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Date & Time of Visit - 6th September 2017

Premises Visited

The Cedars
73 Berwick Road,
Stoke-on-Trent
ST1 6E

Managers Name - Tracey Joinson

Authorised Representatives - Phil Leese, Jean Mayer, Ruby Greene

Reasons & Purpose of visit

Healthwatch Stoke-on-Trent, in partnership with the City Council, has introduced a Dignity and Respect Charter which applies to every resident receiving care. The visit was to assess how this is perceived by both residents and staff.

However, the visit was also prompted by the CQC report published in February 2017 which showed the following CQC ratings:

- | | |
|------------------------------|-----------------------|
| • Is the service safe? | Requires improvement |
| • Is the service effective? | Requires improvement |
| • Is the service caring? | Requires improvement |
| • Is the service responsive? | Requires improvement. |
| • Is the service well led? | Requires improvement |

Methodology

The Healthwatch representatives met and spoke with the manager Tracey Joinson prior to the main visit, were then able to look around the care home premises and to speak with residents and nursing and care staff. The manager took us to 'a quiet room' where she briefed us on the general administration and structure of the home. She also told us that she was happy to see us because she was having an ongoing problem with getting patients accepted to a current GP practice (*Healthwatch Stoke is currently trying to resolve this situation*).

Information Collected:

The Healthwatch representatives had all read the latest CQC report (2017)

Overview of Care Home/Ward/facility

The Cedars, which is part of the Anchor Homes Group, provides care for up to 42 residents, at the time of the visit there were 41 residents living there, with 1 empty bed.

The facility is large spacious and well decorated. The grounds are pleasant and well maintained. Inside, the upkeep appears to be good and cleanliness seemed to be generally good. While waiting outside before entry, without knowing who we were we were approached twice by staff members asking whether we needed any help etcetera. This reflected a high level of awareness, concern and vigilance on the part of the staff.

On entry, we were asked to wait so that the manager could be alerted. We actually waited for almost 30 minutes, but given that our visit was unannounced this did not seem unreasonable. Disappointingly, nowhere did we see our Dignity and Respect poster which had been sent out at an earlier date.

Staffing Levels

We met several staff members who worked in various positions. They all seemed friendly and genuinely caring. There are 40 regular members of nursing/caring staff on the register. The normal working pattern comprises 3 x 12-hour shifts, followed by 3 days off.

There are also 5 such members of staff on the Staff bank. At times, it is necessary to use agency staff, but these are all vetted and trained by Anchor prior to taking up duties. Agency staff we met in the home were all familiar with the policies of Anchor (because they work across the range of Anchor Homes).

There are two full time cooks and two cleaners.

When asked, one of the nurses on duty felt that there were enough staff on each shift to care for residents. The staff during our visit were easily visible and it would not be hard to find a member of staff if needed.

The qualified nursing staff also attend and provide training and they must ensure their own Continuing Professional Development is up to date for revalidation as required by the NMC.

Procedures observed

During the visit, we observed, clients being assisted to get out of chairs, taken to the toilet, being fed and general interaction of reassuring clients and answering their questions.

These were all done professionally, quietly, patiently and with empathy. Our team particularly observed the technique used in helping clients in and out of chairs.

The Home operates on the Triangle of Care (*) principle which actively involves many relatives in the ongoing care of their family member. This seems to work very effectively.

Care Program Approaches are carried out every day.

Physical Environment

All residents' rooms are of similar size with good access. The bedrooms have ensuite facilities. Residents can bring their own pictures and belongings to make their rooms more personal.

The lounge areas and corridors were clean and free of clutter and equipment. All public areas that we visited were well decorated and clean, with a range of visual stimuli also present, including a range of photographs. There were also a number of 'memorabilia' type items, such as dolls, prams and other toys such as skittles.

The staff were observed interacting with residents and each other and their appeared to be a good atmosphere and attitude displayed by the staff.

Activities

We were not made aware of a designated Activities co-ordinator, but were assured by both staff and residents that a range of daily activities were undertaken.

A hairdresser visits once a week and was present at the time of our visit. We observed the hairdresser's interaction with the clients and visited the hairdressing room which seemed well equipped for the purpose.

Meals

All food is prepared on the premises by one of the cooks. We saw evidence of 3 types of meals which were on the menu. The meals looked good, and were well laid out on the plates. The one pureed meal we saw was being fed to the client by a staff member.

We also had a small interaction with one of the cooks who was suitable attired and was willing to answer any question. There seemed to be a focus on hydration. We asked whether the clients could comfortably help themselves to drinks. We did not notice anyone having any difficulty during our visit but this was neither a specific nor prolonged observation.

Residents

Due to the fact that the Home is principally for residents with dementia and/or Alzheimers, it was difficult to speak with many residents but we did manage to speak to several relatives who were there (actively participating in the 'Triangle of Care' (**)) approach).

Relatives/Carers

Of the relatives and/or carers we spoke with, the comments were unfailingly positive in their praise of the care received in the home. One family member told us that '*all residents seem to be very happy*' and that she '*could not fault the care*' given to her family member.

Another told us that her '*grandma thought she had been on holiday*' when she moved in, indicating a welcoming reception.

Décor and Visual Stimulation

All the walls were clean and well painted in bright colours. There were various paintings, drawings and wall fixtures of, for example: flowers, animals, rainbows and other outdoor features.

Also, on the second floor was a section designed for rehabilitative occupational therapy. There were display boards with, for example: locks, chains and other equipment which is used every day in the home and which older people might have difficulty using.

There were also many dolls, prams and other toys which older people might find stimulating.

Needs some attention

Upon first entering the first-floor area, we observed a laundry carrier with dirty linen was in the lobby. It was left standing there for the better part of our visit. This was both unhygienic and caused an unpleasant smell in the area.

There was also another laundry carrier on the second floor in the corridor. The same as above applies.

In one of the toilets, although the toilet was general clean there was evidence of fresh soiling on the floor. This appeared to have been left by a client having some bowel problems. Although this seemed to have been recently done it was unsafe, as it may have encouraged a slip and or fall. It is also unhygienic.

Conclusions

We found the visit reassuring and saw nothing of major concern. The environment seemed both caring and safe, the feedback from residents, carers and family members reinforcing this. The results of the CQC inspection seem to have prompted the nursing home to have introduced significant improvements in all areas.

This said, there *are* areas needing attention and we would recommend the following:

Recommendations

- Obtain the services of a fulltime activity coordinator and display an up to date list of activities on notice boards;

- Generally, make more use of notice boards, if only to provide information for carers/family members. We would also wish to see our Dignity and Respect charter displayed;
- Ensure a confirmed registration with a GP Practice to provide proper GP care when required (Healthwatch Stoke is currently seeking to resolve this);
- Healthwatch Stoke on Trent to undertake another visit in the future to see what further improvements have been made.

Our visiting team wish to thank everyone met during this visit for their time, courtesy and openness.

- The Triangle of Care is defined by the CARERS Association as: *‘a therapeutic alliance between service user, staff and carer that promotes safety, supports recovery and sustains wellbeing. The concept of a triangle has been proposed by many carers who wish to be thought of as active partners within the care team’.*