healthwatch Shropshire

Enter and View Visit Report

Coton Hill House Care Home

Visit date: 29 April 2019

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About Healthwatch Shropshire

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

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

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

What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided.

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

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

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

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

Details of Visit

Service	Coton Hill House Care Home, Berwick Road, SY1 2PG
Provider	Coverage Care Services Ltd
Date / time of visit	Monday 29 April 2019: 10.30 – 12.30
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 Coton Hill House 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 23 March 2017 and the home was found to be overall 'Good'. The 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 Manager met us when we arrived and spent some time with us describing what happens in the home. She then showed us around. We spent time upstairs and downstairs talking to residents and members of staff.

We spoke to the activities coordinator, four care assistants and two kitchen staff, together with four residents, one of whom had a relative visiting.

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 is split into five units; 3 upstairs and 2 downstairs. It can accommodate up to 45 residents; 31 upstairs and 14 downstairs. None of the rooms are ensuite. On the day we visited two rooms were vacant and available for respite care.

There is a large, pleasant garden which includes a model station, a 'pub in a shed', a bus stop and a greenhouse frame with no glass.

Residents who progress to more severe dementia are transferred to other homes within Coverage Care, following review and discussion with families.

Car parking is available at the side of the building.

The atmosphere in the home was positive, calm and purposeful and residents looked well cared for.

The Reception area is welcoming and secure, with relevant information (including the complaints procedure and the CQC rating) clearly displayed.

All the staff we met were welcoming and friendly, both to us and to all the residents.

The home operates a day centre four days a week. This was not open on the day of our visit.

The manager informed us that the home is moving towards only providing services for those with dementia and only a few residents remained for whom this was not the case.

The layout including bedrooms and facilities

The home is split into five units, three of which are upstairs and two downstairs. The three units upstairs are each secured with a keypad on the door to the unit. Each unit has a central lounge with dining facilities and a kitchenette, and residents eat their meals within the unit.

There are spacious, well-equipped bathrooms throughout the home, which residents use with staff assistance.

All bedrooms are furnished (although some of the furniture was dated), have an alarm button, and are fitted with infra-red sensors which, when turned on, sound an alarm if movement is detected. The sensors are turned on for patients at risk of falling and for the first 72 hours following their arrival. Residents can bring in their own furniture and we saw rooms decorated with personal items. One resident told us about the plants that she cared for in her room.

Each room had its number on it, together with a poster giving the resident's name and two photos chosen by the resident to describe themselves.

The corridors we saw were wide and light.

Staff told us that there was Wi-Fi available throughout the home.

On the day of our visit we saw residents carrying out a number of different activities, supported by care staff, within their unit.

We saw caring and sensitive interactions between staff and residents, appropriately using humour at times. These interactions included:

- encouraging and helping residents to play a board game
- joking with residents
- helping a resident to read a book
- helping a resident decorate plant pots
- ensuring that the resident was where they wanted to be e.g. enabling them to move from one unit to another if they wished to do so

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 clean and plainly decorated.

The questionnaire we completed looked at how Dementia friendly the building was on the day of our visit - see Appendix A. As residents with Dementia use all areas of the home, it is important that all areas are consistently Dementia friendly. For example, we noted the following which are not Dementia friendly:

- speckled carpets
- no directional signs to toilets
- decoration not conforming to guidance for dementia friendliness
- a frayed carpet in one of the units downstairs

General safety and security

We saw:

- internal doors upstairs were opened by keying in a code.
- call bells and infrared motion sensors in bedrooms. We were told that a new call system which was more dementia-friendly is to be installed. We did not hear the call system in operation while we were there.

- while it is good practice to provide independent access to the outside, this is not possible for residents in the units on the first floor.
- in most bathrooms, residents in the bath would be visible if staff opened the door for any reason[1].

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

Choices residents have

Food

Staff told us that residents can choose what they like for breakfast. In the morning they choose what they want to eat for the rest of the day. Menus (with pictures) are used. There is a four-week cycle of menus. All care plans, accessible to staff and residents, include information about dietary requirements of residents. We were informed by the kitchen staff that if a resident did not like what was available, a member of staff would go and see them and find out what they would like.

Residents made the following comments about the food

'The food is nice and the choice is good.'

'The food is good.'

Clothing

A resident told us that all their clothes are labelled for the laundry.
Everyone we saw was dressed appropriately.

[1] Since our visit Coverage Care have told us that bathrooms are locked by staff during personal care interventions and screens are used in the home to preserve the dignity of residents when emergency situations occur in communal areas.

Residents may use the facilities and choose not to lock the doors or use screens and given the nature of their dementia may not be able to choose to lock the door. If staff are aware there is someone in the bathroom they will stand outside the door to ensure privacy is maintained.

Range of activities

Activities advertised included exercise, quiz, sing-a-long, board games, balloon games, Easter activities. A tea party to raise money for charity was also advertised.

At the time of our visit we saw residents supported by staff doing individual activities – 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, painting and decorating plant pots.

The activities coordinator works 9-4, Monday to Friday. She is relatively new to the post (less than a year) and has requested further training on organising activities within the home. She has visited another home and looked at the activities on offer. She told us the following:

Activities with three or four residents seem to be most successful, though even those residents who don't normally join in will get involved in batting a balloon around the room. A lot of her work is 1:1 work. If an activity is not popular with residents, she changes it. She is also employed as a carer at the home.

The Manager said that residents can join in with activities run at the day centre, which operates four days a week.

The hair salon is open two mornings a week.

The home does not have access to a minibus but uses the Dial-A-Ride service as and when necessary.

The Manager told us that a programme of activities is produced, together with a regular newsletter. As well as Wi-Fi being available, staff had recently supported a Skype call to a family member for a resident.

Personalising bedrooms

Staff told us that residents could personalize their rooms with pictures etc, and use their own fabrics and furniture, provided they meet the required safety standards. The bedrooms we saw had a few personal belongings. One resident told us they thought the bed was OK, they had

got their own pictures and plants, their own TV and their own chair. We did notice that some of the bedroom furniture provided by the home needed updating.

Support for residents to maintain their independence and express their wishes

We saw staff speaking kindly and sensitively with residents. Residents responded and spoke or smiled with the staff. The division of the home into small units, each with its own lounge and dining area and consistent staffing, supports staff in giving personalised care to residents.

The Manager referred to the use of "This is Me" in the care plan. She told us:

"We try to see the person, not the dementia, and encourage them (the residents) to choose and do things for themselves".

As part of achieving this, there is a deliberate policy to keep staff working in the same unit.

We asked several residents about arrangements for getting up in the morning and going to bed at night. They were very clear that they had absolute choice in this respect and that they could get up and go to bed when they wanted to.

A member of the care staff said that knowing the residents was key to supporting them and so they liked always working in the same unit within the home. Residents in the unit were like a family. This member of staff said that they enjoy both supporting residents with their personal care and doing individual activities with them. They know the residents so well that they can see from their behaviour when they are upset.

If residents are happy living in the home

We spoke to four residents and a relative visiting. They made the following comments:

"I'm very happy here. Staff are nice."

"It's fine – I've no complaints at all."

"All is OK – it's nicely done and (the staff are) very pleasant and understanding."

We asked if anything could be improved in the Home and no resident could think of anything.

"Nothing would make it better."

A resident who had moved in recently was asked about how easy it was to settle. Their response was that they had settled in quite quickly because everyone was friendly (residents and staff). The Manager says that a potential resident is assessed at home and offered the opportunity to visit before moving in.

How the home manages end of life care

The Manager told us that end of life care, where possible and with the co-operation of the resident and/or family is planned. The Gold Standard Framework (GSF) is used. This ensures as far as is possible that the wishes of the resident and family are met, along with appropriate clinical support. 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

The Manager told us that they called on several different GP practices to support the health needs of patients, had Vision Care Plus visiting to provide optician services and they used The Hub in Shrewsbury to get audiology support. The home's care staff were responsible for maintaining hearing aids, replacing batteries, etc.

3. Support available to staff

Training staff receive

The manager told us that:

- Coverage Care provide a week's induction for all new staff.
- Training is provided by them through a mixture of on-line courses and practical work.
- A member of staff is currently being trained as Dementia leader to train staff in the home.

A member of staff who had been working there for over 20 years told us that they had regular training according to their personal development plan, which is reviewed every 3 months.

Staff are offered a range of training methods.

The care staff we spoke to 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.”

- **The ratio of staff to residents throughout the day and night**

The Manager told us that there are 8 care staff on duty in the daytime. At night there are 4 care staff on duty. The management structure consists of one manager, one deputy and 3 assistant managers. The home has been recruiting extra staff to reflect the increasing demands with more residents with dementia, and this was recognised and welcomed by care staff.

When asked about whether they had any ideas that would improve their work, they were not able to identify anything.

Summary of findings

- The home is registered for 45 residents, and currently has 43 residents.
- The vast majority of residents have Dementia and the home is moving towards only having residents with Dementia in future.
- The home provides respite care.
- The home has a calm, peaceful atmosphere and residents look well-cared for.
- The division of the home into small units each with its own lounge/dining area and consistent staffing, supports staff in giving personalised care to residents.
- We saw staff working with the residents effectively and with care. They were happy to talk to us at the same time.
- Residents’ rooms had the name of the resident on the door and photos chosen by the resident to describe themselves.

- The observation checklist (Appendix 1), indicates how 'Dementia friendly' the home is. We found that, while the majority reflected best practice, the following points required consideration or attention:
  - The provision of a dedicated quiet area including for residents to speak to visitors
  - The light switches in bedrooms do not contrast to their surrounds
  - There is no independent access to the outside space from the first floor
  - The garden area has potential for improvement
  - There is some speckled carpet
  - There are no fingerposts or signs to the toilets
  - There are no large faced clocks or calendars available.
- Residents are supported to make choices, e.g. to choose where they eat, and what they eat; to choose activities.
- There is a programme of activities for residents, both group and individual. We observed several different activities taking place in the units.
- Residents have regular access to health support services, e.g. doctor, optician, hearing support.
- We saw many good and natural interactions between staff and residents.
- There is a programme of training for staff.
- There is a large, pleasant garden which could be further developed for resident use.
- Some bedroom furniture is outdated, and carpet in one unit is frayed.

Recommendations

We suggest the following should be considered:

- Ensuring that the redecoration is consistently 'Dementia friendly' across the whole home. We suggest particular attention should be given to carpet choice, toilet seats and signage, together with decorating in contrasting colours.
- Developing the use of the outside area for residents.
- Replacing outdated bedroom furniture and frayed carpet.
- Providing large-face clocks in bedrooms and lounges and calendars in the lounges.
- The provision of a dedicated quiet area including for residents to speak to visitors
- The light switches in bedrooms to contrast to their surrounds.

Service Provider Response

The provider's response to the recommendations appears below in blue.

Ensuring that the redecoration is consistently 'Dementia friendly' across the whole home. We suggest particular attention should be given to carpet choice, toilet seats and signage, together with decorating in contrasting colours.

Coton Hill underwent an extensive refurbishment programme 18 months ago and all of the communal areas were totally updated using a dementia specialist to design the interior. This includes the bathrooms where we also replaced the baths.

We are in the process of updating the signage in the home and replacing the toilet seats with a graphite coloured seat to help people to see the toilet seat clearly.

We believe we do meet best practice guidance for dementia environments in the areas we have upgraded all of which are accessible to the people living at Coton Hill. Areas not yet upgraded are the offices and designated staff rooms.

Developing the use of the outside area for residents.
The garden area is accessible to all at Coton Hill and enjoyed by many. Whilst we could improve the garden it is not a priority at this time due to other projects that we feel are a priority and will achieve better outcomes for the residents.

Replacing outdated bedroom furniture and frayed carpet.
We have a refurbishment schedule in the annual budget and the manager replaces the furnishings and carpets as the rooms become vacant and there is a need to upgrade.

Providing large-face clocks in bedrooms and lounges and calendars in the lounges.
Bedrooms are residents own spaces and we encourage them to have their own belongings .We will take this recommendation into consideration and purchase the clocks /calendars for the lounge areas.

The provision of a dedicated quiet area including for residents to speak to visitors.
We have a day centre that is not always used and is available to anyone wishing to use it. Families and visitors usually use the person's bedroom for private conversations but many visitors enjoy the communal areas and often visit the wider community and get to know other family members. The fabric of the building does

not allow for any more development and this is not a Coverage Care owned property.

The light switches in bedrooms to contrast to their surrounds.
We will take this into consideration when upgrading the rooms.

Coton Hill is in the process of having a new call bell alert system installed to enable the home to manage people's behaviours in the least restrictive way possible and to support the staff to be more responsive to need and to keep people safe. The system has a simpler wrist or neck alarm making it easier for people to call for assistance.

We have financially prioritised the call bell system as it will have an immediate positive impact on everyone living in the home.

Coverage Care welcomed the visit from Healthwatch and the independent unbiased opportunity to gather people's stories and comments about the home and the service we provide.

The report has highlighted some very positive feedback and observations during the visit along with some recommendations that we will be following through.

The Manager felt the visit was helpful and was delighted with the report's content.

Acknowledgements

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

Get in Touch

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

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Appendix A

1.The environment promotes interaction/activity	Comment	Y	N	NA
a. Does the approach to the home look and feel welcoming?	Clean & litter free	x		
b. Are there enough parking spaces?		x		
c. Is the entrance obvious and doorbell/entry phone easy to use?		x		
d. Is the CQC rating displayed?		x		
e. Is the homes Complaints Policy displayed?		x		
f. Are staff welcoming / friendly?		x		
g. Does it give a good first impression i.e. look clean, tidy, cared for, odours?	Odour free. Looks fresh	x		
h. Is there good wheelchair access into and within the building, e.g. wide doors		X		
i. Can residents move around freely (e.g. doors between rooms/units unlocked)?	Where appropriate	x		
j. Are there ramps or a lift?	Residents able to use lift	x		
k. Are there social areas, e.g. day rooms and dining rooms?		X		
l. Are the chairs arranged in small clusters to encourage interaction?		X		
m. Is there a choice of seating, e.g. settees/single chairs, various styles/heights?		X		

n. Are there dedicated quiet areas (including for residents to speak to visitors)?	Managers' office/own rooms.		x	
o. Are there resources for individual/group activities, e.g. books, memorabilia		X		
p. Do residents seem happy and occupied?		X		
q. Are staff sitting and chatting with the residents?		X		
r. Are there computer facilities or Wi-Fi available to residents?	One resident able to Skype family.	x		
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?	Lovely & light everywhere	X		
b. Is the level of light comfortable?		X		
c. Can the level of light be adjusted?			X	

d. Do light switches in bedrooms contrast to their surrounds, e.g. easy to see?	White on magnolia walls		x	
e. Can bedrooms be made completely dark to support sleep/wake patterns?		X		
f. Is the décor age appropriate and culturally sensitive?		X		
g. Are links to and views of nature maximised, e.g. having low windows?		X		
h. Is there independent access to the outside space?	Designated dementia unit on 2nd floor.		x	
i. Has internal/external planting been chosen to be colourful?	Garden area potential for improvement		x	
j. Are there smoking areas?	Non noted			
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?		X		
b. Do residents have independent access to snacks and finger food?			X	

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

4. The environment promotes mobility	**Comment**	**Y**	**N**	**NA**
a. Is there inside/outside space to walk around independently?		X		
b. Is flooring matt and of consistent colour, e.g. no speckles, stripes?	Some speckled carpet		x	
c. Does flooring contrast with walls and furniture?		X		
d. Do handrails in corridors contrast with the walls?		X		
e. Are there small seating areas on corridors for people to rest?	Seating in reception		x	

f. Are there points of interest, e.g. photographs, art, that can be easily seen?	Lots of pictures & paintings.	x		
g. Are lifts easy to find and do they have large control buttons?		X		
h. Are there sheltered seating areas/points of interest outside?		X		
i. Are outside areas arranged to encourage engagement/activity, e.g. circular paths, raised flowerbeds, a clothesline?	Greenhouse due for refurb.	x		
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?	No fingerposts or signs.		X	
b. Are toilet doors painted in a single distinctive colour and have clear signage?		X		
c. Do toilet have handrails, raised toilet seats and mobility aids?		X		
d. Do toilet seats, flush handles and rails contrast with the walls/floor?		X		
e. Are taps clearly marked hot/cold, are they and toilet flushes traditional design?		X		

f. Are basins/baths of familiar design?	Some baths are specialist design.	x		
g. Are toilets big enough for a wheelchair/carers to assist when door is closed?		X		
h. Are toilet rolls domestic in style and easily reached from the toilet?		X		
i. If installed, do sensor lights give enough time for toileting and washing?				x
j. Are residents helped to the toilet, if needed?		X		
k. Are staff cheerful and tactful about helping residents use the toilet and changing them if they are incontinent?		X		
l. Are residents dressed for the temperature in the home and well groomed?		x		
Examples of good practice / areas of concern				

6. The environment promotes orientation	**Comment**	**Yes**	**No**	**NA**
a. Do doors have a clear/transparent panel to show where they lead to?		X		
b. Are signs of a good size and contrasting colour to be seen easily?		X		
c. Do signs use pictures and words, e.g. toilets, day rooms? (Height?)		X		
d. Are pictures/objects and/or colours used to help people find way around?		X		

e. Are bedrooms personalised, e.g. names, colours, memory boxes, linen?	Door pictures	X		
f. Have mirrors been placed to avoid disorientation, can they be covered?	Not noted			
g. Have strong patterns been avoided, e.g. wall coverings, furniture, flooring?	Most areas plain walls	x		
h. Is there a large face clock visible in all areas including bedrooms?			x	
i. Are people able to see a calendar?			x	
Examples of good practice / areas of concern				

7. The environment promotes calm, safety and security	**Comment**	**Yes**	**No**	**NA**
a. Are spaces clutter free and notices kept to a minimum to avoid confusion?		X		
b. Have noise absorbent surfaces been used to help noise reduction, e.g. floor?		X		
c. Is background noise kept to a minimum, e.g. call systems, alarms, bells?		X		
d. Do residents have any control over sounds, e.g. choice of music, TV?	TVs in own rooms	x		
e. Are exits clearly marked but 'staff only' areas disguised?		x		

f. Are there any visible hazardous, e.g. trip hazards, unattended hot plates or medication?			x	
Examples of good practice / areas of concern				