

Enter & View Residential Care Report

Cedar Grange

61 Main Street, Cherry Burton, East Yorkshire HU17 7RF

Date of visit: 12th December 2017

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HWERY Representatives: Denise Lester & Chris Mills

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Main Purpose of Visit

This visit was part of a Healthwatch East Riding programme to carry out a required number of Enter & View visits per year to collect the views of people whilst they are directly using services. This will then contribute to its remit of helping ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care.

It is important to note that Enter & View is not an inspection; it is a genuine opportunity to build positive relationships with local Health & Social Care providers, provide opportunity to demonstrate that providers support service user engagement and give service users the opportunity to give their views in order to improve service delivery.

Summary of Key Findings

Cedar Grange is a residential and dementia care home set within a large Victorian period building. To the rear of the main building is The Lodge, an eight bedroom purpose built unit which is designed to provide accommodation and care to those with greater mobility and independence. The main house has accommodation over three floors with the third floor being used for storage and staff offices. The houses are surrounded by large well-maintained gardens with patios and seating areas. There is also a resident cat, Dylan, who socialises with the residents.

The home was warm and welcoming. Public areas were bright, generally well decorated and homely.

Recommendations/Observations

- Extend provision of handrails to all communal areas of the home to aid the independent mobility of residents and reduce likelihood of slips, trips & falls
- At the request of residents, organise external trips by either hiring transport or borrowing minibus from sister home in Grimsby
- Re-organise the space on upper floor to further facilitate staff training opportunities

Full Report

Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically

- Strategic Context & Relationships
- Community Voice & Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice & Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Main Findings

How safe is the setting for service users?

Although there was a slight underlying odour the home was clean and generally well maintained with some minor repairs being attended to during our visit.

The front entrance of the home was secured with a keypad as were other external doors and areas such as the kitchen, laundry, medicine cupboard and offices. We saw evidence in residents' rooms of a call system utilising a pull chord and also of fire evacuation procedures being in place. All residents we spoke with said that they felt safe and cared for.

The home had hand rails present in parts of the building, however not all corridors and open spaces had these which are vital with preventing slips, trips and falls. We also noticed non slip flooring in parts of the house.

How effective do service users consider the service to be?

Residents have access to services from health professionals as needed. The home uses five GP services based in Beverley. The vicar from St. Michaels', the local church is a frequent visitor and a hairdresser calls each Tuesday. A room had been converted to a hairdressing salon and was in full use at the time of our visit.

We saw that staff communicated with residents in a caring, kind and compassionate way. All of the residents we spoke with praised the staff for their kindness.

Very few of the residents were fully mobile but their independence was promoted where possible by the use of walking frames and wheelchairs. A lift between the floors was available for residents' if accompanied by a staff member.

The home operated a four weekly menu which was displayed in the dining room. The daily menu was displayed on a large poster and included pictures of the food choices available.

There was also a “Night Bites” menu detailing snacks available at times other than the main meal times. Residents were assisted with eating and drinking as required. Those residents with dementia had meals served on red crockery making it easier for carers to see that help may be required. Again all of the residents spoke highly of the food they were given.

Apart from with relatives there are few opportunities for residents to take part in social activities outside of the home because of transport problems. The home could consider hiring a bus/mini bus for such occasions.

Cedar Grange is presently registered for 31 users in 26 single rooms and 3 double. All but three of the rooms have ensuite facilities, with these three being on the first floor. The building is 200 years old which is obviously a limiting factor. We noticed some slight damage to walls and paintwork which could easily be rectified.

How caring do service users find the service?

All residents had care plans; relatives were involved in their writing and they were reviewed regularly. End of life plans were written where appropriate. The manager explained that this was a sensitive subject and often something which neither residents nor relatives wanted to discuss. Residents did not have a named carer; the manager explained that at present this was a work in progress.

An activities coordinator was in post. We were told that residents were offered bingo, reminiscence activities, crafts, chair based exercise. We saw evidence of Christmas decorations made by the residents and also joined their afternoon bingo session. Trips out were not available at the time of our visit due to difficulty with providing suitable transport. The home was looking into the possibility of borrowing a mini bus from their sister home in Grimsby. One resident we spoke with who had recently moved from another home seemed to be missing this opportunity. Another lady told us how she enjoyed it when singers came into the home as entertainment for the residents and this was particularly enjoyed by all.

Residents were encouraged to personalise their rooms with their own belongings. One lady in The Lodge had brought her budgerigar, Billy, in his cage.

How responsive to their needs do service users find the service?

Residents’ meetings were held every two months. Relatives were invited to attend these meetings, however attended infrequently despite the home offering differing times for the meetings to be held.

A complaints procedure was in place. We saw written evidence of the procedure displayed on notices in the entrance hall.

Respite care can be provided where space is available but we were told that it was not practical to book this in advance.

One resident told us how they like the large clock in the dining room as it also indicates day, month, date and weather conditions outside. This is very important to those with memory loss conditions she said. There was also other dementia friendly signage present around the home.

How well-led do service users consider the service to be?

On the day of our visit we spoke with the manager, had a tour of the premises, spoke with residents and joined their activities in the lounge area. We also observed interactions between residents, relatives and staff at teatime. Questionnaires were also completed by staff and relatives.

There were 31 staff in post and during our visit staffing levels appeared to be sufficient.

Training was provided to equip staff with the skills they needed to carry out their roles. New staff undertook a full induction process which included shadowing an experienced staff member for a number of weeks.

The upper floor which is used for storage and staff facilities is in need of organisation /refurbishment. The room used for staff training was unsuitable in its present state being used for storage and having no visible training facilities.

Response from Setting:

Cedar Grange acknowledged the content of the report as being factually accurate.

Signed on behalf of HWERY	<i>Matthew Fawcett</i>	Date: 24/1/18
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