



Enter and View Visit Report

Meadowbrook Care Home

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About Healthwatch Shropshire



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

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

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

What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'. 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 Disclosure and Barring Service (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	Meadowbrook Care Home Tympath Lane, Gobowen, Oswestry, Shropshire, SY10 7HD
Provider	Four Seasons Health Care
Date / time of visit	Wednesday 12 th September 2018 11.00am - 3.45pm
Visit team	Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs) and One Authorised Representative in Training

Purpose of Visit

To explore the quality of life experienced by residents in Meadowbrook; including dignity, respect and choice, with particular reference to food and drink.

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 of the visit.

Context of the Visit

In August 2017 Healthwatch England published a report: 'What's it like to live in a care home?'

Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes.

These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people's experiences with their own observations to produce 140 reports. These have all been shared with the providers, the public, Care Quality Commission (CQC) and Healthwatch England.

Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. They state that a good care home should:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Healthwatch Shropshire (HWS) have previously done two Enter and View visits to Meadowbrook (October 2015 and January 2017) these reports are available on the website:

<http://www.healthwatchshropshire.co.uk/enter-view-reports-0>

When ARs from HWS last visited this care home in January 2017, they made a number of recommendations. Since then we have received feedback about the home, including around the quality of the food, and learnt that a new manager is in place, so we decided it was appropriate to do another visit.

One of the ARs on this visit had taken part in the HWS visit in January 2017.

This was a semi-announced visit, with the home manager being given written notification that a visit would take place in September 2018.

What we were looking at

1. How the home provides individualised care

We asked about:

- the choices residents have e.g.
 - the food they eat
 - activities available
 - personalising their bedrooms
- support for residents in personal care and hygiene
- if residents are happy living in the home

2. Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents (including respecting privacy)
- how staff find out about a resident's life and their likes and dislikes

3. Whether the home offers a safe environment for the residents

We looked at or asked about:

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

What we did

On our arrival, we were met at the door by a member of staff who asked us to sign in and then introduced us to the Manager, who had been in post for eleven weeks. We also met the Four Seasons Support Manager who was visiting for the day.



The Manager invited us to attend a relatives meeting¹ scheduled to take place at 2.00pm that afternoon, which we accepted.

The Manager showed us around the Mary Powell and Agnes Hunt units within the home before being called away to an urgent situation. We then spent time on the Mary Powell and Agnes Hunt units speaking to:

- 12 residents
- one relative
- one care assistant
- one nurse

The length of time the residents we spoke to had lived in the home varied between 17 years and two weeks.

At lunch time, we observed how staff related to residents in the Mary Powell and Agnes Hunt dining rooms. The Manager then showed us around the Garrett Anderson unit before we joined the relatives meeting. We did not have time to speak to relatives and residents in the Garrett Anderson Unit but we heard from relatives of some of these residents during the relatives meeting.

At the relatives meeting, apart from the Manager, there were:

- five relatives
- two residents
- the Support Manager from Four Seasons

At the end of the visit we provided some immediate feedback to the Manager.

What we found out

The home

There are clear directions to the home from the nearby main road, with a large sign in front of the building. There is plenty of parking in the spacious grounds with ramps up to external doors.



Meadowbrook Care Home

¹ A member of the team saw a notice advertising this as a residents meeting.

The main entrance has a canopy so residents and staff can keep dry when moving from a vehicle to the home when it is raining. When we arrived, we saw a minibus under the canopy with residents and carers already on board. The Manager told us later that four residents had gone on a canal boat trip that day. Two relatives we saw in reception told us that the resident they had come to see, because it was their birthday, had gone on the trip, which they were pleased about.

Meadowbrook is a purpose-built Care Home. We found it to be clean and very light and bright with a good atmosphere. Some of the decoration was a bit shabby in places, e.g. the visitors toilet.

The home can accommodate up to 69 residents. There were 47 residents at the time of our visit.

Security

When we arrived, we had to wait quite a while before a member of staff came to open the door. Waiting with us was a local GP. There was more than one doorbell and it was difficult to tell which one to use.



Throughout our visit we noticed several visitors struggling to gain access to the home. At one point a resident went over to open the door and we heard the visitor say that they had waited 15 minutes for someone to open the door last week.

The Manager explained that a new door entry system had been installed the week before and only a few people knew the code. Handing out the new door code was the first item during the residents meeting. The Manager explained that the new system was a security measure to keep people out rather than to keep residents in, because people just need to press a green button next to each door to get out. The old entry system was so well known locally that it was no longer secure.

The Manager also explained that there is a vacancy for an administrator so no-one was manning reception to observe the entrance during our visit. Care staff had to come from one of the units to open the door.

A teal-colored arrow pointing to the right, containing the word 'RECEPTION' in white, bold, capital letters.

We also noticed the phone ringing for long periods at least six times without being answered during our visit, even when it was diverted to another office. When we queried it, staff said that the Manager could answer it and the Manager said that it would eventually be the job of the administrator.

Units

Meadowbrook is divided into three units.

- The Mary Powell unit, currently with 15 residents, is mainly for those with physical impairment and/or Dementia, who might require some nursing care
- The Agnes Hunt unit, currently with 19 residents and two more in for respite care, is for younger residents with neurological conditions
- The Garrett Anderson unit, currently with 11 of the 18 rooms occupied, is for residents with more severe Dementia

Residents are free to come and go from the Agnes Hunt and Mary Powell units, though there is an option to lock the door from reception into the Mary Powell Unit if there is a resident at risk of wandering. The Garrett Anderson unit has a locked door at all times.

The layout

- **Outside spaces**

The main reception, physiotherapy room, Mary Powell and Agnes Hunt units are all located on the four sides of a large, inner garden.



The inner garden

The inner garden is crossed with pathways that lead to a central wooden gazebo, where residents can go to smoke. For residents with rooms facing away from the garden, there is garden access through three sets of corner doors with ramps. The fourth corner is occupied by the Conservatory attached to the main Lounge area of the Mary Powell unit.

Bedrooms in the Mary Powell and Agnes Hunt units facing the garden have patio doors, which can be opened up to give residents direct garden access. The Manager said that the garden wasn't looking its best and they are in the process of recruiting a new gardener. A couple of residents we spoke to during the visit mentioned the untidy state of the garden.

The Manager told us that they are planning to create individual small areas outside each bedroom patio door using small fences so residents have their own patch of garden outside. They also told us that if someone was bed bound, it would be possible to wheel the bed outside through the patio doors.

Residents on the Garrett Anderson Unit do not have direct access to this inner garden but can go outside. We did not see this outdoor area.

- **The Mary Powell Unit**

The dining room for the Mary Powell unit leads off the Lounge. It faces the front of the home and again is very bright. It looked functional rather than homely, partly due to its large size and large empty spaces between tables which make it easy to manoeuvre large wheelchairs.

There is also a lot of open space in the main lounge area. Chairs are not arranged to make conversations between residents very easy. We saw two residents in wheelchairs chatting with a visitor in an isolated armchair and another visitor sitting on a low table next to the armchair. We did not see any conversations between residents.

There is a piano in the main lounge and a budgerigar in a cage. No one was close to or taking notice of the bird during our visit.

The television was turned on and the sound was very loud making it difficult to hear what the Manager was telling us. One resident, who was sitting doing a jigsaw by themselves, said that if they wanted to watch the television they went to their room as one resident in the lounge always had the remote and so controlled what programme was on.

There is a 'Bistro' (café) area in this lounge so that residents and relatives can prepare their own drinks. We noticed that there was a coffee machine, cups, two coffee capsules and a few biscuits. The tea, coffee and sugar canisters were empty.



When we mentioned this to the Manager, they said that the outside company providing the catering to the home, Elior UK, also provided supplies for the Bistro so they would need to pass the message on.

We looked into both a communal wet room and a bathroom; neither had external windows. Each contained appropriate equipment and were clean and smelled fresh.

- **The Agnes Hunt Unit**

The dining room on the Agnes Hunt unit was smaller than that on the Mary Powell unit and looked more homely. We noticed a table with jugs of soft drinks for residents to help themselves.

A room attached to the dining room was relatively empty of furniture and we did not see anyone using it.

We were shown a room that used to be the smoking room and is now a quiet sitting room. We noticed one resident using it during our visit and the Manager commented that it was not well used. We observed that it looked very functional and apart from armchairs and a television there were no decorative features.

We told the Manager that we felt that most of the communal areas in the Home looked very functional rather than homely and welcoming.

- **The Garrett Anderson Unit**

The Garrett Anderson Unit is accessed from the Mary Powell unit through a locked door. It has a long corridor with bedrooms to one side and windows (with window seats) the other side looking out over a small enclosed grassed area between the Mary Powell and Garrett Anderson Units. The Manager told us that, as this outside area is totally enclosed, the plan is to have some goats and a rabbit, looked after by the new gardener. There was an office with large windows looking out onto this area and the Manager explained that this office is to be relocated so the room becomes a second, smaller and quieter lounge with views and access outside.

Bedroom doors in this unit were clearly marked with names and photographs of the residents.

The main lounge of the Garrett Anderson Unit is mid-way along the corridor and is large and bright. When we visited, it was very busy with staff, residents and relatives talking together.

Patio doors were open to a secure outer garden area by the railway that passes alongside the home and the Manager told us that there are plans to build a covered walkway from these doors to another set of doors further down the building so residents could walk outside without having to turn around and go back the way they had come.

1. Individualised care

- **Choices - Menus and food**



The Manager told us that all the catering is provided by Elior UK and that the cook is employed by Elior UK. They also explained that there was a vacancy for a cook at the time of our visit.

We asked if any of the staff were responsible for making sure that residents' nutritional needs were well looked after. The Manager told us that the nurses took care of that. We asked if staff had appropriate training and we were told that general nursing training gave them the necessary expertise.

When we asked if any of the staff received specific training on how to assist and encourage someone to eat or drink, the Manager told us that the general training required for their post covered this.

Staff and residents told us that breakfast is served about 9.00am, lunch at 1.00pm and tea at 5.00pm.

What residents, visitors and staff told us about food

Residents told us that they had a choice where to eat their meals with some choosing to eat in their bedrooms and one chose to eat in the lounge.



When we asked residents if they had a choice of food to eat, several showed us a typed list of the week's menus. The Manager told us that one of the residents on the Agnes Hunt unit volunteers to print out these menus on their own printer and makes sure that every resident has a copy in their room.

When we looked at one of these menus we noticed that there were few green vegetables on the first day and almost no fruit on the menu. Most of the vegetables listed were carbohydrates e.g. potatoes, and carrots.

The menu offered two hot options for lunch and one hot option or a selection of sandwiches in the evening. We did not see any menus with pictures. The caterer's website says that these are available.

A nurse told us that they ask residents and relatives about food preferences and favourite foods and that these are clearly put in the care plan. This information is then picked up by the kitchen. The nurse also explained that other information about a resident's needs is also recorded, such as if they need help to eat or have difficulties with swallowing. We were told that, when necessary, there is a sheet displayed in the resident's room with any important information about eating.

We spoke to eight resident and one relative in the Mary Powell and Agnes Hunt units and they told us that:

- Meal choices are made the day before and they include a hot option. (A member of staff confirmed that there is hot food available at lunch and tea)
- One resident told us they were not sure how they felt about the food, it depends on how they feel.
- The food was 'not bad but could be better'. This resident confirmed that there is a choice and there is usually something they like.
- The food was 'reasonably good' and when asked if they liked the choices on offer this resident said they said 'not bad'. However, they also said that it was difficult to give an opinion on the food.
- They can change their mind and 'the kitchen was accommodating'. They could have 'egg on toast or beans on toast' or 'omelette' instead.
- The food was 'alright'. There was a 'good choice'
- 'If you give sufficient notice, (the kitchen) will cook a special meal'. This relative also added that 'The kitchen does not always send the right amount to accommodate everyone' but that it was 'over time getting better'.
- The food was 'not very good' and, although it has improved, sometimes they 'can't face it'. This resident explained that it was 'sometimes cold' with 'no taste to it'. They said that there is a Sunday roast but at tea time on Sunday, it is a buffet meal and they don't like buffet food.
- They didn't know if fresh fruit was readily available in the dining room as they ate in their room and bought their own fresh fruit. This resident told



us that they were worried they would sit in someone's spot if they ate in the dining room. They said that they could choose to have salad if they wanted it. However, they considered the food to be poor quality and 'the food next door at the Orthopaedic blows this food away'.

A residents with a dietary requirement said they are 'Not very good meals' and there was 'not a good choice'. They explained that 'there is a choice' but it was 'crackers for supper', which they could not eat.

Whilst we were talking to a resident, a member of staff walked in with a bowl of prunes and the resident explained that they can go down to the kitchen and ask for some prunes, which no-one else eats.

One resident told us that their friend came to visit regularly for the day and that they stayed for meals. They also said that they could order a take away and have it delivered, adding that they liked fish and chips.

Staff told us that relatives could bring food into the home and the kitchen were quite happy to prepare it.

One resident said that they could go out on their own scooter and buy their own food and get what they liked when they felt like it.

When asked what their favourite food was, a resident said 'lemon curd butties' and that they loved 'toasties' but that the home didn't have a 'toasting machine' so when they asked for toasties they just got two slices of toast with a filling which just 'isn't the same thing'.

A relative speaking on behalf of a resident said that the resident had lost their sense of taste so texture was important. Sometimes there was not sufficient variety. The relative also said that quite often the cut of meat used in roasts was of poor quality, though they did say that things had 'improved fifty percent'.

The relative confirmed that afternoon tea was 'soup, sandwiches and a piece of cake' but that this had to 'last a resident' from about 5.00pm through to about 9.30am the following day.

When the Manager showed us the Mary Powell dining room, they pointed out new daily menus, displayed on each table. We noticed, and a relative told the Manager at the relatives meeting, that the new menus on the tables were completely different to the food actually being served. We noted however, that the food being served *did* correspond to the food on the weekly menu print out used by the residents when making their choices.



At the relatives' meeting later the Manager said that they had not been aware of the discrepancy and that they would make sure that the new printed menus are not put onto the tables until the new menu is available. The new printed menus were difficult to read because the text did not stand out against the patterned background.

A member of staff on the Agnes Hunt unit also told us the drinks trolley went around at 11.00am and again at 3.00pm and everyone was offered a drink. Evening drinks were also served and a member of staff told us that Horlicks and chocolate drinks were available. Snacks are also available on the trolley. Biscuits in the morning, cakes in the afternoon and sandwiches in the evening.

We saw one resident who was in their room ask for a cup of tea and a member of staff took their cup and brought the tea to them.

The Manager said that the home did not provide any alcoholic drinks but that residents could drink their own, provided it was safe medically.

A member of staff told us that 'food was a big issue'.

Additional information gathered at the relatives meeting about food and choices

The quality and quantity of the food served in Meadowbrook was one of the main topics discussed during the relatives meeting.



The relatives all felt able to share their views about the food. They told the Manager that the standard of the food depends upon the cook. One produced 'fantastic food' the other was not so good.

One relative said that their relative ate well at lunchtime though there was no point asking them to choose something from the menu because they were unable to choose.

One complaint was that the kitchen staff finished cooking the food 'too early' so it was kept hot. This frequently made the food too hard and too tough to chew. One resident said that some food was 'like cracking plaster' and another said that the eggs off the hot plate in the morning were 'horrible'. The Manager said that they had already asked for the hotplates to be used for a shorter time.

- **Pureed food**

A relative said 'the pureed food was disgusting' and on one occasion they were 'heaving' trying to feed it to their relative. The meal looked very unappetising and care staff could not tell them what it was. When they asked the kitchen staff, they were told it was pureed rice and pureed sweet and sour. The relative commented that rice should not be pureed as it becomes too solid. They told the Manager that when they sent the meal back, the kitchen staff simply mashed it up and added more fluid rather than offering an alternative meal. As the food was still inedible, the resident went without much lunch that day. The Manager said that they would take this up with the kitchen staff and that a second option should be available if the food was inedible.

The same relative also said that 'there is not enough [quantity of] puree' served at a meal.

A relative said that in the past moulds had been used to make the pureed food more presentable and gave the example of a carrot shaped mould.

The Manager acknowledged that presentation was very important and they also acknowledged that residents needed to enjoy their food.

Another relative said that there had been a meal when nectarines or peaches had been pureed until it was just a watery liquid which was then not very safe to feed to someone with swallowing difficulties.

Another said that 'there's always mince, cauliflower or carrots', in other words, 'easy to eat food'.

At the end of our visit, we asked the manger about how the home manages the weight of residents. We were told that the nurses supervise nutritional needs and that what residents eat is was more down to what they chose to eat rather than what might be better for them.



- **Choices - Activities**

The Manager told us that there were two activities co-ordinators and that a third is about to be recruited. We did not meet either of the activities co-ordinators.

Staff confirmed that the day's activity was a trip out on a boat. One member of staff offered to show us where the list of the week's activities was displayed on the activities board under 'What's on this week' but, apart from photographs of current residents on recent boat trips out, there was no information on the board and the staff member could not find out any details for us.

The Manager showed us an Activities room on the Agnes Hunt unit but said that this was mostly used for storage. They said that activities tended to involve small groups in communal areas with residents who didn't want to join in, able to sit and watch.

Wi-Fi is available in the home and we observed one resident using an iPad. They said that they communicated with their friends and relatives through their iPad. Another resident said that they didn't join in with any activities and were all set up with their 'computer equipment' on Meadowbrook's internet.

One relative said that there had been bingo the day before and a resident told us that they liked to play bingo but that it was 'very slow here'.

A relative said that their relative could not go out because they had fits. They said that residents liked 'good old-fashioned singing and skittles' and that residents got a bit competitive with skittles. Staff told us that a singer visits the home twice a week.

Staff said that the residents did not go out for meals.

A resident in a large wheelchair said that they had recently been out in the mini bus to see the latest Mamma Mia film at the cinema.

The Manager mentioned that there are plans to create links with the Derwen College nearby with a dedicated study area in the home for residents. There are also thoughts about introducing an 'Internet Café' in the home.

One resident told us that they did not go out anywhere and that they didn't want to.

During the relatives meeting, a resident mentioned that they had to do their weeding outside their room (due to the lack of a gardener). However, they also said that they quite enjoyed doing it.

- **Choices - Personalising bedrooms**

We were shown two unoccupied rooms which included a height adjustable bed, a bed side table, a chest of drawers, a fitted wardrobe and an armchair.



The Manager told us that residents can replace all these standard items with their own pieces of furniture, except for beds which are difficult to replace.

The ensuite was a wet room with shower. In the second room we saw a bath and the Manager explained that these are gradually being replaced by wet rooms. Each room had a television point but televisions are not provided by the home. We noticed that most people had got their own televisions.

Patterned, neutral coloured wall paper is used on one wall in most rooms. Doors to bedrooms were numbered in the Agnes Hunt and Mary Powell units.

The Manager said that there are plans to use two bedrooms in one of these units and adapt the space for those needing bariatric² care.

Walking through these two units, we noticed that most bedroom doors were wide open so we could see into bedrooms and say hello to residents, many of whom were choosing to spend time in their rooms during our visit. We noticed that rooms were highly personalised, with televisions, music systems, bookshelves, fridges, settees, desks and many other personal possessions. Some residents had a lot of personal items and their rooms looked very homely.

² Bariatric refers to the branch of medicine dealing with issues of extreme obesity.

One resident had their own coffee machine and kettle in their room.

One closed bedroom door had a large notice warning not to let out Fluke the cat.

The bedroom doors in the Garrett Anderson unit were all closed.

We asked about smoking and it was not clear what the policy was. The Manager said that provided care was taken a resident could smoke in their own rooms as it was their home. A member of staff said that residents had to go outdoors to smoke. We saw one resident who asked the Manager for a cigarette and the Manager explained to us that their smoking was 'supervised'.

A resident told us that they would prefer no smoking on site whatsoever.

- **Personal care and hygiene**

Some of the residents we spoke to told us that they needed help to get up and to get washed and dressed and settled into their wheelchairs.

One resident who had been in the home for about three years, explained that they needed help to get up and into their wheelchair but that there was flexibility as to when they got up. If they wanted to get up before 8.00am, the night staff would help them.

We spoke to one resident sitting in the Mary Powell lounge who said that their only difficulty was getting to the toilet. They said they 'daren't shout' and there is no one in the lounge area for them to ask for help. They said they just have to wait until someone comes or 'wet my pants. It's horrible'.



We did not observe staff spending time in the lounge and so it seemed to us that a resident would have to catch their attention as they walked through, which would be more difficult when the television volume was very high and high-backed chairs were facing away from the staff passing through.

As this resident needed to use the toilet, we went to find a member of staff to help them. The staff member we spoke to said only staff working on that unit could help and went to find someone. The resident said '[they] wouldn't do it if you weren't there'. In this instance, a member of staff came quickly to help.

We spoke to another resident sitting in the Mary Powell lounge who had a damp patch on their trousers at the top of their thigh. This did not seem to be noticed or dealt with by the staff.

When we spoke to the Manager about this, they told us that there is no particular member of staff who has responsibility for checking on residents who are sitting in the communal areas in the home. They also commented that the resident who was worried about getting to the toilet was currently under review as they were very demanding and were affecting other people.

- **What residents said about living in the home**

When we asked one resident what was good about being at Meadowbrook, they did not know. They did say that they were 'hoping to leave' and would not be there next year.

When asked what they thought of the services at Meadowbrook, one resident told us 'not good' but they were unable to give us any more information.

Another resident said that on their first night in the home 'it was freezing' and so a relative brought in a portable heater. They did complain to staff and since then the temperature has been warmer.

One resident we spoke to was aware of difficulties with staffing and changes in management. When asked what they would do if they were the Manager, they said 'I would do what the Manager is doing'. Adding that in their view 'the whole place needs lifting into the twenty first Century'.

Two residents in the Mary Powell lounge commented on the very loud volume of the television, one calling it 'terrible', and both were unhappy that one resident had control of the remote. One said that if they wanted to watch a particular programme they had to go to their bedroom as their choice would not be on the lounge television.

One resident we spoke to said that the garden 'can go awful' and they were glad when we mentioned that the Manager was expecting a new gardener to start.

A resident told us that the hairdresser came every Thursday and we saw the hairdressing room near reception.

One resident told us that the care at the home is 'okay'. When the Manager put their head round the door to say hello whilst we were there, the resident asked us who they were.

2. Dignity and Respect

- **How staff interact with residents (including respecting privacy)**

We noticed a member of staff cheerfully talking to residents in their rooms as they went along with the mid-morning trolley of drinks.

A resident in their bedroom was calling for a nurse as we walked past. We noticed three staff immediately responding and going into the room.

We noticed a member of staff knock before going into a bedroom through an already open door.

A resident said when a member of staff put their head around the door 'now that [person] is good'.

We saw one member of staff come up behind a resident we were talking to and hold their face, speaking in their ear, before the resident knew who it was. This appeared to us to be affectionate and did not seem to distress the resident.

We also saw a board showing photographs of staff who were 'Dignity Champions'³.

At the relatives meeting, relatives were complimentary about a member of staff who shaved residents in the Garrett Anderson unit. They said 'that's her passion', 'she gives him a good shave'.

While we were talking to one resident, a carer brought their lunch in on a tray. They exchanged friendly words. The resident said the food 'smells alright' and told us that it is tasty sometimes. However, they also told us that staff don't have time to talk so they have to talk quickly to them.

³ Dignity in Care states: 'A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.'

3. A safe environment

We did not hear any call bells sounding during our visit, though we saw that a system was installed.

The Manager told us that there are nine residents with a DoLS⁴ in place, with seven more applications made. When we asked if there had been any Safeguarding issues recently, the Manager said there had been one which had led to the option of locking the door to the Mary Powell unit when necessary. This meant that the main door did not need to be locked on the inside.



One resident we spoke to had a large bruise on their chin which they said was the result of them getting out of bed on their own and falling. When asked, they explained that they wanted to get out of bed on their own and normally did this.

We spoke to a resident who had been in Meadowbrook for two weeks for respite following surgery. They told us that they had been before, more than once, for this same reason. They related an incident which had occurred that morning involving the handover to the day shift and a member of agency staff administering medication. The Manager had dealt with the problem. The resident said, 'I found (it) very scary' and in future, they would ask staff and challenge anything they were not sure of.

During the relatives' meeting, one resident mentioned that they had a wasp's nest just outside their room. They said they 'can't sit down outside'. The Manager said this would be sorted out.

Another relative mentioned that, as their relative had a history of falls, they did not feel like they could leave them alone when they left and therefore had to wait until a member of staff was free before they could leave.

⁴ A person can be subject to Deprivation or Liberty Safeguards (DoLS) under the Mental Capacity Act 2005 when it is necessary to deprive them of their liberty (e.g. for their own safety). DoLS are authorised by Shropshire Council.

- **Access to Healthcare**

We were told by a nurse that they keep a food and fluid chart for each resident and if necessary the doctor is informed of any issues. They do not often come across any food intolerances.



A nurse told us that there are two dietitians who will do three monthly checks on residents and sheets are updated in the residents' rooms giving warnings e.g. choking risks.

They also told us that oral care is carried out by the carers and that residents have access to dentists.

We asked about physiotherapy services and the Manager explained that Physiotherapy is on a Monday and that there is a physiotherapist 'on contract' and another 'bank physiotherapist'. We saw the room that is used. There is still discussion on-going about the best treatments/therapies to offer in the home.

During the relatives' meeting, one relative said of their relative, that they 'can't believe the improvement in his walking' after receiving physiotherapy at Meadowbrook. This was said in the context of the relative being worried about their relative getting up and out of bed or moving around without help.

- **Complaints procedure and feedback**

We did not see a complaints policy on display anywhere in the home and when we mentioned it to the Manager they showed us a relatively small electronic screen by the main entrance door inviting people to leave their comments, including any complaints. However, this was not very obvious and its purpose was not clear so we did not see it until it was pointed out to us.

The Manager also explained that an iPad was available on every unit which a resident or relative could use in order to register a complaint or provide feedback, which was then immediately on the home's computer system.

The Manager asked us to leave some comments via the electronic screen as we left. We found that the options available were not always appropriate but we had to make a choice, even an inappropriate one, in order to complete the process. We concluded that a not applicable (N/A) option for more of the questions would have been very useful.

We were not told about and did not see any alternative means of leaving written comments or complaints for those not wanting to use an electronic screen or an iPad.

One resident who invited us into their bedroom, explained that the patio door out to the garden with a notice on it saying it was broken and not to open it, had been broken for some time. During the very hot summer, they said 'when it was hot it was quite hot' though this was improved by staff providing a fan in the room. We noticed that the sun shone straight into that particular room. The resident previously used to open up the door, especially when their grandchildren visited.

During the relatives' meeting, a relative mentioned that the sensor mat provided for their relative was not working and that they had reported several times that it needed to be changed. The Manager said that there were spare mats and that there was a maintenance book for listing items that were not working. They said that they would check on it.

It became apparent to us during our visit and in the relatives meeting, that relatives and residents did feel comfortable sharing their views with the Manager.

A resident we spoke to said that they felt free to complain if they were not happy with something and that the frequency of their complaints varies. Another resident said 'I've given up complaining' explaining that they had complained before without effect. They did not tell us how long ago this was.

- **Staffing levels, staff recruitment and training**

Residents and relatives told us that the care staff were very good at their jobs. The nursing staff also endorsed that view and relatives during the relative's meeting said they 'couldn't ask for better caring staff'. They said 'they give the residents love and attention' and 'staff are so caring and give one hundred per cent of their time. They are fantastic'.

The Manager explained that they used the Care Home Equation for Safe Staffing (CHESS), an 'NHS system' to determine the right number of Staff required to care properly for a particular number of residents. The home is currently short of permanent staff and agency staff are employed to fill the gaps. The Manager uses one agency so the residents see the same faces as much as possible.

The Manager told us that there was one nurse and three carers on the Mary Powell unit each shift and during the relatives' meeting, they said that there was one nurse and two carers on the Garrett Anderson unit. We did not find out about staffing on the Agnes Hunt unit.

The Manager told us that they had Care Coaches who assist new staff members.

A resident who had been at the home for about four years told us that they need 'more staff, more carers, more nurses'. They said that, that morning, they had been dressed and lying on the bed by 10.00am but had to wait until 11.00am before the staff were able to help them into their wheelchair using a hoist. This made them late eating breakfast, which they were eating during our visit. They explained that they had had to wait until staff had attended to someone else beforehand. The resident said that the other person 'took priority'.

One relative told us that there are 'too many residents here, it's impossible for staff to help them all'. They explained that they came in for three hours a day to feed their relative in the morning.

Since starting, the Manager has introduced rotation of staff between units and explained that the aim was to always have a permanent staff member on duty with any agency staff. They also said that they are changing the 'culture' of the home.

One resident had been at Meadowbrook for a number of years and told us that they had seen change but was not sure if it was for the better or worse.

Another resident said they were 'short staffed' and that there were agency staff they hadn't met before.

Staff told us that there were problems with staff continuity, that there was a high turnover of staff at the moment and that two more were leaving shortly. They told us that 'today was a good day' for staff'.

Information gathered at the relatives' meeting about staffing:

Relatives raised concerns about some of the implications of rotating staff and the use of agency staff:



- A relative said that their father had been at Meadowbrook for five years and they would rather have the same staff seeing the residents rather than staff rotating.
- Another relative said that their relative on the Garrett Anderson unit had had no drink and no breakfast or medication by mid-day on a day when there had been two agency staff and one permanent member of staff rotated from another unit on shift. It had really upset their relative with dementia who was distressed at not having a familiar face around and it had happened on two Saturdays in a row. They said that, on a recent occasion, staff were struggling with the 'chaos' of trying to give all the residents their food and showing a new agency nurse what to do.

The Manager explained that the previous Manager had allowed the permanent Care Home staff to book quite a lot of holiday in August so there was a shortage of familiar staff during the month. They acknowledged that familiar faces for dementia residents was important and that these situations were 'not ideal'. They also explained that they wanted staff on one unit to be able to help out staff on another unit. However, the relatives requested at the meeting that rotation involving the Garrett Anderson unit be stopped.

When asked by a relative, the Manager confirmed that with 11 residents currently on the Garrett Anderson unit, the staffing level should be one nurse and two carers per shift.

Another relative said that although there were some good agency staff others were 'not very good'. They explained that one agency staff member didn't know how to give a bath, how to work the bath, or check the temperature.

One relative also said that they came in at lunch times to make sure their relative was able to eat their meals before it went cold.

At the meeting it was acknowledged by relatives that staff who had done the 'Dementia Framework' training are much better with the residents.

The Manager explained to relatives that they were actively recruiting staff, both carers and nurses and for the Unit Manager post of Garrett Anderson unit which is currently vacant.

Information from the manager on staffing and training

After the relatives' meeting, the Manager confirmed to us that there had been an increase in use of agency staff and that efforts were made to have the same staff on a regular basis to provide better continuity. They explained that it was not easy to get staff and were exploring the development of new roles to free up staff time to enable them to do their duties.

The Manager said that the induction of new staff includes them completing e-learning in their first week. They do not have contact with residents at this time. During the second week they have at least three 'shadow' shifts. The probationary period for new staff is three months. Training includes Manual Handling.

A member of staff told us that when they started in January this year, 'they sat on a computer for two days' and shadowed for one day. They said that they did not like e-learning. They also said that there was no specific training about nutrition.

At the end of our visit we asked the Manager what was their biggest issue as Manager. They said staffing and making sure it was safe, competent and capable.

The AR who had been on the previous visit told the Manager that the atmosphere was better in the home than when they had visited in January 2017.

Observation

One AR observed lunch in the Mary Powell dining room where there were six residents and three staff:

- Two residents sat opposite each other at one round table
- Two residents sat at opposite ends of a long table
- Two residents sat alone at tables



One resident sitting alone was helped to eat by two members of staff, taking it in turns. One of the residents sharing the round table was also assisted by a member of staff.

The following interactions were observed between staff and residents:

- Adapted cutlery was being used by two residents and we saw a member of staff ask one of the residents 'would you like a hand?' before offering a bigger handled spoon and then encouraging the resident to use it as they chatted in a relaxed manner. We also saw this staff member let the resident choose whether to use the adapted cutlery or not. The staff member made sure that they were on the same level as the resident as they chatted.
- One resident did not eat very much at lunch time. They left the meat and some rice in the main course and only ate the fruit in the dessert, leaving the sponge. Staff did not ask why they had left the food or encourage them to eat more when they came to take the plates away. Neither was the resident offered an alternative. Staff just said 'better than yesterday'. The resident came over to speak to the AR and when asked, they said that the meat was not very nice and that they only liked the fruit.
- Both of the two members of staff helping one of the residents to eat gave the resident enough time to chew the food properly before offering the next spoonful. When the second member of staff took over, they re-positioned their chair so they could properly face the resident. They gave the resident sips of a drink and spent a bit of time chatting to them.
- There was no conversation between residents and only two of them were sitting close enough to be able to speak anyway. As the room was quiet, a member of staff turned the radio on during the meal.
- The AR observed drinks being handed out without an exchange of words.
- One member of staff asked a resident 'How's the curry?' The resident replied 'Alright'. No eye contact was made during this brief conversation.
- A member of staff encouraged a resident to drink their cup of tea.
- At one point, the member of staff assisting the resident to eat went to get a drink as the resident finished their mouthful. The resident was coughing slightly and trying to clear their throat, but this did not seem to be noticed by the member of staff.

One AR and the AR in training observed lunch in the Agnes Hunt dining room where there were 10 residents and five staff. We observed that one table was raised up and the Manager explained that this was to accommodate large wheelchairs.

- There was interaction and conversation throughout between the staff and the residents.

- Residents were given help when needed but also allowed to do what they were able to do for themselves.
- There were no green vegetables on any plates. The vegetable appeared to be cauliflower for everyone and residents were given the option to opt out, which several chose to do.
- The salt, pepper and vinegar were taken off the tables before the residents had finished eating.
- Once everyone had been served and were eating, staff went around all the residents and asked if they were okay and if they would like any more.
- There was a diabetic option for pudding. Pudding portions were large.

Additional findings

The Manager told us that Four Seasons are starting their own Nurse training programme for those with Level 3 NVQ, to help relieve the pressure on recruitment. Those undertaking training would have to work for Four Seasons for a certain length of time after qualifying.



Summary of Findings

- The Manager has been in post since July and is in the process of changing the 'culture' of the home which requires staff to adapt to some changes.
- The home is in a light, bright, spacious purpose-built building.
- The home is divided into three units for the elderly with physical impairment and/or Dementia, younger residents with neurological conditions and residents with severe Dementia.
- There are easily accessible gardens and plans to improve and develop these spaces, including introducing animals and a covered walkway.
- Both the building and the gardens, though safe, need some maintenance. The home is in the process of recruiting a new gardener.
- A new door entry system had been installed because the old entry system was so well known locally it was no longer secure. However, at the time of our visit this was making access for visitors difficult, e.g. waiting for a member of staff to come and open the door.

- Most bedrooms are personalised and many are full of personal possessions and appear very homely. Bedrooms are clearly identified with names and photographs.
- The communal lounges and dining rooms are not very homely or welcoming due to their size and layout.
- There is not a continual staff presence in the lounges.
- There is a Bistro (café) area so residents and visitors can make their own drinks. This was not well stocked at the time of our visit.
- Staff supervision of communal spaces is not clearly defined.
- We saw care staff helping residents to eat and drink at lunch time. They did this sensitively and chatted with the residents.
- There was good informal social interaction during lunch on the Agnes Hunt unit. This was not obvious during lunch on the Mary Powell unit.
- Resident can choose where and what they eat. Preferences are recorded in their care plans and any requirements, e.g. soft food.
- Menus offer choice, including hot options.
- Visitors can stay at meal times to support residents to eat or eat with them.
- Food is provided by an outside caterer. There are mixed messages about the variety and quality of food on offer. Improvements have been noticed but the general view is that more needs to be done.
- Relatives raised issues around the quantity, presentation and edibility of the pureed food.
- Residents and visitors can bring in food and alcohol if it is safe medically.
- There are particular issues with pureed food and the use of hotplates to keep food warm.
- There are staff vacancies, including a unit Manager, cook, administrator, gardener and third activities coordinator.
- Rotation of staff between units has recently been introduced which has raised concerns among some residents, relatives and staff.
- There is Wi-Fi and internet access in the home.
- There are plans to create a study area for residents in partnership with Derwen College.
- A singer visits the home twice a week.
- A hair dresser is in the home on Thursdays.
- Four residents had gone on a boat trip on the day we visited. There were no organised activities within the home

- There was no clear agenda for activities displayed. We did not see an activities co-ordinator.
- Residents can personalise their bedrooms and have a pet by agreement.
- There did not seem to be a clear policy around smoking.
- Agency staff are used and both residents and relatives commented that this can reduce the standard of care.
- The care staff in the home are very well regarded by the residents, relatives, nurses and the Manager.
- Some staff are 'Dignity Champions'.
- We did not see a written Complaints policy. Complaints and feedback are collected on an iPad kept on each unit or through an electronic screen in reception. There are no obvious paper-based options for anyone not wishing to use electronic devices.
- Relatives are keen to get involved and provide feedback to the Manager.
- The AR who had been on the previous visit in January 2017 saw definite improvement in the atmosphere in the home since then.

Recommendations

We recommend that

- The complaints policy and procedures are clearly displayed for both residents and relatives and the ways of providing information are accessible for everyone.
- Regular feedback is collected from residents, relatives and staff, including about the food and drink.
- The Manager passes on all the feedback regarding food quality and presentation to the outside Caterer and cooks working in the home and requests appropriate improvements be made.
- Residents and relatives views are considered when planning how to use agency and contracted staff within the home, particularly when changes are introduced.
- All communal areas in the home are suitably supervised throughout the day.
- Residents and relatives are asked how to make communal areas more 'inviting and homely'.
- The week's activities are clearly displayed.

- That staff encourage more informal social interaction between residents particularly on the Mary Powell unit.
- Timely access to the home for visitors is maintained.
- The Bistro is kept fully stocked.

Service Provider Response

Healthwatch Shropshire has received the following response to the report recommendations from the manager of Meadowbrook on 22nd November 2018:

The complaints policy and procedures are clearly displayed for both residents and relatives and the ways of providing information are accessible for everyone.

- Complaints and Whistleblowing policy will be displayed on the foyer near the administrators' office for easy access of relatives.
- Same policy would be posted on notice boards in each unit.

This has been completed.

Regular feedback is collected from residents, relatives and staff, including about the food and drink.

- Residents and relatives are encouraged to provide feedback via the iPad system that is displayed beside the login in table for visitors.
- Staff go around to residents that are able to make their needs known to get feedback not only on food but any issues or concerns.
- The home is required to get feedback (both positive and negative) from 10% of the current occupancy.
- HM will look into the feedback would action feedback that generates link actions.
- Residents and Relatives are encouraged to attend quarterly meeting; schedule of meeting displayed on the table where visitors log in

This will be overseen by the management team and be ongoing.

The Manager passes on all the feedback regarding food quality and presentation to the outside Caterer and cooks working in the home and requests appropriate improvements be made.

- Collated feedback generated weekly and passed on the head chef and or the current kitchen staff.
- Kitchen staff is also invited during the residents relatives meeting to address and hear issues that are raised by residents and their families.

This will be overseen by the manager and the head chef and be done weekly. The need relatives meeting is on 12th December 2018.

Residents and relatives views are considered when planning how to use agency and contracted staff within the home, particularly when changes are introduced.

- The manager will endeavour to request same agency nurse/CA to work in Meadowbrook for continuity of care.
- New staff joining the home will be allocated a base unit however if needed would have to work in other units in certain circumstance

This will be overseen by the manager and be ongoing.

All communal areas in the home are suitably supervised throughout the day.

- The manager to implement lounge check regularly to make sure that residents are safe

This will be ongoing.

Residents and relatives are asked how to make communal areas more 'inviting and homely'.

- This can be addressed during the resident and relatives meeting; the next one is 12th December 2018.
- Residents and relatives are welcome to give suggestion to the HM anytime during their visits.

This will be overseen by the manager and be ongoing.

The week's activities are clearly displayed.

- Manager to discuss with activities coordinator to make sure that weekly activities are displayed in all units

This will be done immediately and weekly thereafter.

That staff encourage more informal social interaction between residents particularly on the Mary Powell unit.

- Staff engagement will be discussed on the next staff meeting and unit flash meeting

This will be overseen by the manager and unit manager and be ongoing.

Timely access to the home for visitors is maintained.

- New door locks were installed few days before the visit.
- The manager has given letters to family and relatives about the new code to access the home.
- Non-regular visitors are buzzed in from the administrators' office or from the Agnes Hunt Unit.

This will be addressed immediately on an ongoing basis by the manager and staff.

The Bistro is kept fully stocked.

- HM has allocated the activities lead to check daily and make sure that Bistro is fully stocked

This will be addressed immediately on an ongoing basis by the manager and activities lead.

Acknowledgements

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

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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