well-lit. There are 79 bedrooms[1] and the home is managed in three units. Different colour schemes are used in the three units to help residents find their way around and most corridors have bright pictures or themed displays (such as a seaside theme in the main corridor of the Garrett Anderson unit).

The **Mary Powell** unit is for the frail and elderly, many of whom have some nursing needs. The lounge in the Mary Powell unit is part of a large open space through which many people pass. There were a few comfortable chairs for residents but these were not grouped to encourage residents to interact with one another. Doors open into a large dining room, with a kitchen off it. There was a music system set up on a table close to the dining room.

We observed staff frequently going in and out of the kitchen during our visit and it seemed to be an important meeting place.

The nurses station is situated so that all the bedroom doors in the Mary Powell unit can be seen, as well as through the connecting door into the Garrett Anderson unit. This station holds all the care plans for Mary Powell residents and at different times during our visit we saw it used by all grades of staff. During our visit there was no-one at the station for long periods, and no staff could be seen in the corridor. On two occasions one of the visit team walked some distance to find a member of staff to respond to a resident's need for help.

The **Garrett Anderson** unit is for people with severe dementia. Off the main corridor there is a space with some dining tables where we saw three residents; this leads to another brighter space with windows overlooking the garden. There were no residents seated near the windows when we visited. There were very few residents in the communal areas in this unit during our visit and none of them were able to communicate with us.

[1] Since the visit the Home Manager has informed HWS that the home 'is only 69 bedded over 3 units'.

The **Agnes Hunt** unit is a specialist unit for younger people with neurological and physical disabilities such as stroke, multiple sclerosis and brain injury. In the Agnes Hunt unit there were two linked communal rooms. One room, visible from the corridor, contained a dining area with a small kitchen and a television. The second room was more private and was not used by residents during our visit. We observed that these rooms are functional rather than cosy, allowing the free movement of large motorised wheelchairs. There is also a room that contained materials for arts and crafts and other activities, and a large, bare room reserved for residents who smoke.

Overall the communal environment in all three units seemed designed more for functionality than homeliness. There did not seem to be any smaller, more intimate spaces for people to go to other than their own bedrooms, and everyone in the communal areas was very much on view.

The toilets that we saw had no natural light. The ventilation system appeared not to be functioning and the toilets smelled musty and unpleasant.

Individualised care

Choices

- **Menus and food**

The week's menu was clearly displayed, offering two main courses and two dessert options for lunch. We were told each resident is given a copy. It was not clear to us how the meals are modified for people with diabetes. No resident we asked could tell us what they had had for lunch, but one said the meal was "very nice" and they were offered plenty to drink. Another said they thought there was enough choice at mealtimes. One resident, who did not appear to have any teeth or dentures, was rather confused; but in response to a direct question told us they had 'proper' food, not a soft diet.

During our visit we spoke to one resident who was sitting in the dining room, finishing a late lunch. They told us this was because they had chosen not to get up until 10.00 a.m. Another resident reported that they had asked to eat breakfast in their bedroom that morning and staff had brought it to them.

- **Activities**

On the back of the week's menu there was a list of morning and afternoon activities for the week. We spoke to one of the three part-time activities co-ordinators, all of whom have taken up post in the last few months. We were told that there are activities most mornings. These are based in each of the three units, and include one-to-one engagement. The activities coordinators encourage residents from all the units to join together for the afternoon activities. There was a dominoes session in progress when we arrived, which one resident told us they had enjoyed.

The activities co-ordinator told us that the home has a minibus, which can take wheelchairs (although not the large electric models), and some residents were taken on a Christmas shopping trip in December. They explained that it can be difficult to engage with residents with dementia, but music and stimulating past memories can offer a way in.

- **Personalising bedrooms**

On all three units the majority of bedrooms with open doors showed that residents had photos and other personal and decorative items on display.

In other bedrooms the furniture seemed functional and the rooms were without coloured decor or personal items. Visitors of one resident told us that the bedroom was bare because their relative preferred to stay in the lounge.

Residents on the **Agnes Hunt** unit had their own TVs and several had CD players. There is Wi-Fi available in this unit and several residents have their own phones. One resident, who could not speak, was in their room and there were laminated cards for them to use e.g. "I want to go to bed".

Personal care and hygiene

All residents in the Agnes Hunt unit need a lot of personal care and support. Many of them spend the whole day in their personalised electric wheelchairs. They told us the staff are flexible, helping them to get up at the time they choose, and to wash and get dressed. The Physiotherapist told us that all these residents need some physiotherapy to maintain function in their limbs, but there are not sufficient staff to promote active rehabilitation. One person in an electric wheelchair was looking for a named member of staff "to change my position", but then said "I'll wait now for my physio session".

We saw some residents in well-padded chairs which were tipped back, supporting their legs. It seemed to us that it would be impossible to change position without assistance. A resident in the Mary Powell lounge in one of these chairs was placed so that they could see a cage with two budgies. Along the Mary Powell corridor some bedroom doors were closed, but in others residents could be seen in chairs, and a few were seen dozing in their beds. In one bedroom a resident sitting in a chair had pushed off clothing, leaving their legs and lower body exposed. The AR went in search of a care assistant to attend to this resident. We were told that the resident is in a very confused state and this is frequent behaviour. We were concerned that this resident's state of undress could be seen by anyone in the corridor.

From another bedroom a resident called loudly several times for help to go to the toilet. This seemed to go unnoticed by staff so one of the visit team went to find a care assistant[2]. We saw boxes on the walls near beds which seemed likely to be call bells. We did not hear any call bell sound during the visit[3].

When speaking with some of the residents we observed that their teeth had not been cleaned recently. Others did not appear to have any teeth or dentures in their mouths.

[2] Since the visit the Manager of Meadowbrook has informed us that the staff 'are fully aware of this resident and they are not ignored. The resident is on the Dementia unit and has been seen by their GP, and the Community Psychiatric Nurse (CPN) has discharged them. If the staff intervene this can make the resident more distressed, so they monitor them closely and they are in no terms ignored.'

[3] Since the visit we have been told that the home uses the Quantec call bell system and each room has a call bell which sounds throughout the home when pressed.

We were invited into one bedroom by a friendly gesture as we passed the open door. From responses to our questions, this resident appeared to be hard of hearing. There was another resident in the lounge, who waved at passing staff in greeting, who was deaf. We realised this when we tried to talk to them but they were not wearing a hearing aid. We did not see any residents wearing hearing aids during our visit.

What residents say about living in the home

One resident, who has lived in the home for about a year, said she likes being here. She needs a wheelchair to get around, but said the staff are helpful. She used to live locally and so has lots of visitors, who are always welcomed by the staff. She enjoys the food and there's always plenty of choice. She told us that every day after lunch she goes back to her room for a rest. She said she can't rest in the lounge as "there's too much going on".

Another resident said that their nearest family members were on the south coast, but they keep in touch by phone. They were complimentary about the care they receive and liked living in the home. They said "you get close to" some of the other residents living here.

One resident, who has been in the home for about eight years, told us they really missed a member of staff who had left some time ago but said that the Deputy Manager "works really hard and always has time for you". Another said "all the carers are alright here".

Dignity and Respect

How staff interact with residents

Residents we spoke to said that their interaction with staff was good.

We were told:

- "Staff are always very kind"
- "Staff always come when called"

But we also heard:

- "I don't want to be a trouble"
- "I hope I haven't said anything wrong"

Some residents and relatives were aware there were staff shortages. "The staff are good but you may have to wait if they are short (staffed) but they will tell you if they have to go and do something else and then come back."

During our visit we did not observe any instances of personal care. We were concerned about the privacy of a resident in their bedroom in a state of undress, who could be seen from the corridor.

Finding out about a resident's previous life and their likes and dislikes

All residents have a personal record of their interests, previous life history, and likes and dislikes which are available to care staff and are used by the activities team to plan future sessions and events.

There is a large, plain room in the Agnes Hunt unit which is reserved for people who smoke. There were three residents in there who told us they are the only smokers in the home. They acknowledged that it is important they do not smoke in their bedrooms. The ARs thought this room very uninviting, and not at all an environment one would expect in one's own home. There was one small table, with a single large ashtray over-flowing with cigarette butts, positioned in a corner under a noisy extraction fan, and a single wooden dining room chair.

If residents are dressed properly

All residents we saw in the communal areas were dressed appropriately for the time of day. Several residents had only bandages on their legs, and others wore bedroom slippers. One resident told us they sometimes “end up with other people’s clothes”. However this was from a long-term resident and it was unclear when this had happened.

When residents were wearing glasses these always appeared very clean and free from smears. When the matter of caring for hearing aids was raised with residents in Agnes Hunt unit, while no-one spoken to required one, there were humorous comments relating to other people needing them. We asked about access to dentists and opticians and the residents told us that they go to the dental health clinic locally if necessary and that the optician visits the home every six months.

A safe environment

‘Dementia friendly’ environment

The decoration and furnishings of Garrett Anderson unit demonstrate recognised good practice in creating a ‘dementia friendly environment’. For example, toilet doors are clearly indicated by text and pictures and the walls are gaily decorated with bright colours and familiar themes. In the lounge area there was a large face clock and the day of the week in large text to help residents orient themselves.

Complaints procedure

The complaints procedure was prominently displayed in the main reception area. Meetings had been arranged for the afternoon we visited to discuss issues with residents and their visitors.

A number of residents were asked about making complaints and all said that they did not need to make complaints and that if they did in the future they would talk to the manager. One resident said “I would be wary about complaining”. We were also told of an issue that had arisen regarding a mattress that was too hard. The resident told us that staff had refused to change it because they would be moving into their own flat ‘soon’ although the resident did not know when they would be moving.

Staffing levels, staff recruitment and training

The Regional Manager told us there had recently been a strong drive to recruit for the home, and they had been able to reduce reliance on agency staff, although the location of the home on the Welsh border limits the scope for recruitment, particularly of qualified nurses.

We saw several notices on staff notice boards in each unit giving details of the training sessions offered in the next three months covering a range of relevant topics such as dementia awareness, activity and engagement and infection control. Each notice required all staff to attend one of the two or three sessions on each topic, many of which were at times convenient for night staff. Other notices advertised limited places on external training courses on the Mental Capacity Act and for Deprivation of Liberty Safeguards (DoLS). The manager told us that staff are also encouraged to use a range of e-learning courses while on duty.

We asked one care assistant about the training and support they received when they started working in the home. They told us the most important thing they had learned was how to respond to the different residents' preferences. When we asked how they learned to give personal care, such as helping people to clean their teeth, we were told that oral health was the responsibility of the nurses. They were not able to explain how they had been supported to learn about giving personal care. The two relatives we spoke to said that the standard of agency staff had not been good and that things had improved under the new manager. They were enthusiastic about the care their relative received, and the food and activities.

The Regional Manager told us that there have been discussions with a Physiotherapist about ideas to develop a more active rehabilitation programme for the residents in the Agnes Hunt unit.

Observation Summary

One of the members of the Enter and View team conducted observations throughout the visit, rather than speaking with residents and staff. This observation covered the residents' communal living environment, the general routine of the home and interactions between residents, and between staff and residents, in the communal areas.

Observation ratings for staff-resident interactions

The AR rated each observation as:

- Positive, showing a high level of compassionate care; or
- Passive, showing good care but little empathy or positive engagement with the residents or their visitors; or
- Poor, showing a lack of care and compassion. During our visit there were no Poor ratings.

The AR also noted the staff's attention to the home environment, covering issues such as cleanliness and tidiness, noise levels, and the steps taken to maintain high standards.

Observation findings

The AR observed few staff-resident interactions during the two-hour visit, and all were brief. Many residents were in their own rooms. On the Agnes Hunt unit the AR noticed through three open bedroom doors that there was a Care Assistant seated on the floor, apparently tidying or sorting the resident's belongings and equipment. Although the residents were present in their rooms, there did not seem to be any conversation or other interaction going on between the staff and residents in each room as the AR passed by.

For much of the time in all three units the few residents who were in communal areas were either asleep or not conversing with each other, and the AR did not observe any member of staff spend time interacting casually with them. Staff passing on other business smiled, and some returned waves from some residents, but did not often stop and talk, and never for more than a minute or two.

After the domino-playing session staff wheeled four residents into the Mary Powell lounge but did not position the wheelchairs in such a way that these residents could talk to each other easily. The AR did not see the residents in the wheelchairs being asked if they would like to transfer to armchairs. There were three other people who were already in different parts of this large area. Another person came in and was helped into an armchair by a member of staff.

Several residents gestured and waved to staff passing by and appeared to be keen to interact with the staff but were not given much opportunity. There was some limited conversation between two or three of the residents who had just finished the dominoes session but it was not sustained.

1) **General Care**

   Thirteen specific observations were made in this category, of which eight were Positive and five were Passive

2) **Engagement**

   One specific observation, which was Positive, was made in this category.

3) **Safety**

   No specific observations were made in this category. All areas observed were free of trip hazards and other clutter, and were clean and tidy.

Some examples of compassionate care

- A staff member stopped to speak to a resident in a wheelchair, placing a hand lightly on their shoulder, bending down to them, using their name, talking cheerfully to them for a few minutes.
- A resident was wheeled in from an afternoon nap and transferred with great attention and kindness to their personalised chair.
- A staff member knelt down next to a resident who had been listening to music which had finished, asked them in a clear and friendly manner if they wanted anything else, then searched for the music requested and put it on.
- A resident in a communal area had just woken up and seemed distressed. When a care assistant arrived, they took the person's hands in their own, crouched down, and spoke calmly and reassuringly to them.

Some examples of passive care

- Residents wheeled in from the dominoes session were parked on the edge of the carpet closest to the doors into the reception area. The doors were open, but earlier had been closed by a member of staff who said that it tended to be draughty if they were left open. These residents were not asked where each of them would like to be placed, for example whether they would like to move further in to a more attractive seating area in the window bay or sit in a way that allowed them to speak to each other.
- Care staff frequently passed by residents without looking at them, or responded to an attempt to engage with a quick smile and a wave.
- When the tea trolley arrived, drinks were carefully made and placed within the reach of each resident. Several residents seemed eager to talk but the staff made no attempt to engage any of them in conversation during this process.
- A resident with severe tremors appeared to be trying to adjust something on their chair but the staff present appeared to pay no attention. The resident was not asked if they were comfortable or felt secure in their chair. This resident was given a drink in an appropriate lidded cup which was placed within reach but there was no attempt at communication.

Summary

The care observed during this visit was in all cases appeared safe, friendly and cheerful. However, it was often offered in passing, as it were, and there did not seem to be any sustained staff presence. Residents did not appear to be offered much in the way of stimulus or normal social interaction. Even those residents who clearly wished to engage with others soon lapsed into silence or went to sleep.

Additional Findings

- Seven residents were asked to rate the care received on a scale of 1 to 5 where 1 was poor and 5 was excellent. Six respondents gave a score of 5 and one said "I don't think about it".

- On at least two occasions we heard residents, one in their bedroom and one in a communal area, who shouted and screamed. It was a long time (7+ minutes) before a care assistant attended to the resident in the communal area and calmed them down. As with the resident who had thrown off their clothes, we were told that this screaming behaviour was 'normal' for the resident. We were concerned by the length of time it took to attend to these residents, considering their obvious disturbance and the discomfort for other residents having to listen to quite distressing cries.

Summary of Findings

Choices – food

- Residents said they enjoyed their food and there was a good choice. We did not find out how specialised diets are catered for.

Choices - activities

- A recently recruited team of three activities co-ordinators are developing a programme of activities suited to the varied needs and capabilities of residents.
- There is a well-stocked activities room on the Agnes Hunt unit.
- There is a mini-bus that can be used to take residents out but it does not take large electric wheelchairs.

Choices – personalisation of bedrooms

- Most bedrooms that we saw had photos displayed and other personal touches, but in others the furniture and decor were plain and functional.

Quality of life – social interaction

- The few residents we asked all said their interaction with staff was good. Two residents in different units praised the staff, saying they are kind and attentive and they 'like living here'.

- Four positive interactions between staff and residents were observed during the visit. However we saw very few examples of staff chatting to individual residents, even when serving them a drink or tidying their bedrooms.
- After the afternoon activity session, staff wheeled four residents into the Mary Powell lounge but did not position the wheelchairs in such a way that these residents could talk to each other easily.

Quality of life – personal care

- Of seven residents asked to rate the care they received, six gave it the top mark. From talking to residents it appeared that staff show flexibility in responding to individuals' wishes e.g. in respect to times of getting up when needing help with washing or dressing, or choosing to have meals late or in their own room.
- The AR observed 8 examples of compassionate care and 5 examples of passive care during the visit.
- One resident's state of undress was visible to anyone in the corridor.
- From a bedroom a resident called loudly several times for help to go to the toilet, without being heard by staff.
- When speaking with some of the residents we observed that their teeth had not been cleaned recently. Others did not appear to have any teeth or dentures in their mouths.
- We did not see anyone with a hearing aid, although we met residents who had impaired hearing.
- We did not hear a call bell sound during our visit, although we saw or heard at least five residents seeking help or attention over the period, once for over 7 minutes. On two occasions ARs went in search of staff to respond.

Environment and furniture

- The decoration and furnishings of the Garrett Anderson unit demonstrate recognised good practice in creating a 'dementia friendly environment'.
- The Mary Powell lounge is a large, rather impersonal space with relatively few comfortable chairs for residents.
- There is a large, plain room in the Agnes Hunt unit which is reserved for people who smoke. The ARs thought this room very uninviting and not at all an environment one would expect in one's own home.
- The toilets that we saw had no natural light. The ventilation system appeared not to be functioning and the toilets smelt musty and unpleasant.

Staffing

- Managers acknowledged to us there had been inadequate staffing levels and a reliance of agency staff. A recent successful recruitment initiative means there are a number of inexperienced care staff who need ongoing support, training and supervision.
- The Physiotherapist told us that there are not sufficient staff to promote active rehabilitation.
- Staff notice boards in each unit list training sessions offered on a range of relevant topics.
- There appeared to be a lack of guidance for newly recruited staff. For example a care assistant, who had not previously worked in the care sector, was unable to explain how they had been supported to learn about giving personal care.
- Residents appeared to be left unsupervised or not attended to for long periods.
- There are personal records of residents' interests, life history, likes and dislikes that are easily accessible to staff.

Recommendations

- Consider how to promote more social interaction between residents who are able, and support new staff in learning how to include social interaction in their daily tasks.

- Ensure staffing levels are appropriate for the needs of residents, including rehabilitation; to enable staff to have the time to interact with the residents in their care and to respond to them promptly.

- Consider whether some smaller, more intimate spaces can be created in the large lounge by using furniture and screens, without compromising staff supervision of residents.

- Develop training programmes delivered by specialists to help staff understand the complex needs of residents with profound neurological disorders and physical disabilities.

- We would encourage the management team to ensure that all care staff who support daily personal care are familiar with and follow the current National Institute for Health and Care Excellence (NICE) guidelines for oral health for adults in care homes[4].

- We would encourage the management team to ensure that residents have regular hearing tests and those who need hearing aids are supported to use them and have them maintained.

- Consider how to accommodate those residents who smoke, in an environment that feels more like a part of their home.

- Take action to address the condition of the toilets.

Service Provider Response

Healthwatch Shropshire has received the following response to the Enter & View visit and report from the Manager of Meadowbrook:

I would like to raise the following points which were discovered whilst reading your report:

- The report states that the home is 79 bedded, when it is only 69 bedded over 3 units.

- The report states that there was a resident who called loudly several times for help, we are fully aware of this resident and they are not ignored. The resident is on the Dementia unit and has been seen by their GP, and the Community Psychiatric Nurse (CPN) has discharged them. If the staff intervene this can make the resident more distressed, so they monitor the resident closely and they are in no terms ignored.

- Regarding the internal smoking area this has been responded to in the action plan as to why this area is not personalised.

[4] Published 5th July 2016 nice.org.uk/guidance/ng48

- In response to the environment, the residents like the lounge and were involved in selecting items such as the pelmets and soft furnishing for the lounge during our recent refurbishment. The resident who sits next to the budgies, that is their personal preference and this is incorporated into their care plan.

- In response to the toilets, due to the lay out of the building we are unable to provide natural light, however these areas are to be repainted and freshened up.

Healthwatch Shropshire has received the following information and action plan from the Home Manager in response to our recommendations:

Consider how to promote more social interaction between residents who are able, and support new staff in learning how to include social interaction in their daily tasks.

- New induction programme for new staff
- Skills for Care
- Training for activity staff which will enable activities to be more person centred

This will be overseen by the Home Manager and completed by 31st March 2017.

Ensure staffing levels are appropriate for the needs of residents, including rehabilitation; to enable staff to have the time to interact with the residents in their care and to respond to them promptly.

- Nurses are to review the current dependency levels of each resident and ensure that the information is live and accurate. This is then transferred over to our CHESS tool (CARE HOME EQIVALANT TO SAFE STAFFING LEVELS)
- Allocation boards are to be completed daily
- Down time with staff on each unit

This will be overseen by the Home Manager and completed by 31st March 2017.

Consider whether some smaller, more intimate spaces can be created in the large lounge by using furniture and screens, without compromising staff supervision of residents

- Flash meeting with activity staff to discuss offering choice of where residents would like to sit in the lounge area during activity time.
- Discuss with the residents and relatives at the next meeting feedback about the layout of the main lounges and take into consideration their thoughts and views of their home. Feedback, if any, will then be considered and reviewed.
- Discuss with the staff at the next staff meeting the walk through area of the main lounge. This is the direct route to the staff room and tea/coffee making facilities for staff and visitors. Discuss and review that this is the main lounge for the residents and their families. Is there alternative routes that can be taken? Even look and discuss closing off the unit doors.

This will be overseen by the Home Manager and completed by 31st March 2017.

Develop training programmes delivered by specialists to help staff understand the complex needs of residents with profound neurological disorders and physical disabilities.

- Training programmes are already in place to include specialist training in the key areas.

This will be overseen by the Home Manager and completed by 31st March 2017**.**

We would encourage the management team to ensure that all care staff who support daily personal care are familiar with and follow the current National Institute for Health and Care Excellence (NICE) guidelines for oral health for adults in care homes.

- Staffs are supported to deliver personalised care to residents via their care plans which are reviewed on a regular basis.

- NICE guidelines are not advocated in relation to oral care as they display/recommend restraint which is against Four Seasons Health Care (FSHC) policy.
- Oral assessments are being completed on an individual basis and where applicable the local dentist is being requested.
- Individual letters will be going out to the families to update them on the above point so they can be included in the best interest process. We will consider historical information from the families about oral hygiene and dentist input.

This will be overseen by the Home Manager and completed by 31st March 2017.

We would encourage the management team to ensure that residents have regular hearing tests and those who need hearing aids are supported to use them and have them maintained.

- Hearing tests are to be arranged but will need to discuss this with their GP.
- If the resident has to pay for the test this will need to be discussed with the resident/families.
- Communication care plan to be updated and to reflect the above, and hearing aid settings, with care/staff support.

This will be overseen by the Home Manager and completed by 31st March 2017.

Consider how to accommodate those residents who smoke, in an environment that feels more like a part of their home.

- Health and Safety Act 2006 and smoke free premises and enforcement regulations state that all enclosed premises and company vehicles are to be smoke free.
- As per the act the internal smoking area are restricted to combustibles/non-essential items being stored in the smoking areas, so it is difficult to promote a smoking environment to be part of the home.
- As part of environmental planned works the smoking area is being moved to the internal court yard area.

This will be overseen by the Home Manager and completed by 31st March 2017.

Take action to address the condition of the toilets.

- All communal toilets will be reviewed and an environmental/decoration plan will be put in place.
- Due to environmental restraints in communal toilets, Biozones will be rented to be placed in communal toilet to purify the air.

This will be overseen by the Home Manager and completed by 31st March 2017.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their 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 peoples 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!

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