

# ENTER AND VIEW

## Unannounced Visit

*Mountfield House Care Home*

*22 February 2018*

Part of the Healthwatch Wolverhampton 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, optometrists 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 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 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 safeguarding policy, the service manager will be informed and the visit will end. The local Authority Safeguarding team will also be informed.

# Mountfield House Care Home

Service Address: 286 Penn Road, Wolverhampton, West Midlands, WV4 4AD

Manager Name: Sandra Middleton

## Acknowledgements

Healthwatch Wolverhampton would like to thank the Registered Manager, Senior Care Assistant, all other staff, the residents for their co-operation during the visit.

## Disclaimer

Please note that this report relates to findings observed during our visit made on Wednesday 22 February 2018. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.

## Authorised Representatives

Shooky Devi (Lead)

Mary Brannac

## Who we share the report with

This report and its findings will be shared with Mountfield House Care Home, NHS England, Local Authority, Clinical Commissioning Group (CGG), Councillors and the report will be published on the Healthwatch Wolverhampton website.

## Note:

During our visit we saw no relatives within the home.

## Summary

We carried out an unannounced Enter & View visit to the home responding to information received whilst attending various stakeholder meetings. On arrival we were greeted by the Senior Care Assistant, we explained the purpose of the visit and the role of Healthwatch Wolverhampton.

### Key Findings - Enter & View Visit 22 February 2018

- We saw members of staff involving residents with duties and activities.
- The home has a pay phone and land line for residents to access.
- The home was odour and clutter free and had a peaceful environment.
- Items that perhaps should be locked away were on display and could be accessed by the residents.

## Background

Mountfield House is a care home which provides accommodation and personal care for up to 14 older people. The care home cares for older people generally and people with dementia. At the time of our visit there was fourteen residents within the home.

## What we did

Two Authorised Representatives visited Mountfield House Care Home between 2.30pm and 4.00pm in February 2018. On arrival we were greeted by the Senior Care Assistant and the Manager. We spent time with the Manager first asking a number of questions and then carried out observations, talking to residents, relatives and staff within the home unescorted.

## Findings:

### Environment:

*Time was spent observing the general environment of the home as well as spending time in different rooms i.e. lounge, dining room, quiet room.*

The home is well signposted and situated on a busy main road access was gained using the door-bell. There was an A4 notice on the door 'Please Keep door locked at all times'. The home has a gate at the side of the home leading to the rear garden. We were told work is being carried out to the exterior of the building.

The home is a two-story building with a lift. Some of the bedrooms have shower facilities. There are seven en-suites and all bedrooms are fitted with a sink. The toilet in the hall and the two disabled toilets appeared to be in working order.

The reception area was resourced with a hand sanitiser and a visitor's book for signing in and the wall displayed various certificates and rules and regulations.

The corridors had pictures mounted on the walls showing residents participating during activities which created a memorable feel i.e. residents at Blackpool in 2016, residents enjoying a Barbeque in July 2016.

We carried out observations within the dining area, lounge and the quiet room and found these rooms to be odor and clutter free. However, in the dining room we saw three 'air fresheners' placed on the bottom shelf of a side table and a 'men's shaver' in the window sill.

The dining room has a homely feel with tables and chairs for residents. The kitchen is accessed through this room for staff use only, the door is fitted with a coded pad.

Residents have access to a payphone and a landline located in the dining room.

We were told the quiet room is to be decorated and painted.

The first floor can be accessed using the stairs and lift which leads to a corridor. The Authorised Representative observing this area found it difficult to navigate on this floor as there was no signage.

The rear garden looked well maintained and is accessible through a side door which is kept locked.

## **Interaction between residents and staff**

### ***We observed how staff interacted with residents***

During our visit we saw staff engage with residents with compassion and care and encourage residents to participate in activities. We saw a resident folding laundry in the dining room. It was moving to see a resident dancing to music in the lounge, the resident encouraged one of the Authorised Representatives to dance alongside.

One resident has been in the home for quite some time and is very happy. It is convenient for the family to come and visit.

## **Staff**

### ***We were given information on staff.***

The staff capacity within the home has fifteen core staff and one cleaner. There are three members of staff for the day shift and two during the night. Three shifts take place during the 24 hours.

There is one domestic who is currently on sick and one full time cook. No agency staff are used.

Staff are offered all mandatory training, the procedure for recruitment is written references and all DBS checks are verified. Each candidate is required to list what they have carried out in the last ten years. The relevant documentation is checked.

The care plans are updated “as and when” and reviewed monthly. The main Senior on duty carries out a handover night to morning, morning to afternoon, then afternoon to night. Staff take their breaks in the dining room.

It was nice to hear a member of staff undertaking e-learning in holistic and applying to the residents within the home.

The fire evacuation procedures for the home are once the alarm is sounded, the doors will be locked and released, the fire doors will shut, and staff are deal with the residents.

## **Food and Choice**

*We asked a number of questions around food choice.*

Breakfast is served between 8.10am and 8.30am, lunch is between 12.00pm to 1.30pm and tea-time is 4.00pm to 5.30pm. Supper is served anytime between 8.00pm to 11.00pm. A rolling programme menu is provided over a four-week period.

A resident had “faggots, mash and peas,” “toast and scrambled egg for breakfast.”

During our observation staff made hot drinks for the residents accompanied with snacks.

In the absence of the cook the Manager does the cooking on the premises the residents are served meals four times a day. The residents can eat in different rooms of the home and choose when they wish to eat. The staff know the residents well and their needs. A resident said “the food was good.”

## **Recreational Activities**

*We wanted to understand what activities are available for the residents.*

The Activity co-ordinator works every day from 10.00am to 12.00pm five days a week, sometimes from 2.00pm to 4.00pm. A range of activities are delivered to the residents including board games, arts and crafts, moving to music and the home buys in entertainment.

We saw the Senior Care Assistant encourage residents to play indoor bowling, residents appeared to be happy engaging.

During our visit two members of staff accompanied a resident to the local pub for a meal.

Towards the end of our visit the ‘Pet Therapy’ came to the home. We observed how a resident who had been sitting by a table alone became animated as the ‘Pet Therapy’ lady approached with the dog.

Resident meetings are held every three months. The home uses face book to communicate with its contacts. The Activity Co-ordinator is part of the coffee mornings. The Manager explained the ‘Stakeholder questions’ are circulated to all the families, District Nurses and Chiroprapist.

## **Privacy and Dignity**

*We wanted to understand the different ways the home sought to provide both privacy and dignity to residents.*

Residents are accompanied should they wish to go outside the home and have had risk assessments. They are free to step outside in the garden on their own.

The chemist 'Boots' provides medication to the home and is administered by a Senior member of staff on duty. Medication is checked by members of staff from Boots, any old stock is removed.

If a resident is admitted to the home outside of the area, then it is best advised to register with a local GP. If the resident is local there is no need to change GP unless they wish to.

Each resident has a care plan including a 'did you know' section. Residents bedrooms are personalised to their own needs. The home accommodates residents bringing their own furniture.

Residents who wish to stay in their room are checked depending on their needs.

## **Comments and Further Observations**

During our visit we found members of staff willing to respond to any queries we raised. The residents looked happy and settled within the home. Members of staff seemed to understand the residents needs and joined each person when needed. It was motivating to see the home has a variety of activities for the residents to participate in. A hairdresser visits the home twice weeks.

We were told the home has not made any safeguarding referrals recently

We were told the Medication cabinet is secured to the wall, the Deputy Manager carries out the stock take, and old stock is taken to the pharmacy. The home uses the one supplier only.

The home appears to be in the process of refurbishment, the Manager told us the Quiet room is to be decorated soon. Work is taking place on the exterior of the building too.

From our visit we had noted some areas for improvement and fed back to the Manager. We saw that not all doors on the first floor had signage it was confusing for ourselves to understand which room we were in during our visit.

## **Recommendations and Follow - Up Action**

The home to ensure flammable items are locked away from residents. Personal belongings are placed within the resident's room.

For ease of navigation for visitors and relatives the home introduces signage on the doors.

## **Provider Feedback**

The only information in the report that is wrong is: Food and Choice, It states that in the absence of the cook the manger does the cooking, we have two cooks who cover seven days and will cover each other in sickness.

The Manager does not do any cooking.