

Enter and View Report

The Cedar Grange
Semi-announced Visit
8th November 2019



healthwatch
Wolverhampton

Healthwatch Wolverhampton, Regent House, Bath Avenue, Wolverhampton, WV1 4EG
Freephone 0800 470 1944
Email info@healthwatchwolverhampton.co.uk
www.healthwatchwolverhampton.co.uk

What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

Contents:

	Page
1. Provider details	4
2. Acknowledgments	4
3. Disclaimer	4
4. Authorised Representatives	4
5. Who we share the report with	4
6. Healthwatch Wolverhampton details	4
7. Healthwatch principles	5
8. Purpose of the visit	6
9. What we did	6
10. Findings:	
a) Environment	6
b) Essential services	7
c) Access	8
d) Safe, dignified and quality services	8
e) Information	9
f) Choice	9
g) Being listened to	10
h) Being involved	10
11. Recommendations	11
12. Questions	11
13. Provider feedback	12

Provider details

Name and Address of Service: The Cedar Grange, 453 Stafford Road,
Wolverhampton, WV10 6RR

Manager: Tania Mason

Service type: Care Home

Client type: Older residents, dementia care and respite care

Acknowledgments

Healthwatch Wolverhampton would like to thank the Registered Care Home Manager, staff and all the residents for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit made on 8th November 2019 between 11am and 1pm. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Emily Lovell, Lead Authorised Representative

Ashley Lovell, Authorised Representative

Andy Davies, Observing Authorised Representative

Sam Saini, Observing Authorised Representative

Who we share the report with

This report and its findings will be shared with The Cedar Grange, Local Wolverhampton Councillors, Local Authority, Local Authority Quality Assurance Team, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:

Regent House

Bath avenue

Wolverhampton

WV1 4EG

Website: www.healthwatchwolverhampton.co.uk

Free phone: 0800 470 1944

Social media: HWWolverhampton

Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

The visit to The Cedar Grange was semi-announced. The service was chosen for an Enter and View visit as it had been registered with CQC for a year but hadn't yet received an inspection. Healthwatch Wolverhampton had also received some intelligence from the local authority themed around care planning and staffing levels.



The Cedar Grange

What we did

When we arrived at The Cedar Grange we initially observed the exterior of the building. Authorised Representatives (AR's) entered the building and spoke to the Deputy Manager, after around ten minutes of conversation the Lead AR asked the deputy manager if they wanted AR's to sign in. After doing so, AR's were given a tour of the building and continued the visit by engaging with residents and members of staff.

Findings:

Environment

External

Access to the home was via a side road and junction, not the main road like the address would suggest and behind some abandoned buildings which were in disrepair, not something in control of the home. Once on the site of the care home there was ample parking but no allocation of disabled bays. The exterior of the home looked clean and welcoming and it was clear they had just celebrated Halloween as there were fake cobwebs on the pergola which led to the front entrance. To access the building there was a slight ramp with some handrails, this led into a porch area with home information and signing in book.

Internal

The access doors between the porch area and main reception area were secure and staff members had to buzz AR's into the building. There were no unpleasant odours throughout the home. There were CCTV cameras throughout the building and wall mounted hand gel dispensers. Every corridor had a bright blue, contrasting handrail and every stairwell in the home was pin code locked and only accessible to staff members and able residents. The home had been decorated to ensure a dementia friendly environment; each corridor with residents' rooms were decorated differently. "Molineux Way" was football themed with a real West Midlands Bus stop which linked to buses that pass outside the home. Another corridor was beach themed and had blue cloud sky lights and wall mural.

Each residents room had a real front door with door knocker and number. A sign next to each door had the residents name on it. The doors were colour coded. The colours linked to the key worker staff and staff members told us this reflected in the staff name badges, however whilst on the visit AR's observed uniformed staff to only be wearing white name badges. The manager and deputy manager were not wearing a uniform or name badge.

At the time of our visit the home had not been expanded fully and there were some areas that were locked off to residents and being used for storage purposes.

There were two lounge areas, one that was L-shaped and used as a lounge, kitchenette and dining area that faced on to the garden and another that was used as a quiet lounge. The garden that lead on from the large lounge was basic and featured little decoration apart from two decaying pumpkins that were left outside as "they [the residents] like to watch the squirrels eat them". There was also a large bucket full of cigarette butts and a box full of boxes, AR's asked the staff member if any of the residents smoked and they were informed that only one resident smoked and would be assisted outside.

The furniture within the larger room seemed clean and well maintained. The smaller, quiet lounge had more of an old-fashioned feel and was very cold, staff advised that they would put the heating on for residents should they have wanted to use this room. AR's observed an open pot of rat poison in this room, this was mentioned to the deputy manager and was dealt with at the end of our visit.

There was also a hairdressing room that was used by a hairdresser fortnightly, this was an additional paid for service by residents.

Essential services

During the visit AR's engaged with long term residents, residents receiving respite care and a relative. The residents that were long term felt they were able to access other essential services such as their GP or opticians and felt that staff were "very good at sorting that out". The relative told AR's that their family member was able to access these services when they needed them and had no

general concerns about their care. Other residents that engaged with AR's told them that they had not needed to access additional services but would feel able to if needed. Staff told AR's that when needed the GP came in, district nurses visited daily and opticians attended every six weeks. The audiologist, dieticians, social workers and dentists also visited when needed.

Staff told AR's that the residents care plans were reviewed monthly or sooner, and the family were involved in this process and sign it off. Staff also told AR's that when a new resident moves into the home, they were asked to complete a "life history book" so that staff could learn more about the resident. Staff explained that they had signed up to the red bag project, but none had arrived, so they have bought their own bags.

Access

Staff told AR's that residents religious and cultural views were taken into account through; altering their diet, celebrating events such as Diwali and Eid, having themed bar nights and having church groups visit the home. Family helped to maintain communications with residents that did not speak English and residents of different languages watch YouTube videos in their languages to keep them entertained. The activities coordinator provided different games for these residents and had developed flash cards with everyday activities on them.

Residents were asked by AR's if they felt happy and content in the home, long term residents felt happy, however residents that were receiving respite care felt content but were not happy to be there, saying; "I shouldn't be here, I should be at home". All residents engaged with felt treated fairly and raised no issues around harassment or discrimination. The relative told AR's that the home had "people minded staff".

Safe, dignified and quality services

All residents engaged with felt safe in the home and no resident made any comment to suggest they didn't feel safe. The relative that AR's engaged with felt that their family member felt safe and again raised no concerns. All residents engaged with also felt that the staff were friendly and considerate.

Some residents felt that staff responded quickly to calls for assistance, however, others did not, one resident told AR's "not at all" when asked if they responded quickly. Throughout the visit, AR's could hear call bells ringing for extended periods of time whilst staff were busy attending to other residents.

Staff told AR's that the home offers double rooms to couples and they would allow the same for same sex couples also.

Residents were protected from risk and abuse through regular observation and monitoring. Staff ensured residents dignity and privacy was maintained through consent, explanation and drawing the curtains during personal care. All bedrooms

in the home had either a toilet room or en suite. The home used sensor alarms, fall and crash mats, bed rails and coded doors to prevent residents from falls. Those that are high risk were regularly checked and the staff also had access to the live recordings of the CCTV in corridors.

Residents at end of life were supported through nursing input and Compton Care, family were encouraged to spend time with the resident at any time and residents were monitored at either 15 or 30 minute intervals.

Information

Residents were provided with a service user guide which included the complaints information and menu, but no information about activities, these were kept in the resident's rooms. On admission and during the need's assessment, residents were asked if they had any communication needs, the home used family and interpreter services to communicate with residents of different languages. There was a resident within the home who was deaf, and the staff communicated with them using a white board, this was the preferred method of communication of the resident and was used prior to them moving to the home.

There was an activities board in the home, but no activity programme due to most residents having dementia - they asked the residents what they would like to do and encouraged residents to join in. The activities coordinator also regularly had one-to-ones with certain residents. One resident explained that they never look at the notice board to see what is coming up in the home, but that staff regularly go around and let residents know, the resident felt that they were well informed of activities taking place.

Choice

Residents that AR's engaged with felt that they had choice over when they went to bed and when they woke up. They also felt able to choose what they wanted to eat and that if they wanted something that wasn't on the menu it would be provided for them. Meal options were written on a notice board and staff went around with a hospital style choice menu. Breakfast options were the same each day and included; tea, fruit, hot sandwiches, cereals and toast and were served between 07:30 and 10:30. Lunch and dinner were a choice of two options for both main and pudding with additional options of sandwiches, these were served at 12:00 to 12:30 and 16:00 to 16:30 respectively. Staff told us that if residents weren't keen on any option, they would ask them "What would you prefer?".

One resident felt that friends and relatives were unable to visit when they could, however a relative told AR's they were able to visit at any time. Staff told AR's that relatives were only restricted to not visiting at mealtimes.

Residents were given a choice of what to wear within reason, for those residents who couldn't pick, they were given two options. Residents got dressed after breakfast.

Residents were able to personalise their rooms by bringing in furniture and their own televisions etc. AR's asked the staff if they were able to paint their rooms, staff told AR's that no one has ever asked to, but they would do so; "It's their home, they can do what they want with it".

Being listened to

Residents felt that they were able to ask questions if they didn't understand something or to ask when they needed support. No residents said they felt unable to approach staff.

The relative also felt able to ask questions and raise concerns. The relative did provide some feedback to staff when the home refurbished the dining room, as the change upset their relative.

Staff told AR's that residents meeting were held, however there were discrepancies in this. AR's were told that they are held; every month and every three months by different staff members. Staff also told us that, the minutes were displayed, and relatives were made aware of the meetings.

Being involved

The residents that engaged with AR's felt that they were actively encouraged to get involved with activities. One resident said they decide not to get involved sometimes but staff always let them know when it is taking place.

The relative told AR's that their family member is always included and that they dressed up for Halloween.

No one that provided feedback said that they had ever felt excluded at any time and one resident said; "I've never felt lonely".

The activity coordinator worked three days a week and put on events for residents such as parties at Christmas and Halloween. Staff told us that residents were sat in their friendship groups but no resident would ever be excluded.

Recommendations

1. Consider introducing designated disabled parking bays in the car park.
2. Ensure all staff are wearing name badges and that these reflect key worker groups and door colours.
3. Ensure all staff are wearing uniforms.
4. Ensure that rat poison is used in a safe way and within reason to protect the residents in this environment.
5. Ensure that the cigarette buckets are emptied regularly.
6. Ensure that respite residents feel included to reduce loneliness and isolation.
7. Ensure that call bells are responded to promptly.
8. Consider creating an activities programme that can be printed on paper and given to residents with space for them to give them own feedback and ideas.

Questions

1. For residents that choose to stay in their rooms, how often are they checked upon?
2. Are the red bags that the home bought in use?
3. Why are residents expected to eat their evening meal at 4pm?
4. Were residents consulted when it was chosen to move the lounge and dining areas around?

Provider feedback

No provider feedback was received for this report.

healthwatch
Wolverhampton

Regent House
Bath Avenue
WV1 4EG

www.healthwatchwolverhampton.co.uk
telephone:0800 470 1944
email: info@healthwatchwolverhampton.co.uk
Social Media: [HWwolverhampton](#)