healthwatch Shropshire

Enter and View Visit Report

Churchill House Nursing and Residential Home

Visit date: 18th October 2018

Publication date: TBC

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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	Churchill House Nursing and Residential Home Keepside Close, Ludlow, Shropshire, SY8 1EL
Provider	Jubilee Care Ltd
Date / time of visit	Thursday 18th October 2018: 10.00am – 1.00pm
Visit team	Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs) and one Authorised Representative in training

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 Churchill House was announced and the registered manager was told the day we would be visiting and asked to make the residents, visitors and staff aware that we were coming by displaying posters around the home.

What we were looking at

In order to address the purpose of the visit we looked at

1. The home environment

We asked about:

- whether the home is dementia friendly – we looked at the space, the type of flooring, the lighting levels, the access to outside space, the décor, the types of bathroom facilities, the type of signage
- general safety and security

We observed the environment and interactions between staff, residents and their families, using a checklist to guide us.

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

We asked about:

- the choices residents have e.g.
  - the food they eat and support to help them eat and drink
  - the range of activities available
  - personalising their bedrooms
- support for residents to maintain independence and express their wishes
- if residents are happy living in the home
- how the residents remain active in the local community
- how the home manages end of life care
- what external support services the residents have access to

3. The support available to staff

We asked about:

- the training staff receive
- the ratio of staff to residents throughout the day and night

What we did

The manager met us when we arrived. She explained that she has been in post since the home opened. After speaking to her we were shown around the home. Staff introduced us to two residents. We also spoke to two relatives, three staff and a befriender who visits once a week.

One of the Authorised Representatives on the visit team paid particular attention to observing the environment and completed the observation checklist based on The King's Fund environment assessment tool: 'Is your care home Dementia friendly?' included as **Appendix A**.

What we found out

1. The home environment

Churchill House

The home was purpose built in 1995. It is registered for 62 residents, 35 of whom can be people with Dementia. The home provides nursing and residential care. If the home has space they are able to offer respite care.

At the time of our visit there were 55 residents, 38 of these required nursing care. All the residents live together and the manager explained that this works well because residents look out for each other, saying good morning and helping to create a caring community.

The home is at the end of a quiet residential cul-de-sac. There is a car park in front of the building. At the back of the building there is a private garden for the residents.

First impressions

Churchill House is welcoming with the entrance open during the day and monitored by administration staff adjacent to the entrance. The main door is opened by a wheelchair height push button and a ramp enables direct access into the reception area.

The home appeared to be well cared for and homely. It was clean and odour free throughout and we saw cleaning staff cleaning in various parts of the home.

The layout

The home is built on two levels with bedrooms leading off two central corridors. There are 22 bedrooms on the ground floor and the rest are on the on the first floor. On the first floor there is a secure wing, called Chelmick Corner.

- **Chelmick Corner**

Chelmick Corner is for 13 people who are living with middle to late stage Dementia or other conditions that need more care such as advanced stage Parkinson's or Huntington's Chorea. Currently 11 of the people on Chelmick Corner require nursing care.

As this part of the home is on the first floor there is no direct access to the outside for residents or a place for them to walk.

The manager told us staff assess the needs of the residents before they transfer onto Chelmick Corner.

Bedrooms and facilities

The home has mainly single bedrooms with either a washbasin and toilet or just a washbasin. One room is shared and one room has ensuite facilities. We saw wet rooms which were used by residents and each wet room had a pair of colourful wellies for staff to wear.

The bedrooms we saw all have good natural light but the corridors were internal with no natural light and dark. The manager told us the lighting in the corridors was being improved.

There is a purpose built hair dressing salon, three lounge areas (two on the ground floor and one in Chelmick Corner), there are three dining rooms (two on the ground floor and one in Chelmick Corner) and a kitchenette on each floor which the manager told us relatives and friends can use.

The décor throughout the home is neutral with noticeboards displaying photos and pictures along the corridors. There are mirrors on corridor walls. There are photos of all the staff on display and these are used to help identify staff as part of the '360 degree' appraisal where staff are appraised by managers, other staff and residents. The manager explained that photos of staff are shown to residents and they are asked about the care they receive from that person. This was confirmed by a resident.

Refurbishment

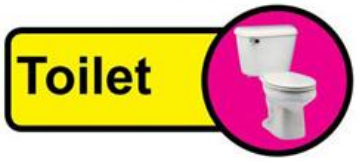
The manager told us that rooms are being refurbished when possible and carpet is being replaced with laminate flooring, which is more convenient and allows staff to use hoists and equipment more easily. So far a third of the rooms have been refurbished. If rooms are occupied the manager told us the residents are involved in choosing the colours of walls and curtains.

On the day of our visit we saw work was ongoing to improve the provision of Wi-Fi throughout the building to benefit residents, staff and visitors.

Whether the home is 'Dementia friendly'

We looked at the space, the type of flooring, the lighting levels, the access to outside space, the décor, the types of bathroom facilities, signage and communal spaces including dining and lounge facilities.

All areas were clearly defined and wheelchair accessible, with printed notices on toilet doors and some with pictures.



Communal lounge and dining room doors were propped open and some had large glass panels to the corridors so the area is more easily identifiable. Furniture is arranged in small groups and varied in style and colour. There are quiet areas within the communal rooms.

Corridors do not have many/any windows and the lighting was 'dull' in some areas. There is a programme of installing brighter lights to better illuminate corridors and where this has already taken place, the areas were significantly brighter. We saw some equipment was stored in the corridors but we were told by staff that corridors were cleared at night.

There are handrails along the corridors, which were a different colour to the walls.

The questionnaire completed by one AR looked at how Dementia friendly the building is - see Appendix A.

General safety and security

Doors to enter/exit the Chelmick Corner Dementia area on the first floor are coded and locked to keep residents safe. All other doors are open and accessible to everyone. The manager told us the front door is alarmed and locked at 5pm.

All bedrooms have a lockable drawer for valuables.

The lift between the ground and first floors can accommodate wheelchairs but not a stretcher and staff told us there is no space within the building to add a larger lift. Residents on the first floor who need to be transported by stretcher are taken down the stairs.

The manager told us there was a call bell system in the home but we did not hear it during our visit. We saw call bells in rooms and some residents wore pendant alarms. The manager told us the homes uses alarm mats placed in front of chairs or by beds for residents who are at risk of falls.

The home has its own laundry facilities and each room has a numbered basket corresponding to the room number. All clothes are labelled with the room number with indelible ink on the inside label. The manager said the system works well but occasionally clothes are not labelled and these are put out for residents and relatives to claim.

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

Choices residents have

- **Food**

The manager told us that residents have the choice of either eating in their rooms or in one of three dining rooms. We visited around lunchtime and we saw 16 residents eating together in a large room on the ground floor. Tables were

arranged in groups of one, two, three or four places and had clean tablecloths and cutlery was laid out.

We saw residents either walk to lunch or they were brought to the dining room in wheelchairs or large movable chairs. We saw one member of staff pushing a resident in a wheelchair into the lift and asking if they had enjoyed their lunch.

The manager also showed us the smaller dining room which is used for residents who need more support with eating. The manager explained that two care staff serve the food, which is prepared on site by the catering team. There is a minimum of one member of staff to help residents to eat in the main dining room downstairs and two staff in the smaller dining room downstairs. We also saw lunch being served to the residents in Chelmick Corner. These residents ate either at a small table located off the lounge, in the lounge or in their rooms.

The manager told us some residents choose to eat their meals in their rooms but they are encouraged to eat in the dining rooms.

We saw menus displayed in the laminated folders in the corridors outside the dining rooms. The menu folder had pages for all the meals for the week, (breakfast, lunch and tea) with photographs of the food to help people understand and choose what they wanted to eat. There were also letters noting allergens.

The manager told us that the menu changes every week on a four-week rolling programme. Staff take the folder around to all the residents at morning coffee time and residents choose their tea for that day and lunch for the following day.

The morning trolley had fresh fruit salad available and fortified snacks (smoothies and yoghurts) for residents whose diet needs supplementing and we saw staff reminding residents to eat their fruit or ask if they needed help opening their chocolate bar as they walked through the lounge areas.

The manager told us biscuits are available and the evening trolley has sandwiches.

Residents whose diet needs to be supplemented are offered Ready Brek or Weetabix in the evening and light bites are available from 7pm – 6 am.

The home uses a monthly nutritional assessment tool. Height and weight of all residents is recorded on admission and all residents are weighed monthly. The results are then screened and if necessary food fortification is added to the diet

and the kitchen staff are made aware so they can, for example, use full fat milk, or add cream or honey to the resident's food. The information is also added to the resident's Care Plan so staff know, for example, if it is appropriate to offer a chocolate to that person.

Visitors and relatives are able to put food (labelled with the resident's name) in the fridge in the kitchenettes. The manager told us staff check the fridge to make sure food is still in date and they replace the fresh milk daily.

- **Range of activities**

We saw posters on noticeboards telling residents and visitors the activities planned for the month and each week. The October monthly poster advertised:

- Bee Active classes twice a week
- a 'Care to Smile' screening programme
- an arts and craft class
- apple tasting session to link to Apple Day
- a visit by a theatre group
- a film night at the weekend
- daily sessions led by staff including bell ringing, foot spa, skittles, target netball, reminiscences and communication ball and keyboard sessions.

We saw this information repeated in the bright and colourful illustrated newsletter. This was printed in large font and included a variety of information on current affairs and memory articles.

The manager and staff explained that all staff take part in providing activities such as hand or foot massages, art and craft sessions, playing cards or reading with them, playing games, gardening or chatting to them. One member of staff works as a 'Bee active co-ordinator' on two mornings a week. We saw a group of nine residents enjoying a throwing and catching activity in the lounge.

There is a DVD library and we saw residents and staff enjoying 'Mamma Mia' in the lounge in Chelmick Corner, with staff dancing and singing with residents.

Outside there was a large garden with paths, seating areas, a greenhouse, hen corner and flower beds. It was well maintained and easily accessible to residents from the lounge area on the ground floor. We were told that residents were

encouraged to use the garden and be involved in gardening activities. There is a gardening club and residents plant and eat strawberries, lettuces, runner beans, and each resident grew a sunflower seed in a competition.

A team leader told us residents are able to join in on trips out for example each year there are a couple of trips to the canal at Welshpool followed by a fish and chip supper, or a trip to Clee Hill with an ice cream treat. Residents on Chelmick Corner prefer little change so they tend to remain on the wing but can go downstairs and in the garden with a member of staff if they choose.

Well behaved, cared for pets are encouraged to visit the home. An exotic zoo visits regularly and a local group bring reindeer into the home each year. The manager said all residents enjoy these visits, even residents who normally choose not to join in with activities.

Two people visit the home on a weekly basis to befriend residents who need support or who do not have any visitors. We spoke to one befriender who told us about how they enjoyed visiting and spending time with residents on Chelmick Corner. They explained that if they had concerns about a resident they would talk to staff. They said that they understood the needs of the residents and were pleased to be able to spend time with them.

The manager told us there are two computers which residents can use in the main lounge. Currently the home is improving its internet connection by having it cabled throughout the home. The manager intends to buy an iPad or tablet for residents to use once this work is completed.

- **Personalising bedrooms**

A resident told us they had brought a small chest of drawers with them from their home when they moved in. The manager said relatives were able to bring in their own furniture providing it was labelled as being fire retardant and was in good order.

We saw rooms personalised with ornaments and photos.

The manager told us residents can choose to have their own phone or they are able to use the home's phone either in the office or take it into their room.

The manager told us residents can have a television in their rooms if they choose. Residents have radios in their rooms and we saw many residents listening to music as they relaxed in their rooms.

Support for residents to maintain their independence and express their wishes

We saw staff speaking kindly and sensitively with residents. We saw staff reassuring residents and asking them if they wanted their lunch, if they wanted the radio turning down, or if they were comfortable. Residents responded and spoke or smiled with the staff and staff were patient, letting the resident speak at their own pace.

A befriender told us how they listened to the residents and if the resident did not want their company that day they respected their wishes.

Residents could use pictures e.g. in the menu to express their choice of food.

Staff ask residents whether they want to get up and what they want to wear. For residents who find it difficult to communicate a team leader told us they hold clothes up to give residents a choice.

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

Residents are asked how often they wish to bathe when they come to live at the home and most residents choose to bathe weekly.

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

The manager explained that all residents and staff are encouraged to understand that “everyone is different, not to have prejudices and if the family do not visit it is not for us to judge”.

The home’s pre-admission assessment is intended to make sure that the resident, their family and staff learn as much as possible about each other. The manager told us that she insists that there is at least one visit to the home prior to admission.

Each resident has a care plan which is in a folder outside their bedroom and we saw staff referring to and updating the plan as they were caring for people. The plan includes personal history, advanced care plan and end of life wishes and individual sections covering mobility, hygiene, activities etc. This information is provided by family or friends and carers or if necessary by solicitors or previous neighbours.

We saw that the care plan has a photograph of the nurse and the key worker on the inside cover with a photograph of the resident and their preferred name on the front. The manager explained that they preferred a paper copy to an electronic tick box as more detail could be added and it was accessible to all staff. We asked if there had been any issues with data protection i.e. did other residents or visitors look at other people's records, but we were told this had not been a problem as everyone saw the plans belonged to an individual and respected their privacy.

Staff told us each resident has a named key worker; a Health Care Assistant (HCA) or nurse. The staff we spoke to said they spoke with the resident to find out their likes and dislikes. We were told one resident had been a farmer and the member of staff said they brought Farmers Weekly magazine in to interest the resident. The HCA helps residents with shopping, keeping their room tidy and putting away their laundry. A member of staff said their aim was "to make each day a special day".

If residents are happy living in the home

The manager told us there is an annual resident survey asking people for feedback on their experiences. There is also a post-admission survey for residents. The home also sends annual surveys to GPs, dentists, opticians, physiotherapists asking for their feedback.

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

We spoke to residents and asked if they were happy living in the home and we encouraged them to speak out if something bothered them. Residents said they would be happy to speak to the manager if something concerned them.

Relatives we spoke to said that "the staff and the care they give is excellent". They said "there is good support for me from the staff".

One relative told us that the staff anticipated the needs of their relative. They explained that their relative was having a bad day on the day we visited, but they were reassured of the standard of care provided, as they saw staff regularly checking and making sure that their relative was drinking enough and was comfortable.

Another relative said they were "very happy with the care", "I would recommend this home to others". They explained that despite their relative needing to be in bed all the time they had never had a bed sore. They said staff share concerns with them and, as the resident needed thickened fluids, the staff have provided a spoon for them to drink with as a cup with a lid was not suitable.

There were no dedicated meetings for relatives but they were invited to residents meetings which are held monthly.

We saw the complaints procedure and a comments and compliments book in the entrance hall and the manager said if there was a serious incident or complaint, it was discussed by the care assistants, nurses and manager and a written response sent to the person who complained within 28 days.

The manager explained that if a resident is unhappy at the home e.g. if they find the home is too big for them; the situation is reassessed and if appropriate a resident / family would be provided with contact details for suitable alternative homes.

How the residents remain active in the local community

We saw one resident, who had signed themselves out on the resident's outing board in reception, go out on their mobility scooter on their own.

The front door is unlocked until 5pm and residents are able to go in and out when they choose. Staff in the office check arrivals and departures to ensure safety.

There are very few facilities nearby but we were told some families and residents use a small café in the nearby leisure centre. There are no shops within walking distance.

Friends and family take some residents to local churches and an Anglican communion takes place in the home every fortnight. The home supports all

residents with their faith and one member of staff leads on spirituality, finding out about people's beliefs so they can offer a personalised approach.

How the home manages end of life care

The home believes it can meet the needs of residents up to end of life and it is not usually necessary for a resident to move to a different home. If a resident's dementia becomes more advanced it may be necessary for them to move to Chelmick Corner. This may only be a temporary move; if their condition improves it is possible to move back to the main part of the home. A move to Chelmick Corner is seen to be positive and the person joining the wing is assessed to ensure they will be able to fit in with the other residents.

The home has twice been awarded Beacon status (the highest award) of the Gold Standard Framework (GSF) for its work on end of life care. It gained the award in 2013-2016 and 2016-2019. Every year the home re-evaluates and assesses itself on the end of life care it provides.

The manager told us staff discuss end of life wishes with residents and families when the resident moves in. This information is included in the care plan and it includes, for example, information about the resident's particular care wishes, whether or not they wish to be resuscitated and their beliefs including discussions on the people / person they revere. If appropriate they discuss with the resident and the family the hymns they want at their funeral. This plan is reviewed with the resident at least every year.

One nurse is a registered as a 'Dementia Champion' and it was agreed at a residents meeting that a butterfly symbol would be used to indicate end of life care is in place. We saw a board in the corridor with cut out butterflies each one with a message on about how residents want their end of life care to be e.g. one butterfly said "help to provide a warm and loving atmosphere".

The manager told us that one resident was concerned that they did not want people having to go and check their request not to be resuscitated when the time came so it was agreed by residents and staff that a red snowflake symbol would be put on the front of the care plan to show their wish.

We saw a remembrance tree in reception with a named leaf for each of the residents who had died. A remembrance coffee morning is held for the relatives of recently deceased relatives and the home welcomes their relatives into the home whenever they wish to visit. A member of staff goes to each resident's funeral and brings back an order of service which we saw displayed on the board in reception.

There were numerous leaflets produced by the home available in reception including information for residents and family explaining about 'Advanced Care Plans', a bereavement and grief guide, suggestions for hymns and readings and practical information on what to do after someone dies.

The manager told us that if relatives choose to stay overnight to be with their relative, for example during end of life care, a mattress can be provided on the floor of the resident's room.

What external support services the residents have access to

Residents are able to ask to see the GP when they visit the home every fortnight as well as access healthcare services (e.g. opticians, dentist) in the community or when they visit the home.

Staff told us that the home is involved with 'Shropshire Smile' when a dental team will visit the home this month (October) to check the dental health of residents. Residents will then get treatment if necessary, and staff will be given oral health training before the 'Shropshire Smile' team return to recheck dental health.

Some volunteers come once a month to the home to check hearing aids. The manager has a list of all the serial numbers of the aids to ensure lost hearing aids are returned and a member of staff confirmed they clean aids and replace the batteries at least once a week.

Residents attending hospital appointments, are either taken by family or friends or they can pay for an escort from the home to accompany them in hospital transport or the home's minibus.

The ARs observed that the plated meals at lunchtime were individualised. Residents who can use a knife and fork have vegetables and meat prepared in the normal way. For those residents who used a spoon, the different vegetables were

mashed with a fork so there was still some texture to enjoy. For residents who were fed by staff each type of food was separately pureed.

3. Support available to staff

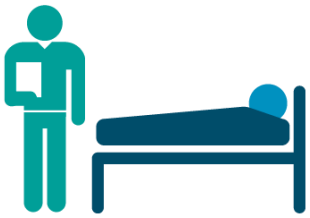
Training staff receive

The manager showed us a large detailed spreadsheet with all staff listed showing all the courses staff had attended. This information is also recorded electronically and office staff ensure staff are sent on courses to refresh their skills and knowledge or new training as appropriate. All staff (including cleaning and office staff, and the handymen) - are trained in Dementia awareness.

All care staff have a Care Certificate to at least NVQ 2 as well as other training including manual handling, fire safety, safeguarding and Mental Capacity Act. Most training is provided externally through Shropshire Council's Joint Training as the manager explained staff benefit from having training delivered by a trainer rather than online and it also gives them an opportunity to meet other people, pick up ideas and focus away from the workplace. A member of staff said they had "certificates galore" and were proud of the 'excellent' training they had received.

One member of staff told us they had MAPPA[1] training on how to deal with challenging behaviour. They explained that communication with those that cannot communicate verbally is important and they do this through body language and facial expressions, e.g. smiles, showing interest or friendship.

The ratio of staff to residents throughout the day and night



The manager told us there is one nurse on duty at night with four HCAs. Chelmick Corner has at least one member of staff on duty at night. The two HCAs on the ground floor and the two HCAs on the first floor rotate every few hours throughout the night.

[1] MAPPA Multi Agency Public Protection Arrangements

During the day there are three staff on Chelmick Corner - a nurse or senior care assistant and two HCAs. There are up to seven further staff in the rest of the home including two nurses and senior HCAs and HCAs as well as the manager or deputy manager. All staff work in all areas of the home including Chelmick Corner.

The manager explained that there is not a high turnover of staff, but recently there had been some staff changes and it had been necessary to use some agency staff. Bank staff are used periodically. A member of staff and the manager told us that agency staff are always accompanied to ensure safe continuity of care for residents.

Summary of findings

- The home is registered for 62 residents. Up to 35 residents may have Dementia at any time.
- The home provides nursing and residential care.
- There is a 13 bed wing called Chelmick Corner for residents living with advanced Dementia or other complex needs.
- The home scores highly in all sections of the observation checklist (Appendix 1), indicating that it is a Dementia friendly environment, promoting wellbeing, encouraging eating and drinking, promoting mobility, personal hygiene, orientation, safety and security.
- All bedrooms except one are single.
- Only one bedroom has ensuite facilities.
- The bedrooms are personalised and had good natural light.
- A third of the bedrooms have been refurbished so far.
- The home is improving its internet connection so more residents can access the internet (Wi-Fi).
- End of life care is integral to the working of the home. The home has twice been awarded the highest level, Beacon status, of the Gold Standard Framework for end of life care.
- Residents are supported to make choices, e.g. to choose where they eat, and what they eat; to choose what they wear.
- Residents and the relatives we spoke to were happy with the care provided.

- There is a programme of activities for residents. At the time of our visit we saw a physical activity taking place in the lounge.
- Residents were free to go out into the community as they wished. Staff will go out with residents if necessary.
- Residents were encouraged to remain independent and they were provided with person centred care.
- There are kitchenettes available for residents and visitors to use to make snacks and drinks.
- Residents have regular access to health support services, e.g. dentist, optician, hearing support.
- Individual care plans are kept outside the resident's room.
- Staff turnover is generally low but there have been some changes recently that have led to the home using agency staff.
- Befrienders regularly come into the home to support residents who do not have visitors.
- There is a programme of training for staff. Staff appreciate the training they receive.
- We saw staff speaking kindly with residents and interacting with them.
- We saw staff regularly referring to and updating care plans as they cared for residents.
- The décor was neutral throughout the home.
- The lighting levels were low in the internal corridors.
- Equipment is stored in some corridors during the day. Staff told us corridors were cleared at night.
- There was a pleasant well cared for garden.
- Chelmick Corner is located on the top floor so does not have access to the outside or provide a space for residents to walk.
- Residents meetings are held monthly and relatives are invited to attend.
- There is no room for relatives to rest in if needed.
- The home was clean and odour free throughout.

Recommendations

We suggest the following should be considered:

- Providing a room for relatives to rest in if they need to stay overnight.
- Reassessing the timescale for improving the light in corridors.
- Providing additional storage in the home to ensure corridors are kept as clear as possible to avoid trip hazards.
- Providing more ensuite facilities when rooms are refurbished.
- Reviewing where individual care plans are kept to ensure that the risk of sensitive personal information contained in care plans being accessed by an unauthorised third party is minimised, as required by the General Data Protection Regulation

Service Provider Response

The Registered Manager of Churchill House Nursing and Residential Home has sent the following response to our recommendations:

Providing a room for relatives to rest in if they need to stay overnight.
We are always happy for an unoccupied room to be used for relatives if the need arises but I am afraid we do not have the facilities or space to provide a dedicated room.

Reassessing the timescale for improving the light in corridors.
The upgrading of the corridor lights has already commenced using our normal electrical installation company. This is being overseen by the General Manager and will be completed by April 2019.

Providing additional storage in the home to ensure corridors are kept as clear as possible to avoid trip hazards.
The majority of items 'stored' in corridors are hoists and equipment used extremely regularly during the course of the day. It would be inappropriate to store it elsewhere other than at night which is our current practice.

Providing more ensuite facilities when rooms are refurbished.
Providing more ensuites will be considered as part of our ongoing refurbishment programme on a room by room basis.

Reviewing where individual care plans are kept to ensure that the risk of sensitive personal information contained in care plans being accessed by an unauthorised third party is minimised, as required by the General Data Protection Regulation
The residents' person-centred care plans are in constant use. They are working documents which need to be accessible 24 hours per day. Every resident and / or their relative provide consent for them to be stored and used as we currently do. Alternative arrangements are made as required.

Acknowledgements

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

Get in Touch

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

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Appendix A

Is the care home dementia friendly?

1.The environment promotes interaction/activity	Comment	Y	N	NA
a. Does the approach to the home look and feel welcoming?	Easy to find, at the end of a cul de sac within a residential area	Yes		
b. Are there enough parking spaces?	Designated visitor spaces, and other spaces. No difficulty parking at arrival.	Yes		
c. Is the entrance obvious and doorbell/entry phone easy to use?	Easy to spot entrance. Push button door entry allows access to Reception hall. Doors are open 9-5 and staff monitor access. Sign in procedure. Wheelchair access with ramp and low level push button.	Yes		
d. Is the CQC rating displayed?		Yes		
e. Is the homes Complaints Policy displayed?	Invitation at sign in to complain /complement by completing a book or speaking to member of staff.	Yes		
f. Are staff welcoming / friendly?	Everyone we met was welcoming, wore name badges, and said 'hello'.	Yes		
g. Does it give a good first impression i.e. look clean, tidy, cared for, odours?	Cared for and welcoming. Homely with lots of information and topical displays (ie WWI display)	Yes		
h. Is there good wheelchair access into and within the building, e.g. wide doors	At entrance and throughout corridors, doorways, bathrooms, bedrooms and shared spaces.	Yes		
i. Can residents move around freely (e.g. doors between rooms/units unlocked)?	Doors to enter/exit Chelmick Corner Dementia area are coded and locked to keep residents safe. All other doors are open and accessible to everyone.	Yes		

j. Are there ramps or a lift?	Ramps at entrances and to garden areas. Lift which can accommodate wheelchair between floors (2 floors - ground and first). The lift cannot accommodate a stretcher and there is no space in which to replace with a larger lift. Residents who need to be transported by stretcher and are on the first floor use the stairway.	Yes		
k. Are there social areas, e.g. day rooms and dining rooms?	2 x Lounges (large and quiet) on ground floor, 1 x Lounge in Chelmick Corner.	Yes		
l. Are the chairs arranged in small clusters to encourage interaction?	Chairs arranged in small clusters throughout - including a few on own if resident wants to be separate.	Yes		
m. Is there a choice of seating, e.g. settees/single chairs, various styles/heights?	Different styles and designs available including some in corridors.	Yes		
n. Are there dedicated quiet areas (including for residents to speak to visitors)?	Residents can use own room (where chairs are available), quieter areas of communal spaces, or the office if they want privacy.	Yes		
o. Are there resources for individual/group activities, e.g. books, memorabilia	Lots of stimulating and interesting books, memorabilia, displays and information throughout the Home.	Yes		
p. Do residents seem happy and occupied?	Exercise activity was taking place in the GF lounge on arrival, and TV, music and dancing in the Chelmick Corner lounge.	Yes		
q. Are staff sitting and chatting with the residents?	Everyone we saw was actively engaged with residents. We saw lots of conversations and exchanges, including regular 'hello's' when walking past bedroom doors. The manager was very engaged with residents, offering help and support where needed.	Yes		

Examples of good practice / areas of concern

- Open access until 5pm each day (with monitoring during open hours) enables visitors to freely come/go as they wish.
- Relatives are encouraged to visit at any time, there are no restrictions. Children and well behaved animals are actively welcomed, including the staff's children/grandchildren for events and activities.
- A busy, active, and warm atmosphere has been created with many examples of stimulating, interesting and relevant information and memorabilia on notice boards and throughout corridors.

2. The environment promotes well-being	Comment	Y	N	NA
a. Is there good natural light in bedrooms and social spaces?	Bedrooms all have windows and views to gardens, or towards the front entrance.	Yes		
b. Is the level of light comfortable?	Bedrooms and social spaces have good natural light. Corridors do not have many/any windows and the lighting was 'dull' in some areas. There is a programme of replacing bulbs with brighter lights that illuminate corridors and where this has already taken place, the areas were significantly brighter.	Yes		
c. Can the level of light be adjusted?		Yes		
d. Do light switches in bedrooms contrast to their surrounds, e.g. easy to see?	Lights in most bedrooms are via lamps (personal effects) and main lights have dimmer switches.	Yes		
e. Can bedrooms be made completely dark to support sleep/wake patterns?	Blinds and curtains to windows enable bedrooms to be made dark.			
f. Is the décor age appropriate and culturally sensitive?	Decor within Chelmick Corner was very calming with a light pattern and gave the impression of home.	Yes		
g. Are links to and views of nature maximised, e.g. having low windows?		Yes		
h. Is there independent access to the outside space?		Yes		
i. Has internal/external planting been chosen to be colourful?	There is minimal internal planting but there are plants around the building. External planting is well maintained and diverse.	Yes		
j. Are there smoking areas?	There is a no smoking policy inside and outside the building. Staff who do smoke, have to move away from the building to a bin store area.		No	

Examples of good practice / areas of concern

- The lighting in corridors was 'dull' due to installation of energy efficient bulbs. This is being addressed on a programmed basis, with lights being gradually replaced to better illuminate the central corridor areas. Other lighting within shared spaces, toilets and bathrooms was very adequate.

3. The environment encourages eating and drinking	Comment	Y	N	NA
a. Do residents and/or relatives have constant independent access to drinks?	There are small kitchens on each floor to enable residents and visitors to make drinks, and a fridge freezer in which they can store 'favourite' foods, drinks and snacks.	Yes		
b. Do residents have independent access to snacks and finger food?	The kitchen areas can be used, but many residents are unable to access due to their conditions. Visitors we spoke to confirmed they accessed to make drinks/snacks whenever they wished.	Yes		
c. Are residents and/or relatives able to make food and wash up?	See a and b above.	Yes		
d. Is crockery and glassware of familiar design, shape and distinctive colour?	Crockery we saw was blue and white, and glasses/mugs. Additional choice is available for those who have extra needs, i.e. plate guards, adapted cutlery, and raised edge plates.	Yes		
e. Is there a choice of where to eat?	Those who need assistance to eat are generally located in the smaller dining room, and independent eaters use the larger dining room. Those in Chelmick Corner have a separate table if they wish but some do not leave their bed and are assisted, and others prefer to eat at their chair in the lounge with a pull-up table.	Yes		
f. Are large dining areas divided to be domestic in scale?		Yes		
g. Is there enough space/chairs for someone to assist with eating/drinking?	Many residents have mobility issues and those that want to use the dining rooms are helped by wheelchair or aids.	Yes		

Examples of good practice / areas of concern

- Very positive evidence of a mixed and varied menu and nutritional diet based on each person's specific needs. Options are provided at the 'normal' meal times - breakfast, lunch, dinner - and throughout the day via the coffee-trolley in the morning and afternoon, and a night time drink with snacks offered.

4. The environment promotes mobility	Comment	Y	N	NA
a. Is there inside/outside space to walk around independently?	The corridors are wide and fully accessible. Due to increasing complex needs, equipment is located within corridors, but is pushed against walls and does not create an obstruction.. All equipment is moved to shared areas overnight to ensure no escape route hazards.	Yes		
b. Is flooring matt and of consistent colour, e.g. no speckles, stripes?	The carpet is plain and brown/beige throughout. The majority of bedrooms have laminate flooring to ensure higher levels of hygiene and mobility.	Yes		
c. Does flooring contrast with walls and furniture?		Yes		
d. Do handrails in corridors contrast with the walls?	The walls are painted/papered and the handrail (which runs throughout the building on both sides of corridors) is varnished wood which stands out against the walls.	Yes		
e. Are there small seating areas on corridors for people to rest?		Yes		
f. Are there points of interest, e.g. photographs, art, that can be easily seen?	The walls have paintings, photographs, themed boards and notice boards which create displays full of information and interest.	Yes		
g. Are lifts easy to find and do they have large control buttons?		Yes		
h. Are there sheltered seating areas/points of interest outside?	There are many benches outside, located together and apart to enable good use of the garden spaces.	Yes		
i. Are outside areas arranged to encourage engagement/activity, e.g. circular paths, raised flowerbeds, a clothesline?	The outside areas are well structured with a productive greenhouse, raised beds, sensory garden and chickens x 3.	Yes		

Examples of good practice / areas of concern

- Topical and colourful displays throughout corridors and walkways provide points of interest and reflection for residents.
- A range of information booklets are provided (designed and printed by the staff) for residents and their carers/families.

5.The environment promotes continence and personal hygiene	Comment	Y	N	NA
a. Can signs to the toilets be seen from all areas?		Yes		
b. Are toilet doors painted in a single distinctive colour and have clear signage?		Yes		
c. Do toilet have handrails, raised toilet seats and mobility aids?		Yes		
d. Do toilet seats, flush handles and rails contrast with the walls/floor?	The toilets and basins are white, and handles and mobility aids are either chrome or white. The background tiles are beige which enables the sanitary ware to stand out. Dispensers (soap etc.) are clearly labelled and colour coded.	Yes		
e. Are taps clearly marked hot/cold are they and toilet flushes traditional design?	Blue and red is used on taps.	Yes		
f. Are basins/baths if familiar design?		Yes		
g. Are toilets big enough for a wheelchair/carers to assist when door is closed?	All toilets we observed are wheelchair friendly. Toilets and basins within rooms have double-doors which can be unlocked to ease access.	Yes		
h. Are toilet rolls domestic in style and easily reached from the toilet?	A dispenser is located next to the toilet.	Yes		
i. If installed, do sensor lights give enough time for toileting and washing?				N/A
j. Are residents helped to the toilet, if needed?		Yes		
k. Are staff cheerful and tactful about helping residents use the toilet and changing them if they are incontinent?	We did not witness any specific incidents but there was ample evidence of care and support.	Yes		
l. Are residents dressed for the temperature in the home and well groomed?	All residents we saw on the day that were out of bed, were dressed appropriately for the time of day and temperature.	Yes		

6. The environment promotes orientation	Comment	Yes	No	NA
a. Do doors have a clear/transparent panel to show where they lead to?	Doors to toilets, bedrooms, cupboards etc. did not have glass panels. All other doors were open enabling residents to have free access throughout the building (or their area of it).		No	
b. Are signs of a good size and contrasting colour to be seen easily?	Signage on toilets was large, with pictures also visible in places. The toilets had a vacant/engaged coloured sign to indicate availability.	Yes		
c. Do signs use pictures and words, e.g. toilets, day rooms? (Height?)	Some have words and pictures.	Yes		
d. Are pictures/objects and/or colours used to help people find way around?	There was no specific designation between areas but many different ways to remember location ie dressed hall tables, names on doors, numbers, signs.	Yes		
e. Are bedrooms personalised, e.g. names, colours, memory boxes, linen?	All bedrooms we saw were personalised by residents/families.	Yes		
f. Have mirrors been placed to avoid disorientation, can they be covered?	Mirrors are evident throughout the Home and brought some extra reflective light into corridor areas. They were not located at ends of corridors or facing walkways and there is an awareness of potential issues.During the visit we saw no evidence that the mirrors caused any confusion or distress.	Yes		
g. Have strong patterns been avoided, e.g. wall coverings, furniture, flooring?		Yes		
h. Is there a large face clock visible in all areas including bedrooms?	Face clocks appear in many rooms, corridors and especially in shared areas.	Yes		
i. Are people able to see a calendar?	There was one calendar clock in the entrance area.	Yes		
Examples of good practice / areas of concern ● Residents can choose patterns/colours/wallpaper if their room is refurbished enabling them to decide what they like and what best suits them.				

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?	See 4a above for further information re corridors.	Yes		
b. Have noise absorbent surfaces been used to help noise reduction, e.g. floor?	Carpets are used throughout shared areas and corridors.	Yes		
c. Is background noise kept to a minimum, e.g. call systems, alarms, bells?	The environment is busy, but structured and well managed.	Yes		
d. Do residents have any control over sounds, e.g. choice of music, TV?		Yes		
e. Are exits clearly marked but 'staff only' areas disguised?	Staff areas are not entirely disguised and there is clear signage indicating staff only areas like the kitchen/medicine room. Exits are clearly marked and illuminated.	Yes		
f. Are there any visible hazardous, e.g. trip hazards, unattended hot plates or medication?			No	
Examples of good practice / areas of concern				