



## ENTER AND VIEW

### Meadowfields Care Home

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire 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 Staffordshire 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 Staffordshire 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: Meadowfields Care Home

Address: Pasturefields, Great Haywood,  
Staffordshire, ST18 0RD

Service Type: Residential Home  
(residents over and under 65 years including people living  
with dementia and physical disabilities)

Date of Visit: 18th October 2017

## ***Authorised Representatives***

Name: Barbara Jackson                      Role: Author and Observer

Name: Olivia Farrer                         Role: Author and Observer

## ***Purpose of Visit***

Following a CQC visit on 3 May 2017, the Home had received a report which highlighted areas for improvement in all five areas assessed. We wanted to see what improvements had been made.

The methodology to be used is to:

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided
- Talk to relatives, if they are available, to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/complaints
- Speak to staff about training, turnover, support staffing levels
- Observe interaction at all levels between residents, staff manager and visitors

And in particular:

- Check staff levels and staff deployment
- Provision of safe and consistent care
- Safe administration of medicines
- Are there more food choices at mealtimes?
- Are residents supported to eat/drink?
- Are residents receiving the care they prefer and that meets their needs?
- Are residents offered opportunities to participate in activities which meet their preferred hobbies and activities?
- Is the quality and consistency of the service being appropriately monitored?

## ***Physical Environment***

### ***External***

The drive to Meadowfields is located on main road from Stone to Rugeley at Pasturefields. External signage is clear. There is shared access which leads on to a private drive to the Home. There is adequate car parking. The building appears to be in good condition. Entrance to the Home is restricted by a key-code.

There were two doorbells. Signage indicated the bell to use during daytime hours. This was quite confusing as it was not clear which one should be used. We highlighted this to the Deputy Manager who advised that the front door is going to be changed within the next two weeks. We found it difficult to get a response from this bell so tried both bells several times. We were eventually able to gain access to the Home with the help of a visiting NHS nurse who knew the key-code. There was also a hand-written sign on the door advising visitors that one unit on the first floor was in isolation.

During our visit, we noted that there were two secure garden areas for residents. Both gardens have key coded access. We were told by the Deputy Manager that they do try to encourage residents to use these, especially in the summer months. The garden areas need weeding and re-planting. We were advised that these will be upgraded as soon as the indoor refurbishment has been completed.

### ***Internal***

The front door gives entry to the reception area of the Home. Access to the rest of the Home is controlled by a keypad. The reception was clean and tidy and was neatly laid out with a display of documents giving information about the Home. There were no malodours.

We were met by the Deputy Manager, who asked us to sign the visitors book and then showed us to the Manager's Office which is on the right just by the entrance to the Home. Following a short discussion in the Manager's Office, we were shown round the Home by the Deputy Manager as the Manager was not available. We were then able to access the Home independently. We did not visit the first floor due to it being in isolation.

The deputy manager told us that there is no CCTV within the home.

The Home is light and airy but some of the décor is in need of improvement. A large-scale upgrade is currently in progress. There were several contractors on site during our visit. We observed that they were ensuring safe practice. Parts of the Home have been refurbished to a high standard. The dining room and lounge are now well decorated and furnished. Bedrooms have been furnished to high standards, with some residents choosing their preferred colour schemes. Work on corridors has been commenced. Hard flooring has been fitted where appropriate. New doors have been fitted. Each door has the resident's name and photograph in large print. Hoists and wheelchairs are currently being stored in corridors until appropriate storage is available. There were no malodours in any areas of the Home. All areas were clean and tidy.

All rooms are single occupancy with all of the rooms having ensuite toilet facilities, many having showers. There are additional bathrooms available on each floor.

### ***Resident Numbers***

Home capacity is 65. On the day of the visit, all rooms were occupied. One resident was in hospital so 64 residents were present.

### ***Staff Numbers***

Staffing comprises:

- 3 senior carers + 9 carers in the morning, afternoon and evening
- 2 senior carers + 4 carers at night
- 1 (some days 2) activity co-ordinators (Monday to Saturday)
- 4 domestic/laundry staff daily (7-30am to 4pm daily)
- 1 chef + 2 kitchen assistants (7am to 7pm Monday to Sunday)
- 2 full-time maintenance (Monday to Friday + on-call for emergencies)
- 1 full-time administrator (8am to 4pm Monday to Friday)
- 1 full-time home manager
- 1 full-time deputy manager

84 staff in total. A breakdown of individual staff grade numbers was not available.

The Deputy Manager is currently in charge of the Home, with the Area Manager and Home Owner providing support.

The Home's staffing has recently been increased and there is now an overlap of shifts resulting in more staff being available to assist residents at busy times in the morning and evening.

### ***Agency Usage***

Agency use is kept to a minimum. The Home uses two agencies who provide the same staff where possible. This enables continuity of care for residents and regular staff.

The Home has two bank staff, one of whom is a university student.

### ***Resident Experiences and Observations***

The ground floor is residential. Residents who have dementia or advanced dementia are cared for on the two units on the first floor. None of the residents require 1:1 care.

Residents in the lounge appeared to be well dressed, clean and very happy. One resident had two visitors and was happily conversing with them. One of these visitors was a small child who appeared to be very comfortable and used to visiting the Home.

Staff were seen to bend or kneel down by the side of residents when talking to them.

Call bells were seen to be in reach of residents on the ground floor. Residents who have dementia are risk assessed for the use of call bells. Residents found to be at risk when using call bells are provided with pressure pads instead.

All bedrooms are risk assessed by the Managers.

We were told that residents are weighed monthly. If any of the residents are found to have lost weight, the Deputy Manager refers the resident to the dietician. The Home has a self-referral process for this. Fortified milkshakes and fortified fizzy drinks are also available, as this was researched by the Deputy Manager following a request from a resident.

We spoke with several residents. One lady invited us into her room and seemed very proud to show us her newly refurbished room. Another lady was sitting talking and said she was very happy at the Home. She told us that she had actually improved since she came to live at the Home. She was able to eat better than she had at home and now looked forward to mealtimes. She said that she now felt hungry and had put on weight. She also told us that if she asked for something in particular her needs were catered to.

We were told by the Deputy Manager that resident/relative meetings are now held regularly and questionnaires are also sent to relatives to identify any issues.

We observed caring interactions between staff members and residents. The Deputy Manager had one particular interaction with one resident about his friend in the home, who was in bed, she advised him that he could go and see him which was nice for both residents.

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

We spoke with one lady's husband. He was very satisfied with his wife's care and felt she had improved since moving in to the Home.

Whilst we did not look upstairs due to this being in isolation, we were told by the Deputy Manager and one of the Owners that they have a coffee area here.

We asked if relatives could come when they wanted and they Deputy Manager advised that they do encourage this.

### ***Activities***

We were told that residents are asked which activities they would like to participate in or if they had any particular hobbies they would like to continue with at the Home.

The Home does not currently have a minibus but the owner advised us that the company intend to purchase a minibus for the Home to use together with their three other Homes. The Home recently hired a minibus for the residents to visit nearby Amerton Farm.

We were advised that the Home has a hairdressing Salon and a Cinema Room, although we were unable to see them during our visit as these are located on the first floor.

The most recent newsletter shows regular singers attending the Home, regular Pet Therapy events, along with a “cream tea” afternoon. Over summer the home also held a summer fete.

There were signs up for the Halloween Party that they would be having, which all relatives are invited to attend.

## ***Catering Services***

The Deputy Manager advised us that the Home now has protected mealtimes. We were told that there are two sittings in the dining room at lunch-time, 12.15pm and 1pm. This gives residents a better choice of the time they wish to have lunch. The Deputy Manager was present in the dining room for the first sitting. She advised us that she does this each day.

Residents who did not want their meal in the dining room were given this in their rooms.

We observed staff in the dining room at lunchtime. Four care staff were present. They were observed advising residents of the meal choices available and asking which choice they would prefer. Care staff assisting residents with meals and drinks were seen to sit by the side of the resident and assist only one resident at a time. One resident said that he did not want any of the choices. The staff member immediately gave him a list of alternative choices and let him choose what he wanted. She then quickly advised catering staff of his choice. This choice was quickly provided with the minimum of fuss.

We also observed a visitor having lunch with his relative. Staff were seen asking the visitor if he would like to have lunch with his relative. He was very complimentary of the food.

We were advised that food moulds have been purchased and are now used for all pureed food.

We were also told that residents who did not wish to have a hot meal at lunch-time could have a snack/sandwiches at lunch-time and a hot meal in the evening. The Deputy Manager advised us that they have two choices of food on at lunch time.

No menus were available when we visited. The Deputy Manager advised us that a new winter menu has been introduced. The menus are currently being printed and will be available shortly.

We were told the Home has recently introduced a new system to ensure residents' choices/special diets are catered for. The kitchen staff now have a list of residents' preferences and special diets. Special diets are colour coded according to need. The Deputy Manager told us that they make sure all preferences are in the care plans and relayed to staff members. Whilst walking around the home, we saw a sign in one gentleman's room advising only pureed food.

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

We spoke with care staff about their experiences of working at the home. We were told that management were very supportive and there was 'plenty of training'. Staff spoke enthusiastically about working at the Home.

We were advised that the Home now has a training matrix. All staff are given an individual copy of their training, together with the renewal date. Training is provided by an external trainer. Staff have recently attended medication training.

We were told that staff now have 6-monthly staff appraisals and 2-monthly staff supervisions, but could request these if they felt that it was required.

One of the owners was present on the day, they are very active with the improvements that they want to make in the home. All management staff are very supportive and there seems to be good communication links between them all.

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

The Deputy Manager told us that protocols have now been put in place for medications. This should ensure that medications are administered as prescribed.

We spoke with both the Home Owner and the Area Manager. They told us of their plans for the Home and said that the refurbishment was expected to take another 12 months to fully complete.

Both were very supportive of the Deputy Manager and provided regular contact and 24 hour advice as required. The working relationships between them are obviously good.

The Deputy Manager is very focussed on the needs of the Home and has worked hard to ensure that all the CQC requirements have been met. She told us that she has introduced new audits to identify issues within the Home. She showed us details of the audits she is now undertaking.



The Deputy Manager told us that prospective residents can view the Home at any time. If anyone telephones to make an appointment to view the Home, she advises them that they can visit the Home whenever they wish. She said that she felt this gives prospective residents more confidence in the Home.

### ***Recommendations and Follow-Up Action***

There was only one area of concern observed during our visit, that is more detailed signage regarding the bells for entry to the Home is required.

We spoke with the Deputy Manager when we left the Home. She said that it would be resolved as soon as possible.

We would hope that the gardens are weeded and replanted in the spring (even if the internal refurbishment is not fully completed) in order that the residents will be able to enjoy the gardens during the spring and summer

We would like to make a follow up visit in approximately 6 months time, where we would hopefully be able to see the first floor, and see how the refurbishments and gardens are progressing.

### ***Provider Feedback***

TO BE FILLED IN BY HEALTHWATCH ONCE FEEDBACK RECEIVED

### **DISCLAIMER**

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time*