



Enter and View Visit Report

Stretton Hall Nursing Home

Visit date: 21 March 2019

Publication date: 7 May 2019

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About Healthwatch Shropshire



Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

What is Enter & View?

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 being provided.



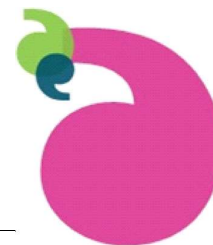
These visits are called 'Enter and View', and can be 'announced', 'unannounced' or 'semi-announced'. For 'semi-announced' visits the service provider is told we will visit but not the date or time of the visit.

The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



Details of Visit

| | |
|-------------------------|---|
| Service | Stretton Hall Nursing Home, All Stretton, Church Stretton SY6 6HG |
| Provider | Morris & Company (Shrewsbury) Limited |
| Date / time of visit | Thursday 21 st March 2019: 11.00 - 13.30 |
| Visit team | Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs) |

Purpose of Visit

The purpose of the visit was:

- To make observations of the home environment and interactions between staff, residents and their families.
- To understand the home's approach to providing 'person centred' care (including Dementia care) and the support available for staff.
- To hear about how staff support residents to maintain their independence, make choices and maintain relationships with family / carers.

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.

The Context of the Visit

Healthwatch Shropshire has been doing Enter & View visits to care homes since early 2014. These visits have been either in response to comments received directly from people using services or following a request for us to visit from organisations which commission and regulate services, including Shropshire Council

and the Care Quality Commission (CQC). During these visits we have noted that a number of residents have some degree of cognitive impairment or Dementia and this seems to be increasing. These are some of the most vulnerable people and it can be difficult for them to have a voice. Visit teams often hear about staff shortages and meet staff who do not seem to fully understand the conditions residents have and what can be done to help them live as full and independent a life as possible. In response to this Healthwatch Shropshire is conducting a programme of visits to homes that are registered by the CQC as providing Dementia care to learn more about the care they provide and identify areas of good practice.

The homes selected are of various size and CQC rating.

In order to prepare for these visits we have drawn on a range of information and tools, including:

- Age UK - **‘Care Home Checklist’**
- Alzheimer’s Society - **‘Things to think about when visiting care homes’**
- The King’s Fund - **‘Is your care home Dementia friendly - EHE Environment Assessment Tool 2nd Edition’ (2014)**
- NICE Guidelines - **‘Dementia: Independence and Wellbeing (10 Quality Standards)’**
- Skills for Health and Skills for Care - **‘Common Core Principles for Supporting People with Dementia: A Guide to Training the Social Care and Health Workforce’ (2011)**

Our visit to Stretton Hall was announced and the registered Manager was told the day we would be visiting and asked to make the residents, visitors and staff aware that we were coming by displaying posters around the home.



The latest Care Quality Commission (CQC) inspection took place on 24 April 2017 and the home was found to be overall ‘Good’, full report is available [here](#).

What we were looking at

In order to address the purpose of the visit we looked at

1. The home environment

We asked about:

- whether the home is Dementia friendly - we looked at the space, the type of flooring, the lighting levels, the access to outside space, the décor, the types of bathroom facilities, the type of signage
- general safety and security

We observed the environment and interactions between staff, residents and their families, using a checklist to guide us.

2. How the home provides 'person-centred' care (including Dementia care)

We asked about:

- the choices residents have e.g.
 - the food they eat and support to help them eat and drink
 - the range of activities available
 - personalising their bedrooms
- support for residents to maintain independence and express their wishes
- if residents are happy living in the home
- how the home manages end of life care
- how residents are supported when they move to the home and how their changing needs are assessed

3. The support available to staff

We asked about:

- the training staff receive
- the ratio of staff to residents throughout the day and night

What we did

The Manager, who has been in post for just over a week, met us and after we spent an hour with her, we were joined by her line Manager for a short time. The Manager then showed us around the home and the line Manager was available for a further conversation at the end of the visit. We spoke to one resident and two family members. We also spoke to one Nurse Assistant who was supervising the Garden Suite (a separate safe wing for residents with Dementia).



During the visit we had the opportunity to walk around the home and see all of the facilities, including lounges, dining areas and an unoccupied bedroom.

We observed the environment and completed the observation checklist based on The King's Fund environment assessment tool: 'Is your care home Dementia friendly?' included as **Appendix A**.

What we found out

1. The home environment

- **First impressions**

The building was originally an 18th Century Hall which was converted to a hotel then further developed in 2008 by Morris Care to provide a 50 room residential Nursing Home including a purpose built extension. The Manager told us this is predominantly a home for those requiring nursing care, although there are a smaller number of residents who have chosen to live here who do not currently need high levels of care.

The entrance to the building is secure, with access through a voice panel throughout the day and night. A desk near to Reception provides a noticeboard; photo album of events over the last 2 years and information for residents and relatives e.g. compliments and complaints folders. The ground floor 'Garden Suite'

provides accommodation for 15 residents with Dementia. The Manager told us some residents with Dementia live on other floors of the home.

In addition the home provides nine commissioned beds for hospital and NHS referrals.

The home was clean and odour free (with the exception of a room off the main dining room in the Garden Suite which smelt of urine) and we saw cleaning staff cleaning in various parts of the home.

There is ample car parking in the front of the building and at the rear with disabled parking at the front. There is a large lawned garden with seating areas at the front of the building, and a smaller secure garden with paths and seating for the exclusive use of the Garden Suite residents.

The layout including bedrooms and facilities

The home is built on three levels with half landings. It is a complex building with different access routes and stairways which we found quite confusing. There are no signs in the corridors to toilets or signs to the lounges or dining rooms. Bedrooms are accessed through a series of corridors.



There are ten bedrooms in the original 18th Century building and 46 bedrooms in the extension.



The bedrooms we saw all have good natural light and restrictors on windows to prevent opening the windows too far.

All of the bedrooms have an ensuite walk in shower/wet room and toilet. Staff told us there are several baths available if residents wish to bathe instead of shower.



The main lounge, dining room, kitchen and laundry are located on the ground floor of the original building. There is a lift which goes to all the floors. There is



-  a purpose built hairdressing salon:
-  four lounge areas (one on the ground floor, one on the first floor, one on the second floor and one in the Garden Suite);

- small seating areas in anterooms and corridors;
- nursing stations;
- a kitchenette on each floor which the Manager told us that relatives and friends can use.

• Whether the home is 'Dementia friendly'

The Manager told us residents can be moved between the Garden Suite and the rest of the home (in consultation with the Manager, nursing team, family and carers) as their needs change. The Manager told us that there is an assessment process to ensure that Garden Suite rooms are provided for those most in need.

The Garden Suite communal rooms have a non-slip, non-shiny laminate floor with bright and welcoming wall murals including beach and mountain scenes. The bedroom doors are each painted a different colour and personalised with names and photographs to assist residents to find their way back to their own room. Subdued lighting is provided by lamps in the bedrooms at night for some residents. We did not see any clocks in the communal areas.

In the remainder of the building the environment is sympathetic with the decor and style of the original 18th Century Hall, with large fireplaces, panelled walls and patterned carpet. It is less suitable for residents with Dementia. The building is well lit by LED lighting in corridors and a variety of large/low windows with views of the surrounding hills and trees.

During the visit we reviewed how Dementia friendly the Garden Suite and remainder of the building is, and the report is included in **Appendix A**.

• General safety and security

The Manager told us there was a call system in the home. We heard a call alarm during our visit. The Manager told us they use alarm mats placed by beds for residents who are at risk of falls or who may wander.

The home has its own laundry facilities and each room has a named basket for each resident. All clothes are labelled. The Manager said the system works well but there is 'lost property' that usually contains clothes from people who stay on a short-term basis.

The Manager told us the front door is always secure and only accessible by contacting/buzzing Reception staff who allow access.

Corridors were clear of equipment - apart from one exception on the ground floor near to the lift/laundry room where there were several wheelchairs and a hoist. It appeared to be an area where residents were unlikely to go.

2. How the home provides 'person-centred' care (including Dementia care)

● Choices residents have

Food

The Manager told us that residents have the choice of either eating in their rooms or the dining room - joining together to eat is encouraged as it encourages residents to interact and it is a social occasion. Garden Suite residents also have that option. and there were seven residents sitting at tables in the communal room of this Suite during our visit. We saw six residents eating together in a large dining room in the main part of the home, with tables arranged in groups of two, four or six places. The tables had freshly laundered linen and were laid with appropriate cutlery. We were told by the staff that residents walk to lunch. We saw one resident being brought to the dining room in a wheelchair.



The Manager told us breakfast is chosen by the residents and is eaten either in their room or in one of the dining rooms.

Menu choices are provided. We did not see a menu but the range of food was described to us. Staff said there are no photographs of food on the menu, but that residents in the Garden Suite are shown two plates of food so they can choose their preference. The kitchen Steward visits each resident in the morning to check out their preferences for the day. The Manager told us healthy food choices are provided.

The Nurse Assistant in the Garden Suite told us that biscuits are available and the evening trolley has sandwiches. Sandwiches can also be made on request.

The Manager told us that the home uses a nutritional assessment tool to ensure residents receive the required nutrition. Height and weight of all residents is

recorded on admission and all residents are weighed monthly. Food fortification, puree, soft diets etc. are provided as required. This information is also added to individual Care Plans.

Visitors and relatives are encouraged to eat with residents at meal times.

Range of activities

Relatives showed us a comprehensive colourful printed booklet provided to all residents listing the daily scheduled activities.



Personalising bedrooms

The Manager confirmed that it was 'their bedroom, their choice' and residents could bring whatever belongings they wished into the home provided furniture met the fire test requirement. Recliner chairs are PAT tested to ensure they are safe. A resident's family confirmed they had brought a chest of drawers and dressing table with them from their home when they moved in. We saw a room during our visit which was personalised with ornaments and photos.



The Manager told us residents can have a television and radio in their room if they choose. There is Wi-Fi throughout the home. The Manager was unsure whether there were iPad's or tablets for residents to use. Animals can visit but cannot stay.

Support for residents to maintain their independence and express their wishes

The Manager told us about a couple where decisions were being made by one of the couple. She explained how staff worked with them both to ensure that the needs and wishes of each person were fully accounted for.

We saw very few staff during the visit. The nature of the building and closed doors on each level we visited meant that we did not see interactions between staff and residents, other than in the Garden Suite during lunchtime. In the Garden Suite we noted that the interaction between staff and residents was positive. One resident was receiving assistance to eat, and other staff were delivering food and drinks to residents who appeared not to need assistance at that time. Staff were patient and calm, letting the resident explain their needs.

We noted the staff's attention to the environment, ensuring cleanliness and tidiness throughout the dining/seating area. Noise levels were minimal and one resident who did require attention was spoken to in a calm and supportive way.

Residents are appropriately dressed and we were shown the laundry system where there are individual named boxes for people's belongings.

The Nurse Assistant told us residents can choose whether they want a male or female carer.

We saw a suggestion box in reception to enable people to comment anonymously. There is a complaints process in place and we saw details of how to complain in the Reception area.

We spoke to one resident and their family. The Manager told us they had set up several potential meetings with family members for us but unfortunately only one family was available during the visit. We were unable to speak directly to other residents during the visit as those we saw were eating lunch or unable to comment.

The Manager told us residents and their families/friends are invited to Resident Meetings to discuss any concerns or issues they have and to help the Manager to 'continually improve' care services and the facilities provided.

If residents are happy living in the home

One relative we spoke to said that "the home is excellent and their [family member] is very happy here". They also said there are activities every day and that the monthly activity plan is varied. However, they also commented that they felt the staff did not 'know them' nor did they feel informed about the daily routines and any issues arising. They said they had found their relative in wet clothes on several occasions and that they thought that their relative may not have eaten breakfast on occasions, because they needed encouragement/support to do so. However they said that the 'box was ticked' on the care plan form stating breakfast had been eaten. They felt that staff did not always seem aware of their relative's condition. They told us that this had been raised with a previous Manager, but they felt the new Manager was making a bit of a difference.



How the home manages end of life care

Staff told us the home provides end of life care with the support of the local GP practice. The GP provides all necessary medication to the nurse. Next of kin are welcome at any time and can stay over if they wish.

The home discusses end of life wishes with the resident and their family. The information is included in the care plan.

The Manager gave an example of a 'thank you' received from a bereaved relative after a resident died, who had also written to the CQC to advise them of the good care received.

The home does not currently have the Gold Standard Framework (GSF) Accreditation for its work on end of life care but the Manager said they intended to re-apply in the future.

What external support services the residents have access to

The Manager and relatives told us the local GP visits every week. Residents are able to ask to see the GP or they are referred by a member of staff.

Residents attending hospital appointments are either taken by family or friends or supported by a member of staff who will accompany them in hospital transport.

The staff ask for advice (as required) from the Community Mental Health Team, who will visit when called.

Residents are referred if they require an eye test, and family generally support residents to arrange/attend appointments. National health screenings do not routinely take place, although screening for bowel cancer is conducted when samples are required.

Hearing aid clinics are organised for new residents and as needs change. Hearing aids are part of individual health care plans.

how residents are supported when they move to the home

An initial assessment visit takes place before a resident moves into the home to ensure the move is the right one for them. The assessment is based on the 'whole



person' and their wishes. The Manager confirmed that an ongoing needs assessment takes place once they are resident to ensure they continue to receive the level of support required for their changing needs.

Each resident has a care plan which is in a folder in their bedroom. There is also a 'This is me' describing preferences and wishes. The plan includes personal history, advanced care plan and end of life wishes and individual sections covering mobility, hygiene, activities etc. This information is provided by family or friends and carers.

The Manager told us each resident has a named key worker, a HCA (Health Care Assistant), although relatives told us they were unaware. Residents who are unable to make decisions for themselves and are subject to Deprivation of Liberty Safeguards (DoLS) have advocates in place to support them. The Nurse Assistant we spoke to confirmed she had undertaken training in these areas.

3. Support available to staff

📌 Training staff receive

All staff have a two day induction before they start work. They then undertake a probationary programme and receive training appropriate to their role and in line with the company's core values. Morris Care have developed their own Dementia training called the 'Cedar Philosophy'. Mandatory training includes manual handling, fire safety, safeguarding, Mental Capacity Act etc. A Dementia Lead has recently been recruited and will join the company from April 2019 working across the Morris Care homes in Shropshire. Staff confirmed that training regularly took place and the training was helpful and supportive.

📌 The ratio of staff to residents throughout the day and night

The staff includes a Manager, a deputy Manager, and 2 nurses. They are supported by nursing assistants and carers (health care assistants). There are also Receptionists, cleaning/laundry staff and kitchen staff. The Company has recently recruited an Admiral Nurse (a specialist Dementia nurse) who will join the team in April.

The Manager told us at full occupancy there would be a minimum of two nurses, a nurse assistant and nine care staff during the day and evening and one nurse, one

nurse assistant and four care assistants during the night. This is monitored closely and adjusted accordingly in line with operational needs.

The Manager is currently recruiting for additional care staff for 6 hour shifts to ensure there is additional support during the peak time (mornings). The Nurse Assistant also advised that she could call on additional staff from elsewhere in the home for additional support if necessary. There are Nurse Stations located in each main corridor. Some staff live in company accommodation in Shrewsbury and transport is provided at the beginning and end of each shift. The Manager told us they have bank staff. The Manager confirmed she does not favour agency staff because she prefers continuity of care from permanent or bank staff.

Additional findings

- There were no dedicated meetings for relatives but they are invited to residents meetings which are held monthly.
- The home reserves rooms to provide short-term and respite care.
- Staff supervision takes place every three months and we were informed by the nurse assistant that 'staff feel supported' and 'we are very open here'.
- Relatives told us there have been four Managers in the last two years.¹

Summary of findings

- The home is registered for 50 residents.
- The 15 bed Garden Suite is for residents living with advanced Dementia or other complex needs. Residents in other parts of the home also have Dementia.
- All rooms are single with ensuite facilities.
- The home has Wi-Fi access throughout.

¹ The Home manager explained that in the last two years there have been two managers with support from internal Morris Care staff during interim periods when recruiting.

- The décor varies throughout the home. It is sympathetic to the age of the older building; the Hall, in most areas, and more Dementia friendly within the Garden Suite.
- The lighting levels were good in the internal corridors.
- Some equipment was stored in one corridor.
- Staff told us that residents are encouraged to remain independent and provided with person centred care.
- At the time of our visit, the Manager had been in post for just over a week.
- The bedrooms were personalised and had good natural light.
- The Garden Suite is located on the ground floor and has access to a pleasant, secure, garden.
- There was a pleasant well cared for garden at the front, accessible to residents not in the Garden Suite.
- There are regular Residents meetings which families are invited to attend.
- There are kitchenettes available for residents and visitors to use to make snacks and drinks.
- Most of the home was clean and odour free, with the exception of a room off the main dining room in the Garden Suite which smelt of urine.
- The building design, incorporating the old and new wings means there are numerous corridors, half landings and three staircases. There is a lift to all floors.
- The layout of the building meant that we were not able to observe informal interactions between staff and residents, apart from at meal times.
- We did not see any clocks in the communal areas.
- The home provides end of life care but does not currently have GSF Accreditation.
- Signage was not Dementia friendly.
- Some relatives were not aware that every resident has a key worker.

Recommendations

We suggest the following should be considered:

- Installing clocks in communal areas that display the day, date and time, which might be useful for residents especially those with Dementia.

- We were informed by relatives that they did not know who the named carer/key worker was. Improving communication and information for relatives and visitors, such as names of key workers.
 - Installing Dementia appropriate directional signs to toilets, nurse's station, and exits.
 - Applying for GSF End of Life Care Accreditation.
 - Making the accommodation in areas other than the Garden Suite more Dementia friendly e.g. installation of contrasting toilet seats, visible flush handles and handrails that contrast with the walls/floor.
 - Ensuring that all corridors are clear and all areas odour-free.
 - Ways to improve the digital inclusion of residents.²
-

² Age UK [The digital inclusion of older people in care homes](#)

Service Provider Response

| Identified Area for Improvement | Action(s) by the provider in response | Who will oversee this action? | When will it be completed by? | Progress |
|---|---|-------------------------------|-------------------------------|----------|
| Installing clocks in communal areas that display the day date and time | To purchase new clocks that are dementia friendly. These need to be replaced with ones that also include Day and Date as well. | Home Manager | 14 th May 2019 | |
| Relative did not know who the Carer or keyworker is – improving communication and information for relatives and visitors. | To update any existing list that is available and inform staff of their responsibility within the home. Cascading to Next of Kin and visitors via information within the resident's room on their noticeboard. | Home Manager | 30 th June 2019 | |
| Signage | Dementia Friendly signage will be reviewed by Morris Care Admiral Nurse and Morris Care interior designer | Home Manager | 3 months | |
| Applying for GSF end of life accreditation | In line with other Morris Care Homes, Stretton Hall is actively working towards this. | Home Manager | Ongoing | |
| Dementia friendly in all areas | This will be reviewed by Morris Care Admiral Nurse and Morris Care interior designer | Home Manager | Ongoing | |
| Corridors | Corridors remain clutter free, with no trip hazards. To ensure that the 60's room carpet is cleaned on a regular basis. | Home Manager | Immediately and ongoing. | |
| Digital Inclusion | The residents within the home have access to a touch screen home computer which is located in the Library on floor -2. | Home Manager | Immediately | |

| | | | | |
|--|--|--|--|--|
| | <p>The Social Life Coordinator also has use of a 'Home' iPad</p> <p>The home also has Wi-Fi which the residents are able to login to if they have their own computers.</p> <p>The 'age uk – Digital inclusion of older people in care homes' with which we can refer to.</p> | | | |
|--|--|--|--|--|

Acknowledgements

Healthwatch Shropshire would like to thank the residents, visitors and staff for their contribution to this Enter & View visit.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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Appendix A

| 1.The environment promotes interaction/activity | Comment | Yes | No | NA |
|---|--|-----|----|----|
| a. Does the approach to the home look and feel welcoming? | | X | | |
| b. Are there enough parking spaces? | | X | | |
| c. Is the entrance obvious and doorbell/entry phone easy to use? | | X | | |
| d. Is the CQC rating displayed? | | X | | |
| e. Is the homes Complaints Policy displayed? | | X | | |
| f. Are staff welcoming / friendly? | | X | | |
| g. Does it give a good first impression i.e. look clean, tidy, cared for, odours? | | X | | |
| h. Is there good wheelchair access into and within the building, e.g. wide doors | A lift provides access to all of the upper floors. There are several flights of stairs linking floors and mezzanine levels | X | | |
| i. Can residents move around freely (e.g. doors between rooms/units unlocked)? | The Dementia unit has secure access | X | | |
| j. Are there ramps or a lift? | | X | | |
| k. Are there social areas, e.g. day rooms and dining rooms? | | X | | |

| | | | | |
|--|---|---|--|--|
| l. Are the chairs arranged in small clusters to encourage interaction? | | X | | |
| m. Is there a choice of seating, e.g. settees/single chairs, various styles/heights? | Did not observe chairs of different heights | | | |
| n. Are there dedicated quiet areas (including for residents to speak to visitors)? | | X | | |
| o. Are there resources for individual/group activities, e.g. books, memorabilia | | X | | |
| p. Do residents seem happy and occupied? | | X | | |
| q. Are staff sitting and chatting with the residents? | We did not see staff interacting with residents other than at lunchtime in the Dementia unit. | | | |
| r. Are there computer facilities or Wi-Fi available to residents? | There is Wi-Fi throughout the home but the home does not have tablets for residents to use. | | | |
| Examples of good practice / areas of concern | | | | |

| 2. The environment promotes well-being | Comment | Yes | No | NA |
|---|--|-----|----|----|
| a. Is there good natural light in bedrooms and social spaces? | | X | | |
| b. Is the level of light comfortable? | | X | | |
| c. Can the level of light be adjusted? | | X | | |
| d. Do light switches in bedrooms contrast to their surrounds, e.g. easy to see? | | | X | |
| e. Can bedrooms be made completely dark to support sleep/wake patterns? | Staff told us residents in the Dementia unit like to have a lamp on at night. | | X | |
| f. Is the décor age appropriate and culturally sensitive? | | X | | |
| g. Are links to and views of nature maximised, e.g. having low windows? | | X | | |
| h. Is there independent access to the outside space? | | X | | |
| i. Has internal/external planting been chosen to be colourful? | | X | | |
| j. Are there smoking areas? | Currently the residents in the Dementia unit are all non- smokers but there is an area outside staff would accompany any residents to who wished to smoke. | X | | |
| Examples of good practice / areas of concern | | | | |

| 3. The environment encourages eating and drinking | Comment | Yes | No | NA |
|--|---|-----|----|----|
| a. Do residents and/or relatives have constant independent access to drinks? | | X | | |
| b. Do residents have independent access to snacks and finger food? | There are snacks (biscuits) in the kitchen in the Dementia unit which are available to residents who ask. | | | |
| c. Are residents and/or relatives able to make food and wash up? | | X | | |
| d. Is crockery and glassware of familiar design, shape and distinctive colour? | Appropriate tableware is provided to residents who have particular needs. | X | | |
| e. Is there a choice of where to eat? | | X | | |
| f. Are large dining areas divided to be domestic in scale? | | X | | |
| g. Is there enough space/chairs for someone to assist with eating/drinking? | | X | | |
| Examples of good practice / areas of concern | | | | |

| 4. The environment promotes mobility | Comment | Yes | No | NA |
|--|--|-----|----|----|
| a. Is there inside/outside space to walk around independently? | The Dementia unit has its own garden with path and seating. Residents in the main home have access to the garden at the front of the building. | X | | |
| b. Is flooring matt and of consistent colour, e.g. no speckles, stripes? | In the Dementia unit the flooring is matt and not patterned. In the main home the carpets are patterned. | | | |
| c. Does flooring contrast with walls and furniture? | | X | | |
| d. Do handrails in corridors contrast with the walls? | | X | | |
| e. Are there small seating areas on corridors for people to rest? | | X | | |
| f. Are there points of interest, e.g. photographs, art, that can be easily seen? | | X | | |
| g. Are lifts easy to find and do they have large control buttons? | | X | | |
| h. Are there sheltered seating areas/points of interest outside? | | X | | |
| i. Are outside areas arranged to encourage engagement/activity, e.g. circular paths, raised flowerbeds, a clothesline? | In the garden which is attached to the Dementia unit. | X | | |
| Examples of good practice / areas of concern | | | | |

| 5.The environment promotes continence and personal hygiene | Comment | Yes | No | NA |
|---|--|-----|----|----|
| a. Can signs to the toilets be seen from all areas? | All rooms have ensuite facilities. There are no signs in the corridors | | X | |
| b. Are toilet doors painted in a single distinctive colour and have clear signage? | Visitors toilets have the same colour doors as the walls | | | |
| c. Do toilet have handrails, raised toilet seats and mobility aids? | | X | | |
| d. Do toilet seats, flush handles and rails contrast with the walls/floor? | | | X | |
| e. Are taps clearly marked hot/cold? Are they and toilet flushes traditional design? | We did not observe | | | |
| f. Are basins/baths of familiar design? | | X | | |
| g. Are toilets big enough for a wheelchair/carers to assist when door is closed? | | X | | |
| h. Are toilet rolls domestic in style and easily reached from the toilet? | We did not observe | | | |
| i. If installed, do sensor lights give enough time for toileting and washing? | | | | X |
| j. Are residents helped to the toilet, if needed? | We did not observe | | | |
| k. Are staff cheerful and tactful about helping residents use the toilet and changing them if they are incontinent? | Not observed | | | |
| l. Are residents dressed for the temperature in the home and well groomed? | | X | | |

Examples of good practice / areas of concern

| 6. The environment promotes orientation | Comment | Yes | No | NA |
|---|--|-----|----|----|
| a. Do doors have a clear/transparent panel to show where they lead to? | | | X | |
| b. Are signs of a good size and contrasting colour to be seen easily? | There are no signs in the corridors to toilets or signs to the lounges or dining rooms | | X | |
| c. Do signs use pictures and words, e.g. toilets, day rooms? (Height?) | See 6B | | X | |
| d. Are pictures/objects and/or colours used to help people find way around? | Large murals themed the corridor in the Dementia unit. Not in the main building | X | | |
| e. Are bedrooms personalised, e.g. names, colours, memory boxes, linen? | In the Dementia unit the bedroom doors were different colours and had the name and a picture of the resident. Not in the main building | X | | |
| f. Have mirrors been placed to avoid disorientation, can they be covered? | | | | X |
| g. Have strong patterns been avoided, e.g. wall coverings, furniture, flooring? | In the Dementia unit strong patterns have been avoided but elsewhere patterned furnishings e.g. carpet are used. | X | | |
| h. Is there a large face clock visible in all areas including bedrooms? | | | X | |

| | | | | |
|--|--|--|---|--|
| i. Are people able to see a calendar? | | | X | |
| Examples of good practice / areas of concern | | | | |

| 7. The environment promotes calm, safety and security | Comment | Yes | No | NA |
|---|--|-----|----|----|
| a. Are spaces clutter free and notices kept to a minimum to avoid confusion? | | X | | |
| b. Have noise absorbent surfaces been used to help noise reduction, e.g. floor? | | X | | |
| c. Is background noise kept to a minimum, e.g. call systems, alarms, bells? | | X | | |
| d. Do residents have any control over sounds, e.g. choice of music, TV? | Not observed | | | |
| e. Are exits clearly marked but 'staff only' areas disguised? | Staff areas e.g. the laundry and the kitchen are located in central areas, not part of the Dementia unit | X | | |
| f. Are there any visible hazards, e.g. trip hazards, unattended hot plates or medication? | | | X | |
| Examples of good practice / areas of concern | | | | |