

Enter and View Report

Ellis House

13th November 2024



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 13th November 2024

Service Visited:

Ellis House Residential Home

42 Arthur Street, Chadsmoor, Cannock, Staffordshire, WS11 5HD

01543 574226

Authorised Representatives undertaking the visit:

Christine Sherwood

We have not added any photos to this report to preserve the privacy of the residents for whom Ellis House is their home.

The Service:

Ellis House Residential Home offers five single bedrooms and two studio flats, accommodating up to seven people. The home features seven single bedrooms, each with an ensuite bathroom equipped with a shower.

Opened in the spring of 2020, it is located in the community of Chadsmoor, neighbouring Cannock and Hednesford.

Situated on Arthur Street, the home is close to a shopping area that includes a variety of businesses such as a restaurant, takeaways, a grocery store, cafés, and nearby public houses and churches. It is easily accessible by public transport, with links running from Rugeley to Cannock. Additionally, a local train station can be reached from either Hednesford or Cannock, and the M6 motorway, along with the main Cannock and Pye Green roads, are also nearby.

The surrounding area comprises a mix of new and old buildings, with local schools in close proximity. Ellis House Residential Home is owned and operated by Linfield Care Ltd, which manages two residential homes across

Staffordshire, providing care for adults over the age of 18, who have a dual diagnosis of a learning disability and autism spectrum disorder, along with a history of challenging behaviour.

The service design is informed by research conducted by Kingwood Trust, "Living in the Community, Housing Design for Adults with Autism, Andrew Brand" & the company's own experiences & lessons they have learned from previous service development.

The home exudes a cosy and bespoke atmosphere, thoughtfully decorated and furnished to suit the residents' needs. The reception area is small, enhancing the homely feel with its cream tones and light wood. Meanwhile, the neutral walls and durable furnishings throughout the main areas of the home create a sense of space, safety, and security.

Purpose of the Visit:

As part of the Healthwatch Staffordshire's responsibilities, authorised representatives will carry out Enter and View visits to health and social care premises to assess how they are managed and to make recommendations for improvement. The Health and Social Care Act 2012 empowers authorised representatives to observe service delivery and speak with service users, their families, and carers at locations such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits may be conducted based on reports of issues with a service or to learn about and share examples of services that are performing well. These visits are not intended to specifically identify safeguarding issues, but any concerns that arise will be reported in accordance with Healthwatch Staffordshire's safeguarding policy, and the visit will be ended if necessary. The local authority safeguarding team will also be informed.

Methodology:

Was to engage with and speak to:

- the manager about various aspects related to how the facility is operated, such as the number of staff employed, the number of vacancies, and the recruitment processes. Also, discuss staff training, induction, staff meetings, shift patterns, care planning and reviews, and complaints procedures.

- Engage & complete observations with residents about their care:

 - do they appear to feel safe;

 - whether they appear happy with the care provided;

 - whether there are enough activities and plenty of stimulation;

 - do they have a choice and feel listened to/how is this

 - demonstrated; do staff appear to be treating residents with dignity and respect;

 - is there plenty of choice regarding food and drink.

- Communicate with available relatives about their satisfaction with the care provided to their relatives or loved ones. Feedback will be obtained during the visit and via the QR code displayed on a poster in the home a week before our visit date and the manager will pass on Healthwatch Staffordshire details so that relatives can call independently to offer feedback, relative will be asked the frequency of communication with staff, and whether the relatives are comfortable in reporting any concerns they may have.

- Interview staff regarding staffing levels, training, management support, and development opportunities.

- Conduct observations of the environment and interactions among residents, staff, managers, and visitors at all levels.

Physical environment:

External

Ellis House is located on Arthur Street, close to Cannock and Hednesford. The building was constructed in the 1920s and was reopened in the spring of 2020 by Linfield Care Ltd. It is surrounded by a mix of older homes and a few new buildings, and it is near Chads Moor High Street, which offers a variety of businesses.

The home provides a small, homely environment that is well-integrated with the local community. The manager and staff utilise local services, and both residents and staff actively engage with the wider community. There is a gated car park at the front of the building that can accommodate up to 10 vehicles. However, the building is not well-signposted from the main road, making it difficult to notice.

The entrance is located at the front of the building, next to the parking area, and is accessible through a closed gate. This area features a combination of paving, ramps, wooden decking, and tarmac, with some plants and garden borders. The garden is designed to provide a range of activities. There is a sensory walk, an inground commercial trampoline, an area for growing herbs and vegetables, a recreation area and a garden room used for a range of activities. There are enclosed gardens at the rear of the building, but Healthwatch was unable to see them during the visit due to it being dusk. The grounds are surrounded by fencing, providing safety and security.

Internal

To access the building, you will need to ring the doorbell, and a staff member will come to let you in. Once inside, you'll find a small reception area where a staff member will greet you and provide instructions for signing in. This area also featured the Healthwatch poster and an announcement about our visit.

In the reception area, there is a manager's office and a small corridor that leads to an internal door granting access to the main building. There is a notice board displaying photographs of individual staff

members, and each photo has a one-page profile of the staff. This is a commonly used "person-centred" tool developed by Helen Sanderson. Additionally, there is a small cabinet with individual lockers. There is also CCTV located throughout the building except for the resident private rooms.

From this corridor, you need to access the main hub of the building through an internal door. Inside the main building, there is a narrow hallway with two notice boards: one displays pictures of staff members on duty during the morning, afternoon, and night, with visual cues indicating the times of the day. The opposite notice board serves as a memory board with images of the residents and activities they have participated in. There is also a third notice board displaying copies of the home's liability insurance and various other documents.

The hallway leads into a large open community room that includes a small sensory area, sofas, bean bags, a TV, a Wii game system, and a music centre. Within this room, there is a small staircase that leads to a nook, although this is rarely used. Most of the furniture is sturdy and well-constructed, while the media equipment is locked in a transparent cupboard to allow residents access with reduced risk of injury. The corridors lead off to the residents' bedrooms, with two rooms off each corner of the lounge. The internal space is designed to provide a range of activities in a safe, low-stimulus environment and enables residents to circulate without coming into immediate contact with others should they not wish to.

Adjacent to the lounge is a fully equipped kitchen that residents can use with the support of a staff member. The kitchen includes cookers, refrigerators, and utensils, and the cupboards have been specially designed to be sturdy and fitted with locks for safety. There is also a picture board in the kitchen with visual prompts for meal choices, such as breakfast and drinks. Next to the kitchen is a small dining area that opens into the communal gardens. This space features three tables and chairs, allowing individuals the space they need to eat while supporting one-on-one assistance if necessary. On the wall of this room, there are display boards of artwork created by the residents, and a "World Food Wednesday" board that changes each month to represent a different country, showcasing flags and images drawn or

coloured by the residents. They then get to prepare and taste dishes from that country as part of the activity.

To the left of the kitchen is a communal bathroom equipped with sensory lights and an air bath to provide a sensory experience (it does not have water jets thereby reducing the risk of infection (legionella etc)). This bathroom also has locked cupboards to prevent access to pipes and other potentially hazardous items, and the room is kept locked when not in use to mitigate risks like flooding and accidental drowning. There is also another communal bathroom with a large shower. Within the unit, there is a sensory room filled with lights, cushions, a hammock, and various sensory activities such as Lego.

The menu operates on a rolling six-week rota and is adjusted by season. Residents are provided with a minimum of three meals a day, each with options. They can choose a warm breakfast daily and have snacks available depending on their activities. In the evening, a hot cooked meal is prepared, with residents taking turns cooking with the support of the staff assigned to them for that day. Residents also share chores throughout the week, rotating tasks such as cooking, washing up, or taking out the bins. They frequently go shopping with one-to-one or two-to-one support, and all meals are freshly cooked. The only items delivered to the unit are cleaning materials, which are securely stored. A basket of fresh fruit is available for residents to help themselves in the kitchen.

There are seven rooms located on the ground floor, each furnished with a bed and bedroom furniture supplied by a company called Tough Furniture, and each room has an ensuite. I was informed that two of the rooms include an annexe, but I could not view these due to residents requesting privacy. In the few rooms I accessed, I observed personal items unique to each resident that made the space feel like home. All residents have their medication administered by a suitably trained senior staff member, and the medication is securely stored.

Residents have the option to bring some of their belongings to personalise their rooms if they wish. The main communal area serves as a comfortable space for residents to socialise and interact with one another. Relatives are also welcome to visit and spend time with their loved ones; however, [we did not observe any relatives present on the day of our visit.](#)

The lounges are decorated in neutral colours, providing a calm and relaxed atmosphere. I witnessed staff members engaging and entertaining the residents they were assigned to, and I saw evidence of planned activities along with some of the work they had accomplished that day.

Additionally, there are tailored activity packages designed around each resident's preferences, taking into account their likes and dislikes. For residents with communication barriers, information may be gathered from those who know them best or through trial and error. All current residents are mobile and can access the community with support, attending appointments for optometry, dentistry, and healthcare as needed using public transport and all local services. Chiropody services are typically arranged as a paid service.

The manager emphasised that the welfare of the residents is their main priority, but she also ensures that her staff are well cared for & supported.

Management:

Upon arrival at the residential home, I was greeted by a staff member and a resident. Shortly after, the Home Manager welcomed me and guided me through the sign-in process. The manager has been in this position since the unit opened and manages another residential home in Doxey, Staffordshire. She has worked for the company for over 16 years and noted that she receives excellent support from the company director. Currently, the home has five residents, most of whom are funded by the local authority, while the two remaining rooms are unoccupied.

The residential home plays a vital role in the local community, and residents typically go out most days. Activities are primarily driven by agreed goals/needs for each person. This may be around increasing engagement, increasing attention span, learning, sensory needs, communication, reduction in incidence of risk behaviour etc.

An activities program is managed by four staff members who usually work 16 hours per week, either from 9 AM to 3 PM or from 10 AM to 2 PM, although these hours are flexible based on activity needs. The activities offered include day trips, exercise sessions, meals out in the

community, access to public transport, and disco nights, among others.

Additionally, the home provides a wide selection of Wii games, music, jigsaw puzzles, arts and crafts, and more. Families are encouraged to get involved as well; the manager explained that sometimes this can be facilitated through other means and some families have a dedicated WhatsApp group, as well as through phone calls and visits.

Ellis House is registered as a residential setting for specialist Autism, Learning Disability and challenging behaviour services. The home tends to use one local surgery, but residents do have a choice, the surgery has never done any home visits or pop-ins and has limited interaction with the residents or staffing team.

Complaints are typically addressed by the Manager or Deputy Manager, and all complaints are brought to the Directors attention. All complaints are logged on a spreadsheet maintained within the home.

Staffing:

The residential home is staffed by a registered manager, a deputy manager, and three team leaders, ensuring that one of these staff members is always on duty during the hours of 7:30 AM to 10:00 PM for each shift. The number of support workers allocated to residents is based on individual needs; some residents require one-on-one support, while others may need two-on-one support or a varying level of assistance depending on the activities they are engaged in. Consequently, the team on duty during the morning and afternoon can change according to the needs of the residents and the specific care being provided. During the night, two staff members are on duty, with an additional staff member available to sleep in case of emergencies. The home operates 24/7, utilising different rotas for the support team. Shift lengths vary depending on job roles; some shifts are shorter or longer throughout the day, while night staff typically work 10-hour shifts. Breaks are scheduled throughout each shift, lasting either 20 minutes or up to one hour, depending on the hours worked. The home boasts a strong recruitment and retention rate, with many staff members staying long-term. The home also employs

its own bank staff to fill any staffing gaps as needed, ensuring continuity for residents and the support team & prides itself on never using agency staff. (The facility has a total of 27 Support Staff which consists of 17 full-time staff, 6 part-time staff and 4 bank staff)

In addition to support staff, meals are prepared on-site and shared with residents, including breakfast, snacks, and homemade packed lunches or meals. Fresh fruit and snacks are readily available in the kitchen. A domestic staff works 16 hours a week to conduct deep cleaning of the facility, while basic cleaning tasks are part of residents' support plans, with encouragement for them to participate in doing and their own laundry under supervision. Staff typically handle any ironing during the night once the residents are asleep.

Each shift includes a senior staff member who handles any issues that arise and provides feedback to the manager as needed. New staff members undergo a comprehensive two-week induction program that includes all mandatory training to enable them to fulfil their roles effectively. They also have access to online training through an eLearning platform, and Skill for Carers training, and benefit from a buddy system during their transition into the home until they feel competent. If necessary, external training can be arranged. New staff members typically undergo a six-month probation period, followed by a one-on-one session to discuss future progression, including 3 monthly supervisions at a minimum but aim to provide monthly supervisions. The eLearning platform provides training opportunities on various topics, such as challenging behaviour, autism, data protection, and whistleblowing. After completing the probation period, staff can access the "Westfield Care Plan," which connects them to health professionals, including counselling and cashback options for dental and optical services. Bank staff can access the MPFT Wellbeing Hub, which provides information, advice, and guidance, as well as webinars on topics like improving sleep and financial management. Staff achievements and positive feedback are recognised on an in-house notice board located in the reception area. Additionally, staff have access to the "Blue Light Card," which offers discount codes for various items.

Currently, care & support plans are recorded on paper, but the company is working to transition to electronic documentation and

comply with **DOLS** Deprivation of Liberty Safeguards & Best Interest decisions. Staff are required to document daily activities during their shifts on paper files that are stored securely in the manager's office. Handover meetings occur at the beginning of each shift to facilitate communication and continuity between shifts, often conducted individually based on the pairing of staff members with residents. A communication book is used to inform the staff about necessary updates and to reference an outcome log when needed.

Ellis House is registered for residential care, and all residents can access community services with the support of staff. If necessary, community services also visit the home to see residents. The home maintains a relationship with one local GP surgery and has a great relationship with one pharmacy “[they are excellent at meeting our needs and provides an excellent service](#)” If however, the facility needs something urgent the facility will use a local pharmacy.

Any complaints are addressed by the manager or deputy manager on-site. If needed, the company's home director can also access these complaints. The manager promotes an open-door policy, encouraging anyone entering the home to approach her directly with concerns or feedback, which helps to foster timely communication. The manager maintains direct email communication with family members, allowing them to raise any concerns or issues easily.

Weekly service user involvement meetings are held, during which a team member collects feedback from residents throughout the week through observation and discussions with relatives to identify potential improvements tailored to individual needs. A family member stated, “[Feedback from relatives is appropriately addressed](#)”.

Lastly, the company can implement a communication care plan when necessary and can access additional resources to support these efforts. (*which can include the use of PECS (Picture Exchange Communication System), Sym writer, Makaton, social stories, sequence strips*)

Staff Feedback:

During our visit, I spoke with several staff members, one staff member described the job as “[hard at times, but rewarding,](#)” **emphasising the**

good support they receive from management and some colleagues” and expressed no intention of leaving. Another staff member, indicated that they “enjoyed the job and felt very supported.” While there are current job vacancies at the home, recruitment efforts are underway for the new year, aimed at filling these positions.

The staff members I spoke with consistently provided positive feedback about the home, expressing that they felt well-supported by most of their colleagues and praising the manager. The manager was described as “approachable and happy to help,” an impression that was evident in the atmosphere of the home and the work I observed. One staff member did mention that occasional tension occurs among staff, but that it is quickly addressed once the Manager or Deputy is informed. They noted that external support and guidance are offered if necessary, stating, “It’s one of the better places I have worked, and I have no intention of leaving.”

Additionally, I observed that the staff engaged with residents on an individual level, demonstrating care and compassion. They showed an understanding of each resident's individuality and preferences. It was clear that staff members need to remain vigilant to ensure residents' safety and engagement, especially during challenging moments when a resident might be having a bad day or not feeling well. A family member commented that “some staff members excel at understanding residents' needs and how to best support them, noting that residents often seek out stimulation and engaging interactions”.

Resident Experience:

Regarding resident experiences, I interacted with three residents during my visit. While they offered only occasional smiles, eye gestures, or positive body language, I respected those who seemed uncertain of my presence and did not wish to intrude. Staff must rely heavily on the details obtained during the assessment process and the care/support plans provided by social services or family representatives who have known the individual for a long time. The manager recognised the complexity of each individual and highlighted the importance of matching residents effectively during

assessments. The manager stated, "It's not about filling the home; it's about ensuring that the right residents can live happily together."

While I could not gain general feedback from verbal communication from the residents, my observations on the day were informative. All staff members appeared to treat residents with dignity and respect. I observed one resident happily engaged in the sensory room and witnessed several residents enjoying supper—one returning for seconds, another preferring an alternative meal, and some choosing to eat in their bedrooms according to their preferences.

Throughout my visit, I saw individuals watching TV, having books read to them by staff, and one resident selecting music to dance to. I also reviewed photographic footage of residents engaged in making salt dough earlier in the day, showing them smiling and interacting.

I believe that a key aspect of the environment is the staff's understanding of residents' triggers, allowing them to anticipate and prevent safeguarding issues and de-escalate situations before they arise. The manager indicated that families are involved in the planning of care/support monthly, either through phone calls or discussions.

Each individual bedroom is locked from the outside to prevent residents from entering others' rooms, but it has a quick-release mechanism on the inside, allowing residents to exit easily. I did ask the manager after my visit if this restriction was logged, and this was the response back "The door restriction is specifically written into resident's DOLS support plan"

Meals are flexible; residents can have a late breakfast at any time, (but tend not to) and family members can visit without restrictions, although they are encouraged to be mindful of late evening hours when most residents are in bed.

Each staff member wears a buzzer system around their neck to request support—one button is for emergencies, while another indicates they need assistance and identifies their location. Most doors remain locked when not in use to ensure safety, and electric

equipment like fans and TVs are secured in cabinets that are fastened to the walls.

The Home Manager also informed me that the deputy also works weekends and bank holidays and they will conduct weekly audits on care/support plans. Each shift has a Senior lead that staff, residents, and families can approach in the absence of the management team.

Feedback from Relatives:

Before Healthwatch visited Ellis House, we requested that the management display our poster with a QR code and email it directly to family members at least a week in advance. This way, relatives who could not attend the event in person would still have the opportunity to leave feedback if they wished. However, it seems we only received one completed survey on the day of the event and one afterwards. Here are the results:

We asked the following questions, also some were about demographics, but we have not included those in the report to keep the feedback anonymous.

The completed survey was done by a relative or friend.

- Do Carers treat you with respect and dignity? Both said "Yes"
- Have you read and signed the support plan? Both "were not sure"
- If you were unhappy about your care, could you tell someone and who would you tell? Both said "Yes and would speak to Manager or Deputy".
- Do you think the people who look after you would fix any complaints you had? Feedback was "think so" from relatives.
- Have your carers helped you stay active/engaged? Both said "Yes" and gave some examples.

- Have your carers helped you stay in contact with friends and Family? Both responded "Yes" and gave some examples.
- Do you get to choose your food? Both answered "yes" but gave examples "Not always but can choose"," Eats more varied things now"
- Do your carers ask your permission before helping you? Both replied, "Don't know", but some staff are aware that resident like their own space and to be left alone at times.
- Do you have enough interesting things to do? One relative said "Don't know but does what he wants to do", another relative said "Yes, very stimulated".
- Do your carers give you the information you need to help you make choices? One relative said "Yes", another commented "they hope so".
- Are there always snacks and drinks available when you want them? Both commented "yes" and left examples.
- Do you feel safe? Both commented "Yes".
- Do you think there are enough staff? Both commented "Yes" but did say there had been issues with the retention of staff at times.
- Have your carers told you what to do if you feel unsafe or at risk? One commented "yes" and the other "cannot remember"
- Is there anything you don't like about your carers? One stated "not as far as aware" & another mentioned that they gave feedback to the manager and "it was dealt with appropriately".
- What is your favourite thing about your carers/living here? One piece of feedback was "Don't know" and the other was "like staff who are more active & stimulate more".

- If you could change one thing about your care, what would it be?

One piece of feedback was “to try and distract relative from phobia’s” and the other was “to try and keep the turnover of staffing to minimal as it is difficult for the resident’s continuity”.

One family member noted that the management team at the facility is “good and willing to help,” which made them feel reassured that their loved one is being cared for and kept safe. Another mentioned that their relative sometimes receives support from external professionals but they needed to follow up on reviews with the social worker, as this can vary.

Additionally, one family member highlighted that the home has made efforts to vary the food options, which has positively impacted the resident’s appetite. When asked about potential improvements in care, one family member expressed a desire for “better staff retention.”

Based on the feedback received, I would encourage the home to engage more with relatives regarding their active involvement in care planning and decision-making. Additionally, I recommend conducting regular reviews of the care plans due to feedback received.

This is the response from the home manager in relation to the above: “we already do discuss any changes via phone, email and face to face as and when they are needed which informs the support plans. Support plans are reviewed a minimum of 6 monthly however due to ever changing needs they could be updated as frequently as weekly in certain areas”.

Feedback from Relatives During visit:

On the day of the visit, we did not speak with any family members. Before leaving the home, I asked the manager if she would be willing to contact the relatives again to see if they would like to call me or email me directly with any feedback. When I spoke to relatives, I used the same questions as those in our online survey and incorporated their responses into the feedback to maintain anonymity. Additionally, I received further feedback from a relative who was directed to the

survey for continuity; however, they chose to respond with comments that I have put into the following bullet points for the purpose of anonymity:

The resident is settled and loves their bedroom & space and is doing really well.

The resident has regular health reviews, dentist and doctor appointments.

The resident engages well with the community and is well-known locally, and has a good quality of life with access to activities and trips

“My relative is happy when we visit but also seems content when we leave! This is a very positive indication that they see Ellis House as their home and are happy to be there.”

“Staff are friendly and approachable, and the family is kept informed about my relatives' life.”

Ellis House works to manage behaviours and embrace PECs for communication.

Any problems are professionally dealt with and there are robust procedures and processes in place regarding safeguarding etc.

Disclaimer in the above statement some words have been altered slightly to add to the anonymity

Summary:

Ellis House is a small, discreet facility nestled among neighbouring community properties. The building has been adapted to meet the needs of its residents and is furnished to accommodate them, presented in a minimalistic manner to provide ample space. Overall, the environment is clean and tidy, with no unpleasant odours. Each individual room is customised for its occupants and well-maintained; however, some areas of the paintwork and communal furnishings could benefit from refurbishment due to wear and tear.

The atmosphere is comfortable, featuring well-equipped communal areas and nicely furnished resident rooms. While maintaining the standard of personal care can be challenging, it is prioritised by the staff, residents' families, and professionals. All residents are well-groomed and receive personalised care tailored to their specific needs.

During my observations, I noted one resident not enjoying their evening meal, but overall, the menu offers sufficient options and choices. The one-to-one activities are also well-received, and family members expressed no concerns regarding these interactions. The facility takes thoughtful finishing touches into account; for example, it organises activities or events based on personal preferences, public holidays, celebrations, and considers individual phobias, beliefs, likes, and dislikes.

I am told before a resident moves in, an in-depth care and support plan is developed involving management, the resident, a relative or advocate, and any other relevant professionals. This process enables the service to create a customised care package that empowers the residents, provides them with choices, fosters inclusivity, and helps build relationships to support individual thriving.

Recommendations:

At this stage, Healthwatch recommendations are as follows:

1. **Clear External Signage:** Ensure that there is clear signage visible from the outside of the setting.
2. **External Images Online:** Include images of the home's exterior on a company website.
3. **Internal Images:** Add a typical bedroom image online that showcases what is offered, including bedroom furniture and ensuite facilities.
4. **Online Reviews:** Incorporate reviews on the website and other internet platforms.
5. **Feedback Mechanisms:** Explore various ways for relatives and professionals to provide feedback. This could include online forms, a

phone number to the head office, suggestion boxes, anonymous cards, and QR codes. Encourage regular meetings and promote word of mouth.

6. ****Family Meetings:**** Establish a bi-monthly meeting or email/phone group for families to come together, share suggestions, and feel more included.
7. ****Complaints Policy Display:**** Post a complaints and compliments policy in the reception area so that families, professionals, and staff know how to raise concerns. Send email reminders regularly to encourage feedback.
8. ****Reassurance on Staffing Levels:**** Reassure families and residents about staffing levels and the company's objectives aimed at maximising staff retention and ensuring continuity for residents.
9. ****Upgrading Communal Areas:**** Upgrade the communal areas that show signs of wear and tear, including painted walls and furniture.

During the visit, I was unable to see the private communal grounds due to timing, so I cannot provide recommendations related to that area.

I would also suggest that Ellis House share its good practices and achievements with other facilities and similar services. Continuing to foster the relationship formed by the manager will help cultivate an open and honest culture, enabling residents, family members, and staff to thrive and enjoy the establishment.

Feedback from the Home manager or company

" A quote about our visit and feedback from the home manager regarding recommendations"

Recommendations

1. *Clear external signage – we don't have this because this is the resident's home, we want to treat it as such rather than a business building, similar to the supported living model. The people we support*

are vulnerable and we don't need to advertise that to the local community not doing so supports the ethos of inclusion. As with every other house in the street (people's family homes) we have the properties number displayed on the mailbox on the gate to identify the building to post / deliveries

- 2. Photos on the company website – we don't have a website and will not be having one. Our approach is much more personal and bespoke so therefore do not advertise or need a website to do this. Residents that live here would never be self-funders so all our referrals would come directly from commissioners who know us well. When we have a referral, we invite the families round to come and view the service.*
- 3. Internal images – as point 2*
- 4. Online reviews – as point 2 and additionally we put possible new resident's families in touch with current resident's families who are able to phone them and have a chat to get real-time feedback and questions/answers which has worked really well for people.*
- 5. Feedback – all families have the phone number to Ellis House our head office and contact details for the manager and Director. The team leaders are responsible for one or two service users and they contact families on at least a monthly basis to perform feedback through telephone meetings, sometimes these are done face-to-face when they visit. The office sends out yearly feedback questionnaires, data is collated and then reviewed by the registered manager and families contacted re responses.*
- 6. Family meetings – this is not something we have considered before but in the new year will approach the 5 families and ask if this is something they wish us to facilitate.*
- 7. Complaints policy – we will put this on display for families and visitors. Staff have access to the complaints procedure in another area of the building with all other policies and procedures.*
- 8. Reassurance on staff levels – we will add this to our monthly family feedback so they have this information more often and can be reassured*
- 9. Upgrading communal area – I assume this refers to the damage on the wall from the TV cabinet that was? This is currently being organised. We are building a sensory cupboard to go in its place that will open out and have lights, blackboards, texture boards etc as this will better meet the needs of the current residents as opposed to another TV. We also*

purchasing a 'tiny tablet' <https://tinytablet.co.uk/> which we are very excited about.

Thank you for your visit Healthwatch, you were respectful, listened and took our guidance when engaging the people we support which does not always happen with people who come into the service due to a lack of understanding. It was a pleasure to have you with us.

As we go into the new year, we will formally share your report with our residents, their families and the staff as it's really nice to celebrate what an incredible job they do and how their kindness, professionalism and dedication is reflected in your report.

We will also work on the actions you have suggested so we can continually improve our service for the people we support and the staff who work so hard.

Healthwatch would like to acknowledge & thank all the staff, residents and family members for assisting Healthwatch in completing our visit and enabling us to complete this report.

Next Step

The report will now be published on our website for the general public to read and copies will be forwarded to Ellis House and shared with Staffordshire County Council & Care Quality Commission (CQC), it will also be added to the next Healthwatch E-Bulletin.

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 residents, relatives and staff, only an account of what was observed and contributed at the time of this visit.