healthwatch Coventry

Report of Enter and View visit to Evedale Care Home

March 2020

Home Visited	Evedale
Date and Time of visit	10am to 3pm, 19th November 2019
Address	Occupation Road, Off Burns Road, Coventry CV2 4AB
Size and Specialism	Accommodation for persons who require nursing or personal care, Dementia, Mental health conditions, Treatment of disease, disorder or injury, Caring for adults over 65 yrs 60 beds over 2 floors – Ground floor for general nursing, 1st floor for residents with a primary dementia care need
Authorised Representatives	Gillian Blyth, Denise Blyth, Nick Darlington, Tom Garroway, Kath Lee, Mary Reilly, Louise Stratton

1. What is Enter and View?

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and to talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. This is so local Healthwatch can learn from the experiences of people who interact with these services first hand.

Healthwatch Authorised Representatives carry out these visits to find out how services are run and to gather the perspectives of those who are using the service.

From our findings, we look to report a snapshot of users' experiences accurately, highlight examples of good practice and make recommendations for improvements.

2. Reasons for the visit

Healthwatch Coventry's Steering Group has agreed that Enter and View visits to care homes form an important part of the current Healthwatch work programme. This is to ensure that people who may be vulnerable and less able to raise their voices have the opportunity to speak to Healthwatch. In the light of two pieces of work by the Care Quality Commission and Action for Hearing Loss, which look at meeting health needs of residents, Healthwatch Coventry have adopted a focus on finding out how resident's physical health needs are supported. We draw on the following good practice publications:

- *Smiling matters: oral health care in care homes;* Care Quality Commission[1]
- *Supporting older people with hearing loss;* Action for Hearing Loss[2]

[1] https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes
[2] https://www.actiononhearingloss.org.uk/how-we-help/health-and-social-care-professionals/guidance-for-supporting-older-people-with-hearing-loss-in-care-settings/

We also looked at dementia friendly design and looked at activities and choices which are important for enhancing residents' quality of life. There is a lot of information available online about dementia friendly design two useful sources are from the Kings Fund and SCEI.[3] Dementia friendly design does not need to cost a lot or be a significant effort especially if it is planned as part of regular maintenance, decoration works.

3. Methodology

We collected our information by speaking to 9 residents, 2 members of staff and the home manager. Two informal conversations with other care staff were also noted. We also left some questionnaires for visitors to complete and return in our freepost envelope. Whilst we were carrying out our visit, two visitors completed questionnaires which we took away with us.

Information was recorded on semi-structured questionnaires and by asking open questions to establish what people liked most and what people felt could be improved within the home.

Before speaking to each resident Authorised Representatives introduced themselves, explained what Healthwatch is and why they were there. It was established that the resident or staff member was happy to speak to Healthwatch. It was confirmed that their name would not be linked to any information that was shared and that they were free to end the conversation at any point. Healthwatch Coventry Authorised Representatives wore name badges to identify who they were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

Two residents who were spoken to were on a Discharge to Assess pathway (i.e. a short term placement for the purpose of assessing their ongoing care needs) and desperately wanted to go home.

Observations were made throughout the visit and notes of what was observed around the home were taken by each attending Authorised Representative.

4. About the Home

Evedale provides residential nursing care for up to 60 residents aged over and under 65. The home has 2 floors, the ground floor is for residents whose primary health need is physical and the first floors residents' primary need is for dementia care. On the day of our visit there were 29 residents on the ground floor. It was not known how many residents were on the first floor.

[3] https://www.kingsfund.org.uk/sites/default/files/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf and https://www.scie.org.uk/dementia/supporting-people-with-dementia/dementia-friendly-environments/toilets-and-bathrooms.asp

5. Report Summary

Evedale provides residential nursing care for up to 60 residents aged over and under 65. The home has 2 floors, the ground floor is for residents whose primary health need is physical and the first floors residents' primary need is for dementia care. On the day of our visit there were 29 residents on the ground floor. It was not known how many residents were on the first floor.

It was understood that one of these residents we spoke to was on a short-term placement using a room which had been purchased by the NHS under a 'Discharge to assess programme'. There may have been others too, however this was not fully understood. We spoke to the home manager, 4 other members of staff (2 of these conversations were informal and not guided by our questionnaire), 2 visitors and 9 residents.

We observed staff were limited to interacting with residents only when they were providing practical support. Staff communicated with residents in a calm and appropriate way. Staff were very busy. The staff we spoke to other than the home manager had been in post for 3 years or more.

Most residents we spoke to were happy living at Evedale and most felt they were well treated and listened to.

A more regular framework for staff supervision and regular staff team meetings would be beneficial.

No activities were seen. We were informed that activities are delivered mainly on a one to one basis by one member of staff. Thus meaning residents have very limited time being supported to do activities and other than this are restricted to completing activities on their own. This is because most residents choose not to or are not supported to access the communal areas.

The home environment is fit for purpose, clean and it is evident that some areas have been refurbished fairly recently.

We observed and received comments indicating that the downstairs environment is almost continually disrupted by the call bells (activated by residents who require assistance) alarm ringing for extended periods of time.

We heard some evidence that staff understood how to support residents with health needs including oral health and optician service. However there was evidence that at least one resident was not being supported with optician services but was fortunate that a relative was overseeing the coordination of this. We also heard evidence that some residents were not being supported effectively with oral hygiene. We were told that access to Chiropody depended on a residents' ability to pay for the service and that access to NHS podiatry was difficult.

On two occasions of a person coming to the home directly from hospital there is evidence that important information about the new residents needs did not arrive with them from hospital. It is unclear whether this is a failure in an assessment process or about communication.

6. Findings

6.1 Initial Impressions

The building is accessed off a small lane. The building looks quite modern and is large. The outside was presentable and well maintained. Some outdoor seating with visible. Birdfeeders were dotted around.

The main entrance was unlocked and the door was standing open upon arrival. It was a November day and the outside temperature was cold.

The home manager greeted us, we were not asked to sign in. Hand sanitizer was available in the entrance hall however we were not asked to use this.

The entrance hall looked fresh and light, it was bright and warm, regardless of the door being open. The area was pleasant with suitable seating.

The Healthwatch team were introduced to a senior team member, offered drinks and taken to the family coffee lounge which was offered as the base for the visit.

6.2 Accessibility

Directly in front of the premises there is a large car park with clearly defined space for disabled parking. It had ample car parking and was surrounded by lawned areas with trees. There were two dropped curb areas for access with some uneven paving that was fractured in places. One of the Healthwatch team was using a small wheeled scooter and found it difficult to navigate the path to access the dropped curb whilst avoiding the uneven areas. The main entrance was flat.

6.3 Facilities and environment

All the areas of the home observed were clean, bright, airy and looked comfortable. We found some communal areas to be exceptionally warm and in order for an Enter and View Representative to feel comfortable whilst supporting a staff member to share their views they had to ask for a window to be opened. This was noted to be the downstairs communal lounge and the coffee lounge. However, the bathroom and the downstairs toilet next to the coffee lounge were notably cold.

During our visit most communal areas on the ground floor were hardly used as almost all residents were in their rooms. One resident was seen to be taken to the communal lounge later on into the visit.

The call bell alarm on the ground floor was almost constantly sounding sometimes for extremely long periods of time. The call bell sounds downstairs regardless of whether the bell has been activated by a resident upstairs or downstairs. For this reason the environment is very disrupted and noisy.

The first floor had a different feel to it. It was not as noisy and did not appear to be as busy.

There were not any unpleasant odours, other than on a couple of occasions where seemingly residents had not been able to or been supported to access a toilet in time, once carers had attended the odours dissipated.

There is a board with the days day and date on to remind residents what day it is.

All the furniture looked to be in good condition and fit the purpose.
The decor of the rooms and corridors was good although rooms are small.

A downstairs toilet lid did not remain upright whilst being used, it leaned against the user's back. It was noted there was a lock missing from a shower room on the ground floor. This shower room was well equipped, clean and warm, the taps clearly marked.

One bathroom the ground floor was noted to be clean and well equipped but cold.

Outside Space

The outside space looked pleasant with benches in situ and pots dotted around. Bird feeders were visible which attracted wildlife, a squirrel was seen scampering around.

One staff member said *"Sometimes in the better weather it is nice in the garden but is difficult as it's a one-to-one. We need volunteers to help with this so we have to put posters up to ask for help"*.

6.4 Dementia Friendly Design

The contrast in colour between the walls and the floor was not particularly strong. By design and decor, most of the doors to the rooms looked the same. There were no photos, names or pictures on most. One door on the ground floor was observed to have a photo. We asked a member of staff why residents did not have any personal information on their door. They said they didn't know why.

In a downstairs toilet hot and cold indicators were missing from taps.

Everywhere was well signed with word signage, however there was no pictorial signage. There was also no exit signage on the inside of toilet/bathroom doors. This signage is helpful for people who are living with dementia particularly if the doors do not contrast in colour significantly to walls. Handrails were secure and contrasted in colour to the walls.

6.5 Staffing

The home has 64 permanent staff. There are four male staff in the team, one of them is a bank carer. Each shift has five care staff and two nurses on each floor. There is one senior care assistant on each shift who is NVQ 3 qualified and has also received 12 weeks training who is able to administer medication, apply simple dressings and carry out vital observations and complete care plans. This staff member is CHAPS (Care Home Assistant Practitioner). Their practice is limited and they cannot do complex work like medical plans, or complex dressings.

The role of the manager was described as being there to guide and support and to help their staff team achieve a work/life balance. They consider they have produced a good staff rota, and are flexible where possible. The manager said that having a well planned rota means bank staff are not used extensively.

The manager oversees the induction process which is a two-day induction on site with an in-house budding system for their three-month probation. One-to-one supervision is delivered. They do not deliver an appraisal system now as they feel that the one-to-ones are more immediate.

Both staff members who expressed an opinion spoke positively about their experience of working at Evedale.

The need for extra staff appears to be an issue noted by staff, residents and visitors. Some comments are below:

- *"Staffing – Seems very stretched"*
- *"Constant beeping (call bell) – Clients need attending more often"*
- *"I've had no concerns. If a had a problem I would talk to a member of staff, but they are very busy"*

A member of the care team commented that the ground floor is fully occupied with 30 residents (although another staff member had said there was 29 residents currently on the ground floor) and for this five carers and two nurses were on each shift duty, it was said *"we keep asking for one more staff member residents are kept waiting for assistance. We are still washing and dressing residents after 11 am"*.

Staff Training and Support

An on line system known as SOAR is used for staff training accessed via the Internet. This is for all mandatory training. Training is done from an iPad. Some staff commented:

"We have dementia training sessions and we learn on the job".

"I have done dementia training online"

One member of staff said that they had attended a 3 day St John Ambulance First Aid Course and also mentioned the buddying system which is used for new staff.

From talking to staff it was unclear how often or if team/staff meetings took place but they said that daily handovers happened. *"We have daily handovers. Midday every day is a nurse's meeting, they then brief the carers"*.

One staff member said *"A while since appraisal – can remember the last one. Any problems – go to the person in charge. I feel comfortable with this"*.

The staff that we spoke to seemed clear of the process to follow if they had a problem/issue or needed to report something.

6.6 Dignity and Care

Residents on the ground floor were observed to be mainly lying in their bed in their room or sitting in a chair in their room. Some residents were still waiting for support to get dressed after 11 am.

Four residents were observed in the upstairs lounge, two of these had received support to access the lounge as they were in wheelchairs. One was receiving a family visit.

Interactions

Overall staff at Evedale were observed to communicate with residents in a calm and appropriate manner.

Staff were observed serving drinks, serving breakfast and assisting residents to wash and dress.

Most residents we spoke to were happy living at Evedale, most felt they were well treated and listened to. One resident described their experience of living there as*: 'Being looked after, really lovely people, looked after very well'*.

Another said: *'I love it here, they are looking up to me, I fell and went to Walsgrave* [hospital]. *They sent me to Rugby* [hospital]. *Then I came back to Coventry for physio. Then I ended up in this home'*

Another comment gathered was: *'I like living here but my next door neighbour; he is very loud and upsets me. Shouts all night.'*

The ground floor at Evedale was a very noisy environment as the call bell alarm was constantly ringing for extended periods of time. Once a carer had deactivated it (which denoted they were attending to the resident) another resident would use their call bell for assistance.

Staff informed us that on the ground floor only two residents were independently mobile. Others are limited (by their mobility support needs) to their rooms unless they have support to go out to the communal lounge but there did not seem to be

any staff available to support this as they were busy with personal support or breakfast and later on supporting lunch.

The care model in this home was described as being based on being open and honest, the manager described themselves as wanting to be trusted and for everyone to understand that their promises are sincere. *"There's an open door policy and the manager is contactable 24-hour a day (although not on site 24 hours). If concerns or issues are raised they are responded to at the lowest level in order to address the issue".*

One of the care team said they felt that some carers 'cared' more than others.

One resident was observed getting very upset and accused staff of poisoning her and she was refusing to eat. Staff tried to reassure her and got her some fruit. Another resident was becoming really agitated and asked member of staff to reassess him (it has been assumed that he was on a discharge to assess pathway). The carer sat them in front of the TV and they still seemed agitated.

Communication

A resident described how information had not been passed on to the home from the hospital when they first became a resident. This led to them not being provided with appropriate care and support as the extent of their support needs were not known. This person said that if they could change anything it would be "passing on the right information about them".

A family member said that when their relative arrived at the home there was 'no welcome and they were unaware of any systems and procedures for residents or visitors'.

Overall, most of the residents we spoke to felt listened to most of the time. Four of the residents were wholly positive about feeling listened to, one added that the staff were also kind. One resident felt they were not treated well nor were listened to.

One commented *'Staff will listen if they have time because there aren't enough staff particularly at weekends – less staff'*. One aired a frustration saying, *'The staff are listening but not doing anything about it they* [staff] *complain about him as well'*. This was referring to another resident shouting very loudly for long periods of time which they found disruptive.

One resident felt their care needs as defined in their care plan were not being implemented by some carers. This concerned them and they didn't feel they were being listened to in regards to their concern about this. This resident did not say who they had spoken to about this.

A resident who has a catheter had issues with it (size of the bag and how often it was emptied) described staff as *'have been receptive to suggestions'* about how this could be managed differently.

Responsiveness

Staff who we observed were really busy for the whole duration of the visit. When the Healthwatch team arrived at 10.00 am care staff were still busy with supporting residents to get washed and dressed and to have breakfast, this continued until after 11.00 am.

We observed that residents seemed to have to wait for a long time for response to using their call bell. One resident said they *'Would like a quicker response – to everybody's call buttons – noise gets me down, its constant. A resident shouts all the time. The night is quieter".*

One situation was witnessed where the call bell alarm was ringing continually, a resident could clearly be heard saying they needed to use the toilet and their voice had a sense of urgency. A member of the care team (who was busy tending to a different resident) walked past the resident's door (which was open) twice but did not respond or acknowledge the resident's need. Whilst the corridors were odour free a definite faecal matter smell appeared. It is seemed from this pattern of events that the resident had soiled themselves before the carer was able to attend.

A visitor said an issue their family member experienced was that the call bell was taken so the resident could not reach it. They felt it may be the night staff doing this, but there is not any further information to base this on.

One resident was expressing their dissatisfaction with the amount of time they were waiting for their meal and was heard shouting/making a loud noise. A carer went to them and said she would get their lunch now. It then took a further 10 minutes for the carer to return with the resident's meal.

All residents observed, appeared to be dressed appropriately

A resident who lives on the first floor was being visited by their relative, they described the care provided by saying "The support is very good". At this point the visitor said *"the girls love you don't they? They always help – can't complain, they use the care plan, this is just being updated – the food is good".*

Whilst one resident said they had not felt embarrassed at any time they did feel uncomfortable when a male carer supported them with personal care. It was not understood whether the resident had any choice of the gender of the carer providing support.

A resident who is unable to use the toilet independently felt that their toileting needs were not being met and had felt uncomfortable when they were left unattended in a toilet, when they first arrived at the home.

How staff get to know residents

The Manager said *"We have a person centred approach to care planning, which involves residents and their family and carers. It looks at likes, dislikes and*

wishes. We also use our own observations to contribute to this. Our handovers are good. Each day at midday there is a daily head of Department meeting which includes the chef activities coordinator housekeeping maintenance and a nurse".

Staff explained that 2 key methods were used to get to know residents these are the Care Plan and the daily handover discussion. All information is recorded on residents' care plans and is further shared in handover. Individual's personal, cultural and lifestyle needs, likes and dislikes are all recorded in the care plan and any day-to-day information recorded on the handover sheet- this includes any injuries and any medications prescribed and any other changes.

One staff member said *"I also share information about myself with residents so it seems like just exchanging information (having a conversation). All information about a resident is recorded in the care plan, social workers access these. It's important for us staff to get to know residents*".

6.7 Residents' health needs

Seeing a GP

The Manager said "*We use one GP practice which is the Forum. We have a GP that visits every Thursday. We provide the surgery with a list of residents who need to be seen on the day before. There are two other* [GP] *surgeries that can be used which are Mansfield and Malling, this is a resident's choice".*

Seven of the residents in the sample group had seen the GP linked to Evedale. All spoke positively about this experience. One resident who had seen the GP explained that the nurse had called the GP as they suspected the resident had a UTI (urinary tract infection) for which they were admitted to hospital.

A different resident said they were visited by the GP after having a seizure and as a result was admitted to hospital. The resident has dementia. The nursing staff weren't happy that he had been admitted so on a subsequent occasion after a seizure the decision was taken by nursing staff to keep the resident at Evedale and provide care. A relative of the resident felt this was a better course of treatment for their family member.

A resident's relative commented that they had had to liaise with the GP to ask for a referral to Physiotherapy for the resident and said that there was *"no assistance or information given from the home"*.

Taking medication

There were not any residents who take medication independently. Staff said this is policy led. The process for determining this was described by the manager as: *"We carry out a seven day assessment with residents to reach an agreement. We*

then have to address safe storage issues if a resident can take their own medication".

Medication is reviewed by the GP every six months to one year. The home uses Boots pharmacy. Boots carry out a pharmacist review, the manager also highlighted, *"We have knowledgeable nurses".*

Covert administration of medication is used at the home for some residents and this is decided by the GP.

It was informed that the local CCG also provide support and guidance.
During the time of the Healthwatch visit a medication round was observed taking place upstairs, a 'do not disturb' red tabard was worn by the member of the care team dispensing medication.

When a resident feels unwell

When a resident informs a staff member that they feel unwell or are in pain this is escalated immediately to the nurse. An assessment is carried out which will look at temperature, oxygen saturation and blood pressure. The manager said *"Our escalation process is one nurse's judgement (continue observations), call GP/ 999, depending whether it is deemed as an emergency. Sometimes it is also about knowing residents. We use 111 out of GP hours, weekends, and for verifying death. Verifying death is responded to within six hours".*

A staff member said: *"If a resident is in pain or they feel unwell I would tell the nurse immediately. You get to know all of the residents and you know how they feel, if they are unwell, happy etc"*

Residents who expressed they experienced pain explained that they would inform the nurses who would then administer 'pain killers'. One resident went on to say the nurses would address this within 5 minutes. Equally some residents who didn't experience pain said if they did they would speak to a nurse.

One visitor said that whilst their spouse (the resident) did not know when they had had a seizure, staff could tell and responded accordingly.

Support for the home from NHS services

The manager felt that, *"Our GP is our key NHS service followed by the 111 and emergency ambulance service. The CCG provides training and support, or example: identifying UTIs and tissue viability"*

Oral Health

We were advised that each resident has oral care twice a day and or denture cleaning.

The Manager said *"Residents are supported to do what they can with this. We do have access to a community dentist but there is a very long wait for this I recall a recent wait of being up to 6 months. The paperwork is a very long process for this, this never used to be the case, and this seems to be to see who is responsible for paying for treatment."* Paperwork was said to be very challenging and families are confused by the paperwork.

A few residents choose to see their own dentist private dentists can visit if family are prepared to pay for this. This is their choice.

One staff member described the oral care provided, *"All rooms have toothpaste/brush; use baby toothbrushes. Don't use them on dentures/risk of choking."* The staff member went onto describe a situation whereby a resident lost their dentures. The family of this resident chose to use a private dentist instead of going through the complex process and long waiting time to use the Community dentist. They had to pay private charges for this service.

A staff member said they sometimes noticed that residents' dentures and teeth were not clean. They were aware that some families had complained about this. It was considered that this may happen due to staff not having enough time. One visitor whose family member had become a resident only recently commented *"teeth aren't brushed daily, family do them."*

Two residents spoken to had experienced issues with 'loose dentures'. On both occasions the issues were dealt with appropriately in a timely manner. Another resident said that they had been visited in the home by a dentist who had provided the resident with a set of new dentures.

One resident explained that when they first arrived at the home they were seen by both a dentist and an optician. It had been longer than 2 years since they have seen a dentist. In saying this she has not had any problems so from this it can only be assumed that Community Dentistry services are accessed on a needs basis rather than a preventative 'check-up' basis.

Looking after hearing aids and residents' hearing

The Manager explained that spare parts are kept on site: *"if it's something that we can repair or replace batteries and will do this. We use Specsavers who will visit here".*

Upstairs residents have dementia and it can be more difficult because residents may not understand what the hearing aid is all about. *"Some do not like to wear a hearing aid, this is a choice".*

Two residents spoken to had hearing aids and both were independent in using them.

How residents' sight is looked after

The home manager said *"We use a local company called Vision Call who looks after all aspects of resident's sight. They liaise directly with the nurse on issues around vision and sight. They are able to engrave a pair of glasses to identify ownership".*

A visitor who is a relative of a recently arrived resident expressed that the home had not spoken to or supported the resident with their eye health/eyesight check. They went on to say that *"we have had to request opticians to come in".* To add context this is the same visitor who described them not being aware of any system or procedure in the home.

Looking after residents' feet

The manager spoke highly of the chiropodist that visited the home, she said, *"We have a chiropodist, he's brilliant. His qualifications have been checked. He visits every six weeks. Prior to having this chiropodist some family members haven't been happy with the service; he also looks after all records relating to residents' foot care".* A member of staff said, *"This costs residents, I disagree with this. Some residents have long toenails and can't afford to pay".*

As part of an assessment process a resident can be referred to NHS Podiatry. It was informed that the home's recent experience of NHS Podiatry is there is a very long wait for this service. One resident who has high needs relating to diabetes who has received podiatry services only has had one visit in six months.

Six of the residents we spoke to used the home's Chiropodist, one said they were able to look after their own feet and one said their feet had not been looked at but they had sore heels from lying in bed.

A visitor whose relative had used the Chiropodist for the first time said they were unaware of the account system as this information had not been given to them as part of their arrival/settling in process.

6.8 Food and drink

Staff were observed offering drinks and food. There were cold soft drinks in the dining room which residents could access independently if they were able to. We were informed that there were only 2 residents on the ground floor who were independently mobile. Snacks were available but one resident said she did not like the snack which was served to her each day and left it every day.

There is a vending machine in the coffee lounge which visitors and staff can use. The machine dispenses cold drinks. The charge is 70p per can. Staff say the machine often short changes them by 10p. This has been reported that the problem continues. One member of staff explained that this has happened to her on several occasions, the reporting process is to mark your name and the financial loss on the card provided and when the Vending operator attends site this will be

rectified. We asked if the home benefits financially from the machine being there. The manager said she did not know but it had been there for as long as she had.

At lunchtime there were three hot options of food. On the day of our visit it was a choice of meatballs, steak and kidney pie plus a non-meat option. Tea, coffee and a soft cold drink was also offered.

The dining room on the ground floor had four tables each with four place settings per table. There were four residents in the dining room, two at one table and 2 other residents sat separately. When we observed mostly food trays are taken to residents who eat alone in their rooms.

Staff said 14 residents needed assistance with eating, 10 residents are able to eat independently on the ground floor. Residents who are able to or choose to eat in the dining room are asked what they want to eat when they are seated at the table. There wasn't a menu board. The food looked appetising and well presented. The atmosphere was very quiet although there was a radio on low in the background.

8 of the residents described the food as being ok or good. 2 of the residents said they did not think they were given a choice at mealtime. One resident said *"Food is quite alright. They just bring food – no choice. Told them what I don't like such as cheese"*.

All residents who shared their views felt they had access to drinks, most of them described being bought drinks and 'just have to ask'. One resident felt they were encouraged to drink whilst another commented when asked if they had access to drinks, *"Yes, not offered beer or alcohol – would like a beer"*.

We noticed that in one resident's room that the water jug was out of reach.

The manager said: "*We offer good nutrition which is part of residents' care plans, this is liaised closely with kitchen. When a resident arrives here, for a week a monitoring chart is used for all residents, to understand their needs and wishes around nutrition"*.

6.9 Activities

No activities were observed during our 6 hour visit. Most residents are unable to interact with each other as many of them were in their rooms.

The only engagement that was observed was through the course of practical support. Verbal engagement with residents as an integral part of the practical support they were providing.

The Activities Coordinator has worked for the organisation for 10 years and has been at this home for 18 months.

As the majority of the residents stay in their rooms it is very difficult to deliver activities as it is primarily on a one to one basis. It was explained that arts and crafts activities were taken around and arm chair exercising techniques were shared with residents. We were informed that sometimes residents just want someone to talk to, rather than do any particular activity. There have been occasions where therapy animals have been brought in to people in their rooms, which they really liked. It was also informed *"We do have outside singers, some from the church come here"*.

Another member of staff we asked about activities explained *"Very rare – couldn't remember when lady left (they were in full-time), do get entertainers in, but normally downstairs. Birthday cakes are provided from the kitchen – rooms are done up with balloons (care staff do this). For birthdays staff will look at life history to see what they like to do. Families will fill in the book; we need someone to do this"*. This appears to reference that the Activities Co-ordinator had been away from work for an extended period of time and whilst they had now returned the member of staff we were talking to was not aware of her return.

A visitor rated the activities at Evedale as 'very poor' and said *'they don't happen although advertised"*.

During the Healthwatch visit, a resident who was restricted to bed rest, had a problem with their TV and could not get Free View on their TV. An Enter and View Representative spoke to the Activities Coordinator who said she would go and try and fix it right away and seemed very happy to do so.

A November 2019 care home newsletter was made available to us. This promoted one entertainment event which was a visiting singer. Two fundraising events to mark Armistice Day and Children in Need were promoted, and an observation that it would be the Queen's wedding anniversary. It had a section titled 'Evedale Care Home Services', which noted 'Daniel Chiropody comes in every six weeks' and 'Maggie Hairdresser every week'.

Two of the residents were aware that a man came to the home to sing. One resident referred to him as 'Frank' and said that they liked him. The other commented, *"Music man comes monthly, not aware of any other activities; no trips"*.

Nobody made any reference to organised, group or shared activities. One resident said they liked to do jigsaws, another said they liked to read. Another said they watch TV in their room. This resident also said they had been in communal areas but mostly confined to bed they said it was 'quite rare to go to the lounge'.

A visitor spoke of their relative who has mobility issues and dementia, they said, *"likes to walk round the corridors and watch old films when I'm here. Has had their hair cut. Likes to go outside in the warm weather in a wheelchair"*. They continued *"When they were younger they used to play green bowls, perhaps they'd like that if you do it from their armchair."*

3 of the residents said they had access to the garden and 2 of them had been in the garden. One resident when asked if they had been in the garden said *"I have*

done, sat on the bench outside. The bench is about had it – need a new bench". It is unclear whether other residents felt unable to access the garden.

One resident said they had not been outside and went on to say *"I would like to go out and see the rest of the home".* It is not known how long this person had been a resident.

6.10 Anything that could be done differently

The manager talked about all other services working with them to provide support. They felt it would be helpful to have more collaborative support from external services to gain more of a sense of working to the same end which is to enable the resident to receive the best service/support to maximise their independence, whatever that may be. For example simplifying referrals to wheelchair services e.g. A person who is ready to go home after a short stay on a 'discharge to assess pathway' but needs a wheelchair to be able to mobilise at home has been turned down having a wheelchair because the outcome says she is in a nursing home. But this person cannot go home without wheelchair. This creates a catch 22 situation, and more work for all services involved and prevents the resident from maximising their independence at the earliest opportunity and potentially deskilling the resident as they unlearn skills the longer they do not practice them for.

One staff member felt that more residents should be supported to mobilise and to get out of their rooms.

It was also considered that more hours should be allocated to supporting residents with activities.

One member of staff said *"Extra staff would help".* Another commented *"Like to see more activities, need more people (referring to staff delivering activities). Many residents need one-on-one due to lack of capacity."*

7. Conclusion

From the evidence we gathered during this visit we observed a mis-match between the level of staffing and the level of need of the residents within the home and that this was contributing to:

- Breakfast and morning washing and dressing routine extending until 11 am
- Challenges responding to residents' call bells
- Residents on the ground floor not being mobilized out of their rooms often
- Insufficient activities and interaction with residents
- Lack of staff time for other routine matters such as supporting oral hygiene/health

8. Recommendations and care Home response

Recommendation	Response from Home manager
1. Responsiveness Develop a plan to ensure: • residents are mobilised out of their rooms • residents are supported to get washed and dressed earlier in the day and where possible at a time of their choosing • Staff are able to respond to call bells more quickly to address residents' needs	The Home Manager is monitoring both floors and ensuring residents are out of their rooms benefiting from social areas and activities. Not all residents days start at the same time due to sleep patterns, health conditions and personal choice. Staff gather information regarding residents times that they like to start their day and information is gathered and place into care plans. Call bells have been discussed at home level meetings with instruction that the majority are able to answer and cascade information to appropriate persons.
2. Noise levels Address the disruption to other residents from the noise of the call bell alarm constantly ringing on the ground floor	The solution required is to separate the call bells on each floor. Currently the home has a call bell system that rings on all floors and offices which is not entirely necessary. Regional management is aware of the situation to split and manage the bells in appropriate areas
3. Activities and interactions Develop a plan for resident activities and interactions: • Focus on developing community links including developing volunteering opportunities to support activities and interaction • Finding out what activities residents would like to take part in/do • Providing social interaction between and with residents	Evedale have moved on in terms of activities we now have a more robust pro-active team in place that have implemented individual and group activity alongside entertainment into the home for several months ahead. They incorporate entertainment into the home from local churches and schools they are hoping to push this further this year opening up more social events to the residents of Evedale. Staff are more supportive of this team and events are now something all look forward too.

Recommendation	Response from Home manager
4. Independence and support Ensure that call bells and water jugs are accessible in residents' rooms at all times	Water jugs are changed daily on the ground floor for residents and families to help themselves. Due to risk assessments within the dementia nursing unit we are unable to leave unattended water jugs but drinks are offered throughout the day
5. Residents health • Improve the support for residents to keep their teeth clean by ensuring daily support for cleaning teeth • Ensure all residents have their feet checked so that issues such as sore heels are identified •	Spot checks are carried out daily by the home manager and support tea
6. Communication Provide information to all new residents/family carers about the home, its services and policies and procedures and charges for additional services eg podiatry	New residents will receive a welcome pack with all relevant information for the home and services. Podiatry service is currently available on a six week basis or private bookings alongside weekly hairdressing service.
7. Further develop dementia friendly design • Ensure all taps are clearly labelled hot and cold • Support residents/families who choose to, to personalise their room doors • When the home is next decorated pick dementia friendly colours/schemes	Future redecoration within the dementia nursing unit will incorporate changes beneficial to the resident and home Working alongside dementia specialists within the company.
8. Temperature Control	All bathrooms & shower rooms are temperature checked prior to the resident using the facility to ensure the residents comfort.

Recommendation	Response from Home manager
Ensure a consistent acceptable temperature is maintained throughout the building including toilets and bathrooms.	
9. **Disabled Access** Fix the uneven paving near the drop curbs in the car park	Regional maintenance team is aware of the issue and in the process of ensuring it is replaced with an appropriate surface.

9. Next steps

We have shared our findings with the Care Quality Commission (CQC) and the lead commissioner at the local council.

Since our visit this home has been rated as Inadequate by the CQC.

10. Acknowledgements

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

11. 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 and during the time of our visit.

12. Copyright

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