



## Enter and View Report

<b>Visit Date</b>	8 March 2018
<b>Authorised Representatives</b>	<ol style="list-style-type: none"> <li>1. Sarah Davies (Lead Authorised Representative)</li> <li>2. June Barnes (Authorised Representative)</li> <li>3. Irene Gilchrist (Authorised Representative)</li> <li>4. Mick Stowe (Authorised Representative)</li> <li>5. Marilyn Stowe (Authorised Representative)</li> <li>6. Dot Kronda (Authorised Representative)</li> </ol>
<b>Service Visited</b>	Coombe End Court, Marlborough
<b>About the Service</b>	<p>Coombe End Court is a purpose-built care home in Marlborough. It provides accommodation and nursing or personal care. There is a unit on the ground floor which supports people living with dementia. It is owned and managed by the Order of St John Care Trust. The home has 2 floors, each floor provides individual accommodation for residents and separate dining rooms, sitting rooms, bathrooms and a number of smaller seating areas. Residents have their own room with en-suite shower and toilet. The home is able to care for 60 residents.</p>
<b>Disclaimer</b>	<p>This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by the Enter and View authorized representatives who carried out the visit on behalf of Healthwatch Wiltshire.</p>

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## **Key Findings and recommendations:**

We found the home to be welcoming, bright, clean, and airy and attractively decorated and well furnished. There were areas to help with reminiscing and a good mixture of communal areas and quiet ones. The atmosphere seemed pleasant, relaxed and calm. Managers and staff were very welcoming, polite, helpful and happy to speak us openly. In general, residents and their relatives spoke very positively about how the home is managed and the support and care given to residents.

The home has capacity for 60 residents. At the time of the visit the home had 48 residents. There was a full complement of staff on duty when we arrived. This was made up of permanent staff.

## **Recommendations:**

The visiting team would like the home to consider the following recommendations which are based on outcomes and findings from the visit:

1. Review the role of care staff at mealtimes on the first floor in relation to the timely assistance needed by some residents.
2. Review the timeliness of the lunch service so that residents don't have to wait too long.
3. Continue the good work already in hand with the focus group for relatives and further develop more links with the local community.
4. Continue the innovative activities that the team witnessed in order to enhance the lives and wellbeing of residents.

## **Purpose of Visit and how it was conducted:**

This unannounced Enter and View visit was conducted as part of Healthwatch Wiltshire's Quality Monitoring work programme. Healthwatch Wiltshire has an important role in scrutinising services and enabling local people to monitor the quality of service provision. We do this by talking to people who are using these services.

The visit was carried out by six authorised representatives. Information was collected from observations of residents in their day to day situations, including lunch, interviews with staff, residents, relatives and the registered care home

manager against a series of agreed questions; reference to the latest CQC report (January 2018) and a final team discussion to review and collate findings. The team spoke to the registered manager, 2 further staff members, 8 residents and 2 relatives or friends.

## **Visit Overview**

We had written to the home stating our intention to conduct a visit in the near future however this visit was unannounced, so the Healthwatch Wiltshire team was not expected. When we arrived, the front door was locked, and the bell was answered promptly. We were welcomed by the Registered Manager. We discussed our plans for the visit and we were then given a tour of the home. No restrictions were placed on access or who we could speak to.

In addition to the letter advising that we would be visiting the home we included posters advertising our intention to visit along with an information sheet for the care home staff. We saw the visit posters displayed around the home and staff appeared to have been given the staff visit checklist.

The visiting team split into three pairs. One pair spent some time talking to the registered manager, and the other two talked to staff and residents. Time was spent observing an activity, lunch being served, then interviews continued with residents, relatives and staff.

At the end of the visit the team met to share their findings, and then met with the registered manager to review and discuss the visit.

## **Observations and findings**

### **Physical Environment:**

The home has an open and welcoming entrance with a communal lounge opening off it, an area for making drinks and an enclosed cinema room for watching films. The entrance also has a hairdressers salon, a small shop (not open during our visit) and a visitors toilet. The home appeared clean, light, smelt pleasant and was attractively furnished in all areas.

The general state of repair of the building was very good and we met one of the maintenance staff who told us that the home has recently undergone refurbishment and that there is a planned maintenance programme in place.

Apart from a small amount of staff accommodation, the whole building is dedicated to care. There are three floors. The ground floor is dedicated to

residents who are living with dementia, whilst the first floor is dedicated to residential care. The second floor contains staff quarters. There are lifts and stairs connecting all floors. The stairs have keypad locks.

Each floor has its own lounges and adapted bathrooms. The dementia unit on the ground floor had a number of items on the walls to help with reminiscence and stimulate the memory of residents including the façade of a village shop and post office and a country shop. There were photographs of residents enjoying trips and activities on the wall. In one set of photographs each resident was holding / handling a small mammal, lizard, tame rat, a large snake etc. These were brought into the home for the residents to enjoy and the team felt that these gave the residents experiences not usually open to them and showed a personal touch. During the day the entrance to the unit was kept open to allow residents to wander around and also outside in the garden (on warmer days) in safety. Each bedroom door had a knocker and a decorated picture of the resident on one side. The pictures are done by a volunteer school pupil. There were quiet areas where residents could sit, a sea side themed lounge and a larger sitting room and dining room with an area for making drinks, all attractively decorated. All rooms have en-suite facilities.

The first floor has recently been run as two different units but the home are currently in the process of a trial combining the floor as one unit. The floor has a lounge area and a separate dining area. This was undertaken in response to the CQC visit in January which identified delays for residents in the dining room waiting for their meal and insufficient staff to cover two separate dining rooms on the same floor.

A hostess has been appointed for the first floor and is due to start soon. There was also a quiet sitting room available to residents. During our visit we observed that there was plenty of space for people to choose where to sit.

We saw a range of snacks available in each dining area - tea, coffee, biscuits and cakes. Residents told us that they and their visitors were able to help themselves. We were told that a 'Mothers Day tea' was held for residents on the Monday after Mothering Sunday as a number of residents were taken out by relatives on that day.

The bathrooms and toilets we saw were clean and appeared to be well adapted and equipped. On the dementia floor there was clear signage using words and pictures on the doors of toilets and bathrooms.

The home has recently adopted two cats who were in the process of being introduced into their new surroundings and the residents we spoke to were looking forward to getting to know them.

We were invited by a few residents to look at their bedrooms. Those we saw were clean, light and individually decorated. We saw that residents had some personal items in their rooms such as family photographs and possessions. All the bedrooms we saw had a comfy armchair for residents to sit in and most of the bedrooms were carpeted apart from those residents who, because of their

needs required vinyl flooring. Carpets were clean and no worn areas were observed.

Whilst it was clean and tidy we observed one room with an unpleasant odour. When this matter was raised with the manager we were told that the resident, who has capacity, self neglects and that staff are limited in how they can encourage personal hygiene.

Daily activities are available to residents and different activities and trips are available. There is a dedicated activities co-ordinator and other staff who help out with the activities. There was a wide range of activities on offer to residents with a weekly plan that included singing, gentle exercise, baking, games and coffee mornings. The activities on offer were prominently displayed throughout the home and residents told us that staff also keep residents informed of the various activities available and that they can choose whether or not to take part.

We witnessed a number of housekeeping staff on each floor. We were told that all the bedrooms and communal areas are cleaned every day.

We observed colour coded laundry baskets. All the residents seen appeared neatly dressed in appropriate clothes with their hair combed. We saw lots of laundered personal clothes being taken to the units and there was a box for each resident and clothes that had been ironed e.g. trousers and blouses were on hangers.

Residents were observed during lunch. On both floors a number of residents chose to visit the dining room to sit together for lunch. On the ground floor there were a number of staff and a hostess on hand to help residents to get to the dining room, serve lunch and help residents who needed help and support. Residents were shown the food on offer in order that they could make a choice. We observed staff blending food for a resident that required a soft meal. Meals were served on coloured plates and looked attractive. When a resident was observed trying to eat with her fingers a member of staff gently encouraged her to use a fork instead. Staff supported those who required additional help and were very encouraging. Whilst lunch was being served we noted that the radio was on unobtrusively in the background.

On the first floor the team observed that during the serving of lunch there appeared to be a lack of observation about the resident's needs, e.g. one resident was trying to drink vinegar and another was trying to reach a glass of water. They observed that because the food was served on a white plate with the choice that day being served with a mushroom sauce it appeared bland and unappetizing although it was reported that it smelt very good. Staff were observed assisting residents who needed help and 'easy grip' cutlery was given to a resident who required it. One resident was observed waiting for their meal for a considerable amount of time. We noted that a hostess has recently been appointed to support residents on that floor at mealtimes.

On the wall in the lounge / dining areas we observed a menu board and clock board that also included the day, date, season, weather etc.

At the rear of the home there was a large garden with places to sit, raised flower beds and easily accessible by those in wheelchairs. The garden was surrounded by fencing so was safe for all residents.

## **Interactions:**

The team had plenty of opportunities to observe staff interacting with residents during the visit. Staff members were observed supporting residents with drinks, moving around the home, during activities and during meal times.

The team observed that staff were pleasant, cheerful and respectful with a positive attitude towards the residents. It appeared from observations that staff knew residents well. We saw that staff members took time to explain things to residents and gave them choices. For example,

We observed lunch taking place in both of the dining rooms. Residents were able to choose whether to have their lunch in their rooms or the dining rooms, with a number of people choosing to have their meals in the dining room. We observed residents being supported to come into the dining room and were asked where they would like sit. Some residents chose to sit with others and some on their own and they were seated according to their preference. Residents were offered a choice of drinks and meals. Some residents ate independently and some required varying levels of support. Everyone we saw was able to eat their meal at their own pace. The atmosphere was pleasant and relaxed. There was music playing quietly in the background and some conversation.

We observed a 'Music for Health' activity session that took place in the communal lounge on the ground floor. Residents were supported to attend the interactive musical workshop and asked by staff where they would prefer to sit, 14 residents attended the session which was facilitated by an external facilitator who was supported by the activities co-ordinator. The session involved gentle chair based exercise with musical reminiscence supported by various instruments and props (tambourines, baton's and pom poms). The facilitator was able to engage not only with the group as a whole but also with each participant on a 1:1 basis paying particular attention to those with communication issues. It was evident that all the residents enjoyed the session and connected with the music.

## **What users said:**

We spoke to eight residents during the visit about their experience of living at Coombe End Court. They were able to talk to us with varying levels of detail, but they were all happy to chat and give us some impressions of their experience living at the home.

On the whole residents told us that they thought staff listened to them, talked to them in a pleasant manner, were very caring and understood the support that they needed. For example, we were told:

“Its lovely here, everyone is very friendly.”

“There are lots of activities for us to take part in, yesterday we made cakes.”

“Staff are polite and treat me with respect.”

“The staff look after me very well and respond to my needs immediately, they are very good here.”

“The food is brilliant.”

Residents told us that they felt safe living at the home. One resident told us they felt totally safe because of the way the staff look after them.

Residents told us that staff generally address residents by their preferred name which was by their first name in most cases. Residents told us that staff checked on them on a regular basis, usually every 1 or 2 hours and that they generally respond promptly when they are called. One resident told us that sometimes they have to wait for assistance if staff are busy doing other things and another resident stated that they are sometimes short of staff at mealtimes.

Residents told us that they could choose when they wanted to get up and go to bed and that the serving of breakfast was flexible in order to give people choice about the time they wanted to get up and when they wanted to eat.

Some residents talked about the support they were given with personal care. For example, we were told by one resident that they prefer a female carer and that they get the practical help and support they need with washing and dressing.

A resident told us that they were able to access hairdressing and a manicure on a weekly basis and that they had a monthly neck massage.

We were told by a resident that their GP visits them on a weekly basis from a local practice and that a podiatrist visits once a fortnight.

A resident who is affected by urinary tract infections (UTI) told us that staff monitor her urine and that if a UTI is suspected they speak to the GP to arrange an antibiotic prescription.

Residents told us that the food is good with a range of options available. We were told that snacks and drinks are available in-between mealtimes. One resident told us that the catering staff are happy to help with special requests and was able to request a salad or omelette if they wanted something different from the menu choice.

Residents told us that they enjoyed the activities on offer and that they could choose if they took part. A resident spoke with fondness about a recent trip that residents went on when they visited a crocodile park in Oxfordshire.

Residents told us that they could choose what they wore, and that their clothes were frequently washed and returned to them. They said that they could choose how to spend the day, some said they preferred to stay in their room whilst others told us they liked to spend time in the lounges and join in with activities and trips.

### **What family and relatives said:**

We spoke to two people who were either relatives or close friends who were visiting residents at the home.

One relative told us that they had initially been reluctant for their relative to go into the nursing home, however they were now glad that their relative was there as they were very well looked after.

Another relative told us that admitting their relative to the care home had been a difficult decision for the family to make. However, all the family had been impressed with the care given to their relative and they had a very positive experience of the care home.

A relative told us that their family members admittance had been made easier by being able to take some personal possessions and small pieces of furniture and family photographs with them. These items were placed in the room prior to their arrival and made a huge difference to the relative being able to settle.

Both felt that their relatives were being well looked after and in a safe environment.

### **What staff said:**

There was a very welcoming atmosphere from staff and they seemed to work well as a team. We were told that the arrival of the registered manager has made a significant difference not only to the residents but to the staff as well.

The manager came across as enthusiastic, knowledgeable about all the residents, keen to improve care and open to suggestions.

The team observed good team working and staff responded that they worked well together. There was great appreciation for the manager and her willingness to listen to their suggestions. Staff told us that they liked the 12 hour shift system and the manager stated that it has allowed them to reduce the number of agency staff they were having to employ. We were told that there are current staff vacancies, however, because the home is not full the current number of staff are more than adequate to cover the shifts. We were told that during the

recent spell of bad weather staff had 'gone above and beyond' to get into work and provide care for residents.

One member of staff told us that they had worked at the home for a number of years but since the appointment of the new manager the last year had been the best. They told us that the new manager had made very positive changes.

## **Acknowledgements:**

The Healthwatch Wiltshire Enter and View team would like to thank the managers and all staff, residents, their families and friends for a friendly welcome and free access to the premises and activities.

Thanks also to our dedicated volunteers who helped support this enter and view. In total volunteers gave up approx 35 hours.

## **Provider response:**

## **Control Sheet**

Date submitted to HWW office as draft version	15/03/18
Date sent to provider to check for factual accuracies	
Date response from provider due	
Follow up actions	

## **About Healthwatch Wiltshire**

Healthwatch Wiltshire (HWW) gives people a powerful voice locally and nationally. At a local level, HWW works to help local people get the best out of their local health and social care services. Whether it's improving them today or helping to

shape them for tomorrow. HWW is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

## What is Enter and View?

To enable Healthwatch Wiltshire to gather the information it needs about services, there are times when it is appropriate for Healthwatch to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow Authorised Healthwatch Representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and View visits are:

- not part of a formal inspection process, neither are they any form of audit;
- a way for Healthwatch Wiltshire to gain a better understanding of local health and social care services by seeing them in operation
- carried out by Authorised Representatives who have received training and been DBS (Disclosure and Barring Service) checked
- a way for Authorised Representatives to observe the service, talk to service users and staff and make comments and recommendations based on their subjective observations and impressions in the form of a report.