

Enter and view report

**Cedar Park Residential and Nursing
Home**

27-28 Oldfield Road, Bath, BA2 3NG

Wednesday 15 March 2017

Authorised Enter and view representatives:

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1 Introduction

1.1 Details of visit

Details of visit:	
Service address	27-28 Oldfield Rd, Bath BA2 3NG
Service provider	Desai Care Homes - Cedar Park Residential and Nursing Home
Date and time	Wednesday 15 March 2017 (11am - 13.00pm)
Authorised representatives	Jane Fell, Roger Tippings, June Vince and Heather Devey
Contact details	Healthwatch Bath and North East Somerset, The Care Forum, The Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ.
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1.2 Acknowledgements

Healthwatch Bath and North East Somerset's authorised enter and view representatives wish to express their gratitude to the residents, families and carers who generously participated in conversations with Healthwatch. We would also like to thank Cedar Park Residential and Nursing Home management and staff who were willing and able to engage with us and answer our queries. Staff were welcoming and helpful.

1.3 Purpose of the visit

Enter and view visits are part of an ongoing programme of work being implemented by Healthwatch Bath and North East Somerset to understand the quality of patient experience across the area. Authorised representatives undertook a two-hour morning enter and view visit to Cedar Park Residential and Nursing Home with the purpose of finding out about residents' lived experiences of care. This was done by gathering feedback from residents, family, and managers/nurses/carers about their experiences of life and care at Cedar Park Residential and Nursing Home.

Further information about Healthwatch Bath and North East Somerset and Enter and view visits is available on the website: www.healthwatchbathnes.co.uk

1.4 How this links with Healthwatch Bath and North East Somerset's strategy

A key priority laid out in the Healthwatch Bath and North East Somerset work plan for 2016/17 was to engage with older people and people with dementia, and to enter and view care/nursing homes across the county. Enter and view provides an ideal tool to hear the views of residents in care homes.

1.5 Disclaimer

- This report relates only to specific visit times.
 - This report is not representative of all service users, staff and visitors (only those who contributed within the restricted time available).
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2 Methodology

2.1 Planning

A monthly planning meeting is held by authorised enter and view representatives. These are used to agree which observations to focus on and draw up prompt questions to use during enter and view visits. Observation templates and prompt questions have been continually amended and revised as the authorised representatives' learning and knowledge has developed.

Cedar Park Residential and Nursing Home was selected for an enter and view visit as a provider whose Care Quality Commission (CQC) inspection and report in April 2016 had graded as overall 'good', but 'requiring improvement' regarding the CQC criteria "Is it safe?". In line with the Healthwatch Bath and North East Somerset work plan, it is a large nursing home for the elderly with Dementia residents.

Healthwatch coordinates its enter and view work with commissioners at B&NES Council, Bath and North East Somerset Clinical Commissioning Group and the CQC to maintain a positive working relationship with homes, to ensure that visits do not clash with formal inspections and to share any recommendations made and responses received.

On Wednesday 15 March, four authorised enter and view representatives visited Cedar Park Residential and Nursing Home.

On arrival enter and view representatives had a briefing with the registered nursing home manager before conducting the visit. The briefing included health and safety, an introduction to the home followed by a tour indicating which residents it would be possible or not to approach.

At the end of the visit the representatives undertook a de-brief to discuss their observations, any conversations held and identify any areas of best practice or concern.

2.2 How was practice observed?

Enter and view representatives visited each wing of the home and spoke with residents, relatives and staff. They observed the environment and interactions between staff and residents/relatives. One enter and view representative focused and spoke with a range of senior and nursing/care staff.

The authorised representatives spoke with four residents, one visitor/relative and nine members of staff.

2.3 How were findings recorded?

Notes were made by all authorised representatives from their observations and any conversations held with staff, residents and visitors. These conversations were semi-structured and underpinned by the use of a template and a list of prompt questions. The conversations were recorded, collated and then formalised into this report. All direct quotes are displayed in **bold**. Comments were recorded anonymously.

2.4 What happens with the feedback Healthwatch Bath and North East Somerset has gathered?

The draft report will be shared with Cedar Park Residential and Nursing Home who will have 20 working days to comment on any recommendations made, outlining what steps the home will take to improve care. The report will also include areas of good practice.

The final enter and view report and the service provider's response will be shared with the CQC, Healthwatch England, the local authority, the Clinical Commissioning Group and the service provider we visited.

The report and provider's response will then be uploaded onto the Healthwatch Bath and North East Somerset website for residents and the public to read.

2.5 About the service

Cedar Park Residential and Nursing Home is registered to provide personal and nursing care for up to 52 people. The service is run from two connected buildings on the same site. Both Georgian wing (32 bedrooms) and Orchard wing (20 bedrooms) provide general nursing care for people with enduring physical conditions or conditions resulting in physical disability. The home provides long or short term care, respite, convalescence, placement whilst waiting for specialist external assessment for a permanent care package, hospital admission avoidance and packages for people with complex or unstable needs (Continuing Healthcare). Dedicated care is also provided for people who are approaching the end of their life. On the day of our visit 41 rooms were occupied.

3 Findings

3.1 First impressions

- Cedar Park is a listed Georgian building which operates as two separate wings: the Georgian and Orchard wings. The Georgian wing is the original part of the house and Orchard wing is relatively modern. The home is a large detached Georgian building with a small car park at the front; the entrance and gardens appeared well maintained. The rooms and communal areas were linked by a series of staircases, lifts and corridors.
- The entrance to the home was secure with a receptionist at the front desk and a signing-in book for visitors. The home appeared spacious, well decorated and had a homely feel. We were not asked to sign-in or show our ID badges. We were greeted warmly by the manager of the home and the staff we met were friendly and welcoming. The manager briefed us about the home, health and safety and which communal areas were available to visit.
- The home has undergone a recent programme of redecoration, as a result it was well decorated throughout and, although formal in some areas, retained a homely feel.
- The home smelt clean with a general appearance of being well cared for, and the communal areas were well furnished, bright and airy.
- The reception was at the tail end of the redecoration programme and consisted of a large open space. It was well-furnished and included a variety of notice boards, desks/tables with information, leaflets and books.
 - A photo album evidenced the range of activities, depicting well supported activities and resident participation, e.g. percussion/music sessions, magician, craft and art.
 - A 'thank you' album - with many recent relatives'/friends' letters and cards which evidenced high satisfaction, gratitude and heartfelt thanks for the high standard of care provided for loved ones.
- The notice board included:
 - A monthly newsletter 'Cedar Park News' - was informative, interesting and linked residents to other cultures, important dates, regional and national celebrations/themes, birthdays and an activity schedule.
 - A residents' survey and covering letter for residents' representatives (visitors/relatives) to complete on their behalf. The survey focused on leisure and social activities, meal times, personal care, health care, home environment, laundry services, staffing and management.
- Double and single bedrooms were observed.

- Bedrooms were light, airy, well-furnished and decorated; personal items were visible in individual rooms.
- The home was busy with a regular doctor visit, the residents' morning tea round, cleaners and staff working.
- Some residents remained in their bedrooms through personal choice or ill health.
- All bedrooms have washbasins and there were toilets and bathrooms on each floor but no single sex bathing, toilet, shower facilities were apparent.
- The bathrooms and toilets were modern, well furnished, appeared and smelt clean.
- The views from the lounge and conservatory (in both wings) were over well-tended gardens (patio, lawns and flower beds).
- Corridors were uncluttered, clean with good lighting.
- Communal areas (TV/lounge/dining room) in both wings were connected, well furnished, light, bright and well used.
- Residents were observed enjoying TV, with laughter and conversations between residents and residents and staff.
- Resident quotes:
 - "I like it here"
 - "room comfortable, slept well"

4 Environment

4.1 Nutrition, hydration and food

- The food was prepared on site in the kitchen by a chef and kitchen assistant. Two additional staff joined the regular kitchen staff twice a week for deep cleaning.
 - The kitchen was clean and the freezer and store room appeared well managed. Dietary requirements were recorded and evidenced on wall charts, and allergies and health/dietary needs were recorded clearly for staff. The daily food menu presented choice and variety.
 - Breakfast - toast, eggs, cooked breakfast, cereals.
 - Lunch and dinner menus included two options (vegetarian) as well as individual dietary needs.
 - Dining room was well staffed.
 - Staff were observed talking to and feeding residents (where needed) and offering a choice of dessert.
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- Morning tea round was taking place during the early part of our visit. Staff approached residents in a friendly manner and offered a choice of hot and cold drinks.
- Residents have the choice to eat in their bedrooms or the dining room.
- Residents were observed arriving and being brought down to the dining room for lunch.
- Residents were greeted warmly by staff and seated at tables in pairs or with visiting relatives - no one sat alone.
- Residents' comments regarding food/drink/meals:
 - "wanted boiled egg for breakfast but got two hard-boiled eggs"
 - "good, enjoyed it"
 - "like the choice"
 - "very good"
 - "have a drink anytime"

4.2 Residents' choice, personalisation and daily routine

- Staff were observed:
 - attending to residents needs in the TV lounge - offering drinks, removing some layers of clothing as it was getting warm, ensuring they were sitting comfortably.
 - Offering residents a choice in what they wanted to do, where to sit, what would they like to eat and/or drink.
- Residents could eat their meals in their bedrooms, if they wished.
- Staff reported that:
 - cultural needs were met - Halal food, Asian music and worship.
 - personal care - dignity and privacy maintained through the use of room screens, towels/blankets and staff allocating time.
 - a range of communication methods were reported for one resident, e.g. use of iPads, pictures and music to stimulate and aid communication.
 - residents could make use of the garden in the summer months, and for some participate in gardening as an activity.

4.3 Activities for residents

- A long standing, full-time Activity Coordinator is employed who organises a daily programme of activities/events. Activities and residents' attendance is collated in monthly evidence folders and regularly reviewed to assess popularity/participation. Residents are consulted on an ongoing basis to maintain and improve engagement in meaningful activities which interest them.
- Most popular activities: book club and wine, bingo, quiz and basketball.



- Residents attending book club and wine - residents are able to participate at a level to suit their needs and wishes by staff making the activity accessible, e.g. residents are encouraged and supported to read to the group but if a resident does not wish to read the Activity Coordinator reads. The activity is popular but including a glass of wine has encouraged more residents to attend the group.
- Volunteers support activities and often male relatives of former residents support activities, socialize and talk to other male residents.
- Male residents enjoy gardening and quiz.
- Activity Coordinator organises some fundraising events to pay for activities as well as the home paying for some too.
- Residents are given the opportunity of participating in activities in the lounge each afternoon but for some it is not possible.
- One resident reported getting up/leaving their bedroom for afternoon activities/entertainment which demonstrated the interest/popularity of the activities.
- The Activity Coordinator visits bedrooms to engage bed-bound residents, or those who find it difficult to be in a group to read, chat, socialise, look at a range of accessible books (dementia friendly, easy read, relative to age). Books include pictures, sayings/quotes to stimulate memories and support conversations.
- Observed a good range of jigsaw puzzles which were accessible and extended residents' skills, e.g. photograph of jig-saw, numbering of jig-saw pieces.
- Cedar Park has tried to encourage local residents in the immediate residential area/community to engage with fundraising and annual events, e.g. a summer fair. The response had been poor and complaints had been received by residents about music in the garden during the summer fete.
- A range of external organisations/activities visit the home on a regular basis -
 - Patter-dog 'Diesel'
 - Musicians/singers
 - ALIVE!
 - Zoolab (exotic animals including snakes) - expensive but popular.
- The residents enjoy seeing children at the home but this does not happen often.
SEE RECOMMENDATION.

Residents' quotes on activities:

- "Enjoyed activities"
 - "I like Bingo and keep fit"
 - "would like counselling"
 - "wish I could get out" [outings/visits]
 - "miss going to church and going out" [outings/visits].
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- The home provides quiet communal rooms (not observed).

4.4 Conversations with residents/relatives//visitors

- **Relatives' comments and statements on care/staff/staffing levels:**
 - Relative reported that family member was remaining in bed for several hours rather than getting up apparently due to staff shortage. The relative was distressed when relating this to the volunteers.
 - Relative was concerned about talking to manager and making complaint. Reported that manager stated, **“if unhappy find another place”**. Not told how to complain.
 - Relative reported supplied wheelchair is a risk as too small for family member, which prevents leaving the home to go to church. **SEE RECOMMENDATIONS.**
 - Relative (with nerve damage to her upper arm) stated she had held up a falling resident, who had been stuck on frame and **“waited a long time to get assistance”**.
 - Relative reported another resident who had apparently fallen three times - again attributed to staff shortage. **SEE SAFEGUARDING CONCERNS.**
 - Relative concern over poor WIFI signal in certain parts of the home - family member unable to listen to music on the IPad
 - Relative stated that these type of inspection/enter and view visits should be unannounced, as things had changed in preparation for our visit, e.g. *fruit bowls were full, garden pathway step where someone had fallen had been painted white.*
- Residents' and relatives' quotes:
 - **“staff shortages, but not too bad at night”**
 - **“family member has had five falls” said due to staff shortage”**
 - **“lack of staff, busy, especially weekends”**
 - **“feel safe here, staff good but overworked – told to do too many things”**
 - **“ carers kind and good, trust them, but always a shortage of staff”**

4.5 Communication

- A monthly newsletter for relatives and friends is shared with residents and relatives and representatives observed a copy displayed in reception.
- The reception area included a range of information - notices, posters and flyers.
- Residents and relatives are consulted on activities and staff regularly assess what has worked well and what has not.
- Volunteers observed that staff spoke to residents and relatives in a respectful and friendly way.
- Staff spoke positively of management and felt well supported.



- New staff supervised at all times by experienced/qualified staff during induction.
- Staff supported to attend other homes in the group to observe, learn and share good practice for their role.
- Staff undertaking regular training, induction programme, nutrition and hydration training.
- Staff reported that trained staff supervise and work alongside the carers as part of running the unit and managing the paperwork.
- Staff reported: if resident overweight - plan further and document. Staff monitor residents' weights and, if a resident asked to be put on a reducing diet, does so.
- Local doctor visits weekly - notice in reception
- Care plans updated monthly.

4.6 Staffing

- In addition to the registered manager, a registered nurse is on duty on each floor (with one senior carer in each wing at night time).
 - We were informed that the care home do not use bank/agency staff as they like staff to know the residents. It was also reported that when staff call in sick this is covered by using staff from other wing/floors of the care home or by using trained housekeeping/domestic staff. **SEE RECOMMENDATIONS.**
 - Staffing for morning shifts were reported as follows: Georgian Wing - six staff, The Orchard - four staff. There appeared to be sufficient staff on duty on the day we visited.
 - One local GP comes to the care home on a regular basis and senior carers advise the GP on who needs to be seen.
 - All staff we talked to appeared to have been told about Healthwatch and to know of our visit.
 - One representative, who focused on chatting with staff, was impressed with wide variety and breadth of staff knowledge, e.g. care, pressure sores, Mental Capacity Act and Deprivation of Liberty Safeguards, infection control and safeguarding.
 - Some staff have been working at home for many years e.g. 15-23 years.
 - Recruitment is handled by Head Office and applicants are interviewed by head office staff/managers from other homes, not Cedar Park Registered Nursing Home Manager. **SEE RECOMMENDATION.**
 - Registered nursing home manager reported attending B&NES Care Home Forum, when able.
 - Registered nursing home manager reported visiting people (face to face) before they move into the home. This could be at hospital, and when possible at their home.
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- Regular training for staff is provided through a variety of methods/assessment: paper/work books, online, workshops/courses and updates including health and safety, safeguarding etc.
- Staff attend B&NES Activity Coordinator meetings regularly.
- Staff stated that a resident had fallen from their chair because she had fallen asleep
- Staff quotes:
 - “short staff - people don’t apply”
 - “carers are brilliant - give good care”
 - “I love it here” (working)
 - “Enjoy my job”
 - “Well supported, I wouldn’t have stayed, if not”
 - “enjoy working here”
 - “staff know residents“
 - “tough here”
 - “no one with pressure sores”

4.7 Accessibility

- The home has three floors accessed by a series of staircases or large lifts. Corridors and doorways were wide and wheelchair friendly, rooms and communal areas spacious.
- A good range of accessible activity resources were provided - easy read, pictorial activities and tailored to residents’ needs and interests.
- Activities were provided in residents’ bedrooms to support individual needs.



5 Conclusion

This enter and view visit found a person-centered approach to care for elderly people with nursing and/or dementia care needs; with dedicated, caring members of staff.

During the visit a concern was identified that triggered our safeguarding procedure; as a result advice was sought from the local safeguarding team. It should be noted that a broad range of information and intelligence is shared with local safeguarding teams by Healthwatch, not all of which will need action.

For more information on how we handle safeguarding matters please contact The Care Forum and request a copy of our safeguarding policy. In this instance the following feedback was received regarding our safeguarding alert:

Volunteer representatives were concerned about a series of safety issues - a worrying culture of staff shortages and a number of resident falls. The possible safeguarding issue was flagged with the registered manager on the day of the enter and view visit. Advice was also sought from The Care Forum's designated Safeguarding officers.

When the registered manager was asked about reporting staff shortages, and if the amount of falls had been passed onto the adult safeguarding team, she explained that falls are reported internally in the accident book and care plans (these were seen at the visit). The manager did not report falls to safeguarding although acknowledged that after several falls this could happen.

Bath and North East Somerset Adult Safeguarding Team advised us they would have concerns if enter and view volunteer representatives had observed negligence or abuse and they would not expect a call from a care home every time a resident has a fall, and if there is a number of falls it would depend on the circumstances of the resident, i.e. health issues such as dementia, that may be an underlying case of falls.

Cedar Park Residential and Nursing Home is to be commended for:

- a person-centred approach to care for elderly people with nursing and/or dementia care needs
 - dedicated and caring members of staff
 - availability of accessible, meaningful and interesting activities delivered in partnership with many outside organisations who contributed to a well organised programme.
 - Commended on the cleanliness, decoration and furnishings in the home.
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6 Recommendations

Healthwatch Bath and North East Somerset volunteer authorised representatives and staff have identified a few ways that Cedar Park Residential and Nursing Home could be improved, as follows:

Recommendations	Response from provider
1. Reassess recruitment and selection process to support Cedar Park Registered Nursing Home Manager to participate in process.	None provided.
2. Reassess staff shortages and the use of domestic/ housekeeping staff as opposed to trained/ qualified care/nursing staff.	None provided.
3. Reassess staff shortages and whether this is contributing to the number of reported falls	None provided.
4. Include advocacy service in the complaints procedure and ensure individual information is given with a covering letter to evidence process.	None provided.
5. Further promote and publicise local advocacy and counselling services (include in newsletter/ posters/leaflets).	None provided.
6. Activity programme - explore developing relationships with local schools to engage school children to visit home (sing/talk to residents, share garden space or reminiscence project). This will bring the community into the home and may improve community relations and support a two way connection with younger and older people.	None provided.
7. Update relative on wheelchair situation in writing, as well as verbally.	None provided.
8. Review nursing home using The Kings Fund - "Is your care home dementia friendly?" EHE Environmental Assessment Tool W: http://bit.ly/2pZ1j3s	None provided.

Healthwatch Bath and North East Somerset authorised representatives felt welcome throughout the visit and would like to thank the registered manager, staff, residents and relatives for their cooperation.

7 Appendices

7.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include¹:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- providing advice and information about access to local care services so choices can be made about local care services
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

¹ Section 221(2) of The Local Government and Public Involvement in Health Act 2007

Each Local Healthwatch has an additional power to enter and view providers^{2 3}so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.^{4 5} Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteer authorised representatives to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users, patients, visitors and staff, and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The report will also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

² The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

³ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

⁴ The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

⁵ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.