



Enter & View Visit Report

Details of Visit

Service Name and Address	Cliffdale Rest Home Shrewsbury Road Pontesbury SY5 0QD
Service Provider	Cliffdale Limited
Date and Time	Thursday 17 th November 2016, 2 - 4pm
Visit Team	2 Healthwatch Shropshire Authorised Representatives

Purpose of the Visit

To be assured on the quality of care provided to and the safety of the residents at Cliffdale Rest Home.

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 experience of all service users and staff, only an account of what was observed and contributed at the time.

Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a purpose.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced. Healthwatch Shropshire's visit to Cliffdale Rest Home was a semi-announced visit and the Manager was told that the visit would take place, but not the date or time.

What we were looking at

How the home provides individualised care

We asked about:

- the choices residents have e.g.
 - the food they eat
 - activities available
 - personalising their bedrooms
- how staff find out about a resident's previous life and their likes and dislikes
- if residents are happy living in the home

Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents
- if residents are dressed properly
- if privacy is respected in providing personal care

Whether the home offers a safe environment for the residents

We looked at:

- guarding against falls
- security
- fire escapes and accessibility
- staffing levels, staff recruitment, training

What we did

When we arrived at the home we were greeted by a member of staff who fetched the Registered Manager. The Manager told us she was completing a resident's assessment at that time and so she asked the member of staff to show us around. The Manager told us that she would be available to talk to us later in the afternoon.

As we went around the home we observed what was happening and spoke to those residents and visitors who were willing to talk to us. We also spoke to members of staff.

We spoke with:

- eight residents (although not all of them could understand what we were saying)
- one visitor
- four members of care staff

What we found out

The home

The Manager told us that Cliffdale Rest Home is one of a small group of care homes, mostly in the West Midlands. It is the only home within the group that is in a rural location.

The home is a large, old detached house set in its own grounds just off the main road in the middle of Pontesbury village. The front door opens directly onto this road. We were told that there are 23 bedrooms, with 22 residents at the time of our visit. The Manager told us that the premises are licensed for 27 residents,

some in double rooms. However the management has decided to only have single rooms. Ten of the current residents have some level of Dementia. Three residents are aged over 100, one person being 105 years old. We were told by the Manager that most of the residents have lived in the local area and many already knew each other and/or the staff when they moved in.

There are gardens to the front and rear of the home and a resident told us that residents sit outside in fine weather. The home is carpeted throughout, apart from the dining room in the conservatory extension. There are several photographs of local landmarks on the walls. We found that the air smelled fresh throughout the home and that the temperature was pleasant, even though it was cold outside.

When we arrived there were 11 residents in the bright lounge. A small group of residents were chatting to one other and others were sleeping or just relaxing in comfortable chairs. A large flat screen television was turned on but residents were still able to talk and hear each other. The dining room is in a conservatory extension next to the lounge and is under a glass roof. The kitchen leads into the dining room, and has a low barrier to prevent residents entering while food is being prepared and cooked. The local authority has awarded the catering facilities Grade 5 for food safety (the maximum score).

There are several bedrooms on the ground floor. We were told by a member of staff that although all bedrooms have wash basins, none have their own toilet or shower. The toilets are large enough to accommodate walking frames and there is a wet-room downstairs and two bathrooms upstairs, both with variable height baths. All bedrooms have commodes for night time use.

There seemed to be enough toilets with raised toilet seats, bath and shower rooms to meet the needs of the residents. We observed that the doors to these facilities had a name plates in capital letters but no pictures.

On the ground floor there are a few steps from the entrance hall to the main corridor but then all rooms are on the same level. There is a lift to the first floor. Staff told us that only one of the current residents is able to use it by themselves; everyone else relies on staff to escort them up or down. The upper floor has two slopes between corridors which seemed quite steep, as well as bedrooms which can only be reached by four steps. Wooden ramps are kept by these steps for those residents who cannot to walk up steps without help.

The Medicine Room door was securely locked at the time of our visit.

We found the home to be cosy with a homely atmosphere. All the residents who could express a view said they were happy in the home. One said they had been there about three months, but had already made friends.

Comments from residents included:

- “The girls [care staff] are all lovely”.
- “It’s smashing here. The staff couldn’t be better”
- “Staff are very good and friendly”.

Individualised care - choice

- **Menus and food**

There was room for only eight chairs around the table in the dining room, and the Manager told us several residents choose to eat in the lounge at small chair-side tables. One resident, who was in their own bedroom, told us that they always go downstairs for lunch in the dining room.

We were shown this month’s menu. There were two options for lunch as well as two (lighter bite) choices for tea/supper. Diabetic options were clearly marked. Three of the residents we spoke to were full of praise for the food, and the visitor we spoke to said, “the food looks lovely and is always well-presented”.

Comments from residents included:

- “The food is very good. Everyone says I look very well since I came here!”
- “The food’s smashing.”
- “The food is wonderful.”

Our visit coincided with afternoon tea. We saw staff prepare the residents, helping them to sit up, or placing a small table where it would be convenient. Tea was served in a cup and saucer or mug, depending on the abilities of the individual. We then saw cups of tea being taken to residents who had chosen to spend the afternoon in their bedrooms. We also saw a jug of squash and glasses available in the lounge.

- **Activities**

Residents told us organised afternoon activities are rare, although we saw photos of a visit from a pony. One resident said a member of staff sometimes gets them going 'with a sing-song'. When we were leaving and walking past the lounge, we saw a member of staff singing and encouraging residents to dance to the tune.

We also saw one resident taking several short walks around the ground floor, using their walking frame, before returning to the lounge each time.

We were told by a member of staff that one resident was going to their family for Christmas.

- **Personalising their bedrooms**

All the bedrooms we saw had been personalised, with pretty furnishings and various personal objects. One or two of the rooms had patterned wallpaper, but in most the decor was plain. Bedrooms were of various sizes. One resident invited us into their bedroom. It was spacious, with many photographs and personal ornaments that reflected their past life. This resident was sitting in an armchair watching television.

Dignity and respect

During our visit we observed that all staff approached each resident in a friendly, respectful way. A carer saw that one resident, who is not able to communicate, had slid down in the chair and the carer helped them into a more comfortable position and placed a cushion under their head. We observed that the glasses this person wore had no smears and all residents appeared tidily dressed, with appropriate footwear.

It appeared to us that the residents that we saw during our visit were wearing their own clothes and their clothes were clean. There is a laundry in the premises and we were told that a great deal of care is taken to make sure that residents clothing is individually marked and returned to them after washing and ironing

The visitor we spoke to commented “The personal care here is good. They’ll put a scarf on that matches Mum’s dress. In the last home, she was never in her own clothes”.

Three residents were asked about whether they got up in the morning at times that suited them. One said “I am always awake early. The night staff call in to help and I was downstairs by 7am today”. Another said that staff come around about 7.30am to help them get up and dressed. One other resident said they needed help to get in and out of bed and the staff do everything for them - “They are very kind”.

Our overall impression was of friendly, caring staff and a warm atmosphere that the residents really appreciated.

Safety

An electronic detection system alerts staff inside the home to approaching visitors. This means the front door is promptly unlocked and they are greeted in a friendly fashion. There is a visitors’ book in the hall and hand sanitising gel available, although we noticed that neither of these were regularly used. There was also a hand gel dispenser on the upper landing which we saw a member of staff use.

The home is carpeted on both floors. Metal strips where carpets are joined reduce the risk of tripping, but there are various steps or ramps between corridors, for example linking bedrooms and toilets. In the lounge and first floor corridor we saw a couple of areas of carpeting that had become threadbare.

Residents told us that staff always help them to move around upstairs and to use the lift. Although corridors are narrow, there was no obvious clutter, and large items such as wheelchairs and hoists were stored out of the way.

A member of the care staff showed us how the residents' call bell system works. When a resident presses the bell, the room number shows up on the corridor screen. A call can only be cancelled within the resident's room. We heard several call bells sounding during our visit, and they were all answered quickly. We saw that one room had a pad under the sheets to alert night staff if the confused resident tried to get out of bed at night.

We saw a fire escape route at the far end of one upstairs corridor. The Manager told us there are two staff on duty at night but we wondered whether residents could manage this route, or the main stairs, in an emergency.

Recruitment and training of staff

We spoke to four care staff. The most recent recruit had worked at the home for two years, and all the others for much longer.

The newest member of staff said that this was her first job in a care home. She said the initial training and support had been "really good". It included a session on dementia awareness. When we had asked residents about activities, two had said "the staff are always so busy, they don't always have the time to organise special activities". However we saw staff fitting in activities and interaction with residents around their routine work, for example escorting one resident to the toilet and at the same time reminiscing with them about local people they had both known.

We were told that the nurses and doctors from the nearby Pontesbury Medical Practice regularly visited the home.

Additional Findings

We saw no evidence of damp inside the building. However the roof to the conservatory at the rear of the premises was covered by a tarpaulin. The Manager told us there was an occasional problem with the roof leaking.

Summary of Findings

Individualised Care

- We saw a number of examples of individualised care during our visit, and all staff interactions with residents we witnessed were friendly and caring.
- Residents said they enjoy the food and choices are offered at both lunch and supper. There are diabetic options.
- Residents told us that few activities are organised at the moment. We observed the staff include some informal ones during their general interaction with residents.
- The bedrooms we saw were personalised with mementoes of residents' earlier lives as well as with their own TVs and books etc.
- Doors to bath and shower rooms were indicated by name plates.

Dignity and Respect

- It appeared to us that the residents that we saw during our visit were wearing their own clothes and their clothes were clean.
- We saw that one person's glasses had recently been cleaned and were told by a visitor that their family member was always helped to dress smartly.
- Staff actively tried to engage individual residents' interests by
 - reminding them of parts of their lives before they came to the home,
 - encouraging them to take gentle exercise such as walking.

Safety

- The front door is kept locked. The doorway leads directly out onto the main road and car park without any secondary gate or barrier.

- We observed that steps and slopes in the upstairs corridor make it difficult for residents to walk along the corridor without support.
- In the lounge and first floor corridor we saw a couple of areas of carpeting that had become threadbare.
- We thought that the fire escape route from the first floor would be difficult for residents to use at night.
- Although the physical layout, construction and design of the home presents challenges in making the home 'dementia-friendly' we saw staff demonstrating good dementia awareness.
- Hand sanitising gel was available in the home but it was not clear at the time of our visit if this was regularly used by visitors and staff.
- The Medicine Room door was securely locked at the time of our visit.

Recommendations

- Provide reassurance that the present means of escape from the first floor is satisfactory, especially in relation to an emergency at night.
- Check for all potential trip hazards (e.g. threadbare carpets) and take necessary action to make them safe.
- Use 'dementia-friendly' pictures as well as text on signs for the bath and shower rooms. (It is our understanding that good practice in the care of people with dementia recommends toilet doors should be clearly indicated by text and pictures, or painted in a single distinctive colour to distinguish them from other doors in the home.)
- Consider ways of involving residents (and their visitors) in regular, meaningful activities in and outside the home.
- Continue to make visitors and staff aware of the importance of good hand hygiene whenever coming into contact with residents as part of infection control.
- Repair the conservatory roof as soon as possible.

Service Provider Response

Healthwatch Shropshire have received the following response to the reports recommendations from the Deputy Manager of Cliffdale Rest Home:

Provide reassurance that the present means of escape from the first floor is satisfactory, especially in relation to an emergency at night.

All residents have written information in their Care Plan about the procedures for being evacuated from the building.

- The Deputy Manager is going to meet with the night staff about evacuation procedures at night
- Written emergency plans
- There will be evacuation practice sessions

This is being overseen by the Deputy Manager and will be completed by January 2017.

Check for all potential trip hazards (e.g. threadbare carpets) and take necessary action to make them safe.

- An audit of carpets will be completed and maintenance informed
- Notices to be put up (written and picture form) in the area

This will be overseen by the Owner of Cliffdale and the Deputy Manager.

Use 'dementia-friendly' pictures as well as text on signs for the bath and shower rooms. (It is our understanding that good practice in the care of people with dementia recommends toilet doors should be clearly indicated by text and pictures, or painted in a single distinctive colour to distinguish them from other doors in the home.)

- The Deputy Manager has put pictures up showing bathrooms, showers and toilets.

Consider ways of involving residents (and their visitors) in regular, meaningful activities in and outside the home.

- There has been a residents meeting
- A family meeting is planned
- Memos of comments

This is being overseen by the Deputy Manager who is going to arrange a meeting in January 2017.

Continue to make visitors and staff aware of the importance of good hand hygiene whenever coming into contact with residents as part of infection control.

- The Deputy Manager is going to speak to Infection Control to request posters and other information on handwashing to be displayed in the home
- A memo will be sent out to all staff
- Visitors will be encouraged to use hand gel

This will be overseen by the Deputy Manager.

Repair the conservatory roof as soon as possible.

- Reported to the provider and maintenance

This will be overseen by the Owner of Cliffdale.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

01743 237884

enquiries@healthwatchshropshire.co.uk
www.healthwatchshropshire.co.uk

Healthwatch Shropshire

4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG