

Enter And View

Report Crossways Residential Home

Carried out 27th April 2018



**Local voices
improving local
health and social care**



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Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall 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. 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 Walsall 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 Walsall 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: Crossways Residential Home

Address: 66 Highgate Road

Walsall

West Midlands

WS1 3JE

Service Type: Residential Home: Dementia and Old Age

Home Capacity: 22

Date of Visit: 27/4/18

Authorised Representatives

Name: Ross Nicklin

Role: Healthwatch Walsall Advisory Board

Name: Tom Collins

Role: Healthwatch Walsall

Name: Richard Jolly

Role: Volunteer Authorised Representative

Name: Richard Przbylco

Role: Volunteer Authorised Representative

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents
- To listen to, observe and capture the experiences of service delivery from the residents and relatives
- The reason for the announced visit was that the last CQC inspection report dated 23rd October 2017 stated that Crossways required improvement Also, the Local Authority had requested HW to visit

Physical Environment

External

The exterior of the building was reasonably maintained although the home is an old listed building. There is ample car parking. There is CCTV to the exterior of the building. Entry to the home was via a bell. The step up to reception from the exterior could present some difficulties for wheelchair users to the building.

Internal

Visitors are requested to sign in and are provided visitor identification tags which are to be worn at all times. In addition, visitors are given copies of 'what to do instructions' in the event of a fire The reception area displayed the obligatory documentation.

This included the employer's liability insurance, the fire plan in the event of an emergency, and the current CQC registration/rating. We were also shown extensive PEEP, (personal emergency evacuation plans), arrangements for individual residents.

Once through reception there is the manager's office, a large communal lounge/ dining area, kitchen, quiet room, bathroom and shower room.

The resident rooms are arranged over 2 floors with the upper one accessed by lift and stairwells which are alarmed to ensure safety of residents. There is also a bathroom and shower room on the first floor. However, all the resident communal areas are on the lower floors. Both floors are decorated to a reasonable standard although given the age of the building some of the areas could benefit from a facelift.

We were told that there are plans for improving decor in the home. The large communal lounge on the ground floor has a TV/DVD. There is also a dining area which is adjacent to the kitchen and at the time of our visit a group of residents were playing Bingo with one of the staff members. This communal lounge acts as the main focal point for residents and it was encouraging to see that a large number of residents were actively making use of its facilities and activities as provided.

Furniture and soft furnishings were plentiful and mainly in good condition, albeit there was a mix of newer and older more tired pieces which would benefit from replacement in any planned refurbishment.

These were arranged sympathetically to encourage interaction between residents which we observed during our visit. The garden is accessed from the downstairs lounge and whilst they are extensive its landscaping could make it difficult for some residents to access easily as there are steps down to the lawned areas.

There is a pleasant seating area directly from the lounge for easy use by the residents **However, at the time of our visit a garden hose had been left on the ground directly in front of one fire exit onto the terrace, whilst another was blocked by a garden bench. This was brought to the attention of the management and was rectified at the time of our visit. We also highlighted some uneven slabs requiring attention.**

Even allowing for the age of the building the corridors and public areas were clean and free from obstacles facilitating safe movement around the home by residents. We did not carry out any interviews in resident rooms although we were shown a typical number during our tour of the facilities.

Resident Numbers

Capacity is 22 and at the time of our visit there were 17 residents.

Staff Numbers

There are presently 30, including 2 management, 1 maintenance, 2 domestics and 3 catering. The remainder are carers, arranged over day and night cover. Typically, this is 4 carers during the day, 3 during the evening and 2 at night.

Agency Usage

We were told that agency staff are very rarely used and the home tries to use the same agency.

Resident Experiences and Observations

We managed to speak to 3 residents who were able to share their experiences. The feedback received from individuals was mostly positive as they told us that their personal choices in respect of dress, food and drink and personal care were respected. Indeed, all of the residents' appearances such as hair, clothes, nails, etc., that we spoke to were clean and in good order. We were told that residents felt able to speak readily to staff regarding their individual needs and that they were responsive to their requests.

One resident was able to tell us that staff always seek permission before providing care. All of the residents we spoke to felt safe and free from risk. They were aware there was scope to raise concerns or complaints with staff and at least one resident told us that they knew how to do this.

The residents appeared to be well looked after. However, one resident felt that more staff were needed as they would like to have more individual time with them. We were told there were regular visits from healthcare professionals such as the GP, chiropodist, optician, etc., although residents are also supported to take these services outside the home if this is their preference whether individually, with relatives or a staff member. The residents we spoke to confirmed that they were treated with dignity and respect. To confirm this, there was positive feedback regarding the interaction of the staff with residents. We were told that the staff were polite and used resident first names in conversations.

Residents generally seemed to be aware of the range of activities available to them and one told us it was their own choice regarding participation, preferring to spend more time using a tablet. One resident told us that they had been asked individually regarding what trips they would like to go on.

At least one resident told us that call bells were accessible and they knew how to use them.

The residents we spoke to were happy with the meals and drinks provided both in terms of quality and choice of menu. There is also flexibility as to where meals are taken with an emphasis on communal dining in the lounge area.

Family and Carer Experiences and Observations

We were able to speak to 2 relatives on the day of our visit. Both of them had very positive feedback of their experiences of the home. They were made to feel welcome and able to visit at any time. They felt they were kept informed regarding their relative at all times and constantly involved in the care process.

We were told that quarterly meetings took place between the home and relatives.

Another relative, told us that recent changes in management were for the positive and they felt their relative was safe.

They told us that the dignity of their relative was always observed and staff used resident first names. Another relative was also very positive regarding the support provided by the home and felt there was a good choice of activities provided.

Activities

The home does not have a dedicated activities coordinator therefore all activities are developed by the staff and management in conjunction with resident needs.

We saw a number of sensory visual aids displayed around the home designed to stimulate resident memory experiences. Examples of recent group activities were a clothing party and a celebration of St George's Day & the Queen's birthday event. In addition, seasonal activities such as Easter & Christmas celebrations, pub lunches and shopping trips are carried out.

Birthdays are celebrated, and we saw a number of forthcoming ones highlighted.

One staff member told us that with the change of management the provision of activities is being improved and the home uses the 'you said we did' approach when involving residents.

Catering Services

The current food hygiene rating is 5 which is excellent. The residents we spoke to were happy with both the quality and variety of meals provided. Kitchen preparation areas were clean and food storage was adequate. The menu appears to be made up daily as we did not see a weekly schedule. There is an understanding of nutritional and hydration requirements.

Meals can be taken either at the designated meal time or at resident request and residents can eat in their rooms.

We were told that residents often ask for favourite meals which are provided. Snacks are available between meal times although we did not see a great deal of fresh snacks in evidence such as fruit platters.

There was a list displayed of the type of utensils to be used by individual residents. Individual changes to dietary needs are communicated and noted accordingly.

Staff Experiences and Observations

On the day of our visit we managed to speak to 3 staff members, including the home manager and a carer.

There is a strong emphasis on staff training and they are able to progress their roles and acquire new skills accordingly. We saw a training matrix to cover all employees. Training is carried out either by external trainers or internally by management to including mandatory requirements such as health & safety legislation.

One staff member told us that they felt motivated and that staff morale and team spirit was much improved. Management told us that staff turnover was now improving.

Care plans, which are developed from pre-assessment are used to monitor resident preferences and changing health and wellbeing needs. Staff handovers are the conduit to report or communicate any concerns to management and relatives. The home places a high priority on safeguarding. A system using behaviour audits is utilised and individual resident changes are triggers for review. This then allows for the care plan to be updated.

Six staff members have undertaken the relevant training to date.

We were told by management that staff are knowledgeable of the Mental Capacity Act and also DOLS procedures. Recruitment carries a high priority to include DBS and identity checks, former references and a focus on NVQ accreditation.

One carer told us that there is an open culture in which staff concerns can be raised and that management are very supportive of this process. They also told us that they felt supported in their role and to undertake additional training. Management assume a high level of visibility within the home.

We were told by management that there is a quality assurance system in place. The manager and some staff are responsible for carrying out mandatory audits of the system.

We were told that complaints and concerns are documented and followed up with remedial actions put in place. We were also told by management that they encourage and facilitate visits by healthcare professionals into the home. A number of GP surgeries are used for the residents.

We observed a number of staff and resident interactions during our visit. Staff used first names when speaking to residents and addressed them in a caring and friendly manner.

We were told that medications are effectively controlled by nurses and only given as prescribed. One local pharmacy is used.

Summary, Comments and Further Observations

The feedback received was mostly positive and the staff are striving to provide a high standard of care for the residents. The staff and management are endeavouring to put the residents at the centre of the service provision and there is a strong sense of community.

The recent change in management is having a positive impact on service provision and resident experience.

We thank the residents, relatives, staff, management and owners for their cooperation and contributions during our visit.

Recommendations and Follow Up Action:

- Develop best practice and plans for awareness of trip hazards
- Review how activities are coordinated, possibly through a dedicated individual
- Revisit in the future following planned refurbishment
- Consider staff vs resident ratio to facilitate increased one to one care time

Provider Feedback

Comment from provider received 4th June 2018 by Email response:

'Thank you for the report. We are very happy for you to publish it'

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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