



# Enter and View Visit Report

## Ditton Priors Care Centre

Visit date: 23<sup>rd</sup> March 2018

Publication date: 12<sup>th</sup> June 2018

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# About Healthwatch Shropshire



**Healthwatch Shropshire is the independent health and social care champion for local people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

## What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'. For 'semi-announced' visits the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



## Details of Visit

**Service** Ditton Priors Care Centre, Ashfield Road, Bridgnorth  
WV16 6TW

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**Provider** St Philips Care Group

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**Date / time of visit** Friday 23<sup>rd</sup> March 2018 10.45am to 1.45pm

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**Visit team** Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

## Purpose of Visit

**Dignity, Choice and Respect:** to explore the quality of life experienced by residents in Ditton Priors Care Centre.

### Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time of the visit.

## Context of the Visit

In August 2017 Healthwatch England published a report: **‘What’s it like to live in a care home?’**

Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes.

These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people's experiences with their own observations to produce 140 reports. These have all been shared with the providers, the public, CQC and Healthwatch England.

Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. They state that 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 resident 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 see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced. This visit was semi-announced and the Manager was told we would be visiting but not the date or time.

## What we were looking at

### How the home provides 'person-centred' care

We asked about:

- the choices residents have e.g.
  - the food they eat and support to help them eat and drink
  - the range of activities available
  - personalising their bedrooms
- support for residents to maintain independence
- if residents are happy living in the home

## Whether residents are treated with dignity and respect

We looked at:

- how staff relate to residents, including verbal and non-verbal communication
- how staff find out about a resident's life, their current needs, and their likes and dislikes

## Whether the home offers a safe environment for the residents

We asked about:

- access to healthcare, including GPs, dentists, audiologists and opticians
- cleanliness and infection control
- the home's complaints procedure and ways for residents and staff to give feedback and have their views heard
- staffing levels, staff recruitment, qualifications, training

## What we did

When we arrived at the home we were welcomed by a staff member who asked us to sign in. We were then introduced to the Regional Support Manager (RSM) for the St Philips Care Group, who was in charge on the day we visited to give the Manager a day off.



The RSM answered our questions about the home and showed us around the building.

We then spoke to 8 residents and 2 members of staff. There were no visitors on the morning we went to Ditton Priors Care Centre.

## What we found out

The RSM told us that a new Manager had been in post since Christmas and was ‘very energetic’, ‘had done a fabulous job so far’ and had made a ‘huge difference’.

We asked the RSM what changes had taken place in the home since the last CQC inspection in June 2016, which gave the home a rating of ‘Good’. They told us that, as well as a new Manager, residents’ care plans had been computerised and the home was in the process of being redecorated throughout.

## The home

Ditton Priors Care Centre is a residential home on a narrow lane in a rural location. It can accommodate up to 21 residents, including residents with dementia. The RSM told us that they are increasingly finding more residents have ‘mild, gentle dementia’. There are currently 19 residents, 14 female and five male. Quite a few new residents have arrived over the last few months, giving the staff an increased work load. Respite beds are available unless they are fully occupied with permanent residents.

The home is in a two-storey house with large extensions on the rear and both sides. It is clean and bright with lots of large windows and light-coloured decoration.



The front entrance has a shallow step up to it but there is another entrance close by into one of the extensions, which has a ramp and another third entrance.

Car parking is restricted and we had to take care not to block vehicle access to the front door. It is not possible to park on the narrow lane.

The entrance lobby is quite small with stairs leading up to the first floor. There is a noticeboard displaying the latest CQC report.<sup>1</sup> The lobby leads into the main lounge. The temperature throughout the home was pleasant.



<sup>1</sup> Following the visit the manager has told us that the homes complaints procedure is displayed on the notice board in the entrance. The visit team did not notice this.

There are two connected lounges. The larger one has a fireplace with a solid fuel burner which was not being used on the day and a wall mounted TV in the corner. The RSM told us that the TV had recently been moved so that people were not walking in front of it all the time. The room has a big window looking out over the driveway. Chairs and settees are arranged around the edges of the room, most facing into the centre.

The second, smaller lounge does not have a window but has a small fish tank in the corner. The chairs are arranged around the edges of the room facing towards the centre.

All the chairs are of the same design with wipe-able upholstery, and all are either cream or pale brown in colour. Some chairs were raised to provide different heights. The centres of both rooms are clear of furniture.

The larger lounge has a fitted carpet and the smaller one has a laminate floor. . The visit team noticed that there was a mild smell of urine on entering the smaller lounge.<sup>2</sup> The kitchen door is in one corner of the smaller lounge so staff regularly pass through this area.

On the day we visited residents were sitting in both lounges. In the main lounge the TV was on but not too loud, though not many residents were sitting facing the screen.<sup>3</sup> There were some DVDs, a domino set, a piano and bowls of fruit in the room. It felt quite homely with coffee tables between chairs and a separate more private area in front of the window.

The smaller lounge had some books and games though we did not see any residents using these. They were all sitting in chairs not doing anything.<sup>4</sup>

The dining room is at one end of the corridor with windows and large patio doors looking out over a lawn.

Some bedrooms are on the ground floor. Most lead off a long corridor, with laminate flooring, which runs the width of the building. All the corridors in the home have decorative pictures on the walls.



<sup>2</sup> In response to the draft report the manager has told us that 'there are residents with continence support needs'. The home has received 'positive feedback from external professionals, relating to the improvement of odour in the home'.

<sup>3</sup> The manager has added that 'of 12 chairs only two do not face the TV'.

<sup>4</sup> In response the manager has commented that this 'depends on the time of day, and also individual choice'.



Some bedrooms at the back of the home have patio doors opening onto the back garden which is partly paved. However, there is a drop immediately outside the patio doors so it is not possible to use them to get into the garden.<sup>5</sup> The RSM told us that there are plans to build a ramp in future to allow residents to use doors from their rooms.

Bedrooms on the first floor are reached by stairs or a lift. There is a second set of stairs which is only used in an emergency as it leads directly to the outside. There is a gate across the top to prevent access. Both sets of stairs have evacuation equipment alongside.

All bedrooms are currently being redecorated. We were shown two refurbished empty rooms which were clean and bright with fresh paint and with one wallpapered feature wall. The wallpaper had broad stripes in neutral colours in the two rooms we saw. All the colour schemes we saw throughout the home were neutral. Handrails, where painted, matched the general scheme. Both rooms we saw had a toilet with a grab rail, a wash hand basin and a pull cord alarm in a small ensuite which was not wheelchair accessible. The RSM told us that all the current residents were able to walk with aids to and from the toilet. We saw decorator's equipment on the floor in the corridors in a couple of places. Otherwise the corridors were clear.

The rooms we saw were furnished with a bed, bedside table, wardrobe and chest of drawers. We were told by the RSM that all rooms were furnished similarly and that they were buying new standardised furniture for rooms as part of the redecoration. We were also told that residents can bring in their favourite chairs, smaller pieces of furniture and pictures to personalise their rooms. When asked the RSM said that there were a sufficient number of adjustable height beds.

We were shown a communal bathroom with hoist chair access to the bath. It was a generous sized room with suitable adaptations fitted and it was clean. We were told that there were shower rooms as well but we did not see them.



All the outside doors are locked so residents need to ask staff to let them out. Five residents smoke so they regularly need to go outdoors. There is no smoking shelter outside so smokers are unprotected from the weather.

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<sup>5</sup> In response to this point the manager has said: 'We know, we are getting quotes for a ramp – work in progress'.

There is a large paved outside area at one end of the long corridor with a ramp for wheelchair access. The door has a sloped raised threshold that makes it difficult to walk across.<sup>6</sup> There are sturdy wooden chairs and tables in the paved area and the RSM told us that there are plans to construct ‘new arbours’<sup>7</sup>. There are four raised square planters, unused at this time of year.

There are wall mounted hand wash dispensers and displays for the call system in corridors throughout the home. The call system displays light up and show which room to go to. Staff can mute the bell from each display. The call bell sounded several times whilst we were there and it was very loud and intrusive. The RSM told us that they need someone to come and turn down the sound as it can get very irritating for the residents at times. The call bells were responded to quickly whilst we were there.



There were written signs around the home indicating fire exits, toilets, cupboards, store rooms etc. We did not see any signs that included pictures. There was a notice on the COSHH (Control of Substances Hazardous to Health) cupboard to say it must be kept locked at all times unless in use. Doors to bedrooms were numbered with silver coloured numerals but there were no pictures or names on the doors.

## How the home provides ‘person-centred’ care

The choices residents have:

- Choice of food



When we asked several residents what they were expecting to eat for lunch in about an hour’s time, they told us that they did not know. They said that they had not been given a choice.<sup>8</sup> Three other residents said that they did get a choice. A staff member confirmed that two alternative meals were prepared for lunch and residents were given a choice at the time of the meal. However, as the total

<sup>6</sup> The manager has told us ‘residents are supervised going outside and supervised outside’.

<sup>7</sup> An arbour is a shady garden alcove with the sides and roof formed by trees or climbing plants trained over a framework.

<sup>8</sup> In response to the draft report the manager has told us that these residents have ‘dementia’ and staff ‘record every meal time choice’.

number of meals prepared is about the same as the number of residents, a popular meal will run out leaving some residents with no choice.<sup>9</sup>

When asked if they liked the food six residents told us it was 'very good' or 'very nice'.

One resident said the food was poor, 'veggies mashed, not whole, and mashed potato sloppy and over cooked'. They also said choice was not always available. They commented that they 'never have sprouts' which they love and that the quality of the meat was 'poor - too tough and gristly and the pastry hard'. This resident had spoken to the Manager about the food.

One resident told us that if they wanted a favourite food the staff would 'do their very, very best to get it'.

Another resident said that they were 'happy with the food' but that they had no idea what they were about to eat for lunch.<sup>10</sup> They said that they were 'fond of curry' and that they did get curry to eat.

Residents told us that they had access to snacks and drinks. We noticed jugs of squash and glasses on all the tables in the lounges. One resident had 2 biscuits with a cup of tea in their bedroom.

The RSM told us that the cook had recently left giving no notice so staffing was short in the kitchen at the moment. Staff told us that, as there was no kitchen assistant, it was difficult to get all the work done in the time available. When we mentioned this to the RSM, they commented that the recent increase in the number of residents had increased the work load in the kitchen. We were told by staff that breakfast, lunch and tea were all prepared during a 5-hour shift. Kitchen staff served breakfast and lunch but other staff served the pre-prepared tea.<sup>11</sup>

The RSM told us that there are some 'choice issues' related to the policy of bulk buying, something common to all the homes in the Group.<sup>12</sup> For example, bulk buying of tea or coffee uses up the budget so nothing is left over for say Ovaltine or Horlicks to offer as an alternative. Evidence is currently being collected and

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<sup>9</sup> The manager has told us that this is incorrect and 'every resident has choice' and the home is working to 'improve inputting into handhelds to evidence choice'.

<sup>10</sup> The manager has informed us that this was because this resident has dementia.

<sup>11</sup> The manager has since told us that this is incorrect; 'lunch and tea are prepped by Cook. Breakfast is done by care staff.'

<sup>12</sup> The manager has told us that this is 'resolved, now better planning regarding menus'.

together with the Manager they will work out how to introduce some ‘flexibility with the budget’.

The RSM said that there were no problems with quality or hygiene standards and that they have recently replaced all the crockery and cutlery.

When we asked if residents had a choice where they ate their meals, most of the residents we spoke to said that they could eat in their room if they wished but that they liked to eat lunch in the dining room. One resident also said that they liked to have breakfast in the dining room too. Residents said that breakfast is served at 8.30am but they don’t have to get up for it. One resident said that they could have breakfast in bed.

- **Choice of activities**

There was a weekly planner of activities displayed on the wall in the main lounge:

Week of				
Monday	Tuesday	Wednesday	Thursday	Friday

Mon	am Pamper	pm Bingo
Tues	am Floor Games	pm Dancing & Singing
Wed	am Arts & Crafts	pm Baking
Thurs	am Quiz	pm Board Games
Fri	am Sensory Morning	pm Bingo
Sat	am Puzzles	pm Music
Sun	am Reminisce	pm Movie Afternoon

However, on the day we visited the activities organiser was covering for the cook on her day off, so was working in the kitchen instead.<sup>13</sup> When we spoke to the activities organiser they explained that they had not been able to do many activities sessions with residents due to staff shortages which meant that they had had to help out with caring duties.<sup>14</sup> They told us that when they did have activities, ‘the usual 5 or so residents’ joined in.

<sup>13</sup> The manager has told us that this member of staff has a dual role as activities coordinator and doing shifts as cook; ‘Friday is her cooks day’. After her cook shift she continues with activities.

<sup>14</sup> The manager has told us that this has only happened a couple of times and ‘most times she helps out on care after her activity hours’.

The current activities organiser, who had worked at the home in another role, was appointed last November and spent time talking to all the residents to find out their preferences. As there had been a gap in providing activities, the organiser found that quite a few residents had got used to a different routine and so were choosing not to engage with activities. This, together with the dual role they had at the moment helping out in the kitchen, was making it difficult for them to 'get things going'. They would like to do more with the residents such as taking them out to the tea room down the road.<sup>15</sup> They had taken a resident to a soup lunch recently and took a resident shopping yesterday. They feel that the residents need to 'get away from the four walls'.

On the day before our visit residents made Easter bonnets and we saw all the Easter bonnets displayed on the sideboard in the dining room.

Another member of staff told us that a few residents had gone to the Christmas service at the local church and they could remember a resident going out for a soup lunch.

Staff said that there have been coach trips in the past but nothing recently. This was confirmed by residents we spoke to who told us that there were 'no trips out' and that there were 'special trips only'. We were told that there were 'occasional coach trips' but that it had 'been a while since the last one'.<sup>16</sup> One resident told us that they like to go out to shop.

One member of staff told us that a resident had said that sometimes it felt 'like a prison' as they were not able to go out.<sup>17</sup>

We were told and we saw that residents have to ask staff to let them out if they want to go into the garden. We were told that this is due to lack of security outside.<sup>18</sup>

When we asked residents what activities they would like to do, one told us that they like gardening and going out to the shop. They said that 'the carer can only

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<sup>15</sup> The manager has told us that taking residents out isn't the job of the activities co-ordinator and can be done by carers.

<sup>16</sup> The manager has told us that trips 'depend on weather conditions; trips out are less in winter'.

<sup>17</sup> The manager has explained that this is a 'symptom of dementia and residents can become more confused at sundown'.

<sup>18</sup> The manager has told us that this is 'incorrect' and due to dementia 'all residents have to be supervised outside, some residents have been known to attempt to climb fences'.

take you to the shop if they have the time, so not very often'.<sup>19</sup> They also said 'There are no facilities here - no newspapers, which would be nice'.

Another resident said that they do scrabble and dominoes and they have musical entertainment. They said that they used to play skittles but they don't have it any more.<sup>20</sup> Another resident said that they play bingo sometimes and that they made Easter bonnets.

- **Personalising bedrooms**

All the residents we spoke to told us that they can personalise their rooms. One resident said 'nothing big and heavy, just small things'<sup>21</sup>. Another resident told us that they could personalise their room but that they 'haven't bothered'. Some residents do not have a TV in their room and said they are quite happy to watch the TV in the lounge. One resident told us that they liked to 'spend time in their room' and that they had a TV but 'don't watch it much'. They chose not to spend time in the communal rooms.

One resident said that their room had recently been decorated and that they 'love the wallpaper' although they said that they hadn't chosen it.

The RSM told us that when a room becomes vacant, a resident can choose to move into it. They try to take account of resident's preferences. We were told that one resident had chosen to change rooms recently to have a better view from the window. Some rooms have limited views blocked by a roof or the oil tank but most have good views of the garden or looking towards the hills.

- **Choice of what to wear**

All the residents we spoke to said they could choose what to wear and had access to a good choice.

None of them said that they had any problems with the laundry, though one resident said that they had had one item of clothing go missing temporarily and

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<sup>19</sup> The manager has told us that trips to the shop are dependent on the weather.

<sup>20</sup> The manager has told us that 'more outdoor games have been purchased'.

<sup>21</sup> The manager has told HWS that this is incorrect, 'residents and family are encouraged to bring in personal items no matter what the size or weight.'

another resident said that they had had a number of more expensive items of clothing go missing when they first arrived at the home<sup>22</sup>

- **If residents are happy in the home**

Residents we spoke to had a choice of when to get up and go to bed. They all also said that they had a choice of where to spend their time. One resident liked to spend time during the day lying on the bed and that was fine. Another resident told us that they can spend time in their room if they want to but that they prefer to socialise.

We noticed one group of residents who spent time together and they said that they liked to chat. None of them had many visitors but told us that that didn't matter because they could always chat to each other. They told us that they 'love each other' and 'know each other very well'.

They told us that there is the odd resident that 'doesn't fit in' but that they could relax and that they were 'always chatting'. One resident said that they had lived in other places but 'here it is very homely'. 'As soon as you come in you feel at home'; 'don't know what it is, it feels nice when you come in'.

Another resident told us that they 'like it'.

When we asked some of the residents if they felt safe and secure and could relax, they said 'yes'.

We asked residents if there was anything they would like to change and we were told:

- 'can't think of anything that could be better'
- 'no complaints'
- 'can't think of anything'
- 'nothing'.

One resident said that there should be more entertainment or films - 'a cinema to suit the residents'.<sup>23</sup>

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<sup>22</sup> The manager has told us the home has a 'policy and the contract states that family are responsible for labelling clothes on admission'.

<sup>23</sup> The manager has told us the home will look into this.

When we asked one resident if they would recommend the care home to others they said: 'Yes, because we all get on with each other and can chat with each other. Nobody falls out.'

### **Visitors**

Most of the residents we asked told us that they did not have visitors very frequently if at all. One said that people were too busy to visit. Two residents who had visitors said they could come at any time.

The RSM told us that one resident who didn't have family support used the services of an advocate.

### **Whether residents are treated with dignity and respect**

We saw a member of staff knocking before entering a room and we saw the member of staff choosing not to enter when they realised the resident needed privacy.

### **How staff find out about a resident's life, their needs, likes and dislikes**

Staff told us that they know the residents well. The RSM explained that all potential residents are assessed and that they will only accept residents if they can meet their care needs. They explained that if a resident's needs change they are reassessed and if necessary a request is made to the local authority/family for them to be found more suitable accommodation.



The RSM showed us an electronic recording system which was introduced at the end of last year. It includes all the information about residents including their care plan, likes and dislikes. Staff described this as 'Person Centred Software' and showed us a small hand held iPod which has an edited version of the database and said that they can also input new information through their iPod. For example, they could record if a resident had a fall. We saw that the system includes photographs of each resident.

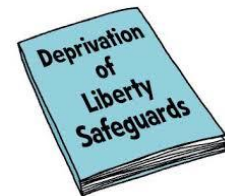


We were told by one member of staff that they were finding the electronic system more difficult to manage than the old paper-based filing system as it was difficult to input information<sup>24</sup> into the small device and find the information they needed. If a staff member wants to know more about a resident, they now need to use the electronic system.

We were told by the RSM that residents are offered the choice of a male or female carer when both are available. Residents will always have the choice of a female carer.

## Whether the home offers a safe environment for the residents

We asked if any residents were subject to Deprivation of Liberty Safeguarding (DoLS) and the RSM said 'yes' and that they had applied for more as the management team thought it should apply to more residents at present.



The RSM told us that the home has an 'Accident Care Plan, using a Group Management Tool'. All falls are recorded and records are checked for patterns which might need attention. Staff and the RSM told us that there had been no recent falls. Mats are used on the floor beside the beds of residents who are at risk of falling out of bed.

There is a contract for maintenance of wheelchairs and hoists which are checked twice a year.

Most of the residents we spoke to told us that if they use the call bell, staff responded quickly. One resident said: 'Sometimes if they are short staffed or tied up at mealtimes, they don't come for 10-15 minutes. They are usually pretty good and this doesn't happen often.'

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<sup>24</sup> The manager has told us that 'staff can record information by voice so the option is there not to use the key pad'.

## Access to healthcare

The RSM told us that residents usually stay with their existing dentist if they are close enough and transport can be organised. They told us that the staff ‘remained vigilant’ about teeth. It is difficult to get a dentist to visit the home.



One resident we spoke to had lost their dentures two weeks ago and was waiting for a dentist to visit<sup>25</sup>. When we asked how they managed to eat, they said they ‘just about do’. They also said that they used to enjoy eating apples but they can’t do that at the moment.

Another resident told us that they had not changed dentist when they moved into the home.

All residents are weighed every month. If this indicates weight loss, the resident is put onto a food and fluid chart. Staff also ask the resident what sort of food would encourage them to eat. If necessary, the GP is asked for a referral to a dietitian. When we asked who was responsible for making sure that all residents eat a suitably balanced diet, the RSM said ‘everybody’.

Two residents we spoke to said that they felt fully involved in decisions about their care. Another resident told us that sometimes the staff don’t explain in enough detail.<sup>26</sup> When we asked what services could be called upon if necessary the RSM said GP, District Nurse, Occupational Therapist, Speech and Language Therapists and Chiropodist. We were told that domiciliary physiotherapy is more difficult to access as staff are expected to help residents exercise.

One resident we spoke to had a hearing aid but they told us they were waiting for new batteries so it wasn’t working.<sup>27</sup> Dementia, all aids have been checked and working



Most of the residents we spoke to were not wearing glasses. When asked most said they did not need them. One resident said they wore glasses for reading and another resident said that they had glasses but ‘didn’t wear them very much’.

One resident said that the doctor comes if you have a problem but they were not sure if the optician or dentist would come out to visit.

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<sup>25</sup> The manager has told us that this resident has dementia and ‘residents’ dentures have been checked and no residents have missing dentures’.

<sup>26</sup> The manager has told us that this resident has dementia.

<sup>27</sup> The manager has told us that this resident has dementia and ‘all aids have been checked and are working’.

One resident said that a chiropodist and hairdresser come to the home.

None of the residents we spoke to knew if they had a key worker.<sup>28</sup>

### Cleanliness

The home was clean throughout and the residents' clothes appeared clean. We saw one resident with dirty nails.<sup>29</sup>

### Complaints and feedback

We did not see a copy of the home's complaints procedure on display during our visit.<sup>30</sup>



When we asked a resident who they would speak to if they had any concerns they said 'the boss lady'.

Two residents said that they would speak to the staff if they were not happy.

The staff we spoke to were not aware of a formal complaints procedure.<sup>31</sup>

### Staffing levels, recruitment, qualifications and training

The RSM told us that they were fully staffed except for a cook who had left suddenly and had not been replaced yet. One staff member told us five out of 14 staff were new within the last year.

Shifts are 12 hours and there are three staff on during the day shift and two staff at night. On the day we visited a staff member had called in sick so the RSM had rung around staff to find someone who could do extra duty. Staff told us that agency staff were used regularly at night<sup>32</sup>, but during the day no agency staff were used; existing staff were asked to fill in<sup>33</sup>.

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<sup>28</sup> The manager has said that this is because they have dementia.

<sup>29</sup> The manager has told us that 'nails are checked daily, this will be monitored'.

<sup>30</sup> The manager has told us that 'copies of the complaints procedure are located on every bedroom door, on the front notice board and in the lift'.

<sup>31</sup> The manager has told us that following our visit they 'have confirmed with staff, they are aware of complaints procedure'.

<sup>32</sup> The manager has told us that use of agency staff has 'drastically reduced due to recruitment'.

<sup>33</sup> The manager has told us that this shows 'team work'.

One staff member told us that on a 12-hour shift, they were paid for 11 hours and had an hour off which they could take as and when they wished. However, they often found it difficult to find the time to take the full hour<sup>34</sup>.

We were told by the RSM that training was by e-learning and face-to-face sessions and that the parent company trains trainers in CPR (resuscitation), fire safety etc.

The RSM said that there is a three-day induction for all new staff and that all basic carers need to have level 2 NVQ and are encouraged to work towards level 3 NVQ. All senior staff need level 3 NVQ.

One member of staff told us that they had only done e-learning which they found much less effective than face to face training. They said that 'it wasn't good without prior experience'. They showed us that they had completed modules on Safeguarding, Manual handling, DoLS, Medication, the Mental Capacity Act, Health & Safety, Food Safety, Fluids & Nutrition, Equality & Diversity and Infection Prevention & Control. They explained that face to face training would give them more confidence and information would be easier to remember.<sup>35</sup> Staff were all in uniform and they looked tidy and professional.

### What staff told us

One staff member told us that there had been a lot of changes since the new manager started; the home is being redecorated and there is 'more order'. They said that some of the changes had been helpful to them doing their job.

Staff told us that there are 'new rules' and 'new regulations' for both daytime and night time. They also said that there is 'too much to do in a shift' which affects 'quality of time with the residents'.<sup>36</sup> Although struggling with the speed of the changes, the staff we spoke to agreed that change had most definitely been needed.

One member of staff told us that they 'felt stretched' but that they 'loved the residents to bits' so would continue to do their best<sup>37</sup>.

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<sup>34</sup> The manager has told us that 'staff are fully aware that it's their responsibility to take breaks'.

<sup>35</sup> The manager has told us that 'face to face training is improving'.

<sup>36</sup> The manager has told us that 'there are no "new rules or regulations"'. They have 'followed policy and procedures to bring structure to staff and the home; there is not too much to do in a shift.'

<sup>37</sup> The manager has said (refer to point 36) 'Again policy and procedures are now followed, arguable to say staff feel stretched.'

## What residents told us about the staff

- ‘Staff have little chats, keep you up to date.’
- ‘Staff respond but they are quite busy.’
- ‘Staff just about have time to sit and chat.’<sup>38</sup>

We saw a member of staff chatting with a resident for a short while.

Several residents were not aware that there had been a new manager.<sup>39</sup> Another resident had noticed the change and said it was ‘very good’ and ‘feels better’. They also said that ‘she (the manager) turns up in the most surprising places’.

We were told that staff are ‘very kind, very good. ‘Look after us very well’.

## Observation

One of the authorised representatives conducted an observation of the interaction between staff and residents in the dining room during lunch.

### Observation findings

- Thirteen residents came in for lunch. Some accompanied by staff at an unhurried pace; others came in on their own; two were pushed in wheelchairs.
- Groups of three or four sat at four round tables. Four residents had aprons placed over their clothes to protect them from spills. Residents chatted to each other in a friendly way.
- The dining room is a pleasant homely room with good views onto a large garden through two sets of double glass doors.
- Residents were all offered a choice of three squash flavours or water to drink. One was encouraged gently to have something to drink after saying “no” to all choices.

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<sup>38</sup> The manager has told us that ‘staff are encouraged to communicate with residents throughout their shift’.

<sup>39</sup> The manager has told us that this is due to ‘dementia’.

- Two staff served the meals from a hot trolley. One staff member said that there wasn't enough room on the trolley to serve the meals.<sup>40</sup> Residents were each asked if they would like fish and chips or burger and chips and if they would like baked beans or peas.
- Plates were all standard white and standard size. One resident had a plate fitted with a guard. Cutlery was all standard steel. All residents fed themselves. No-one required help to eat.
- Staff interacted with residents using a pleasant tone of voice in a courteous manner, using clear language and in a respectful way. They used residents' first names and responded with consideration and a little humour and banter where appropriate.



## Summary of Findings

- Ditton Priors Care Centre is a residential home in a rural location for up to 21 residents including residents with dementia. It offers respite beds unless the number of permanent residents fills the capacity. Recently the number of residents has increased to 19.
- A new Manager, who started last Christmas, has introduced changes. A new electronic information system was implemented in May 2017 and a comprehensive re-decoration programme has started. Five of the 14 members of staff are also new within the last year. The redecoration programme is currently focusing on the bedrooms and includes new furniture.
- The home is clean throughout and the new décor is mainly in neutral colours. There was a mild smell of urine in the smaller lounge. There are no dementia friendly picture signs.
- The kitchen is short staffed as the cook has left suddenly and has yet to be replaced so other staff are filling in.<sup>41</sup>
- Residents are not always offered a choice of food at mealtimes.<sup>42</sup>

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<sup>40</sup> The manager has told us that 'there are three trolleys'.

<sup>41</sup> The manager has told us that the activities coordinator is 'trained' to work with food and is currently performing a 'dual role'.

<sup>42</sup> See footnote 9

- Although staff are finding the rate of change difficult to cope with, they do appreciate the need for change.
- Some staff feel frustrated and do not find the new electronic record system as easy to use as the old paper files.<sup>43</sup>
- Most residents are very supportive of each other and enjoy living in the home.
- Most residents like to spend time in the communal areas.
- Residents felt that staff had less time to sit and chat with them recently.
- Few residents we spoke to wore glasses or used hearing aids. One resident had lost their dentures and was waiting for a Dentist appointment and one resident had no batteries for their hearing aid. One resident had dirty finger nails.<sup>44</sup>
- There are five smokers amongst the residents and they have to ask to go outside where there is no shelter.
- We did not find any evidence of a formal complaints procedure that all staff were familiar with and which residents and their relatives could easily use.<sup>45</sup>
- We saw a weekly activities planner on the wall but the activities organiser told us that these rarely took place due to the need to help out with caring and other duties.<sup>46</sup>
- Residents would welcome more opportunities to go out.<sup>47</sup> The alarm system is very loud.

## Recommendations

We suggest that the following are considered:

- Make sure that there are enough staff to ensure scheduled activities can be delivered and residents can go out regularly if they wish.
- Ensure that all residents are offered a choice of food at every meal.
- Make the environment more dementia friendly, for example using signage with words and pictures.
- Ensure that the complaints procedure is clear and easily accessible for residents, relatives and staff and that all members of staff are familiar with it.

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<sup>43</sup> See footnote 24

<sup>44</sup> See footnotes 27 and 29

<sup>45</sup> See footnote 30

<sup>46</sup> See footnote 13 and 14

<sup>47</sup> The manager has told us that this is 'weather permitting'.

- Reduce the volume of the alarm system.
- Remind staff to regularly check residents' hearing aids, dentures, glasses and finger nails.
- Provide a shelter for smokers when carrying out the planned improvements outside.

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## Service Provider Response

The regional manager and manager of Ditton Priors Care Centre have provided a thorough response to the content of the report and their comments are included as footnotes throughout.

In response to our suggestions the manager has made the following comments (in blue):

**Make sure that there are enough staff to ensure scheduled activities can be delivered and residents can go out regularly if they wish.**

All staff participate and implement daily activities, not just the coordinator, weather permitting on outings.

**Ensure that all residents are offered a choice of food at every meal.**

Residents are offered choice.

**Make the environment more dementia friendly, for example using signage with words and pictures.**

Agreed and putting in place. Signs on order for all rooms and bathrooms. Awaiting delivery.

**Ensure that the complaints procedure is clear and easily accessible for residents, relatives and staff and that all members of staff are familiar with it.**

It is.



**Reduce the volume of the alarm system.**

Awaiting instructions for volume to be lowered.

**Remind staff to regularly check residents' hearing aids, dentures, glasses and finger nails.**

Disagree somewhat and will be monitored.

**Provide a shelter for smokers when carrying out the planned improvements outside.**

We are getting quotes for a smoking shelter - In progress.

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## Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users and staff for their contribution to this Enter & View.

## Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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