



## Enter & View Visit Report

### Details of Visit

Service Name and Address	Greenfields Care Home (Foxglove & Snow Drop Units) Liverpool Road Whitchurch SY13 1SG
Service Provider	Coverage Care Services
Date and Time	11 a.m. on Tuesday 17 July 2017
Visit Team	Three Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

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### Purpose of the Visit

**Dignity, Choice and Respect:** to explore the quality of life experienced by residents in this setting.

### 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.

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## Context of Visit

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 provided. These visits are called Enter and View and always have a purpose. They are not inspections.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced. The visit to Greenfields Care Home was semi-announced and the manager was told that we would be visiting in July.

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## What we were looking at

### How the home provides 'person-centred' / individualised care

We asked about:

- the choices residents have e.g.
  - the food they eat
  - activities available
  - personalising their bedrooms
  
- if residents are happy living in the home

### Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents

## Whether the home offers a safe environment for the residents

We asked about:

- healthcare
- complaints procedure: opportunities to complain without fear
- staffing levels, staff recruitment, qualifications, training

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### What we did

When we arrived at Greenfields we met with the manager. She told us about the home and gave us a tour of the two units - Foxglove and Snowdrop - that we were visiting. She then left us to speak to residents, visitors and staff. We also talked to the manager at the end of our visit.

We spoke to six residents, five staff, and one visitor.

We observed residents in both units having their lunch.

One of the visit team (Authorised Representative) paid particular attention to observing the environment and the interactions between residents, visitors and staff.

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### What we found out

#### The home

Greenfields was purpose-built in 2010 as a 75-bed residential and nursing home. All rooms are single and have their own bathroom. The home is situated in a residential development on the outskirts of Whitchurch. The building is H-shaped, and within the arms of the H at the rear is a pleasant, well-kept and accessible garden with an attractive summer house large enough for several wheelchairs.

There are four separate units, two on the ground floor and two on the first floor. We visited the two units on the first floor, Foxglove and Snowdrop.

Each unit takes up a full wing of the H-shaped building. On the first floor the communal areas and staff station are situated close to the cross-bar of the H, which houses two lifts, assisted toilets and stairs to the ground floor. The door into Foxglove, the general nursing unit, does not have keypad entry. Snowdrop, where some of the residents have mild symptoms of dementia, does have keypad entry. At the end of each wing there is a staircase. All of these staircases have equipment for evacuating residents; 'Evac-a-chair' and 'Ski Pad'.

On Foxglove there is one large communal area. At one end there is a kitchenette where lunches are delivered before being served by staff. There are several tables at which residents can eat their meals if they wish. This area has a hard floor. The other end is divided by furniture into a television viewing area and a quiet area facing away from the television. It has carpeting which is suitable for wheelchairs and people with limited mobility; this carpeting extends down all the corridors and into the bedrooms. The furniture was attractive and comfortable with a range of chairs and sofas. There is a delightful outlook over a field and a wild pond with waterfowl, and the large windows ensure plenty of natural light.

On Snowdrop, there is a large lounge with a small kitchenette and a separate dining room with a kitchen area. Here too the dining area has a hard floor and the rest of the unit is carpeted. In the lounge there are a variety of comfortable chairs, and the general appearance is pleasant, homely and uncluttered. The decoration throughout the units is clean and bright.

There are full-length windows at regular intervals on the corridors of both units, by several of which a chair has been placed. All the doors of rooms used by residents are clearly marked with the function of the room in words and diagrams. Rooms restricted to staff have smaller labels. The doors to the residents' bedrooms have the number, a picture of the bed, and their names in large clear print underneath. We were shown a vacant bedroom. It was well-decorated in light/neutral colours, with good quality furnishings and a well-equipped bathroom. Every room we visited was very clean and odour-free.

Staff told us that:

Snowdrop is a low dependency unit, and has accommodation for 16 residents, some are 'borderline EMI' (e.g. have mild dementia). The unit manager has worked with the home's manager for 14 years, and moved with them from their previous care home to Greenfields when it opened. Their responsibilities include going to visit potential residents in their own home to carry out and assessment of their needs.

This includes both whether Greenfields would be able to meet that person's needs, and if so which unit would be most appropriate.

Foxglove delivers general nursing care, including End of Life care. The unit manager, a trained nurse with a background working in hospitals and nursing homes, has been at Greenfields since it opened. The unit has 22 bedrooms, of which 19 are currently occupied. It is a high-dependency unit, with a number of patients who are permanently in their rooms. Eighteen of the 19 need help with eating. Both Shropshire Clinical Commissioning Group (SCCG) and Shropshire Council reserve beds for short-term respite care.

## **'Person-centred' care and choice**

### **Choices**

- **Daily routine**

One resident described how staff helped her get up and dressed in the morning. This resident said "The staff are wonderful. They will do anything for you."

All residents appeared to be dressed in clean clothes of their choice, and all those we asked said that staff supported them well in choosing their clothes and getting dressed and washed every morning.

- **Food**

There is a 4-week menu rota (which we were shown). The manager told us that residents and their families are asked for suggestions. All food is prepared on site. The kitchen staff take the menu round in the evening for the next day. There are generally two choices of main dish and dessert, but there are alternatives if someone doesn't want what is on offer. The individual likes and dislikes of residents are recorded in what the manager described as 'very comprehensive pre-admission paperwork'. Breakfast is available for the people who get up early (e.g. tea and toast is available from 6am and a cooked breakfast is available later). Staff try to make sure that even the people who get up later have had their breakfast by 10.30am at the latest, otherwise it interferes with lunch. Residents can eat their meals where they want, in the dining area, the lounge or their own room. The manager said that they are fairly relaxed about residents who do not

choose to eat much at lunchtime if they have had a good breakfast. Residents can have a drink or something to eat if they want to between their regular meals. Residents with diabetes are given food between the evening meal and bedtime.

One resident told us that "food is excellent. There are always two choices."  
Another resident said that the food is "OK - usually healthy and likeable".

Another resident said "you can tell which chef is on by the way the food is cooked".

We saw residents in Foxglove unit being supported sensitively and individually to eat lunch. Residents were given as much time as they needed to eat.

We were told separately by two residents that visitors are always made to feel welcome and offered a drink when they visit.

- **Activities**

The manager told us that 'daily opportunities' (activities) are available to residents, organised by two activities co-ordinators who work across the whole home. The families of some residents are very involved and take them shopping or for a day out, and the local Rotary Club provides trips out (for example, a canal outing is taking place shortly) and concerts.

One resident told us about the craft activities she was involved with every Monday. This resident also told us that sometimes staff took her shopping for clothes.

After lunch we saw staff taking several residents out into the garden, where the activities co-ordinator engaged them in a craft activity.

One resident told us that they would like more outings, and that it would be nice if the home had its own minibus. Staff told us that the home does have a vehicle that can take one wheelchair and a carer in the back.

Both units we visited had activities/opportunities notice boards outlining the activities on offer. These include residents' meetings, reminiscence sessions, a MacMillan coffee morning, a visiting Pat Dog, Zumba Gold classes, entertainers, the community choir, a canal trip and a family afternoon. The 'Greenfields July Newsletter' which is available in Reception includes a list of activities in July and August.

Each unit also had a 'Dementia Awareness' notice board. This had inspirational poems and pictures and key points about dementia awareness. The importance of being dementia aware was stressed.

We saw a library and a hairdressing salon for residents. Staff told us that the local vicar administers Holy Communion to those who wish for it. We saw a schedule for this on the notice boards.

- **Personalising rooms**

We noted varying degrees of personalisation in residents' bedrooms. For example, one room had a large collection of soft toys, another had many framed photographs, a third had very little in the way of personal items on show. Some rooms included the residents' own furniture and we saw some specialised chairs, and beds adapted to the needs of residents on Foxglove. We heard televisions and radios in rooms which were occupied at the time.

### **What residents say about living in Greenfields**

Residents told us the following:

"I can't fault the home at all."

"The staff will do anything for you."

"The staff are kind and do a good job."

"It's a very comfortable home."

"I recommend the manager."

## Dignity and respect

### Staff interaction with residents

We observed staff

- supporting individual residents one-to-one to eat their lunch
- helping individual residents to return to their room/communal sitting room/garden after lunch.

These interactions were done with sensitivity and respect for the individual. We saw several instances of staff encouraging and supporting residents to do as much as they could themselves - for example when getting up from the table and moving towards a walking aid.

At one point we saw staff transferring a resident into a wheelchair. The brakes on the wheelchair were not applied on the chair before the transfer took place presenting a safety risk.

## Safe environment

### Healthcare and wellbeing

The manager told us that if a resident is registered with a local GP they stay with that GP. Otherwise residents are registered with the local practices in rotation. An optician visits regularly, and the home uses a variety of specialist suppliers, for example companies which make special chairs for people with specific conditions. The manager said that if a resident's hearing aid is not working audiology arrange to put it right. A resident with hearing aids said they would like to have the same maintenance service for them that she was used to when she lived in her own home.

A resident told us that the home arranges for her to go to an osteopath in a taxi, and that she has a health check twice a year.

Two residents said they were not aware that they could see a dentist and optician.

Unit managers told us that:

- Snowdrop residents are registered to local GPs, and the District Nursing Service provides routine medical care when necessary.
- Foxglove unit works in a multi-disciplinary way, and the home has regular contacts with outside agencies, for example the local Community Mental Health Trust (CMHT). During our visit a member of the CMHT's Memory Team arrived to work with a resident. Although there is sometimes a delay in the CMHT's attendance at the home as it is under a lot of pressure, they can always get advice over the phone.
- The home has a vehicle adapted for wheelchair use and can take individual residents to outside appointments.

Greenfields operates a Protected Lunchtime (from about 12.30 to about 2 p.m.), but if a resident needs help eating, relatives are welcome to stay and help them. We saw a relative helping a resident to eat at lunchtime. Otherwise relatives are free to come and go, up until 8 p.m. when the night staff take over and the home closes its doors for the night.

We asked residents about call bells. We were told staff answer them promptly. A resident and their visitor told us that they did not have a call bell due to the nature of their illness. They were concerned that they are unable to call for help when they want it, and have raised this with the manager. Another resident didn't know if they had a call bell, but said it didn't matter as they had a loud voice.

The manager told us that a hairdresser visits once or twice a week.

### **Complaints procedure**

Staff told us that small day-to-day niggles and complaints are dealt with by the unit manager, who then keeps the manager informed. More serious complaints are logged and investigated more formally by the manager and if necessary by Head Office. If a very serious complaint should arise there is a clear set of procedures. The relevant outside agencies such as the CQC would be notified if required. The complaints procedures are set out in the Greenfields brochure for relatives. This brochure covers all the information relatives need. In Reception there is a poster advertising the 'Complaints Hotline'.

A resident told us that the staff listen to complaints and do something about them. Another resident told us that a suggestion from the resident for a change of hand cream had been put in place throughout the home.

### **Staffing levels, recruitment and training**

Two staff told us about the difficulty of recruiting staff in the area. They said that although Coverage Care used the standard accepted staffing ratios, more staff would mean that more could be done for the residents.

On Snowdrop, which is the low-dependency unit, there are three staff on in the mornings, two in the afternoons, and one overnight. They said that the activities co-ordinators were helped to run activities by care staff when possible, as they were very stretched to cover all four units and 75 residents.

The manager told us about arrangements for new staff and training:

- New recruits have a three-month probationary period. They are given a two-week informal assessment as they work alongside experienced carers, and another assessment at six weeks. They then attend more in-depth training with Coverage Care if they are taken on permanently. They continue to work alongside their co-worker until they and their managers decide they are ready to work independently.
- Coverage Care operates a 'training matrix' on which every employee's training requirements and updates are tracked so that they receive their ongoing training as and when they should.
- All staff have formal supervision every three months, and an annual appraisal. There are currently 94 staff employed at Greenfields. There are vacancies for nurses, night staff, and a senior carer as someone who has been there since the beginning is leaving shortly.

Two staff told us that they rated Coverage Care highly as an employer. One said it offers "really supportive management". They also said, "I'm proud to work for them, and I am proud to show people round the home when they come to look." The other said "When we need something, we are always able to get it, whether big or small. We feel well-supported and free to say what we think."

Staff work 12-hour shifts, from 8 till 8, 4 shifts per week. One member of staff said that staff relations are good, the relationship between staff and management is supportive, and they also have positive relations with the relatives of residents.

Several staff said that the main problem facing the home is the difficulty of recruiting nurses. "The shortage of nurses can put pressure on those who are there, as the care and treatment need to be carried out regardless of staffing levels."

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## Observation Summary

One Authorised Representative (AR) on the visit team carried out an observation of the interaction between staff, residents and their visitors.

### Observation ratings

The AR rated each observation as:

- Positive, showing a high level of compassionate care; or
- Passive, showing good care but little empathy or positive engagement with the patients or their visitors; or
- Poor, showing a lack of care and compassion.

The AR also noted the staff's attention to the home environment, covering issues such as cleanliness and tidiness, noise levels, and the steps taken to maintain high standards.

## Observation findings

### 1) The home environment

In all areas the units were well-furnished, spotlessly clean and uncluttered. The AR noted that assisted bathrooms and toilets, despite having no windows, smelled fresh. A cleaner working on one of the units told the AR that each of the four regular cleaners is allocated a particular unit for that day. They said they enjoyed working at Greenfields. The design of the building made it easy to clean. In one of the bathrooms an engineer was servicing the built-in bath hoist. He said that his company had the contract for Coverage Care and regular service visits were made to all of their homes.

The dining areas, and the serving of meals, appeared to be very functional. Table settings were basic with no decorative or homely touches. This appeared practical on the high-dependency Foxglove unit.

## **2) General Care**

This covers routine interactions between staff and residents, including food and fluids, and supporting residents who may be disorientated or distressed. Twenty-five specific observations were made across the two units. All were positive.

On Foxglove the AR noted that there were long periods when there were no staff in the communal areas or nearby. The visit took place mid-morning and residents, many dozing, were settled in their chairs. The AR did not see any staff sitting and chatting with any resident or engaging them in any activity. It appeared that the staff were occupied elsewhere, possibly with the residents who remained in their rooms. About twenty minutes before lunch was served all the care staff returned and began preparing the residents for their meal.

## **3) Engagement**

This covers communication, demonstrating dignity and respect, anticipating care needs, and empowerment of residents (giving them choices and assuming competence wherever possible). Twenty-nine specific observations were made across the two units. All were positive.

### **Some examples of compassionate care**

- Care staff invariably greeted residents by name when passing them in the corridors, and acknowledged them when they entered the communal areas.
- Care staff spoke pleasantly and respectfully with residents when engaging with them in any activity.
- Care staff helping residents to eat were patient and gentle, offered food at an appropriate rate, and encouraged them to continue eating with words and touch.
- A resident was very gently woken up over a period of some minutes so that they could receive their meal.

- A resident who seemed to become easily confused and agitated was calmed several times and helped to make a decision about where to go and what to do.
- A resident was helped to settle into their chair after lunch with a cushion placed under their knees and medical equipment arranged to help them feel comfortable.
- Residents were helped to move from dining chairs to wheelchairs with attention and care for their comfort.
- A resident who needed the toilet received swift, friendly and efficient attention.
- A member of staff noticed that a resident was not eating the pudding they had ordered and asked if they would prefer a yoghurt instead, offering a choice of flavours.
- When manoeuvring a large wheelchair to the table for lunch a staff member took great care to avoid knocking it against furniture and jolting the occupant, and checked under the table to make sure it was in a safe and comfortable position.
- A resident going into the garden was offered the choice of assistance to walk, or a wheelchair. A change of mind was cheerfully accommodated.
- The Activities Co-ordinator spent time encouraging a resident to join the group going into the garden.

#### **4) Safety**

This includes infection prevention and control and general health and safety issues. No specific observations were made in this category. However, the AR noted posters with 'bare below the elbows' instructions which were observed by all the care staff, and instructions for effective hand-washing in the toilets. Residents were appropriately clothed and wore suitable footwear. Walking aids and wheelchairs were readily accessible, and residents with restricted mobility were assisted to move safely. There were no obvious trip hazards in any area and the floors and flooring were level and smooth. Bathrooms and toilets were spotlessly clean and odour-free.

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## Summary of findings

- All rooms we saw in the home are nicely decorated, have a lot of natural light and are spotlessly clean.
- There was a calm and caring atmosphere.
- We observed that staff were helpful, patient and caring towards the residents.
- Residents said staff were kind and did a good job.
- Residents were nicely dressed and appeared to be comfortable.
- Most residents said the food was good, though we were also told that there was a difference in the way food was cooked by different chefs.
- Senior staff told us they rated Coverage Care highly as an employer.
- Residents and staff told us that visitors were always made to feel welcome in the home.
- Residents had access to a range of healthcare professionals on a regular basis, though arrangements for residents with hearing aids were not clear.
- Call buttons were provided for some residents, and we were told that staff respond quickly. However emergency call arrangements for those without a call button (or those who didn't know if they had a call button) were not clear.
- Activities were well-advertised. However some residents were not aware of activities; other residents were aware of activities; some wanted more trips. We saw an Activities Co-ordinator working with residents outside.

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## Recommendations

We would like the Greenfields management to consider the following actions:

- Congratulate all staff on the environment they have created in the home.
- Add regular support for those residents with hearing impairment, including maintenance of hearing aids, into the health support programme for residents.
- Ensure that all residents are aware of emergency call arrangements from their bedrooms.
- Continue in its efforts to try and fill staff vacancies, particularly nursing vacancies.

- Think of ways to make mealtimes less institutional and more homely.

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## Service Provider Response

Healthwatch Shropshire has received the following response to the report from the manager of Greenfields Care Home:

Many thanks for your report which was very positive, I have completed the action plan and will take recommendations / suggestions positively with the view of improving services.

We have received the following action plan in response to our recommendations:

### **Congratulate all staff on the environment they have created in the home**

Many thanks for your comments. The report will be cascaded around the home once finalised.

### **Add regular support for those residents with hearing impairment, including maintenance of hearing aids, into the health support programme for residents**

We have already enlisted the support of Shropshire RCC volunteers to provide a hearing loss support service for our residents who wear NHS hearing aids.

A volunteer is booked for 14th August to enable this support to start and I believe this will take place every four months. This will be an on-going support framework.

### **Ensure that all residents are aware of emergency call arrangements from their bedrooms**

I have today advised the unit manager to ensure all residents are aware of the call bells in their rooms. However we have to remember the client group, and although not all have a diagnosis of dementia, they can at times be confused and disorientated.

I also investigated the other concern from the report regarding a resident being unable to call for help. I had been aware of this situation. The care plan clearly identifies the risk that this resident attempts to eat most items within reach, and so to maintain their safety the bell was removed. We had obtained agreement

from the resident's family and also agreed that we would put in half hourly observations over 24hrs.

This will be overseen by staff on the unit and the manager. There will be on-going evaluation of the care plan and discussion with the resident's family.

**Continue in its efforts to try and fill staff vacancies, particularly nursing vacancies.**

Our robust recruitment for nurses will continue, however due to the overall national shortage of qualified nurses it is proving difficult. Our organisation has peripatetic nurses, who understand our policies/systems and processes, which provides for continuity of care. This will be on-going until we have a full complement of staff.

**Update:** We have had one application for Registered nurse post this week (week beginning 7<sup>th</sup> August 2017). Awaiting interview

**Think of ways to make mealtimes less institutional and more homely.**

The residents on Snowdrop unit do not appear to want anything done differently when asked today (11<sup>th</sup> August 2017) if there was anything we could do better. They appear very set in their ways preferring to occupy the same seats daily enabling them to socialize with their friends. I feel they have a large separate dining area, with the tables well laid with table cloths, serviettes, flowers etc, music is played in the background and on occasion we serve wine with the meal. We would however welcome any ideas for improvements and this can also be followed up at our next residents meeting.

This is overseen by the unit manager and activities coordinator.

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## Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

## Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

## What is Enter & View?

Healthwatch Shropshire gather 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 delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

## Get in Touch!

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