healthwatch Shropshire

Enter and View Visit Report

Danesford Grange Care Home

Visit date: 29 January 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 peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being 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	Danesford Grange Care Home, Kidderminster Road, Bridgnorth WV15 6QD
Provider	MGC Care Ltd
Date / time of visit	Tuesday 29th January 2019: 1.00pm – 3.30pm
Visit team	Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

Purpose of Visit

The purpose of the visit was:

- To make observations of the home environment and interactions between staff, residents and their families
- To understand the homes' 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 Danesford Grange 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 11 December 2018 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 manager and deputy manager met us when we arrived. The manager explained that both of them had only been in post a few days. After speaking to them they showed us around the home.

In addition to the manager and deputy manager, we spoke to two members of staff and one member of staff from an outside organisation who was working at the home, and 5 residents (most of whom had dementia).

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**.

We saw a 'Service User Welcome Guide' in one of the bedrooms. The home provided us with a copy of the guide, which we used to find out more about the home.

The care home website is currently being updated and so could not be used as a source of information.

What we found out

1. The home environment

First impressions

The home is based around an old house. One wing has recently been refurbished with light airy bedrooms and a dining room. The second floor is currently being refurbished to provide additional bedrooms. The lounges and further bedrooms are located in the older part of the house.

The front entrance area has just been refurbished and is currently out of use. There are clear signs directing visitors around to a side entrance where a poster announcing our visit was displayed.

The home is set back from a main road with car parking at the front and side of the building. At the back of the building there is a large private garden including a

sensory garden for the residents. There is a large patio area with several tables and chairs separated by plant pots.

At the time of our visit the manager told us there were 32 residents, 21 of whom require nursing care. All the residents live together and the manager told us that some of the residents have 'elements of dementia'.

The layout including bedrooms and facilities

Staff told us that residents all have their own room, as at the moment the twin rooms have just one resident. All rooms in the refurbished wing have an ensuite wet room with a toilet each equipped with an infection control unit containing gloves, hand gel and disposable aprons. Bedrooms in the older part of the home have a toilet and washbasin.

Several rooms had a notice above the bed saying 'Hello. My name is ...' None of the notices we saw had a name on it.

On the ground floor we also saw

- one large lounge for residents which consisted of two large areas separated by a short flight of stairs

  Both authorised representatives spent some time in the lounge. After lunch there were between 5 and 15 residents sitting in the lounge at any one time along with several staff and two visiting staff working at a computer station, but they were not facing into the lounge and could not see all residents. There was a table in the lounge with a jug of water and a jug of squash and some residents had glasses of squash.

  The lounge is also a passageway for moving around the building, and those moving through obstruct the view of any residents watching television. It was difficult to move around because of the narrow stairs between the two levels where the carpet was worn and there was a footstool at the bottom of the steps which could be a trip hazard.

There was a variety of chairs in the lounge and it felt very cluttered. It was difficult to get to the windows which overlook the gardens. Lighting was dim, the decor was tired and there was a stale smell.

Not all staff had name badges.

We saw many staff interacting with residents, both in passing and for longer conversations. For example, a staff member waited with a resident as a second member of staff came to help with the transfer from wheelchair to chair. A member of staff explained what was happening to the resident and checked that what they were doing was OK.

- a recently decorated airy dining room with seating for 12 residents
- a room adjacent to the kitchen which is being turned into a food serving area
- a sitting room where we met with the manager and deputy manager
- an area with a few seats in the corridor of the new extension, where a visiting barber was cutting the hair of one resident whilst other residents waited their turn
- bathrooms
- attractive photographic displays - Christmas 2018 including photos of residents, the building and refurbishment
- a tree of commitment to which staff comments were attached - 'get to work on time', document good behaviour', 'be happy'.

On the first floor we saw a newly refurbished hair salon which was being used for staff training on the day of our visit.

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.

We are aware that the home is being refurbished, which may be the reason for some of the

inconsistencies. The questionnaire we completed looked at how Dementia friendly the building was on the day of our visit - see Appendix A.

We saw a large difference between the 'new' areas and the old areas. As residents with Dementia use all areas of the home, it is important that all areas are consistently Dementia friendly. We noted the following which are not Dementia friendly:

- speckled carpets
- no hand rails in the corridors
- inconsistent signage (Some rooms were labelled in words and picture, some were labelled in words, some had no signs at all. Some rooms had doors with glass panels to aid identification.)
- toilet seats (Sometimes these were the same colour as the toilet; sometimes differently coloured.)

General safety and security

The Manager told us that internal doors are opened by keying in a code. The Service Users Welcome Guide provided by the home to new residents says that the front entrance door is opened only by use of a keypad code until dusk when the building is secured and visitors must use the doorbell for entry.

Staff told us that all bedrooms have a call bell located by the bed and an emergency response button. The staff use pressure pads (which sound an alarm when activated) for residents at risk of falling.

The lift between the ground and first floors can accommodate wheelchairs or a stretcher.

The home has its own laundry facilities and residents are asked to label their clothes.

The Service Users Welcome Guide includes the procedure for the safe-keeping of residents money.

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

Choices residents have

Food

The manager told us that residents have the choice of eating either in their room, the lounge, or the dining room. We visited around lunchtime and we saw individual portions of uncovered food being taken by staff from the kitchen to residents.

The manager told us that the home has staff stewards who assist residents at meal times and ask them what food they like.

A member of staff told us that residents are asked the day before what they want to eat. Staff have a list of food available and the kitchen will cook any food requested by a resident. One resident said there was 'no choice in meals - I like the surprise!'. They said there are "no snacks, we have tea and that's it".

The Manager told us that all residents are weighed every month, and more frequently if staff are concerned about a resident. The Speech and Language Therapy Team (SALT) give advice to the home about individual needs. Another member of staff showed us that the information provided by SALT is put on a laminated sheet above the resident's bed.

The Manager told us that the home records everything eaten by a resident with known eating problems.

Range of activities

The home has two activities coordinators who each work on average four and a half days a week.

Staff told us of the following activities:

- bingo (five days a week and occurred on the day of our visit)
- gardening in pots
- a visiting barber (once a month and present on the day of our visit)
- a visiting hairdresser (once a week)

- group chair exercise sessions (once a fortnight) to music chosen by residents
- visit of pat dog (weekly)
- music/entertainer groups (every one or two months)
- arts and craft activities (every week)
- memory boxes
- a Church of England service is held in the home each month
- two visiting staff who provide a range of health and well-being services on one day a week. These include aromatherapy, body massage, facials, head massage, individual exercises to improve/maintain dexterity, and reflexology. They were present on the day of our visit. This was the only activity we saw advertised on a noticeboard.

One member of staff told us that she tries to interact with every resident on each day she works at the home.

The manager told us that there is Wi-Fi in some parts of the home.

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.

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. Staff were patient, letting the resident speak at their own pace.

The manager told us that staff ask residents what they want to wear. For residents who find it difficult to communicate they hold clothes up to give residents a choice. Staff told us that 'the home is very keen for residents to be up and in the lounge, as it is better for them physically, socially and mentally, much better for breathing and eating',

Staff told us residents can choose whether they want a male or female carer.

The Manager told us that residents who are unable to make decisions for themselves, e.g. who are subject to Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005, can have advocates in place to support them.

The manager told us the home's pre-admission assessment is intended to make sure that the resident, their family and staff learn as much as possible about each other.

One member of staff told us that each resident has a life history book which is completed by residents, with the help of relatives and staff, and is used by staff to help build a relationship with patients. Food dislikes, hobbies and other information about the resident is recorded. One resident said they liked to play dominoes, so a member of staff plays dominoes with them.

If residents are happy living in the home

We saw a suggestion box in reception so people can comment anonymously.

We spoke to five residents (most with Dementia). They made the following comments:

- 'Nice people.'
- 'I would like to go out more.'
- 'No choice for meals - I like the surprise.'
- 'The TV is on automatically,'

The manager said that, as a resident's needs change, the home tries to adapt their care, so that the resident can stay in the home.

How the home manages end of life care

The Manager told us that the home follows the Gold Standards Framework for end of life care. Information about this is included in the Service User Welcome Guide.

What external support services the residents have access to

The Manager told us that the following support services visited the home:

- The Continuing Health Care Team (which we were told visited on the morning of our visit)
- The Memory Team - the Community Mental Health Team
- An optician who had visited in the last few days
- The Speech and Language therapy Team
- The End of Life Team

The Service Users Welcome Guide also adds the following support services:

- Hearing aids: There is a fortnightly clinic at Bridgnorth Hospital to repair faulty aids. The home has a supply of batteries for patients.
- Chiropody: A chiropodist visits the home every three months and residents are charged for the service. The Community Chiropodist can be seen at Bridgnorth Hospital.
- Residents attending hospital appointments, are either taken by family or friends or they can pay for an escort from the home to accompany them.

3. Support available to staff

Training staff receive

The newly appointed manager and deputy manager told us that there is a spreadsheet recording staff training, and that three new members of staff were having their induction training on the day of our visit.

The two members of staff we spoke to told us the following about training:

- There is a system which records all training.
- Management are very approachable and we can ask for more training.

- Staff know how to communicate with dementia residents - using facial expressions, listening and touching - and they said that challenging behaviour by a resident can be defused by a member of staff engaging with the resident.
- Staff have annual appraisals with management when ideas can be shared. Agency staff do not have appraisals, but in house staff sometimes praise agency staff. In house staff also pass on concerns (if any) about agency staff.
- Staff told us that the management team are very visible and open to new ideas at all times.
- Training can be in house, by DVD or external. The manager also told us this.
- Staff can access care plans on the computer, but more information about residents is shared at the handover. The manager told us they are planning to improve the paperwork at handover to include all relevant information.
- Agency staff told us they are helped a lot by in house staff.

The ratio of staff to residents throughout the day and night

The manager told us that six care staff and two nurses are on duty during the day, and three care staff and one nurse at night. In addition during the day time there are cleaners, kitchen staff, and managers on site. Stewards help carry food to residents at meal times and assist residents with eating. Agency and bank staff are used.

One member of staff told us: 'We have an amazing staff team here - cleaners, carers, kitchen staff - everyone. We repeatedly use the same agency staff.'

Summary of findings

- The home is registered for 43 residents.
- Some residents have 'elements of dementia'.
- The home provides nursing and residential care.
- The manager and deputy manager were newly appointed at the time of our visit.
- The home has recently been extended and is being refurbished.
- Some staff did not wear name badges.
- Staff told us they worked well as a team. We saw staff working well together.
- By the entrance we saw good photographic displays featuring resident activities (e.g. Christmas 2018) and the building/refurbishment programme
- The observation checklist (Appendix 1), indicates how 'Dementia friendly' the home is. We found a lack of consistency, possibly because of refurbishment, and the recommendations section outlines areas for improvement.
- All bedrooms are currently used by single residents.
- Several rooms had a notice above the bed saying 'Hello. My name is ...' None of the notices we saw had a name on it.
- New bedrooms have ensuite wet rooms with toilet and basin. Some older bedrooms have an ensuite toilet and basin.

- New bedrooms are light and airy.
- End of life care is integral to the working of the home. The home follows the Gold Standard Framework for end of life care.
- Residents are supported to make choices, e.g. to choose where they eat, and what they eat; to choose what they wear.
- There is an extensive programme of activities for residents, both group and individual. (At the time of our visit we saw bingo taking place and met visiting therapists.) Staff described the activities to us but we did not see any overall timetable of activities.
- Residents have regular access to health support services, e.g. dentist, optician, hearing support.
- We saw many good and natural interactions between staff and residents

- There is a programme of training for staff. Staff appreciate the training they receive.
- The décor was light and airy where refurbishment had taken place; but dated and gloomy elsewhere.
- The split level lounge was well-used by residents, but appeared cluttered and worn, and the split level and trip hazards made it difficult to move around in.
- There was a large garden with a pleasant patio area divided into sections.

Recommendations

We suggest the following should be considered:

- Ensuring that the ongoing refurbishment is consistently 'Dementia friendly' across the whole home. We suggest particular attention should be given to carpet choice, toilet seats, signage, handrails and lighting.
- Making the lounge area brighter, less cluttered and easier for residents to move around in. Consider repositioning furniture so that staff working at the computers can see more residents, and those walking through the lounge do not obstruct residents' view of the television.
- Ensuring that the extensive programme of group and individual therapies is advertised more widely e.g.; using posters, newsletters, the website.
- Ensuring that all staff wear name badges.
- Not holding in house training in the hair salon, so that the visiting barber and hairdresser can use the salon.
- Implementing the Manager's ideas for improvements to handover sheets.
- Launching the updated website as soon as possible.
- Using a menu with pictures to help people understand food choices.
- Filling in the 'My name is' notices above the beds.

Service Provider Response

In response to our suggestions the manager has made the following comments (in blue):

Ensuring that the ongoing refurbishment is consistently 'Dementia friendly' across the whole home. We suggest particular attention should be given to carpet choice, toilet seats, signage, handrails and lighting.

The on-going refurbishment will be consistently Dementia friendly across the home. To avoid dark colour carpets and patterned carpets when replacing flooring. Toilet seats to be replaced during the on-going refurbishment across the home. This will be done in phases throughout the next 2 years.

Making the lounge area brighter, less cluttered and easier for residents to move around in. Consider repositioning furniture so that staff working at the computers

can see more residents, and those walking through the lounge do not obstruct residents' view of the television.

Oak lounge has painted in a brighter colour. Lounges have been decluttered. Chairs have been repositioned so it feels more welcoming and homely. Computer has been moved and staff are able to observe residents. Staff to be mindful when walking through the lounges not to obstruct residents' view of the television.

Ensuring that the extensive programme of group and individual therapies is advertised more widely e.g.; using posters, newsletters, the website.

A weekly activity board has been ordered to be put up to ensure all residents are informed of the activities offered in the home. Newsletters to be put in resident's bedrooms so they can have a choice what they to attend. Website to be developed once the extensive work has been completed.

Ensuring that all staff wear name badges.

All new staff now have name badges

Not holding in house training in the hair salon, so that the visiting barber and hairdresser can use the salon.

Cedarwood suite to be used for an all-purpose room for the residents and visiting hairdresser and barber. Residents to also have access to use the computer so they can Skype their friends and family.

Implementing the Managers ideas for improvements to handover sheets.

Manager to implement and continue to improve the handover sheets.

Launching the updated website as soon as possible.

Website to be developed further once the extensive work has been completed.

Using a menu with pictures to help people understand food choices.

New menus to be introduced with the residents' input. Picture cards and plated meals to be shown to residents who have dementia so they can visualise and choose what they would like to eat. New kitchenette been completed new menus have been devised with the residents' input.

Filling in the 'My name is' notices above the beds.

'My name is' notices above the bed were put in for the purpose of the staff to introduce themselves to the resident when entering their bedrooms.

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?	Because of building works the main entrance is currently being remodelled. The temporary main entrance was clearly signed.			
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?	The policy is available in the welcome booklet given to all new residents.		X	
f. Are staff welcoming / friendly?		X		
g. Does it give a good first impression i.e. look clean, tidy, cared for, odours?		X		
h. Is there good wheelchair access into and within the building, e.g. wide doors		X		
i. Can residents move around freely (e.g. doors between rooms/units unlocked)?		X		
j. Are there ramps or a lift?	There is a lift to the upper floors	X		

k. Are there social areas, e.g. day rooms and dining rooms?	2 Steps between the lounges mean residents would have difficulty moving between the lounges	X		
l. Are the chairs arranged in small clusters to encourage interaction?	Most chairs in the lounge were positioned around the walls.		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)?		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?		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?	It was a dull day when we visited	X		
b. Is the level of light comfortable?	Dim lighting in lounge and corridors in the older part of the building		X	
c. Can the level of light be adjusted?	Don't know			X
d. Do light switches in bedrooms contrast to their surrounds, e.g. easy to see?	Don't know			X
e. Can bedrooms be made completely dark to support sleep/wake patterns?	Don't know			X
f. Is the décor age appropriate and culturally sensitive?	The home is currently being redeveloped. The new wing is light and airy, the older wing is darker and the décor is dated			
g. Are links to and views of nature maximised, e.g. having low windows?	The new wing has larger windows			
h. Is there independent access to the outside space?	Doors lead to the outside space e.g. a terrace. The garden has steps leading down to it. The garden is due to be redeveloped. We saw a sensory garden.			
i. Has internal/external planting been chosen to be colourful?	We visited in January.			X

j. Are there smoking areas?	We saw a covered area in the car park area.	X		
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?	Don't know but we were told a residents room will be developed as part of the building works.			
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?	Sensory garden	X		
b. Is flooring matt and of consistent colour, e.g. no speckles, stripes?	Carpets in the new wing were speckled		X	
c. Does flooring contrast with walls and furniture?		X		
d. Do handrails in corridors contrast with the walls?	No handrails		X	
e. Are there small seating areas on corridors for people to rest?			X	
f. Are there points of interest, e.g. photographs, art, that can be easily seen?	Some pictures in corridors in the old wing were quite high	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?		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?			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?	Some	X		
d. Do toilet seats, flush handles and rails contrast with the walls/floor?	Some in the new wing	X		
e. Are taps clearly marked hot/cold, are they and toilet flushes tradional design?		X		
f. Are basins/baths if familiar design?		X		
g. Are toilets big enough for a wheelchair/carers to assist when door is closed?		X		
h. Are toilet rolls domestic in style and easily reached from the toilet?	Don't know			
i. If installed, do sensor lights give enough time for toileting and washing?	Don't know			
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
We saw a barber cutting resident's hair in a corridor space. The dedicated hair dressers room was being used for staff training

6. The environment promotes orientation	Comment	Yes	No	NA
a. Do doors have a clear/transparent panel to show where they lead to?	Some	X		
b. Are signs of a good size and contrasting colour to be seen easily?	Limited signage to toilets			
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?			X	
f. Have mirrors been placed to avoid disorientation, can they be covered?	There is a mirror in the lift		X	
g. Have strong patterns been avoided, e.g. wall coverings, furniture, flooring?			X	
h. Is there a large face clock visible in all areas including bedrooms?	In some bedrooms			
i. Are people able to see a calendar?	In some bedrooms and in lounge			
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?			X	
e. Are exits clearly marked but 'staff only' areas disguised?	Not consistent, varied throughout home			
f. Are there any visible hazardous, e.g. trip hazards, unattended hot plates or medication?	Stool at foot of stairs between the two lounge areas	X		
Examples of good practice / areas of concern				