



# Report of Enter and View Visit

Elm Farm Residential Care Home

Report published March 2015



Care Home visited	Elm Farm Residential Home
Date and time of visit	Wednesday 10th December, 11.00 - 15.00
Address	57 Woodway Lane, Arkle Drive, Walsgrave, Coventry, CV2 2EG
Size and specialism	12 beds (8 single and 2 shared rooms) 5 council funded places Caring for adults over 65 yrs, women only
Authorised Representatives	Kerry Vieira and Sharifa Ali

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

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## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and to gather the perspectives of those who are using the service.

We aim to both make recommendations for development and to look for good practice examples of care through our Enter and View visits. The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies so we can learn about and share examples from the perspective of people who experience the service first hand.

## Reason for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of 'would I wish my relative to live here?'

## Method

We collected our information by speaking to 4 of the 11 residents and 2 members of staff. Information was recorded on semi structured questionnaires asking open



questions to establish what people liked most and what people felt could be improved.

Prior to talking to residents we were given a tour of the premises by the Manager who introduced us to some of the residents and asked if they would mind us talking to them later on. We established from the Manager that a couple of residents may become agitated if their routine was interrupted as they have severe dementia and we felt it best not to speak to these residents as there were others who had said they were happy to speak to us.

Before speaking to each resident we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and carried with us a Healthwatch information sheet and letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes on observation checklists which contained some prompts and were semi structured. Due to the size of the home it was not necessary to sit quietly and observe for more than half an hour as we could establish a bigger picture by moving around and making notes. However, we spent one hour in the dining room observing meal time.

Following the visit we sat with the Manager who answered some more of our questions. We briefly discussed some points we wanted to clarify and were shown how they structure their care plans and record what activities each resident takes part in during the week.

We left some questionnaires for completion by visitors which could be posted back to our Freepost address.

## **Impressions**

From outside we thought the building looked welcoming and attractive, there was a small garden to the left with garden tables and chairs and an area of grass at the front of the building with a bench. There was a security coded door which can be opened from the inside and a resident was just on her way out for a walk when we arrived.

We were greeted by the Manager. There is a signing in book as you enter and a staircase with a stair lift. We thought there was a homely, friendly and relaxed initial feeling when entering.

We were shown into the conservatory which was a bright space with comfortable garden type furniture, decorated with trailing ivy. There are stairs leading up to a balcony where the owners live on-site and there was a resident cat wondering



around. There was a small kitchen for staff only, which looked well organised. Two members of staff were in the kitchen preparing lunch, the area was tidy and clean.

Downstairs there was a conservatory, a small reception/waiting area, an office which has a security coded door; sitting room with seats around the edges of the room and a large television as the focal point on the facing wall. There was a library which is used as a smaller sitting room with seats around the edge and a television. There was a dining area where music was playing gently in the background, which complimented the calm atmosphere. There were two shared bedrooms plus another room which was locked and unoccupied. There were two downstairs bathrooms, one was occupied by a hairdresser on the day we visited and contained a bath; the other contained a walk in shower.

Upstairs there are more bedrooms. We were shown around some of the rooms which we thought were homely. There were some personal touches such as photos belonging to residents. Some rooms have en-suite facilities and some have a shared bathroom between two residents.

## Summary of findings

This is a female only residential home. The staff were also all female.

We spoke to one resident who said she had been living there for 20 years, this included the time she had spent receiving respite care before she became a permanent resident.

One resident we spoke to told us that the care she had received was "*brilliant*", she was there for respite care following an episode of ill health and would soon be going home.

All 4 of the residents we spoke to said they felt well cared for and secure. One resident commented that they felt "lucky to live there".

We spoke to one member of staff plus the Manager. The staff member said she enjoyed working there and felt well supported and part of a good team.

The Manager knew the residents well and had been there 10 years. We were informed that each resident's individual needs are carefully considered, monitored and recorded in their care plan. The Manager showed us some of the individual care plans, talked us through how the Activities Co-ordinator and the Manager talk to each other and to the families of the resident as well as the resident themselves about what to put in them. We were informed that these care plans are regularly reviewed.

Residents felt they received a good standard of care and were able to talk to the staff.



Residents felt that staff listened to their concerns.

The Manager explained that they operate an open door policy. Residents are free to leave and go for a walk if they wish. There is an alarm which sounds if the door is opened so that staff can be alerted if someone goes out and can ensure they are safe to do so. There is a security coded entry system on the front door.

There are some residents with varying stages of dementia.

## **Results of visit**

Some residents were offered places based on room sharing. We were told by the manager that these residents were happy to share a room. One resident we spoke to commented that they would rather share a room and live there than live anywhere else.

Residents appeared happy. They have their own chair in which they appear to spend most of the day sitting watching television.

There is a list of activities arranged which we saw displayed on the toilet door, however, when residents were asked, they were not aware of them.

We saw that staff communicated well with residents and the atmosphere was calm and friendly.

Residents told us they have buzzers upstairs so they can alert staff if they need assistance. Each bathroom has a pull chord for residents if they have a fall.

The environment was clean and comfortable, furniture was fit for purpose.

## **Food and drink**

Residents said they have access to water or squash whenever they ask for it and tea and coffee is offered throughout the day.

Lunch is served at 1pm and consists of two courses. Staff write the choices on a white board and take this round to asked residents on an individual basis what they would like to eat. There was a choice of beef casserole with mash and vegetables or pork pie with salad. There was also a choice of dessert. All of the residents chose the same meal of beef casserole and sponge pudding and custard whilst we were there.

Residents said they like the food and we did not speak to anyone who had any special dietary needs.

Residents commented that they get to eat food that they like and are offered choices.



At lunch time we observed that most of the residents gathered in the dining area but were able to choose where they wanted to have their meal. The Manager told us that they have a seating plan so residents have their preferred seat each meal time; however they were asked where they would like to have their meal in case they had changed their mind.

Residents chatted to each other during lunch and most cleared their plates and commented on how nice the food was.

If residents did not wish to eat, they were gently encouraged to try to eat some more food but were not forced to eat. One resident moved away from the table and was gently coaxed back to the table by staff and encouraged to eat some more. She eventually left again and staff decided to let her leave the room and took her dessert to her in her room.

## Care

We saw that residents' privacy was respected. We observed staff taking residents to the toilet if they needed assistance and the door is lockable, staff were observed knocking before entering.

We were told by one resident that she receives assistance to get dressed and staff enable her to choose what she wears.

Residents told us that staff treat them with dignity and respect their privacy. A resident commented that staff are patient and do not get annoyed or harassed.

The Manager informed us that residents can get their hair done by a hairdresser who visits regularly and can also access other treatments such as manicures and hair removal.

Two of the four residents we spoke to said that they can ask for pain relief if they need it and staff provide them with their medication. We observed medication being distributed after lunch and staff sat with the individual to encourage them to take their pills with a drink of water.

## Activities

There is an activities co-ordinator who has worked there for 30 years. We were told that she provides pastoral sessions and works with individual care plans to establish what the residents like and don't like to do. She organises weekly table of activities such as jumping jacks (light exercise), reminiscence sessions and games. Residents are encouraged to join in but some prefer to watch rather than get involved.

Residents were asked what activities are organised for them in the home, none of the residents told us of any activities which they took part in. However, staff said



that activities are organised during the week such as bingo on Tuesday and Friday, singing and dancing once a week, there is a table tennis set which residents can use if they request it and two of the staff organise karaoke once a week. We saw a list of activities which were planned for the next few weeks up until Christmas such as a visit from a choir.

During our visit most of the residents spent the morning sitting in their chairs in front of the television and some fell asleep. They returned to these chairs after finishing their lunch. Some residents remained in these chairs during lunch and were assisted with eating by staff. A few residents remained in their rooms during our visit and we observed staff visiting their rooms to check on them several times throughout the time we were there.

Residents who have the capacity can go out for a walk if they want to or go out with their families.

### **Dementia Friendly Design**

- The furniture and carpets have contrasting colours.
- The taps in bathrooms were not clearly marked hot and cold.
- The toilet flush was a push down handle and taps were separate (not mixer taps).
- The light switch was a pull chord which was broken in the shower room.
- There was a small sign on one of the toilet doors but no other clear signs to indicate where the bathroom or toilets were.

### **Recommendations**

Following our visit we would like to recommend:

1. Dementia friendly signs for rooms such as toilets and bathrooms should be used. These should be indicated with words and a picture on a bright background and placed on the door of the room being referred to. We also noted that taps were not marked hot and cold. If this was introduced it may enable those with dementia to use facilities more independently.
2. We felt that the staff could have spent a little more time chatting to residents.
3. Residents said that there were no outings organised in recent years and this is something they would like to take part in, therefore for the management should explore how to address this.



## Comments from Care Home Manager

We wrote to the manager asking for a response to our recommendation and giving 28 days for this. A response was not received by this deadline.

## Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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