

Report of enter and view visit to Phil Mead House

May 2023

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Home Visited	Phil Mead House
Date and Time of visit	01 March 2023
Address	240 Bredon Avenue, Coventry, CV3 2FD
Size and Specialism	Phil Mead House provides
Authorised Representatives	Gillian Blyth, Nick Darlington, Fiona Garrigan

1. What is Enter and View?

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and to talk to service users, their families, and carers. This applies to premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. This is so local Healthwatch can learn from the experiences of people who interact with these services first-hand.

Healthwatch Authorised Representatives carry out these visits to find out how services are run and to gather the perspectives of those who are using the service.

From our findings, we look to report a snapshot of users' experiences accurately, highlight examples of good practice and make recommendations for improvements.

2. Reasons for the visit

Healthwatch Coventry's Steering Group has agreed that Enter and View visits to care homes form an important part of the current Healthwatch work programme to ensure that people who may be vulnerable and less able to raise their voices can speak to Healthwatch.

This programme of visits is a pilot to restart enter and view after COVID-19 and focuses on:

- How older people's health needs are met e.g., accessing medical/GP/hospital appointments. Dentistry, Podiatry, Occupational health/Physio, hearing aid and ophthalmology services etc.
- Person centred approaches – choice and control in day to day living, cultural awareness, activities, food and drink, visiting restrictions etc.
- The care home environment including dementia friendly design.

3. Method

We collected our information by speaking jointly to the care home manager and deputy manager, along with three staff members. We spoke to seven residents.

Information was recorded on semi-structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each resident Authorised Representatives introduced themselves and explained what Healthwatch is and why they were there. We established that the resident or staff member was happy to speak to Healthwatch. We confirmed that peoples' names would not be linked to any information that was shared and that they were free to end the conversation at any point. Healthwatch Coventry Authorised Representatives wore name badges to identify who they were and provided the Care Home Manager with a letter of authority from the Healthwatch Coventry Chief Officer.

Observations were made throughout the visit and notes of what was observed around the home were taken by each attending Authorised Representative.

4. About the home

Phil Mead House is a purpose-built care home set in a residential area of Coventry, and forms part of the Abbeyfield group¹.

It offers accommodation and residential care for up to 28 residents in en-suite rooms.

At the time of the visit 18 residents were self-funding (i.e. paying for their own care); eight residents were funded by the local authority. No beds were occupied by residents funded through continuing health care (CHC) and no beds were occupied under the discharge to assess arrangements. They have a new resident joining them imminently from Devon due to having family in the area, and this will be fully funded by the local authority in Devon.

There are 37 staff including carers, activity coordinators, cook, housekeepers, finance/administration. Phil Mead house have two male care staff and two bank staff incorporated into the total numbers.

The Care Homes Care Quality Commission inspection report can be found at

<https://www.cqc.org.uk/location/1-137749953/inspection-summary>

¹ <https://www.abbeyfield.com/nursing-home/>

5. Summary of findings

Phil Mead House is a purpose-built facility set in spacious grounds. The environment and furnishings were of a good standard. Communal areas were very clean, light and well decorated and the temperature was comfortable. We reported a safety issue with some furniture, and it was taken out of action.

The atmosphere was calm around the building. We observed positive interaction between the residents and care staff. The residents we spoke to said they were happy living at Phil Mead House.

There are a range of initiatives to support residents' health and person-centred approaches to care. The management team have implemented a daily 'flash meeting' and 'resident of the day' to pick up any concerns, ensure all staff are up to date with changes, and deal directly with them. This along with audits form part of quality assurance for the home.

Food quality was good, and residents have plenty of options available.

GP support to the home is described as working well along with the 'Docobo' remote patient monitoring system. Chiropodists visit regularly, although some residents reported not seeing a Dentist regularly or having a hearing test.

Activities were available for residents with an activity coordinator supporting planned events.

Staff were happy and reported feeling supported and there were no concerns noted around staffing levels.

6. Findings

6.1 Initial impressions

We could see security features: a security light and a doorbell to the main entrance and a visible sign displaying CCTV in action. We were welcomed by the registered manager who introduced themselves and directed us to sign in the book.

There was a hand sanitizer available and a rack of drawers with masks and other PPE. We were advised there were no cases of Covid-19, and some staff still wear masks in the building. We had a choice to wear a mask or not as per the guidance.

A certificate displayed team of the month, a food hygiene rating of five.

A wall display gave history of Phil Mead House, and the person who was a Trustee and the date it was opened in July 1989. The manager explained that an anonymous benefactor donates an amount yearly and it was agreed in the residents meeting what this is spent on.

There was a key coded entrance on the door into the main reception area. This area was welcoming, clean, warm and well organised.

We were greeted by a senior member of the team who introduced themselves and proceeded to go through the procedure in the event of a fire, and the meeting point. We were informed about fire safety procedures.

There was an information board with a map of the building, latest inspection rating from CQC, certificates, a statement of purpose. A rack displayed booklets from Abbeyfield: safeguarding and who to contact if concerned, the process involved in making a complaint and the response from the resident's survey in 2022 in the form of 'You said, we will'.

There was an electronic clocking in system for staff and a meet the team board with no pictures. When asked, the manager said it was in the process of being updated.

Staff were coming and going, a resident was being taken out by a carer and they checked and double checked they were warm enough before leaving, as it was a particularly cold day.

There was a calm atmosphere throughout.

6.2 Facilities and environment

Exterior

The front of the care home has well maintained gardens, lots of flower beds with spring flowers daffodils and crocus on display. There were neat hedgerows and tree's providing privacy, bird feeders, some statues and a sun dial. There was a large sign clearly displaying the name of the home which could be viewed from the road. There were chairs and benches available for use.

Accessibility

There was an ample car park with plenty of spaces including disabled bays. There were no uneven pathways or overgrown areas. The pathway leading up

to the main entrance was on one level with no steps, or visible hazards. There was a security light and doorbell to entry.

Interior

Accommodation is provided in a purpose-built home set on one level. All areas were clean, no unpleasant odours and freshly hoovered carpets. We observed cleaning in progress during the visit. The home was decorated well throughout.

The communal areas were free of clutter and consisted of the furniture required for residents to use. There were no visible obstacles and hazards. There are specific storage areas mainly holding equipment waiting to be returned e.g. walking frames, and moving and handling aids.

The corridors are bright with handrails in a contrasting colour against a plain background. There were lots of black and white pictures of film stars, singers, and comedians, the manager told us that the residents have a say in the décor.

There was an activity board with words and pictures displaying the days of the week and time of day.

Furniture is in a mixed condition, a variety of chairs which were comfortable and fit for purpose. There were TV's, radios, and some homely ornaments in the lounge areas. We observed residents watching TV with staff visible in the background. We noticed that two side tables / newspaper racks were unstable and unsafe to hold drinks etc. This was reported to the manager, and they were taken out of use immediately.

It was a comfortable temperature throughout, although there were no visible temperature gauges. The manager told us these were on order and due to arrive imminently. There were wall heaters in the corridors and in all rooms within the building which can be set to temperature using a thermostat, so they cool down and restart to keep an even temperature. A staff member told us that some residents won't have these on in their rooms, as "*they don't like to be too hot*".

Residents' rooms are en-suite with toilet and sink, with three having full facilities. There is one bathroom and one shower room to serve nine bedrooms, staff told us they are confident in this meeting requirements, as this has never been a problem due to residents using them at different times.

Bathrooms were clean and well maintained. There was a bath with a riser, and clear instructions on use attached. It was warm and there was a drawer unit holding Personal protective equipment (PPE). There were shower curtains,

handrails and seats to support residents' independence. There was a plastic pull cord and intercom bell in easy reach.

The day-to-day checks including water for bathrooms and kitchens are documented and any issues or concerns escalated and communicated in the daily 'Flash morning meeting' held with staff and senior managers, where actions are recorded.

Outside space

There is a large garden area with very well-maintained lawns. There are trees and hedgerow for privacy, well laid out with tables, chairs, and benches and plenty of seating to allow activities to take place.

Residents said:

- *"It's a lovely garden, the staff take me out in my wheelchair"*.
- *"When the weather is good, I go out in the garden, I like gardening"*.
- *"I love the garden and go out if the weather prevails"*.

The outdoor space has easy access, and the garden and pathway are tidy and free from obstacles. There is a summer house which is being used for storage and is due to be replaced. There are some raised flower beds so residents can help in the garden and pot plants etc.

They have a conservatory that had been adapted with a glass dividing wall during Covid to be used as a 'Pod' to enable residents to keep in touch with family and friends. This was completed to a high standard and had separate entrances, a PPE station, and a microphone. One resident told us *"I used to speak to my son and daughter through the window."* There are comfortable chairs with a view across the garden and a music system was playing. A staff member told us there are plans to remove the partition to allow more space within the conservatory.

Dementia friendly design

Handrails were in position along the corridors and easy to see. Walls, doors, and floors contrasted well with white skirting boards and carpet.

Each resident's room was personalised with a number and picture of them with their interest's written on it.

All rooms had clocks with the date and time displayed and set to the correct time.

We saw lots of visible signs, clearly defined with words and pictures and in the form of a signpost style These contrasted well with the walls and directing

residents to specific areas within the home. There were signs on doors with names of the rooms clearly defined e.g., 'Dining room' and 'Kitchen'.

Toilets bathrooms and showers were labelled, although some not very clear.

Toilet lids contrasted against the toilet e.g., black lid/white toilet bowl. Hot and cold taps functioned properly and clearly visible in residents' en-suites.

6.3 Staffing

Staff training and support

We spoke to three staff members with varying roles alongside the senior management team. Both the manager and deputy had started at Phil Mead as carers and worked their way up to their roles and have been there for over 15 years.

Staff described an induction programme with 7-day intensive shadow/buddy sessions, including three full shadow shifts to ensure compliance.

Training is a combination of face-to-face which Orchard Rock² completes, and mandatory E-learning via 'Hippo'³, which is a Learning Management System. This allows managers access to a training matrix and report showing compliance in all areas in preparation for CQC inspections.

Phil Mead source first aid training from St John's Ambulance, and Abbeyfield have in-house training on fire safety, fire marshal training.

The Deputy Manager is an accredited 'Train the Trainer' specifically in moving and handling for staff. The train-the-trainer model is a training framework that turns employees into subject matter experts who can then teach other members of the organisation.

Staff are encouraged to continue their personal development in the form of a care certificate and once the probationary period is completed, they are put forward for a Health and Social Care Diploma with levels ranging from two to five.

One member of staff told us *"If I want specific training in a subject, I can request it."* Whilst another said, *"We are due to have 'Autism training' which is new."*

We were advised that care staff are allocated to a senior carer who completes regular supervision, which includes two-way communication

² <https://orchardrocktraining.co.uk/>

³ <https://yourhippo.com/>

looking over the objectives and training needs. Senior managers also manage staff within their role and highlighted in conversation the importance of wellbeing within the staff team. A yearly appraisal also takes place. A staff member told us *“Regular meetings at least monthly, we are given deadlines to complete training and meet deadlines”*.

There is an employee assistance programme in place offering support to all staff. This generally includes face-to-face, telephone or online counselling and expert support on both personal and work-related issues, with the aim of increasing staff wellbeing and productivity, as well as reducing absences.

Staff said:

- *“If I had any problems I would go to my manager or above, and I would feel comfortable”*.
- *“Really enjoy my job, happy with everything”*.
- *“Really good atmosphere here, I love my job!”*

How staff get to know residents

The manager told us that prior to admission they complete a pre-needs assessment with the resident, family members and or professionals. They request medical summaries and build profiles that form part of the care plan. This includes the likes and dislikes for the resident, dietary requirements, medical need. On admission staff will work through building the necessary risk assessments that form part of the plan.

The manager told us that all staff complete daily reports and prompt sheets with updates to discuss during every handover. There is also a communication book along with the care plan and medication administration record (MAR) chart and individual associated plans for the resident. Plans are locked in a cupboard in the main office.

Staff said.

- *“15 minutes before a shift is a changeover meeting, where general updates on residents are given and any new residents care needs are discussed”*.
- *“Each resident has a food profile; I talk to them to get to know their likes and dislikes regarding food and drink”*.
- *“Anything of major importance is highlighted”*.

The manager said that Phil Mead is in the process of adopting a digital system, which another home under Abbeyfield had begun to trial.

The manager told us that there are daily audits in place, and they have a 'resident of the day' whereby they concentrate on a resident and look over care plans, discuss good practice ideas with staff and have a quality process in place to review actions.

6.4 Dignity and Care

We were informed that the philosophy and values from Abbeyfield centre around choices, using a person-centred approach and providing good quality care and making time for older people.

We saw staff were very friendly, constantly checking in with residents and asking how they were and if they needed anything.

Carers were observed interacting with residents in a calm and appropriate way. During an activities session a resident became upset, and a member of staff spoke to them very calmly and listened to their concerns. They continued to get more upset, so the staff member was very respectful to not draw attention and supported them back to their room offering reassurance.

Staff did not appear rushed and were going about their duties in a relaxed efficient way. It was a calm atmosphere throughout, we observed staff speaking in a calm tone getting down on one level and patiently rephrasing things to ensure the residents understood.

Both male and female residents were appropriately dressed, and looked clean, tidy, and well kempt. Hair tidy and wearing the correct footwear.

Staff were responsive: we observed a resident asking for help and wanting to change their clothes (in their own room) staff stepped in offered reassurance and asked what they would like to wear (which was a particular skirt) and closed the door for privacy and supported them to change.

Six of the seven residents we spoke to felt they were always listened to.

Residents said:

- *"Yes, they offer reassurance"*
- *"They are very busy, but they listen"*.
- *"I think they do. They seem busy all the while, you have to catch them at the right time"*.

There were no concerns about raising problems expressed from our sample group of residents, with comments:

- *"If I had a concern, I could talk to staff"*.
- *"I haven't had any concerns, but they would listen"*.

- *"I feel comfortable speaking to staff".*
- *"I talk to staff its home from home".*

Residents were asked how staff supported them to do things for themselves where possible, some replies were:

- *"Staff support me in doing things for myself".*
- *"Good I only have to press the bell, I like the way they help, support and reassure".*
- *"I can do lots myself and they help me with what I can't do".*
- *"Usually yes, it sometimes takes a long time to sort out".*
- *"Night staff a bit slap dash".*

All residents bar one said they had never felt uncomfortable or embarrassed while living at Phil Mead House. With one resident saying, *"when I first came, I was a bit embarrassed as had to have staff help in the shower etc and not used to people seeing me like that"* and another saying, *"I've been here 6 years and never had to complain"*.

All the residents we spoke to seemed happy living at Phil Mead House. Some of the comments were:

- *"People are patient, understanding and polite".*
- *"Improvement in my health in six months of living here, from lots of hospital stays due to falls".*
- *"I like the staff and the company".*
- *"They take the worry off you which provides a comfort".*
- *"We are well cared for and good food".*

The manager told us they have regular resident meetings and gather feedback from relatives and staff. They have a yearly 'Be heard survey' in April which highlights specific areas, and the results form part of the booklet in the main entrance "You said, we will" identifying areas for improvement and the steps Phil Mead / Abbeyfield will take to ensure the quality of care. We saw a copy of the previous years in the reception area.

6.5 Residents' health

GP services

Phil Mead House uses Docobo, which is a remote patient system, whereby staff complete daily observations on the residents. This includes blood pressure, and blood oxygen saturation levels. Both managers were happy with the system with their only reservation being that *"residents have lost the regular face to face appointments and older people in general like to know the name of their*

GP as they have built a relationship up over the years". However, both said "the response time is great".

Staff use the Docobo system with residents daily and a GP visit weekly on a Monday. This is an appointment system although residents can ask to see a GP and staff put forward their names on a list, which is sent over to the surgery prior to the visit. It was made clear that the local surgery is flexible, and a GP will attend at other times as required.

When asked if they had seen a GP whilst at Phil Mead House, the comments were mixed:

- "A couple of times and I have been to the surgery".
- "GP comes in weekly, and I can go on the list".
- "Yes, not as good experience because the Doctor didn't acknowledge me which I didn't like".
- "The staff arrange an appointment if I need to see a GP".

Looking after residents' feet

The manager told us "A Chiropodist comes in every 6-8 weeks; staff complete daily foot checks as part of personal care". Staff will raise any concerns and referrals are made earlier if required.

All the residents we spoke to bar one indicated they saw a Chiropodist regularly and the support provided by staff. Some comments were:

- "The Chiropodist comes every 6 weeks".
- "The Chiropodist clips my toenails".
- "My feet are checked daily by staff".
- "Staff do ladies nails as part of activities".
- "I don't know if a Chiropodist comes in".

How residents' sight is looked after

The manager told us that residents are supported to visit an optician or hospital visit either with staff or family members. An external optician – Specsavers come into the home to do eye tests. This is via an appointment system.

Staff are aware of the process and said they will highlight any concerns to senior managers. A staff member told us "An optician visits residents in the home or relatives arrange to take them out if they prefer". Another told us "Specsavers come into the home to do eye tests; some residents have their own optician. If a hospital eye appointment is required, we will arrange the necessary transport".

Looking after hearing aids and residents hearing

We were advised that an external audiologist comes into the home for maintenance and hearing checks. Some residents will visit Specsavers either with family or staff as required.

Staff are aware of the process to support residents with cleaning, changing batteries and charging of hearing aids. This forms part of the resident's care plan. A staff member told us *"Batteries are replaced when needed as we have a supply of various batteries in the home"*. And another telling us *"We will fit hearing aids for residents as required"*.

The comments from the residents we spoke to were mixed:

- *"I have seen someone about my hearing since I've been here, I have had new hearing aids, the audiologist comes here."*
- *"I don't have a hearing problem"*.
- *"I'm stone deaf in one ear, I speak to staff about my hearing"*.
- *"Staff put them in for me and change the batteries"*.
- *"Never had a hearing test, I can't hear that well"*.
- *"No, not asked for hearing test"*.

Oral health

The Manager informed us that there are clear guidelines in place for staff. There are labelled denture pots and residents are encouraged to brush their teeth regularly.

The home has links with a community Dentist, although the manager told us *"It has become harder to access since Covid"*. Some families will arrange appointments for residents and support them to visit.

All staff have mandatory oral health training which supports the specific care plan in place for the resident. Staff confirmed they understood the process saying, *"I encourage the residents to be independent"* and another saying, *"We arrange dental visits or sometimes the family do"*.

Comments from the residents we spoke to were mixed:

- *"I have false teeth, no problems"*.
- *"Not seen a Dentist since being here"*.
- *"Not here, but I have seen a Dentist"*.
- *"My relative sorts it for me"*.

When a resident feels unwell

Both managers confirmed that if a resident informs a member of staff that they are unwell, they will escalate it to the senior on shift or a manager. They would complete the necessary checks via the 'Docobo' system offer reassurance and seek advice. The GP practice is always used during opening hours in preference to NHS111, which will be contacted out of hours as the 'Docobo' system is available during 8am – 4pm daily.

The members of staff we spoke to knew how to escalate the situation where a resident has indicated they feel unwell. Some comments were:

- *"I would give them reassurance and inform a senior in the team".*
- *"I can tell if something is not right and will inform a senior or manager".*
- *"I would check with them what the problem is and follow this up with a senior".*
- *"The seniors use the 'Docobo' system, and we follow the advice given".*
- *"The home is linked to a medical centre down the road. 'Docobo' works really well they are quick to respond, sometimes within ten minutes".*

Taking medication

The manager advised that the whole of Phil Mead House had recently had a medication review in November 2022, which the GP arranged. If there are any changes with medication throughout the year, then a separate review would take place. All information is recorded in the daily reports and associated care plans and risk assessments are updated.

The medication is ordered via an online portal 'Patient Access System'⁴ direct to the local Pharmacy. When it arrives at the home it is checked and signed for by two staff – seniors / manager.

Senior carers administer medication and complete competency training, which is reviewed yearly to ensure compliance, along with the medication audit checks completed by a senior and a manager signs off.

Staff complete a medication administration record (MAR) chart, and then administer the medication.

The Manager said "On admission the home request a medication review with the GP straight away to ensure that all residents have pain relief medication prescribed as a PRN. We have a stock of natural remedies which include honey and lemon for coughs/cold symptoms, prunes and prune juice for constipation and cranberry juice for potential urinary tract infections that may

⁴ <https://www.patientaccess.com/>

be starting. As we use the Docobo system any concerns are put straight through to Docobo, and residents are discussed/seen by a clinician within two hours, so we have not needed to have homely remedies on site."

Homely remedies are a medicine used to treat minor ailments. They are purchased over the counter. They do not need to be prescribed. They are kept as stock in a care home to give people access to medicines that would commonly be available in any household e.g. paracetamol.

In the case that a resident has been administered paracetamol this should only be given for a maximum of 48 hours before referring to the GP if symptoms persist. If required for longer than 48 hours, the GP would need to prescribe if there is a clinical need.

We were advised staff will always gain consent prior to administering medication. If a resident refuses to take their prescribed medication this is highlighted to senior management to take the necessary action.

6.6 Activities

We were advised that the home have planned activities and the residents have a say in what takes place, putting ideas forward in the resident meetings.

The home is looking to develop the links within the community following the restrictions of Covid-19. They have a staff member who is a trained hairdresser, and she books in appointments for the residents. More recently they have had pamper sessions, and have a trolley set up to include face masks, foot masks, nails painted, with a glass of buck's fizz which we were advised the ladies love to attend.

There is a small lounge which can be partitioned off from the dining area, and staff members were singing along with residents. Some were happily watching the birds at the feeders and were thrilled to see a Robin, whilst others were engaging in activities.

The home considers seasonal activities as a lot of the residents enjoy being out in the garden planting and supporting with growing vegetables.

One resident told us *"It's a lovely garden we had an Alpaca visit the home"*.

We observed a crafting session making some daffodil cards, a resident asked if we knew why and proceeded to tell us *"It's St David's day"*. There was music in the background, all residents were happily chatting to each other, and the staff and the activity coordinator was engaging and ensuring all were included.

One resident told us *"There are lots of activities, I like arts and crafts"*.

A staff member told us *“We encourage residents to have a taster if they are unsure, quite often they stay and enjoy the activity”*. Another told us *“We have painting, exercises, music, singers, School choir, nail painting, St Patrick’s day and other celebrations”*.

We observed some residents playing scrabble with staff supporting.

The manager told us they have an Activity Coordinator beginning with them in April. In the meantime, they have one who visits other homes within Abbeyfield who attends. They have a regular singer who comes in.

The home hold celebration events and will invite family and friends along, this is an opportunity to raise funds through raffles, quizzes etc which goes to the resident’s fund, and can be used on days out, pub lunches, trips to museums and to purchase any specific items.

6.7 Food and drink

The dining room was clean, bright, and nicely decorated. Tables were laid and there were ornaments giving it a homely feel. There were some hand-crafted red roses in vases on the tables, and a resident told us they had made them for Valentine’s Day. Furniture was fit for purpose, comfortable and contrasted well with walls, floors, curtains. We were informed that the dining room table and chairs are due to be replaced.

There was a menu board and residents have two choices and can choose where to eat, with some preferring their own rooms.

All food is cooked fresh on site, is hot and homemade. There was a choice of Cottage pie, chips and peas and gammon, salad, coleslaw, which was home-made along with the chips. There was a choice of sponge pudding, coffee and walnut cake with either custard or cream (or both) and a fruit yoghurt. There was also a choice of orange juice, cranberry juice or fruit squash with tea and coffee to finish.

A staff member told us *“Residents can also request something hot at tea time as there is usually a soup, cheese or beans on toast instead of sandwiches”*. When asked if staff have lunch, we were told *“yes we can or we bring in something from home”*.

There was a calm relaxed atmosphere and lots of friendly interaction between residents. Staff were very kind and attentive to residents ensuring they had specialised cutlery, beakers, aprons and help with their food without drawing attention.

One resident showed us a robin in a tree and talked about the lovely gardens. Whilst another asked to go back to their room to eat and was supported by staff without any fuss.

We observed a choice of drinks and snacks within the lounges and dining area. There was a tea trolley doing regular rounds throughout the day. Offering tea, coffee, squash, and a choice of fruit, biscuits and for some mighty moose for nutrition. Jugs of water, and squash were placed in some resident's rooms with a resident saying *"I only have to ring the bell and staff will bring me a drink or snack"*.

When asked about the food and drink some residents said:

- *"Very good food and variety"*.
- *"It's good never found a fault"*.
- *"It's ok there is a choice of two or three things to eat"*.
- *"It's very good, they set up a table for my son and daughter to join me for Christmas dinner in my room. Good menu choice"*.

When asked if drinks and snacks are readily available the sample group of residents said:

- *"Yes, drinks available in my room. Tea/coffee trolley"*.
- *"Yes, I just ask"*.
- *"Yes, can get snacks and drinks when I want"*.
- *"Offer fruit/biscuits on trolley"*.
- *"Jug in my room and tea/coffee trolley"*.

6.8 Anything that could be done differently.

The home is looking forward to progressing with electronic care planning systems.

The manager said there were hopeful to build on external activities which were curtailed due to the recent Covid-19 restrictions.

When asked if there was anything they would like to change, one resident said *"No, I am quite happy"* another saying, *"Not at the minute"* whilst one said, *"I would like to get out more, particularly in the garden"*.

7. Conclusions

There were many positive aspects to the care provided at Phil Mead House. The residents we spoke to were happy living in the home. Staff described a caring ethos. From the information we gathered and our observations there were person centred approaches and choice and control for residents in their care. Residents' health was supported. The home will further develop with the advancement of electronic care planning.

8. Recommendations

We identified some things the care home management should consider further.

The management of the care home provided an action plan within the statutory timeframe of 20 working days.

Recommendation	Response/action
<p>1. Residents hearing</p> <p>A) Ensure all residents hearing is regularly reviewed whether they wear hearing aids. Some people are unaware of hearing deterioration.</p> <p>B) Develop plans to make use of the guidance from The Royal National Institute for Deaf people (previously known as Action for Hearing Loss) using guidance for care settings. Guidance for supporting older people with hearing loss in care settings - RNID</p>	<p>We now have a list of residents who wish to have their hearing tested and are in the process of booking appointments/arranging referrals with the GP.</p>
<p>2. Access to Dentistry</p> <p>Ensure all residents have regular dental check-ups at defined intervals.</p> <p>National Institute for Health and Care Excellence (NICE) guidance explains the support care home services should offer to residents when it comes to their oral health. Improving oral health for adults in care homes Quick guides to social care topics Social care NICE Communities About NICE</p>	<p>We are liaising with Kenyon Medical Practice, at the present time putting through referrals to the community dental team. This process is quite lengthy now, as there are many forms that we have received in the post for completion before a visit will be arranged by the community dental team.</p>
<p>3. Maintenance</p> <p>Temperature gauges to be put in place to ensure correct temperature can be recorded in all areas of the building.</p>	<p>All residents' rooms including communal rooms now have temperature gauges. Room temperatures are monitored by staff daily.</p>

Recommendation	Response/action
<p>4. Staffing</p> <p>Use of a picture board to display which Staff are on shift, to make it visible and ensure residents are aware of who to contact. This will also make it clear to visitors.</p>	<p>Our admin is currently putting together photos of all staff for the duty board which is located in the reception area.</p>

9. 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 and during the time of our visit.

10. Copyright

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11. Acknowledgements

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



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