



Enter & View Interim Report

Name of service:	Cedric House 2, Ansdell Villas Road, Rainhill, Prescot, L35 4PN
Date & time:	27 th July 2017, 10am
Authorised Representatives:	Joanne Heron, Jane Lowton
Support team members:	Janet Roberts
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Acknowledgements

Healthwatch St Helens would like to thank the staff at Cedric House Care Home for their valuable time and hospitality during this visit.

What is Enter & View?

Part of the local Healthwatch duty is to carry out Enter & View visits. Local Healthwatch representatives carry out these visits to health & social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices and dental surgeries. Enter & View can happen if people tell us there is a problem with services or, equally, if services have a good reputation so we can learn about them and share good practice from the perspective of the people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues; however any safeguarding concerns which arise during a visit will be reported in accordance with Healthwatch safeguarding policies. If, at any time, an authorised representative observes anything that they feel uncomfortable with they should tell their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

About the service

Cedric House is a former family residence which has been converted to a care home to cater for 20 residents. There are currently 19 residents - all of whom are at various stages of dementia. Age ranges are from 71 to 96 years old.

Purpose of the visit

- To observe the unique service provided by the centre:
- To engage with clients and staff
- To observe care at the point of delivery
- To identify good working practice

This was an announced visit with 6 days' notice given.

Methods used

The visiting team used observation through the senses and talking with staff and clients where applicable to get a general feel for the environment and care being delivered. However it was difficult to engage with clients and almost all of the clients were at different stages of dementia.

Discussions with the manager and staff explored issues including training, their relationships with clients and how they felt about their work.

Observations made by the visiting team can often be based on instinct and not on something that is visible or measurable.

Summary of findings

The manager and office staff were very welcoming. Care staff were busy and friendly.

The outside of the property looked untidy and the inside of the property looked dated. Residents were at varying stages of dementia but seemed happy and relaxed. We spoke to one resident but in fact we were informed there were another potential nine residents we could engage with. This led to a recommendation that the visiting team would return to chat with residents.

Volunteers are relied on for recreation with residents.

Results of visit

First impression

The side area of the house on Ansdell Villas Road was very untidy with building materials and other rubbish present. At the front of the property the garden is untended and the grass uncut. Wet weather has prevented further upkeep of the garden during the summer months but we were informed by the Care Provider that the outside area has now been sorted out.

On entry into the building there was a small board with staff photos and names. There were also signs on the wall on how to communicate with people with dementia.

The communal area which led into the office was cramped and untidy. Although staff-only areas do not feature in Enter & View, the visiting team felt that these areas let down the overall appearance. The Manager however, believes this is unavoidable due to lack of available space.

Staff

There was a board with employees' names and photos displayed. The board is quite small but the visiting team were unsure if the residents would take notice. Staff did not wear name badges, but the Manager explained that this was for health and safety reasons as the very nature of dementia can make some people unpredictable and physically aggressive.

There are 8 female care staff and 1 male carer, and volunteers came in to assist with socialising with residents. There appeared to be a low turnover of staff and some had been there 10 years or more. The staff we spoke to were content in their work.

Staff were busy seeing to everyone's needs so there was a bustling atmosphere.

The staff rota covered a 12 hour shift and there is always a senior person on call.

Staff Training

All staff undertake induction and enrol for on-line training when appointed. Mandatory training includes fire safety, first aid training and manual handling. Some training is provided by the Local Authority and this has included Dementia training, Dignity and Respect, Equality & Diversity and End of Life training from Willowbrook Hospice.

Staff work towards NVQ level 2 in Health & Social care if they don't have it already.

Recreation & leisure

There are three lounges but in one lounge there were five residents who all seemed to be placed in front of TV. One resident had a doll as part of therapy for her dementia. A volunteer was trying to engage another resident in activity.

Another lounge was a quiet room with a TV on low, where an elderly man in advanced stages of dementia was resting and a staff member covered him with a blanket. The room was decorated in differing colour with a large striking wall mural of a red post box. There was also memorabilia of yesteryear on the walls and in different parts of the downstairs area. There was a small courtyard style area that could be entered from this lounge with tables and chairs with books.

A third lounge also had a TV on but was on low. It was felt that all lounges should have a TV as the care home wants to offer residents a choice of whether to watch it or not.

The conservatory/veranda was the dining and communal area where a volunteer was playing 'sit-down' darts with a male resident. There was music being played in this area which gave a homely feel.

There were a few books and games on display but looked unused.

A hairdresser comes in once every two weeks. Staffs have attended training for hand massages.

The home relies on volunteers to assist with occasionally taking residents out for walks/fresh air and generally help with entertainment, but nothing particularly structured. There was an activity schedule up on the wall in the communal area / dining area but the planned activities don't always take place due to the nature of the dementia amongst the residents. The activity schedule acts as a guide rather than a fixed plan.

At the time of the visit the home had 2 volunteers that day. One was a student and the other has been volunteering for 3 months for 30 hours per week. The Manager informed us that another volunteer comes every Tuesday and another student who is employed as an activity person who comes once a week; prior to the full-time volunteer coming in, staff were rostered at least five times a week for 2 hours designated to provide activities.

There is a designated area outside for residents, visitors and staff who smoke.

Food & refreshments

A varied menu was on display for meal times. The writing on the menu was small and hard to see. It may be beneficial to have pictures on the wall as residents would probably not be aware or able to see it. The menu is rotated every 4 weeks, and meal times are protected.

We were told that a drinks trolley with a choice of juice and tea were available throughout the day. There appears to be no-alcohol policy but the visiting team are unclear as to whether this is due to the medical needs of the residents.

The male resident who was playing darts with a volunteer told the Visiting Team that he thought the food was varied and good. Different diets and cultures were catered for.

Privacy and Dignity

The care assistants were female apart from 1 male care assistant so male residents have the option of having a male carer to see to his personal needs, as with female residents requiring female carers.

The two bedrooms we saw seemed very small and there was only one resident with her photo and name on the door. The Manager informed us that this had already been mentioned by the CQC on their visit in April and they were currently addressing this issue.

Staff were observed knocking on bedroom doors before entering.

Clothing was labelled to ensure residents received their own clothes back from the laundry. Teeth and hearing aids were also individually marked to identify who they belonged to.

There was a 'Welfare Resident Chart' with details of each resident's waking times, what they had eaten at meals for example - to monitor their habits and ensure they were eating a varied diet.

The visiting team observed the staff being very swift and discreet in seeing to the needs of a resident who had soiled himself.

Hygiene & cleanliness

Hand gels were positioned at various points throughout the home. All dispensers were partly or completely full.

There were signs to encourage hygiene, for example there were signs with a picture of a tissue with the slogan - 'Use it, Bin it'.

The building was a bit cold and windows were open in bathrooms. Bathrooms fixtures were generally dated. One of the toilets upstairs hadn't been flushed, but generally bathrooms and toilets were clean.

The carpets needed hoovering upstairs and in the bedroom we looked at. However this might have been scheduled for later in the day.

Some of the bulbs in lighting at the bottom of the stairs needed replacing.

The downstairs area seemed bright and airy and had a homely feel but upstairs was dull, dowdy and the visiting team felt it had a depressing feel. The area had very little in terms of items of interest on the walls and the bedroom we saw was badly decorated with mismatched furniture that was scuffed. The vinyl flooring was poorly fitted. There were old fashioned net curtains on the windows with beaded drapes over them - however this was a matter of individual taste. Although the visiting team felt the whole look was old fashioned the Manager emphasised the importance of having surroundings that is in accordance to the era the residents lived. The room in question was in the middle of being decorated as it had not long been vacant, and the curtains were purchased recently.

The kitchen was locked but appeared clean from what could be seen through the window in the door.

Safety & security

Front door is alarmed and secure. Buzzers are fitted and all external doors are alarmed too. Visitors need to be let in and a visitor's signing-in book is in operation.

There are foot pads under the carpets in the bedrooms so staff will know if a resident gets out of bed in the middle of the night.

Medical care

A senior carer is available at all times and can contact doctors/ambulance as and when required. Medical professionals visit the home regularly and a district nurse was present during the Enter & View.

There is a medi-care system in place for residents to buzz the staff when needed. The manager informed us that a telemeds system is being installed where staff can contact medical professionals for advice rather than calling out a GP.

There are links with the incontinence team as 90% residents are incontinent. There is a continence rep amongst staff as well as 2 Falls Champions - hence links with the Falls Team.

Additional Comments

The visiting team felt the home was welcoming but needed an update in decoration - particularly upstairs. The care provider's response that the colours of blue and magnolia were partially painted upstairs to create a calming effect for residents. The Manager agreed to look at ways of adding items to the wall as focal points of interest. However, as mentioned earlier, the provider has an improvement plan for 2017 to tackle to the decoration and update furniture in order of priority and resources.

The residents seemed happy and relaxed. There is low turnover of staff and the staff we observed were constantly busy but friendly, yet there did not seem to be a lot of laughter and warmth. The Manager felt this was contradictory as the visiting team only spoke to one resident, therefore we did not get a true picture of interaction between staff and residents. The visiting team judged the varying scenarios and felt it would be intrusive and inappropriate to engage in conversation with residents either because their needs were being tended to, or their body language indicated they did not want to.

In her response to discussions prior to the completion of this interim report, the manager felt that there were another nine residents whom the visiting team could speak to. Healthwatch St Helens suggested a return visit specifically to chat to residents.

Recommendation and action by Healthwatch

- **To re-visit the home specifically to speak to identified residents in order to gain a better reflection of how they feel about the home and its services, and by observation of interactions between staff and residents.**
- **The interior décor of the building, particularly upstairs would benefit from being refreshed with some items of interest added to the walls.**
The visiting team felt this would contribute to an overall sense of well-being and improve the general 'feel' of the building. The care provider is addressing this within their action plan for improvement.
- **Update furniture and soft furnishings where it has become shabby or worn.**
The visiting team was informed that the home had devised an improvement plan in May 2017 which includes replacing the furniture in order of priority and in accordance to the resources available.
- **Bedroom doors to have the resident's name and/or photograph added.**
- **Consider increasing the size of notices for ease of reading.**
The Enter & View team acknowledge that the residents might not pay any attention to the noticeboards, however visitors might benefit from being able to read the information more easily.

- **To substitute or supplement menus with larger pictures.**
- **To introduce one of the lounges as a quiet room without the TV on.**
The visiting team believe this would be beneficial however the manager feels this was not practical as everyone likes watching TV and felt it offers residents as choice as to whether they watch it or not.
- **Improve general tidiness in the communal area.**
The manager feels this is not practical due to lack of space and how busy the office is.
- **Introduce more therapeutic activities for individual residents.**

Response from Provider

The following actions will be taken:

- **Look into producing a menu with bigger letters/pictures**
- **Sort out pictures/names for the bedrooms**
- **Update furniture as required**
- **Increase size of notices where needed**
- **Introducing focal points of interest on the walls upstairs**
- **Introduce more therapeutic activities for individual residents.**

Healthwatch St.Helens will share Enter and View reports, as appropriate, with:

- The provider
- The public, via the Healthwatch St Helens website
- Healthwatch England
- The Care Quality Commission
- St Helens Council Quality Monitoring Team
- St Helens Clinical Commissioning Group
- St Helens Council Safeguarding team

Disclaimer

Please note that this report relates to findings observed on the specific date stated. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

It is important to note that Healthwatch St Helens approaches Enter & View from the community perspective and its remit is very different from organisations such as the Care Quality Commission and local authority Quality Monitoring Team.