



Enter & View report

Ferfoot Care Home

17 April 2019



Contents

| | |
|---------------------------------------|----|
| 1. Introduction | 3 |
| 1.1 Details of visit | 3 |
| 1.2 Acknowledgements | 3 |
| 1.3 Disclaimer | 3 |
| 1.4 About Healthwatch Wiltshire | 3 |
| 2. What is Enter and View? | 4 |
| 2.1 Purpose of visit | 4 |
| 2.2 What we did | 4 |
| 2.3 About the service | 5 |
| 2.4 Summary of findings | 6 |
| 2.5 Recommendations | 13 |
| 2.6 Service provider response | 13 |

This report was published June 2019 © Healthwatch Wiltshire

The text of this document (this excludes, where present, the Royal Arms and all departmental or agency logos) may be reproduced free of charge in any format or medium provided that it is reproduced accurately and not in a misleading context. The material must be acknowledged as Healthwatch Wiltshire copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought. Any enquires related to this publication should be sent to us at info@healthwatchwiltshire.co.uk

1. Introduction

1.1 Details of visit

| | |
|----------------------------|---|
| Service address | Ferfoot Care Home, Old Hardenhuish Lane, Chippenham SN14 6HH |
| Service provider | Caring Homes |
| Date and time | 10.30am-3.15pm, 17 April 2019 |
| Authorised representatives | Sarah Davies (Lead), Julie Brown, Jeni Boddy, Michael Darlow, Dan Mace, Elizabeth Price |

1.2 Acknowledgements

Healthwatch Wiltshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter and View visit.

1.3 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 experiences of all service users and staff, only an account of what was observed and contributed at the time.

1.4 About Healthwatch Wiltshire

Healthwatch Wiltshire is the independent consumer champion for local health and social care services. We work to ensure the voices of children, young people and adults are heard by those who run, plan and regulate services in Wiltshire.

2. What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Wiltshire to enable us to gather information about health and social care services and to collect the views of service users, their carers and their relatives.

Enter and View is an activity that Healthwatch Wiltshire can carry out to contribute to their statutory functions. This means Healthwatch Wiltshire can choose if, when, how and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of Healthwatch Wiltshire, make observations, collect views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Healthwatch Wiltshire aims to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

Healthwatch Wiltshire Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Wiltshire safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To look at the quality of life of the people living at Ferfoot Care Home.
- Identify examples of good practice, and any areas which could be improved.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.
- To find out about recent quality improvements and assess how these can be sustained and further developed.

2.2. What we did

This was an unannounced Enter and View visit which was conducted as part of Healthwatch Wiltshire's quality monitoring work.

The visit was carried out by six authorised representatives and they spent time talking to residents, visitors and staff at the home. Working in pairs, we interviewed the Registered Manager, spoke to four other staff members, 14 residents and four relatives.

During the visit we carried out observations. These involved spending time in the communal

areas and observing the surroundings to gain an understanding of the environment and facilities, how the home works, and interactions between staff and residents. There was an observation checklist prepared for this purpose.

Information was collected from:

- Interviews with residents, visitors, staff and the Registered Manager against a series of agreed questions,
- Observations of residents in their day to day situations, including lunch,
- Reference to the latest CQC report (December 2018)
- A final team discussion to review and collate findings.

We explained to everyone we spoke to why we were there and took minimal notes. When we had finished speaking to them, residents and staff were left with a thank you card with Healthwatch Wiltshire contact details.

At the end of the visit the team met to share their findings and then met with the Registered Manager to review and discuss the visit.

2.3 About the service

Ferfoot Care Home is a care home that provides residential and residential dementia care for up to 56 residents.

The building is a converted family home with a newer extension connected to it. On the ground floor there are two lounges and dining rooms as well as toilets, adapted bathrooms and residents' bedrooms. On the first floor there are residents' bedrooms, adapted bathrooms and a small lounge. Each resident has their own bedroom, most of which have en-suite toilets and wash basins. There is an enclosed garden on the ground floor.

The Registered Manager gave us a tour of the home. At the time of our visit, the home had 36 residents and there was a full complement of permanent staff on duty. The home is owned and managed by Caring Homes.

2.4. Summary of findings

The home was clean, appropriately furnished and there were lots of activity materials readily available to residents. The atmosphere in the home on the day of our visit felt relaxed and friendly. The visiting team felt that there were some areas where the environment could be further improved and these are detailed later in this report.

Overall, the residents we spoke to said that they were happy with the care provided at the home. They told us that they got on well with staff members and that they liked the food.

All the visitors we met spoke positively about the home. They told us that they were made welcome when visiting, always offered a drink and that they thought their relative was well looked after.

Staff members we spoke to were pleasant and happy to talk to us. They told us that they enjoyed their work and had been given training. Some staff members mentioned that there had been recent improvements at the home.

Environment

The home is situated in a residential area of Chippenham and is clearly signposted from the road. There is a medium sized car park and there seemed to be enough parking available for visitors on the day of our visit.

The entrance to the home is made through a small reception area. The front door was locked when we arrived, and the bell was quickly answered by the administrator who greeted us warmly and rang the Registered Manager to inform her. We were asked to sign in, and above the book the Healthwatch Wiltshire notice about our visit was displayed. There was hand gel available in the reception area for use by visitors.

The home was clean and bright. The standard of decoration was generally good. The Registered Manager explained to us that some areas were in the process of being redecorated. Some of the dark wood was being repainted in lighter colours. This did appear to be creating lighter corridors. However, in some areas it meant that doors and frames of residents' rooms did not contrast with the wall colours, and we thought these might be difficult to see for residents who were living with dementia.

The two lounges were pleasant and well furnished with comfortable armchairs and tables. They seemed to be well used by residents. The smaller of the lounges had a conservatory leading from it. The Registered Manager explained that this was not being used as it was difficult to keep it a pleasant temperature. They told us that there was a plan in place to remove it and to use the space to extend the garden area. This smaller lounge was busy on the day of our visit and some of the furniture seemed cramped compared to the other lounge where the furniture was more spread out.

The dining rooms were light and bright and the tables were nicely laid with tablecloths and condiments. We observed that there were books, magazines, newspapers, jigsaws and games available in these areas and being used by some residents. There was also a music room which had a piano and was decorated with a music theme.

There was signage on bathrooms, toilets and bedroom doors. Most of this was clear and used pictures and words. Some of the residents' rooms had personalised signs stuck on the doors but

not all of them. The Registered Manager told us that sometimes residents removed these. We noticed that there were no signs visible from the living rooms to direct people to the nearest toilet. The Registered Manager told us that signage in the home was in the process of being addressed.

We observed that much of the decoration was 'dementia friendly'. Floors coverings were matt, of consistent colours and contrasted with wall colours. However, there were some hand rails and toilet seats that were not in contrasting colours which can make them hard to distinguish for people living with dementia.

The home had two lifts which went between the two floors on each side of the building. They were both quite small and we thought it could be difficult getting in and out of them for residents in wheelchairs, particularly when accompanied by a staff member. The Registered Manager told us that that very few of the residents on the upper floor used a wheelchair. We saw scuff marks inside the lifts and the carpet in the lift on the older side of the home looked in need of replacing.

We were told that all the corridors were wide enough for wheelchairs, but the nature of the building meant that some of them did feel quite narrow. We thought that some of the upstairs corridors appeared bare and could benefit from some more colour or pictures. The bathrooms and toilets we saw all appeared to be well adapted.

Some residents invited us into their rooms. Those we saw were clean and well decorated and residents were able to bring some of their own possessions with them. In a new resident's room, we saw that there were cables stretching across the room which we thought might present a trip hazard.

There was an enclosed garden which was open for residents to use. There were tables and chairs there and it looked as if it could be a pleasant area for residents to use. However, the garden furniture looked tired and there were a significant number of cigarette ends on the ground by the door suggesting they had not been cleared that day. We noticed that part of the fencing was very low, and another part of the fencing had come away leaving a gap. This meant that it was not secure, and we felt that there was a safety risk that people could leave or enter the garden through this gap. We raised this with the Registered Manager who told us that arrangements were being made for repairs and said that they would follow this up. Separately, the activity co-ordinator told us about some fundraising plans to improve the garden area.

Individual care and support

We spoke to 14 residents and four relatives and we observed staff supporting and interacting with residents.

The residents we spoke to were living with dementia and were not always able to recall a lot of details. However, they were very happy to talk to us and the visiting team felt that they were able to express their overall impressions of their lives at the home.

All, except one, of the residents we spoke to said that they were happy with the care that they received. Residents said, "they look after me well", "I get on with the staff" and "I get the help I need". Residents told us that they thought staff understood the care that they needed. For example, one resident told us that they were able to have a bath when they wanted to and another said that staff assisted them in having a shower.

The one resident we spoke to who was not happy was having respite care at the home. They told us that they did not feel the home was right for them. With their permission we discussed this with the Registered Manager. They confirmed that they were aware of this resident, they told us that this had been an emergency admission, but they felt that this was an inappropriate placement for this resident and said that this would be addressed.

We spoke to four people who were visiting residents at the home. They all said that they were made welcome to the home and were positive about care being given there. One relative said that they thought that the atmosphere at the home was very calm and relaxed and that they thought their relative, who had complex needs, was well looked after. Another relative said that they had moved their relative from another home that they weren't happy with and that this home was much better.

We spoke to friends of a resident who were visiting for the first time. They said that they thought the home was very nice and spacious, they told us that they had been welcomed and offered a drink on arrival and shown where their friend was. One visitor mentioned that they would like a more variety of vegetarian food for their relative, for example vegetarian pies or lasagne. We mentioned this to the Registered Manager who said that they would ask the kitchen to arrange this.

During our visit we made observations of how staff interacted with residents and supported them. We observed staff addressing residents by name and spoke to them in a kind and friendly manner. We saw staff chatting to residents and involving them in jigsaws and games. We observed that staff treated people with dignity and were attentive to residents. We saw that staff were sensitive to residents needs. For example, when a resident became very unsettled a staff member quickly realised that they needed to use the toilet and guided them there.

The visiting team also observed residents talking to each other and it seemed that quite a few of them had made friendships at the home.

Activities

The Registered Manager told us that the home has two full-time and one part-time activity coordinators. This meant that the home was able to offer activities seven days a week.

On the day of our visit there were organised activities taking place. In the morning, some of the residents had been taken on a trip to Butterfly World in the minibus which the home shares with another home run by the same group. Later we spoke to a resident who had been on the trip and they said that they had enjoyed it. In the afternoon there was a music and singing session taking place. We saw that many residents were joining in with this along with staff members. The residents we saw looked like they were enjoying this activity.

We also saw that there were games, puzzles, magazines and other activity materials around the home and observed these being used. There was also a music room with a piano and other music themed items. Most of the residents we spoke to said that they enjoyed joining in with the activities. One resident told us that they didn't want to join in, but that this was their choice.

Food

We asked residents about the food and observed lunch being served. We saw that residents were given the choice of eating in their rooms, the dining room or the living room. Those eating in the living room were given small tables to assist them. Some residents walked around between rooms, having their main course in the dining room and dessert in the living room. Staff members respected residents' choices about where they wanted to go, and we felt that this supported residents to feel comfortable and eat well.

We observed that residents were given a choice for the first course which was shepherd's pie or tuna and salad. However, the dessert was apple pie with or without custard and we felt that it would have been better if there had been another dessert option. We saw that one resident was eating a sandwich instead of the main course and were told that some residents prefer their main meal in the evening. The residents we spoke to at lunchtime told us that they were enjoying their lunch.

We observed staff giving assistance and encouragement to eat as appropriate. For example, one resident was reluctant to eat, however when a staff member put the plate on their lap, they began to eat. Another staff member sat beside a resident who needed feeding and chatted to them. We saw residents being offered a choice of blackcurrant or orange juice with their meals. One resident had lunch served in their room on a tray. The staff member was seen to knock on the door before taking the food in.

The visiting team felt that the general rapport between the staff and residents was very good. Staff were talking and laughing with residents and interacting with individual residents as they went past them.

Residents told us that they had a choice of meals every day and, in general, said that they liked the food. We saw that there was a menu that included pictures and observed residents being supported to make their choice.

Service user involvement

The residents we spoke to told us that they would speak to a staff member if there was something that they were unhappy with and appeared to be comfortable about doing this. For example, one resident said, "If there is anything wrong, I tell them". A resident's relative told us that although they had not needed to make a complaint, they would find it easy if they had to.

The Registered Manager told us that there had been residents' meetings but that they were not always well attended. They said that they were trying to make them themed in order to encourage greater attendance. They said that residents and relatives could also give more formal feedback via a survey that could be completed on an iPad and that this was used regularly.

Contact with other health and social care services

The Registered Manager told us that the same GP from Hathaway Medical Centre in Chippenham visits every week to see any residents and to check through medications. They said they also have good support from the district nurses and that they will provide support for any resident with end of life care needs. The home also uses the Care Home Liaison Team, who are part of Avon and Wiltshire Mental Health Partnership NHS Trust, for residents who have complex dementia needs, and have found them helpful.

There is a local dentist who will treat residents at the home or in the surgery and there is a visiting chiropodist. The hairdresser visits weekly and there is a small hairdressing salon in the home.

What staff said

We spoke to the Registered Manager, two care workers, a housekeeper and one of the activity coordinators.

The Registered Manager was a peripatetic manager with Caring Homes and had been the home manager for the past year. The Regional Manager participated, by phone, in our debrief at the end of the visit and told us that the company had now recruited a permanent manager who would be starting in June.

The Registered Manager told us that last year the home had 10 care worker vacancies but that these were now all filled. This included some staff from overseas. We were told that applicants must do a written English test before being offered a position and then do the Care Certificate. The company offers rented accommodation for six months and can help them to find permanent accommodation. This means that the home does not need to use agency staff at present. The home is currently interviewing for two vacancies – kitchen assistant and laundry assistant. The Registered Manager told us that only one member of staff has left since they took up post here. They said that they thought the staff team was now much more settled than previously.

The staff members we talked to all appeared to be open and happy to talk to us. They told us that they enjoyed working at the home. Several of them mentioned their commitment to working with people who were living with dementia and said that they enjoyed working with the residents. One member of staff told us they had “great job satisfaction”. Staff members told us that they had been given training for example about dementia and end of life care. We were told that one of the most challenging aspects of the job was supporting people living with dementia who also had other mental health needs.

The staff we spoke to said that they had taken part in a recent staff survey. They also said that there were now regular staff meetings and that they thought the home was “better now”. All the staff we spoke to said that they found the manager approachable and that any issues they raised would be addressed. The housekeeper we spoke to told us that many of the carpets had recently been replaced with washable flooring and that this made it easier to clean. They also said that the home has recently recruited a head housekeeper and said, “they are excellent and support me in my work”.

All staff members that we observed on the day of our visit were pleasant and welcoming and open towards our visiting team.

2.5 Recommendations

The visiting team would like to make the following recommendations which are based on outcomes and findings from the visit:

1. Continue the refurbishment plans with specific attention to colour contrast for doors of rooms that are used by residents.
2. Review the safety of the fencing in the garden and ensure prompt repairs are made, whilst not preventing residents continuing to have use of it. Continue with the refurbishment of the garden area.
3. Review any health and safety issues in a new resident's room as soon as possible after admission.
4. Review the environment in relation to being dementia friendly to see where further improvements can be made, for example colour contrasting toilet seats and more signage.
5. For Caring Homes to ensure that there is a smooth transfer of management when the new permanent manager takes over in June 2019.

2.6 Service provider response

This report was agreed with Ferfoot Care Home as factually accurate.

In response, they shared the following with us:

- Refurbishment continues, Mandy Livingstone, a member of the planning and development team has visited for a plan to brighten corridors with pictures and the refurbishment of the old wing.
- Memory boxes to be placed outside of rooms to personalise and assist residents in identifying rooms.
- Fencing in the garden has been repaired. Refurbishment of the garden continues. Awaiting volunteer to commence who will assist in the garden.
- Maintenance man will check all rooms for new residents' room for health and safety issues.
- The planning and development team will chase up signage for the home to make more dementia friendly.
- New manager has now commenced and handover period taking place.



Freepost RTZK-ZZZG-CCBX
Healthwatch Wiltshire
The Independent Living Centre
St. Georges Road
Semington
Trowbridge
BA14 6JQ

www.healthwatchwiltshire.co.uk

01225 434218

info@healthwatchwiltshire.co.uk



[facebook.com/HealthwatchWiltshire/](https://www.facebook.com/HealthwatchWiltshire/)



[@HWWilts](https://twitter.com/HWWilts)



[healthwatchwiltshire](https://www.instagram.com/healthwatchwiltshire)