

Report of enter and view visit to Victoria Mews care home

April 2023

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Home visited	Victoria Mews
Date and time of visit	2 February 2023
Address	487 – 493 Binley Road, Coventry, CV3-2DF
Size and specialism	Victoria Mews provides residential and residential dementia care for up to 30 people, in a purpose-built building set out on one floor.
Authorised Representatives	Gillian Blyth, Mary Burns, Tom Garroway and Fiona Garrigan

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. This applies to 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 to ensure that people who may be vulnerable and less able to raise their voices and can speak to Healthwatch.

This programme of visits is a pilot to restart enter and view after COVID-19 and focuses on:

- How older people's health needs are met e.g. accessing medical/GP/hospital appointments. Dentistry, Podiatry, Occupational health/Physio, hearing aid and ophthalmology services etc.
- Person centred approaches – choice and control in day to day living, cultural awareness, activities, food and drink, visiting restrictions etc.
- The care home environment including dementia friendly design.

3. Method

We collected our information by speaking to the Care Home Manager along with three staff members. We spoke to eight residents. We received three returned questionnaires from a visitor/carer who were visiting at the time.

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

Before speaking to each resident Authorised Representatives introduced themselves and explained what Healthwatch is and why they were there. We established that the resident or staff member was happy to speak to Healthwatch. We confirmed that peoples' names 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.

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

Set in a residential area of Coventry, Victoria Mews is a purpose-built 30 bed care home offering residential, and residential dementia care.

Victoria Mews provides accommodation, nursing, and personal care for up to 30 residents.

At the time of the visit nine residents were self-funding (i.e. paying for their own care); 21 residents were funded by the local authority. No beds were occupied by residents funded through continuing health care funding (CHC) and no beds were occupied under the discharge to assess arrangements.

There are 44 staff including carers, housekeepers, wellbeing coordinators, maintenance, and admin. HC1 have a pool of bank staff and Victoria Mews have one member as part of their rota for consistency.

The Care Homes Care Quality Commission inspection report can be found at www.cqc.org.uk/location/1-320756118 .

5. Summary of findings

Victoria Mews is a purpose-built home on one level and is part of the HC1 Organisation. There are plans for a refurbishment as the building needs updating. The environment and furnishings were of a mixed standard. The communal areas were clean and light. The temperature in some parts of the home was too hot. We reported a couple of maintenance concerns during our visit.

The home environment followed dementia friendly design principles. They follow Professor Graham Stoke's dementia model, whereby staff are specially trained to care and understand the individual living with dementia, their needs, and aspirations.

The residents the Healthwatch team spoke to were happy living at Victoria Mews. We observed positive interaction between residents and care staff. The atmosphere was calm around the building.

There were person centred approaches to care. The management team have implemented a daily 'flash meeting' initiative with reps from all areas coming together enabling them to pick up on any concerns and deal directly with them. Also using this as a form of quality assurance.

There are a range of initiatives to support residents' health. Staff use E-meds for administering medication, and the home uses the RESTORE2 tool¹ to spot the early signs of deterioration in a resident.

GP support to the home is described as working well. Staff receive training on oral health. Chiropodists visit regularly. The manager informed us that all residents have recently had a hearing test - although some choose to not wear their hearing aids, and some residents have not seen a Dentist.

We heard a positive example in the use of the 'Docobo' system², which is a remote patient system, whereby staff complete daily observations on the residents. This meant a resident being treated and diagnosed with a health concern swiftly.

Food quality was good, and residents have a menu choice.

Activities were available with the implementation of wellbeing activity coordinators and a schedule of planned daily activities across seven days.

Staff were mainly happy and felt supported with many being a part of Victoria Mews for several years. A concern was highlighted about the ratio of staff at night, and this linked to some comments from residents about security at night.

6. Findings

6.1 Initial Impressions

There is a visible sign with the name of the home and a bell. We were greeted by the Registered manager who introduced himself and invited us in. The reception area was welcoming, clean, warm and well organised.

¹ <https://www.patientsafetyoxford.org/clinical-safety-programmes/sepsis/news2-national-early-warning-score/>

² <https://www.docobo.co.uk/>

We were directed to sign in the book, and there was a hand sanitizer facility available, although we were not asked to use it. We were able to observe staff wearing PPE / masks and gloves in the home.

There was an electronic screen to provide feedback and paper copies nearby. There were lots of certificates displayed showing the philosophy of care, statement of purpose, latest inspection rating from CQC and reviews from residents, family and friends.

Next to the Manager's office there is a hairdressing room. This is open on a Tuesday and residents can book in. The hairdresser has been coming to Victoria Mews for ten years and knows the residents well.

There is a door that leads to the upstairs. The Manager explained this is used purely for in-house training. The walls in the hallway of this area were filled with lots of information surrounding safeguarding practices, infection control, dignity in care. There is also a flat which allows the maintenance person to live on site.

We were directed into a room that is set up as a Pub. It had a bar, optics, beer pumps although not in use, and lots of pictures. The Manager said it is used for activities which include a pub lunch and also used as a quiet space.

There were lots of residents in the main lounge, music was playing, and it was being set up for Bingo. Carers were engaging with residents one was dancing. There was a clock on the wall displaying the correct time and a drinks station with squash and water available.

There was a calm atmosphere throughout.

6.2 Facilities and environment

Exterior

The front of the care home is a car park with plenty of spaces for visitors. There was a high fence marking the perimeter on the right side, leading to the back where some broken chairs were in sight. There was low fencing and a hedgerow to the left and front, including some large conifer trees to aid privacy. There was clear signage showing the name of the home, and a doorbell with an overhead light for entry.

Accessibility

There is significant roadworks taking place which makes access to the care home difficult. There was ample parking available although the disabled bays were not clearly marked. The entrance is on one level with no steps and or handrail.

Interior

Accommodation is provided in a purpose-built home on one level. There was a slight smell of urine in the main corridor when we arrived.

All areas looked clean, but it was hard to tell as the décor is very poor. There were visible signs/labels displayed showing when the area was last cleaned with the date and times.

Communal areas were free of clutter and consisted of the furniture required for residents to use. There were no visible obstacles or trip hazards.

We observed a quiet library area from which you could see the courtyard garden area. It had old memorabilia in it as décor i.e. a typewriter and bookcase with items from time gone by.

Another quiet area had a radio, sewing machine, tea service and plants.

The corridors are bright with handrails in a contrasting colour against a white background. There was a picture board with photos of the residents with a winter theme, including the run up to Christmas and all the activities attached. A staff member told us the board is updated regularly, and residents have a say in the activities provided within the home.

One displayed framed tapestries a resident had completed.

Residents' rooms are on suite with a toilet and sink. There are two bathrooms in total - one bathroom was closed with a sign as it was due to be refurbished. This left one bathroom in use for residents which reduces the access to washing facilities, when queried we were assured this would meet the requirements of the residents.

The bathroom in use had been recently finished with pictures, ornaments making it more homely. There were shower with a chair, handrails, and a bath with a riser. Hot and cold taps clearly labelled (although this did not seem the case across the home) and was something we raised. Everywhere was clean, odour free and lights were in good working order.

Emergency pull cords were rope not plastic, which makes them less easy to clean and increases the risk of infection.

We asked about day-to-day checks and were advised water checks are completed daily including bathrooms and kitchen areas. This is the maintenance person's role, and they also complete mattress checks and the temperature of the rooms in the building. These form part of the Manager's 'Flash' meeting at 11 am and are documented.

We observed thermostats and we spoke to a staff member about the temperature in one lounge showing 30 degrees. They advised that the thermostat was situated above the radiator and was capturing the temperature of the radiator and this could then be adjusted as needed. They went on to explain that the home has four boilers with two on the upstairs floor, this helps to ensure continuity with heating of the home.

Furniture was of a mixed standard with a range of new comfortable winged back chairs of the same size, with a wipeable seating area and upholstered in parts. There were TV's, radios and some homely ornaments in the lounge areas. Tables and chairs were sturdy, clean and fit for purpose. We observed residents watching TV with staff visible in the background.

Outside space

Garden is maintained weekly by an outside company. The maintenance / general handy person does things such as clearing leaves / debris and ensuring it is clean and tidy. There is a gardening group as one of the homes activities for residents.

There were no uneven pathways, obstacles or trip hazards, and handrails were in place, with one resident saying, *"I like to go outside in my wheelchair"*. The lawn / patio area had seated area's and one displayed some broken seats.

The home is built around a garden/courtyard area. It is clearly visible; residents can look out at the birds and there are lots of different feeders on the trees and areas for planting. Doors to the garden have a cord lock so they cannot fully open for safety purposes.

Dementia friendly design

Handrails were in position along the corridors and were easy to see. Walls, doors, curtains, and floors contrasted well with the wooden flooring and white skirting board.

Each resident's room had their own personalised front door, with a number and a picture of them with their interests written on it.

There was one bedroom with a lounge next door to each other for a couple, with clear signs displayed.

All rooms have clocks with the date and time displayed and set to the correct time.

There were signs on doors with names of rooms clearly defined e.g. 'Lounge'. Signage on toilets and bathrooms was clear with a sign/picture and words.

Toilet lids contrasted against the toilet e.g. black lid/white toilet bowl. Hot and cold taps functioned properly and were clearly visible, however not all taps were marked hot/cold.

The Manager explained that part of the refurbishment will be name changes to specific areas - Ash, Birch, Cedar with the ethos that the home is supporting you to be your true and best self, under the direction of Professor Graham Stokes. This will be completed area by area so the impact to residents will be significantly reduced.³

6.3 Staffing

Staff training and support

We spoke to three staff members with varying roles alongside the senior management team. All had been part of Victoria Mews for over 10 years.

Staff described a 12 week induction programme with two week intensive shadowing sessions with a senior carer or deputy manager. Touchstone provides in house training for the mandatory modules and face to face training for life support and safer handling modules. HC1 also run a programme – harmony modules around dementia capable care for staff.

Staff are encouraged to continue their personal development in the form of the care certificate and once six-month probationary periods are completed, they are put forward for Health and Social Care Diploma – level 2,3,4,5. Victoria Mews supports continuous development with a staff member saying, “Happy working here, nice place to work, and always felt supported”.

The manager completes a daily walkaround and is visible to approach and offers an open door policy.

We were advised that staff are allocated to a senior and receive three monthly supervisions and a yearly appraisal.

New staff must be signed off before they can administer medication and all staff are reviewed yearly to ensure compliance.

All staff are allocated a pager and call bells go direct to the pager. We observed staff responding swiftly without any fuss.

There is a monthly kindness award for staff to nominate each other.

³ <https://www.hc-one.co.uk/our-news/corporate-news/exploring-dementia-with-professor-graham-stokes-pa>

Staff are encouraged to eat with the residents and meals are provided as part of wellbeing. When asked a staff member responded, *"I have my main meal in the evening."*

Staff have access to the "Wagestream Scheme app"⁴ which allows them to access a portion of their earned income, every hour of every day. Staff can view the accrued wages and instantly select the amount of money they wish to transfer to their bank account. This scheme encourages staff to control their finances and reduce stress caused by long pay cycles.

How staff get to know residents

One member of staff said that during the pre-admission stage information is gathered in the form of a "This is me" booklet. This is supported with input from friends, family to build a picture of a resident's personal history, health and covid/infections, finances and their likes and dislikes.

We were advised that a seven day care plan is formed as a guide for the first week. Staff spend time getting to know the residents and a care plan is produced. They are in a clerical format along with daily records, medication administration record (MAR) charts, fluid, and nutrition plans. Care plans and daily records for residents are locked in a cabinet in a locked room.

Each senior has six residents allocated and will review care plans with them, along with family, carers and professionals involved. The Manager said this was a new initiative expanded on from the use of "Resident of the day" which the home previously adopted.

The Manager evaluates 10% of the care plans monthly and will raise any concerns and or pick up if reviews have not happened. This forms part of the home's quality assurance checks.

6.4 Dignity and care

We were informed that the philosophy of the HC1 group is to offer the kindest possible care whether it be a short care break or a longer-term place to call home. The Manager quoted *"Not the poshest but look for the kindness in care"*.

Carers were observed interacting with residents in a calm and appropriate way and offering reassurance where required. A carer was explaining to a resident that she was going to get something they had asked for.

Staff were very friendly and observed addressing people by their first names. Residents were also noted to call staff by their first names.

⁴ <https://help.wagestream.co.uk/en-gb/articles/4-how-does-wagestream-work>

Staff were patient and speaking in a calm tone, getting down on one level and raising their voice slightly when talking to residents with hearing difficulties. It was observed if the resident did not understand, staff rephrased things in a calm, polite manner.

We observed a resident's bed in their room facing away from the light switch. When asked how they would access it if they needed to during the night, they said *"I ring the bell and they will come in and switch it on for me"*.

Staff did not appear rushed and were going about their duties in a relaxed efficient way. An assistance bell sounded, and the staff reacted promptly.

We observed someone stand on a pressure mat and staff responded swiftly. It became apparent that the alarm in the room was not working. This was mentioned to the maintenance man who sorted it straightaway.

All eight of the residents we spoke to bar two felt they were always listened to. One resident said *"Yes, they are very attentive"* Another saying, *"They offer reassurance"* whilst another said *"Yes – the manager sorted out our rooms so we can be together, and we now have a bedroom and a lounge next door to each other."*

Two residents made comments about security at night saying:

- *"Security could be better as we have had people walking into our room at night"*.
- *"Very little privacy - have a resident who comes into our room at night, we have spoken to the staff about it."*

A couple of staff we spoke to express their concern about shortages in safe staffing levels at night and not being able to meet the needs of the residents.

There were no concerns about raising problems expressed from our sample group of residents, with comments ranging from *"Yes I talk to the staff"* *"They answer the question I ask, they are very clear"* *"I talk to them and if it's not solved, I would speak to the manager"* to *"I have no concerns."*

Both male and female appeared to be appropriately dressed, and looked clean, tidy, and well kempt. Hair tidy and wearing the correct footwear.

Residents were asked how staff supported them to do things for themselves where possible, some replies were:

- *"Staff definitely let me do things by myself."*
- *"They help me get washed and dressed, and I tell them what I want to wear."*
- *"Support is very good; they try their hardest."*
- *"There is help when needed."*

All the residents we spoke to bar two said they had never felt uncomfortable or embarrassed while living at Victoria Mews. With one resident saying,

“Uncomfortable maybe, not embarrassed when having baths with male staff rather than female” and another saying, “I don’t know, I can’t remember.”

All the residents we spoke to seemed happy living at Victoria Mews. Some of their comments were:

- *“Staff are lovely I didn’t come out of choice the family sold our house.”*
- *“The kindness and care.”*
- *“It’s friendly, warm and comfortable.”*

A resident also told us *“I judge a place by the people, and they are very good here.”*

6.5 Residents’ health

GP services

Victoria Mews uses Docobo⁵, which is a remote patient system, whereby staff complete daily observations on the residents. This includes blood pressure, and blood oxygen saturation levels. The manager is happy with this system as it gives peace of mind and a point of contact supporting wellbeing checks on the residents.

They gave an example whereby a resident became unwell and complained of a funny feeling in their chest. The home used the Docobo system and completed the necessary checks and an Ambulance was sent out within 25 minutes. The resident was taken directly to Hospital. They were diagnosed with a pulmonary embolism and stayed in for two weeks for treatment. They returned to the home on discharge and have been monitored since.

We were advised by the manager that there is a clinic every week at 10 am with Docobo and a GP this is either via the online meeting software Teams or face to face. Residents can request to see a GP and the home emails a list of residents and information to the surgery on a Thursday. The local GP visits every Friday but will attend at other times as required.

Half of the residents in our sample group had seen a GP whilst at Victoria Mews saying:

- *“Yes, a Dr Khan very nice person.”*
- *“Yes, they came to sort medication out for me.”*
- *“Yes, I did, and they will send for a doctor.”*

⁵ <https://www.docobo.co.uk/>

Looking after residents' feet

An external Chiropodist visits the home regularly, staff raise any concerns and referrals are made earlier if required.

The manager and staff told us "A Chiropodist comes in every six weeks, if this is required any earlier, they can be called in." "Staff complete daily foot checks as part of personal care."

All the resident's bar two who were unclear, indicated that they saw a Chiropodist regularly, some comments were:

- *"My nails need attention, and they par them down."*
- *"My feet are good now, they were rotten, but they are sorted now."*
- *"Chiropodist comes in fortnightly."*
- *"Yes, to cut my nails."*

How residents' sight is looked after

The manager advised that Vision Care⁶ visit the home and an appointment can be accessed via a portal, where prescriptions can also be viewed. If repairs are required, they will try to complete on site to make it easier for the residents. The staff we spoke to were aware of the process and that Vision care visited the Home.

Looking after hearing aids and residents hearing

An outside Audiologist comes into the home for maintenance and hearing checks. The Manager told us that all residents have had a hearing test within the last twelve months and staff are aware of the process to support residents with cleaning, changing batteries and charging hearing aids. This forms part of the resident's care plan.

It was noted that quite a few residents in the dining room had difficulty hearing and staff had to raise their voice for them to hear.

A staff member shared *"some residents were given hearing aids but feel that they don't need them, so choose not to wear them."*

A sample of the residents we spoke to could not remember having a hearing test or if they wore hearing aids, with one clearly saying, "I can hear enough."

⁶ <https://www.visioncareathome.co.uk/>

Oral health

The Manager informed us that staff receive oral health 'smiling matters' training. Staff work to a personal hygiene chart recording daily information. There are clear guidelines in place for staff, there are labelled denture pots and residents are encouraged to brush their teeth regularly. The home has links with a community Dentist who will visit as and when required.

Staff confirmed they understood the process but said *"it has been more difficult to see the community Dentist regularly since Covid."*

The comments from the residents we spoke to were mixed:

- *"I have part Dentures and used to visit the Dentist regularly before coming in here."*
- *"I haven't got any teeth; staff have to prompt me."*
- *"I have not seen a Dentist very recently; I need new Dentures."*

When a resident feels unwell

The Manager explained that if a resident informs a member of staff that they feel unwell, they will escalate it to the senior person on duty or manager. They would check the residents' observations via 'Docobo' offer reassurance and seek advice. The GP practice is always used during opening hours in preference to NHS111 as there is an ongoing relationship.

The Home uses RESTORE2 tool, which combines recognising early soft signs with taking measurements for a National Early Warning Score (NEWS)⁷ and escalates concerns through a structured communication tool. It is designed to support homes and health professionals to: recognise when a resident may be deteriorating or at risk of physical deterioration. Act appropriately according to the resident's care plan to protect and manage the resident.

The Manager said the Home is considering implementing "Is my resident unwell tool" which uses a 12-point checklist to record changes in a resident's condition and escalate concerns. This is a tool to ensure that communication is clear and purposeful. It can be adapted to any situation. This is a guide to help you give relevant information. In all cases the health professional contacted is responsible for determining what action is required and for the diagnosis of the problem.

The members of staff we spoke to knew how to escalate the situation where a resident had indicated that they felt unwell. Some comments were:

⁷ <https://www.patientsafetyoxford.org/clinical-safety-programmes/sepsis/news2-national-early-warning-score/>

- *“If I noticed as I am walking around the home, I would listen to the residents’ concerns and inform the senior or deputy.”*
- *“I would move it on possibly to a GP.”*

Two residents we spoke to had felt unwell whilst living at Victoria Mews said:

- *“I sometimes have pain and discomfort; I tell the staff and they sort it out for me.”*
- *“I would tell any of the staff as they would help me.”*

Taking medication

The manager advised that the home use a system called E-meds to order the monthly medication required. This is done by the Deputy and ordered via a Patient Access direct to the local pharmacy who release the data to the system. Medication is on a 28-day cycle for repeats.

The medication arrives and is checked and signed in by two members of staff. All medication is stored in a locked cabinet in a locked room which is clearly labelled and has a key code entry.

The carer clicks on the e-meds system and completes the medication administration record (MAR) chart, and they administer the medication. This process also applies to a Topical medicines Application Record (TMAR) for any topical creams.

We were advised that residents are encouraged to be involved and this is linked to their care plan and associated risk assessment. Staff ensure to gain consent when managing medication.

In the case that a resident has been administered paracetamol as a PRN – Latin phrase for ‘pro re nata’ – meaning when required - the system will prompt the carer to go and check on the resident and record the outcome.

For residents on a palliative pathway in receipt of controlled drugs, these are administered and signed off by two staff (a carer and either a senior or deputy). There is a process for storing this type of medication and regular daily counts which is recorded.

If a resident refuses to take their medication this is highlighted to the senior or management to take the necessary action.

Staff complete a specific medication competency yearly and forms part of a review every six months.

6.6 Activities

The manager said the home has two wellbeing activity co-ordinators who support the staff and personalise sessions for residents.

We were advised that the home has a weekly programme of activities which now runs seven days a week. This includes sewing, art club and singers. The home has introduced a committee for the residents to focus on what activities they would like.

The Manager told us *“Working with the residents every day, the Wellbeing Co-ordinator comes to understand their wants and needs, and creates a holistic weekly plan to nurture mind, body and soul and promote physical, cognitive, emotional, sensory and social wellbeing.”*

The manager also said, *“the home focusses on achieving a sense of wellbeing where laughter is the best form of medicine.”*

We observed lots of residents in the lounge playing Bingo with the carers supporting this. Music was playing in the background and people were happily joining in.

One resident told us *“There are activities and I try to join in now and then.”*

Another resident told us *“They could do with some different activities; I have been asked to join the committee.”*

Whilst another said, *“I like being in the garden, I like gardening.”*

A staff member told us they have a regular gardening group, and some residents enjoy feeding the birds. With a resident saying, *“I can go in the garden, and I do when the weather is good.”*

There were a couple who said, *“I can't remember if there are any activities.”* With another person saying, *“I don't know what activities they do.”*

We observed a singer in the afternoon and there was a real buzz in the lounge, with over 15 residents waiting. The singer was very engaging and visits regularly. They knew residents by their names and everyone was joining in - clapping, with their arms in the air and some were dancing with care staff supporting.

A staff member told us there are two minibuses shared between the local homes under HC1. Prior to Covid they have had trips out to Coombe Abbey and will be planning some more throughout the year.

6.7 Food and drink

The dining room was clean and tidy and freshly set up for lunch. There were drinks areas in the lounges, which included water and a choice of squash.

We observed lunch mealtime with residents at 12:30 in the dining room. Residents are asked and have a choice as to where they eat. Staff said meals were cooked on site and there were two options for mains courses- beef stew, broccoli, mash and swede or pork in caramelised onions with mash and broccoli and swede.

There was ginger cake and custard for dessert. There were two flavours of squash and water was offered and some residents had wine or beer.

One resident did not want the main meal, he asked for a ham sandwich which was bought to him.

Three residents did not want ginger cake and they were offered alternatives from which they chose yoghurt. All residents seemed to be enjoying their food and ate their meal. Those who left any, left very little.

Mealtime was very pleasant, there was friendly interaction between residents. Staff were very kind and attentive to residents, coaxing them to eat if required.

Residents were regularly offered drinks throughout the visit, and many were encouraged to drink. We also observed residents being asked if they wanted biscuits or snacks throughout the day. There is a tea trolley that comes around at different times and the home does an afternoon tea following the activity daily.

When asked about food and drink the sample group of residents said:

- *"I like it a lot, especially the pork."*
- *"Perfect – roasts, pasta, curry, dessert is yoghurt, sponge pudding and custard."*
- *"I like all the food."*
- *"Food could be hotter; they cover it now for me to keep it warm."*
- *"They are very obliging and will get something else for you."*
- *"Major point with me, the Chef gives me choices."*
- *"Too much food and gravy covered the plate."*

When asked if drinks and snacks are readily available the sample group of residents said:

- *"Yes, tea and biscuits."*
- *"Yes, we can ring the bell and they will bring it, even though the night."*
- *"Yes, they always bring snacks, no need to feel hungry."*
- *"I don't know I can't remember."*
- *"I hope so I usually get a biscuit."*

We observed a resident struggling to access a drink as the beaker lid was too tight. We prompted a carer who went over and offered help.

6.8 Anything that could be done differently.

The home is hopeful to advance in the use of electronic care planning.

The manager said they were hopeful to improve their community links again and build on their external activities which were curtailed due to the recent covid restrictions.

When asked if there was anything they would like to change, one resident said, *"no I don't think so"* another saying *"nothing"* whilst one said, *"we would like to go home but we have a flood"* and one expressed *"security could be better ... had people walking into our room at night."*

7. Conclusions

There were many positive aspects to the care provided at Victoria Mews. The residents we spoke to were happy living in the home. From the information we gathered and our observations there were person centred approaches and choice and control for residents in their care.

We heard a positive experience of using the Docobo system which allowed a resident to be diagnosed and treated and following a stay in Hospital return to Victoria Mews.

The physical environment of the home is not in particularly good condition. It was tired and dated. A programme of refurbishment is ongoing. The home requires new flooring, furnishings – a full refurbishment.

8. Recommendations

We identified some things the care home management should consider further.

The management of the care home provided an action plan within the statutory timeframe of 20 working days.

Recommendation	Response/action
<p>1. Staffing</p> <p>Following the comments regarding staffing - particularly at night-time, regarding security for residents -there should be:</p> <p>A) Review the staffing ratio for night shifts.</p> <p>B) Look at measures to prevent people wandering into other peoples' rooms during the night.</p>	<p>Our ratio is set by our dependency within the home this has been reviewed and will be reviewed weekly with our area director.</p> <p>We complete a clinical risk register monthly and this is a tool used to review residents needs clinical issues and generates a dependency score for the whole home and this determines staffing levels within the home.</p> <p>We are also closely reviewing our residents who at times do enter other resident's bedrooms and assessing what further steps can be taken to mitigate this further.</p> <p>There is a on call manager available every night who the home is able to call for cover and emergencies.</p>
<p>2. Access to Dentistry</p> <p>Ensure residents have dental check-ups at defined intervals.</p> <p>National Institute for Health and Care Excellence (NICE) guidance explains the support care home services should offer to residents when it comes to their oral health.</p> <p>Improving oral health for adults in care homes Quick guides to social care topics Social care NICE Communities About NICE</p>	<p>Due to Covid-19 we had limited access to the community dentist team however I can now confirm that over the past several months we now have access to dentist services within the area including the community dentist. So going forward we can now evidence and access full dental services.</p>
<p>3. Maintenance</p> <p>A) Review temperature within the building at regular intervals. Have visible temperature</p>	<p>We have reviewed the placement of thermometers within the home to ensure they are now placed in more</p>

Recommendation	Response/action
<p>gauges in areas and record details when completing checks.</p> <p>B) Consider changing the alarm pull cords in bathrooms/toilets to be plastic and reduce the risk of infection control.</p> <p>C) Ensure beds are positioned within easy reach of a light switch.</p> <p>D) Regular checks of pressure mats and alarms within the residents' rooms.</p> <p>E) Ensuring the second bathroom is completed should be urgent due to there being reduced bath and shower facilities for the 30 potential residents.</p>	<p>ideal areas to give a more accurate temperature and we have several thermostats for each area of the home so the temperature can be altered at any time.</p> <p>I can confirm that we have now changed our emergency cords to a plastic material that can be cleaned daily.</p> <p>We have a maintenance operative that lives on site and is able to support the home 24 hours a day.</p> <p>Our maintenance operative now checks sensor mats alongside his daily mattress checks to promote safety within the home and action any damaged mats or call points.</p> <p>We have reported all taps that have lost the hot and cold symbols to our head office to have this addressed and actions will take place in the coming weeks to correct this.</p> <p>We have now also commenced our refurbishment with the dining room being completed and both lounges updated with further actions planned over the coming months.</p> <p>We have also requested that our disabled spots at the front of the home are redone to ensure they are more visible.</p>

Recommendation	Response/action
<p>4. Residents' hearing</p> <p>A) Develop plans to make use of the guidance from The Royal National Institute for Deaf People (previously known as Action for Hearing loss) using guidance for care settings. <u>Guidance for supporting older people with hearing loss in care settings - RNID</u></p> <p>B) Explore reasons why residents are not wearing prescribed hearing aids, and the measures of support that can be put in place.</p>	<p>We have also updated our optician services to a new provider that is able to visit more regular and support with any hearing concerns.</p> <p>If a resident has been prescribed hearing aids but chooses not to wear them this is fully recorded in the resident's communication care plans to ensure that this is fully evidenced with why and what actions have been taken.</p>

9. 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.

10. Copyright

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11. Acknowledgements

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



Healthwatch Coventry
Admin: 024 7622 0381
Public helpline: 0300 0120315
Email: healthwatch@vacoventry.org.uk
Website: www.healthwatchcoventry.co.uk

Facebook: Healthwatch Coventry
Twitter: @HealthwatchCov
Instagram: @HealthwatchCoventry