

# Enter and View Report

The Croft Residential Home  
Semi-announced Visit  
21<sup>st</sup> August 2019



**Engaging  
Communities**

Inspiring Change, Improving Outcomes

**healthwatch**  
Wolverhampton

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## 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.

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## Provider details

Name and Address of Service: The Croft, 20 Castlecroft Road, Finchfield, Wolverhampton, WV3 8BT

Manager: June West

Service type: Care Home

Client type: Residents over 65, some with dementia

## 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 on 21<sup>st</sup> August 2019. The report does not claim to represent the views of all residents, only those who contributed during the visit.

## Authorised Representatives

Tina Richardson, Lead Authorised Representative

Emily Lovell, Authorised Representative

## Who we share the report with

This report and its findings will be shared with The Croft, Local Wolverhampton Councillors, Wolverhampton Clinical Commissioning Group (CCG), Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

## Healthwatch Wolverhampton details

Address:

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## 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

A semi-announced visit was undertaken at The Croft Residential Home to observe good practice.



The Croft Residential Home

## What we did:

On arrival to the home Authorised Representatives observed the exterior of the building including the carpark and gardens. Authorised Representatives were invited in by a member of staff whom promptly requested them to use the hand gel provided whilst they located the manager. The manager checked the identification of the Authorised Representatives and requested they sign in to the visitor's book. The Enter and View visit poster was displayed above this.

Authorised Representatives observed an ambulance outside the home and asked the manager if it was appropriate for them to be there. The manager explained that the senior member of staff on duty was dealing with a poorly resident and the visit could commence as planned.

Authorised Representatives spoke to the registered manager who gave them a tour of the home. Authorised Representatives also engaged with seven residents and two members of staff along with the proprietor.

## Summary of Findings:

The Croft was a beautiful home that demonstrated an excellent level of good practice. Residents were happy and enjoyed living there, they were involved, listened to and had choice in their care and daily life. Staff promoted resident's dignity, privacy and independence and treated residents with compassion.

## Findings:

### Environment

#### External

The Croft was a listed building with a well maintained and beautiful garden at both the front and rear of the property. The entrance was well signposted and all external entrances/exits had ramp access. The gravel car park was located at the front of the property off a main road, the car park was relatively small and had no allocated spaces.

The rear garden contained a pond and large amount of seating areas for residents to sit outside. Both lounges and some rooms opened up on to this area.

#### Internal

The care home was beautifully furnished in an old-fashioned style and all soft furnishings and furniture were well maintained. The building was exceptionally clean and had a pleasant smell throughout. The floors were all in good condition; there was carpet throughout the home except for in the bathrooms.

The home had 24 single rooms all with an adjoining toilet room and shared bathrooms. Rooms were redecorated after each resident moves out.

There was no handrail in the hallways, however there was a deep dado rail that ran around the home that could be used to rest on. Authorised Representatives did question this and staff said that due to the building being a listed building they were unable to attach handrails to the walls.

All rooms were numbered and communal rooms and had pictorial signs on them depicting whether they were a lounge, bathroom, dining room etc.

There were televisions, dvd players, cd players and radios in the lounge areas, and an electric piano in one that a resident played. There were also information boards showing upcoming activities, pictures of previous activities and the newsletter. There were also various leaflets by the main door along with a hand sanitising gel dispenser.

There was also a notice within the hallway asking visitors to be let out by members of staff to ensure the safety of residents and the main door had a key coded lock.

### Essential services

Residents were supported in accessing additional services such as GP's, hearing services and preventative care, which mostly visited residents within the home. Residents felt that it was easy to access these services and the home offered good support in doing so. Family members also took residents to their appointments and one patient told Authorised Representatives that an ambulance collected her from the home, took her to the appointment at the hospital and returned her again.

All residents were registered with a local GP, dentist and foot health service. GP's attended the home regularly and the home has good relationships with them. Residents were able to see their GP as a home visit as with the district nurses who attended on a regular basis. Staff found oral health to be extremely important and ensured all residents had regular check ups. Foot health services also attended the home.

In-depth care plans at The Croft were completed with the resident and family members and were personalised to the individual. These were updated on a regular basis and immediately if needed. Care plans were kept in both a paper copy in the resident's room, and on the computer.

The home was signed up to the red bag scheme, which is used when a resident goes into hospital, the home hadn't experienced any issues with the scheme as-of-yet.

## Access

Residents felt treated fairly and that they could be themselves and that they have never been harassed or discriminated against.

"They're very good to me" "I can't speak highly enough - they're wonderful" "I feel comfortable"

Residents religious and cultural views were considered, and residents were able to attend church service with staff or family support. On the first Thursday of each month Church of England provided a home visit to residents.

## Safe, dignified and quality services

Residents felt safe, treated with respect and compassion. All residents were addressed by their names and Authorised Representatives observed all staff engaging with all residents throughout the visit. "We have a laugh sometimes". "[staff are] ever so helpful". Residents continuously spoke highly of staff. All residents were observed to be well cared for, extremely well dressed and clean.

Residents felt that staff met their specific needs.

Staff maintained resident's privacy and dignity and support them with their personal care and staff ensure residents choice is promoted.

"It's a five-star hotel".

The staff were all NVQ trained to levels 2,3 and 4, with the manager being trained to level 5. All staff have regular supervisions and training was on going and up to date in all areas. Falls prevention measures were in place and training was up to date with all staff. Incidents were reported in residents care plans and referrals were made to the falls team, additional services such as paramedics or district

nurses were also called, dependent on the situation. The team were dementia trained and the home was part of the Dementia Action Alliance.

Staff were trained in end of life care and worked closely with district nurses, Compton Care, residents' GP's, New Cross Hospital and were also part of the Swan Project.

## Information

There was an information board within the home that detailed different activities that residents could get involved in. In addition, residents were also provided with a monthly activities sheet. The notice board also displayed images from previous activities and the care home newsletter; "The Croft Times" which included: information and pictures of past events, trips, activities, entertainers to the home and their work with the local primary school. Residents found this information useful and up to date.

Information about changes to treatment and care were communicated to the resident via their care plans, which were reviewed regularly. One resident gave an example to the Authorised Representatives that their doctor came into the home following their hospital appointment to ensure that they had complete understanding of the treatment they were due to receive.

Authorised Representatives were told that the home had staff whom speak different languages that could communicate with residents, however if a resident had specific communication needs it would be addressed with a needs assessment.

## Choice

Residents choice was thoroughly promoted, and staff encouraged residents to become involved in their decisions. Residents were able to choose the clothes they wore, where they ate, what they ate, when they went to bed and woke up, personal care etc.

Mealtimes were between 08:30 - 09:30 for breakfast, which was delivered to resident's bedrooms, 13:00 for lunch and 16:30 for tea. Residents had a choice of three hot and cold meals, followed by pudding, from a three-week rolling menu, however if a resident wasn't to like an option the chef would cook something else or a member of staff would go to the supermarket. "If there is something I don't like the chef will change it". Staff also ensured that residents had their five portions of fruit and veg each day.

A resident gave an example of their breakfast which was; porridge with sliced fruit, such as; bananas, prunes or strawberries and a slice of toast and marmalade which they had in their chair in their bedroom with a tea and a newspaper.

Residents were able to personalise their bedrooms with furniture and ornaments, televisions etc. Residents were also able to contact friends and relatives via call or skype whenever they wished and had full access to Wi-Fi. Relatives were also able to visit residents at any time.

## Being listened to

Staff actively sought views of residents, through regular resident and staff meetings and satisfaction surveys. “We had one three weeks ago, families came and June (manager) and maintenance”. Residents were also able to make requests of new activities on the back of their activity sheet. Residents felt able to raise concerns or complaints with staff if they had too; “If I did I would just say”. Residents also felt that any concerns raised are taken seriously by staff and they respond quickly and positively to patients needs; “it gives me confidence”.

## Being involved

Whilst on the visit an Authorised Representative engaged with a group of residents involved in a felting activity. All residents were thoroughly enjoying the activity and praised the activity coordinator and other activities available to them “They always come and talk to me”.

There were two activity coordinators at the home who regularly planned 3-5 group activities each week, individual activities as well as outings including:

- Choir
- Fun and Games
- Boat Trip
- Felt making
- Social Interaction
- Holy Communion
- Reminiscence
- Crafts
- Alzheimer’s Café at the Grand Theatre
- Church visits
- Short term memory exercises
- Pets as therapy
- Seated exercises
- Entertainers
- Individual Interaction
- School sports days
- Visits to other care homes

Special occasions were celebrated within the home and residents were presented with a birthday cake on their birthdays and all residents sang happy birthday.

Residents didn't feel lonely or isolated and to help reduce this staff ensured that residents were encouraged to come out of their rooms and mix with other residents and get involved in activities. Residents that chose to remain in their rooms received checks every half an hour and residents that were ill received checks every 15 minutes.

## Recommendations:

1. To continue to share good practice.

## Questions:

1. Does the pond have a protective barrier around it to prevent residents falling in?

## Provider feedback:

I would just like to say that it was a pleasure to meet Emily and Tina. Many thanks for the report. Your findings are appreciated Thank you. With regards to any comments I would like to add that the pond at the rear of the garden is sealed off by way of a wooden fence. There is a wooden gate that provides access to the pond area, however this is securely locked ensuring the safety of our residents.

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