



**Healthwatch Kensington and
Chelsea**

Enter & view Visit Ellesmere House

June 2022

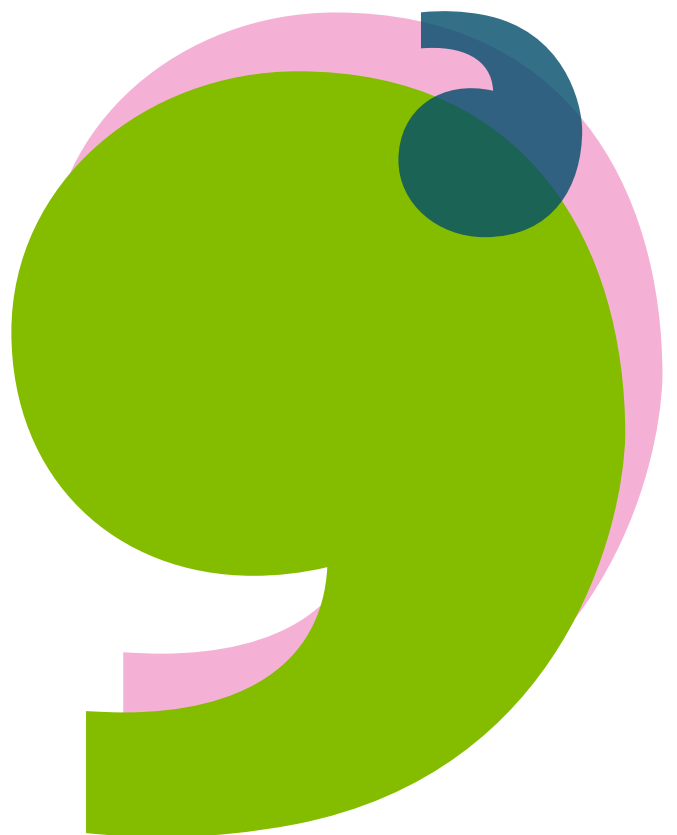


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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Ellesmere House Care Home 9 Nightingale Pl, London SW10 9NG
Service Provider	Care UK Community Partnerships Ltd
Date and Time	Monday 6th June 11am till 2pm, Friday 10 th June 11am - 2pm, Sunday 12 th June 11am - 2pm
Authorised Representatives	Jill Praver, Lead representative, Gaenor Holland-Williams, Jackie Ferguson, Rahini Mylvaganam, Christine Vigars
Contact details	Healthwatch Kensington & Chelsea PO Box 5807, London, W10 9EB

1.2 Acknowledgements

This visit was undertaken by Dignity Champions at Healthwatch Central West London. We would like to thank Ellesmere House residents, relatives and staff members for their contribution toward the Enter and View program. Since the visit, the organisation has changed its name to Healthwatch Kensington & Chelsea, but was written by staff at Healthwatch Central West London.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates and times set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed through interviews during the restricted time of Healthwatch Central West London representatives' visits.

2 Executive Summary

Healthwatch Central West London (Healthwatch CWL) champions better standards of care in health and social care services. Our Dignity Champions are volunteers recruited from the local community who work to improve standards of dignity in health and social care services.

This report presents the findings of the Dignity Champions' visit to Ellesmere House. The House is situated in the royal borough of Kensington and Chelsea and is run by Care UK Community Partnerships Ltd.

Healthwatch CWL last visited Ellesmere House in February 2020. The last full CQC inspection was undertaken in rated the home as "good".

The Enter and View visit to Ellesmere House was conducted as part of Healthwatch CWL's, now Healthwatch Kensington & Chelsea's ongoing work on access to, and provision of, health and social care services in Kensington & Chelsea.

3 Recommendations

3.1 Conclusion

Overall Dignity Champions concluded that Ellesmere House works smoothly and does things well.

- Among the main things that worked well were:
 - Management is strong, visible and supportive to staff
 - There is a generally a good standard of care by staff
 - Residents have good access to health care and the use of a regular Multi-Disciplinary-Team meeting greatly adds to this
 - The environment is clean
 - The food is good, and suited to resident's needs, and Ellesmere House should be commended for preparing the food on site.

However, there are a few areas in which Ellesmere does not meet the Independent Age 8 Care Home Quality Indicators of a good care home, and there were some issues relating to the environment of the care home, and we offer some recommendations below.

3.2 Healthwatch CWL Recommendations

By listening to people and recording their experiences and observations, Healthwatch CWL has formulated some recommendations designed to help the management of Ellesmere House to improve residents' experience.

Based on the Enter and View visit to Ellesmere House, Healthwatch CWL has the following recommendations:

General

- The service provider should continue to maintain the good standards that our Dignity Champions witnessed and heard about during their visits

Strong and visible management

- Managers should work occasional days at the weekend to ensure that things are running smoothly, and they have sight of how the home is operating and to ensure standards are the same.

Staff have time and skills to do their jobs

Although commended for avoiding the use of agency staff, management should:

- Consider employing a supernumerary staff member who can step into the place of those who are sick/absent/or doing training to avoid issues arising with staff absence, and to avoid over-burdening the staff team.
- review other possible ways of increasing support to staff.
- Managers should ensure that staff are aware of how they can progress and what opportunities are available.
- Provide us with a plan on staffing issues to address the periods where care staff are stretched, and a quicker response to local maintenance issues.

Offer a variety of activities

Ellesmere House management should:

- Ensure that the activities program should incorporate more room-based activities for residents. Care staff seemed to have little time to sit with residents in their rooms to ensure they were being stimulated.
- The activities coordinator could support volunteers to visit residents either one to one or in small groups, to go for walks together, or to sit outside or just have a chat.

- However, it was hard to assess the activities programme in the absence of an activities coordinator. We would like to revisit the home when the staff members have settled in.

Environment

Smaller maintenance issues should be addressed at greater speed, and issues raised by relatives on behalf of a resident should be fixed asap or the relative kept informed as to why the problem can't be resolved.

- Decoration of the corridors should be completed as soon as possible to help the environment look less anonymous.
- Raised dots at the end of bannisters should be applied to all bannisters where they are absent.
- The lights in the corridor on the lower-ground floor should be fixed as soon as possible.
- The staff should encourage the glass fronted boxes outside the residents' rooms to be filled, helping everyone to recall the life of the individual pre-dementia.
- The 'Presence of Covid' poster should be removed from outside the room on the ground floor.
- Care should be taken with the visibility of the mouse-poison boxes in the communal area of the corridor on the lower-ground floor and elsewhere.
- Doors marked 'keep locked' should be shut at all times.
- The personal books of the residents should be locked away at times when the activities room is not in use.
- The activities room should not be used as a store-room when unused.
- The temperature and stuffiness of the lower-ground floor activities area should be addressed, and the temperature of the environment generally should be monitored to ensure that it does not add to the general sleepiness of the residents.

4 What is Enter and View?

Healthwatch Kensington & Chelsea (Healthwatch R&C) works to ensure local people's voices count when it comes to shaping and improving local health and care services across the Royal Borough of Kensington and Chelsea.

Under Section 186 of the Health and Social Care Act 2012 Healthwatch has a statutory power to 'Enter and View' places that provide publicly funded Health and Social care

services¹. This may be unannounced or through prior arrangement to view and assess a service.

Enter and View visits are carried out if people tell Healthwatch CWL there is a problem with a service or equally if the services have a good reputation - to learn about and share examples of what they do well from the perspective of people who experience the service firsthand.

Enter and View visits can be carried out if one, or a combination of the factors are identified by Healthwatch K&C:


1. As a contribution to a Healthwatch CWL program work;
2. As a consequence of service user, or public feedback;
3. As a strategy to explore good practice;
4. As a method for checking the responses of a service following an earlier Enter and View visit;
5. As a response to a request or recommendation by a professional from the health or social care who has involvement in the commissioning, contracting or regulation of that service.

The Healthwatch K&C Authorised Representatives who carry out Enter and View visits are volunteers. They receive training on the Care Act 2014 and the duties and implications in the provision of care around respect and dignity, safeguarding vulnerable adults and health and safety. All the Dignity Champions have a current enhanced Disclosure and Barring Service (DBS) certificate.

When carrying out Enter and View visits, the Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge':

1. Demand for services to have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and staff as care partners
9. Assist people to maintain confidence and positive self-esteem
10. Act to alleviate people's loneliness and isolation

¹ Apart from Children's Social Services



Moreover, when visiting care homes, the Healthwatch Representatives check whether the assessed place delivers the service in accordance to the Independent Age 8 Care Home Quality Indicators²:

1. Have strong, visible management
2. Staff have time and skills to do their jobs
3. Staff have good knowledge of each individual resident and how their needs may be changing
4. Offer a varied program of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

This report is set out in sections relating to Independent Age 8 Care Home Quality Indicators.

Healthwatch 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 safeguarding policies.

4.1 Purpose of Visit

All Enter and View visits must have a clear purpose identified by Healthwatch CWL to ensure effective evidence gathering and reporting. The purpose of this visit was to continue the visit of February 2020 which had been planned to assess if our recommendations of our 2019 report had been actioned, and which was quickly brought to a halt and then subsumed by the covid pandemic. It was also done to assess the quality of the residents' experience against Independent Age 8 Care Home Quality Indicators and the Department of Health's Dignity Standards. We also wanted to hear the views of the residents and any ideas they may have for improvements.

4.2 Strategic drivers

The last full CQC inspection of Ellesmere House took place in October 2019. The overall rating for the service was "good"³. In detail, Caring and Responsive, Safe, Effective and Well-led were all rated "good". However, we were concerned by an updated visit that looked at parts of the service, undertaken in August 2020 that stated

² <https://www.independentage.org/policy-and-research/our-8-care-home-quality-indicators>

‘People told us they were pleased with the quality of their care and support and they described staff as being “kind” and “lovely.” Although relatives spoke well of the individual staff who looked after their family member, we received mixed comments in relation to whether there were sufficient staff. Some relatives described the care their family members received as being “amazing” and other relatives were concerned that their family members were deteriorating due to insufficient staff to provide person-centred care.’


4.3 Methodology

The team of Healthwatch CWL Dignity Champions collected data using the following methods:

- Announced visits were carried out on Monday 6th June, Friday 10th June and Sunday 12th June 2022.
- A phone call was made to the Home’s Manager where the Enter & View visit was discussed.
- An introductory letter was sent to the Home’s Manager.
- Dignity Champion Representatives spoke with Zoe Smith, the Registered Manager, Margaret Kimathi, the deputy manager. The Area Services Manager Ana Tudorache was also present.
- Three different questionnaires were developed for (1) people using the service, (2) visitors to the service, and (3) the staff team.
- Dignity Champions talked to people who were willing to share their opinion, including people currently using the service, and staff members. It was made clear that they could end the interview at any time.
- We were only able to talk to two residents as most were either sleeping, or were unable to share their views on the service with the Dignity Champions.
- We were only able to talk to two relatives and friends as our visits did not coincide with any other visits.
- Dignity Champions spent time observing interactions between staff and residents to try to get a picture of what the experience of living there was.
- In total Healthwatch CWL representatives spoke to:
 - 2 residents
 - 2 relatives and friends
 - 5 members of staff

4.4 Summary of findings

The dignity champions who had visited Ellesmere House in 2019 were shocked by the level of dementia of many of the residents in Ellesmere House. We found on our



visits that most of the residents were in their rooms, and we observed many to be sleeping as we walked around the corridors. Although we asked staff who would be suitable and happy to be interviewed, two residents were put forward, one of whom we spoke to. Others were approached but were unable to answer our questions. During our visit, we saw only two visitors, both for the same resident. We missed a visitor who had been present on the morning of the Sunday visit, but otherwise we saw no other visitors.

We wondered about the impact of the Covid pandemic and if the changes in visiting arrangements had contributed to the alteration in visiting patterns. We wondered also if the reduction in visiting had contributed to the observed increase in the levels of dementia.

During the Enter and View visit the Dignity Champions observed the staff team providing a high standard of care in relation to dignity and respect. The staff team demonstrated evidence of delivering person-centered care.


Members of staff were caring, patient and kind. During our visits they seemed to know the people they are looking after, and a good understanding of their needs. Our Dignity Champion team found employees caring, enjoying their work and professionally friendly.

However, there are a few areas that require improvement, and we offer recommendations to address these.

5 Results of visit

5.1 Background

Ellesmere House is a 70-bed residential care home providing personal and nursing care for people aged over 65. It is owned by Care UK. Ellesmere House provides both residential care and dementia care, although the manager informed us that only about 5 of the residents didn't have any form of dementia. Residents live across four floors: the lower ground floor provides care for people with dementia; the ground floor provides care for people that require nursing care and with dementia. The second and third floor provide care for both residents with or without dementia. At the time of our visit the second and third floor housed only private residents (although not always exclusively), while the lower ground and ground floor residents are funded by the social care package from RBKC. Our visit was to the two lower floors.



Each floor has a kitchen area for staff to prepare coffee and tea for residents, or if feasible and with oversight, for residents to prepare for themselves. The two lounges housed Bolero machines for cold, sugar-free juice. Residents in the basement ate their lunch in the lounge area which doubled as a dining room, while residents on the ground floor used the dining room which is located on that floor. The ground floor has a hairdressing salon, an activities room, a cinema, a training room and the manager's office. The basement has a lounge area with table tennis, a pool table, and a juke box.

The basement is designed as a continuous corridor allowing residents to move around freely, with recessed areas with seating. There are outdoor areas directly accessible to both the basement and the ground floors.

All floors are accessible by stairs and lifts. At the time of our visit, there were 40 residents over the two floors. According to the manager, all residents on these two floors have dementia or some cognitive impairment. There are 20 residents on each floor. Most residents are admitted either from hospital, or from another care home when their needs have increased to the level that Ellesmere can accommodate.

The manager and deputy manager, area service coordinator and staff were all very welcoming, helpful, and available to us on each of our visits. The area care coordinator was also available to meet us on our first visit and joined other meetings too. The deputy manager was also present on the Sunday visit, outside of her usual hours, and specifically for our visit.

All the staff were friendly and hospitable, and we were offered and provided with meals and refreshments at each visit.

When we visited Ellesmere House, the Dignity Champions used a checklist which was based on Independent Age's 8 Care Home Quality Indicators plus a checklist detailing the recommendations made at the last visit made in February 2019.

5.2 Have strong visible management

Ellesmere House has one manager and one assistant manager, with support from the area services manager. The manager and deputy had a good working relationship and had worked with each other in a previous home run by Care UK.

The home is run by Care UK which is a large organisation with many different homes. Policies and procedures are well developed across the organisation, and the manager and deputy manager told us that working within the large organisation with the developed policies and systems for recording activities in the home, felt reassuring and offered guidance should something out of the ordinary arise.

Staff have quarterly supervision with managers, and yearly appraisals. These are monitored on a database so that the home manager is able to check they are up-to-date.



Staff were positive about the manager

‘deals with problems professionally’

Another told us that they were supportive during a family emergency

‘they understand, they get it’

The home manager corroborated this - her approach was to accommodate the difficulties staff might be experiencing by reducing hours/working patterns.

One staff member told us that support was good but highlighted that it wasn't always able to be given at the time requested,

‘wish we had a bit more support sometimes. They have to deal with a lot. Am able to ask, and she does do it if she can - sometimes it's beyond her. She does try. Sometimes you think she forgets, but she comes back - but she does recognise the work we put in’

One of the residents told us

‘I don't see much of her, but that it doesn't bother me’

But when asked said that they knew they could see her at any time. The manager later told us independently that this resident often ‘popped in’ for a chat while she was working.

The friends and relatives we spoke to had nothing negative to say about management.


Dignity Champions observed the manager and deputy manager being available to staff and residents and responding to staff questions as they arose. We observed that the manager's office door was usually open and that staff were able to ask questions if needed.

We identified that the home manager and deputy managers were never present over the weekend. Occasional attendance at the weekends were solely for a particular purpose, like to be available for our visit or to finish work left over from the week, rather than to be present in their roles as managers.

There seemed to be a strong visible management in Ellesmere House, although we wondered about the lack of management oversight of the running of the home over the weekend.

5.3 Staff have time and skills to do their jobs

On the lower ground floor there is a team leader/unit manager and 4 carers during the day, and a team leader and 2 carers overnight with 20 residents. On the ground floor there is a nurse, a team leader and 5 carers during the day, and a nurse and 3 carers overnight, also for 20 residents. The home manager uses a ‘dependency tool’



to calculate the staff hours needed for a week, and sets the rota as appropriate.

Staff undertake a rigorous induction process which lasts for two weeks for which they are allocated a buddy. During this period, they are supernumerary, and are expected to undertake essential trainings before they can work alone. They are given three months to complete other prescribed trainings which can be online, face-to-face or through e-learning.

All staff working with residents had training on the following subjects: safeguarding, duty of care, dementia, deprivation of liberty, and moving and handling. Staff have access to the comprehensive training program, and can book themselves on to courses that they think will be beneficial. If skills gaps are identified, staff are required to undertake either further training or a refresher course. All staff were very positive about the amount of training that could be accessed at Ellesmere House.

Ellesmere House is fully staffed and currently does not use any agency staff. The manager told us that Ellesmere House offers generous overtime rates for staff, and pays for cabs home for staff working late. In the event of gaps in the rota, extra shifts are offered, and in cases of immediate gaps in staffing, there is an online group where local staff can be asked to come in immediately. Occasionally, staff from a different home can be 'borrowed'.

The manager told us that the staff team had requested access to extra hours for staff in preference to hiring agency staff, and that it worked better for the residents for whom it is beneficial to have carers who are familiar with them and their needs.

All the staff we spoke to identified that there were times when rotas had to be shifted around to cover gaps due to unplanned absences. Skilled staff were often moved to a different floor to fill a gap, which could mean that staff members were not so familiar with residents and so it took longer to care for residents. This could mean that care was not provided as promptly as desired. When asked about this, the managers told us that, if necessary, they would also assist with personal care for the residents.

Some members of staff identified that a minority of carers seemed more interested in their breaks than in doing their job, and that they had been known to switch floors if they were unhappy with who was working on the shift with them. When we asked the manager about this, she told us that she would always try to get to the bottom of any issues between staff, as the residents' needs were paramount.

All staff mentioned, unprompted, that there are times when the staff levels are tight

'We sometimes have gaps - staff call in last minute or don't call in at all. This floor has a strong team so they sometimes swap it around. Have shortage at times, but we do our best to make it work'

'Staffing can be difficult'



'Sometimes short'

'Sometimes short on weekends'

The result of this shortage was that residents could be waiting longer for the care they needed.

The relatives we spoke seemed overall to be happy with the staff's quality of work. One relating

'I have nothing negative - must be ok'

And said that they knew the manager was available if they wanted to see them

However, one also said that they

'Don't know who the manager is as I only visit every two weeks.'

One visitor mentioned that they were concerned that the physical environment of the resident's room which was quite messy which would not have happened pre-dementia. They mentioned that a set of drawers in the room had been broken for a long time and that the home had

'Stuck a few nails in it'


The messiness of the drawers made the visitor wonder if staff were thinking

'What difference would it make?'

They felt that staff should be keeping up the standards that the resident would have wanted. This relative seemed overwhelmed by the effect that of dementia on the resident. Dignity Champions felt that more knowledge of the impact of dementia and what to expect as it progressed would be useful to them.

On our third visit, there were more information leaflets available in the reception area than had been on our first visit, including a helpful Care UK information booklet called 'Let's talk about dementia' This hadn't been there on our previous visits.

Laundry staff, catering assistants and cleaners are employed separately so staff can focus only on providing personal care. All staff, however, were encouraged to interact with the residents as and when it was appropriate



A member of the cleaning staff told us that they were careful to ensure that they accommodated the wishes of the resident when it came to the cleaning of the rooms, telling us if a resident didn't want them to clean while they were in the room

'We come back when they're eating'

Dignity Champions observed kind and very patient staff. The staff showed that they like their job and treated the residents with care and dignity. However, some staff mentioned that they felt that their training was not translated into more senior roles and that their skills and potential were not recognized by the management at Ellesmere. One staff member said

'There is no career structure'

Another said

'Don't have career progression'.

All staff were friendly with the residents and were open and welcoming to us. However, on one occasion, Dignity Champions observed a staff member transferring a resident into a wheelchair when the brakes were not on. This was raised with the manager who undertook to raise it with the team.

5.4 Staff have a good knowledge of each individual resident and how their needs may be changing

Staff have different resources to determine the preferences of residents and how their needs are changing. Care plans are reviewed every 20 days and handover takes place morning, afternoon and night when the shift changes. All staff gather for the handover. Separately, there is a team meeting every morning for the nursing staff.


On a rolling program of 20 days, the care of one resident is focused on. This is comprehensive and goes through all the different needs of the resident like nursing/dementia care, changes in dietary requirements or likes, the environment of the room, psychological health etc. We were shown different elements of a care plan which covered in detail many different aspects of the residents' needs.

All staff were also very clear that likes, dislikes and needs change over time and reported the need to be observant about noticing changes, especially in food choices.

'After a while you notice by switching up to find out what they like and dislike'

When asked if the staff know what you like and the dislike, a resident told us

Yes, most of them'



One resident told us that they were feeling very low. We reported this to the manager who immediately referred them to the visiting psychologist. On our next visit, the manager reported that the psychologist had visited the resident and they had been re-assessed. From this reassessment however, it was decided that no new provision needed to be put into place.

5.5 Offer a variety of activities

On the ground floor the home had a cinema room with a big screen, flock wallpaper and plush red seats. The walls were decorated with movie posters from the 1930s and beyond. On the lower-ground floor we were told there was a projector to screen films in the activities area. We were told that a film was shown once a week and was chosen by the residents.

The activities area on the lower ground floor seemed a pleasant space to be in with a pool table and table tennis. There was also a juke box. The music playing seemed rather loud and was turned down so that we could speak to a staff member, and the area felt a bit stuffy. We felt that being in the area for some time could result in a headache.


On our first visit on Monday 5th June, we noticed a calendar on the wall of the activities room on the lower-ground floor. The date read Thursday 5th May. We pointed this out to a care worker who told us it would be updated immediately, however on our visit on 12th June, the calendar remained unchanged.

A staff member was playing pool with a resident on our first visit, but we did not see it being used on any of our other visits.

The lounge on the ground floor was arranged so that all chairs were orientated towards the television, which was on during every visit. Many of the residents were dozing in front of it.

Ellesmere House usually employs two Activity Coordinators, however both had left their roles two weeks previously to our visit. New people had been recruited to the roles, but they were doing an induction program in another of the Care UK homes, before joining the staff at Ellesmere House.

We were told that previously residents were offered gardening, cooking, t'ai chi, going to the theatre (a recent trip had been to see Moulin Rouge), that a horse from the local army barracks had come to visit at 8.30am one Sunday morning, and that some residents had been invited to and attended the recent Local Authority Queen's jubilee party. On the occasion of the Queen's Jubilee a barbeque for residents had been held in the garden of the home.



The lounge on the ground floor was arranged so that all chairs were orientated towards the television, which was on during every visit. Many of the residents were dozing in front of it. We observed staff members throwing a ball to residents in the lounge on the ground floor.

Care staff told us that staff made all interactions with residents into an activity - for instance, singing with them when personal care was undertaken. We also observed staff members throwing a ball to residents in the lounge on the ground floor, and another playing pool with a resident in the basement.

We asked how residents in their rooms were included in activities. We were told that many liked to be left alone, one resident told us

'I like to be on my own'

While a staff member told us

'We try as much as we can. We ask family members and there is a family book in each resident with dementia's room. The book is good, it prompts conversation.'

The garden is accessible, and residents can go there with relatives. The garden had recently used to hold an event for the Queen's Jubilee in the home. In summertime, the garden is used by relatives and residents. Many residents are not independent, and they need staff or relatives to assist them to go out into the garden.

We noticed that the small terrace on the ground floor had no chairs to sit in, although many of the residents in the lounge area were seated in chairs with wheels. We noticed that there was no shade available on the terrace, making it an uncomfortable space to use on sunny days. We did not see residents in either of the gardens on any of our visits.

We went into the activities room which was unlocked. It seemed well-stocked with arts and crafts supplies, but seemed unused and untidy. Personal 'My Life Story' books were left out for everyone to see, and there were large unopened boxes propped up along one wall.

We were unable to talk to residents about their experience of the activities, but staff reported that those that were able to read, seemed to prefer to read newspapers rather than join activities.

Staff talked about encouraging residents to take part in activities. For those unable to leave their rooms, staff told us they went into the individuals' room and engaged them in conversation. We were also told about an occasion when an opera singer visited and an 'Elvis' who went into the rooms to sing to/with the residents.

On the Sunday visit, the receptionist mentioned she did residents' nails during quite times, if they wanted them done.

It was hard to assess what the activities were like at Ellesmere House, and it felt like things had dropped off during covid, and now in the absence of the coordinators.



Both the lower ground and ground floors had a resident cat. We were told that there were three cats who lived in the home.

The hairdresser is available every 2 week to style or cut the hair of the residents who require it.

We would like to revisit the home to assess the level of activities and if more residents are using the communal areas once the activity coordinators are settled in.

5.6 Offer quality, choice and flexibility around food and mealtimes

Dignity Champions observed lunch time on all visits, on the Monday and Friday visit we were provided with food from the menu. We found the dining room looked clean, quiet, and welcoming. Some residents required assistance to eat their food, which was available. We noticed that the number of residents eating in the dining room on the ground floor was very small, between 6 or 8. Of these, only about 2 seemed able to eat independently. For those residents who were supported to eat, we observed that the interaction between staff and residents was friendly, attentive, and caring and that the staff were patient and gave time to residents to eat.

There was very little conversation during the meal, as it seemed that residents were not able to communicate with each other. Carers were observed carrying food to people in their rooms.


The menu offered two choices, although residents were able to request other things to their taste. One of our volunteers asked for a vegetarian option, which was not on the menu. An omelet was quickly provided.

The menu was on a three-week cycle. Staff told us they asked residents what they would like from the menu, or showed them dishes for them to choose (although we didn't directly observe this happening).

Residents seemed to be enjoying the food, and the volunteers who had the lunch offered, thought the food was of good quality, with vegetables that were not overcooked and presented at a temperature that was enjoyable.

Staff told us they are aware of the specific likes and dislikes of the residents, and were vigilant in watching the residents' eating pattern. The manager told us about one resident who reported that they found the food bland. The chef had gone to a market locally to source scotch bonnet peppers. These were then made into a sauce which the resident now adds to their food.

On the lower-ground floor, the lounge doubles-up as a dining room and we saw around 5 or 6 people being assisted to eat there. All the other residents seemed to be having food taken to them in their rooms.



There are three rounds of tea and coffee during the day. However, residents can have tea or coffee with biscuits at any time. Residents have the flexibility to choose to have breakfast, lunch, supper in their room or go to the dining room.

Meal times are extended. A cooked breakfast can be had from around 8.30am to 10.30am, but earlier rising residents can have cereal and/or toast if they would like. Lunch is between 12pm - 2.30pm. Supper time is from 5.45pm and residents can ask for sandwiches later in the evening if required.

5.7 Ensure residents can regularly see health and professionals such as GPs, dentists, opticians or chiropodists

Ellesmere House has weekly GP visits on a Thursday, and the GP calls every Monday morning. The House has a good relationship with their GP, and they can call them out of hours for emergency consultations. The optician makes a regular visit and residents have an optical passport. The dentist hadn't visited since covid and was overdue a regular visit.

In the case of dental issues, either an appointment was booked privately, or the GP would be informed to prescribe appropriate pain killer and the community dentist would be informed. We asked if there had been any deterioration in dental health during the pandemic but did not hear from anyone that this was the case.

A district nurse also comes once a week. A chiropodist visits every 6 weeks and a physiotherapist is available as well.

Ellesmere House holds multi-disciplinary-team (MDT) meetings once a week. These involve professionals from outside the home including the GP, a community pharmacist, community matron, a member of the palliative care team, and the community mental health team: behaviours that challenge. These meetings had been convened in response to the covid pandemic and were continuing as the management found that this enabled them to deal with any issues relating to the residents very smoothly. The home manager told us that having a community matron in the MDT meant that responses to issues were often progressed much more quickly.

We heard no concerns about access to health professionals and were pleased that there were no plans to discontinue the MDT meetings.

5.8 Accommodate residents' personal, cultural and lifestyle needs

Management and staff seemed keen to accommodate the residents' personal, cultural and lifestyle needs.

We were told that there was a staff member who was a native speaker of all the languages spoken by residents, and we observed a carer speaking to a resident in Arabic. If it should happen that a resident could not be accommodated in this way, we were told the home would use an Independent Mental Capacity Advocate.

Residents can wake up and go to sleep at whatever time they want; they can wear anything they want, including staying in their pajamas for the morning. All residents can decorate their rooms;

Dignity Champions visited only one room, but many of the doors were open and we could see that rooms were decorated with pictures and objects. Some residents had the television on at a very loud volume, but the dignity champions reported that when entering one room next door to the loud television, nothing could be heard.

A preadmission assessment is done for planned admissions, and within 2-6 hours for admission from hospital, in which personal, culture and lifestyle needs are discussed. These assessments form the basis of a care plan and are built up and added to over time.

Dignity Champions observed interactions between staff and residents and felt that, in general, they showed a good understanding of residents' needs.

Regarding religious and dietary needs, we were told that the kitchen accommodates halal and any special needs, and the scotch bonnet sauce was cited as an example of this. Religious customs were also free to be observed if the resident and their family requested it. We did, however, see only one black resident on our visit, and wondered if this had any impact on their experience of living in the care home.

5.9 Be an open environment where feedback is actively sought and used

Staff and relatives told us that they feel confident to discuss matters freely and to talk openly. The quality of care is reviewed by staff surveys, residents' surveys, relatives' surveys, internally and externally from third parties. There is a staff and relatives bi-monthly meeting where relatives can bring up any concerns. The chef attends the meetings as does the manager and deputy manager.

During the week of our visit a hybrid relatives' meeting was held which attracted 10 relatives at the meeting and around 4 online. It was agreed that the meetings would be bi-monthly. The manager stressed that she was always available to relatives and tried to address any concerns and explained that her approach was always based on relationship building, addressing underlying fears and building of trust between the relative and the home.

Ellesmere House has a complaints procedure which is identified on admission and leaflets are visible in reception. Neither visitor we spoke to had had to use it. All complaints were kept on file and a formal response was recorded.

The manager and deputy manager demonstrated an attitude which was very open to feedback, and a 'learn from mistakes' practice, and described working with staff to help them improve their practice in areas where improvement was needed. Staff told us that they generally feel supported by management and have seen positive changes with the new management, which had been in place since our last visit.

A resident told us on our Monday visit that their toilet was difficult to flush and that they used their hands to clear it. We reported this to the manager immediately who checked if the problem had been present over the weekend. She was told it had not. By our visit on the Wednesday, she informed us that there had been a problem with the flush, rather than a blockage. She wondered whether had been a foreign object that had been put in the toilet rather than bodily waste.


5.10 Environment

During the enter and view visit at Ellesmere House Healthwatch CWL Dignity Champions recorded observations regarding the environment of the Care Home. Some points were raised and discussed with the manager during the visit:

The atmosphere of the home was quiet and calm, it looked clean and tidy and had been decorated since our last visit in 2019. The carpets were clean and there were no lingering smells on either the ground or lower floors. The Dignity champions who had visited in 2019 were impressed with the changes.

On the lower ground floor, we noticed that 2 of the lights in the corridor were not working, leaving a section much darker. We reported this to the manager who informed head office to arrange repairs. On our visit on the Sunday, we were told that there had been an hour during the week when all lights were off as electricians tried to deal with the issue. However, we noticed that 2 more of the lights, and 8 sconces along the corridor were now not working.

Most rooms had glass fronted 'identity' boxes outside for residents to place personal objects, but a number had screws and no boxes, and one contained a Christmas card. We found that only a few of these boxes had been used and that



outside one (empty) room there was a ‘suspected covid’ notification poster. We reported this to the manager on our first visit, but 10 days later it was still present.

On the ground floor, the walls were clean but were all painted in magnolia. A short distance along the corridors had pictures to decorate the walls, but most of the walls were blank with no features. We were told that the process of adding decoration to the walls had stalled about a year ago and there was no immediate plan to continue, but it would be looked at as a result of our visit.

Many of the bannisters had raised dots at the end to help those who are sight-impaired to identify an oncoming gap. These dots were not present at the ends of large sections of the bannisters. This was pointed out to the manager, who was unaware that they were absent.

On our first visit on Monday 5th June, the sink in the visitors’ toilet by reception was very slow to clear. We reported this to the manager. On the lead representative’s visit on Wednesday 7th it was still the same, but by the Friday 9th it was running freely.


On the Sunday 12th visit we noticed that the storage room door was open on the lower-ground floor, despite a notice saying ‘Keep closed’. A carer walked past without noticing. On it being pointed out, they closed and locked the door immediately.

In the toilet along the corridor on the lower ground floor there was the residue of blu-tac on the wall and was in need of decorating. On the Sunday visit the sanitary bin was full to overflowing. There was also a normal bin which was not full. There was no cleaning rota visible.

On the Monday in a recessed area where residents could sit on the lower ground floor, there was a visible green ‘Pestokill’ box. We moved this to under a chair. On the Sunday visit someone was sitting in the area and the chair had been moved, leaving the ‘Pestokill’ box visible again.

The area from the reception through to the dining hall had coloured glass panels and was pleasant to walk through. It was decorated with arts and crafts made by the residents, and there were many photos displayed.

We felt there was an issue with minor maintenance problems in the home, which did not seem to be picked up on or fixed at speed.



5.11 Service Provider comments

Routinely we ask for a response from the provider, as good practice. However, we were advised that the management we spoke to had now changed. The manager, has now left the organisation, and the deputy manager is now on maternity leave.

Responding to the Healthwatch CWL recommendations:

“I Ana Tudorache have read the report and have no changes that I think need to be made and am happy for the report to be published. I Ana Tudorache found the report useful it is always helpful to gain views and feedback from others and their experiences in the Home. I Ana Tudorache have attached an action plan of what we have implemented from your feedback.”

Area of improvement	Healthwatch CWL Recommendations	Provider comment and actions
Strong and visible management:	Managers should work occasional days at the weekend to ensure that things are running smoothly, and they have sight of how the home is operating and to ensure standards are the same.	This has been adopted and rota in place to ensure management team member has oversight on weekends.
Staff have time and skills to do their jobs: Although commended for avoiding the use of agency staff, management should:	Consider employing a supernumerary staff member who can step into the place of those who are sick/absent/or doing training to avoid issues arising with staff absence, and to avoid over-burdening the staff team.	The home has a number of bank staff to support the home when needed; these include Chef , Receptionist, nurses and carers; Clinical Lead and Deputy manager are working supernumerary on a daily routine ready to support if there are any unexpected shortage of staff .According to our dependency tool we are working with a number of 2 staff over the required needs of the residents at all time and offering the appropriate support when needed
	Review other possible ways of increasing support to staff.	All colleagues are aware of available to them career path; this is part of their induction and ongoing appraisal process. We have colleagues attending apprenticeship program

		<p>fully supported by CARE UK . One of our carers completed level 3 Health and Social care Diploma, (this was 1 year course). We have our Deputy Manager attending Deputy of the Future program and we have a good program to support our staff to progress inside our organization by offering Champion positions, secondments on a different more senior than current positions. We are regularly advising all the staff of training available by texting them and booking several courses . The Home keeps documentary evidence of the above.</p>
	<p>Managers should ensure that staff are aware of how they can progress and what opportunities are available.</p>	<p>We are regularly informing our colleagues of the vacancies available and supporting their application where needed. Care UK has a fully functional internal website, (My Care UK) where all the vacancies are also well advertised and accessible by all. All colleagues are aware of this as this is also used to access all Care UK perks , trainings , rota and all policies and procedures.</p>
Area of improvement	Healthwatch CWL Recommendations	Provider comment and actions
<p>Offer a variety of activities. Ellesmere House management should:</p>	<p>Ensure that the activities programme should incorporate more room-based activities for residents. Care staff seemed to have little time to sit with residents in their rooms to ensure they were being stimulated</p>	<p>Subsequent to your visit, we have recruited 2 lifestyle coordinators, (full time) and providing activities for all residents including one to one activities in bedrooms for those who are physically unable to join in communal areas. Activity planner is displayed in the home on each unit and from this month is also sent to all the families in order to have the families supporting for any big events .The home has a divers and complex range of activities this includes One to one personalize sessions , Magic Table , dementia bike , Thai Chi classes , outside</p>

		entertainers , arts and crafts classes ,birthday parties and a lot more
	The activities coordinator could support volunteers to visit residents either one to one or in small groups, to go for walks together, or to sit outside or just have a chat.	The Home is also benefiting from one volunteer attending the home at the moment . This volunteer is fully supported by our activity staff
	However, it was hard to assess the activities programme in the absence of an activities coordinator. We would like to revisit the home when the new staff members have settled in.	We have recruited 2 lifestyle coordinators , full time providing activities for all residents including one to one activities . Activity planner is displayed in the home on each unit and from this month is also sent to all the families in order to have the families supporting for any big events .
	Smaller maintenance issues should be addressed at greater speed, and issues raised by relatives on behalf of a resident should be fixed asap or the relative kept	Regional facility manager is visiting the home in regular basis to ensure appropriate action taken . We discuss with the Help desk to ensure that all the requested jobs are followed up and completed on timely manner . The staff was advise to report any concerns immediately and if the concerned is not addressed in 72hrs , the manager to be informed

Area of improvement	Healthwatch CWL Recommendations	Provider comment and actions
Environment:	kept informed as to why the problem can't be resolved.	The Maintenance person is able to communicate to staff and residents if a repaired is delayed - Healthwatch awaiting further response.
	Decoration of the corridors should be completed as soon as possible to help the environment look less anonymous.	We just finish decorating the ground floor , we are actively looking at improving the walls decorations from the lower ground floor - expected completion by 1/03/2023
	Raised dots at the end of bannisters should be applied to all bannisters where they are absent.	Concern reported , awaiting replacement - Healthwatch awaiting further response.
	The lights in the corridor on the lower-ground floor should be fixed as soon as possible.	Action completed
	The staff should encourage the glass fronted boxes outside the residents' rooms to be filled, helping everyone to recall the life of the individual pre-dementia.	This was discussed on the staff and relatives meeting . We are encouraging the families to support us with completion.
	Care should be taken with the visibility of the mouse-poison boxes in the communal area of the corridor on the lower-ground floor and elsewhere.	Concerned addressed with the staff and Maintenance person
	Doors marked 'keep locked' should be shut at all times.	Concern discussed with the staff
	The personal history books of the residents should be locked away at	All life story books are now in the residents bedrooms

	times when the activities room is not in use.	
Area of improvement	Healthwatch CWL Recommendations	Provider comment and actions
Environment:	The activities room should not be used as a store-room when unused.	Action completed , the room is used now for activities
	The temperature and stuffiness of the lower-ground floor activities area should be addressed, and the temperature of the environment generally should be monitored to ensure that it does not add to the general sleepiness of the residents.	Action completed . More portable fans were provided . Temperature is checked daily when concerns