

# Enter & View

Report

Elizabeth House

20<sup>th</sup> June 2018



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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: Elizabeth House  
Provider: Acorn Care Property Limited  
Address: Sandy Hill, Werrington, Stoke on Trent, Staffordshire ST9 0ET  
Service Type: Residential Home caring for adults over 65 yrs / Dementia  
Date of Visit: 20<sup>th</sup> June 2018

## **Authorised Representatives**

This visit was made by two Authorised Representatives of Healthwatch Staffordshire.  
Barbara Jackson and Lindsey Stockton

## **Purpose of Visit**

In addition to evaluating this home on the Independent Age Quality indicators, we had also become aware that the ownership of this home had recently changed and that the new owners were undertaking a programme of renovations and improvements in both the building/fittings and in the management of the home, and these plans were of great interest as they could lead to a better quality home.

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

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 staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

## Physical Environment

### External

Elizabeth House is situated off the main Ash Bank to Cellarhead road. The home is not well signposted and is a little difficult to find, being located in the middle of a residential housing estate. There appeared to be ample car parking on site with spaces vacant at the time of our visit.

The home was originally an old farmhouse and has been subject to a number of extensions over the years, which are in keeping with the original structure. The external paintwork is in need of attention.

The extensions surround a number of outdoor areas, which contain lawns, flower beds, and paving with seating for the residents. These appear reasonably well kept and the owner informed us that the intention is to pay further attention to these areas in order to ensure that they are a usable facility for the residents this summer. All downstairs rooms have patio doors leading onto the outdoor areas to facilitate access for residents.

We were greeted outside the front door by the owner, who was in discussion with the architects on site. He admitted us through the locked external door to the entrance hall where we were asked to sign the visitors' book. The Visitors Book is clearly located in the reception area with instructions to sign/out of the building.

There is no external CCTV.

The food hygiene certificate was on display on an outer window. Also on display was an article stating that home had been awarded a "CQC certificate of excellence". We feel that this is no longer appropriate as it older than other CQC reports and it pre-dates the new owners taking over the management of Elizabeth House.

Entrance to the Home is gained by a bell on the front door.

## **Internal**

It is immediately obvious upon entering that the home is in need of significant decorative repair. In addition there are issues with the size and suitability of some of the rooms, notably the kitchen, the laundry and the clinical room.

All the above issues are to be addressed by a comprehensive refurbishment/rebuild plan. A dedicated staff room will also be provided.

There is currently no internal CCTV, but internal and external systems are to be installed during the upgrade.

The home appeared clean and uncluttered, but one dirty fan circulating dust was seen.

The furniture and soft furnishings were in reasonably good repair and appropriate for the residents. We were not able to look into any of the residents' rooms as all doors are closed when the rooms are not occupied.

Corridors are lined with black and white photographs of film stars. These will be removed as part of the upgrade and replaced with pictures which will give a different theme to each corridor. LED lighting is also to be installed to brighten up the corridors. The new owners plan to cover all bedroom doors with brightly coloured dementia friendly signs and door skins. This will considerably improve residents' understanding of the location of their bedrooms. Door guards will be fitted to bedroom doors to prevent damage to the door skins by wheelchairs and hoists.

An internal staircase is to be removed to enable the extension of the kitchen and an external fire escape will be added. There is no lift in the home, just stair lifts. Evacuation mats are available at the top of all staircases.

PAT testing and testing of fire appliances were both up to date. There were comprehensive guides on each of the corridor walls outlining the number of carers required for each resident in case of evacuation. We had concerns that should evacuation of the building be necessary, the number of staff on duty could be insufficient to quickly and safely evacuate the building very quickly until extra outside help arrived.

Radiators were all securely boxed in.

There was an alcohol gel dispenser on the wall in the entrance hall with a notice requesting that all visitors use it on arrival and departure.

An old CQC summary report (September 2016) was on display. A full copy of this report and a summary report of the recent CQC Inspection were not available.

## **Comments:**

The new owners plan to extensively upgrade and refurbish the Home to provide a high quality, dementia friendly environment and service which will provide a substantial improvement.

## **Resident Numbers**

The home's capacity is 35. Currently 28 rooms are occupied. These are all ensuite except for one, and all will be ensuite after the upgrade.

## **Staff Numbers**

AM (7.00am - 2.00pm)

1 x Deputy Manager / 1 x Senior Care Assistant / 3 x Care Assistants. In addition, the laundry assistant provides care until 10.30am.

PM (2.00pm - 10.00pm)

1 x Senior Care / 1 x Deputy Manager / 3 x Care Assistants.

Night Shift (10.00pm - 7.30am)

1 x Team Leader / 2 x Care Assistants. The night shift will usually be on site by 9.30pm to enable a handover. Management are on call at night in case of emergency.

The CQC made a specific recommendation regarding staffing levels at lunchtime. To address this issue, the laundry assistant and one of the domestic assistants both assist with care over the lunchtime period.

In addition to the above staff, the Manager and the new Owner/Consultant are on site every day.

Domestics - 1 x Domestic Assistant (7-30am - 3pm) The Home is currently recruiting for a Domestic Assistant to join the existing team.

Maintenance - in view of the extensive refurbishment in progress, there is no need for a dedicated maintenance person at present. Maintenance staff from Wall Hill Care Home carry out any urgent work, and a site specific employee will be recruited once refurbishment is completed.

Catering - 1 x cook, working from 7.00am - 4.30pm daily. Two cooks are employed to cover shifts working 4 days one week, 3 days the next.

Admin - no specific admin person, this falls within the remit of the owner.

Activities Organiser - no dedicated person employed. There is a 4 week rota for activities, and these are overseen by the afternoon Senior Care.

## **Agency Usage**

Two agencies are used. The home does rely quite heavily on agency staff currently but do ask for the same staff to maximise continuity. One agency carer was on duty during our visit.

In addition the home has two bank care assistants, one working day shifts and one working night shifts.

## **Comments:**

Staffing levels are regularly assessed according to the condition of the residents. If full occupancy is achieved post refurbishment, the management are aware that they may need to increase staffing levels.

## **Management**

Management - A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

### **Our findings**

The Manager, has worked at the Home for 21 years. She is well known to the residents, staff and relatives and was very visible during our visit. The Consultant/ new Joint Owner, is also present on site daily. They meet twice a day to discuss any issues.

We spoke to 4 members of staff, all of whom felt supported by management and fully informed regarding the changes planned for the home. A staff meeting has recently been held to ensure that everyone is aware of the work planned, and how this is to be managed.

The Manager is able to demonstrate a comprehensive audit programme, monitoring quality of the service in all areas.

Return to Work Interviews are held with staff who have had periods of sick leave.

We were advised that CQC are notified of all incidents within the Home as per CQC guidelines.

We were advised that Medicines stocks are checked monthly and any discrepancies are investigated.

### **Comments**

The team approach to managing the home has clearly been beneficial. Management provide an open door policy to all their staff, and are keen to provide any support needed during the extensive refurbishment.

Staff who have had periods of sickness are monitored and assisted in their return to work.

CQC regulations and guidelines are followed.

In particular, the new owners were able to demonstrate a good knowledge of providing high quality dementia care and are committed to improving the environment.

## Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

### Our findings

Recent increases in staffing as outlined above have been very beneficial both to residents and staff. Our visit covered the lunchtime period and we observed adequate staffing.

Each shift has a handover to ensure that staff on duty are fully aware and up-to-date regarding residents' needs, Communication Books are also in use.

As part of the improvement works, a system called Care Docs has been installed. This will provide an internal communication tool for staff, and they will all be expected to logon each day.

Staff training will also be logged and monitored via the Care Docs system. External trainers come in from Acacia to provide training in all the required modules, for example Health and Safety, Dementia, Safeguarding, MCA.

Staff are encouraged to be 'Open and Honest' regarding any errors made and are aware that the Management Team will be supportive and provide corrective training as necessary.

Internal emails are sent to designated staff to inform them of issues they need to be aware of.

### Comments

We found the staff to be informed, motivated in their work and well supported by management. The training programme appeared to be comprehensive and well monitored.



## Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

### Our findings

All residents have individual hand written care plans which are written on admission by the management team or Senior Care and regularly reviewed. No core care plans are in use.

There is a robust audit system in place, covering areas of clinical care such as Pressure Sores/Tissue Viability, Incontinence and Weight.

The prime purpose of the new Care Docs system is to store all data relating to the residents, and staff have just received training on the new system. This will enable multiple points of access to residents' care plans via one main PC, 2 laptops and 3 tablets throughout the home.

Time is allowed in the work rota to enable handover between shifts.

### Comments

Over the lunchtime period staff were observed adopting a very individual approach to residents' specific preferences. It is clear that they have good knowledge of each resident and their needs.

Risk Assessments for Choking are not currently used. In view of the client group currently cared for, we feel it would be Best Practice to risk assess all residents for choking and their risk reviewed on a regular basis or immediately following untoward incidents.

## Activities

Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

### **Our findings**

The home does not employ an Activities Organiser but does have a 4 week rota of activities, which take place on a daily basis between 2.15pm and 3.15pm and are organised by the Senior Care. These include chair based exercise, quizzes, painting, darts, skittles and visiting entertainers. Residents participate by choice. In addition, a tea party is held for all birthdays.

A hairdresser visits every Thursday.

The “sister” home, Wall Hill, has its own minibus, and it is the management’s intention to have outings between the two homes.

### **Comments**

The minimal amount of resources, time and personnel, devoted to activities, does not enable an individual approach to be taken towards engaging the residents. A visitor we spoke to commented that their relative did seem fed up due to sitting unoccupied for long periods of time.

## Catering Services

### Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

#### Our findings

The main meal is offered at lunchtime, with two menu options. These are displayed on a blackboard in the dining room. Alongside this is a separate list of food available should a resident not like either of the two main choices. Tea is usually sandwiches or salads. The menus are on a four week rota, with a roast every Sunday. Food moulds are not used but food is served in an appetising manner.

Food suppliers have recently been changed. Local food suppliers are now used as they are able to offer better quality food. Any food, eg fruit, brought in by relatives is kept in residents' rooms and the kitchen is open 24 hours a day.

We were able to observe the lunchtime period, which showed that all residents' individual preferences for where to eat were respected. The dining room was a welcoming area with communal tables, with a separate area immediately adjacent for less mobile residents requiring greater circulation space. Appropriate plain coloured crockery and table linen were in use. Residents were moved into the dining areas in a systematic and organised fashion according to their physical abilities. Assistance in eating was provided where required.

A hygiene rating of 4\* had previously been achieved and was appropriately displayed. We were informed on the day of our visit that a rating of 5\* had just been achieved following an inspection earlier in June 2018.

A list of any special dietary requirements is kept in the kitchen. The cook on duty records menu choices and amount of food consumed for all residents, and hydration and nutrition are audited daily by the care staff.

The kitchen was small, more like a domestic kitchen, but spotlessly clean. An extension and reorganisation of the kitchen and working patterns is planned as part of the refurbishment.

#### Comments

The choice of food is varied and nutritional and served in a welcoming and convivial atmosphere. There is ample flexibility in the Home's systems to enable individual preferences to be catered for as standard.

## **Resident Experiences and Observations**

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

### **Our findings**

All residents are registered with the same local GP practice and residents are visited as and when the need arises. The district nursing team attached to the practice visit regularly for any clinical care required, eg administration of insulin. A specialist nurse from the practice also visits to carry out dementia assessments.

Both NHS and private chiropodists visit regularly to treat the residents, depending upon their eligibility. A dietitian is readily available for advice on residents' nutritional needs. Dental care is arranged individually with the residents' relatives.

The home has recently transferred to a Pharmacy in Leek for all their medication needs, with all residents' medication being supplied in blister packs. Regular medication reviews are carried out by the pharmacist attached to the GP practice.

The Care Docs system will enable full clinical summaries to be printed off to accompany residents to hospital should they require admission. If a relative is not available to go to the hospital, a member of staff will go, with cover being supplied by a member of the management team to ensure adequate cover is maintained at the home.

As part of the IT innovations, Skype consultations are planned between residents and their EMI consultant.

### **Comments**

The residents have regular access to all relevant health professionals. The home has robust systems in place for recording and transferring clinical information.

## Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

### Our findings

It was clear from our visit that certain residents have particular routines and behaviour patterns which they need to carry out. These were observed by the care staff and allowed to proceed without interruption, ensuring that the residents were not distressed.

By default, the majority of residents currently sit in the large lounge, where there are two televisions on all day. As part of the upcoming refurbishment, these TV's are to be removed, with the lounge being converted into an area where residents can listen to music. There will be a smaller lounge where residents can choose to go to watch television.

### Comments

The care staff demonstrated good knowledge of residents' preferences and respected their individuality.

### Family and Carer Experiences and Observations

We were able to meet the relatives of one resident during our visit. They were observed chatting to the Manager of the home prior to joining their relative and stated that they were very happy with all aspects of her care. They had met the new owner and been fully informed about all the changes planned for the home.

Relatives are welcome to visit at any time, although they are encouraged to avoid mealtimes if at all possible.

## Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

### Our findings

No relative meetings are held at present, but the intention is to implement the use of Skype and Facetime for relative contact. Although no meetings have been held, the new owner has met the relatives of all the residents since taking over the home in February of this year and has outlined to them all details of the planned refurbishment.

There is a box in the entrance hall for any comments or suggestions.

All members of the management team are very keen to maintain a high profile in the home to enable residents and relatives to speak to them about any concerns they might have.

Details of the Home's Complaints Procedure were not displayed. Relatives should be aware of how to make a complaint should the need arise.

### Comments

The management team are clearly eager to engage with relatives. This is currently on an informal ad hoc basis, but plans are in place to formalise this in the future.

### Summary, Comments and Further Observations

We found Elizabeth House to have a warm and welcoming atmosphere.

The obvious issues with the physical environment are freely acknowledged by the management team who are keen to share their plans for future improvements. These plans have been drawn up paying careful attention to the particular needs of the residents.

Staffing levels at lunchtime had been increased in response to the CQC recommendation and there appeared to be sufficient staff to cater for residents' needs at the time of our visit. We did however witness one member of agency staff attempting to mobilise a male resident on her own, when it was clear that this required two people. This was fed back to the owner who is going to address this as a training issue.

We found that all management and staff were open and happy to communicate with us, and we would like to thank them for accommodating us so well.

## Comments

The home is very much a work in progress. The needs of the residents and the staff are at the heart of all the planned changes and the whole team appear understandably excited about the future. Staff are motivated, well trained and caring. Our visit did however reveal that permanent staff should be more aware of the ability of agency staff when moving and handling residents.

## Recommendations and Follow-Up Action

The main recommendation we have is that a dedicated Activities Organiser is appointed to enable a more individual and inclusive programme of activities to be introduced.

The following physical improvements should be made as soon as possible:

- Working fans should be clean and free from dust at all times
- A complete copy of the most recent CQC Inspection should be available in the reception area
- The Certificate of Excellence should be removed as it is not date appropriate
- The Complaints Procedure should be available in the Reception Area
- Improve signposting for the location of the Home

Other areas that the Management Team could make improvements:

- Choking Risk Assessments should be implemented
- Permanent staff should be aware of the capabilities of agency staff when moving and handling residents
- Identify alternative staffing arrangements should the Home need to be evacuated
- Recruit more permanent care staff in order to reduce the reliance on agency care staff
- Recruit more bank care staff
- Introduce relative meetings

We feel that some of these could be addressed by staff supervision by the Manager or Home Owners.

The Manager should consider different ways of gaining feedback from relatives should relative meetings not be well attended. There is the possibility of creating a short survey for relatives.

## Provider Feedback

Elizabeth House provided the following comments upon receipt of the draft report in relation to the recommendations and follow-up action.

- *There is no main Activities Organiser as yet. However, following the visit by the Authorised Representatives, the day staff now interact with the Residents through singing at meal times and in the lounges; knitting; art and craft; reading etc which is in addition to the planned activities in the afternoon. There has been themed entertainment following recent events ie. the Royal Wedding, the football World Cup, Wimbledon etc. It is sometimes difficult to have activities in the morning due to visits from GPs and other healthcare professionals etc.*
- *The fans were cleaned on the day of the visit, after the Authorised Representatives had left.*
- *The complete copy of the most recent CQC inspection was immediately placed in the reception area replacing the previous one. This was done on the day of the visit, after the Authorised Representatives had left.*
- *The Certificate of Excellence was removed immediately on the day of this visit, after the Authorised Representatives had left.*
- *The Complaints Procedure is now in the Reception Area.*
- *The signpost has had the surrounding foliage trimmed back.*
- *The choking hazards will be incorporated into the Care Docs system.*
- *The Senior care staff are now aware of the capabilities of the agency staff and monitor.*
- *More care staff have now been recruited. A number of previous staff have returned.*
- *Following on from the visit we have sent a first newsletter to all the relatives. This has been well received and they have provided useful feedback. The feeling is that it is, for the time being, a useful medium for communicating.*
- *A feedback survey will be undertaken as soon as the programme for improvements has been completed. The programme for improvements was through informal consultations and feedback from Residents, Relatives, Staff, outside professionals and Regulatory authorities.*

In addition, when asked what they felt worked well about the way the Authorised Representatives carried out the visit, they said.

*The Authorised Representatives were very quick to put us at ease. They were greeted at the front entrance door and they made the purpose of their visit known from the outset. They were helpful as they gave an indicative agenda of what they would be looking at, for the purposes of their visit, following on from the Care Quality Commission inspection on the 20 December 2017 and when they were likely to finish.*

*The Authorised Representatives provided their relevant experience and background. This we felt was important. It was clear that they have had very many years experience in the Health and Adult Social care sector and so were able to provide recommendations and ideas drawing from that experience.*



*The question and answer session was started first, which we feel was dealt with in a fair and professional manner. The Authorised Representatives, in this session, allowed time for the office to deal with the normal daily issues, which arise in the running of a care home.*

*The Authorised Representatives confirmed that they would be taking a tour of the building and see the functionality of the home on a normal day.*

**When asked if the Enter & View visit helped to identify areas for improvement and if so, in what way, they said.**

*The Authorised Representatives were made aware of the substantive programme of improvements that were going to be undertaken. Indeed they had met the architect at the front as they were entering. In respect of each area of improvement and refurbishment the Authorised Representatives were able to provide useful recommendations. These recommendations were not only drawn from their own experience but from the very many other good care homes that they had visited. So it is very useful to have this constructive feedback to enable an assessment of what would work whilst maintaining the individuality of the home*

*Following on from their visit we have taken many of their recommendations on board in the programme of improvements, which are now well underway.*

**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.*



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