



7th February 2023

Visit to
West View Lodge
Residential
Care Home



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Healthwatch Hartlepool

West View Lodge Care Home

Enter and View Report

Visit to West View Lodge Care Home 7th February 2023

1. Introduction

In March 2020 Healthwatch England instructed all local Healthwatch organisations to follow government guidance and stop all face-to-face engagement with the public, including Enter and View visits. This prompted local Healthwatch organisations to develop other ways in which the delivery of health and care services could be observed and monitored. This was partially achieved by the development of virtual visits which enabled limited, but valuable insight into the delivery of services in health and care settings.

With the gradual lifting of Covid restrictions it has become possible to reintroduce face to face Enter and View visits and West View Lodge is our fifth “live” visit to a care home since their reintroduction in April 2022.

However, Covid 19 is still with us, and the visit to West View Lodge was conducted in a proportionate and responsible manner. This was achieved by means of a three person visit to the Home and additional virtual discussions with the Home Manager. The visit followed parameters and safeguards mutually agreed by all parties which were formalised in a Risk Assessment which can be found in Appendix (ii).

Details of visit:

Service address:	West View Lodge Care Home, 124a West View Road, Hartlepool TS24 0BW
Service Provider:	Marton Care Homes Ltd
Date and Time:	7 th February 2023, 10.00am, 2023
Authorised Representatives:	Margaret Wrenn, Carol Sherwood and Bernie Hays
Contact details:	Healthwatch Hartlepool, 1st Floor, Greenbank, Waldon Street, Hartlepool, TS24 7Q

2. Background - West View Lodge Care Home

West View lodge is a purpose built residential care home which supports up to 74 residents. The home is on two floors and 8 rooms are on-suite.

The Home's registration covers residential care for adults aged 18 and upwards, dementia and end of life palliative care.

A detailed breakdown of staffing levels and required staff training/qualification levels can be found in the completed Manager Questionnaire contained in Appendix (iii)

3. Aim of the Visit

The visit to West View Lodge was conducted by Healthwatch Hartlepool. As mentioned in the introduction. It was delivered within parameters agreed with the Home and the Commissioning team of Hartlepool Borough Council by means of a visit by three Healthwatch members and virtual discussions with the home manager.

Our overall aims were -

- To gather feedback from residents, rehabilitation patients and family members of their impressions of care provision at West View Lodge and how it has evolved since the Covid and pandemic and our previous visit in 2018.
- To gain insight into the day to day provision of care within the home and the services provided.

4. Methodology

This was the fifth enter and view visit conducted by Healthwatch Hartlepool to a care setting since April 2022 and entailed considerable preparation and planning. The visit process commenced with an on-line discussion with the Home Manager at which the conduct and parameters of the forthcoming visit were discussed and agreed.

This actual visit took place on 7th February and was undertaken by three Enter and View trained volunteers, Margaret Wrenn, Carol Sherwood and Bernie Hays. The team initially familiarised itself with latest Healthwatch England guidance on conducting visits and most recent government guidance relating to Covid precautions when visiting residential care homes.

In addition to the visit, a questionnaire was also made available for family members to complete during a three week period around the date of the visit. A copy of the questionnaire and a summary of responses can be found in Appendix(i)

5. The Visit - Arrival at West View Lodge

On approach to the building the first thing that became obvious was a large notice on the entrance advising visitors that there were Healthwatch Hartlepool questionnaires available for relatives to complete, regarding the care of their family and/or friends residing in the Home.

We were admitted and signed the visitor's book. A fire safety regulation.

We were warmly welcomed by the Manager Wendy Collins. Who advised us that Marton care had taken over the Home in March 2020.

Wendy was Deputy Manager for two years, changed her job for a short while, and then returned as Manager two months ago. She handed over a few of the questionnaires which had already been completed.

We asked her a few questions, which were on the questionnaire which she will answer online.

We asked if there was anywhere in the home we should avoid and she mentioned one room number, otherwise we could go anywhere.

The Home consists of four Units:-

Jackson and Croft - Dementia Unit

Marina - Residential Unit.

Jubilee - Rehabilitation Unit (reported on separately)

We decided that one person should visit the Jubilee Unit, one to visit the Dementia Unit, and one to visit the Residential Unit, and meet back together at Wendy's Office when we had completed our journey.

6. Findings - Jackson and Croft and Marina Units

In Jackson and Croft and Marina, we managed to speak to six residents.

Independence

All the residents agreed that there were plenty of activities available, and they were encouraged by the staff to join in - Skittles, Billiards, Bingo, Quizzes and sing songs. They were taken to a Pantomime at Christmas time by members of staff.

All said they could choose when to get up and when to go to bed. 2 of the residents required assistance at these times.

The 2 residents who required support with moving about and doing things, said staff were always very kind. 4 didn't need any assistance currently.

All said they could have personal things in their rooms. Tape recorders, TV, Laptops and pictures. The rooms were lovely, warm, clean and tidy.

All said that friends and relatives could visit at any time, since Covid. Some family members lived close by, so could visit daily, and at least one family member lived out of town but visited when able.

When asked if they could vote at the elections, 4 said they could if they wanted but don't bother. 1 person said she hasn't been in the Home long enough yet. 1 Said she would like to** (discussed with Wendy, at the end of our journey)

Asked about choice in handling their own finances, 5 said members of their families dealt with that. 1 person handles his own money.

Dignity and Privacy

When asked if staff always knocked before entering their rooms, all said "Yes" One added that they never miss.

When giving assistance with dressing and bathing, all agreed that it was given discreetly, to those who required it. N/A for one.

When asked if they could bathe/shower as often as they wished, 2 ladies said they liked their showers on alternate days, and strip washed the next. 4 said Yes.

The staff members always called them all by their preferred names.

When asked if they could practice their own religion, 3 said yes if they wished. 1 said she still had her faith, and she looked stuff up on her laptop. 2 said they didn't bother.

Asked if disability/sensory support was available. 1 lady who was blind, said she was given all the support she needed, another with an eye problem agreed and for the others, it was N/A.

Food and Nutrition

When asked about the Choice, temperature, quality and quantity of food 4 said the choice was very good. 1 said if the residents upstairs were served first, then sometimes the meal was cold, and she would prefer it hotter. 1 lady said she's not eating much because she's been poorly.

Comment: - The Cook is lovely; she includes our favourite foods as often as possible. Menu discussed with them every morning.

They all enjoyed their meals. 1 lady has put on weight whilst in the home. 1 lady said she enjoys the meals now!

All the residents can eat wherever they wish. Of those to whom we spoke, 5 ate in the dining room. 1 preferred their own room.

Water and other drinks are available. 2 had their own fridges in their room, which they kept supplied. 1 lady had a very dry mouth, and her lips were sticking to her teeth ***

They also had access to snacks if they wished, toasties, sandwiches and biscuits.

All said assistance with feeding and drinking is available if required. 2 yes, 4 N/A.

*** Discussed with Wendy at the end of the journey.

Involvement and Respect

When asked if staff were respectful and polite in their dealings with the residents, 4 said Yes, and 2 said Very, always.

Asked if any concerns raised were dealt with. 2 had not had any. 3 No need. 1 had one problem which the family dealt with, and it was sorted.

When we enquired whether ideas were sought about improvements to the Home, 1 wasn't sure. 1, Never needed to. 1 Thought they would. 2 said Yes. 1 Relative dealt with things.

Where things explained to them in a way they understood? 4 said Yes. 1 Usually. 1 Thought so.

All the residents to whom we spoke agreed that the staff took time to listen to them, and discuss things that they like, but did explain that the staff are always busy.

When asked if they knew how to make a complaint or give a compliment. 1 said yes, but never needed to. 3 Would if necessary. 2 said yes, but family would do it.

Asked if staff supported and helped them with day-to-day tasks. 2 Need help every day 4 said yes.

Safety and Security

All the residents agreed that they knew what the fire alarm sounded like. They were aware of fire drills and said they were carried out monthly.

Of the residents using equipment, such as hoists and walking frames, all felt safe, and staff members always helped them. 3 N/A.

Staff always helped and supported them; they were very good.

Asked if they felt that their personal possessions and money were safe. 3 said kept in a locked drawer. 2 said family looked after their things. 1 said yes kept things safe themselves.

Asked if they felt safe living in the Home, all said Yes, very. No problems.

Health and Wellbeing

Residents were asked if the staff enquired about how they were feeling, and were they happy their daily care? All said Yes, the staff talk to them, but they are often busy.

Asked if their needs changed would they be involved in the decisions about their care. 1 N/A. 2. Said family would deal with that. 3 said Yes.

All agreed that they were encouraged and assisted to exercise, 3 said Yes. 2 feel they can't because of disability, but they try. 1 said there is a place to exercise but they don't use it.

Drinks were supplied and most took advantage of the extra fluids apart from tea and coffee. 4 said they were very fussy. 1 lady had no teeth. 1 had a very dry mouth (discussed with Wendy)

They all felt that access to GP's dentists and opticians was dealt with as necessary by Wendy, often discussed with the family.

Asked if they ring for attention do the staff attend quickly. 5 said Yes but they're very busy. 1. As soon as possible.

General Comments and Observations: -

We visited the kitchen where the Cook was very helpful. She explained about the mealtimes in the Home. She ensures residents' favourite foods are on the menu, as she now knows them very well. She asks residents each day, what they would like, and if there isn't anything on the menu that they can manage, she will do her best to accommodate them. The menu looked quite variable. The kitchen staff have recently won an award.

Bathrooms, light clean and tidy. Danger posters on the walls near the bath about the dangers of scalding, whilst running the hot tap. There was the odd bathroom that required updating.

Residents' rooms light airy, clean and tidy, and everything necessary was close at hand.

In Croft Unit unfortunately there was an odour of urine in the corridors, overlaid with the smell of disinfectant, which was noticeable on entry to the Unit. ***Discussed at length with Wendy at the end of our journey.

7. Findings - Jubilee Unit (Rehabilitation)

This is a short-stay rehabilitation Unit, which has 20 beds. All residents in this Unit have either come from hospital or home, with the aim of returning home following rehabilitation to promote their independence.

NHS Staff

There is 1 Physiotherapist, 1 Occupational therapist, 2 Associate practitioners (AP's) and 2 Specialist therapy assistants (SPA's) They cover a seven day rota and are all employed by the NHS.

At this visit the Healthwatch member was able to speak to 4 residents, there was some communication difficulty with a 5th resident. A relative came to

speak to us all at the end of our journey to discuss their experience, and they were delighted with the care of their mum, and they were very happy with the food and drinks available in the Unit and would like her to stay in the Home if possible after her rehabilitation, as her mum had expressed a wish to do so.

There was in-house training taking place in a communal room in the department during our visit.

Each resident in this unit, had a board in their room, with their progress in mobilisation/transfer, their preferred name, and any food allergies.

Independence

There is a daily regular rehab activity input. During the visit, two therapy staff were working with the resident to improve their mobility.

One resident to whom I spoke, said if the therapy staff go over their time with other residents, then they will organise a group session so that each gets their daily therapy input. They were also given exercises to do.

One rehab resident said they were having daily bed-based rehab due to having had a stroke and requires regular turning to prevent pressure sores. Before admission they were totally independent.

They all agreed that they were supported and encouraged by staff and therapy staff to participate in regular therapy sessions.

Another resident was going home the next day, they had been discharged from hospital after an above-knee amputation, and was now in a wheelchair, but doing well. They are going to move in with relatives, as their home is no longer suitable for their needs.

All of the residents in this unit, although only short-term were able to bring their own personal items into the home, family photographs etc.,

Some of the residents don't bother to vote at election time, but others had done so whilst still at home.

Family, relatives and friends can visit any time, and their finances are managed by themselves, or family members.

One resident has friends who visit who bring in food and drinks. This resident was observed mobilising around the unit, short distances in a wheelchair, using their feet to shuffle from room to corridor. Communication was difficult at times; however, they were quite happy with the therapy and support that they were given.

Dignity and Privacy

All the staff call the residents by their preferred names, which are also on the boards in their rooms.

They also knock before entering their rooms.

Those residents who can wash and dress themselves, are encouraged to continue, but those who need assistance, get help and support. One resident requires full support.

Any mobility aids which are required, Zimmer frames, Rota stands, wheelchairs and commodes are all kept in their rooms. If they have mobility problems short-term there are labelled wheelchairs, belonging to the home that can be used whilst resident.

One resident said their family would take them to church if they wished to go.

Food and Nutrition

Residents are asked what they would like from the menu each morning, and all are encouraged to drink plenty of fluids. The boards in their rooms have on any special dietary or religious needs (e.g., Halal meat) they may have. They mainly like to eat in the dining room, but one resident, who had lots of food brought in from outside, prefers to eat in their room.

Involvement and Respect

Residents and relative to whom we spoke, said all of the Home and therapy staff were pleasant and polite.

The residents and their families are kept up to date with how they are progressing.

One resident, who is unable to return home after an above knee amputation, and is now wheelchair bound, is, after discussion/arrangements, going to live with family.

Family members are involved in any issues. One resident's relative is aware that they may not be able to stay there, as they are unable to go back to their own home because they need extra care. The relative is in contact with Social Worker to look at the options available.

All staff help with day-to-day issues/concerns.

Therapy staff work on a seven-day rota, so rehab continues throughout the weekend.

Safety and Security

All rehabilitation residents who have been issued with mobility equipment, Rota stand, have the information written on the board in their rooms, so each member of staff is aware of what equipment is used for safe mobility transfers.

One resident has a Ross Return (stand aid) as unable to mobilise at present and this assists them with safe transfers. Another resident who is now in a wheelchair, has full access to the building to get around safely.

All residents said they feel quite safe here. One would be quite happy to stay if unable to go back home.

One resident's room was quite cluttered, with a wheelchair, and a commode in their room as well as bags of food on the floor surrounding them, including a pizza box, which they declined to have moved. This was the resident's choice, and this is their home for the time being. Feed-back given to Wendy who was aware of the situation.

Most of the residents felt that their possessions and money. were safe. Family members deal with some of their finances.

Health and Wellbeing

The residents in this unit to whom I spoke, said that all the NHS staff and the home staff ask them how they are feeling. The therapy staff encourage therapy/exercise to promote their independence towards helping them to return home.

Their families are involved in their decision-making.

Some of the residents were keen to return home. One resident had spent 3 months in hospital including the Christmas and New Year period, and was very pleased to be having rehabilitation, feeling they are in a safe environment, and able to progress before returning home.

They all have a call-bell if they require assistance, and said that both sets of staff come as soon as possible.

General Comments and Observations

One resident discussed their experience of discharge from North Tees Hospital to West View Lodge. They felt frustrated, as lack of communication on discharge, they were waiting until tea-time before an ambulance was available to transport them.

The resident who had spent three months in hospital had been in rehabilitation for only two weeks but felt that they were making good progress, and they plan to return home.

Another resident felt safe, happy and comfortable. They would like to stay at the home if possible because they are unable to return home.

8. Summary of visit

We all met back at Wendy's office to give her feedback on our visit to the Home.

This had been a good visit, and we were quite impressed. The residents all looked clean and well-cared for and were obviously quite happy in the home. They were full of praise for the staff who cared for them, and those who helped with their rehabilitation. Staff members also looked smart and were very friendly. The interaction between them and the residents appeared to be very good.

Wendy explained that usually discharge is not a problem from the local hospitals. She will accept residents back at virtually any time of the day or evening, because she pointed out, that this is their home, and she doesn't want them hanging about in the discharge lounge if possible. New residents to the home on discharge, are admitted before 6pm on an evening to allow the staff to settle them in and sort out any problems with medication or other treatment that may have arisen during their stay in hospital.

Wendy also commented that two resident's family members had queried whether they could launder their mum's bedding and clothing themselves. This was agreed.

In most of the homes where we have conducted an E&V visit there have been problems with laundry, either because it is not marked with the resident's name or room number (This happens when new garments are bought, worn and go into the laundry with no markings on them)

9. Recommendation

To get rid of the odour of urine in the corridors of the Croft unit.

10. Acknowledgements

We'd like to thank Wendy and her team, for their assistance in making this visit possible. She was very open and honest in answering our many questions regarding the home and was very helpful with any problems that we encountered during the visit, and any concerns that we raised with her.

11. Service Provider Response

12. Appendices

Appendix (i)

West View Lodge Relative/ Family Member Questionnaire Summary - 5 forms returned.

Introduction

- 1) Is your loved one a resident at West View lodge or there for a short period of care before returning home?**

Rehab patient

Rehab patient

Rehab patient

Resident

Resident

- 2) How long has your relative been in the home?**

Two weeks

One week

One week

5 years

1 year

Care

- 3) Are staff polite and friendly?**

Yes, excellent.

Always

Yes

At most times.

Very polite and very friendly, nothing is too much trouble.

- 4) Are interactions between residents and staff positive and friendly?**

Yes

Usually

Yes

Most of the staff are positive and friendly.

Yes, very.

- 5) Are the staff available when you or your relative needs them?**

Yes

Most of the time.

Yes, unless they are short staffed.

Yes, even though they are busy/short staffed.

Yes, very.

- 6) Have you been involved in their care plan?**

Yes

N/a

Yes

No

Yes

7) How does the home communicate with you?

Verbally

N/a

Verbally

N/a

By telephone or speak to me when I visit.

8) Does your relative speak positively about the home and the carers?

Yes

Yes

Yes

Mostly

Yes

9) When you visit, does your relative appear to be clean, suitably dressed and tidy?

Yes

Yes

Yes

Yes

Yes

10) Are you happy with the standard of care your loved one is receiving?

Yes

Yes

Yes

Yes

Yes, very happy.

Activities

11) What activities does your loved one enjoy?

At the moment nothing.

Physiotherapy

Physiotherapy

Bingo/quizzes.

Playing games, keep fit.

12) What activities does your loved one engage in?

When at home walking and gardening.

Physiotherapy

Physiotherapy group

Bingo/quizzes.

13) Are they encouraged by staff to join in with activities?

Yes

Physiotherapy

Yes

Yes, when they are taking place.

Yes, they always encourage her.

14) Have you ever been invited to attend meetings regarding your loved one's care?

No, not yet.

N/a

Yes, with a social worker.

No

No

Environment

15) Are you happy with the cleanliness of the home?

Yes

Yes

Yes

Yes

Yes

16) Do you feel your relatives room reflects them? Are they able to make it their own?

Yes

Yes

Yes

Yes

Yes

Visiting

17) Are you now able to visit your relative in person?

Yes

Yes

Yes

Yes

Yes

18) How is the home facilitating this?

They are very obliging. You can visit at any time, no restrictions.

They answer door when I arrive.

Visiting times

All PPE is provided.

Very well

19) What precautions do you have to take?

Face mask and cleanliness.

Hand gel, mask, upto date jabs and boosters.

None

Masks etc

Wear a mask when asked to do so.

20) Do you know who to speak to if you have a complaint?

Yes, speak to the manager.

N/a but all staff are approachable.

Yes

Yes

Yes

Appendix (ii)

1 HEALTHWATCH HARTLEPOOL

2 COVID RISK ASSESSMENT- ENTER & VIEW VISIT

Location of Visit West View Lodge

Assessment Prepared by Stephen Thomas

Date of Assessment 26/01/23

Date of Visit 07/02/23

Date Checked and Agreed by Home Manager

Comments - DRAFT Risk Assessment for proposed Enter and View visit to West View Lodge on Tuesday 7th February at 10am by Healthwatch Hartlepool

3

What are the hazards/risks associated with the visit? What could happen? Please list	Who is particularly at risk?	What precautions or existing control measures are presently taken?	Risk of accident/dangerous occurrence of non-compliance High/Medium/Low	Actions
Risk of infection (Covid, Flu or other) from	<ul style="list-style-type: none">ResidentsStaff	Pre-visit Precautions	High	<ul style="list-style-type: none">Pre-visit virtual meetings with Home Manager (or designated

<p>members of the visiting team</p>	<ul style="list-style-type: none"> • Family members and other visitors • E&V visitor 	<ul style="list-style-type: none"> • The visiting team will be limited to three Healthwatch Hartlepool E&V representatives. • The visitors will be fully up to date with Covid vaccinations. This will be evidenced prior to the visit through presentation of their Covid Vaccine Passport, to the Healthwatch Hartlepool Development Officer. A copy of which can be made available to the Home Manager and HBC Commissioning team on request. • If available, the visitors will have had the annual seasonal flu vaccine. • Visitors will take a Lateral flow test on the day of the visit and provide proof of a negative outcome to the Home Manager before the start of the visit. • The Home Manager will provide HWH with any relevant H&S policies which the visitor is required to be aware of and observe during the visit. • The visitors will attend a pre-visit virtual meeting with the HWH Development Officer, Home Manager (or designated representative) and HBC Commissioning Team representative to agree final visit H&S arrangements and protocols. 		<p>representative) and HBC Commissioning Team to agree visit protocols and parameters.</p> <ul style="list-style-type: none"> • HWH Development Officer to ensure that visitor presents all relevant vaccination documentation prior to the visit and that it is made available to other parties on request. • Visitor to ensure they have undertaken a Lateral flow test prior to the visit and that evidence is provided of a negative outcome. • Visitor to attend any virtual preparatory meetings with HWH Development officer, Home Manager (or designated representative and HBC Commissioning Team) as required. • Home Manager (or designated representative) to provide HWH with copies of all relevant Covid and general H&S policies prior to the visit
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<p>Risk of infection (Covid, Flu or other) from members of the visiting team</p>	<ul style="list-style-type: none"> • Residents • Staff • Family members and other visitors • E&V visitor 	<ul style="list-style-type: none"> • Visit Precautions • On arrival at the Home, the visitors will present all relevant documentation referred to above and their HWH Identity Card. • The Home Manager (or designated representative) will provide a full briefing around H&S requirements which the visitor will be expected to follow during the visit. • The visit will be limited to communal areas (conducted by the Home Manager or their designated representative) and 1:1 discussion with residents or family members in the Homes designated covid safe area. • The visitors will wear PPE in line with the policy of the Home and any underpinning legislative requirements during the visit, including mask, gloves and apron as well as observing social distancing requirements as necessary. • If the Home reports an outbreak (Covid, Flu, sickness/diarrhoea etc) the visit will be postponed. 	<p>High</p>	<ul style="list-style-type: none"> • Identification of best practice to ensure risk minimisation at pre-visit virtual meetings. • Agreement of strict set parameters within which the visit will be conducted. • Development of pre-visit questionnaire for residents' family members and visitors to minimise the need for face to face contact. • Cancellation of visit if the home reports an outbreak (Covid, Flu, sickness/diarrhoea etc)
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<p>General Visit Safety measures</p>	<ul style="list-style-type: none"> • Residents • Staff • Family members and other visitors • E&V visitor 	<p>General Requirements</p> <ul style="list-style-type: none"> • The visitors will dress in a manner which minimises infection risks (e.g., short sleeved shirt, no jewellery except wedding ring) • Visitors will display their Healthwatch Hartlepool ID badge at all times. Failure to do so will bar them from taking part in the visit. • Visitors will observe all general H&S policies and practices of the Home and any instruction they receive from home staff during the visit. • The visitors will have completed the full HWH E&V training programme, have a recent and verified DBS check and will be an experienced representative. • The visitors will notify the HWH Office that they are safely home at the end of the visit. 	<p>High</p>	<ul style="list-style-type: none"> • HWH Development officer to ensure the visitor is aware of and compliant with all policies, procedures and requirements relating to the conduct of the visit • Visitors to contact HWH to confirm safe arrival home on conclusion of the visit. • Healthwatch Hartlepool Development Officer to ensure that the Home Manager is fully aware of the legislative parameters which govern the conduct and delivery of Enter and View visits
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Appendix (iii)



Questions For Care Home Manager - West View Lodge

A. About The Home

- Owners – Marton Care
- Number of residents/beds?
- 73 beds in total
- 20 council blockbeds
- Currently at 71
- Registration, what services are you registered to provide- Accommodation for persons who require nursing or personal care
- Dementia friendly? (examples of support for residents with dementia)
 - full and part time activities persons, mural walls, better lighting to reduce falls, safer flooring, dementia friendly bathrooms, personalised bedrooms, outside spaces and dementia friendly signs indicating date, time and weather.
- Specific Care needs of residents (eg living with dementia) – personal care. Medication needs, assisted feeding, 24 hour care and one to one.

B. Staffing

- Number/types of staff – 90 including care, seniors, unit managers, domestic and kitchen staff
- Staffing levels day/night – 12/13 staff on days, 7/8 staff at night.
- Staff Qualifications (including managers) NVQ – 2,3,& 5 also including all mandatory training, dementia friendly training, moving and handling and first aid training. Current elfy score is 96%.
- Staff Turnover – we have a number of long terms staff, however in current times we have had a number of new starters to keep up with staffing levels due to covid.
- Staff training mandatory/optional? (for example, dementia awareness, manual handling, safeguarding) ? Please provide details. All mandatory training is up to date.

C. Activities

- Activities Co-ordinator – Ann Roberts Well being lead
- Daily activities, variety and routine – a number of activities go on daily, we also have a weekly hairdresser and do hand and manicures taking place. We have regular entertainers visiting on a weekly basis.
- Special occasions, e.g Birthday's, and Christmas – We provide cards, cake and banners and celebrate around the evening meal times. At Christmas the home provides presents, cards and daily activities involving families as much as possible.
- Do you find out about your residents' areas of interest and try to accommodate them – yes, this information is gathered from friends and family on preadmission.
- Involving/informing family members – we contact family members by telephone and email.

D. Safety and Security

- Safeguarding procedures, implementation and awareness – all staff complete mandatory training for safeguarding and policy of the month is read and signed for and are fully aware of the whistle blowing policy.
- Access to the building and leaving the building – staff and professionals are required to sign in the building and use accessible key pads to gain entry and leave
- Trips and falls, prevention and review this is completed on a monthly basis using incident and accident analysis, we also use the Datix system.
- Personal possessions and money, safety and security, laundry – all resident rooms have a lockable draw, we also keep residents monies in a security safe in the admin office. We have a communal laundry and ask members of staff or families to label residents clothing.
- Emergency/evacuation procedures, fire drills, staff/resident awareness Fire drills are carried out weekly, practicing vertical and horizontal evacuations. Our last inspection was November 2022.
- Personal alarms and buzzers, have residents all got them and staff response – there is a personal buzzer in all rooms including all bathrooms and communal areas.

E. Wellbeing

- Resident appointments with GP's and community Nurses, opticians, dentists, physio etc – We have regular visits from Mr Powers (Dentist) and Vision Call opticians. The community nursing team and matrons visits daily. We also have an onsite physio team. All appointments with GPs are kept and if family members are unable to make the appointment, they will be accompanied by a staff member.
- Care plan, review, resident and family member involvement – Care plans are reviewed on a monthly basis and if changes need to be made residents and family members are asked to be involved in this.
- Medication management, frequency, resident and family member input – Medication reviews are carried out yearly or before if changes are to be made this is discussed with the surgery when monthly meds are being ordered
- Oral hygiene – staff have completed training and oral hygiene care plans are in residents' files.
- Feeding, hydration, diet and support offered to residents – all residents are given choices and are fully assisted if needed . this information is documented in and shared with kitchen to meet dietary needs. Food and fluid charts are in place where necessary.
- Washing and bathing, frequency and timings – this is all documented in care files daily.
- Supporting residents with sensory impairment (deaf, blind, partially sighted DSI) – Equipment in place throughout the home including picture cards, audio books,
- Mental health and wellbeing, monitoring and support -

F. Other issues

- Residents and decision making – all residents are given choices and encouraged to be independent as much as possible.
- Contact with family members – face to face, telephone, video calls and email. Visitors pod was installed during covid.
- Building temperature – 26 degrees
- Complaints/compliments -staff residents and family members are all aware how to raise a complaint – the complaints procedure are followed and our complaints procedure has been policy of the month. Residents and family members are able to complete a review. Cards are kept in reception our current scoring is 9.8%.
- Hospital discharge – full handover and equipment are in place before admission.

- Current Covid PPE requirements – non at present due to no covid –full PPE is provided to all staff and residents if required.
- Internet access, e.g. social media, zoom etc – all residents have access to use the internet if requested. We also have access to a social media page to advertise all activities carried out in the home.

Any other comments?