



## Enter & View Visit Report

### Details of Visit

<b>Service Name and Address</b>	Ottley House Care Home Corporation Lane Coton Hill Shrewsbury SY1 2PA
<b>Service Provider</b>	Barchester Healthcare Homes Limited
<b>Date and Time</b>	29 <sup>th</sup> April 2016 10.00 a.m.- 12.15 p.m.
<b>Visit Team (Enter &amp; View Authorised Representatives from Healthwatch Shropshire)</b>	2 Healthwatch Shropshire Authorised Representatives 1 Healthwatch Shropshire Observer

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### Purpose of the Visit

To explore whether the home delivers a high quality service that is safe and respects the dignity of its residents.

### 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.

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## Context of the visit

The Manager started working at Ottley Care Home in early 2015. He came to meet with Healthwatch Shropshire in 2015 and invited them to visit. The Manager told Healthwatch about recent Care Quality Commission reports. It was agreed that an Enter & View visit would take place.

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

This visit was announced.

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## What we were looking at

### How the home provides a safe environment for the residents

We asked about:

- the number of staff
- how the home recruits staff
- the training the staff do
- the appraisals staff have
- if residents feel safe
- the medical checks residents have.

### The level of care residents receive

We asked about:

- the choices residents have e.g.
  - the food they eat
  - the activities they do
  - the places they go
- how staff find out about the life, likes and dislikes of a resident
- how staff share information
- if residents are happy living in the home

## The dignity and privacy of the residents

We looked at:

- how staff spoke with residents
- if staff knocked on doors before entering a private room
- if residents are dressed properly
- if relatives are happy with the care their relative received.

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### What we did

The Manager met us and told us about the home. He then took us around the home.

All the staff were aware of our visit and were very willing to talk with us. We spoke to groups of staff who were sitting in an office and staff on their own. We spoke with residents in a group and on a one to one basis. Some relatives had come to meet us to tell us their experiences of having a relative living in the home.

We met and spoke with:

- 6 residents who live in the home
- 2 residents who live in assisted bungalows on the site
- 3 relatives
- 7 staff, including Care Assistants, a Nurse, a Trainer and the Head Chef.

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### What we found out

Ottley Care home has 67 residents. There are 34 residents living on the Ann Carter wing which provides nursing care and 33 residents living on the Memory Lane wing which is for residents with dementia. There are also 16 bungalows on the site which provide assisted living accommodation for couples and people living on their own.

The home is owned and managed by Barchester Healthcare Homes. The Manager told us that since he was appointed in early 2015 he has made a number of changes to how the home is run.

## Providing a safe environment

One resident said they “felt safe living here” and “All the staff care.” Care Assistants and Nurses said they are well trained in how to manage safety and use bedrails when needed. All the staff we spoke to were aware of safeguarding and said information was on noticeboards and they knew how to report any issues.

The Head Chef told us they had had training on dysphagia (swallowing difficulties) and this information was shared with the 3 other chefs. 5 residents are currently having a soft diet. They said they would speak with the Speech and Language team if they noticed an issue with a resident.

The Manager told us that Barchester have chosen Ottley House to trial a new standard for the living space for dementia patients called “1066”. The Manager showed us the changes he is making in Memory Lane where walls are being decorated with themes such as the seaside or gardening. He hopes to complete these walls by the end of May 2016 when a team of auditors from Barchester will visit the home.

There were few ornaments on Memory Lane and the environment in the corridors and the lounge areas were mostly bare. The Manager explained this was because the areas were being themed. One shelf did have a watering can and garden tools on it with pictures of gardens above it. We saw 3 pictures on a wall showing the seaside. Other walls were blank awaiting decoration.

The Manager told us that following new advice the toilet and bathroom doors in Memory Lane had been painted duck egg blue (they had previously been painted yellow). This was a different colour to the walls. The toilet doors had signs saying “toilet”, there were no pictures.

The doors to the bedrooms on Memory Lane were painted white and in the style of front doors. We saw one door which had the name of a resident on it.

There is a garden area for residents on Memory Lane to enjoy. The Manager has created a paved path around the area for residents to walk on. There are benches in the middle of the garden area and beds around the edge with plants in them.

We saw a resident on the floor needing assistance and the Manager called for someone to help and the incident was dealt with. The Manager told us an incident form would be completed and the incident would be investigated.

- **Staffing**

The Manager told us there are 77 staff most of whom are full time. He said there has been no use of agency staff since the end of 2015 and there were currently no full time vacancies for care staff.

We were told that a resident is now on the panel which appoints staff and the Manager hopes to include relatives on the panel soon.

The Manager said he is keen to encourage his staff to become “healthcare champions”. Staff will be trained to be more aware of diabetes, continence and epilepsy, and how to manage end of life experiences.

Staff work 12 hour shifts, three days a week. During the day there are 2 registered General Nurses and 5 Care Assistants on each wing. At night there is 1 registered General Nurse and 2 Care Assistants on each wing.

There is a bank of staff who provide cover for sickness, holidays and training. Staff are required to book holidays 12 months in advance which means cover can be planned and provided.

All staff are encouraged to help each other and provide all levels of care. Sometimes Nurses will work as Care Assistants.

All the staff we spoke to were very happy in their jobs. They said;

“Everything is perfect.”

“Everyone supports each other.”

“There have been huge improvements since the Manager started.”

“If the Manager had not changed I wouldn’t still be working here.”

“We feel the home we work in is one of the best.”

- **Staff training**

We spoke with the member of staff in charge of training and we asked staff about the training they had. The staff were all very positive about the amount of training they had had and they said that “the training is good and relevant”.

Care Assistants said that they were aware of the training that is planned for them over the next 6 months. They said “the training plan is on the noticeboard”.

The Care Assistants said that if “anyone is interested in training it is always supported”.

The training coordinator told us there is a 12 month plan on the wall in the office showing the training schedules for all the staff. The Trainer told us that since being appointed 18 months ago there had been a lot of staff changes.

Staff are paid to go on training on days off and the Manager told us the company will sponsor staff for relevant training courses.

All staff have a week long induction. These are often done as cluster inductions with 2 other local homes managed by Barchester. New staff then have reviews after 1 week, 6 weeks and 12 weeks.

A Nurse told us training is regularly provided and they had recently attended medication, fire safety, dementia awareness and safeguarding training.

Some ‘e-training’ (online training) is done, for example covering health and safety, food safety and food allergies but many training sessions are run in-house. The Manager emails staff at home details of training courses as there is limited IT available in the home.

- **Staff appraisals / supervision**

The Manager told us that he had said he wanted all staff to have had an annual appraisal by the end of March 2016. These appraisals will be reviewed after 6 months. To date 76% have had an appraisal and all staff will have had an appraisal by the end of May 2016. Senior staff each have 6 or 7 staff that they are responsible for, and the dates of the appraisals are recorded on charts in the Manager’s office.

The Manager told us staff have supervision every 2 months.

Care Assistants told us they have an appraisal every 6 months and regular supervision every 2 months.

- **Medical checks for residents**

We asked the Manager about GP visits. He said there were no routine visits by the GP but residents were under the care of the Riverside Practice. Staff told us that if a resident required care a Nurse would contact the GP for them to visit.

Some residents we spoke to said they had kept their own GP.

Residents told us that their relatives made appointments for them with their GP and took them there in their own car.

We asked the Manager and staff about routine screening e.g. breast and bowel screening and the 75 year old health assessment. The Manager and staff were not aware of residents being involved in screening programmes.

The Manager said that physiotherapists and tissue care teams came to the home. He said that the staff take residents to the dentist but he was not aware of how residents accessed hearing or optician services. A Nurse told us eye checks and hearing tests were undertaken each year.

One resident was worried that the health of their partner was not being monitored properly in the home and wanted some advice but had not been given any at the time of our visit. They said “that is the only worry I have otherwise everything is fine.”<sup>1</sup>

## **The level of care residents receive**

- **Food choices**

We asked the Head Chef how they know what foods residents like or dislike. We were told that wherever possible relatives were asked and Nurses were aware of any allergies. The Head Chef meets with the residents once a month to ask about menu choices and residents suggest foods they would like e.g. sardines on toast.

A resident said: “The food is OK. Anything you ask for you can have. I asked for yellow haddock and they did it for me”.

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<sup>1</sup> The resident’s concerns were shared with the Manager after the visit.

The menus are put on the wall. The residents asked for a blackboard to be provided in the restaurant for them to see the daily choices. We were told by the Chef that two protein options are available as well as food for vegetarians and soft diets.

There is a restaurant which is light and airy with tables laid with napkins and wine glasses. We saw residents going into the restaurant for lunch. The restaurant seats approximately 15 people at a time and families or residents in the assisted living accommodation can eat there and they are billed separately. We were told residents can have wine or beer with their meal if they wish.

The Chef told us that residents on Memory Lane are shown the choices as plated food for them to choose what they would like to eat. Smoothies are provided twice a day on the drinks trolley and fruit is available on the afternoon drinks trolley.

There is a kitchenette on each wing which is stocked with sandwiches, bread for toast, biscuits, tinned soup etc. Staff can get residents food from the kitchenette at any time. We did not see any food e.g. fruit, biscuits, fresh water that residents could help themselves to.

- **Activities**

The Manager told us there are 2 permanent Activity Co-ordinators with additional support from a bank staff member although there is one vacant post at the moment. The Manager said that the Activity Co-ordinators organise outings e.g. residents had been on a barge trip and arrange for musicians and entertainers to visit as well as activities for residents.

In the entrance hall there was a board showing the activities planned for the morning, afternoon and evening sessions for every day of the week. This showed activities such as reading newspapers and doing crosswords. There were no activities shown for the morning we visited.

One resident said, "I like living here. You have a laugh and a sing. I like singing."

We saw an Activity Co-ordinator working with a resident in his room. The co-ordinator was helping the resident improve their mobility. We did not see any other staff speaking or doing activities with residents on either wing.

We saw one resident on Ann Carter wing sitting at a table with an abacus.

Most residents in the lounge on the Ann Carter wing were watching the television.

We did not see any activities taking place on Memory Lane. We saw 2 residents walking around the corridors. Two staff appeared to be sorting crayons in the corridor. There was a room with tables and chairs but there were no activities on the tables.

The Manager is keen to involve as many people as possible to provide interesting activities and he has spoken to a Squadron Leader about plans to ask air cadets to visit the home. He is arranging for the chefs to be involved with residents in growing food on an allotment in the garden.

- **How do staff find out about a resident's likes and dislikes and their life?**

We asked staff how they know what activities residents enjoy and are interested in. The Manager and staff said they ask the relatives. The Manager said he has two projects for residents - the Life Story and Memory Boxes. These are not yet completed for all of the residents.

The Life Story of a resident is written in a file so that staff can understand about that person. The information is gathered from the resident and their family. We were told that one resident has a family tree on the wall of their room which means staff can understand the background of the person.

A Care Assistant said "Not all the Life Stories are up to date but we speak to residents and their families and we found one resident loves poetry. They are a different person when they recite poems. You see a different person."

The Manager will be buying containers for relatives to put objects into Memory Boxes which help a resident to get comfort from precious belongings. The Manager said he had written to families and asked for objects but he had nothing as yet. He said he may draw up a schedule to complete the project.

- **How staff share information**

The Manager said he has a staff meeting every 2 months and all staff are expected to attend. A record of attendance is kept. A small number of staff cover the home during the meeting and if necessary staff are called out of the meeting to help.

The Manager said there were only 5 computers in the office and many staff had agreed to let him email them about training on their home email addresses.

At staff meetings any concerns are talked about and the action plan from complaints is discussed. This month the Manager is including information on the learning outcomes from complaints in writing with staff payslips.

The Deputy Manager holds monthly meetings with the nursing staff.

A relatives meeting is held every 2 months and there is a monthly newsletter giving information on staff changes and activities.

A resident we spoke to said they did not have resident meetings but the resident knew they could speak with staff or go and see the Manager. The resident and staff said that the Manager walked around the home several times a day and he was very approachable.

- **Experience of living in the home**

One resident was upset when they told us that when they came to live in the home 12 months ago they had brought their cat with them. But the cat had had to be rehomed because the resident said a member of staff was allergic to the cat. The Manager told us the cat had fleas and was not toilet trained and went into other resident's rooms. The website says that pets are welcome.

The Manager told us that they have pets including cats and a therapy horse brought into the home and that the Manager brings his dog. The resident we spoke to said they did not see any animals, only a cat occasionally walking by outside.

Relatives told us that after raising some money they had bought the home an iPad and this meant the resident could now speak with a family member living abroad. This was less confusing for the resident. Another resident said they wished there was a phone box so they could call their family.

Residents in the assisted living bungalows said:

“Everyone now is extremely kind since the Manager came.”

“Now things are sorted out very quickly.”

“We get attention.”

Residents on the Ann Carter wing said:

“It is a big improvement. It is a happy home. The staff are motivated, they look and sound happy.”

## The dignity and privacy of the residents

- **How staff spoke with residents**

We saw staff helping residents to drink cups of tea but we did not see staff talking to, or doing activities with, residents.

- **If staff knocked on doors before entering a private room**

We asked staff how they respected a resident’s privacy and they told us they knocked on the doors of bedrooms before going in. A resident we spoke to said they did not know about staff knocking on their door, but they were only in the bedroom when going to sleep.

During our visit most of the bedroom doors on Ann Carter wing were open and we saw that many residents were in bed. The bedroom doors on Memory Lane were all closed and we saw a few residents walking in the corridor.

- **If residents were dressed properly**

All the residents we saw were appropriately dressed.

- **If relatives were happy with the care their relative received**

The relatives we spoke to were very happy with the Manager. They said that in the past the staff had been poorly led, but the current manager had earned respect and he goes “over and above”. A relative said she had emailed from abroad to ask how their relative was and the Manager had replied saying that he was not currently at work but he would ring the home, find out and email back. He did this.

A relative said that since the change in management “the difference is palpable and measurable. Before it was bordering on neglect but our relative has put on weight now and is much happier.”

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## Additional Findings

- The Manager told us he was proud of the results of the recent Your Care Survey which had given a positive result of 91%.
- A recent staff appointment means that a new Activity Co-ordinator will be able to drive a minibus and take residents out.
- The home was clean and tidy.

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## Summary of Findings

- The residents and relatives we spoke to were very pleased with the care the home provided.
- The residents, relatives and staff we spoke to all praised the improvements in the home since the manager had been appointed.
- We were told there were no staffing issues.
- The Manager told us he is keen to appoint healthcare champions.
- Everyone was aware of the visit and was prepared to talk with us.

- All staff were aware of training and were keen to attend courses.
- All the staff we spoke to enjoyed their jobs.
- There was limited access to health screening and GPs and one resident had concerns over a partner's health.
- The Manager has plans to introduce new projects most of which were just started e.g. 1066 project, memory boxes, life stories.
- There is a monthly newsletter for residents and relatives.
- Residents and relatives feel able to speak to the Manager who is visible in the home throughout the day.
- Residents were happy living at the home but one resident missed their cat.
- We were told about activities for residents. We saw one resident doing a supported activity.
- The environment in Memory Lane was bland and bare. We were told it was being improved as part of the trial by Barchester of their new 1066 dementia standard.
- There was a pleasant restaurant and the residents were happy with the food.
- Most of the bedroom doors were open on the Ann Carter wing and all of the bedroom doors on Memory Lane were closed.
- One resident wanted some information and advice about the health of their partner who also lived at the home. They had not been able to speak to anyone at the time of our visit.

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## Recommendations

- All staff should be encouraged to spend time talking to residents and undertaking activities with them.
- The Manager should have a timescale for the completion of projects such as memory boxes and life stories. When completed these should be in a format that is readily accessible to residents, relatives and staff.
- The refurbishment of Memory Lane should be done as soon as possible in order that there is some stimulation for residents. In future it might help to refurbish one wall / corridor at a time.
- The Manager and Barchester Healthcare Homes need to be assured that the 1066 dementia awareness refurbishment is in line with national best practice.
- Consideration should be given to the dignity and privacy of residents whose bedroom doors are open on the Ann Carter Wing.
- The Manager needs to ensure all residents are offered access to national health screening programmes.
- Healthcare Champions, once appointed, need to communicate widely with residents and relatives so they know who to speak to.
- Residents and relatives who have healthcare concerns need to know about organisations that can offer advice and help.

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## Service Provider Response to the Report

Healthwatch Shropshire has received the following response from the Manager of Ottley House on 25<sup>th</sup> May 2016:

I would be very grateful if the additional information and explanations can be included in your final report.

### Providing a safe environment

There were few ornaments on Memory Lane and the environment in the corridors and the lounge areas were mostly bare.

At the time of the visit not all the pictures had been placed on the walls. I am currently waiting for a flat screen TV to be mounted to one of the corridors when relevant TV programmes and movies from the past will be shown. The activities-coordinator is currently assembling jumble boxes to go onto the unit. In line with the 1066 programme, this remains work ongoing.

The toilet doors had signs saying “toilet”, there were no pictures.

The signage for the whole of the memory lane inclusive of picture signage for the toilet doors had been ordered at the time of the visit. I still await delivery and will erect the signage as soon as it comes.

We saw a resident on the floor needing assistance and the Manager called for someone to help and the incident was dealt with. The Manager told us an incident form would be completed and the incident would be investigated.

The resident that was observed to be on the floor is a resident who likes to sit on the floor. This has been referred to in his care plan. At the time of the visit I observed the resident sit himself down. To that end there was no accident report produced. Normal procedure if a resident had been found on the floor would be to complete an accident form as well as review the risk assessments and care profile.

- **Staffing**

[The Manager] said there has been no use of agency staff since the end of 2015 and there were currently no full time vacancies for care staff.

I have not used any agency RGN / RMN since the latter part of last year. I do on occasion still use agency care staff although this has been significantly reduced through active recruitment.

We were told that a resident is now on the panel which appoints staff and the Manager hopes to include relatives on the panel soon.

I do indeed have a resident who assists me when interviewing new members of staff. At the time of the inspection I also have two relatives who are able to assist me at interview. Neither has done so yet because they have had other commitments at the time of interview.

Sometimes Nurses will work as Care Assistants.

On occasion I will deploy a nurse to work along side the care assistants in a carer role. This enables cross pollination in disciplines and further enhances the knowledge of the nurse working with the carer.

- **Staff appraisals / supervision**

The Manager told us staff have supervision every 2 months.

I can confirm that staff are to have supervisions every two months.

Care Assistants told us they have an appraisal every 6 months and regular supervision every 3 months.

Care assistants have an annual appraisal and a review at the six month point. Their supervisions are every 2 months.

- **Medical checks for residents**

We asked the Manager about GP visits. He said there were no routine visits by the GP but residents were under the care of the Riverside Practice. Staff told us that if a resident required care a Nurse would contact the GP for them to visit.

A majority of the residents here at Ottley House are under the care of Riverside. We do have other residents under the care of other practices around Shrewsbury.

The Manager and staff were not aware of residents being involved in screening programmes.

He [the Manager] was not aware of how residents accessed hearing or optician services

I have discussed these comments with the Deputy Manager and Head of Unit and both were fully aware and able to explain to me how the residents attend national screening initiatives. The clinical aspects of the residents care are overseen by the deputy manager and both heads of unit. Although I was not sure of the answer to this question I am content that my senior clinical staff are fully aware of this issue. I can also say that the opticians visit the home to conduct eye test when we request their input. Access to hearing tests is activated when we ask the GP to refer the residents.

## **The level of care residents receive**

- **Activities**

There is one vacant post at the moment

There is no vacant post at the moment. I have two full time activities co-ordinators and one who works on bank. The bank worker is used to cover sickness and holidays. I do not have the hours to employ a third full time activities co-ordinator.

There were no activities shown for the morning we visited.

On the morning of the visit I had one activities co-ordinator working 1:1 with residents. The second co-ordinator was conducting her rounds visiting the 16 close care bungalows and then reviewing and writing care plans.

- **How staff share information**

A resident we spoke to said they did not have resident meetings but the resident knew they could speak with staff or go and see the Manager. The resident and staff said that the Manager walked around the home several times a day and he was very approachable.

The home holds 2 monthly residents meetings of which minutes are kept. The next residents meeting is scheduled for 31 May 16 at 1500hrs. The previous residents meeting was held on 17 March 2016.

- **Experience of living in the home**

The Manager told us the cat had fleas and was not toilet trained and went into other resident's rooms. The website says that pets are welcome.

On this occasion I did indeed have two members of staff who were allergic to cats. Secondly, the cat had fleas and was not toilet trained. The odour on the Ann Carter unit was horrible and causing distress to other residents, relatives and staff. Furthermore, the resident was continually emptying cat litter into the toilet which caused the drains to block. The issue surrounding the cat was discussed in length with the NOK [next of kin] who felt it wholly appropriate for the cat to be rehoused as it was also in the best interest of the cat. This further added to the workload of the cleaning staff to try and combat the offensive odour and mess that the cat made. Pets are very welcome to the home. I have many family members who will come to the home with their dogs. I do indeed on occasion bring my own dog to the home. My dog has often sat on this residents knee for a love. We have Rupert the dementia horse visit the home on a regular basis and we have had cats brought into the home for pet therapy.

The resident we spoke to said they did not see any animals, only a cat occasionally walking by outside.

Please accept explanation as written above.

Another resident said they wished there was a phone box so they could call their family.

I have bought an I-pad for the home. It has been used to make international face time calls by residents and family members. This I-pad can be used for Skype as well. If any resident asked to make a phone call then they would be provided with a cordless phone immediately which is situated on both units.

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## Service Provider Response to the Recommendations

The Manager of Ottley House has also provided us with the following information and action plan in response to our recommendations:

**All staff should be encouraged to spend time talking to residents and undertaking activities with them.**

Deputy Manager to brief staff on the importance of undertaking a whole home approach to delivering activities at Ottley House. To be completed by 31<sup>st</sup> July 2016.

**The Manager should have a timescale for the completion of projects such as memory boxes and life stories. When completed these should be in a format that is readily accessible to residents, relatives and staff.**

Admin staff to oversee that memory boxes have been bought and are currently being decorated. They will be placed on the unit when completed. This should be done by 20<sup>th</sup> June 2016.

Activities coordinators to liaise with residents and relatives in order to complete life stores. This work is ongoing.

The refurbishment of Memory Lane should be done as soon as possible in order that there is some stimulation for residents. In future it might help to refurbish one wall / corridor at a time.

This is being overseen by the Head of Unit. Pictures to theme the corridors were bought on 24<sup>th</sup> May 2016 and we await delivery. Delivery is expected on 20<sup>th</sup> June 2016.

A flat screen TV was procured on 24<sup>th</sup> May 2016 and is to be mounted on the corridor wall. This will be overseen by the Maintenance Manager and should be in place by 26<sup>th</sup> June 2016.

**The Manager and Barchester Healthcare Homes need to be assured that the 1066 dementia awareness refurbishment is in line with national best practice.**

The 10-60-6 is a whole programme approach to help develop both the environment and the staff understanding of dementia care in practice. The programme has been put together based on the latest evidence and research based practice in dementia care. There are four levels of training, underpinned by Dr Al Power's Seven Domains of Well-being (Powers 2014) and the environmental considerations are based upon the work of the Kings Fund with elements of guidance from Stirling University. Each home within the pilot project has undertaken a specific intervention that is new to the Company, with Ottley trialling the Oomph programme with considerable success.

We have been accredited today and have 91% Good or Excellent scores against the 76 criteria identified but we will not stop at this, as we will ensure that all of our Good Scores move to Excellent.

At the moment we are still awaiting the new designated signage to arrive but this will be with us and placed within the unit by the end of next week.

Early statistical analysis is showing that we have achieved a 100% reduction in anxiolytic medication, a 75% reduction in hypnotic medication and a 35% increase in weight amongst the residents initially identified in September 2015.

**Consideration should be given to the dignity and privacy of residents whose bedroom doors are open on the Ann Carter Wing.**

This will be incorporated on the check to protect forms where all staff will be able to ask the resident if they wish to have their door left open or closed.

This is to be discussed at the nursing meeting scheduled for 26<sup>th</sup> May 2016.

It is to be overseen by the Deputy Manager and completed by 1<sup>st</sup> July 2016.

**The Manager needs to ensure all residents are offered access to national health screening programmes.**

When an invite to attend a screening programme comes to the home, this is discussed with the resident and next of kin in order that the relevant transport requirements are made. This will be overseen by the Deputy Manager and is ongoing.

**Healthcare Champions, once appointed, need to communicate widely with residents and relatives so they know who to speak to.**

The formation of link nurse roles whereby they champion a speciality has been identified. Relay this information to the relatives through the monthly newsletter. This will be overseen by the General Manager and completed by 1<sup>st</sup> August 2016.

**Residents and relatives who have healthcare concerns need to know about organisations that can offer advice and help.**

The formation of link nurse roles whereby they champion a speciality has been identified. Relay this information to the relatives through the monthly newsletter. This will be overseen by the General Manager and completed by 1<sup>st</sup> August 2016.

May I offer my sincere thanks to Healthwatch for coming to Ottley House and conducting your visit.

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## 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!

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