healthwatch Shropshire

Dementia Care in Shropshire Care Homes

Enter & View Summary Report

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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', 'semi-announced' or 'unannounced'.

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 (ARs). 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'.

Executive Summary

Healthwatch Shropshire's Authorised Representatives (ARs) visited eight care homes registered with CQC as providing some level of Dementia care. This included both residential and nursing homes. We chose care homes of varying size and CQC rating and in different areas of Shropshire.

Our ARs spoke to 85 people in total on our visits; 28 residents (many of whom had Dementia), 17 visitors and 40 members of staff. We found that the residents, and their relatives or friends, who we spoke to were overwhelmingly happy with the care they were receiving at these eight care homes. People felt that staff knew them well and provided good care. In addition staff were very positive about their places of work giving examples such as having a 'great staff team' around them and being 'very proud of the excellent training they had received'.

End of Life Care was very important in these settings to avoid people having to move home as their health deteriorated. Both residents and staff we spoke to felt confident that preferences and wishes had been discussed and recorded.

Our ARs used a basic Environmental Checklist adapted from 'Is your care home dementia friendly?' produced by The King's Fund[1], to look at the environment within the eight homes. Homes scored highly in most areas but in half of the homes we visited we found issues with a lack of clear signs, particularly for toilets, and use of colour contrasts, for example light switches which are a different colour to the wall behind them making them easier to see. Both the use of contrasting colours for things like handrails and light switches and having clear signs in place are recommended as helpful for people with Dementia[2].

We made 43 recommendations across all eight homes, 23 of which were about the environment of the homes for example 'developing the use of the outside area for residents' and 'installing dementia appropriate directional signs to toilets, nurses' station and exits'. Providers were largely positive in their responses to our recommendations with 30% of recommendations acted on immediately and providers telling us they intended to act on another 42% of our recommendations in the future.

[1] https://www.kingsfund.org.uk/sites/default/files/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf
[2] https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/developing-supportive-design-for-people-with-dementia-kingsfund-jan13_0.pdf

Below are some examples of provider responses where they said they would not act on our recommendations. This made up 28% of responses and the reasons given varied:

Recommendation

Providing additional storage in the home to ensure corridors are kept as clear as possible to avoid trip hazards.

Response

The majority of items 'stored' in the corridors are hoists and equipment used extremely regularly during the course of the day. It would be inappropriate to store it elsewhere other than at night which is our current practice.

Recommendation

Extending the outside area available for residents by ensuring that the garden in front of the manor house is safe and secure.

Response

There are no plans currently to change this area, the garden is easily accessed by residents and a member of staff would be present to ensure safety.

All care homes providing dementia care are encouraged to learn from the examples of good practice identified during our visits and described in this report. Please see the report for each home available on the Healthwatch Shropshire website for the full details of each visit, including our findings and recommendations and the response we received from the home manager/provider.

http://healthwatchshropshire.co.uk/enter-view-reports-0

This report brings together our main findings from these reports and makes recommendations to all care homes providing dementia care in Shropshire.

Some of our key findings were:

- Overall the residents and relatives we spoke to were happy with the care they were receiving at the homes we visited with positive comments received about staff, food and activities.
- The size of homes delivering Dementia care in Shropshire varies widely. We visited homes of between 22 beds and 81 beds.
- End of Life Care is seen as an essential part of providing Dementia care. Homes take different approaches to End of Life Care; half of the homes we visited are,

or have been, accredited by the Gold Standards Framework for End of Life Care[3]. One parent company uses the 'SWAN' approach to end of life.[4]

- Some homes had Wi-Fi throughout for residents' use as well as computers or tablets to help them keep in contact with relatives or friends, including those living abroad. Several homes mentioned that they had supported residents to make 'Skype' calls.
- Many homes have separate Dementia units and we found that purpose built care homes were more Dementia friendly in terms of the environment and décor. This was likely to be because the designs would have taken account of the needs of residents. One non-purpose built home scored very highly on our observation checklist.
- Activities on offer varied from home to home. We found that five homes had a written programme detailing a wide selection of activities on offer to residents which also encouraged relatives and friends to join in. The programmes of activities for residents were publicised in various ways for example in the home's newsletter or on notice boards. In two homes which did not have a written programme of events, staff told our ARs about activities and they saw some in progress.
- One home specifically told us that they involve residents in activities of daily living such as light housework, folding linens, washing up or baking. The Social Care Institute for Excellence (SCIE) says of household tasks in their information on why activity matters for people with Dementia: 'By asking someone to participate in an activity, however small, such as helping us to fold a sheet or dry the dishes, we are saying something important: 'You are a person with a purpose. I value your help.' The more we take over all the tasks, the more the person is likely to withdraw and feel that they are not valued.' Further information is available on the SCIE website.[5]
- All of the homes told us that residents had regular access to GPs however access to other health support services was less consistent, particularly access to a dentist.
- Residents were supported to make choices e.g. what to eat or wear, or how to personalise their bedrooms at all eight homes and their communication needs were taken in to account whenever they were being asked to make choices. For example, we were told items of clothing might be held up for a resident to choose from or those with sight loss would be asked if they wanted to wear their blue outfit or red outfit. We recommended improvements to menus in three homes in particular to do with adding pictures or using larger wording to help residents to choose their meals.

[3] http://www.goldstandardsframework.org.uk/accreditation
[4] https://www.pat.nhs.uk/patients-and-visitors/swan-model-of-care.htm
[5] https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/why-activity-matters.asp

In response to these findings Healthwatch Shropshire makes the following recommendations to all care homes or nursing homes delivering Dementia care in Shropshire.

All providers should:

- Assess the environment throughout their home using a recognised toolkit to ensure it is as Dementia friendly as possible. In particular consider if there is good signage to toilets and if colour contrasts have been used appropriately for example around light switches and toilet doors to help those with Dementia to find their way around.
- Consider supporting residents to take part in household activities for example light housework, folding clothes or linens, baking or washing up and gardening.
- Consider ways to support the oral health of their residents.
- Review their menus to ensure they help residents to make food choices. Consider using pictures and larger font. Dementia Voices have produced a guide on making documents more 'dementia friendly' which can be found at www.dementiavoices.org.uk[6].

[6] http://dementiavoices.org.uk/wp-content/uploads/2013/11/DEEP-Guide-Writing-dementia-friendly-information.pdf

Details of Visits

Service	Eight care homes or nursing homes providing Dementia care in Shropshire
Commissioner	Shropshire Council
Date of visit	All visits completed between October 2018 and June 2019
Visit Team	Two/Three Healthwatch Shropshire Enter and View Authorised Representatives completed each visit

Purpose of Visits

To engage with residents, their relatives or friends and staff to understand:

- The home's approach to providing Dementia care and support available for staff.
- Hear about how staff support residents to maintain their independence, make choices and maintain relationships with family/carers.
- Make observations of the home environment and interactions between staff, residents and their families.

Our aim was to:

- Identify examples of good working practice.
- Capture the experience of residents living with Dementia in care homes across Shropshire.

Disclaimer

Please note that this report relates to findings observed on each visit. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and said to us at the time. Good practice examples highlight what our ARs saw and noted on individual visits but should not be taken to mean that this good practice was not present in other homes, only that it was not noted at the times of our visits.

The Context of the Visits

Since April 2013 Healthwatch Shropshire have completed over 40 Enter & View visits to residential care homes or nursing homes.

On these visits it had regularly been 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.

On Enter and View visits our teams often hear about staff shortages and meet staff who do not seem to fully understand the health conditions residents have and what can be done to help them live as full and independent a life as possible.

It was decided that Healthwatch Shropshire should conduct a programme of visits to homes that are registered by the CQC as providing some level of Dementia care to learn more about the care they provide and identify areas of good practice.

We aimed to visit a range of care homes. The homes we visited were chosen based on their location and size. We also chose homes with a range of Care Quality Commission (CQC) ratings from 'Outstanding' to 'Requires Improvement'. The current CQC rating for each home can be found on the CQC website: http://www.cqc.org.uk

All visits were announced and the care home's Manager was told the date and time of the visit so they could promote it within the home and encourage people to talk to us. The report for each home can be found on our website:

http://www.healthwatchshropshire.co.uk/

What we did

Before the visit

- We contacted the home managers and informed them of our plan to visit their care homes and the date. We asked that they publicise our visit to relatives and friends so that we might be able to speak to as many people as possible on the day

During the visit

- The Authorised Representatives (ARs) on the visit team spoke to the home manager and asked a series of questions (Appendix B)

- The ARs made an observation of the environment and completed a checklist (Appendix A)
- The ARs spoke to residents who were able and willing to contribute and any relatives, friends or other visitors who wished to participate
- The ARs spoke to staff at the care home who were willing and able to contribute and asked them a series of questions (Appendix B)

Visit details

Home	No of Beds	Date of Visit	No of residents spoken to	No of staff spoken to	No of relatives or friends spoken to	Total
Alexandra House	22	30/04/19	3	8	4	15
Churchill House	62	18/10/18	2	4	3	9
Coton Hill House	45	29/04/19	4	8	1	13
Danesford Grange	32	29/01/19	5	4	1	10
Four Rivers Nursing Home	40	31/01/19	2	4	4	10
Hinstock Manor	51	27/03/19	9	4	0	13
Stretton Hall	50	21/03/19	1	3	2	6
The Uplands at Oxon	81	05/06/19	2	5	2	9
			28	**40**	**17**	**85**

Part 1: The environment and how Dementia friendly it is

The environment

Healthwatch Shropshire used a basic checklist adapted from 'Is your care home dementia friendly?' produced by The King's Fund[7]. The tool is supported by design principles with:

> "the desired outcomes of: easing decision-making; reducing agitation and distress; encouraging independence and social interaction; promoting safety; and enabling activities of daily living. Listed under each of the section headings are a series of elements that are known to support, encourage and enable people with dementia in unfamiliar buildings.
>
> It is unlikely that every element can be introduced at once unless a new build or comprehensive refurbishment is planned. However, many of the principles are simple and can be introduced with very little financial outlay."
> https://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia

Our observation of each home looked at seven different areas:

1. The environment promotes interaction/activity
2. The environment promotes well-being
3. The environment encourages eating and drinking
4. The environment promotes mobility
5. The environment promotes continence and personal hygiene
6. The environment promotes orientation
7. The environment promotes calm, safety and security

Key findings:

The results of the checklist showed that the homes were overwhelmingly 'dementia friendly' under the first section of 'promoting interaction and activity' but findings were more mixed in other areas.

The main areas where homes were not found to be as dementia friendly were a lack of clear and visible signs and contrasting fixtures and fittings such as light switches, grab rails and toilet seats which can be easier for people to see. Four of the homes

[7] https://www.kingsfund.org.uk/sites/default/files/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf

we visited had patterned carpet in some or all of the home. Carpets with patterns can be disorientating for people with Dementia who sometimes perceive speckles as litter or crumbs on the floor.[8]

Two homes had older/original parts to the building and new extensions. Inconsistencies were found between the newer and older parts in terms of their decoration and how Dementia friendly this was. Similarly a third home was part way through a programme of refurbishment and we noted that the parts which had already been refurbished were more Dementia friendly in style e.g. laminate flooring replacing carpets in some areas and installing brighter lights in corridors to help people see more easily.

Our ARs made more recommendations regarding the environment than any other topic which they looked at during the visits. The vast majority of these recommendations were regarding the refurbishment of general areas; flooring being the main issue, and signage; in particular a lack of clear signs to toilets.

See Appendix A for the summary checklist showing overall results for all homes visited within this project.

1. The environment promotes interaction/activity

Homes scored highly in all parts of this section which covers aspects such as the look of the home from the outside, including available parking, how visible the entrance is etc. as well as wheelchair access.

All homes were seen as being welcoming and friendly and all were well maintained and tidy outside. There were issues with limited parking at one home and at another the rear car park did not seem to be well signposted as our ARs did not see it, although there was on street parking also available.

There appeared to be good wheelchair access to all the homes visited.

In two homes we visited the seats in the lounge were placed around the walls while in other homes seats were grouped to encourage residents to talk and interact.

[8] https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/making_your_home_dementia_friendly.pdf

In two homes there were no dedicated quiet areas which residents could use, for example, to talk to visitors.

Wi-Fi was available in all homes.

Examples of good practice noted on our visits:

- Alexandra House had a comments book in reception and there was a suggestion box in reception at Danesford Grange.
- At Four Rivers our ARs noted that staff responded to the calls of the residents who had Dementia quickly and kindly and appeared to understand the needs of residents.
- At Churchill House a busy, active and warm atmosphere had been created with many examples of stimulating, interesting and relevant information and memorabilia on notice boards and throughout corridors.

2. The environment promotes well-being

This section looked at light within the homes, whether there is natural light and if areas are well lit. It also looked at access to outside space and views from windows.

Bedrooms were found to have good natural light in all eight homes visited. Lighting was dim in the corridors of one home although a programme of replacing the bulbs was underway. Where light levels could be adjusted this was most often with the use of curtains rather than dimmer switches.

Light switches in bedrooms did not contrast to their surroundings at five of the homes we visited. 'Good use of colour and contrast can facilitate independent living, for example, by supporting people to find their way around and to use fixtures and facilities such as lighting unassisted.'[9]

All eight homes had low windows to maximise views outside. The King's fund toolkit states that 'views and access to the outside are essential for wellbeing'.[10]

[9] https://dementia.stir.ac.uk/design/good-practice-guidelines/colour-and-contrast
[10] https://www.kingsfund.org.uk/sites/default/files/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf

Example of good practice:

- At The Uplands bedrooms opened onto a central courtyard and we observed that two residents who were bedridden in their rooms had their beds pushed closer to the windows at an angle so that they could see outside.

3. The environment encourages eating and drinking

This section looked at all aspects of eating and drinking within the homes including access to drinks and snacks, layout of dining areas and the type of crockery and glassware used.

We found that overall homes scored highly in this section in relation to the provision of drinks. The tables in the dining rooms of all the homes were grouped to make it feel more homely and to allow space for staff to help residents to eat and drink.

Our findings were more mixed when we looked at whether or not residents and visitors could help themselves to snacks and drinks, prepare food and wash up. These facilities were available in four of the homes we visited. None of the homes told us about residents making their own food or washing up.

Example of good practice:

- At Churchill House there was positive evidence of a mixed and varied menu and nutritional diet based on each person's specific needs. Options are provided at the 'normal' meal times – breakfast, lunch, dinner – and throughout the day via the coffee-trolley in the morning and afternoon and a night time drink with snacks offered.

4. The environment promotes mobility

This section of the environmental checklist considers how easy it is for people to move around the home both inside and out.

We found that all homes had space inside and outside for residents to walk around independently although one home had very limited outside space and another had no paths in the gardens.

Flooring was matte and of consistent colour throughout half of the homes visited, however three homes had speckled carpets in some areas and one had some strong patterned carpet. Carpets with patterns can be disorientating for people with Dementia who sometimes perceive speckles as litter or crumbs on the floor.[11]

One home did not have any handrails in place and at another the handrails did not contrast with the colour of the walls so they would be more difficult to see. Five homes had small seating areas on corridors providing resting places for people who are walking around. Points of interest were noted in the corridors of all homes with displays, photographs, art and some interactive items such as a board with locks, switches etc. to fiddle with in one home.

Examples of good practice:

- Danesford Grange and The Uplands had sensory gardens outside with planting designed to stimulate the senses for example bright colours and strong smells from herbs and flowers.
- At Churchill House the outside areas are well structured with raised beds, (which are useful for people who cannot bend or kneel to tend ground level flowerbeds) and a productive greenhouse.
- There were lots of pictures and paintings adding interest to the corridors at Coton Hill House.

[11] https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/making_your_home_dementia_friendly.pdf

5. The environment promotes continence and personal hygiene

This section looked particularly at bathrooms and toilets, how easy to they are to find and how accessible.

All homes had bathrooms which were large enough for wheelchairs and for carers to assist people. Basins and baths were of familiar or traditional design and toilets had handrails and raised toilet seats. There were mobility aids in the bathrooms of all the homes.

Signage for toilets could not be seen in all areas within six homes. At four homes toilets did not have clear signs or distinctive coloured doors. In The King's Fund tool it states that 'not being able to find the toilet provokes anxiety and using the same signs and door colours to denote all toilets will help people find them more easily.'[12]

Residents in all homes appeared to be well groomed and were dressed appropriately for the temperature on the days of our visits.

Example of good practice:

- At Four Rivers our ARs observed a resident's toileting needs being sensitively handled.

6. The environment promotes orientation

This section of the checklist considers how easy it is for people to find their way around the home and looks particularly at the use of signs, the use of contrasting colours and decoration.

This represented the section of our checklist with the most varied responses across the homes. Again four homes did not have clear signs and three did not use pictures/objects or colours to help people find their way around.

There were large mirrors in one home which our ARs felt could be mistaken for windows and one home had a mirror in the lift which our ARs felt could be confusing for some residents.

[12] https://www.kingsfund.org.uk/sites/default/files/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf

Bedrooms contained personal belongings in all home but the doors were not personalised with names or photos in one home. In two homes the doors for each bedroom were different colours to help residents identify their own rooms.

Doors did not have see-through panels to show where they were leading to in three of the homes. Most homes had large face clocks in communal areas but only three had a calendar on view.

Examples of good practice:

- At Stretton Hall the bedroom doors are each painted a different colour and personalised with names and photographs to help residents to recognise their own room.

- At Four Rivers we were told by staff that residents like front doors and often refer to their rooms as their 'apartment or flat'. This home has covered each door in vinyl with a brightly coloured image of a front door with letter box. Each door is a different colour to help residents distinguish their own rooms from others.

7. The environment promotes calm, safety and security

Our ARs found all of the homes visited to be calm places. Background noise was kept to a minimum in all homes and all except one had flooring and other surfaces which absorbed noise.

In six of the homes residents appeared to have choice over what to have on TV or what music to have playing. In two other homes it seemed that residents only had control over this in their rooms.

Part 2: The home's approach to dementia care, including choice, activities, involvement of family/carers and end of life care

This section draws on the 'NICE quality standard for supporting people to live well with dementia' and NICE quality statements from 'Dementia: Independence and Well-being.

Key findings:

1. Choices residents have

- **Food**

Across all but one of the homes we found that residents were being given a choice of food to eat. Residents choose from menus in advance or are shown two plates of food to choose from just before the meal. Some homes used menus with pictures and larger words to help residents choose. We made recommendations to three homes that they make their menus more Dementia friendly by using larger type and adding pictures.

We were told that residents have a choice of where to eat their meals in six of the homes. Residents could choose between eating in their rooms, lounges (in some homes) or in the dining rooms.

Example of Good Practice:

- At Stretton Hall we were told that residents have the choice of either eating in their rooms or in the dining room but that residents will be encouraged to eat in the dining room due to the social aspect:- "Joining together to eat is encouraged as it encourages residents to interact and it is a social occasion."

We saw tables laid out in different configurations, single tables, tables set for two and larger tables for six. We were told at The Uplands that dining tables were arranged to suit the preference of the current residents.

We found that snacks were available at all times in three homes we visited. In others we found that snacks were available at set times for example on the morning and afternoon trolley. One home had encountered problems with leaving a range of snacks available at all times and had reduced this to just fruit although other items were available on request such as biscuits which were offered regularly.

Feedback from residents and relatives regarding food was largely positive:

- "The food is nice and the choice is good."
- "Very nice stuff."
- "The food is marvellous."

However there were a couple of negative comments:

- "No snacks, we have tea and that's it."
- "No choice in meals," however this resident did go on to say "I like the surprise!"

- **Range of Activities**

The Social Care Institute for Excellence says that 'activity is essential to human wellbeing, and will help maintain a person's sense of self-worth and give purpose and enjoyment to the day.' https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/

This is reflected in the NICE Quality Standards as below:

NICE Quality Standards

5. People with dementia are supported to choose from a range of activities to promote wellbeing that are tailored to their preferences[1]

In five of the homes we visited we saw posters/newsletters advertising the programme of events for the week or month. Activities varied from individual activities, such as arts and crafts, to group games and larger activities with a singer or band coming in to entertain the residents.

Five of the homes we visited employed an activities coordinator; two of the homes employed two. At one other home we were told one of the Assistant Managers planned all activities. At one home the manager told us all staff were involved in providing and planning activities.

At Hinstock Manor we saw Bingo being played and at Alexandra House there was a quiz going on in the lounge.

Only one home mentioned involving residents in household activities to help maintain their independence. Suggestions for meaningful activity in the Living Well Through Activity in Care Homes toolkit published by the Royal College of Occupational

Therapists include involving residents in household chores[13]. This type of meaningful activity can improve the wellbeing of residents giving them 'a sense of purpose' (Social Care Institute for Excellence)[14].

Figure 1 Wordcloud representing activities across all eight homes. The largest words were mentioned the most times on our visits.

The main types of activities available at the homes were:

- Entertainment for example a band or singer visiting the home
- Gardening including decorating pot plants, growing vegetables and visiting garden centres
- Quizzes and Bingo
- Charity events such as a cupcake sale or a tea party to raise money for charities
- Exercise classes, for example armchair yoga was available in one home which a resident told us was 'very good'
- Animal activities;- visits from Pets As Therapy dogs, exotic zoos, reindeers and alpacas
- Arts and crafts
- Health and wellbeing activities, e.g. massage, aromatherapy, facials, reflexology

[13] https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/living-well-care-homes
[14] https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/why-activity-matters.asp

Examples of good practice:

- At Four Rivers Nursing Home staff told us that they tried to help residents maintain their independence by regularly involving them in household activities such as helping to fold linen or clearing up.
- At Hinstock Manor staff told us that their parent company, Springcare, has a minibus which can be used to take residents on trips such as to RAF Cosford and to local garden centres.
- During our visit at Coton Hill House we witnessed staff supporting residents with a range of activities, e.g. returning from a visit to a shop to buy a lottery ticket, feeding fish in the aquarium, going out to feed the birds in the garden and painting and decorating plant pots.

- **Personalising Bedrooms**

In all eight homes we were told that residents could personalise their own bedrooms bringing furniture, fabrics and personal belongings from home provided that they met with safety standards and were in good working order.

We noted personalised bedrooms in all eight homes ranging from rooms with a few photos to rooms which had been fully decorated with murals of flowers and butterflies.

Bedroom doors at most homes were personalised with resident's names and photos. The doors were different colours in two homes.

Example of good practice:

- The Manager at Stretton Hall confirmed that it was a case of 'their bedroom, their choice' and residents could bring whatever belongings they wished into the home providing any furniture met the fire test requirement.

2. Support for residents to maintain their independence and express their wishes

In all homes we saw staff speaking kindly and sensitively with residents and being patient and calm, letting residents explain their needs at their own pace.

Staff at five homes told us that they help residents who have difficulty speaking to choose by holding up clothes or using visual aids such as pictures in the menu.

At Four Rivers staff told us that residents' decisions were respected even if they were considered to not be an appropriate choice giving an example of a resident choosing to be alone rather than joining in and socializing with others. The staff member went on to say that where a resident's choice might be detrimental to their health and

well-being they would be gently encouraged to go along with the suggestion, for example having a bath to maintain personal hygiene.

Four homes told us of the importance of getting to know their residents really well, through pre-admission visits and meetings, completion of personal history books and key workers speaking to residents to find out their likes and dislikes. These homes felt this information enabled them to provide care in line with the person's wishes.

Examples of good practice:

- The Manager at Coton Hill House referred to the use of 'This is me' within their care plans saying 'We try to see the person, not the Dementia, and encourage them to choose and do things for themselves.' 'This is me'[15] can be used to record details about a person who can't easily share information about themselves.
- At Four Rivers two staff explained to us that a resident could be in a different mood each day, depending on how they felt physically or mentally. This can affect how the resident responds or behaves. Due to understanding this the staff members felt it was important to explore the resident's wishes in a sensitive way.

3. If residents are happy living in the home

Overall the residents we spoke to were positive in their comments:

- 'This is excellent respite care. It makes me think I don't want to go home when I'm fit to do so.'
- 'Couldn't have found a better place, it's a home with a small 'h''
- 'I'm very happy here. Staff are nice.'
- 'Nothing would make it better.'
- 'All is OK – it's nicely done and (the staff are) very pleasant and understanding.'

There were a couple of negative comments:

- 'I would like to go out more.'
- 'The TV is on automatically.'
- One resident told us that it had taken an hour to respond when the bell pull had been operated by them, however, the resident did acknowledge this was unusual.

[15] https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me

Relatives were also largely positive in their remarks:

- 'The home is excellent and my [family member] is very happy here.'
- 'My relative has had more social interaction in the short time they lived here than in the fifteen years previously.'
- 'I would recommend this home to others.'
- 'Everyone is treated individually.'
- 'If I am not here I know my husband will be looked after just as well as he always is.'

One relative spoke to us about the care their relative was receiving saying that they didn't feel the staff 'know them' and that on several occasions they had found their relative in wet clothes. They told us that this had been raised with the previous Manager and that they felt the new Manager was making a bit of a difference.

Example of good practice

- At Churchill House the Manager told us there is an annual resident survey asking people for feedback on their experiences. There is also a post-admission survey for residents. The homes also sends annual surveys to GPs, dentists, opticians and physiotherapists asking for their feedback. We saw a suggestion box in reception so people can comment anonymously.
- The Manager at Four Rivers said that residents complete an annual feedback survey and that there is a file for feedback comments from everyone including family and friends.

4 How the homes manage end of life care

Five of the homes we visited told us that they use the Gold Standards Framework in End of Life Care (GSF).[16] Four of the homes are accredited with GSF and three have been re-accredited meaning that those homes have maintained their good practice within End of Life Care using GSF over a period of more than four years.

The Uplands was reaccredited with GSF in April 2019 and recognised as a Platinum home showing that they have sustained good practice for over 10 years.

Stretton Hall mentioned that they did not currently hold GSF accreditation but they intended to reapply in future.

[16] www.goldstandardsframework.org.uk

Care homes which are accredited by GSF will have undertaken the training programme which focusses on three main areas:

1. identify – early identification of people nearing the end of life
2. assess – assess the current and likely future care needs for the person in relation to end of life care
3. plan – plan end of life care in advance together with the person and in accordance with their wishes

The other three homes all highlighted the importance of end of life care within their homes. All eight homes mentioned advance care planning and discussing a resident's wishes for end of life care with both the resident and their family or friends and documenting this in the care plan. At Churchill House the Manager gave examples such as having discussions with residents about their beliefs and whether or not they wish to be resuscitated.

At Four Rivers we were told staff receive in depth training to manage residents nearing the end of life. The training can take six to nine months of training with the hospice team.

At Coton Hill House we were told that they use the SWAN model for end of life care[17]. The SWAN model looks at:

- Signs – is the person nearing the end of their life
- Words – sensitively communicate with the person and their visitors
- Actions – step outside the box and facilitate what is important to the patient
- Needs – are the needs of the person being met, documented reviewed regularly?[18]

Four homes told us that relatives or friends could stay at the home during a resident's end stages of life if they wished. The options for relatives to stay ranged from a mattress on the floor of the resident's bedroom, a comfy chair with blankets, use of an empty bedroom if available, to a relatives' room with a pull out sofa bed and kitchenette at one home.

At Four Rivers we spoke to a recently bereaved relative who said she had 'nothing but praise' for the manager and the staff. She said:

"Everything went so smoothly with the admin – there were no questions not answered. Great professional staff and very understanding. My mother was so lucky to be in a room with a lovely view of the fields and staff who found out about who she is within days of her being here. There was never a cross word, even under

[17] https://www.pat.nhs.uk/patients-and-visitors/swan-model-of-care.htm
[18] https://www.nhsprofessionals.nhs.uk/en/Trusts/North-East/Nottingham-University-Hospitals/News/-/media/D3EF72087182475D9FBBC4B0A849AD69.ashx

pressure. Mum's needs were always met and they kept me informed, especially in the final days."

At Stretton Hall our ARs were shown a 'thank you' card received from a bereaved relative. The relative had also written to CQC to advise them of the good care their relative had received.

Example of good practice:

- At Churchill House our ARs were told that any decisions regarding resuscitation were recorded in individual care plans however one resident was worried about staff having to go and check this information if the time came so it had been agreed to use a red snowflake symbol on the front of the care plan so staff could see at a glance that the resident did not wish to be resuscitated.

5. Staffing and training

- **Training**

Induction training for new starters varied across the homes from one day training to a full week's induction. In most homes training was delivered in a variety of formats with four homes specifically mentioning online training or 'e-learning'. Three homes mentioned delivering some training 'in house' and two homes which were part of larger care groups referred to training programs delivered by their parent companies.

Two homes mentioned that their staff had attended training delivered by Shropshire Partners in Care and one home mentioned Shropshire Council's Joint Training. Another home accessed training at a nearby hospice.

Four homes mentioned their staff completing NVQs, CQFs or Care Certificates at levels 1, 2 and 3.

Dementia training amongst the homes was varied. At Coton Hill House a member of staff was being trained as a 'Dementia lead' to train other staff in the home. At Stretton Hall we were told that Morris Care were employing an Admiral Nurse (specialist Dementia nurse) who will work across all of their homes. Another parent company had developed their own Dementia training which was delivered to staff of one of the homes we visited.

Two homes gave examples of specific Dementia training courses their staff had been on however it was noted by one staff member that 'in most of the training there are elements of Dementia care within the learning', and a Manager mentioned that 'QCF Level 2 and 3 include a lot of Dementia training'.

We had no negative comments from staff regarding training and most we spoke to were very positive.

Examples of good practice:

- At Churchill House the Manager told us that 'all staff (including cleaning and office staff, and the handymen) are trained in Dementia awareness.'
- At The Uplands a member of staff told us she had seen a course she wanted to go on and the home had supported her to do this.
- A member of staff at Churchill House said they had 'certificates galore and were very proud of the excellent training they had received'.

- **Staffing Levels**

Staffing levels in the day varied between homes from 3:1 (3 residents for every 1 staff member) to 5:1. At night the ratios varied between 9:1 and 11:1. These differences were expected with the homes having residents with varying levels of need and also differences in layout with some homes having several distinct units all requiring staff.

We were told by one home that staffing levels are 'monitored closely and adjusted accordingly in line with operational needs'. In another home we were told that the home has been recruiting extra staff to reflect the increasing demands with more residents with Dementia.

Most of the homes sometimes used bank or agency staff. We were told at one home that they use agency staff at night, however, these are sourced from an agency owned by the parent company of the home. The Manager of one home told us that she does not favour agency staff because she prefers continuity of care from permanent or bank staff. At another home we were told bank and agency staff were never used. A member of staff at one home told us that 'agency staff are always accompanied to ensure safe continuity of care for residents'. The Manager of another home confirmed that they use agency staff but they are 'usually staff known to the home'. A staff member at one home also said 'we repeatedly use the same agency staff'.

- **Staff Satisfaction Levels**

Staff satisfaction levels within the homes seemed to be quite high with most staff we spoke to making positive comments about their workplace, colleagues and managers.

Two homes specifically told us that their staff turnover was very low and one home described their turnover as 'not high' although there had recently been some staff changes.

- A health care assistant at Four Rivers told us they 'looked forward to coming to work' and their staff team 'worked well together'.

- A staff member at Hinstock Manor told us 'we love working here'.
- At Coton Hill House staff said that Coverage Care is 'a good company to work for, adjusting hours for staff as their personal needs change and providing training on the job. It's a lovely company to work for.'
- At Danesford Grange a staff member told us 'we have an amazing staff team here – cleaners, carers, kitchen staff – everyone.'
- A nurse assistant at Stretton Hall commented that 'staff feel supported' and 'we are very open here' when discussing staff supervision.

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

- **What external support services do the residents have access to?**

All care homes told us of the external health and support services residents had access to. Seven homes mentioned that GPs visit the home. These visits ranged from three times per week to every two weeks with one home saying the GP 'regularly calls in'. Some homes had one GP practice visiting all residents while others had two or more practices involved.

We were told of regular visits by a dentist at only one home. Another home told us of a project called 'Shropshire Smile [Care to Smile]' which they were involved in. A dental team visit the home to check the dental health of residents. The residents then get treatment if necessary and staff are given oral health training before the 'Shropshire Smile' team return to recheck dental health in future. This is a project being run by Shropshire Health and Wellbeing Board in response to the publication of NICE Quality standard: Oral Health in Care Homes[19] (June 2017).

We were told of arrangements for the maintenance of hearing aids in five homes. Arrangements included accessing local clinics, volunteers attending the home and care staff being responsible for the maintenance of hearing aids. At one of these homes we were told that the manager has a list of all serial numbers of the aids to ensure lost hearing aids are returned and staff confirmed that they clean aids and replace batteries at least once a week.

At one home we were told that some care staff had been on courses relating to 'ear maintenance/health'.

Four homes told us they had regular visits from a podiatrist or chiropodist.

[19] https://www.nice.org.uk/guidance/qs151

Six of the homes we visited told us of the optician's services they accessed within the home. Some also mentioned that residents were supported by family or friends to visit their own optician.

Hospital visits were mentioned by three homes. All of these homes said that a member of staff could accompany a resident to a hospital appointment if needed either in hospital transport or, at two of the homes, using the home's minibus. We were told there would be a charge for using the minibus.

Other external support services mentioned by homes included:

- Community Mental Health Team (2 homes)
- Speech and Language Therapy (3 homes)
- Memory Service (2 homes)
- Physiotherapy (1 home)
- Tissue viability nurses (1 home)
- End of life team (1 home)

Part 3 Recommendations made and provider responses

Our ARs made a total of 43 recommendations across all eight reports for this project. All eight providers sent a response to our report. The chart below shows the breakdown of provider responses to these recommendations. Providers were largely positive in their responses to our recommendations with 30% of recommendations acted on immediately and providers telling us they intended to act on another 42% of our recommendations in the future.

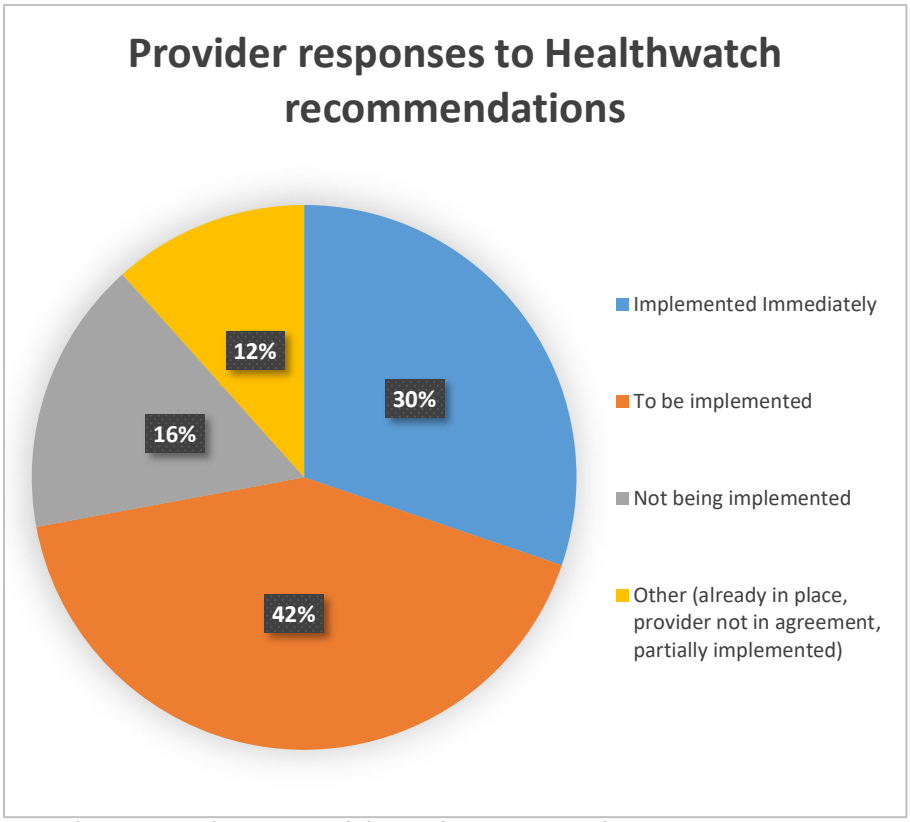

Figure 2. Responses from providers to Healthwatch recommendations.

Figure 3 (next page) shows a breakdown of recommendations by theme. This shows the majority of recommendations made were to do with the environment and how 'dementia friendly' it is.

Figure 4 (next page) shows the recommendations further broken down by topic. Whilst there were seven individual recommendations for care homes which fell into the 'other' category, the next largest topic was the use of clear signs and colour contrasts. Most of these recommendations were in respect of signs to toilets and colour contrasts of toilet doors and light switches.

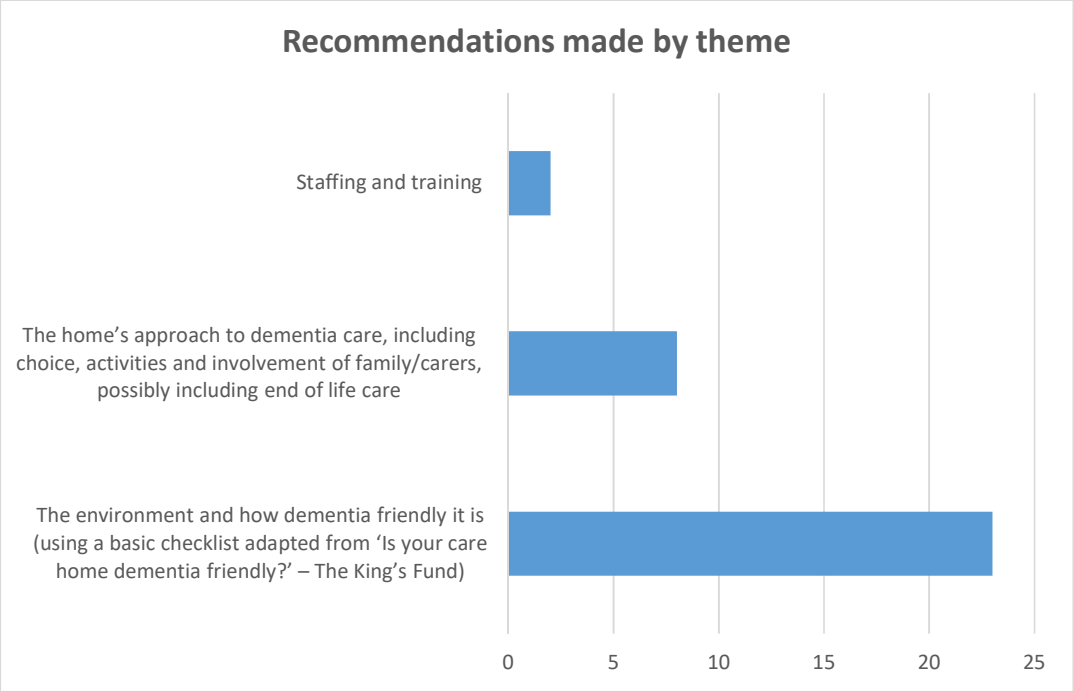

Figure 3. Breakdown of recommendations by theme

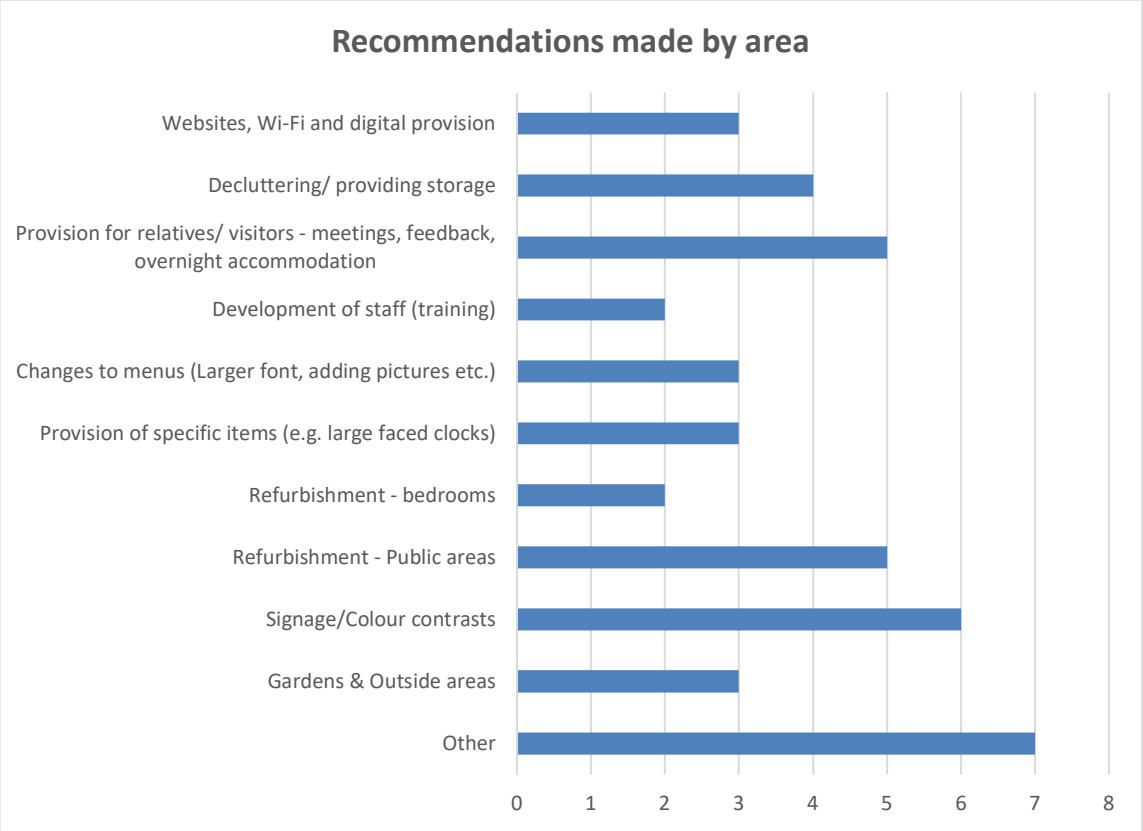

Figure 4. Breakdown of recommendations by topic

There were also 7 recommendations that came under the category of 'other'. This category had recommendations such as:

- Implementing the manager's ideas for improvements to handover sheets.
- Review the location of call bells in bedrooms to ensure they are close to the resident's bed.

Summary of key findings

- Overall the residents and relatives we spoke to were happy with the care they were receiving at the homes we visited with positive comments received about staff, food and activities.
- The size of homes delivering Dementia care in Shropshire varies widely. We visited homes of between 22 beds and 81 beds.
- End of Life Care is seen as an essential part of providing Dementia care. Homes take different approaches to End of Life Care; half of the homes we visited are, or have been, accredited by the Gold Standards Framework for End of Life Care[20]. One parent company uses the 'SWAN' approach to end of life.[21]
- Some homes had Wi-Fi throughout for residents' use as well as computers or tablets to help them keep in contact with relatives or friends, including those living abroad. Several homes mentioned that they had supported residents to make 'Skype' calls.
- Many homes have separate Dementia units and we found that purpose built care homes were more Dementia friendly in terms of the environment and décor. This was likely to be because the designs would have taken account of the needs of residents. One non-purpose built home scored very highly on our observation checklist.
- Activities on offer varied from home to home. We found that five homes had a written programme detailing a wide selection of activities on offer to residents which also encouraged relatives and friends to join in. The programmes of activities for residents were publicised in various ways for example in the home's newsletter or on notice boards. In two homes which did not have a written programme of events, staff told our ARs about activities and they saw some in progress.
- One home specifically told us that they involve residents in activities of daily living such as light housework, folding linens, washing up or baking. The Social Care Institute for Excellence (SCIE) says of household tasks in their information on why activity matters for people with Dementia: 'By asking someone to

[20] http://www.goldstandardsframework.org.uk/accreditation
[21] https://www.pat.nhs.uk/patients-and-visitors/swan-model-of-care.htm

participate in an activity, however small, such as helping us to fold a sheet or dry the dishes, we are saying something important: 'You are a person with a purpose. I value your help.' The more we take over all the tasks, the more the person is likely to withdraw and feel that they are not valued.' Further information is available on the SCIE website.[22]

- All of the homes told us that residents had regular access to GPs however access to other health support services was less consistent, particularly access to a dentist.
- Residents were supported to make choices e.g. what to eat or wear, or how to personalise their bedrooms at all eight homes and their communication needs were taken in to account whenever they were being asked to make choices. For example, we were told items of clothing might be held up for a resident to choose from or those with sight loss would be asked if they wanted to wear their blue outfit or red outfit. We recommended improvements to menus in three homes in particular to do with adding pictures or using larger wording to help residents to choose their meals.

Recommendations for all care homes delivering Dementia care in Shropshire

We recommend that all care or nursing homes:

- Assess the environment throughout their home using a recognised toolkit to ensure it is as Dementia friendly as possible. In particular consider if there is good signage to toilets and if colour contrasts have been used appropriately for example around light switches and toilet doors to help those with Dementia to find their way around.
- Consider supporting residents to take part in household activities for example light housework, folding clothes or linens, baking or washing up and gardening.
- Consider ways to support the oral health of their residents.
- Review their menus to ensure they help residents to make food choices. Consider using pictures and larger font. Dementia Voices have produced a guide on making documents more 'dementia friendly' which can be found at www.dementiavoices.org.uk[23].

[22] https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/why-activity-matters.asp
[23] http://dementiavoices.org.uk/wp-content/uploads/2013/11/DEEP-Guide-Writing-dementia-friendly-information.pdf

Acknowledgements

Healthwatch Shropshire would like to thank all the care homes, residents, relatives and other visitors and staff for their contribution to these Enter & View visits.

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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1.The environment promotes interaction/activity	Comment	Y	N	NA
a. Does the approach to the home look and feel welcoming?	Several homes had gardens and seating at the front, all were well kept.	8		
b. Are there enough parking spaces?	One home had limited onsite parking, at another our ARs did not notice that there was a rear carpark	7	1	
c. Is the entrance obvious and doorbell/entry phone easy to use?		8		
d. Is the CQC rating displayed?		8		
e. Is the homes Complaints Policy displayed?	Some homes had a comments book in reception. Two homes had their complaints policy in the admissions/welcome pack but not displayed.	5	3	
f. Are staff welcoming / friendly?	At one home residents were involved in welcoming our ARs	8		
g. Does it give a good first impression i.e. look clean, tidy, cared for, odours?		8		
h. Is there good wheelchair access into and within the building, e.g. wide doors		8		
i. Can residents move around freely (e.g. doors between rooms/units unlocked)?		8		
j. Are there ramps or a lift?		8		
k. Are there social areas, e.g. day rooms and dining rooms?		8		

l. Are the chairs arranged in small clusters to encourage interaction?	We noted chairs placed around the walls in one home. Another did not have small clusters of chairs but did have a separate smaller lounge available.	6	2	
m. Is there a choice of seating, e.g. settees/single chairs, various styles/heights?		7	1	
n. Are there dedicated quiet areas (including for residents to speak to visitors)?		6	2	
o. Are there resources for individual/group activities, e.g. books, memorabilia		8		
p. Do residents seem happy and occupied?		8		
q. Are staff sitting and chatting with the residents?	In one home we only saw this interaction during lunch.	7	1	
r. Are there computer facilities or Wi-Fi available to residents?		8		

Examples of good practice / areas of concern

In one home our ARs noted staff responded to the calls of the dementia residents quickly and kindly and appeared well versed with the needs of residents.

2. The environment promotes well-being	Comment	Y	N	NA
a. Is there good natural light in bedrooms and social spaces?		8		
b. Is the level of light comfortable?	Lighting was dim in corridors in one home.	8	1	
c. Can the level of light be adjusted?	Where light level could be adjusted this was most often with the use of curtains rather than dimmer switches etc.	4	2	2
d. Do light switches in bedrooms contrast to their surrounds, e.g. easy to see?		2	5	1
e. Can bedrooms be made completely dark to support sleep/wake patterns?	In one home the staff told us that the residents like to have lamps on at night.	5	2	2
f. Is the décor age appropriate and culturally sensitive?		8		
g. Are links to and views of nature maximised, e.g. having low windows?		8		
h. Is there independent access to the outside space?	One home has steps down to the garden.	7	1	
i. Has internal/external planting been chosen to be colourful?		5	1	2
j. Are there smoking areas?	One home only has a staff smoking area.	4	3	2

Examples of good practice / areas of concern

- The lighting in corridors was 'dull' due to installation of energy efficient bulbs. This is being addressed on a programmed basis, with lights being gradually replaced to better illuminate the central corridor areas. Other lighting within shared spaces, toilets and bathrooms was very adequate.

3. The environment encourages eating and drinking	Comment	Y	N	NA
a. Do residents and/or relatives have constant independent access to drinks?	One home had access to cold drinks at all times but offered hot drinks regularly.	7	1	
b. Do residents have independent access to snacks and finger food?	At one home fruit was available at all times but they had encountered problems with leaving other snacks out; instead these were offered regularly.	3	5	
c. Are residents and/or relatives able to make food and wash up?		4	2	2
d. Is crockery and glassware of familiar design, shape and distinctive colour?		7		1
e. Is there a choice of where to eat?		8		
f. Are large dining areas divided to be domestic in scale?		8		
g. Is there enough space/chairs for someone to assist with eating/drinking?		8		

Examples of good practice / areas of concern

- Very positive evidence of a mixed and varied menu and nutritional diet based on each person's specific needs. Options are provided at the 'normal' meal times - breakfast, lunch, dinner - and throughout the day via the coffee-trolley in the morning and afternoon, and a night time drink with snacks offered.

4. The environment promotes mobility	Comment	Y	N	NA
a. Is there inside/outside space to walk around independently?		8		
b. Is flooring matt and of consistent colour, e.g. no speckles, stripes?	This was found to vary depending upon area in many homes. Three homes had speckled carpets in some areas and one home had some strong patterned carpet.	4	5	
c. Does flooring contrast with walls and furniture?		7	1	
d. Do handrails in corridors contrast with the walls?	One home did not have any handrails.	6	2	
e. Are there small seating areas on corridors for people to rest?		5	3	
f. Are there points of interest, e.g. photographs, art, that can be easily seen?		8		
g. Are lifts easy to find and do they have large control buttons?		8	1	
h. Are there sheltered seating areas/points of interest outside?	One home had very limited outdoor space.	8		
i. Are outside areas arranged to encourage engagement/activity, e.g. circular paths, raised flowerbeds, a clothesline?	There were no paths in the gardens of one home.	6	2	
Examples of good practice / areas of concern				

5.The environment promotes continence and personal hygiene	Comment	Y	N	NA
a. Can signs to the toilets be seen from all areas?		3	6	
b. Are toilet doors painted in a single distinctive colour and have clear signage?	In one home both signs and doors to the toilets were not distinctive.	5	4	
c. Do toilet have handrails, raised toilet seats and mobility aids?		9		
d. Do toilet seats, flush handles and rails contrast with the walls/floor?		7	3	
e. Are taps clearly marked hot/cold are they and toilet flushes traditional design?		5	1	1
f. Are basins/baths if familiar design?		8		
g. Are toilets big enough for a wheelchair/carers to assist when door is closed?		8		
h. Are toilet rolls domestic in style and easily reached from the toilet?	Where 'NA' has been selected here it was due to our ARs not observing the toilet rolls rather than them not being there.	5		2
i. If installed, do sensor lights give enough time for toileting and washing?				7
j. Are residents helped to the toilet, if needed?		7		
k. Are staff cheerful and tactful about helping residents use the toilet and changing them if they are incontinent?		6		1
l. Are residents dressed for the temperature in the home and well groomed?		8		
Examples of good practice / areas of concern At one home our ARs observed a resident's toileting needs being sensitively handled.				

6. The environment promotes orientation	Comment	Yes	No	NA
a. Do doors have a clear/transparent panel to show where they lead to?		5	3	
b. Are signs of a good size and contrasting colour to be seen easily?		5	4	
c. Do signs use pictures and words, e.g. toilets, day rooms? (Height?)		5	3	
d. Are pictures/objects and/or colours used to help people find way around?		4	3	1
e. Are bedrooms personalised, e.g. names, colours, memory boxes, linen?		7	2	
f. Have mirrors been placed to avoid disorientation, can they be covered?	In one home we felt that the large mirrors could be mistaken for windows. In another there was a mirror in the lift.	3	2	2
g. Have strong patterns been avoided, e.g. wall coverings, furniture, flooring?		5	2	
h. Is there a large face clock visible in all areas including bedrooms?	Most homes had these in communal areas.	5	3	
i. Are people able to see a calendar?		3	5	
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?		8		
b. Have noise absorbent surfaces been used to help noise reduction, e.g. floor?		7	1	
c. Is background noise kept to a minimum, e.g. call systems, alarms, bells?		8		
d. Do residents have any control over sounds, e.g. choice of music, TV?	In some homes staff ask residents what they would like on tv, in others residents can only choose in their own rooms	6	2	
e. Are exits clearly marked but 'staff only' areas disguised?		6	1	1
f. Are there any visible hazardous, e.g. trip hazards, unattended hot plates or medication?	There was a stool at the foot of the stairs in one home.	1	7	
Examples of good practice / areas of concern				