



Enter and View Visit Report

The Mount House & Severn View

Visit date: 9th October 2018

Publication date: 7th January 2019

Contents

Page

3	About Healthwatch Shropshire
	● What is Enter & View
4-5	Details of Visit
	● Purpose of Visit
	● Disclaimer
	● Context of the Visit
6	What we were looking at
7	What we did
7	What we found out
7-10	The Home
10-13	Person centred care
10	● Choices - Menus and food
10	● Choices - Activities
12	● Choices - Personalising bedrooms
12	● What residents told us about living in the home
13	● Visitors
13-14	Dignity and respect
13	● How staff interact with residents
13	● The call system
14	● How well staff meet the residents' personal, cultural and lifestyle needs
14	● Privacy and personal care
15-17	A safe environment
15	● Access to healthcare services
15	● Dementia friendly environment
15	● Cleanliness and infection control
16	● Moving around the home
16	● Opportunities to complain without fear
17	● Staffing levels, staff recruitment, qualifications, training
18-19	Summary of Findings
19	Recommendations
20-21	Service Provider Response
21	<i>Acknowledgement</i>
21	<i>Get in Touch with Healthwatch Shropshire</i>

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’, ‘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 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 the Visit



Service	The Mount House & Severn View 41-43 The Mount, Shrewsbury. SY3 8PP
Provider	Barchester Health Care Homes Ltd
Date / time of visit	Thursday 9th October 2018: 9.30am to 1.00pm
Visit team	Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

Purpose of the Visit

Dignity, Choice and Respect: to explore the quality of life experienced by residents in this home, particularly in the context of the refurbishments currently taking place.

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

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, 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

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

Care Quality Commission (CQC) rating

A CQC inspection in July 2018 assessed the Mount and Severn View as requiring improvement in all five areas: safe, effective, caring, responsive and well-led. Healthwatch Shropshire decided that it would be appropriate to visit to find out about the residents' quality of life at the moment.



A new manager is now in place and a three-month programme of refurbishment started in September. The building works are scheduled to finish on February 15th, 2019 and mainly focus on the communal areas and corridors. This scheduled work is broken down into phases so that one phase is finished before the next begins to minimise disruption to the residents. Work was going on during our visit but we were not particularly aware of it. The first phase was due to be completed and handed over at the end of the week we visited with the second phase starting the following Monday. We wanted to know how the residents were coping with the changes.

Enter and View visits can be announced, semi-announced or unannounced. This visit was semi-announced and the Manager was told we would be visiting but not the date or time.

What we were looking at

On this visit to The Mount & Severn View we wanted to speak to residents and staff about

How the home provides 'person-centred' 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
- if residents are happy living in the home

Whether residents are treated with dignity and respect

We looked at:

- how staff relate to residents, including verbal and non-verbal communication
- how staff find out about a resident's previous life their current needs, and their likes and dislikes

Whether the home offers a safe environment for the residents

We asked about:

- access to healthcare, including GPs, dentists, audiologists and opticians
- cleanliness and infection control
- the homes complaints procedure and ways for residents and staff to give feedback and have their views heard
- staffing levels, staff recruitment, qualifications, training

What we did

When we arrived at the home, we were welcomed by a member of staff who asked us to sign in while she went to get the Manager. We had time to look at the information provided in reception.

The Manager answered our questions about the home and showed us around the building. We then spoke to:

- 9 residents
- 2 visitors
- 3 members of staff

At the end of our visit we met with the Manager again to clarify a few points and to provide some feedback.



What we found out

The Home

The Mount & Severn View is registered to provide accommodation with nursing and personal care to a maximum of 58 people.



Mount House & Severn View

There were 44 people living in the home on the day of our visit. Twelve people are living with dementia, eight of whom are subject to Deprivation of Liberty Safeguards (DoLS).

The home is clearly signed from the road but there is limited parking. In the reception we saw the CQC rating, Healthwatch Shropshire Enter & View leaflets, menu and allergen information, the list of nurses on duty, and an agenda for the next Relatives' Meeting.

The Manager has been in post since May. They told us that they would not be registered until 30th October as a result of a delay by the CQC. The Manager had spent the first three months dealing with complaints that had taken up a lot of time. They wanted the CQC to return to the home within 12 months as improvements were being driven forward quickly.

Residents' bedrooms are over two floors and the first floor is accessed by several stair cases and several lifts. Residents have access to communal areas within the home and to the home's well-maintained gardens. There are several sitting areas on both floors and dining tables are located in the main dining room on the ground floor and also alongside sitting areas on the first floor. Residents can choose to use any of the sitting areas.

The main lounge is an access route with doors on three sides plus a door to the garden and to a lift because of this and its small size and shape the chairs are arranged around the outside of this room. The atmosphere in the lounge was quite sociable with some of the residents happy to chat amongst themselves.



We found it difficult to talk to some residents sitting in one part of the lounge because of the sound of the radio/talking newspaper. The volume was very loud but it did not appear to trouble residents nearby although we wondered if it might stop them talking to one another. There did not seem to be anyone listening to the radio.

Books were available and one resident was sitting looking at a magazine. Staff members were around and the builders frequently walked through the lounge and were friendly with the residents. There was plenty going on for residents to watch.

It appeared that the upstairs communal areas were used by those who preferred their own company. We saw one resident sitting upstairs by bookshelves in a corridor space at the front of the building, looking out of the window. Although we asked if they would like to talk they seemed to prefer to be left alone.

The television was on in the communal lounge / dining area upstairs although no-one was watching it.

The light and airy dining-room on the ground floor is in a conservatory. There are two other conservatories, one currently being used as a sitting area. The other is currently not in use as it is being used for storage of furniture and the Manager told us that it, together with the another room, will become the new lounge.

The internal key pads made it difficult to get around the home, but the plan is to remove these once the safety of the residents is ensured.

There is a shortage of storage space, which has been made worse by the current refurbishment. Staff told us that they have to keep moving things around so they

can use different spaces. We saw a wheelchair and carpet cleaner being stored in a conservatory currently in use as a sitting area. One of the communal bathrooms we saw was full of equipment which we were told was moved out into a nearby bedroom each time the bath was used. We found hoists scattered around the home rather than stored away. We were told by staff that more storage space was being created as part of the refurbishment.

The overall impression we had of the home was one of being in need of renovation. It was rather cluttered with long corridors and tired decoration. Where work had taken place, corridors were brighter and more open with decorative arches removed to open up the space. In the nearly completed first phase, we saw a new nurses' room and a kitchenette/food serving area being installed, alongside a communal dining room, where relatives will be able to make drinks. There will be a new clinic room on the ground floor. All floors will be carpeted.

The new decorative schemes are common to all Barchester homes although we were told that the Manager does have some control over the way the spaces are organised. New furniture is also being delivered as work progresses.

Three of the existing bedrooms are being totally refurbished, with ensuite baths removed and wet rooms installed. These three ground floor rooms have been chosen for refurbishment because they do not have a good view out of the windows as they face a garden wall.



Work on all the other bedrooms is restricted to new decoration and furniture. Most of the existing ensuites are very cramped with a bath fitted with a swivelling bath seat, toilet and wash hand basin. One small ensuite we saw was just being used for storage, the resident using communal facilities instead.

The Manager told us that the ensuite baths are not used, residents choosing to use the communal bathrooms or shower rooms instead. The Manager explained that the reason residents chose not use their ensuite baths was because there was not enough space to move around. It seemed to us therefore that residents were not currently being offered a genuine choice between their ensuite facilities or the communal bathrooms. When we mentioned the waste of space caused by retaining the existing unused baths, which also cramped the space around the toilets and hand basins, we were told that there was not enough money to carry out a full refurbishment of all the rooms. We were told by the manager that residents will continue to be offered use of the communal bath and shower rooms instead. Some

of the ensuites in the home are too small for wheelchair access so this has to be considered when rooms are allocated to residents.

Some residents prefer to go to their rooms to use the toilet, but others use the communal toilets downstairs.

We were told by the Manager that the building work is going well and that there are no health and safety issues.

Person-centred care

● Choices - Food and mealtimes

One resident said that the food was ‘simple and plain but good’ and that food choices were made when they sat down to eat. We saw the day’s menu displayed on the dining tables at lunch time. This resident did say that the room ‘can be very cold’ because ‘[staff] open the window for fresh air’.



A member of staff told us that if a resident does not like the food on offer, an alternative will be provided. They said that the nurses monitor that residents are eating enough. A food and fluid chart is completed at mealtimes and information will be added to the care plan

The Manager told us that wine is served at some mealtimes.

One visitor said that the food was very good. They are offered drinks, toast and cakes.

We noticed some residents upstairs were supported to eat by staff. We were told that 10 residents need help with feeding and others need encouragement to eat.

Staff told us residents can make drinks in their own rooms.

Choices - Activities

We were told that the part-time Activities Co-ordinator organises weekly outings and a trip had been arranged to The Redwood Centre for a music recital on the day of our visit. A



further full time Co-ordinator was due to start within the month.

The activities list was clearly displayed in the lounge and in the lift. The week's activities were:

	am	pm
Monday	Talking Newspaper in lounge	Movement to Music Keep Fit
Tuesday	Massage Therapy	Trip out to The Redwood Centre for a music recital
Wednesday	Hairdressing	Quizzes/Puzzles/Afternoon Activities (Gentlemen's Club)
Thursday	iPad fun/Games	Singalong Weekly Vintage Tea Music, Cakes & Coffee
Friday	Wear it Pink Day Hand Massage	Movie Afternoon with popcorn and white wine spritzer
Saturday	Walks in the Garden	Card Making
Sunday	Music through the Years	Hymns Proverbs/Sayings

We saw three people receiving a hand massage, which they were enjoying very much.

One of the care assistants had decided to set up a table in the lounge so that residents could make cards because it was National Post Day. We saw three residents encouraged to join in and take part. They appeared to be enjoying themselves as they used coloured pens, stamps and stickers. The care assistant was very supportive, talking to the residents and asking one resident who they were making their card for.

One resident told us that they were free to move around and could choose where they sit. Another resident said that they could go out in the garden and 'do what we want'. They were watching another resident having a hand massage but when offered one they said 'no'.

One resident said that there were 'lectures from people' that were quite good.

We saw a keyboard upstairs and the Manager told us that musicians are invited in to provide entertainment. We were told that some residents get involved with

gardening activities, such as potting plants. Residents can sit in the garden in the summer.

One resident said that they prefer to stay in their own room because they don't like the noise in the lounge.

A visitor said that there were now more activities at the home. There had been crafts, tea-parties and 'entertainment comes in'. Their partner didn't join in but 'likes to look'. They said that only a few residents join in.

● Choices - Personalising bedrooms

One visitor said that their friend had been able to bring pictures with them. However, they 'could do with a bigger room' as the room was small. Residents' names are on their doors.



The manager explained that permanent residents can bring TVs with them.

● What residents told us about living in the home

One resident said 'we all know each other. It is all very good. I'm very lucky.' They also said 'this area (the lounge) is a lovely part and I go out in the garden'. When we mentioned the building works, they said 'it needed to be done'.

We did not get the impression that the residents were troubled by the work being done for the refurbishment.

Another resident who was very happy to talk said that they were sitting next to someone they went to school with. They said living in the home was 'pretty good - quite interesting' and that they 'get on with people'.

One resident said that the manager was 'very intelligent, very good'.

Another resident said the home was 'lovely. I like the things they do'.

One resident said that they had been there for a few months and that they 'like it at times' and that they did not like sitting around not doing things. They would 'sooner be outside'. Whilst we were talking another resident walked past with a greeting. The resident we were speaking to explained that there were quite a few residents from the local area who know each other.

Another resident said they felt happy at times. 'The new manager is good.'

🟡 Visitors

Visitors are welcome at the home at any time and we talked to two visitors on the day we were visiting the home. One visitor said that their friend who was suffering with dementia could not easily get back to their room because of all the building works, which were a big undertaking.

They said the Manager was 'very good' and they had 'every confidence' in them. They said that the 'staff are co-operative and do a good job. There are enough of them and the residents are looked after very well'. There had been a meeting for relatives and carers. They added 'I love this place'.

Another visitor said that they felt 'at home' here and are given refreshments.

Dignity and Respect

🟢 How staff interact with residents

One resident said that the staff are 'very, very helpful. Couldn't have done better. Marvellous.' However, the resident did indicate some distrust of younger staff though they did not offer any reason for this distrust.



We saw the Manager chatting to residents as we walked round the home. Other members of staff chatted in a friendly manner with residents.

A visitor said that 'staff are marvellous'.

🟢 The call system

One visitor said that residents sometimes have to wait quite some time for a member of staff to respond to a call bell.

A member of staff said that 'we answer if we can but we can't just leave someone to go to someone who needs the toilet.' They said that they sometimes feel rushed when staffing dips.

We were told that there is regular toileting but residents often need the toilet at other times.



The Manager said that they wanted to monitor how long it took for staff to respond to call bells. It was possible that several bells were ringing at the same time and gave the impression that they were not being responded to. A quotation has been requested for a system that will monitor the call bell situation.

● How well staff meet the residents' personal, cultural and lifestyle needs

Residents and their families provide a life history when first arriving at the home and staff add information to the residents' care plans.

One member of staff said that there were enough staff for it to be possible to just sit and chat to residents and that was how they found out about people's likes and dislikes. They also learned a lot about residents when they were assisting them to eat in their rooms because they asked about the various pictures in the room. Any information they learned, they put into the care plan. They also liked to join in with the activities working with the residents.

● Privacy and personal care

One visitor said that their friend is 'well-turned out'. Families are asked to provide labels so that items of clothing are returned to the correct person after being washed. Another visitor said that their partner's clothes are always clean and 'they do (their) hair and nails'.



A resident said that another resident had entered their room twice when personal care was being carried out. The staff had asked the resident to leave straight away.

Safe environment

● Access to healthcare services

The Manager told us that the home has access to a physiotherapist, chiropodist, hairdresser, district nurses, active massage, and the tissue viability service. Most residents are registered with the same GP practice. Many residents continue to see their own dentist and are taken there by their families. The home will sometimes refer residents to a community dentist. Hearing aids are on the daily staff check list to make sure they are working properly.



● 'Dementia friendly' environment

The needs of all residents have been taken into account as part of the refurbishment plans. We were told that the home will continue to care for residents in the early stages of dementia and they will be regularly assessed. When residents require more care, the Manager speaks to the relatives about referral to a home providing higher levels of nursing care.

Residents with dementia have rooms in the Memory Lane unit. We noticed that the handrail contrasts clearly with the walls and the floors are not shiny. All residents can use the main lounge area. The manager told us that residents with DoLS are unable to access the outside by themselves.

We noticed the butterfly symbol¹ on some bedroom doors. The communal toilet doors were labelled with words and pictures.

One visitor said that their friend who is suffering with dementia has a say in their care decisions.

¹ Dementia isn't always easy to identify immediately and the butterfly symbol is used to alert staff to give the appropriate care.

● Cleanliness and infection control

The home has the highest food hygiene rating, level 5 'Very Good'.

When asked about the building work, a member of domestic staff said that it was causing a lot of dust that they were having to keep on top of. Staff told us that the

main issue was the need to keep moving things around in order to use different rooms.

We noticed some urine odour in the Memory Lane area. The Manager said that they were aware of this and were taking steps to address it.

We noticed some odour upstairs, which could have been reduced if a window had been open.

🔴 Moving around the home

The downstairs toilet door opens into the corridor and we were concerned that this could hurt someone passing by.

We saw one resident in a wheelchair struggling to wheel themselves up a sloping corridor. A member of staff who saw them immediately offered to push them up the incline.

One resident said that their room wasn't big enough and there was nowhere to store their wheelchair; 'I have to go into the bathroom backwards. If someone is coming into the bedroom with a hot drink when I am coming out of the bathroom door, I could hit them.'

All members of staff we asked knew where the fire exits were. One member of staff confirmed there were regular fire drills but they were not sure how often.

One member of staff commented, when asked what one improvement they would like to see, that it would be 'nice to have the right equipment where I need it. Last week there was only one hoist downstairs.'

🔴 Opportunities to complain without fear

There is a complaints and compliments book with a secured pen on both floors.

One visitor said that they would take any concerns to the Manager who is 'approachable'.

Another visitor said that they found it easy to talk to the Manager about any problems, which are then sorted out. 'I have no complaints really.' They said that their partner received all the care they needed.



Staffing levels, staff recruitment, qualifications, training

When we asked the Manager about the strengths of the home, they said that it is the quality of care. There had been a high turnover of staff recently and new ideas were being introduced to the team. The Manager has an open-door policy and regularly walks around the home. There are regular quality assurance checks. The Manager told us that all residents have key workers.



The Manager confirmed that the home is now fully staffed and bank staff are only used to cover sickness.

Staff requirements are worked out through use of Barchester's DICE dependency audit tool that assesses residents' individual needs. The Manager will alter staffing numbers if residents' needs change and they told us that staffing needs are assessed on a daily basis.

On the day we visited there were 12 members of staff on the day shift, including two nurses. At night there are four carers and one nurse.

New staff receive a three-day induction, followed by a supervised week in the home working on both floors, and then for three months they are mentored by a Senior Carer. We were informed by the manager that the staff receive 'mandatory comprehensive training' and new recruits receive this within three months of starting. Staff continue to do ongoing on-line training. We were told that 95% of staff would be fully trained by the end of the year. There is training for end of life care.

One Care Assistant said they had doubted themselves when they had started work but that other staff had been very supportive so they had coped well with all their training and were now being encouraged to do their NVQ 2.

They could not remember their induction clearly but had spent time shadowing others for a week and had done e-learning. They had just completed some dementia training which they had found very interesting. They were also coming up for a manual handling refresher which takes place every 6 months.

Another member of staff said that they received support from the management. They had not noticed any major changes although things had been better since the new manager arrived. 'The home is running more smoothly.' They said that they

often go straight to the manager if their line managers are busy. They are fully up-to-date with training. They appreciated regular appraisals by the deputy manager.

Summary of Findings

- The Mount & Severn View is registered to provide accommodation with nursing and personal care to a maximum of 58 people. There were 44 people living in the home on the day of our visit; 12 people are living with dementia.
- A new Manager, who has been in post since May, has introduced changes and provides strong leadership.
- There is a choice of sitting and dining areas.
- A major refurbishment is taking place focussing on the communal areas and corridors over the next three months. The home appears to be in need of renovation and cluttered with long corridors and tired decoration which the refurbishment is addressing.
- Refurbishment of most bedrooms is restricted to new decoration and furniture. Many of the rooms are quite small. Three bedrooms with no view are being totally renovated.
- The ensuite bathrooms are small and the baths are not used. Residents choose to use the communal bath and shower rooms instead. There is little space for the toilet and hand basin.
- The building works do not appear to trouble the residents.
- There is a lack of storage space.
- There is a friendly atmosphere in the main lounge although the radio is very loud.
- There is a choice of food and eating support is provided.
- There is an activities plan for the week. A second co-ordinator will be starting soon. Many residents do not join in although some enjoy watching what is going on.
- Residents appear to be happy in the home. They like the new manager and the staff.
- There are enough staff for them to have time to chat to residents.
- Residents sometimes have to wait for a call bell to be answered.
- They have access to a wide range of health care.

- The needs of residents with early dementia are catered for but those requiring greater care are referred to another home.
- The home is clean throughout. There is an odour in Memory Lane and one area upstairs.
- A downstairs toilet opens into the corridor. An ensuite door could collide with a bedroom door if they are opened at the same time.
- There is a complaints and compliments book on both floors.
- The home is now fully staffed.
- Bank staff are only used to cover sickness.
- Staff receive comprehensive mandatory training and ongoing on-line training.



Recommendations

We suggest that the following are considered:

- Explore ways to maximise the capacity of the storage space for communal equipment and for resident's personal equipment.
- Continue to monitor the time taken to respond to individual call bells.
- Monitoring the use of the radio in the lounge to ensure that it meets the needs of the residents.
- Continue to research the best methods for dealing with odour problems
- Minimise the risk of a resident entering another resident's bedroom without permission.
- Consider how to minimize the risks due to outward-opening doors in corridors.

Service Provider Response

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

Explore ways to maximise the capacity of the storage space for communal equipment and for resident's personal equipment.

This area of concern has already been addressed, we have a new clinical room downstairs, and we have a new storage cupboard downstairs, where we are currently storing wheelchairs.

We have plans for two extra storage cupboards on the upper floor, these will be available following phase 2 of the refurbishment programme which will be overseen by the General Manager and completed by 28/02/19.

Continue to monitor the time taken to respond to individual call bells.

A request has been submitted and authorised for a Register which evidences how long call bells are ringing. We are still awaiting the supplier to fit due to difficulties in obtaining the thermal printer.

This will be overseen by the General Manager and completed by 31/01/19.

Monitoring the use of the radio in the lounge to ensure that it meets the needs of the residents.

This is now being monitored daily by all members of staff within the home. This will be on-going and overseen by the General Manager.

Continue to research the best methods for dealing with odour problems.

Areas identified have now been fully refurbished. Freshly decorated and re-carpeted.

This is ongoing and addressed daily by the General Manager and Housekeeping team if any malodours are identified.

Minimise the risk of a resident entering another resident's bedroom without permission.

Visual checks to identify resident whereabouts. This is ongoing and closely monitored throughout the day and night.

General Manager to assess the most appropriate room for individual when they transfer to our care. Ongoing.

Consider how to minimize the risks due to outward-opening doors in corridors.

These environmental factors have always been present within the Home environment and are monitored closely to reduce any risks. This is overseen by the General Manager on an ongoing basis.

Acknowledgements

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

Get in Touch

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



01743 237884



enquiries@healthwatchshropshire.co.uk
www.healthwatchshropshire.co.uk



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