



Enter and View Visit Report

Four Rivers Nursing Home

Visit date: 31 January 2019

Publication date: 18 March 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	Four Rivers Nursing Home. Bromfield Road, Ludlow, Shropshire, SY8 1DW
Provider	Shropshire Council
Date / time of visit	Tuesday 29 th January 2019: 11.00am - 1.00pm
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 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 Four Rivers 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 5 April 2018 and the home was found to be overall 'Requires Improvement', 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

We were greeted at reception by the manager and senior nurse/deputy manager. We had a discussion with them before being given a short tour around the home, specifically the Dementia Unit.



Two ARs spoke to two residents, two staff, three relatives and a friend.

Another AR observed the environment and interactions between staff, residents and relatives, using a checklist, included in **Appendix A**. Most of the observations were made in the Dementia Unit.

What we found out

1. The home environment

The home opened in 2006 and provides nursing care for the elderly. It has a secure Dementia Unit on the ground floor which has single en-suite rooms for 10 residents. The rest of the home is divided into three more nursing units, each with 10 single en-suite rooms. Two of these units are on the first floor reached by a lift.

When we visited, there were 38 residents and two vacancies. Some residents with dementia live in areas that are not part of the Dementia Unit.

The home has a large car park off a main road and is set back with a spacious drop off area in front of double automatic doors. This leads directly into a large reception area.

⌚ First impressions

As we entered the building into the reception area, the home appeared bright, clean, uncluttered, spacious and odour free. It was tastefully decorated in all areas we saw and well maintained. Comfortable furniture in communal areas was intimately arranged to encourage social interaction between residents.

• The layout including bedrooms and facilities

Each unit is self-contained with a nursing station on entry. Beyond that is a wide corridor that has five bedrooms with toilet and washbasin leading off each side.



Within the home there are

- eight bedrooms with interlinking doors which can be unlocked for married couples
- three bathrooms which contain a Parker bath (adjustable with Jacuzzi facility, details can be found here, <https://www.arjo.com/en-gb/products/hygiene/bath-systems/parker-bath/>).

One unit has a standard bath with a chair lift and there is also one shower.

Each unit has its own lounge and dining room.

General Facilities

On the first floor there is

- a kitchenette for use by visitors, and
- staff and visitor toilets
- a sparsely furnished meeting room which can be used by staff to speak to relatives.
- a storage bay
- a storeroom for wheelchairs.

On the ground floor in a large lounge there is a computer station which residents can use. The manager told us that residents tend not to use the computer.

However some residents are now using tablets. The manager also told us that Wi-Fi is about to be installed. It was first requested five years ago. The manager could foresee that having Wi-Fi may be a useful addition to medicine management.

A telephone is available for residents' use.

In another large lounge, residents were being entertained by a singer/musician.

• Whether the home is 'Dementia friendly'

Dementia Unit

The first impression of the Dementia Unit is that it is clean, tidy, calm, friendly and without unpleasant odours.

The layout of spaces and bedrooms allow for wheelchair access, enabling all residents with differing needs to move freely from area to area within the unit.



The unit has secure entry. However if residents wish to leave the unit and go elsewhere in the home or outside, they are free to do so. Some residents need supervision, whilst others are more independent.

The inside of the main door to the unit has been covered with a vinyl countryside scene which disguises it as a door. Staff told us it reduces anxiety for some residents.

Nearby on the wall, is a full length mirror which looks like a red telephone box. Staff told us that one resident uses this regularly to make sure they look respectable before going out. When we asked staff if it caused any confusion or problems with residents, they said that it hadn't been a problem since being installed.

Opposite the nurses' station near the entrance is a dining room/lounge where residents were sitting in groups listening or singing to music. The manager told us that the room needs 'improving' and that they are thinking of installing a large wall mural to add interest and stimulation for the residents.

Imitation fireplaces with an electric 'flame' add to the welcoming appearance of the communal rooms. All areas are well lit from large windows and lighting is adjustable.

Communal areas and bedrooms are clearly labelled. Signs have clear writing and pictures, and the background colour contrasts with the walls.

We were told by staff that a lot of residents in the Dementia Unit like front doors and that they often refer to their rooms as their apartment or flat. Each bedroom door is covered in vinyl with a brightly coloured image of a front door with letter box. Each 'front door' is a different colour to distinguish different residents' rooms.

The staff had specifically not chosen ‘busy’ patterns to maintain a dementia friendly appearance. Outside each room is the name of the resident and key workers.

All bedrooms have an en-suite with toilet and wash basin.

The main corridor and bathroom flooring is vinyl patterned to look like wood. The remainder of the floors are covered in plain carpets. Both types of flooring keep noise down to a minimum.

Bathrooms are very spacious to allow wheelchair access and a carer to be present. They were clean with a hoist over the bath. We saw clean linen and a selection of toiletries in each bathroom.

At the far end of the corridor is a large, bright conservatory with plenty of comfortable seating, windows and french doors which lead outside into a well maintained garden. The doors are alarmed. The gardens appear to be designed with dementia patients in mind in that residents can be safe within the boundaries, but not ‘walled’ in.



⌚ General safety and security

Dementia residents at risk are kept safe by a secure door to the Dementia Unit. If they choose to leave the unit, they may be supervised if required. All other areas of the home are unsecured. Staff at reception are able to monitor people arriving and leaving the building.

The manager told us that there are beam alarms in place for residents at risk of falls or for residents who may choose to try and walk independently. This alerts staff immediately if a resident attempts to stand and walk without assistance. They also have safe seating (pressure pads on chairs) and the manager told us that they have enough staff to be aware of all residents’ needs and movements.

On the ground floor 75% of residents have Deprivation of Liberty Safeguarding (DoLS)¹ in place. The manager told us all staff are aware of safeguarding issues and are regularly trained and updated.

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

Choices residents have

Food

Staff told us that:

- Each resident has a choice of two dishes for each meal. They are asked the day before what they would like to eat the next day, but can change their minds if they want on the day. If there is nothing they like for a meal, an alternative can be prepared for them. All residents' likes and dislikes are taken into account. We asked the manager if pictures of dishes were shown to residents to assist in making a choice, but were told that they did not use pictures.
- Residents can choose where they eat and staff respect their choices. They can choose to eat in the dining room with other residents or in their own rooms. If they change their minds, they can be accommodated where they wish at the last minute.
- Residents and visitors can help themselves to cold drinks and fruit and we saw staff offering hot drinks and other snacks on a regular basis. We were told by staff that residents and relatives can make food and wash up.
- Residents with specific dietary requirements such as diabetes are catered for.



We saw a menu displayed on the desk in the Dementia Unit, but it was a small notice with small font and so not easily noticed. No pictures of meals were available.

¹ The Mental Capacity Act 2005 includes the Deprivation of Liberty Safeguards (DoLS) - a set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests.

Range of activities

The manager told us they have an activity coordinator who arranges visits from individuals or groups from outside the home to entertain the residents. This includes singers, musicians, exotic animals or reindeer. Residents can also attend religious services in the home.



They try to include all residents in activities, even those who choose not to come to the lounge for the activity. For example, the reindeer was taken to visit residents in their rooms and we saw one resident and their companion enjoying listening to music from a distance. Activities are regularly rotated between different floors so that everyone benefits if they are unable or unwilling to attend.

In addition to the visits from outside organisations the staff arrange activities with the residents such as painting or card making. Some residents are involved in gardening, especially if this was a previous interest or hobby.

The manager told us that they are hoping to recruit a specific person whose role is both to organise and run activities to ease staff time. This was welcomed by staff we spoke to, as it would provide more time for personal and nursing needs to be met without any strain on staff resources.

Staff said they were aware of residents' needs and varying moods from day to day. They would assess each individual and respect their wishes to join in activities or not, as appropriate.

Personalising bedrooms

Each bedroom we saw was bright, with plenty of light coming through large windows and with light coloured neutral decor. They were spacious and contained personal items and furnishings. Some had plain carpets and others had laminate flooring.



Support for residents to maintain their independence and express their wishes

Staff said that residents could choose what to wear each morning and that they used visual support such as showing the resident different clothes and helping them to decide what to wear.

One staff member said that they were very aware that the resident could be in a different mood each day, depending on how they felt physically or mentally. This can affect how the resident responds or behaves and the staff member felt it was important to explore the resident's wishes in a sensitive way. This point was also said by another member of staff.

All the staff we spoke to said that they tried to help residents maintain as much independence as possible, allowing them to help folding linen or clearing up. They said it was important to let residents help even if they made more mess.

Staff told us that residents' decisions were respected, even if they were not considered an appropriate choice. For example, a resident can choose to be alone rather than joining in socialising with others. If their choice might be detrimental to their health and well-being, then they were gently encouraged to go along with the suggestion, for example, having a bath to maintain personal hygiene. Staff told us that because of communication difficulties, sometimes decisions had to be explored in a sensitive way more than once to gauge the reaction from the resident so that their wishes could be truly understood and acted on.

The manager told us that each resident is assessed prior to admission and is placed either in the Dementia Unit or in the main home, depending on needs. Each resident has a nurse or senior key worker, as well as two Health Care Assistants (HCAs) assigned to them as key workers. A behaviour chart is used to assess residents in all aspects of their health, particularly after significant change or an incident.

The manager said that all staff, including named key workers and new, bank or agency staff, are introduced to new residents to gain a clear picture of "who they are" from their history, interests, family contacts etc. If staff know all about them and can converse easily it helps residents feel settled and secure in a new environment. Staff use residents' preferred names.

We were told by the manager that all residents have care plans which are regularly updated by the resident's nurse or senior key worker as needs or preferences change. Families are encouraged to discuss care plans with staff.

If residents are happy living in the home

The manager said that residents complete an annual feedback survey, and that there is a file for feedback comments from everyone, including family and friends.



We did not see a suggestion box. Staff said that there was a general awareness of a feedback policy which worked through day to day conversations between relatives and staff about their residents so that staff were kept fully informed and if an issue arose it could be dealt with straight away.

Both residents we spoke to said that they liked living in the home. They both felt they were well looked after and that staff considered their preferences in things like music/ songs to sing along to. One said that “staff remembered their name and that they are kind”.

One resident said the food was generally good, although there is a “small choice”. The other resident said that the food was good and that there was “plenty of it. I can never eat it all”.

Both residents liked their rooms and said that the chairs were comfortable.

Both residents liked living in the home because they were not alone and had people to talk to.

Staff told us that family members are encouraged to play an active role in the wellbeing of their relatives. Some came in regularly to help with personal care. One staff member gave an example of when a resident was fearful of being in the bath; their relative came in to give the resident reassurance during bath time. Others came in to have meals or to help with feeding at meal times.

The manager told us that they had had ten relatives visit for Christmas lunch with the resident.

We spoke to two relatives and a friend of a resident. One relative confirmed that their spouse was looked after very well, dressed well and kept clean. They come every day for lunch and to help feed their spouse.

The other relative told us that their relative in the home has regular health checks. For example blood tests are done on site by the nurses which is “marvellous”. “The staff are friendly and they ring me if there is a problem, for

example a little fall.” The relative knew the named staff and key workers and they said they know the residents’ preferences. “Very satisfactory.”

The friend of a resident to whom we spoke told us that the resident was admitted to the Dementia Unit but transferred to the main wing as it suited their needs – it was quieter. The friend said that the resident has lived there for four years and is now calmer and more settled as they feel safe and the staff are more familiar.

We were told by the friend that there are lots of activities. They said there are no residents’ meetings or relatives’ meetings but they felt informed and said staff tell them at the front desk as to what is going on. They also look at the notice board by reception.

The friend said the residents have choices about what to wear, what to eat, and they have heard the staff ask if the resident would like bubbles on in the jacuzzi bath.

The friend said that they could speak to staff if there was a problem but they were not aware of a formal complaints policy. They said:

“They do a fantastic job”

“Everyone is treated individually”

“It is everyone’s home and a privilege to be here”

How the home manages end of life care

The manager explained that end of life care is an integral part of the nursing service offered at Four Rivers Care Home. If relatives wish to stay overnight during the end stages of life, we were told that they could be accommodated in the resident’s room on a comfortable chair with blankets. There were no designated rest rooms for relatives.

The manager said that staff receive training to manage residents nearing the end of life. There are a number of staff who have attained different levels of end of life training dependant on their role. Some staff have also attended short courses on nutrition in end of life, medications, syringe driver and verification of death. Staff involve the family in decisions about care along with residents’ wishes and, if necessary, the Community Mental Health Team (CMHT).

We spoke to one relative of a resident who had recently passed away. The relative said they had “nothing but praise” for the manager and staff. They said:

“Everything went so smoothly with the admin - there were no questions not answered. Great professional staff and very understanding. My mother was so lucky to be in a room here with a lovely view over the fields and staff who found out about who she is within days of her being here. There was never a cross word, even under pressure. Mum’s needs were always met and they kept me informed, especially in the final days.”

• **What external support services the residents have access to**

Staff told us that:

- Local GPs, Tissue Viability Nurses (TVNs), Speech and Language Therapists (SALT), Community Mental Health team (CMHT), Crisis Team, Physiotherapy and Chiropody visit as necessary.
- Nursing staff carry out essential nursing tests and procedures such as blood tests and managing catheters in liaison with the GP. They will also record weight and blood pressure of residents.
- All residents have an annual general health review at the home including medications. If there are any concerns about possible serious health problems, staff liaise with the GP, for example to arrange bowel screening.
- An optician visits regularly and an Audiologist will visit if requested. Staff in the home carry out ear syringing.

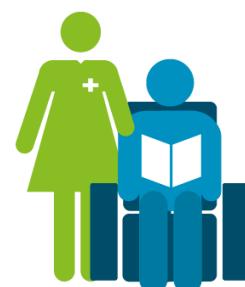


3. Support available to staff

• **Training staff receive**

The manager told us that

all new staff have an induction training programme. This includes an explanation of how the home runs. Each resident’s needs are fully explained to the new staff member so that they can familiarise themselves with each person.



Staff who work on the Dementia Unit usually work there because they have a special interest in dementia. They do not usually work on the other units, but could if necessary.

The home employs some agency staff when required. However their employment can depend on the skill mix and whether the employee has worked at the home before. They try to ensure continuity of care as much as practically possible with external staff. They employ a small group of bank staff and hope to increase the pool.

Two HCAs told us that they have annual update training in manual handling, first aid, food hygiene, stroke, Parkinson's disease, infection control, DoLS, as well as other areas. One HCA said that in most of the training there are elements of dementia care within the learning.

The manager said that staff who work on the Dementia Unit have received training delivered by Shropshire Council Joint Training related to dementia care including:

- Dementia Awareness,
- two-day Dementia Care and Wellbeing,
- Managing Actual or Potential Aggression (MAPA)

There is a manual handling champion and two staff lead on infection control, including observing staff while working. There is no dementia champion, but the manager said that all staff on the unit "could be champions".

Both HCAs we spoke to have achieved NVQ Levels 2 and 3. One had also gained college Health and Social Care levels 2 and 3 qualifications.

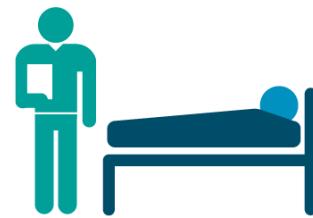
Supervision is offered to all staff every three to six months, or whenever the staff member requests it.

When we asked about residents' needs, both staff said that you need patience and understanding to work with dementia residents. One said it helped if you were easy going, happy and positive, as it can be sad seeing people you've been close to for a long time when they are not well or nearing end of life. They could both identify signs of dementia and one said they would communicate by personal touch for some residents, or make use of music that the resident likes to reassure them.

Both HCAs said they love working in the Dementia Unit and had been there several years. One said that the staff turnover was very low and they got to know each other well and all worked well together. They looked forward to coming to work.

The ratio of staff to residents throughout the day and night

We were told that the home employs nine HCAs and one nurse and one senior nurse during the day shift from 7.30am until 7.00pm. During the night there are three HCAs and one nurse on two floors, two on each floor. Two HCAs we spoke to said that they were fully staffed and did not feel under-resourced in their work. Both HCAs said they felt supported by seniors and that they could approach any member of staff or the manager if they needed to discuss a problem.



Summary of findings

1. The home environment

- The home currently has 38 residents, and can accommodate 40 residents.
- The home is uncluttered with plenty of space. This allows wheelchairs and residents to move around freely.
- The flooring is of matt, plain appearance. Some areas have carpets and some have vinyl or laminate flooring.
- Good light levels are provided by large windows and lighting is adjustable.
- The decor is neutral with contrasting coloured handrails and bedroom doors.
- Bathrooms are very spacious to allow wheelchair access and a carer to be present. They are very clean, with clean linen and a selection of toiletries.
- Signage within the communal spaces and bedrooms is clearly written on a background colour which stands out from the walls. It includes pictures.
- General safety and security of residents is provided by alarmed exterior doors, a secure door to the Dementia Unit and staff are able to view residents leaving or entering through the main entrance.

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

- A choice of two dishes is available at each meal, as well as special requests. Pictures of dishes are not available for residents to help them choose.
- Support to eat is available from staff and relatives are encouraged to attend.
- There is a range of activities from external performers/musicians or animals, managed by an activity coordinator.
- The manager is in the process of recruiting an internal activity organiser to ease pressure on staff time.
- The bedrooms we saw include residents' personal items.

- Bedrooms in the Dementia Unit have individually decorated front doors.
- Staff described how they are sensitive to a resident's wishes with regard to choice of clothes, personal care or activities.
- Residents' attempts to help with tasks were encouraged by staff. Staff felt maintaining independence was important.
- The two residents we spoke to were happy living in the home, particularly as they could be with other people. They enjoyed the meals on the whole.
- End of life care is integral to the nursing service offered at the home. One relative we spoke to was very satisfied with the standard of care and professionalism shown during end of life care.
- The home has regular contact with local GPs, therapies and mental health services. Opticians, chiropodists and audiologists are available as required.
- The home does routine medical monitoring.

3. The support available to staff

- There is an induction programme for new staff so that they get to know how the home runs and who each resident is by name and personal history.
- Staff have the required updates on training in manual handling, first aid, food hygiene, stroke, Parkinson's disease, infection control, DoLS. They also attend least five courses related specifically to dementia awareness and care.
- The home employs nine HCAs and one nurse and senior during the day shift to care for 40 residents. During the night there are three HCAs and one nurse on two floors (two + two).

Recommendations

We suggest the following should be considered:

- Make menus easier for residents to read by using a larger font format and pictures. If accompanied by pictures, this may attract more attention and aid choice.
- If space permits, provide areas of seating along corridors/walkways for residents to rest during a walk or to have a change of scenery.
- Provide a suggestion box for relatives or visitors who are reluctant to discuss concerns or views face to face.
- Hold regular relatives' meetings to give general information about the home that may concern them.

Service Provider Response

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

Make menus easier for residents to read by using a larger font format and pictures. If accompanied by pictures, this may attract more attention and aid choice.

Staff have raised over £5500 to enhance the experience of clients living with dementia at Four Rivers. Some of this money has been spent on the doors mentioned in the report. We have a significant amount of money left to spend on continuing to enhance the environment or experience of our residents. We have taken these comments on board and fully agree we can improve in this area. Our cook is in the process of finalising the summer menus and she will be working on completing this action.

If space permits, provide areas of seating along corridors/walkways for residents to rest during a walk or to have a change of scenery.

Unfortunately due to the design of the building the corridors/walkways do not have suitable recesses to accommodate chairs or rest areas. Hence seating in these areas would be a fire/trip hazard. Staff are vigilant to residents walking and offer wheel chair if required.

Provide a suggestion box for relatives or visitors who are reluctant to discuss concerns or views face to face.

We have implemented a suggestion box that is located at reception. It will allow people to make suggestions, anonymously if they wish to.

Hold regular relatives' meetings to give general information about the home that may concern them.

Our experience is that we talk to individual families about any concerns or to inform them of what is happening with their loved one on a regular basis. Mostly relatives want a timely update on a one to one basis, before or during their visits. We can try to allocate a monthly slot for drop in sessions when senior staff are available to give dedicated time, but we would hope that visitors and families speak to us as soon as they need to and not wait for a special designated time.

Acknowledgements

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

Get in Touch

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



01743 237884



enquiries@healthwatchshropshire.co.uk

www.healthwatchshropshire.co.uk



Healthwatch Shropshire

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

Is the care home dementia friendly? This report centres on the Dementia area, but includes general areas also

1.The environment promotes interaction/activity	Comment	Y	N	NA
a. Does the approach to the home look and feel welcoming?		/		
b. Are there enough parking spaces?		/		
c. Is the entrance obvious and doorbell/entry phone easy to use?		/		
d. Is the CQC rating displayed?	in main area	/		
e. Is the homes Complaints Policy displayed?	- Ditto -	/		
f. Are staff welcoming / friendly?		/		
g. Does it give a good first impression i.e. look clean, tidy, cared for, odours?		/		
h. Is there good wheelchair access into and within the building, e.g. wide doors		/		
i. Can residents move around freely (e.g. doors between rooms/units unlocked)?	Dementia Unit secure	/		
j. Are there ramps or a lift?		/		
k. Are there social areas, e.g. day rooms and dining rooms?		/		
l. Are the chairs arranged in small clusters to encourage interaction?		/		
m. Is there a choice of seating, e.g. settees/single chairs, various styles/heights?		/		
n. Are there dedicated quiet areas (including for residents to speak to visitors)?	Meeting room on first floor and in computer area	/		
o. Are there resources for individual/group activities, e.g. books, memorabilia		/		

p. Do residents seem happy and occupied?	In the main area, but 'happy and occupied' re the dementia section is difficult to answer; they did not appear unhappy	/		
q. Are staff sitting and chatting with the residents?		/		
r. Are there computer facilities or wi-fi available to residents?	Computer in first general lounge area. Wifi to be installed this week.	/		
Examples of good practice / areas of concern Staff responded to the calls of the dementia residents quickly and kindly and appeared well versed with the needs of residents.				

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

f. Is the décor age appropriate and culturally sensitive?		/		
g. Are links to and views of nature maximised, e.g. having low windows?		/		
h. Is there independent access to the outside space?	The doors to these areas are alarmed.	/		
i. Has internal/external planting been chosen to be colourful?			/	
j. Are there smoking areas?	At the moment there are no residents who smoke.			/
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?	Cold drinks available, hot were offered to residents during our visit on a regular basis.	/		
b. Do residents have independent access to snacks and finger food?	Fruit was available and other snacks were offered during our visit; it had been found that leaving snacks out was problematic .		/	
c. Are residents and/or relatives able to make food and wash up?	I did not observe this during our visit but was told that it is possible for this to happen as and when	/		

d. Is crockery and glassware of familiar design, shape and distinctive colour?	Dishes were shaped but all were of one colour.			
e. Is there a choice of where to eat?	Yes, however if residents change their minds when their choice is presented arrangements can be made to accommodate their new needs.	/		
f. Are large dining areas divided to be domestic in scale?		/		
g. Is there enough space/chairs for someone to assist with eating/drinking?		/		
Examples of good practice / areas of concern The menu is displayed on the nurses' area in the Dementia Unit, however the printing is very small and contains no pictures of food.				

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

f. Are there points of interest, e.g. photographs, art, that can be easily seen?		/		
g. Are lifts easy to find and do they have large control buttons?		/		
h. Are there sheltered seating areas/points of interest outside?	Seen through the windows	/		
i. Are outside areas arranged to encourage engagement/activity, e.g. circular paths, raised flowerbeds, a clothesline?	Seen through the windows	/		
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?	Visitors are directed to the main area where the toilets are clearly displayed.	/		
b. Are toilet doors painted in a single distinctive colour and have clear signage?		/		
c. Do toilets have handrails, raised toilet seats and mobility aids?		/		
d. Do toilet seats, flush handles and rails contrast with the walls/floor?		/		
e. Are taps clearly marked hot/cold are they and toilet flushes trad design?		/		
f. Are basins/baths of familiar design?		/		
g. Are toilets big enough for a wheelchair/carers to assist when door is closed?		/		
h. Are toilet rolls domestic in style and easily reached from the toilet?		/		

i. If installed, do sensor lights give enough time for toileting and washing?	Not installed	/		
j. Are residents helped to the toilet, if needed?		/		
k. Are staff cheerful and tactful about helping residents use the toilet and changing them if they are incontinent?	I observed a resident's needs being sensitively handled	/		
l. Are residents dressed for the temperature in the home and well groomed?		/		
Examples of good practice / areas of concern				

6. The environment promotes orientation	Comment	Yes	No	NA
a. Do doors have a clear/transparent panel to show where they lead to?		/		
b. Are signs of a good size and contrasting colour to be seen easily?		/		
c. Do signs use pictures and words, e.g. toilets, day rooms? (Height?)		/		
d. Are pictures/objects and/or colours used to help people find way around?				/
e. Are bedrooms personalised, e.g. names, colours, memory boxes, linen?		/		
f. Have mirrors been placed to avoid disorientation, can they be covered?	There was a mirror near the nursing station in the Dementia Unit which might have been placed in a slightly difficult position re disorientation, but having discussed this with	/		

	staff we learnt that a resident uses this on a regular basis to check her appearance.			
g. Have strong patterns been avoided, e.g. wall coverings, furniture, flooring?		/		
h. Is there a large face clock visible in all areas including bedrooms?	Some bedrooms have a clock, some not.		/	
i. Are people able to see a calendar?			/	
Examples of good practice / areas of concern				

7. The environment promotes calm, safety and security	Comment	Yes	No	NA
a. Are spaces clutter free and notices kept to a minimum to avoid confusion?		/		
b. Have noise absorbent surfaces been used to help noise reduction, e.g. floor?	Although not all areas were carpeted noise levels were very much at a minimum	/		
c. Is background noise kept to a minimum, e.g. call systems, alarms, bells?		/		
d. Do residents have any control over sounds, e.g. choice of music, TV?	If requested or if staff are aware of particular 'favourites' of residents - which they do seem to be	/		
e. Are exits clearly marked but 'staff only' areas disguised?				/

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