

# Enter & View

Report

Ernvale House  
Care Centre  
27<sup>th</sup> June 2018



<http://healthwatchstaffordshire.co.uk/>  
email: [enquiries@healthwatchstaffordshire.co.uk](mailto:enquiries@healthwatchstaffordshire.co.uk)  
[Freephone 0800 051 8371](tel:08000518371)



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: Ernvale House Care Centre

Provider: Waverley Care Homes Ltd  
Currently in administration with FTI in London / overseen by management company - Care Port Advisory

Address: Station Road, Cheddleton, Leek, ST13 7EE

Service Type: Nursing home

Date of Visit: 27<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

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**

The Home is located off the main Cheddleton to Leek road in a beautiful area of Cheddleton. The drive to the Home is located on a narrow and winding country lane. Signage could be improved to prevent visitors from missing the entrance to the Home.

There is designated staff parking but it is slightly unclear as to where visitors should park. The drive has recently been resurfaced. A steep drive leads to the newer parts of the building. The different units are well signposted.

The larger lawned areas are mown but smaller areas are rather overgrown. The exterior of the original building is in need of some attention and the outdoor seating areas look a little neglected.

The small patio areas attached to some of the nursing unit rooms look a little stark and a broken bench was noted in one.

We were advised that there are plans to address the issues with the exterior of the buildings and the outdoor areas. These areas are in need of mowing and weeding and currently detract from the view from the Home, but these have been delayed due to the home being in administration.

There is no external CCTV.

## **Internal**

The home has a large entrance hall in which the visitors' book is located. Access to the home is then by means of a bell. The Manager's and Administrator's offices are immediately adjacent to the main entrance.

There is a very welcoming coffee area just inside the main entrance where residents can come with their relatives.

All entrance lobbies have the requisite notices and a great deal of useful information for relatives.

There is no internal CCTV.

Fire equipment testing was in date, as was PAT testing. Fire evacuation mats were available on all staircases. Fire evacuation plans were placed accessibly on each unit; these are checked every week.

The EMI unit had dementia friendly signage on the toilet doors. The corridors were decorated with pictures of favourite movies and their stars, as chosen by the residents. All doors on the EMI unit were alarmed and the alarm, once activated, could only be cancelled by a member of staff.

All external doors and doors between units were secured via number keypads/locks.

The administration company have a Continuous Improvement Plan in place and have invested heavily in the home over the last two years. The work carried out includes new vinyl flooring (replacing carpet) in the corridors of the nursing unit, a new laundry and new signage in the dementia unit. Future plans include refurbishment of all bathrooms and replacement of the lighting in corridors.

In the nursing area a trailing vacuum cleaner cable was noted which was reported to the Manager. This was a trip hazard for residents, staff and visitors.

Overall the home appeared clean and in good decorative order with no unpleasant odours.

## **Resident Numbers**

The home has a capacity of 85, and currently has 73 residents. All are in single ensuite rooms.

The home consists of 5 units :-

Butterton - dementia care - 20 beds

Kingsley - nursing care - 33 beds

Ipstones - female challenging behaviour - 10 beds

Consall - male challenging behaviour - 10 beds

Warslow - residential care - 12 beds

There are vacancies in all units with percentage occupancy being similar across the board.

## **Staff Numbers**

Staff work on specified units but will work on other units to cover vacant shifts or if working overtime. Dependency levels are checked every month and staffing levels will be increased or decreased accordingly, but the following are the standard levels. There are two shifts a day, 8.00am - 8.00pm, and 8.00pm to 8.00am.

Butterton - 1 nurse at all times, 5 day carers / 2 night carers

Kingsley - 2 day nurses / 1 night nurse, 7 day carers / 3 night carers

Ipstones and Consall - 1 nurse at all times shared between the 2 units, 3 day carers each unit/ 2 night carers each unit

Warslow - 2 day carers / 2 night carers

Each unit has a Clinical Lead who has supernumerary hours for admin.

2 x Activity Co-ordinators - 1 x 32 hrs / 1 x 25 hrs - work across all units

6 x Domestic, working from 8.00am - 2.00pm - 1 in each unit and 1 in laundry

1 x Cook, working from 7.00am - 5.00pm

2 x Kitchen assistants, working from 8.00am - 6.00pm

2 x Full time Maintenance staff

1 x Full time Administrator

1 x Full time Manager

1 x Deputy Manager - 18 hrs

Management / Clinical Leads are on call 24 hours a day on a rota basis.

## **Agency Usage**

Well Care is the agency of choice. Very few agency nurses are used, the agency being used mainly for care staff. The same staff are used wherever possible, and the policy is to only use one agency staff at any one time on any shift. The employed staff will express a preference for which agency staff they want to cover a shift.

The home has one bank nurse and two bank care assistants.

## 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 been in post for over 20 years, apart from a short period when she was an Area Manager for the same company. During this period she had overall responsibility for Ernvale House. She is a registered general nurse by profession.

Quarterly meetings are held with all staff groups, with full staff meetings held as and when necessary to discuss particular topics. Memos are used for communication in between meetings.

The manager has a weekly head of department meeting which includes the Clinical Leads or Nurse from each unit and head of Maintenance, Kitchen, Domestic and Activities.

The staff members we spoke to confirmed that they felt well supported by the Manager and that her door is always open for them to discuss any issues.

### **Comments**

The Manager clearly has excellent in depth knowledge of the home, staff and residents. The staff feel that she does a good job and is very supportive.

## 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**

Staffing numbers indicate a high staff:resident ratio as a baseline, with the option to increase further based on monthly dependency audits.

The staff members we spoke to felt that the staffing levels enabled them to carry out all aspects of their role properly. Morale appeared high and they stated that turnover of staff is low.

There is a robust training matrix in place, delivered via in house training, external training and on line modules. Completion of training is monitored both by the admin team and the overseeing management company. Staff are paid to attend training or complete online modules.

### **Comments**

We found the staff to be informed, motivated in their work and well supported by the management team. The training programmed 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

The staff were able to demonstrate a good knowledge of the residents, their histories and their preferences. Each resident has a comprehensive personalised handwritten care plan which is reviewed on a monthly basis. Care plans can extend to 150 pages with a one page profile at the front for easy access to core information. No core care plans are used.

A comprehensive pre-admission form is completed for all residents.

Residents have named nurses and key workers.

### Comments

Staff have a good knowledge of the residents, their histories and their preferences, which are comprehensively outlined in the person centred care plans.

## 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

We discussed Activities both with the Manager and with one of the Activities Organisers which enabled us to gain thorough corroborated information of the activities on offer to the residents.

Experience has shown that the mornings are not ideal for organising group activities so they use the mornings to engage with residents who are not willing/able to participate in group activities on a one to one basis. This can be done in residents' own rooms or in any of the lounge/communal areas. In the afternoons each of the Activities Organisers will hold a group session in one of the units on a rota basis. These take place between 2.00 and 4.00.

The home subscribes to the "Daily Sparkle", a reminiscence newspaper published weekly which is designed to provide stimulation, interest, enjoyment and fun for older people and people living with dementia. These newspapers are used by the Activities Organisers to prompt discussion with residents.



As part of the pre-admission assessment residents or their relatives are asked if they have any particular interests in order that these can be continued in the home. One lady had recently expressed interest in needlework and a cross stitch kit had been purchased for her to do. Other activities include making cards, decorating cakes, and reading books or magazines with the residents, according to individual interests.

Outside entertainers also visit the home. These are all subject to entertainers possessing Enhanced DBS checks. The home has strong links with local churches and St Andrews in Cheddleton help with the annual summer fayre - notices were seen around the home advertising this coming up in July - and their choir visit the home at Christmas.

Birthday parties are held for each resident, with other events, eg the World Cup, being celebrated with the residents, who had been invited to take part in a sweepstake.

Each unit has its own outside area, with an appropriate level of security for the type of resident, but it was unclear from our visit as to exactly how to access these areas.

The Home does not have a minibus.

The comfort fund is used to provide equipment to enrich residents' lives with two tablets being the most recent purchases.

A registered PAT dog comes in as and when its owner is able to bring it.

A hairdresser visits twice a week.

The aim of the two Activities Organisers is to make contact with every resident on a daily basis, whether on a one to one basis or in a group session. If they are unable to make individual contact with a resident in the morning they will return in the afternoon after the group session. They have their own email address and will email relatives with photos of activities involving their loved one.

## Comments

There are a wide range of group and individual activities on offer, with processes in place to identify individual preferences. The Activities staff are very enthusiastic and dedicated about providing meaningful and interesting activities for the people who live in the Home.

## 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 home has achieved a 5\* food hygiene rating. This was already in place and confirmed by a further assessment the week before our visit.

Each unit has its own dining room, with food being delivered in heated trolleys from the single on site kitchen. New heated trolleys have recently been purchased by the administrators.

Residents are asked to make their menu choices in advance.

Breakfast can be a full cooked breakfast, porridge, cereals or fruit. Lunch is a choice of 2 hot meals, and a hot or cold dessert. Soup and sandwiches are always on offer for tea, with an additional 2 hot choices. Residents can have a cold meal at lunchtime if they prefer and can make other requests for meal choices. Menus are on a 4 week rota. Two roast dinners per week are offered, an increase from one a week at the suggestion of residents.

The kitchen makes a variety of cakes which are taken out on trolleys between mealtimes.

A local butcher is used for all meat supplies.

Any special dietary requirements are recorded in the body of the resident's care plan, in the one page profile and in the kitchen. Food moulds are not used but food is presented as attractively as possible. Menu sheets showed the option for residents to select a "soft choice".

Care staff will assist the residents at meal times, with the kitchen staff also helping with breakfast on the EMI unit.

Care staff will record food intake if this is of concern for a particular resident and also record fluid intake. If there are issues in either of these areas they are flagged up to the nursing staff, then to the GP if there is a persistent problem.

Our visit did not cover a mealtime so we cannot comment on how these are managed.

#### Comments

The menu choices appear varied and flexible, with individual preferences and dietary requirements well catered for. It is not clear how communal mealtimes are supervised on the various units. Catering staff we spoke with were knowledgeable and enthusiastic about providing nutritious home cooked food.

## 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

GP services are provided by Moorlands Medical Centre, Leek on a retainer basis. The same GP visits twice a week. The Nurse Practitioner from Moorlands Medical Centre also visits, and there is a CPN on call.

Medication is obtained via Boots in Hanley in Monitored Dosage Systems. The Pharmacist attached to the GP Practice advises on residents' medication, carrying out regular reviews to ensure that medication is appropriate and not excessive.

The home and GP are looking into the possibility of Bulk Prescribing for any permissible items, eg. Lactulose, homely remedies, to try to reduce wastage and cost.

The GP carries out medication reviews at least quarterly. Monthly medication audits are held on each unit.

Residents have their weight monitored monthly and an action plan is drawn up with the GP to address any concerns. Dietician input is available via faxed referral. Referrals are made to Speech and Language Therapy and Tissue Viability when necessary.

Residents attend dentists of their choice, but the home also uses the Ryecroft Centre in Newcastle under Lyme which offers specialist services for patients with dementia and learning disabilities. Their facilities enable even stretcher bound patients to attend.

Residents attend opticians of their choice, but Specsavers also provide domiciliary visits.

Residents have access to NHS chiropody if they are eligible or a visiting private chiropodist.

When a resident attends hospital a member of staff will always go with them, even if a relative also goes. If a resident has been risk assessed as needing two carers, then two staff will travel. The remaining staff would be switched between units if necessary to ensure full cover, with the on call being contacted if this were not possible.

### Comments

Residents have regular access to all health professionals and benefit from excellent GP input.

## 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

The pre-admission assessment for residents records details of any religious beliefs. Residents are able to attend church services at Easter and Christmas and a local Lay Preacher visits the home every Friday.

The home clearly places great importance on the individual dignity of residents with Dignity Tree posters on display around the home, inviting residents to say what dignity means to them.

Residents meetings are held every 3 months. These primarily revolve around food and any menu changes are discussed with residents before being implemented. The introduction of 2 roast dinners a week was as a result of resident recommendation. Another change resulting from discussion with residents was limiting activity sessions to weekdays only as they felt that they needed the weekend off.

Residents are welcome to bring their own furniture into the home, although the rooms on all units except Warslow (residential) are a little small to realistically accommodate this. Residents therefore have their own chair within one of the communal areas.

Residents have choice over individual floor surfaces, carpet or vinyl, unless the use of carpet is contraindicated.

All residents have a personal allowance account which is used for their specific individual requirements.

Questionnaires are sent out annually to residents to seek their feedback. .

### Comments

The home is keen to seek residents' views. The home respects residents as individuals, with individual needs and preferences catered for. New requests from residents, eg increased provision of roast dinners, are fulfilled where possible.

### Family and Carer Experiences and Observations

There were no relatives present at the time of our visit.

Residents can Skype their relatives if they are away for any period of time

Visiting times are flexible, with most relatives visiting at week-ends.

## 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

Relatives meetings are held every 3 months. These have not been well attended so all relatives were emailed prior to the last meeting to invite them, but still only 3 attended. The cook and Activities Organiser also attend the meetings to inform the relatives of any developments in their particular areas. The meetings are used as a two way exchange of information. Dates of the meetings for 2018 are on display in all the areas.

There are suggestion boxes in all units. As a result of one suggestion, guides have been introduced for relatives, which contain guidance on obtaining benefits as well as clinical information. These are readily available on all the units and any articles of particular interest will be photocopied on request.

Questionnaires are sent out annually to relatives, residents, visiting professionals and staff, with the results being published and available on all units.

Details of the complaints policy are posted in all units. Complaints are initially made to the Manager who then has access to the Regional Manager at Care Port if she wishes to escalate the complaint. The home aims to respond fully to all written complaints within 28 days.

The Manager holds a daily "surgery" between 10.00am and 3.00pm when relatives are welcome to drop in but she is happy to see relatives at any time during the working day. Posters advertising her "surgery" also give her telephone number should relatives prefer this method of contact.

### Comments

The home appears to be responsive to feedback and suggestions made by residents and relatives and hold regular meetings. The process for making comments or complaints is clear and well publicised.

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

The home does not appear to have unduly suffered from the uncertainty of being in administration for the last two years, in fact their occupancy is now higher than prior to going into administration.

They had an unannounced visit by the CQC on 18<sup>th</sup>/19<sup>th</sup> June, who were able to give them some positive feedback and note the improvements since the last visit in 2016. Their report has not yet been received but discussion with the Manager at the end of the visit indicated only minor issues.

The Regional Manager from Careport Advisory visits weekly to produce clinical reports and check that audits, staff training, employment checks etc are all up to date. The finance team process invoices and payroll from head office and visit the home less frequently.

Considerable financial investment has been provided by the administrators and the home are keen to make the most of this being available to complete as much of the work needed as possible prior to sale of the home.

## **Comments**

The Home is clearly undergoing a period of uncertain times. It would appear that the Administrators and the Management Company understand the need to minimise stress and upset for all involved. Financial support has been provided to maximise the possibility of a sale to a new owner for Home as soon as possible.

We found that the home performed well against all the Independent Age Quality Indicators.

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

The main recommendation is to ensure that domestic staff ensure safe working practices at all times.

This Issue could be addressed by staff supervision by the Home Manager and the provision of extra training in respect of Health and Safety.

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

- Improve signposting for the location of the Home
- Improve signage for Visitor Parking
- Improve the appearance of the external areas
- Remove the broken bench from the patio area of the room in the nursing unit

## Provider Feedback

Healthwatch Staffordshire received the following feedback from the Home manager about the visits.

When asked what they felt worked well about the way the Authorised Representatives carried out the recent Enter & View visits, they said *“The two ladies carrying out the visit were very friendly and approachable. The visit was done in a very unobtrusive way.”*

They added that there were no aspects of the visit which they felt did not work well or could be improved.

When asked, as a provider of a service, did the visit help to identify areas for improvement and if so, in what way, the said *“We view any feedback we receive as a positive and constructive way to improve our service.”*

### 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.*



## Healthwatch Staffordshire

Suite 2, Opus House  
Priestly Court  
Staffordshire Technology Park  
Stafford ST18 0LQ

<http://healthwatchstaffordshire.co.uk/>

email: [enquiries@healthwatchstaffordshire.co.uk](mailto:enquiries@healthwatchstaffordshire.co.uk)

Freephone 0800 051 837

Part of (ECS) Engaging Communities Staffordshire