



# **Enter and View Visit Report**

## **Alexandra House, Ludlow**

Visit date: Tuesday 30th April 2019

Publication date: 17<sup>th</sup> July 2019

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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', 'unannounced' or 'semi-announced'. 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	Alexandra House, Poyner Road, Ludlow SY8 1QT
Provider	Owner: Alexandra House
Date / time of visit	Tuesday 30 <sup>th</sup> April 2019 9.30 - 12.00
Visit team	Three Authorised Enter & View Representatives

## Purpose of Visit

The purpose of the visit was:

- To make observations of the home environment and interactions between staff, residents and their families
- To understand the homes' approach to providing 'person centred' care (including Dementia care) and the support available for staff
- To hear about how staff support residents to maintain their independence, make choices and maintain relationships with family / carers

### 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.

## The Context of the Visit

Healthwatch Shropshire has been doing Enter & View visits to care homes since early 2014. These visits have been either in response to comments received directly from people using services or following a request for us to visit from organisations which commission and regulate services, including Shropshire Council and the Care Quality Commission (CQC). During these visits we have noted that a number of residents have some degree of cognitive impairment or Dementia and

this seems to be increasing. These are some of the most vulnerable people and it can be difficult for them to have a voice. Visit teams often hear about staff shortages and meet staff who do not seem to fully understand the conditions residents have and what can be done to help them live as full and independent a life as possible. In response to this Healthwatch Shropshire is conducting a programme of visits to homes that are registered by the CQC as providing Dementia care to learn more about the care they provide and identify areas of good practice.

The homes selected are of various size and CQC rating.

In order to prepare for these visits we have drawn on a range of information and tools, including:

- Age UK - **‘Care Home Checklist’**
- Alzheimer’s Society - **‘Things to think about when visiting care homes’**
- The King’s Fund - **‘Is your care home Dementia friendly - EHE Environment Assessment Tool 2<sup>nd</sup> Edition’ (2014)**
- NICE Guidelines - **‘Dementia: Independence and Wellbeing (10 Quality Standards)’**
- Skills for Health and Skills for Care - **‘Common Core Principles for Supporting People with Dementia: A Guide to Training the Social Care and Health Workforce’ (2011)**

Our visit to Alexandra House was announced and the registered manager was told the day we would be visiting and asked to make the residents, visitors and staff aware that we were coming by displaying posters around the home.



The latest Care Quality Commission (CQC) inspection took place on 13<sup>th</sup> June 2017 and the home was found to be good overall, the full report is available here <https://www.cqc.org.uk/location/1-113552529>

## What we were looking at

In order to address the purpose of the visit we looked at:

### 1. The home environment

We asked about:

- whether the home is Dementia friendly - we looked at the space, the type of flooring, the lighting levels, the access to outside space, the décor, the types of bathroom facilities, the type of signage
- general safety and security

We observed the environment and interactions between staff, residents and their families, using a checklist to guide us.

### 2. How the home provides 'person-centred' care (including Dementia 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 and express their wishes
- if residents are happy living in the home
- how the residents remain active in the local community
- how the home manages end of life care
- what external support services the residents have access to

### 3. The support available to staff

We asked about:

- the training staff receive
  - the ratio of staff to residents throughout the day and night
-



## What we did

The Registered Care Manager welcomed us and told us about the home. She explained that the home is run and managed by herself with her two sisters and brother acting as a Deputy Manager and Assistant Managers. She then showed us around the care home. Afterwards we spoke to three residents, seven staff and four relatives who had come in to see us.



During the visit we had the opportunity to walk around the home and see all of the facilities, including the two lounges - a sun room and a television lounge, the dining area, the bathrooms, kitchen and a resident invited us into their room to talk to us. We were able to observe the environment and one of the representatives completed an observation checklist, which is included in Appendix A.

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## What we found out

### 1. The home environment

#### ● First impressions

Alexandra House is near the centre of Ludlow and is located on the corner of a busy street with shops and a church nearby. There is limited parking on site and some parking is on land opposite the home. Access to the home is through a tarmacked area which is used for parking. There is no fence or gate separating the road, path and parking area. Residents use the front door to get to the garden which is at the side of the property.

The home is registered for 22 residents and provides residential care. The manager told us there are currently 20 residents. The home also provides respite care.

#### ● The layout including bedrooms and facilities

The building is clean and tidy with a welcoming “guest-house” atmosphere. The front door, which has a security alarm, leads into a large hall way with a chair for residents to use and a table with jugs of water / squash and fresh fruit. There was

a comments book and a poster advertising our visit. There is a bench outside and a garden to the side of the property which residents use.

The home has one en-suite bedroom and two shared bedrooms; however one shared room is currently occupied by one person. The manager told us there are five bedrooms on the ground floor and the remainder are on the first floor. There is a bathroom and three toilets on each floor. There is a lift. The corridors are quite short giving the home an intimate feel. The rooms are well-lit from large windows giving views of the street and passing people and traffic.

The dining room is fresh and bright with four circular tables and pretty placemats, cutlery and a vase of fresh flowers in the centre of each table.

## General Facilities

### Whether the home is 'Dementia friendly'

During the visit we reviewed how Dementia friendly the home is and the report is included in Appendix A.

The Manager told us there are two residents with Dementia who are cared for in their rooms. We met with relatives of other residents who have Dementia, or as the Manager preferred to say "residents who are pleasantly muddled". The two Assistant Managers are Dementia champions and one of them said "we always assume that the resident has capacity to make decisions, which gives them respect and dignity."

The Manager told us that very occasionally the needs of residents may change and for example if a resident becomes aggressive or abusive it may be necessary to consider moving the resident into more suitable accommodation, but this would only happen following discussions with the family and the Mental Health team. The Manager told us this had happened three times in the last 20 years. We asked the Manager about adaptations the home provides for Dementia residents and she told us in the hallway there is an imitation cylindrical fish tank which residents like and they find it calming.

We saw that some of the carpets in the home, for example in the dining room, were plain, which is easier for residents living with Dementia; whilst the carpet on the stairs and hall was patterned.



There were some signs to toilets or bathrooms. The Manager said that it was planned to paint the toilet doors a contrasting yellow colour to help residents with Dementia.

The bathrooms and toilets were dated and did not have contrasting colour toilet seats or grab rails for residents with Dementia. The taps were not clearly labelled hot or cold.

We did not see any clocks in communal rooms displaying the day, date and time which are useful for residents living with Dementia.

There is a garden to the side /front of the home with some seating in clusters. There is no defined path and the garden is not secure from the parking area or the road.

### General safety and security

The Manager told us there was a call system in the home. We did not hear any call alarm bells during our visit.

The home has an alarm on the front door for security. When we arrived there were staff in the hall and a resident seated in an armchair and we were able to walk straight in to a warm welcome. There was a book to sign in and out of and one resident and one relative we spoke to told us they go out into the community on a daily basis.

Whilst we were there staff were cleaning rooms and there was some equipment which they needed in the corridors outside the bedrooms, but other items such as wheelchairs were discretely stored behind curtained areas off the corridor.

## 2. How the home provides 'person-centred' care (including Dementia care)

### ● Choices residents have

#### **Food**

The menu for the day was displayed on a blackboard in the hall. Residents do not have a daily menu to choose from, but the Manager told us they ask residents what they want to eat and as they know them so well they can provide the food the residents want or if necessary the chef will prepare an alternative.

In the kitchen there was a board listing the dietary needs of residents.

The Manager told us residents are weighed monthly or more frequently and if necessary the GP or the SALT (Speech and Language Team) are involved to help residents maintain their body weight. The Manager told us some residents are on a soft diet.

There is a cooked tea / supper provided or residents can choose a lighter alternative such as sandwiches. Snacks, fruit, coffee, juice and squash are available for residents to help themselves to throughout the day and, in addition, residents are offered drinks throughout the day. Staff are aware of the dietary needs of residents and one resident told us they are aware they are not supposed to be eating biscuits due to a medical condition.

A resident told us "the food is marvellous".

#### **Range of activities**

The Manager, residents and relatives told us about the regular activities that are organised by one of the Assistant Managers. We were told there are weekly armchair ballet and yoga classes which are run by local teachers. A resident told us the yoga class "is very good". A resident told us some of the classes (e.g. armchair yoga) are included in the fees, but others such as foot massage are paid for separately.

Relatives told us that staff organise other activities such as knit and natter and quizzes. On the day we visited there was a “name that tune” quiz. We saw a group of residents with five or six staff sitting in a circle in the lounge. Staff were talking with residents in a friendly, supportive way.

A resident told us they were going out on their own into town to collect some dry cleaning but they were keen to get back in time for the quiz. The resident said they walk into town and catch the bus back. A resident told us they like to go to the local church to receive communion and once a month Ministers from the church come into the home to provide a service for residents.

We did not see a programme of the planned activities.

Relatives told us about the monthly activity meetings to which all staff and relatives are invited. These meetings are an opportunity for relatives to find out about what’s happening in the home, for example new initiatives, new staff etc. They told us some meetings were themed with staff dressing up and themed food was provided. There had been a recent Al Capone event. We asked the Manager if dressing up caused upset for residents who have Dementia and she assured us no residents were upset or confused.

The Manager told us staff use their own cars to take residents out for coffee at, for example, a local garden centre and they take residents to the Assembly Rooms in Ludlow to watch films. Once a year the home organises a trip to the seaside by coach for residents and relatives.

### **Personalising bedrooms**

Residents, relatives and staff told us residents can bring furniture and personal mementoes for their bedrooms. The bedroom we saw had the resident’s own television and desk.

The Manager told us there is Wi-Fi throughout the home and she said three residents regularly Skype call their relatives who live abroad.

### **Support for residents to maintain their independence and express their wishes**

The residents we spoke to were all able to communicate their wishes and were happy living at the home. We asked staff about how they ensure residents who were living with Dementia were able to be involved in choosing how to live. A carer told us they ask residents what they would like to wear and may hold up a choice of clothes or for residents who may not be able to see clearly they ask “would you like to wear the red or the blue today?”

The Manager said they get to know their residents so well, by speaking with them and their relatives prior to them coming to live in the home that they know what they like and dislike.

Residents are asked about their bathing preferences but if the resident decides they want a shower instead of a bath or if they want it on a different day staff told us that is fine.

We asked the Manager about DoLS (Deprivation of Liberty Safeguards). She said she thought one resident had a DoLS. She told us that the legislation is changing and the two Assistant Managers and herself had attended training and that all residents would be reviewed and further training would be provided for staff.

We were told one resident had a tendency to wander at night and had had a fall; a pressure pad was in place by their bed to alert staff if the resident got up at night. She also told us about another resident who had had a fall and adaptations were made to the bedroom to make the resident safer.

A relative told us the home immediately informed them if the resident’s needs changed, for example the resident had had a fall and the relatives were told what measures were put in place to try and remove any risk. The relative was not

aware of a DoLS procedure but said they had a chat with staff and together they had made joint decisions on future healthcare needs.

A resident showed us the call bell in their room and said if they felt unwell they moved the alarm nearer to their bed so they could call for help if necessary. A resident said they had fallen out of bed in the night, but they were able to get up and walk across to the bell to summon help.

The home was busy and lively with staff going about their duties in a happy, positive way. The staff all smiled and spoke to us and were keen to share their views with us. We saw the two Assistant Managers / owners one of whom was cooking and the other was in charge of housekeeping. We saw one carer helping a resident across the road and into their car in a caring way ensuring the resident's safety by placing their arm around their shoulder when crossing the road.

### **How residents are supported when they move to the home**

The Manager and relatives told us that initial meetings take place with the person and their family before they move to the home. One relative told us the help from the home and the Mental Health team was excellent and in their opinion it was far superior from any assistance offered by a neighbouring authority.

The relative told us that the home visit was informal but searching and they understood this was so that the home could find out about their relative's likes and dislikes and also to ensure the home could offer the right level of support. Relatives told us they are able to visit at any time and some chose to visit at different times to see their relative at different times of the day helping to reassure themselves that their relative was happy and well cared for.

Staff and relatives told us residents do not have key workers as all staff know all the residents. The Manager said "it is a small home and we get to know everyone really well". Some relatives said their relatives seemed to relate to one or two staff more but relatives said all staff were helpful and caring.

Relatives told us they are welcome to join their relative for lunch or coffee and there are coffee making facilities in the dining room.

### ● If residents are happy living in the home

All relatives spoken to told us that they were very happy they had found the home and they were confident that their relatives were receiving excellent care and they were safe at the home.

A resident said;

“Couldn’t have found a better place, it’s a home with a small ‘h’”

A relative said they “were overwhelmed with the help” the home had given them when choosing the home for their relative. They said the home is “friendly, there are no smells, it is as if you are walking into a well maintained, Victorian guest house, with very friendly people”. They said that “my relative has had more social interaction in the short time they have lived here than in the fifteen years previously.”

### ● How the home manages end of life care

Relatives told us they had been invited to a meeting about the home’s application for re-accreditation with GSF ([Gold Standard Framework](#) for end of life care) as



the home is currently going through this process. Previously the home was given a ‘Commend’ when they were accredited by GSF.

The manager and relatives told us that the home discusses end of life wishes with the resident and their family. The information is included in the care plan.

### ● What external support services the residents have access to

We were told by residents, relatives and the Manager that there are good links with the local GP practice and residents said the GP regularly calls in.

The Manager told us that residents either choose to go to their own opticians or Specsavers visit the home and this was confirmed by a relative.



The manager told us that any residents with a hearing problem are referred to the GP. Any residents with hearing aids, who need help, are supported by the staff and a volunteer who comes in to help keep them in good order.

### 3. The support available to staff

The staff were all friendly and keen to speak with us about how they enjoy working in the home.

The Manager ensures staff are well trained and she encourages young staff to develop their careers and progress into other areas.

#### Training staff receive

The Manager told us four of the young carers had just achieved level 3 QCF (Qualifications and Credit Framework) and all staff are encouraged to undertake training and consider their future careers. She said staff often move on to other healthcare professions for example one staff member became a paramedic.

Staff we spoke to said they enjoyed receiving training either run in house or by SPIC (Shropshire Partners in Care) and one staff member confirmed they had received Dementia training in a previous job. The Manager told us that the home's training manager was responsible for ensuring training was delivered and staff said they were always ready to do more training and one said they had requested end of life training. A carer said they had completed their level 2 Care Certificate and hoped to move onto level 3.

A carer said that although they had only been in post a short time they had received manual handling training, fire training and infection control training since starting.

They explained how they are trained to manage residents with Dementia; recognising signs such as fidgeting and by intervening and taking the resident to another room, changing an activity or by asking another member of staff to sit

with them until the anxiety levels are reduced. The carer said they speak to the families and they have leaflets explaining Dementia and the care a person receives.

Staff told us they have supervision every six months and there is a staff meeting every other month. They have daily hand over meetings.

### **● The ratio of staff to residents throughout the day and night**

There is one Manager, a Deputy Manager and two Assistant Managers who are all related. Relatives told us they knew who dealt with finance, medical or front of house matters.

The Manager told us there are two staff on duty at night, three staff in the evening, three in the afternoon and four or five in the morning. This is in addition to the Senior Management staff who all play an active role in running the home. We asked the Manager if they ensure there is always a member of staff on the first floor caring for residents who remain in their rooms. She said this is not always possible but cover is provided as housekeeping staff are on hand and there is always someone around.

Staff confirmed that the staffing levels worked well and that there was always someone around.

The Manager said that bank and agency staff are never used.

## **Additional findings**

- A relative told us they were made aware of the complaints procedure and there is a comments book in the hall. A number of residents and relatives said they would be happy to speak to the Manager if there was an issue and they were confident it would be dealt with in a confidential and effective way.

## Summary of findings

- The home is registered for 22 residents, some of whom are living with Dementia. It also offers respite care.
- The home has a guest house atmosphere, pleasant, clean and welcoming.
- There is a lift between the two floors.
- It is a residential home and provides end of life care.
- There did not appear to be many adaptations in the home environment for people living with Dementia. We noted that the garden, bathrooms, carpets and signs to bathrooms and toilets were not Dementia friendly in all areas. There were no clocks which showed the day, date and time.
- There is one en-suite bedroom and two shared rooms.
- We saw one bedroom where the call bell was not adjacent to the bed.
- The home has Wi-Fi throughout.
- There is no separated pedestrian access to the home and garden area.
- The garden area is not currently secure.
- We spoke to relatives who were very happy with the level of care their relatives received.
- The home is currently applying for GSF re-accreditation.
- Residents were happy living in the home.
- Residents enjoyed going out on their own into the community.
- There are regular residents' meetings which families are invited to attend.
- Residents do not have a key named carer. Staff told us this was because staff know all the residents.
- We saw and were told about activities for residents. We did not see a printed programme of activities.

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## Recommendations

We suggest the following should be considered:

- When planning refurbishments the carpets, toilets, garden and bathrooms are refurbished in line with recommendations for people living with Dementia.
- Consider improving access to the garden and making the garden area secure.
- Consider installing clocks in communal areas that display the day, date and time, which might be useful for residents living with Dementia.

- Consider installing directional signs showing where the toilets or bathrooms are which are useful for people living with Dementia.
- Review the location of call bells in bedrooms to ensure they are close to the resident's bed.

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## Service Provider Response

The response from the service provider appears in blue beneath each recommendation:

When planning refurbishments the carpets, toilets, garden and bathrooms are refurbished in line with recommendations for people living with Dementia.

We do consider refurbishment for people who are pleasantly muddled, when needed. We are not a dementia home - residential care. Very early stages of being muddled if we can provide the care needed.

Consider improving access to the garden and making the garden area secure.

We are awaiting gate to be fitted. The manager will oversee this.

Consider installing clocks in communal areas that display the day, date and time, which might be useful for residents living with Dementia.

This will be considered by the manager and assistant/deputy managers.

Consider installing directional signs showing where the toilets or bathrooms are which are useful for people living with Dementia.

Signs are up for directions to toilets.

Review the location of call bells in bedrooms to ensure they are close to the resident's bed.

The bells are mobile and can be moved wherever the resident may be in bedroom.

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## Acknowledgements

Healthwatch Shropshire would like to thank the residents, visitors and staff for their contribution to this Enter & View visit.

### 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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Healthwatch Shropshire

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## Appendix A

### Is the care home Dementia friendly?

1.The environment promotes interaction/activity	Comment	Y	N	NA
a. Does the approach to the home look and feel welcoming?	A pleasant, non-institutional looking house with well-kept gardens and seating areas	<input type="checkbox"/>		
b. Are there enough parking spaces?	Limited onsite parking. More spaces available opposite, but not clearly signed as such.		<input type="checkbox"/>	
c. Is the entrance obvious and doorbell/entry phone easy to use?		<input type="checkbox"/>		
d. Is the CQC rating displayed?		<input type="checkbox"/>		
e. Is the homes Complaints Policy displayed?	Comments book is in the reception hallway		<input type="checkbox"/>	
f. Are staff welcoming / friendly?	Involved residents in welcome	<input type="checkbox"/>		
g. Does it give a good first impression i.e. look clean, tidy, cared for, odours?	Homely, tranquil, bright and clean	<input type="checkbox"/>		
h. Is there good wheelchair access into and within the building, e.g. wide doors		<input type="checkbox"/>		
i. Can residents move around freely (e.g. doors between rooms/units unlocked)?		<input type="checkbox"/>		
j. Are there ramps or a lift?		<input type="checkbox"/>		



k. Are there social areas, e.g. day rooms and dining rooms?		<input type="checkbox"/>		
l. Are the chairs arranged in small clusters to encourage interaction?	A separate smaller lounge is available		<input type="checkbox"/>	
m. Is there a choice of seating, e.g. settees/single chairs, various styles/heights?		<input type="checkbox"/>		
n. Are there dedicated quiet areas (including for residents to speak to visitors)?			<input type="checkbox"/>	
o. Are there resources for individual/group activities, e.g. books, memorabilia	Books, games	<input type="checkbox"/>		
p. Do residents seem happy and occupied?		<input type="checkbox"/>		
q. Are staff sitting and chatting with the residents?		<input type="checkbox"/>		
r. Are there computer facilities or Wi-Fi available to residents?	Wi-Fi and desktop	<input type="checkbox"/>		
Examples of good practice / areas of concern				

2. The environment promotes well-being	Comment	Y	N	NA
a. Is there good natural light in bedrooms and social spaces?	Large low windows in all areas	<input type="checkbox"/>		
b. Is the level of light comfortable?		<input type="checkbox"/>		
c. Can the level of light be adjusted?	Although windows are curtained		<input type="checkbox"/>	

d. Do light switches in bedrooms contrast to their surrounds, e.g. easy to see?			<input type="checkbox"/>	
e. Can bedrooms be made completely dark to support sleep/wake patterns?	Although windows are curtained		<input type="checkbox"/>	<input type="checkbox"/>
f. Is the décor age appropriate and culturally sensitive?			<input type="checkbox"/>	
g. Are links to and views of nature maximised, e.g. having low windows?			<input type="checkbox"/>	
h. Is there independent access to the outside space?			<input type="checkbox"/>	
i. Has internal/external planting been chosen to be colourful?			<input type="checkbox"/>	
j. Are there smoking areas?	Staff facility		<input type="checkbox"/>	<input type="checkbox"/>
Examples of good practice / areas of concern				

<b>3. The environment encourages eating and drinking</b>	<b>Comment</b>	<b>Y</b>	<b>N</b>	<b>NA</b>
a. Do residents and/or relatives have constant independent access to drinks?	Coffee machine, squash, juice at all times	<input type="checkbox"/>		
b. Do residents have independent access to snacks and finger food?	fruit	<input type="checkbox"/>		
c. Are residents and/or relatives able to make food and wash up?	Did not ask			
d. Is crockery and glassware of familiar design, shape and distinctive colour?		<input type="checkbox"/>		

e. Is there a choice of where to eat?	Dining room, snacks eaten throughout	<input type="checkbox"/>		
f. Are large dining areas divided to be domestic in scale?	Tables/chairs arranged or smaller groups	<input type="checkbox"/>		
g. Is there enough space/chairs for someone to assist with eating/drinking?		<input type="checkbox"/>		
Examples of good practice / areas of concern				

4. The environment promotes mobility	Comment	Y	N	NA
a. Is there inside/outside space to walk around independently?		<input type="checkbox"/>		
b. Is flooring matt and of consistent colour, e.g. no speckles, stripes?	Varies by area, matt and strong pattern	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does flooring contrast with walls and furniture?	Varies by area	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do handrails in corridors contrast with the walls?		<input type="checkbox"/>		
e. Are there small seating areas on corridors for people to rest?		<input type="checkbox"/>		
f. Are there points of interest, e.g. photographs, art, that can be easily seen?		<input type="checkbox"/>		

g. Are lifts easy to find and do they have large control buttons?	At the end of a “blind” corridor, gate cumbersome	<input type="checkbox"/>	<input type="checkbox"/>	
h. Are there sheltered seating areas/points of interest outside?	Awning, gardens, BBQ area, seating areas	<input type="checkbox"/>		
i. Are outside areas arranged to encourage engagement/activity, e.g. circular paths, raised flowerbeds, a clothesline?	Seating clustered, gardens lack paths	<input type="checkbox"/>	<input type="checkbox"/>	
Examples of good practice / areas of concern No barrier in outside area to obstruct wandering off-site				

5.The environment promotes continence and personal hygiene	Comment	Y	N	NA
a. Can signs to the toilets be seen from all areas?	Toilets themselves are signed		<input type="checkbox"/>	
b. Are toilet doors painted in a single distinctive colour and have clear signage?	Doors and signs not distinctive		<input type="checkbox"/>	
c. Do toilet have handrails, raised toilet seats and mobility aids?		<input type="checkbox"/>		
d. Do toilet seats, flush handles and rails contrast with the walls/floor?	Chrome fittings on flush handles but toilet seats and rails don't contrast	<input type="checkbox"/>	<input type="checkbox"/>	
e. Are taps clearly marked hot/cold are they and toilet flushes traditional design?	Traditional design, not clearly marked		<input type="checkbox"/>	

f. Are basins/baths if familiar design?		<input type="checkbox"/>		
g. Are toilets big enough for a wheelchair/carers to assist when door is closed?		<input type="checkbox"/>		
h. Are toilet rolls domestic in style and easily reached from the toilet?		<input type="checkbox"/>		
i. If installed, do sensor lights give enough time for toileting and washing?				<input type="checkbox"/>
j. Are residents helped to the toilet, if needed?		<input type="checkbox"/>		
k. Are staff cheerful and tactful about helping residents use the toilet and changing them if they are incontinent?	No occasion observed			
l. Are residents dressed for the temperature in the home and well groomed?		<input type="checkbox"/>		

Examples of good practice / areas of concern

6. The environment promotes orientation	Comment	Yes	No	NA
a. Do doors have a clear/transparent panel to show where they lead to?			<input type="checkbox"/>	
b. Are signs of a good size and contrasting colour to be seen easily?	Varies	<input type="checkbox"/>	<input type="checkbox"/>	
c. Do signs use pictures and words, e.g. toilets, day rooms? (Height?)			<input type="checkbox"/>	
d. Are pictures/objects and/or colours used to help people find way around?			<input type="checkbox"/>	

e. Are bedrooms personalised, e.g. names, colours, memory boxes, linen?	Varies	<input type="checkbox"/>	<input type="checkbox"/>	
f. Have mirrors been placed to avoid disorientation, can they be covered?	Not coverable, large mirrors may be mistaken for windows		<input type="checkbox"/>	
g. Have strong patterns been avoided, e.g. wall coverings, furniture, flooring?	Varies	<input type="checkbox"/>	<input type="checkbox"/>	
h. Is there a large face clock visible in all areas including bedrooms?		<input type="checkbox"/>		
i. Are people able to see a calendar?			<input type="checkbox"/>	
Examples of good practice / areas of concern				

7. The environment promotes calm, safety and security	Comment	Yes	No	NA
a. Are spaces clutter free and notices kept to a minimum to avoid confusion?		<input type="checkbox"/>		
b. Have noise absorbent surfaces been used to help noise reduction, e.g. floor?		<input type="checkbox"/>		
c. Is background noise kept to a minimum, e.g. call systems, alarms, bells?		<input type="checkbox"/>		
d. Do residents have any control over sounds, e.g. choice of music, TV?	Personalisation available in their own rooms	<input type="checkbox"/>	<input type="checkbox"/>	
e. Are exits clearly marked but 'staff only' areas disguised?		<input type="checkbox"/>		



f. Are there any visible hazardous, e.g. trip hazards, unattended hot plates or medication?			□	
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Examples of good practice / areas of concern
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