



## Enter & View Visit Report

### Details of Visit

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| Service Name and Address   | Heatherdene Residential Care Home,<br>3 Upper Brook Street, Heatherdene, Oswestry,<br>Shropshire, SY11 2TB |
| Service Provider   | Primecare Homes Britannia Ltd  |
| Date and Time  | Monday 18 <sup>th</sup> January 2016 10.00 a.m. - 12.15 p.m.   |
| Visit Team (Enter & View<br>Authorised Representatives<br>from Healthwatch Shropshire) | 2 Authorised Representatives<br>1 Authorised Representative in Training (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 visit was announced.

Our aims were:

- To speak with as many residents, visitors and staff as possible about their experience of life in the home
- To speak with the manager about the running of the home
- To observe the physical and social environment of the home

We wished to discover:

- The quality of the service delivered to the residents of Heatherdene
- Whether residents are routinely treated with respect and consideration for their dignity
- How the staff ensure the safety and well-being of the residents

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## What we were looking at

### Do individuals experience choice?

- Do residents have choices in shaping their daily routine such as times of rising or going to bed, food choices and inviting family or friends to a meal?
- Do residents have choices over personal appearance and space?
- Do residents have choices in social and leisure activities, including engagement with family and friends, social activities and entertainment?

### Do individuals experience dignity and respect?

- Is personal privacy protected and respected?
- Are an individual's needs recognised and met?
- Are group dynamics well managed?
- Are the opinions of residents and their visitors sought to improve the services provided?

### How well is the safety of residents protected?

- Are there enough well-trained staff to care safely for the residents?
- Are staff aware of the principles of safeguarding adults?
- Are staff aware of best practice in supporting people with different levels of dementia?
- Are residents and families able to complain, both formally and informally?
- Do all residents have access to health and social services?
- Is the physical environment of the home safe for all residents?

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## What we did

When we arrived at Heatherdene Residential Care Home we were met by the manager. She explained to us the service provided by the home.

We were then taken on a tour of the home. On the ground floor we saw the residents' lounges and dining areas. We also saw the kitchen, toilet and bathing facilities, and one bedroom. On the first floor we saw three bedrooms including a shared bedroom. We were shown the laundry and the yard at the back of the house.

We spent an hour talking to residents and staff in the shared areas. We spoke with five residents who were able to answer our questions. Others were willing to talk but not able to answer questions or express opinions.

We spoke with three members of the staff team in some depth, and two others briefly, but none of them could speak for long because they were busy and there was continuous activity around us.

One relative was visiting at the time of our visit, and we talked with them for some time

Towards the end of the visit we saw lunch being prepared, the rooms and residents being made ready for lunch, and the lunch being served.

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## What we found out

Heatherdene Residential Care Home is the only home run by its parent company, Primecare Britannia Ltd. It has rooms for 20 residents. When we visited there were 19 residents, many of whom have been there for some years, plus two people who go to the home two days a week for day care. Most of the residents have some degree of dementia.

## Do individuals experience choice?

### Daily routine

We saw that the residents were able to choose the times of getting up and eating meals, and what they wanted to eat. For example, we saw a breakfast of toast and marmalade being taken to someone mid-morning, and heard the chef explaining to another staff member that that person's lunch would have to be put aside until later.

While we were looking at bedrooms upstairs a resident came out of their room for the first time that morning.

A resident told us, "I can go to bed when I want."

### Food and drink

The home's chef works five days a week, and his assistant the other two. There is a four-week menu rota, which is changed every three months. The chef told us that every resident's likes and dislikes, as well as any special dietary needs, are explored in detail and taken into account when setting up the menus and alternatives.

We were also told by the chef and the manager that the chef acts on advice from a dietitian and a speech and language therapist. Pureed food and thickened drinks are provided for people who have difficulty swallowing.

The manager told us that providing full alternative menus daily led to a great deal of food waste. The chef set up a system of 'food boxes'. This means that different meals are prepared in single portions so that if a resident dislikes or refuses the planned meal they are able to have a choice of alternatives.

Drinks and snacks are available throughout the day. The staff give tea with meals, and mid-morning and afternoon, but also make drinks when they are asked for. None of the residents living there now are able to make drinks and snacks for themselves, but there are jugs of juice in all the shared areas and during our visit we saw residents being given hot drinks and saw that they had glasses of water or juice by their chairs.

We were told by the manager that if a resident feels like something in particular, a member of staff will pop out to get it from the shops around the corner. The manager told us that family members and friends also bring in “treats” for residents, which are kept in their bedrooms.

We were told by staff that as most of the residents have some level of dementia, they each have a set place where they have their meals. Some prefer to eat at a table, others like to have the meal brought to them. We saw this happening. Help to eat and drink is given where necessary. For example, we were told that a resident who is blind can cope on their own with some meals but not with others.

The three residents who were asked what they liked best about living at Heatherdene all said “The food!” One said, “There is plenty of food.” Another said that the food was of similar quality to the food served at the restaurant where they used to eat before they came to Heatherdene. We saw lunch being prepared and served; it looked tasty and well-presented.

We were told that friends and family are welcome to have meals with their relatives.

### **Choices over personal appearance and space**

Residents can furnish their bedrooms with their own possessions. We saw examples of this in the bedrooms we visited.

When the residents moved to the tables for lunch we noticed that many of the chairs in the lounge areas had extra cushions and throws to give each individual the level of comfort and warmth they preferred.

All of the residents were dressed comfortably and tidily, with appropriate footwear. As so many of them have some level of dementia it was not possible to find out if they chose what to wear for themselves.

We were told that a hairdresser visits the home every two weeks.

## Choices in social and leisure activities

- **Social stimulation**

Most of the conversations we saw were between the staff and residents. Perhaps this is not surprising, given the high percentage of people with dementia and other communication difficulties at Heatherdene. One resident told us that despite being at Heatherdene for some time they knew nothing about the person sitting next to them as they were unable to talk to them.

Friends and relatives are encouraged to keep in touch with the residents through visits and telephone calls. The relative we spoke to spent part of most days at Heatherdene and said they always feel welcome. A resident told us, "I speak to my family on the phone". Some residents do not have any family. We were told by the manager that none of the residents have the ability to use technology such as Skype on a computer or a tablet, but that Skype has been used by past residents. Residents can use technology if they are able to or want to.

We saw some residents moving around the shared areas, but many others stayed in their chairs for the whole time we were there, unless they got up to go to lunch or were helped to the dinner table. Several were asleep for most of the time. Chairs were placed round the edges of the two living rooms, with no groupings of chairs to make it easier for residents to talk to each other. We visited Heatherdene in the morning so we did not see if people moved around and talked to each other or the staff more during the afternoon.

In the main sitting area there is a cage with 2 budgies, and a small fish tank.

- **Activities**

A notice board in the entrance hall shows a display of activities and events laid on for residents.

The manager told us that each afternoon at 2 p.m. a member of staff sets up an activity. People can join in at any point during the activity, but are under no pressure to take part. On the afternoon of our visit a craft activity was planned, when calendars that residents had started to make in another session could be completed. We saw one of the calendars; it was beautifully made but basic. This

did not appear to have been a challenging task for the resident who made it because they had no cognitive impairment and had worked in a highly-skilled job: “I could if I chose put letters after my name”.

The manager told us that there is a wide range of games available, for two players or for groups to play.

Music features in a number of the activities on offer. Once a month there is a Music and Movement session which the manager told us is very well-attended. Visiting guitarists, pianists and singers are popular.

There are visits from a Petting Dog, and the manager’s own dogs are sometimes brought in to the home.

Someone from a local church comes to the home once a month to conduct services and give communion to those who want it.

During our visit we did not see evidence of appropriate stimulation, mental or physical, for the few residents without dementia.

Several residents we spoke to mentioned activities or hobbies from their lives before entering the home which they would like to pursue but which they seem to feel are not possible. When asked what their personal choice of activity would be, one resident said they would love to play snooker. Another, from a skilled work background, talked about making things. A third said they would like to go swimming. One resident spoke about the garden at their previous home, with its fruit tree, which they had to leave.

Two of the residents we spoke to said: “I don’t see many activities [going on]” and “There isn’t much activity”. A third resident said, “There are lots of activities”.

- **Outings and excursions**

Occasionally a minibus is hired from the Qube in Oswestry for an outing. There is a monthly Dance Club in the town which is attended by some residents. In the past, residents have had a holiday on the Lyneal Trust narrowboat.

Groups of residents are sometimes accompanied into the town, and some residents enjoy going with staff when they do the shopping. The manager said that one resident in particular takes every opportunity to go into town. On Remembrance Sunday some of the residents laid a wreath at the Oswestry War Memorial.

As the home opens directly onto a busy road, many residents are confined to the building.

## **Do individuals experience dignity and respect?**

### **Respect for privacy**

We thought that due to the size and layout of Heatherdene (for example the position of rooms in relation to each other and a lack of ensuite bathrooms), the level of privacy available to residents might be a concern. One resident said, “You can’t expect a lot of privacy in a place like this”.

We didn’t see any areas where we thought people could have private conversations, for example between relatives and staff. The office is in continuous use by the staff. We talked with the manager in a ground floor bedroom. It was impossible to talk to any of the staff without being overheard by other staff and residents.

As we walked around the home we saw that some residents were in their rooms with the doors open. We noticed a resident sitting in their room and watching all that went on around them. Others had their doors closed. The manager told us that there are a small number of residents who for various reasons rarely or never leave their room. One of these is gradually being helped and encouraged to go into the shared areas and mix with other residents.

The manager told us that toilet and bathroom doors are not locked from the inside. Many residents feel safer if the staff can reach them if they fall, and staff have concerns over the safety of some residents.

One toilet door had a modern handle system which can be locked on the inside so that the handle cannot be depressed, but which has a slot on the outside which can be turned with a coin to unlock the door in an emergency. The manager said that the man, who carries out the maintenance at Heatherdene, was gradually replacing the old handles with these new ones.

In the ground floor shower room the shower itself was just inside the door. It had a shower curtain but anyone who opened the door would be able to see the person using the shower.

### **Recognition of the needs of individual residents**

It appeared to us that the staff and management do everything they can to know and understand the residents as individuals and to cater for their personal needs and wishes. The manager told us that the staff team watches residents carefully. When there is a problem they do their best to sort it out as soon as possible. The chef's description of talking to residents in depth about their food preferences is one example of the effort made to understand individuals' needs. Another example is that of a resident with dementia who was becoming very distressed at night. This person was moved into a shared room and their distress ceased; when they woke at night they were reassured by the presence of the resident in the other bed.

The manager pointed out that because Heatherdene is a small home the staff get to know the residents very well.

The staff we saw worked with residents in a kind, attentive and friendly manner, and the relationships between the staff and residents seemed to be easy and relaxed. We saw that individuals were treated with great tact, compassion and understanding.

We noticed when residents got up to go to the table for lunch that many of the chairs had extra cushions and throws to meet individual needs for comfort and warmth.

One resident said, “The staff are very good and kind.” Another said, “I am comfortable. The staff are lovely.” A third said, “The staff are very good.” The relative we spoke to spends time on most days helping with their own family member and other residents. They said they always feel welcome and that they are very happy with the care received by their relative.

We were told about one resident who had come to Heatherdene from home in a poor physical and mental state and is now recovering steadily.

### **Preserving independence**

We asked the manager about how people were encouraged to remain as mobile and independent as possible. We were told that staff help a resident if they need to, for example in getting dressed, or showering, but they leave the resident to do as much as possible on their own before offering help.

One resident likes to help with the washing-up; this is particularly useful as this person suffers from ‘sundowner syndrome’, i.e. the moment the sun goes down they feel the urge to go to bed. Helping with the washing-up after the evening meal means they can overcome the urge to go to bed and stay up until a more practical bedtime.

The manager told us that none of the residents are able to leave the home on their own, either because of disabilities or because their dementia makes it unsafe. There are no restrictions on residents’ movements inside the building and they are free to go into the yard if they wish.

### **Group dynamics**

During our visit the atmosphere was relaxed and calm. There were a lot of care activities happening in an orderly way.

We did not witness any event or interaction which needed active management. However, we were told by the manager of one resident who needed careful management in relation to the other residents. This appeared to be working well.

The manager is involved in the day-to-day care being given to residents and so is aware of what is happening at any given time and can monitor how staff and residents are getting on. Staff and residents told us that the staff team work well together.

The manager told us that the residents are very concerned about each other and care about each other's wellbeing. A resident in a ground-floor room offered to move temporarily into a shared room so that another resident waiting to be moved to a nursing home could be more easily cared for, day and night, on the ground floor.

### **Involvement of residents and their families in decisions**

The manager told us that residents and their relatives are invited to take part in decisions involving the running of the home. For example, the residents had recently had a meeting to help the chef choose the latest set of menus. A residents' committee has been set up and the manager has encouraged family members to become involved with it as well.

Family members are involved in Best Interest meetings, which take place when changes need to be made to the care being given to a resident.

### **How well is the safety of residents protected?**

#### **The staff team**

There is a staff team of 20. The manager told us that there is a low turnover of staff.

Staffing levels appear to be adequate at Heatherdene; during our visit we saw staff in all areas paying attention to the residents. We saw staff supporting residents as they moved around, and giving them drinks, snacks and meals. We were told that the night staff check all residents at 2-hour intervals unless someone is unwell, when they are checked more frequently.

The manager said the home tends to be over-staffed unless people are off sick or on leave. There is very little use of Agency staff.

Both the manager and assistant manager take a hands-on role in the home when they are on duty. We saw during our visit that they were very much part of the care team. The manager does not work at weekends, but lives close by and is available on the telephone.

As Heatherdene is a stand-alone home, induction and training are carried out in-house. The manager is a qualified trainer and undertakes much of the on-the-job training, with the addition of online learning, NVQ courses and external courses such as those run by Shropshire Partners in Care (SPIC).

The manager told us that all staff are supported to continue their training. One person we spoke to said they had gained the Level 3 Diploma in Care and were now taking the Level 3 Management course. All qualified staff have received Dementia Awareness training and two have so far received specialist training in dementia care.

Formal staff appraisals are carried out once a year by the manager, though we were told that the kind of issues that are normally raised during appraisals tend to be addressed as they come up.

The manager and senior staff hold supervision sessions with the care staff, but mostly support for staff appears to be delivered on the same informal day-to-day basis; the manager's door 'is always open'.

## **Safeguarding**

We asked the manager about how the Mental Capacity Act was put into practice in the home. We were given a clear explanation of what was involved, with examples of the issues that they have experienced in Heatherdene. We were told that each resident has an in-depth care plan which is updated when there are changes in their condition. Best Interest meetings are called with the appropriate people and agencies when decisions need to be made.

The home has applied to Shropshire Council for Deprivation of Liberty Safeguards (DoLS) for a number of the residents for a variety of reasons.

## **Making complaints**

On the notice board in the hall there is a clearly-displayed notice about how to complain.

The manager told us that they try to deal with any complaints in-house, though more serious complaints would be written up and communicated to the appropriate agency, e.g. Shropshire Council's Safeguarding Board or the Care Quality Commission (CQC). The manager says there is an 'open door' policy for relatives and friends of residents and they are encouraged to talk about any concerns. The relative we spoke to, who spends a lot of time in the home, did not think a problem would arise that could not be sorted out by speaking to the staff or manager.

All of the residents have key workers. Two people, who had independent advocates when they arrived, still have them.

Most of the residents have family who visit and are involved in their care planning, but there are some people who have no family support.

## **Access to Health and Social Care Services**

We were told by the manager that the residents have a variety of medical needs, from cognitive impairment (difficulties with understanding) or dementia, to Type 2 diabetes and Chronic Obstructive Pulmonary Disorder (COPD).

Residents are tested weekly for skin integrity (to avoid pressure sores). One resident is confined permanently to bed.

Residents stay with their own GPs, or are registered with a local practice if they come from out of area. A GP visited while we were there.

The manager told us that where residents have multiple health problems all the relevant healthcare agencies, and Social Services if appropriate, are involved in their care. At the time of our visit one resident was waiting to move to a specialist nursing home because they could no longer be cared for safely at Heatherdene. Both health and social service agencies had been involved in the assessment of this patient's needs. The manager was keen that this resident should be moved only

once, to their new long-term home, rather than be taken to a hospital in the short term. The team is working hard to ensure safe care until the transfer.

Medicines are kept locked in the office. Each resident has a record of what medication they receive, when, and in what form. Only certain staff members can give out medication. The resident is given the drug at the prescribed time and is watched while they take it. The record is then updated. If a resident refuses a drug, that is written down on the record. The GP has to give permission for drugs to be given 'covertly', i.e. hidden in food or drink, to residents who regularly refuse their medication. Some drugs, for example painkillers, are prescribed to be issued on demand and, if these are taken, that is also written down on the resident's record.

### **The physical environment of the home**

Heatherdene is a building dating from the early twentieth century or earlier, and sits on the corner of a busy road junction. The front door opens directly from the pavement into the hallway. Downstairs there are two connecting residents' lounges, a dining room, the kitchen, and a number of bedrooms.

A lift, two toilets and a shower room are easy to get to from the downstairs bedrooms and shared areas.

Most of the bedrooms are upstairs. There are also two toilets, a shower room and a bathroom with hoist. The bedrooms vary in size from quite small to reasonable, and there are three double bedrooms. We were told that one bedroom has full en-suite facilities. Some of the others have basins. Commodes are provided if they are needed.

Furniture in the bedrooms we saw looked basic, with limited facilities for storing clothes and personal possessions. Some bedrooms have nursing beds or special mattresses.

The manager told us that there is a rolling programme of redecoration. The age and internal layout of the building makes it difficult to achieve a light and fresh look, and woodwork and carpets have clearly seen a lot of use, but we saw that the home is clean and well-cared-for. The manager told us that the owner visits quite often, and that if equipment breaks down it is quickly replaced.

The kitchen is quite small for feeding so many people, though the food that we saw being prepared there looked very good.

The manager told us that a basement is used for storage.

Outside, there is an enclosed yard. Wooden benches in the yard give residents somewhere to sit. When we saw it, the yard looked uninviting. In the yard is a brick shed with a wooden shed attached to it. These house the 'clean' and 'dirty' sides of the laundry. There is no other outside space apart from a small car park.

## **Cleanliness**

There was a slightly stale smell in parts of the ground floor but the house as a whole looked well-cleaned, and the toilets and shower room we saw were spotless and smelled fresh. The regular cleaner who was working during our visit told us they shared the job with another person so that the house is cleaned daily. Other members of staff also clean as and when required. We were shown the laundry where soiled and clean linen and equipment are kept separate.

## **Safe movement within the home**

Inside, Heatherdene looked to us like a large version of a home that someone has lived in for many years. Furnishings throughout the home are functional and well-worn. There are various pieces of furniture in the hall, corridors and living areas, their surfaces covered in a variety of small ornaments and other objects. A curtained storage unit in the passageway by the kitchen holds a variety of foodstuffs. There are pictures and photographs on the walls, and several notice boards covered with information and calendars of events. The overall impression was of homely clutter.

On the ground floor we noticed a number of potential trip hazards; items of furniture in corridors, a small fan heater plugged into a socket in the dining room, and people continually crossing each others' paths in the narrow passageways and doorways. However we also noticed that, despite the potential problems with an old building, the floor was level and the flooring smooth and snag-free. On the first floor there was some unevenness in the floorboards in the rooms and corridor.

The staircase is fairly steep, but there is a central lift which we saw being used.

Many of the residents have limited mobility, and use walking aids which are kept close to their chairs. We saw one resident being wheeled to the lunch table in a small wheelchair. We saw residents moving about slowly but safely, with staff keeping a watchful eye on them. However, it would be difficult to move a wheelchair around all areas without bumping into people or furniture.

We felt that the physical environment was safe for residents as staff were watching them carefully as they moved around.

### **Safety and security within the home**

We asked about the use of bed rails and were told that they are never used. They are considered too dangerous for people with dementia who could, and do, try to climb over them. If there is a resident who is at risk of falling out of bed, their bed is lowered to a safe height and a 'crash-mat' or pillows are placed at the side of the bed to cushion them if they fall.

There are pictures of the residents on their bedroom doors so that they can recognise their rooms.

We saw a cleaning cupboard which is kept locked when not in use.

The front door of the home is always locked. The fire escape upstairs has an alarm on it.

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### **Summary of Findings**

- Heatherdene is the only residential home run by the owner, who visits regularly.
- The general standard of care at Heatherdene appears safe and in many respects excellent.
- Care staff are qualified to at least Level 2, have received Dementia Awareness training, and are encouraged to continue their professional development.

- There is a comfortable, friendly atmosphere. Relatives and friends are welcomed.
- The nutritional needs of the residents are very well catered for.
- The medical needs of the residents are met through local GPs and through working with appropriate agencies when necessary.
- Residents without family support do not routinely have independent advocates.
- The residents without dementia or in the early stages did not appear to us to have sufficient stimulus, mental or physical, on a daily basis.
- There is little accessible outside space.
- There is a calendar of events and entertainment within the home, and we were told that some excursions take place, but there does not appear to be an organised calendar of excursions and holidays.
- The physical environment is in need of some updating. Despite this, Heatherdene seems to offer its residents a safe and homely environment.

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## Recommendations

We recommend that:

- The management look at ways of providing more fulfilling activities (including physical activities), social stimulus and engagement in the community for the residents with no cognitive impairment or in the early stages of dementia.
- More use is made of independent advocates for residents who do not have family members to look after their interests.
- The yard is made more attractive as it is the only outside space available to residents.
- All door locks are modernised.

- The downstairs shower room is updated to ensure privacy.
- An area is provided for confidential conversations e.g. between relatives and staff.

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## Service Provider Response

March 2016 Jill Parnell (Registered Manager) provided the following response to the report and its recommendations:

Thank you for your very positive report it was just what my team needed.

**The management look at ways of providing more fulfilling activities (including physical activities), social stimulus and engagement in the community for the residents with no cognitive impairment or in the early stages of dementia.**

From March we will have a member of the team dedicated to the activities and pastimes of the residents. We will now be able to develop activities for everyone. She has already sorted out her resource cupboard and has made some plans for new activities with the Manager.

She will be working Monday to Friday 10am to 4pm she will also help the manager with fundraising and the development of our new resident's Friends of Heatherdene group.

**More use is made of independent advocates for residents who do not have family members to look after their interests.**

We will be looking into this to enable future residents to have advocates; we have done some research on the internet.

At this time, we have no-one needing the service as the resident who would have benefited from an advocate has returned to the community.

**The yard is made more attractive as it is the only outside space available to residents.**

The yard is a gloomy place in the winter. In the summer we have more planters and decoration in the garden. We have furniture and cushions to go out in the warmer weather. We also have a BBQ and some garden activities which are very popular.

We are going to develop a herb garden with some of the residents who like gardening and then the herbs can be used in the kitchen.

This will be done as soon as the weather permits and we have a fundraiser in March to help fund the garden improvements.

**All door locks are modernised.**

They will be changed by the end of March. The locks have already been purchased.

**The downstairs shower room is updated to ensure privacy.**

Due to the lay out of this room we cannot move the shower.

The new locks will help provide privacy.

For those residents who have help with showers or do not like the door locked I have put a notice on the door that staff can turn to 'Occupied'.

**An area is provided for confidential conversations e.g. between relatives and staff.**

Residents who need to talk in private can use the office or their bedroom.

The home is small and it is difficult to find more space.

We will keep thinking about this and I am sure we will come up with something suitable. This recommendation has been put on the agenda for this month's team meeting.

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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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