healthwatch Shropshire

Enter and View Visit Report

The Uplands at Oxon Nursing Home

Visit date: 5 June 2019

Publication date: 15th July 2019

Contents

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	The Uplands at Oxon Nursing Home
Provider	Marches Care
Date / time of visit	Wednesday 5th June 2019: 10.30 – 12.45
Visit team	Three 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 the Uplands 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 10th May 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 residents remain active in the local community
- how the home manages end of life care
- what external support services the residents have access to

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 Managing Director met us when we arrived, and she and the Manager talked with us for an hour. The Manager then showed us around the home. We then spoke with two residents – one present for assessment and another for respite, two relatives and three other members of staff.

We also 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 home was purpose built 12 years ago and can accommodate up to 81 residents in 81 rooms all with ensuite wet rooms and a toilet. The entrance to the home stands out and is welcoming – like a modern hotel with sundeck and awning. The Reception area is light, airy and welcoming, with relevant information - including the day's menu - clearly displayed. We did not see a Complaints procedure on display.

On the day of our visit we were told there were 81 residents, 76 of whom lived with Dementia or similar cognitive impairment. Several of the residents have complex neurological diseases. Twenty rooms are for 'discharge to assess'; temporary residents who, on discharge from a hospital, are moved to The Uplands for assessment to determine the next stage of their care.

There is a large car park at the front and side of the building. Trees and shrubs are attractively planted to the front and side of the building and are an integral part of the building design. There is a small sensory garden with raised beds. We also saw a smoking shelter which is used by staff, visitors and residents outside the secure area, close to the front door.

All the staff we met were friendly and welcoming to us, visitors and the residents. There were signs around the home saying: 'The residents do not live in our workplace, we work in their home.'

The resident dog seemed to be accepted by all as part of the environment. It was friendly and well-behaved. Visiting dogs are allowed.

The layout including bedrooms and facilities

The home is spread over two floors and divided into four units.

Two of the units, referred to by staff as 'the nursing side', have 41 residents, half of whom are in 'discharge to assess' beds i.e. they are being assessed and are receiving physiotherapy and occupational therapy before a move back to their own homes or a care home. Those in 'assessment' beds stay at The Uplands for between two and six weeks.

Staff told us that the average length of stay of a resident in the nursing units in the home is 18 weeks.

50% of the residents in the other two secure Dementia units are subject to Deprivation of Liberty Safeguards (DoLS)[1], with some residents showing challenging behaviour. There are two 'discharge to assess' beds in the Dementia units.

All bedrooms are single, spacious and have an ensuite wet room with a toilet. Rooms have an uplighter which helps create a restful, domestic atmosphere. Windows are low enough to give open views to the surroundings. A few rooms have interconnecting doors, designed for accommodation for couples, though there were no resident couples on the day of our visit. Some rooms have access to outside patio areas. Residents have a named carer and nurse. Their names and photos are on the wall in each room.

[1] The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restrictions to be used but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards (www.scie.org.uk/mca/dols/at-a-glance).

There are spacious, well-equipped bathrooms throughout the home, which residents can use. We saw that one of the bathrooms was also used as a store for equipment such as wheelchairs. The manager told us that the equipment was removed from the room before it was used. We saw a small sign placed on the outside door handle of one bathroom which said 'shhh, bathing in progress'.

We saw a spacious lounge/dining room on the ground floor which opened out into the central courtyard. There was a choice of seating here – a soft chair, settee, upright chairs, a bean bag. Staff told us that the dining tables were arranged to suit the preference of the current users.

Ruth's room (named after the first resident to reach a 100th birthday) - also on the ground floor - is a large, light sitting room with access to a patio. This is used for activities for residents – visiting singers, craft sessions etc. A singer was due to perform here on the afternoon of the day of our visit.

Staff told us that there was Wi-Fi available throughout the home, with residents having password protected access. Some residents use the internet to watch films.

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, signage and communal spaces including dining and lounge facilities.

All rooms and corridors we saw were light, clean and plainly decorated.

The observation checklist we completed looked at how Dementia friendly the building was on the day of our visit - see Appendix A. We saw that it was very Dementia friendly. For example:

- Flooring is matt wood laminate, or plain colour carpet
- Toilet seats and handrails are in a contrasting colour
- Toilets and bathrooms had words and picture signage

Lifts are a good size (with one large lift) and have glass doors and clear, large buttons.

The window glass in the Dementia units is one way (reflective) so that Dementia residents retain their privacy.

We saw two residents who were bedridden in their rooms had had their beds pushed closer to the window at an angle so they could see outside.

There is a quiet snoozelum room – where over stimulated residents can seek refuge. We did not see any residents using this.

In the corridor of the Dementia unit we saw a coat stand with dressing up clothes, fiddle muffs, scarves etc. There was also a fixed panel on the wall with things to fiddle with such as bolts, locks to open, wheels to turn etc.

The secure garden next to the Dementia units had seating, raised beds and a zigzag fence so residents who felt they needed privacy could "hide". The fencing panels are 'see through' as the wood strips had gaps, so staff can see that residents are safe at all times. If residents in the top floor Dementia unit want to go into the garden, they are accompanied by a member of staff. Residents on the ground floor can access the garden at any time.

All plants in the secure garden are safe and would cause no harm if they were eaten.

General safety and security

Patient records and monitoring is electronic. A member of staff told us that a paper handover form has been introduced recently. The manager told us that this was because 'nurses like pieces of paper', and that everything on the piece of paper was also recorded on the electronic system.

A member of staff told us that many residents were 'wanderers' and so there are many ways in which they are kept safe. All doors to the outside were secure and passcodes were varied. We were also told that the home has:

- A secure garden
- Door alarms
- Pressure mats
- Laser security – so that if a patient moves at night, an alarm sounds

She told us that there are always staff walking around at night.

The Managing Director is a 'Caldicott Guardian', which means she has a particular responsibility for data security within the home. This also ensures that there is safe and secure transfer of NHS information from hospitals and GP Practices to the home, and that she can make ethical decisions on sharing data with relatives. She said that 'to share information is as important as not sharing information'. The Managing Director also sits on the board of Shropshire Partners in Care and uses this role to pass on information about being a Caldicott guardian and data protection to other care homes in the area.

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

Choices residents have

Food

Staff told us that the admissions process for residents includes getting dietary information, which is then sent directly to the kitchen. Diet and fluid charts for every resident are recorded electronically, and patients are weighed regularly. The Speech and Language Therapy service (SaLT) are used to review residents, if there is concern. Staff are aware that swallowing is a complicated process.

Residents have a choice of food. Many residents choose which meal they want by looking at the food at the beginning of the meal. A few residents choose the food from a menu the day before. Food is cooked on site.

A relative and a resident each told us that the food is good. The relative said that they could always eat in the home, at no extra cost, if they wanted to do so.

The Managing Director told us that most residents eat their breakfast in their rooms, before getting dressed. At least half the residents need two carers to help them get up. Some residents eat their lunch at a table in the dining room. We saw about six residents waiting for their food in the downstairs dining room. Two of these had been wheeled into the room in large cushioned chairs.

At lunchtime in one of the Dementia units we saw a member of staff helping a resident to eat and several residents were either sitting at dining tables or were eating off tables in front of their chairs.

Staff told us that snacks – fruit, biscuits and cake - were available for residents. We saw chocolate, crisps and drinks. A relative told us that her husband enjoyed an ice cream treat every day for the several years he had lived in the home.

We saw small kitchens around the home which can be used by relatives. There were also kitchen facilities in the day room, including a microwave and drinks facilities.

The Manager told us that relatives can visit at any time. The home has a guest suite adjacent to one of the kitchens. Relatives of residents who are nearing the end of their life can stay here for an extended time, at no additional cost.

Range of activities

A member of staff is responsible for organising activities, most of which take place in Ruth's room. The Manager told us that staff working on the units are also involved in activities.

The activities advertised for the month of June included:

- Musical activities including visiting singers
- A games afternoon
- Craft sessions
- Alzheimer's cupcake day
- Flower arranging
- Reading books to residents
- 'Uplands at the beach' fish and chips, ice cream, candy floss and cocktails
- Visits from primary school children (the home has developed an active relationship with a local primary school)
- The home had recently had a visit from two alpacas. There is a report in the local paper about this

Most of the residents are very frail. Staff told us that one or two residents go outside on their scooters.

There is a hairdressing salon which is open for three days a week. At the time of our visit three residents were having their hair done. The hairdresser said that she asks relatives to bring in photographs so that she can see how the resident would like their hair done.

One relative said that her husband 'is no longer able to take part in activities. However the home is always very good at providing special activities for national charity days e.g. Red Nose Day'.

A member of staff told us that they are getting a 'Dementia Dolly' for one resident as they think this may help her.

Personalising bedrooms

Staff told us that residents could personalize their rooms. We saw one room where the relatives had put murals of flowers, birds and butterflies. Other residents had their own furniture, photographs, football shirt and other memorabilia in their rooms.

Support for residents to maintain their independence and express their wishes

Staff told us that they used visual prompts to help residents choose, for example, their food and clothes.

If residents are happy living in the home

We spoke to two residents, both temporary residents at the home. They made the following comments:

- 'This is excellent respite care. It makes me think I don't want to go home when I'm fit to do so.'
- 'The food is marvellous.'
- 'All the staff do a brilliant job.

The two relatives we spoke to made the following comments:

- 'The home looks after relatives as well as they look after our loved ones.'
- 'My husband always looks as though he is cared for. It means that I can concentrate on the person whilst staff do the caring.'
- 'If I am not here, I know that my husband will be looked after just as well as he always is.'
- 'When I was in hospital, the home contacted me regularly to keep in touch.'
- 'Everything is included, for example meals for me if I wish, apart from the chiropodist, his clothes and toiletries.'
- 'The home has brought new things and people into my life.'
- 'They treat him with dignity.'
- 'They know our husbands.'
- 'They treat them as people.'

How the home manages end of life care

The Uplands has many frail and dying patients. In April 2019 they were reaccredited by the Gold Standards Framework and recognised as a Platinum home for sustaining their good practice. Within GSF, Advance Care Planning is used to document residents' preferences about resuscitation, hospital admissions etc.

What external support services the residents have access to

Staff told us that the following support services visited the home:

- Every resident is seen by a GP at least every two weeks
- A GP visits the home three times a week (Monday, Tuesday and Friday). The GP is available for advice by phone every day
- A dentist – and some residents are accompanied to their dentist

- A company providing support for vision and audiologist
- A podiatrist
- The Speech and Language Therapy service
- The Memory Team

The manager told us that the home provides staff to accompany residents to hospital if needed. We were also told that some staff have done specific courses in 'ear maintenance' and 'toenail maintenance'.

Relationship with family/carers and feedback

Visitors can come to the home at any time. The two relatives we spoke to said that the home was part of their family.

The manager told us that they get feedback in the following ways:

- Cards
- Via the home website
- Through a survey every two months, with a 10% response rate

They do not have relatives' meetings, but they do hold 'big charity events' which relatives and some residents attend.

The manager told us that the complaints received are mainly from short stay assessment residents. She said this was often due to conflicting information given by healthcare professionals before the resident arrives at the Uplands.

3. Support available to staff

Training staff receive

The Manager told us that on joining The Uplands, all staff are given one day of induction training. In addition, staff receive mandatory training. The training includes manual handling, with references to residents living with Dementia, food hygiene and how to have conversations with relatives. This was confirmed by a relatively new member of staff. Another member of staff said she had seen a course she wanted to go on, and the home had supported her to do this.

The manager told us that Severn Hospice provide level two and three Dementia training for the home and that QCF[2] level two and three include a lot of Dementia training. The home also employs mental health nurses, whose training includes Dementia training. The home has a leadership training scheme lasting three months which 11 staff had completed in 2018, and another 11 staff were expected to complete in 2019. This is available to all levels of staff. We were told that this had given staff more confidence.

A member of staff who had worked at the home for five years and was currently 'halfway through QCF level two' said that they had not had any specific Dementia training. They had had the mandatory training and enjoyed it.

A member of staff who had worked at the home for 12 months said they had not had Dementia training whilst at the home but that it had been covered in their degree course. They said that they had had training on basic manual handling which was related to Dementia, and oral hygiene training again related to Dementia. A member of staff we spoke to said they did not want to do the leadership training.

One member of staff said they had had two appraisals in five years[3], when they had completed a booklet about likes and dislikes and gone through it with their manager. Another member of staff said they had an appraisal meeting after six months.

The ratio of staff to residents throughout the day and night

The Manager told us that on both the 'nursing side' and the 'Dementia side' there were two nurses and a minimum of eight other staff – a mixture of care practitioners, senior carers and levels one to three carers. They also use student nurses and college students. Staff told us that at night there is either one nurse covering both Dementia units and two carers on each unit, or there is one level three Care Practitioner and one carer on each floor.

The manager told us that bank staff are used and have to do the one day training that staff new to the home have to do. Staff from an agency are used – usually staff known by the home.

A member of staff told us that 'staffing was OK but would be better with an extra pair of hands'. Staff said that they had had a unit staff meeting in April, and that

[2] QCFs replaced NVQ qualifications from 2008 onwards. QCF stands for the Qualification Credit Framework.
[3] Since the visit the Manager has informed us that all staff have an appraisal every year.

these meetings were held every two or three months. Every day there are handover meetings.

Summary of findings

- The home is registered for 81 residents, and currently has 81 residents.
- Most residents have Dementia or significant cognitive impairment.
- The home provides nursing care including respite care and has 22 'discharge to assess' rooms.
- We noted the calm and welcoming atmosphere.
- The observation checklist (Appendix 1), indicates how 'Dementia friendly' the home is. We found that the décor was light and Dementia friendly throughout.
- We saw one of the bathrooms being used to store equipment.
- End of life care is integral to the working of the home. The Uplands is accredited by the Gold Standards Framework. They are a platinum home as they have been re-accredited and sustained good practice in this area.
- Residents are supported to make choices, e.g. to choose where they eat, and what they eat.
- There is a programme of activities for residents. We saw posters describing the activities for the month.
- Residents have regular access to health support services, e.g. doctor, optician, hearing support.
- Relatives and temporary residents made very positive comments about the home.
- There is a programme of training for staff.
- Some staff told us that they had not received any specific Dementia training.
- There is a safe and attractive outside area for residents.

Recommendations

We suggest the following should be considered:

- Review the training for all staff, to ensure that all staff receive Dementia training
- Review storage for equipment and wheelchairs, so that a bathroom is not used for this

Service Provider Response

The service provider response appears below the recommendations in blue.

Review the training for all staff, to ensure that all staff receive Dementia training.

SPIC to be contacted regarding dementia training availability.

Staff including nurses, carers, housekeeping and kitchen staff who have contact with residents diagnosed with dementia, should receive the appropriate depth of training.

This will be completed by the home Manager and Training Manager.

This will be an ongoing part of the training plan, and so will never be completed.

Update

- Three housekeepers have been booked onto a “dementia awareness” day course.
- Other dementia training is being arranged to include falls within dementia

Review storage for equipment and wheelchairs, so that a bathroom is not used for this.

Each unit is being given a designated area for storing equipment and have been told to keep their bathrooms clear.

Discussions about more storage containers (outside) to be available.

We will continue to remind staff that the bathrooms should remain "bathrooms" and not storage spaces.

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.

01743 237884

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

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

Appendix A

Is the care home Dementia friendly?

1.The environment promotes interaction/activity	Comment	Y	N	NA
a. Does the approach to the home look and feel welcoming?	Modern purpose built	☒		
b. Are there enough parking spaces?		☒		
c. Is the entrance obvious and doorbell/entry phone easy to use?		☒		
d. Is the CQC rating displayed?		☒		
e. Is the homes Complaints Policy displayed?	Given as part of admissions pack		☒	
f. Are staff welcoming / friendly?		☒		
g. Does it give a good first impression i.e. look clean, tidy, cared for, odours?		☒		
h. Is there good wheelchair access into and within the building, e.g. wide doors		☒		
i. Can residents move around freely (e.g. doors between rooms/units unlocked)?		☒		
j. Are there ramps or a lift?		☒		
k. Are there social areas, e.g. day rooms and dining rooms?		☒		

l. Are the chairs arranged in small clusters to encourage interaction?		☐		
m. Is there a choice of seating, e.g. settees/single chairs, various styles/heights?		☐		
n. Are there dedicated quiet areas (including for residents to speak to visitors)?		☐		
o. Are there resources for individual/group activities, e.g. books, memorabilia		☐		
p. Do residents seem happy and occupied?		☐		
q. Are staff sitting and chatting with the residents?		☐		
r. Are there computer facilities or Wi-Fi available to residents?		☐		
Examples of good practice / areas of concern				

2. The environment promotes well-being	**Comment**	**Y**	**N**	**NA**
a. Is there good natural light in bedrooms and social spaces?		☐		
b. Is the level of light comfortable?		☐		
c. Can the level of light be adjusted?		☐		
d. Do light switches in bedrooms contrast to their surrounds, e.g. easy to see?			☐	

e. Can bedrooms be made completely dark to support sleep/wake patterns?		☐		
f. Is the décor age appropriate and culturally sensitive?		☐		
g. Are links to and views of nature maximised, e.g. having low windows?		☐		
h. Is there independent access to the outside space?	A strength of the purpose built design	☐		
i. Has internal/external planting been chosen to be colourful?	A strength of the setting	☐		
j. Are there smoking areas?	Not within secured perimeter	☐		
Examples of good practice / areas of concern				

3. The environment encourages eating and drinking	**Comment**	**Y**	**N**	**NA**
a. Do residents and/or relatives have constant independent access to drinks?		☐		
b. Do residents have independent access to snacks and finger food?		☐		
c. Are residents and/or relatives able to make food and wash up?		☐		

d. Is crockery and glassware of familiar design, shape and distinctive colour?				
e. Is there a choice of where to eat?				
f. Are large dining areas divided to be domestic in scale?				
g. Is there enough space/chairs for someone to assist with eating/drinking?				
Examples of good practice / areas of concern				

4. The environment promotes mobility	**Comment**	**Y**	**N**	**NA**
a. Is there inside/outside space to walk around independently?				
b. Is flooring matt and of consistent colour, e.g. no speckles, stripes?				
c. Does flooring contrast with walls and furniture?				
d. Do handrails in corridors contrast with the walls?				
e. Are there small seating areas on corridors for people to rest?				
f. Are there points of interest, e.g. photographs, art, that can be easily seen?				
g. Are lifts easy to find and do they have large control buttons?				
h. Are there sheltered seating areas/points of interest outside?				

i. Are outside areas arranged to encourage engagement/activity, e.g. circular paths, raised flowerbeds, a clothesline?		☐		
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?		☐		
b. Are toilet doors painted in a single distinctive colour and have clear signage?		☐		
c. Do toilets have handrails, raised toilet seats and mobility aids?		☐		
d. Do toilet seats, flush handles and rails contrast with the walls/floor?		☐		
e. Are taps clearly marked hot/cold are they and toilet flushes trad design?		☐		
f. Are basins/baths if familiar design?		☐		
g. Are toilets big enough for a wheelchair/carers to assist when door is closed?		☐		
h. Are toilet rolls domestic in style and easily reached from the toilet?		☐		
i. If installed, do sensor lights give enough time for toileting and washing?				☐

j. Are residents helped to the toilet, if needed?				
k. Are staff cheerful and tactful about helping residents use the toilet and changing them if they are incontinent?				
l. Are residents dressed for the temperature in the home and well groomed?				
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?				
b. Are signs of a good size and contrasting colour to be seen easily?				
c. Do signs use pictures and words, e.g. toilets, day rooms? (Height?)				
d. Are pictures/objects and/or colours used to help people find way around?				
e. Are bedrooms personalised, e.g. names, colours, memory boxes, linen?				
f. Have mirrors been placed to avoid disorientation, can they be covered?				
g. Have strong patterns been avoided, e.g. wall coverings, furniture, flooring?				

h. Is there a large face clock visible in all areas including bedrooms?		☐		
i. Are people able to see a calendar?		☐		
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?		☐		
b. Have noise absorbent surfaces been used to help noise reduction, e.g. floor?		☐		
c. Is background noise kept to a minimum, e.g. call systems, alarms, bells?		☐		
d. Do residents have any control over sounds, e.g. choice of music, TV?		☐		
e. Are exits clearly marked but 'staff only' areas disguised?		☐		
f. Are there any visible hazardous, e.g. trip hazards, unattended hot plates or medication?			☐	
Examples of good practice / areas of concern				