

# healthwatch

Cheshire East



## Enter and View Report

**Hope Green Care Home**

**London Road, Adlington,  
Macclesfield, SK10 4NJ**

**31 October 2024**

## Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 5
Findings	Page 6
Recommendations and what's working well	Page 24
Service Provider Response	Page 25

## Report Details

<b>Address</b>	London Road, Adlington, Macclesfield, SK10 4NJ
<b>Service Provider</b>	Maria Mallaband Care
<b>Date of Visit</b>	31 October 2024
<b>Type of Visit</b>	'Prior Notice'
<b>Representatives</b>	Jodie Hamilton Esraa Jaser
<b>Date of previous visits by Healthwatch Cheshire East</b>	27 September 2018

This report relates to findings gathered during a visit to the premises on specific dates as set out above. The report is not suggested to be a fully representative portrayal of the experiences of all the residents, friends and family members or staff, but does provide an account of what was observed by Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visits.

## What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of staff and volunteers, who are trained as Authorised Representatives to carry out visits to health and care premises.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports are circulated to the service provider, commissioner, the CQC and relevant partner organisations. They are also made publicly available on the Healthwatch Cheshire websites:

- [www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view](http://www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view)
- [www.healthwatchcwac.org.uk/what-we-do/enter-and-view](http://www.healthwatchcwac.org.uk/what-we-do/enter-and-view).

## Purpose of the Visit

- To engage with residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives.

## Methodology

### **This Enter & View visit was carried out with 'Prior Notice'.**

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were not given.

Prior to the Enter and View visit the service was asked to display both the letter announcing our visit and a Healthwatch Cheshire poster in a public area. The service was also asked to share surveys amongst residents, friends and relatives. Members of the Healthwatch team visited the service prior to the Enter and View visit to deliver paper copies of the surveys.

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care home was made aware that we would be coming on the morning of the visit.

## Preparation

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service
- Any previous Healthwatch Cheshire Enter and View reports
- The Care home's information held on the CareHome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

## Hope Green Respite and Residential Care home

Hope Green Care Home in Adlington is a residential facility that provides care and support for elderly individuals, including those with dementia and other health conditions.

## Findings

This report contains responses from Healthwatch surveys completed by 13 residents, relatives and friends; the findings from the survey have been added to the report.

## Arriving at the care home

### Environment

Hope Green is easy to find, it is located on the edge of the village of Poynton and is conveniently located close to junction 1 of the M60 motorway. There is clear signage to Hope Green which is located next door to its sister care home, Carmel Lodge. Both care homes share a small car park which at the time Healthwatch visited was almost full.

The building is old and has been used as a care home since 1990. It has been extended and refurbished to provide accommodation for 55. The building itself looked well maintained and the surroundings were maintained and looked after.

Healthwatch representatives were greeted by the Receptionist at Hope Green, who asked them to sign the visitors' book. They were then taken into the care home to meet the Manager. In the waiting area, Healthwatch saw that there was various information on a stand, including Hope Green's monthly newsletter, an activities planner, and other information about the services the care home offers. There was a hydration station and snacks available, including crisps and freshly baked cake.

One Healthwatch representative accompanied the Manager while the other was shown around the care home by the Receptionist.

The Manager had been working at Hope Green for ten and a half years; they started as a Care Assistant for 3.5 years, then promoted to Senior Carer for four years, and later became the Deputy Manager. In August 2023, they became the Manager after gaining their registration.

When relatives and friends were asked in our survey what they thought was the best thing about life at the care home for their loved one we received the following responses:

*"Everything is done for you."*

*"The socialisation of residents with the variety of activities arranged. Also, the care received given by staff is excellent "*

*"Safety and security"*

*"The staff are very kind"*

*"24 hour care. Being with people with the same disability. A structure to the day."*

*"The lovely caring staff. They are more family like. I've taken my mum out in Poynton and carers would come over, hug and make a fuss of her. Introducing their family to her and it's just wonderful for me to know how generous nature everyone is."*

*"Family member was living on her own with very little interaction with other people. Since moving to Hope Green she has become much brighter and is enjoying the company. She joins in most of the activities with enthusiasm, though is struggling a bit to hear due to blocked ears. Her mental health has really improved."*

*"Routine is good and Home is well staffed"*

*"My mother is safe, cared for and occupied."*

*"The staff"*

*"Regular meals and help with personal care. Also seeing people."*

*"Regular company and friendly staff"*

*"Safety and security as he is registered blind and immobile."*

When relatives and friends were asked in the survey, "Is there anything you would change about the care home" the following responses were received:

*"Some of the residents are very noisy and disrupt the quiet of communal areas. Do appreciate that this can be a symptom of dementia."*

*"There is currently nowhere for residents to shower. There are only baths. A shower would be great."*

*"We get very little information from the Home regarding the resident. No personal updates and very little information regarding her needs (toiletries/health etc)."*

*"Senior staff being more evident socialising with carers and residents."*

*"None at all."*

*"More staff would help so they could do more small group things, rather than just sitting in the lounge."*

*"I would like a bit more engagement from the care team and/or managers about my mum and her general health and wellbeing. It always seems hard to find someone to talk to and staff change a lot! I can't rely on my mum's accounts of how she is, what doctor/dentist said etc so it would be good to get some feedback."*



*“Easier access to the building at weekends”*

*“Yes, the wicker seating in the lounge is not appropriate as it does not give adequate support for an elderly person. It is also very old. The lounge is a little depressing. It looks out onto the garden, which is nice, but the garden has been neglected of late. ”*

*“Slightly dated but still very clean.”*

*“More consistency regarding staff and attention to detail required in certain areas.”*

## Treatment and care

### Quality of care

We asked the Manager various questions about the quality of care at Hope Green and they responded that we should expect to see how well the residents are cared for – that they are happy, smiling, and have strong, healthy relationships with all staff members.

The Home is linked with McIlvride Medical Practice.

When asked if residents can stay with their own GP, the Manager explained that all permanent residents are registered with McIlvride Medical Practice – The Middlewood Partnership. The care home has a good relationship with the GP, who is responsive and available whenever needed. The GP visits the care home every Thursday, and if residents require additional visits, they will attend as needed. Temporary residents are usually registered with the linked surgery. For permanent residents, they advise registering with the Home’s GP; however, residents could stay with their own GP if preferred and this would be confirmed with their GP that they are happy for the person to remain registered with them. Currently, all residents are registered with McIlvride Medical Practice.

Healthwatch asked if a resident becomes unwell and needs additional care, are they able to keep them at the Home or do they normally go to hospital and the Manager shared that they would try to keep the resident at Home if this aligns with their wishes as outlined in their care plan or 'Do

Not Prolong Life' plan. They would request an assessment from the GP. If the GP is unavailable or it's the weekend, they would contact the community paramedic or call 111 or 999 for assistance. If it is determined that hospital admission is necessary, they would encourage this and involve the resident's family in the decision-making process. If the resident is able to stay at the Home, they would manage their care as safely as possible and involve any other necessary healthcare professionals.

The Manager also shared the Home uses Goyt Valley Dental Practice, and all residents have a yearly appointment with them. For any emergencies, they call 111.

A chiropodist visits the Home every six weeks but can also visit on an ad-hoc basis if required. There is an additional charge for this service.

Eyecare visit the home routinely and the Manager told Healthwatch *"They see a handful of residents at a time."*

The Home uses Boots Pharmacy in Macclesfield, which delivers prescriptions directly to the Home.

Other services that attend the Home include the Speech and Language Team, Dietitian, Physiotherapy, and the Mental Health Team.

While Healthwatch were being shown around the care home it was noted that there were a lot of residents using the communal areas, mostly all dressed in day clothes and looked well looked after with good hygiene.



There is a salon at the Home. A hairdresser attends the Home every Tuesday; there is an additional charge for this service. The Manager shared that some families bring in their private hairdresser for their loved ones while other residents may go out to their own hairdresser.

## Privacy, dignity and respect

All 13 family and friends who completed the survey said that the person they were visiting was respected at the care home; 11 said that the person's dignity was maintained and two said they did not know if this was the case.

We asked the Manager how they ensured privacy, dignity and respect were promoted and they told us that *"the staff will gain consent from residents before any personal care is done and always give residents choices, and ensure that all care is always person centred and always treated as individuals. The staff will always ask the residents during morning care what they like or wish to do and what not. The staff will knock before entering a resident's bedroom and keep the doors closed all the time during personal care."* Each resident at Hope Green has an assessment prior to admission and any additional needs would be put in place such as large print, hearing aids and hearing loop.

Healthwatch observed positive interactions between staff and residents. Staff always greeted residents, held conversations with them, and were seen encouraging residents' personal independence. When assisting residents, staff were very patient, allowing residents to take their time. This was observed several times when staff were assisting residents to lunch in the dining room.

Healthwatch didn't see any personal information on display during the time that they visited the Home.

## Understanding residents care plans

All residents have care plans, which are reviewed at least once a month, or more frequently if needed, or immediately if there is any change in the resident's condition. The resident is involved in the care plan development. *"When a resident is admitted to the Home, we sit with them and develop the care plan together. We review the plan monthly to assess whether any changes are needed to make the resident more comfortable. Relatives are invited to join the monthly care plan review, either in person (formal monthly meeting) or via telephone."*

## Relationships

### Interaction with staff

Healthwatch asked the Manager what the relationship was like between staff and residents and residents' friends, and family and the Manager told us:

*"The residents and staff have a very positive and friendly relationship. Residents and staff frequently laugh together, and residents are often seen smiling when staff arrive. Some residents have a favourite carer."*

*"The relationship between staff and residents' friends and family is also very good. Staff and family members know each other by name, and there is an open communication channel, allowing family and friends to provide direct comments and feedback to staff."*

The care home does not use agency staff. Instead, they have their own bank staff for backup. The Manager and Deputy Manager also step in to cover shifts when there are any staffing shortages. Currently, the Home is fully staffed in both the care and ancillary departments.

Staff were friendly and approachable towards the Healthwatch representatives.

A family member shared with Healthwatch:

*"When I leave mum after a visit, she can become distressed but the receptionist at front door always comes over and distracts her. I don't know how I would cope without them. I've broken down in tears a few times after my visits and the ladies have been such comfort."*

### Connection with friends and family

Healthwatch spoke with a visiting family and they shared that they had a good relationship with the staff at the care home.

The Manager shared that the Home keeps friends and relatives in touch with residents by sending out a newsletter and posting residents' photographs on Facebook with the residents' consent. Residents have access to hands-free phones, and Skype video calls are also used to stay connected. Additionally, families and friends are encouraged to join in activities, events, and birthday celebrations, and they are welcome to join residents for meals.

The care home has an open visiting policy, so visitors are welcome at any time. Booking is not required, and visits can take place anywhere in the Home.

If an infection outbreak occurs, the care home would temporarily close to visitors. However, contact with friends and families would be maintained through phone calls, FaceTime, and window visits to ensure continued connection.

## **Wider Local Community**

Residents participate in many community groups, including the Poynton Golden Memorial Group for people living dementia, dementia music sessions, canal paddle boating (Mary Sunley Canal Boat in Higher Poynton), baby and toddler sessions, and helping at the food bank. Residents from Hope Green had just performed a drumming debut at the community centre and had a visit planned this month from the local pre-school for some nursery rhymes and singalong sessions.

## **Everyday Life at the Care home**

### **Activities**

There is one full-time Activities Coordinator (referred to as Lifestyle) and two part-time Lifestyle Assistants.

The Manager shared that a monthly activities planner is displayed in the reception, communal areas, and residents' rooms, so residents are always

informed about what's on. The care home arranges a variety of activities such as arts and crafts, movement to music, gardening, movie nights, cheese and wine nights and various games. Additionally, the Home tries to facilitate residents' individual wishes. Healthwatch noted that they saw various activity planners on display around the Home. There was also a newsletter on display in the reception area for residents, relatives and family to take a copy.

The Manager told us *“Residents are involved in choosing the activities. During the assessment at admission, we ask residents what activities they enjoyed before moving to the Home and what they would like to do now. Each morning, residents are asked what activities they would like to do that day, and during monthly care plan reviews, they are asked about activities they'd like to join the following month. Our Lifestyle Coordinators always consult with residents before finalizing the monthly activity planner.”*

For residents who prefer to stay in their rooms, one-to-one activities are available, such as reading, reminiscing by watching old films from their generation, or chatting with the Coordinator.

A family member shared in the survey that they wished the Home did more outside activities and another family member shared that their parent is going to start taking part in some 1-2-1 activities, they have been at the Home a while now and the relatives have requested that something needs to be arranged for their loved one to take part in.

Healthwatch saw a mobile library unit located in a corridor for residents to take a book if they wish; the unit can be moved from room to room for residents who like to stay in their rooms. There was also a



keep busy box in the corridor that has different items for residents, such as word searches, quizzes, magazines and so on.

The Home celebrates special events with residents, including birthdays, with singing and birthday cake, and family and friends are encouraged to join in. Other celebrations include Christmas, Easter, and special occasions, for example Diwali.

The Manager told Healthwatch that the care home *“aims to take people out individually once a week for those who like to go out regularly, either out with friends and family or out with us to the shops or in the community”*

Additionally, group outings are organised every two to three weeks, such as trips to the theatre or other community events.

The Home has access to a minibus with the care homes provider group when pre-arranged. For smaller group outings taxis are used for transport.

## **Person Centred Experience**

Healthwatch asked the Manager how they ensure residents' experiences are person-centred and they shared that during the admission assessment, both the resident and their family are asked about their likes, dislikes, and what they wish to do. Based on this information, the Senior Carer creates an individual care plan for each resident.

The Home has a 'Resident of the Day' program which entails two residents being selected each day and their care plan being reviewed.

When asked how residents raise complaints, concerns, or feedback, the Manager told us that all residents are aware of the complaint process. Residents can speak directly to their Carer, Senior Carer, Manager, or Deputy Manager.

Resident meetings are held every other month.

The Home caters for residents' spiritual needs; the Manager shared that a local church attends for communion services and other faiths can be catered for if required.

Healthwatch saw that there were fish in a tank in a communal lounge and asked if other pets were allowed into the Home and we were told that visitors were allowed to bring pets with them when visiting the residents.

## Communal Areas

The Home has several communal lounges, an activity room, and dining rooms, all of which have a homely feel and provide adequate seating for residents.



While most of the Home was clean and tidy, the carpet in the main hall by reception appeared stained and worn due to age and needed replacing. A family member also commented to Healthwatch about the carpet in the room of the resident they were visiting - *"The carpet in the room is very grubby"*.

The Home is an older building, and there are areas that require improvement. In the communal corridors going into the reception waiting area the door frames are narrow, making it difficult for residents using wheelchairs or mobility aids to pass through the doorways. It was noticeable that this limited space has resulted in damage to the interior, from equipment occasionally bumping into walls and door frames. Other corridors were spacious with handrails leaving plenty of room for residents to move freely with walking aids.

During Healthwatch's visit, we observed the housekeeping team actively cleaning the building and there was a strong smell of cleaning products in



the air. However, in some areas, the scent was overpowering and unpleasant, particularly in the activity room. Relatives answering our survey were all happy with the cleanliness of the care home and the tidiness.

Healthwatch saw a map display on the wall which the Receptionist told us is a great stopping point to spark conversation with residents as to where they were from, where they have been and where they would like to go.



Communal bathrooms are available on each floor of the Home, but there are no standalone communal showers. The Receptionist informed Healthwatch that there are shower attachments for the baths, but no separate shower units. The communal bathrooms and toilets were clean, clutter-free, and large enough to accommodate residents using mobility aids if needed. However, we did notice that one communal toilet was missing a seat. (The Manager has since had the missing toilet seat replaced.)



## Residents' bedrooms

The Home has 51 rooms, all of which are ensuite; bedrooms had natural light and some rooms had views of the garden.

The Manager told Healthwatch “Residents are encouraged to make their rooms feel like their own by bringing personal items and furniture, such as curtains, carpets, photos, beds, or mattresses. The Home can accommodate couples in the same room, with two single beds provided.”

Family and relatives spoke in the surveys about being able to bring in personal items from Home to make the room feel their own and this was evident in the rooms that we could see into from the corridor.

We were able to see a vacant bedroom; it looked dated, as did the ensuite. It had adequate furniture, drawers, a bed, armchair and table. There was also a built-in cupboard in the ensuite which doubled up as a wardrobe.



## Outdoor areas



There was a large, secure, open outdoor area at Hope Green. The Manager told Healthwatch “*The outdoor space can be used by residents independently with staff being able to observe where people are.*”

The Receptionist told Healthwatch *"We recently used the garden when a lady visited us to carry out an activity. It was a lovely day and residents enjoyed being outside."*

There were various items in the garden which residents had created and painted plant pots and decorative stones. There were also raised planters, accessible for residents who wished to carry out some gardening and plenty of seating for residents.

A relative shared in the surveys that they wished the care home carried out more activities outside.

## Food and drink

The Manager shared that the Home employs its own chef to prepare meals. A daily menu is available on the table and a weekly menu is displayed on the wall for further options. For breakfast there is a variety of choices including cereal, toast, sausages, and bacon. Lunch offers two meal options and for dinner, residents can select from a range of hot meals, soup and sandwiches. The Home caters for special dietary needs, such as avoiding nuts and seeds for a resident with a digestive intolerance and excluding grapefruit for those on statin medications. Residents are free to choose where they would like to have their meals, with the option to dine in their rooms, although they are encouraged to join others in the dining room when possible. Snacks and drinks are available throughout the day, with a dehydration station offering juice, cake, and water, and a snack trolley visiting three times a day. The Manager commented *"If people are hungry throughout the night hours, staff will provide food and fluid of the person's choice."* Fluids are also available in residents' rooms. Management also shared that *"Relatives are welcome to join residents at mealtime, with no*



*charge for sharing a meal with their loved ones.”*

On the day that Healthwatch visited, the care home had arranged a special Portuguese themed lunch; there were posters of the celebration, including the menu choices, displayed around the Home. The Receptionist told Healthwatch that the Home regularly has themed lunches, and the residents enjoy them. The Manager shared that the home celebrates Culture Day, this takes place on the last Thursday of the month and they create dishes originated from different cultures for residents to engage with.

We observed some residents reading the themed lunch menu as they walked into the dining room and they had a positive response to what they read.

The dining room was clean and tidy, with tables set for the residents' lunch and menus displayed. Each table featured a beautifully decorated pumpkin centrepiece which had been created by the residents during a recent activity.

Healthwatch observed that staff worked hard to take residents to the dining room and encouraged residents to leave the sitting rooms and bedrooms to eat in the dining room. It was noted that some residents were asked if they would like to go to the toilet before lunch.

There was a drinks trolley that visited the residents around mid-morning. Healthwatch noted that it provided both hot and cold drinks as well as fruit. The Receptionist told Healthwatch that other snacks would go around the Home at different times of day which included biscuits, crisps and cakes.

Relatives made the following comments regarding food, drinks and snacks at Hope Green:

Quality of food	Taste of food	Choice of food	Quantity of food	Availability of snacks	Availability of drinks	Anything else you'd like to tell us about this?
Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	"The food and drink seem OK, the residents always have drinks available."

Happy	Happy	Happy	Happy	Dissatisfied	Happy	"Would be nice if there was a bigger variety in snacks provided. Giving strawberries and melon as well as apples for example."
Very happy	Very happy	Very happy	Very happy	Very happy	Very happy	
Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	"She wouldn't remember what food she has had"
Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	
Happy	Happy	Don't know	Happy	Happy	Happy	"Mum's never complained as her memory is so poor but when asked, always said the food was lovely."
Happy		Happy	Happy	Happy	Happy	
Satisfied	Satisfied	Satisfied	Don't know	Don't know	Don't know	"She did ask me for bottled water"
Very happy	Very happy	Very happy	Very happy	Very happy	Happy	
Don't know	Satisfied	Don't know	Satisfied	Don't know	Satisfied	
Happy	Happy	Happy	Happy	Happy	Happy	
Satisfied	Satisfied	Satisfied	Satisfied	Happy	Happy	"Doesn't really have a great appetite so food will never be more than OK!"
Satisfied	Satisfied	Satisfied	Satisfied	Satisfied	Happy	"Choice of food has been limited due to ongoing dental issues."

### Biggest challenges

The Manager explained *"the biggest challenge I face is the family and friend satisfaction and everyone satisfied all the time' relatives and visitors may not always understand the nature of the people living in the care home or have awareness of the things the staff have to do day to day."*

### Biggest success to date

The Manager shared that the biggest success to date that they have had was *"To build up a good and strong team, residents are happy and smiling all the time which reflects the good quality of care they are receiving. Also, the community links we have and the activity program we*

*provide, which promote a good lifestyle for people, allowing them to feel engaged with their community.”*

## Care Home Best Practice Initiatives

During Enter and View visits, Healthwatch observe which NHS care initiatives have been adopted at the care home. The three we focus on are:

<b>MUST</b> (Malnutrition Universal Screening Tool)	A tool used to identify adults who are malnourished, at risk of malnutrition(undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.
<b>Restore2</b> (Recognise Early Soft-signs, Take Observations, Respond, Escalate)	A tool designed to help staff recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to their care plan to protect and manage the resident.
<b>RITA</b> (Reminiscence /Rehabilitation & Interactive Therapy Activities)	A digital reminiscence therapy with user-friendly interactive screens and tablets to blend entertainment with therapy. It assists patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

MUST (Malnutrition Universal Screening Tool) is used in the Home and carried out by Senior Carer.

Restore2 (Recognise Early Soft-signs) is not used in the care home, however, the Manager told Healthwatch *“We don’t use this tool, but we do it as general observation every morning. We don’t fill out a document but we do assess people on a daily basis and take observations, then contact the professionals where necessary.”*

Hope Green do not use an interactive digital activity program such as RITA, the magic table or projectors. The Manager told Healthwatch *“We do have an online activity platform that we use called Oomph on demand and Napa, they have interactive games, music, reminiscence etc. We link this to the TV for interaction.”*

The care home engages with the End-of-Life Partnership, the Manager shared that the Home plans to conduct ten training sessions with them for staff starting in November this year.

## Recommendations

- Make sure residents who do not enjoy group activities are aware of 1-2-1 activities on admissions, co working with relatives to find solutions that will work well with the resident.
- Make sure the odour of cleaning products are not overpowering throughout the Home.
- Update the carpet in the waiting area, it was noted a lot of traffic moves through the area. Consider flooring that is easy to keep clean.
- Check carpets in residents' bedrooms are clean; if not, clean when necessary or replace if cannot be cleaned.
- In suitable weather conditions have more options available for residents to take part in outside activities.

## What's working well?

- Friendly caring staff
- Good variation of activities
- Staff have a positive relationship with residents and relatives
- Good connections with the wider community
- Home is clean and tidy.



## Service Provider Response

### Recommendation 1

Make sure residents who do not enjoy group activities are aware of 1-2-1 activities on admissions, co working with relatives to find solutions that will work well with the resident.

### Service providers response

To ensure residents have 1-1 time we are seeking to employ a further lifestyle assistant. We are actively advertising for this position.

### Action

Continue to recruit into increased Lifestyle hours. Provide update to relatives of what activities have been participated in, what has been done during 1-1 activities, monthly communication to relatives around activities.

### Recommendation 2

Make sure the odour of cleaning products are not overpowering throughout the Home.

### Service providers response

We will review guidance from the manufacture to ensure products are being diluted and used correctly. Further training to the domestic team will take place.

### Action

Ensure that cleaning products are being diluted according to instructions and that air fresheners are being used appropriately. Provide support to the domestic team in this area.

### Recommendation 3

Update the carpet in the waiting area, it was noted a lot of traffic moves through the area. Consider flooring that is easy to keep clean.

**Service providers response**

There is a plan in place to refurbish tired areas of the home over the coming months.

**Action**

I have requested new flooring from our Home Improvements team.

**Recommendation 4**

Check carpets in residents' bedrooms are clean; if not, clean when necessary or replace if cannot be cleaned.

**Service providers response**

There is a plan in place to refurbish tired areas of the home over the coming months.

**Action**

New flooring requested for resident bedroom that needs replacing, head housekeeper and senior carers to spot check bedrooms during the day to ensure floors are clean and clear to maintain dignity and a nice environment.

**Recommendation 5**

In suitable weather conditions have more options available for residents to take part in outside activities.

**Service providers response**

We do have planned outdoor activities and garden walks for people to access fresh air. We do also ad hoc activities outdoor that are not always on the activity planner, weather permitting. Our activity programme is subject to change to the preferences of the people living in the service and what they would like to do at the time of the planned activity.

**Action**

Continue to evaluate day to day weather in regard to permitting outside activities.

## Any other feedback from the Service Provider

- *“There is currently nowhere for residents to shower. There are only baths. A shower would be great.”*

There is a plan in place for a shower room to be added to the home in the next few months.

- *“We get very little information from the Home regarding the resident. No personal updates and very little information regarding her needs (toiletries/health etc).”*
- *“I would like a bit more engagement from the care team and/or managers about my mum and her general health and wellbeing. It always seems hard to find someone to talk to and staff change a lot! I can't rely on my mum's accounts of how she is, what doctor/dentist said etc so it would be good to get some feedback.”*

We are extremely sorry to hear this as we pride ourselves on our communications. We will reach out to all families to highlight our resident of the day programme and offer further support and meetings with families. As the Home Manager, I have an open door policy so families are welcome to see myself and/or the Deputy Manager at any time for a chat.

- *“Senior staff being more evident socialising with carers and residents.”*
- *“More staff would help so they could do more small group things, rather than just sitting in the lounge.”*

We have taken this feedback onboard, looking at how we can improve the social interactions within the home. The home has raised the lifestyle hours, giving the opportunity for more one-on-one time for residents with staff, enabling more meaningful interactions for all.

- *“Easier access to the building at weekends”*

Whilst we understand waiting to be let in can be a source of frustration, the safety of our residents is paramount, and the security of the home is an important part of this. However, the home will review how this can be addressed without compromising the resident's safety and the home's security.

- *“Yes, the wicker seating in the lounge is not appropriate as it does not give adequate support for an elderly person. It is also very old. The lounge is a little depressing. It looks out onto the garden, which is nice, but the garden has been neglected of late.”*

The home has a plan in place to replace some of the furniture and update the decoration in the next few months.

- *“More consistency regarding staff and attention to detail required in certain areas.”*

Hope Green is a large home with many staff and prides itself on having a full staffing team, without the need for agency. The home has a meet-the-team board in place at the entrance of the home so we hope residents and families will find this useful.