

Report of enter and view visit to Youell Court Care home

February 2023

Contents

1.	What is Enter and View?	3
2.	Reasons for the visit	3
3.	Method	3
4.	About the home	4
5.	Summary of findings	4
6.	Findings	5
6.1	Initial Impressions	5
6.2	Facilities and environment.....	6
6.3	Staffing	8
6.4	Dignity and Care	9
6.5	Residents' health	11
6.6	Activities.....	14
6.7	Food and drink	15
6.8	Anything that could be done differently	16
7.	Conclusions	16
8.	Recommendations	17
9.	Disclaimer	19
10.	Copyright	19
11.	Acknowledgements.....	19

Home Visited	Youell Court Care Home
Date and Time of visit	November 24 2022 10.00am – 3.00pm
Address	Skipworth Road, Coventry CV3 2XA
Size and Specialism	Youell Court provides accommodation and personal care for up to 40 people, in a purpose-built home across three floors. One floor provides specialist care to people who live with dementia.
Authorised Representatives	Mary Burns, Tom Garroway, Gillian Blyth, Kath Lee, Mary Reilly and 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 have the opportunity to 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 to the Care Home Manager along with the head of care services and two staff members. We spoke to seven residents. We received one returned questionnaire from a visitor/carer who was there at the time.

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

Youell Court is one of 12 residential care homes and adult day centres that the Salvation Army runs across the United Kingdom and Ireland.

Youell Court provides accommodation, nursing, and personal care for up to 40 residents aged over 65, with a separate floor where the primary health need is dementia care. On the day of our visit there were 35 residents at the home.

At the time of the visit 16 residents were self-funding (i.e., paying for their own care); 19 residents were funded by the local authority.

No beds were occupied by residents funded through Continuing Healthcare Funding (CHC), and no beds occupied under the discharge to assess arrangements.

There are 46 staff including admin, maintenance, volunteers. They use a combination of relief staff and block agency booking for consistency.

The Care Homes Care Quality Commission inspection report can be found at <https://www.cqc.org.uk/location/1-126102883>

5. Summary of findings

Youell Court is a purpose-built facility set in spacious grounds. The environment and furnishings were of a good standard. Communal areas were spotless, light, and well decorated and the temperature was comfortable. At the time of our visit the property was going through refurbishment in some areas e.g., putting pictures up on freshly painted walls.

We reported two maintenance issues in a bathroom during our visit. The home environment followed dementia friendly design principles.

The residents the Healthwatch team spoke to were very happy living at Youell Court. We observed positive interaction between residents and carers, addressing each other by first names. The atmosphere was calm.

There were person centred approaches to care. The management team has introduced innovative ways of maximising one to one time in the form of 'Tenant Ten' every Monday-Friday at 10 am for ten minutes – whereby they concentrate on a resident looking over care plans and updating staff team members, with a quality process in place to review the overall needs of the residents.

There are a range of initiatives to support residents' health. Staff use electronic record systems and earpieces for communication.

We heard an example of the "Docobo" digital monitoring system, which seemed to have led to an unnecessary ambulance call out to a resident.

GP support to the care home was described as working well. Staff received training on oral health. Chiropodists visited residents. However, some residents had not seen a dentist or had hearing checks.

Food quality was good, and each resident is asked in the morning their choice of breakfast, lunch, and dinner.

Activities were available for residents with an activities leader coordinating and supporting planned daily events.

Staff on a whole were happy, although there were some concerns highlighting the ratio of staff to residents and in meeting the needs of the residents. This linked with some comments from residents regarding not seeing night care staff.

6. Findings

6.1 Initial Impressions

There is a video call bell at the entrance to the home we were greeted by the Registered Manager who directed us to use the electronic sign in system which was simple and quick to use. There was no hand sanitizer available, although we did observe staff wearing PPE / masks, gloves in the home. The lobby area was clean, warm and well organised.

There was a board showing pictures of staff and general health and safety information.

We were directed into a lounge and shown where to leave our coats and bags. Everywhere was well lit and the décor was in good condition. There is a Piano in the room and a condolence book on display which residents write tributes and attach pictures of people who have passed.

In the downstairs entrance hall, there was a wall of recognition where certificates are displayed, and the 'Wisper' awards where staff nominate each other for acts of kindness and good practice. Along with a 'You said we did' board where residents and staff put comments and share progress and actions completed with the latest date July 2022.

Along the hall there was a Hairdressers which was open and had music playing. There was also a working Shop for residents and staff – A resident regularly goes to the cash and carry with staff and was very vocal in saying "*I help here*" "*I bought shower gel and tissues, I love it*"

In the ground floor lounge, we saw two residents watching television and staff checking on them. There was no interaction between the two residents. The room had a clock on wall showing the correct time and a water machine. There were tables decorated with flowers and a religious tract.

One member of staff attended to a resident's nails they communicated throughout. They knew the resident's history and kept them engaged.

There was a calm tranquil atmosphere throughout.

6.2 Facilities and environment

Exterior

The care home was surrounded by lawns and a recent newly fitted fence. Trees were being planted as a form of a hedge to aid privacy. The gardens were well tended with plenty of seating. There was a bench at the entrance to the home with a daily newspaper on it for residents and people to read. It was well lit and had an adequate cover for all weather.

Accessibility

There was an ample car park which was accessed via a security gate with a video call bell system. There were plenty of spaces available including disabled and a dedicated Ambulance Bay. The pathway leading up to the main entrance was even with a handrail and no visible hazards.

Interior

Accommodation is provided in a purpose-built home across three floors. One floor provides specialist care to people who live with dementia.

Reception areas on all floors are filled with a selection of homely items, sewing machine (old fashioned) ornaments, a fireplace, a clothes pully - lots of things from times gone by.

The corridors are bright, with trellis and plants on walls. Handrails in a contrasting colour against the white background.

The middle floor had a wedding arch allowing residents to interact and reminisce and the lounge ceiling had been painted to incorporate a blue sky and clouds. It was very peaceful, and staff were observed responding to residents' requests for drinks in a calm manner.

Bathroom - Floor 1 - Clearly labelled door, light and bright. Clear of hazards nothing stored that is not required. High specification bath and chair to sit on. Very homely pictures and ornaments. Sink taps clearly labelled, clean, odour free, lights in good working order.

Bathroom 2nd floor – Clearly labelled door and visible signs, bathroom clean and fit for purpose. Hot and cold taps are marked clearly. No pull-on cord in bathroom and light over sink not working – we reported this to a carer.

We asked staff about day-to-day checks and were advised water checks are completed daily in bathrooms and kitchen areas, along with temperature checks of the building as there were no visible thermostats. We observed cleaning taking place throughout the day.

Furnishing was of a good standard, comfortable high back chairs a selection of throws, lamps and homely ornaments dotted around. Large TVs in the lounge areas, which residents were watching, and small quiet breakout areas where we observed residents sitting quietly with staff visible in the background.

Outside space

The home has a large outside area with mature shrubs, trees and lawned areas which residents can access. There is a barbecue with benches, tables, chairs and plenty of seating to allow activities to take place.

The outdoor space has easy access, and the garden and pathways were all tidy and free from obstacles. There were some residents outside who were using Zimmer frames and having exercise with staff.

Dementia friendly design

Each resident's room had their own personalised front door with a door knocker and number. The doors were brightly painted in contrast with the walls. There was a plain carpet throughout. All rooms have clocks with the date and day displayed and set to the correct time.

Handrails were in position along the corridor and were easy to see.

There were signs on doors with name of rooms clearly defined. Signage on toilets was clear with a sign/symbol and words.

Toilet lids contrasted against the toilet e.g., black lid/white toilet bowl. Hot and cold taps functioned properly and were clearly visible.

6.3 Staffing

Staff training and support

We spoke with two members of staff alongside the senior management team. This included a longstanding member of staff who had worked in a variety of roles.

Staff described an induction programme whereby staff complete five shadow shifts to ensure they are competent in the role. Each staff member has a clear plan in place and part of this is to receive face to face support and internal training which can be shadowing with a senior.

Staff complete a week intensive training in moving and handling, and a combination of online and practical assessments in the mandatory training which form part of their plan and is provided by an in-house Company. Youell Court uses "Altura Bridge", which is online and has yearly reviews. Moving and handling is face to face- in house via Ergo.

Staff are encouraged to continue their personal development in the form of the care certificate, and a level two diploma in health and social care. We were advised that staff are paid for completing training and attending meetings.

There is a supervision and appraisal system in place whereby staff meet regularly to include three supervisions and a yearly review. A care worker informed us part of the process is supporting them with their wellbeing, in the form of "what's going well" and "what can we do for you" The management have an open-door policy and staff said they felt supported and knew the process to raise concerns.

The manager commented *"Staff are recruited to the values not experience".*
"You cannot teach care".

How staff get to know residents

One member of staff said that during the pre-admission stage information is gathered in the form of "who am I" this is supported along with input from friends, family to build a picture of a resident's personal history, likes/dislikes, cultural and lifestyles.

Staff spend individual time getting to know the residents, and management have introduced a "resident of the day" and "Tenant at 10 am for ten minutes Mon – Fri" 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.

Staff use an electronic handheld recording system noting fluid/nutrition intake, along with medication and personal care throughout the day. This ensures information is recorded on to a care plan which is a working document which is amended and updated regularly.

When asked staff advised *"I like it I find it easy to use"* and *"I know the information is recorded for each person"*.

6.4 Dignity and Care

Youell Court uses the 'Butterfly' household model of care approach, receiving the specialist dementia care accreditation for the last couple of years. Under the Butterfly model of care¹ the care home has shifted practices away from traditional task-focused care and routines to an approach that considers residents emotions first and foremost, involving them in activities that give a sense of purpose. They have trained staff in partnership with Dementia Care Matters about how to create butterfly moments that build emotional connections between staff and residents.

Carers were observed interacting with residents in a calm and appropriate way and offering reassurance where required. The staff on both floors were observed communicating well with residents in a friendly manner.

All residents had drinks, one resident was observed having their nails done with a care worker who was being very friendly and chatty.

¹ <https://butterflyscheme.org.uk/>

Staff were observed addressing people by their first names. Residents were also noted to call staff by their first names.

There is a no uniform policy all staff wear name badges and have earpieces so they can communicate with each other. On a Friday staff wear a colour of choice T-shirt to match Youell Court values.

Staff did not appear to be rushed and were going about their duties in a relaxed efficient way. An assistance bell sounded, and staff reacted promptly without any fuss.

A resident who was in the upstairs lounge kept trying to rise to their feet. There was a pressure mat next to them. The carer offered reassurance and asked them to stay seated changing the subject to a topic they were happy to talk about: their previous work.

One resident asked to go outside for a walk and was supported by the carer, who chatted quietly whilst walking along with them.

All the residents we spoke to, bar one, felt they were always listened to. One resident said *"Yes, I find the staff most helpful in many ways. You can talk to the staff as if you were part of the family"* Another said *"The staff are lovely, they are very good. Some are better than others."*

Three residents made comments about night-time staff saying:

- *The night carers are not so good as the day carers". When asked why "I don't know really".*
- *"I don't see night staff, day staff excellent"*
- *"Night carers not as good - do their best. Not so many carers on at night"*

A couple of the staff we spoke to expressed their concern of shortages in staffing, the ratio not being met and not being able to meet the needs of the residents. It was not clear if this was relating to the day / night care staff.

There were no concerns about raising problems expressed from our sample group of residents, with comments from residents ranging from *"Oh yes, I can talk to any staff member and if I have any concerns, they escalate it if need be"* to *"I feel I could talk to any of them if I needed too"*.

One resident expressed with clarity how they were asked by care staff if they were happy with the support and assistance they were given, they said *"Staff always say hello and ask me what I want, and they do it"*.

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

- *"The staff serve the residents food to them at the table in the dining area".*
- *"Can do as much as you can for yourself – we are encouraged to do so"*

All who we spoke to said they had never felt uncomfortable or embarrassed while living at Youell Court. With one resident saying "No, never quite honestly, no".

All residents, male and female appeared to be appropriately dressed, clean and comfortable. Residents looked comfortably dressed for the temperature.

All residents we spoke to seemed happy living at Youell Court. Some of their comments were:

- *"I am very happy"*
- *"If I press button they respond straight away. They deserve all the praise I can give them"*
- *"They care, express their care"*

A resident also told us: "Lucky to have found it I've been here four years and the carers are lovely. Food good choice".

6.5 Residents' health

GP services

We were advised by the manager that there is a weekly visit from the local GP, every Wednesday at 10:30 am. Residents can request to see the GP, and staff can put forward details onto a list, which is sent to the GP prior to their visit. The head of care said that in the longer term, the surgery will be planning for the GP to not visit weekly with the idea that "Docobo" will provide daily support. It was made clear that the local surgery is flexible, and a GP will attend at other times as required.

The residents in our sample group had all been visited by the GP and all spoke positively about the experience, they said:

- *"GP comes every Wednesday - can request a visit via the carers".*
- *"Has home GP, the GP service excellent and didn't have to wait".*
- *"All the time, there are no problems with the doctor".*

Youell Court use "Docobo"² which is a remote patient system, whereby staff complete daily observations on the residents that are registered, this includes blood pressure and oxygen saturation levels. The manager felt that this is system led rather than person led and is good for referrals and clinical support. They gave an example where they had an ambulance sent out to a resident who had been eating their dinner. Although the readings had indicated the resident needed medical intervention the manager had spoken with "Docobo" to reassure them the resident was quite well, and said the person was not happy being disturbed whilst they were trying to have their lunch. The resident was not taken to hospital.

Looking after residents' feet

An external chiropodist visits the home regularly, carers note any concerns onto the electronic care plans and referrals are made earlier if required.

The Head of Care told us: *"The chiropodist comes in every six weeks, if this is required any earlier, they will come in"*.

All the residents we spoke to indicated they saw the visiting chiropodist regularly, some comments were:

- *"I can request a visit from a chiropodist"*
- *"Have regular visits arranged by the home"*
- *"Have regular check-ups with Chiropodist - every six weeks"*

How residents' sight is looked after

Staff advised that Specsavers visit the home regularly and see residents on a person-by-person approach. The care staff we spoke to were aware that this was dealt with by an outside agency and will also support residents to attend external appointments.

Looking after hearing aids and residents hearing

An outside audiologist comes into the Home for maintenance and hearing checks. The Manager told us that staff are aware of how to support the residents with cleaning, changing batteries and charging hearing aids. This is integrated into the care plan, so all staff are aware of the process to follow.

A staff member shared *"we check batteries in the morning. We put them in a box when we take them out each evening"*

² <https://www.docobo.co.uk/>

No residents we spoke to used hearing aids, nor had they had their hearing checked whilst at Youell Court. Some comments were:

- *"No, I don't need them"* Resident has never had a hearing test.
- Doesn't wear hearing aids, is okay and *"never had a hearing check"*.

Oral health

The manager informed us that this area is covered in a specialist training module, and forms part of the oral care plan for residents. There are clear guidelines in place for staff, and a local Dentist assisted with mouth care training.

A carer explained that they make sure that teeth/dentures are cleaned, and oral health is checked when they do this, and it is clearly documented within the care plan if residents refuse support in this area.

The head of care advised a dentist will visit and residents are supported to appointments by care staff.

The comments from some of the residents we spoke to were mixed:

- *"Never seen a Dentist never needed to see one"*
- *"Never had a check-up - been resident 4 years would like a check-up, had regular check-ups at home."*
- *"No, I have not wanted to go and visit a dentist either. I have refused offers to go".*

When a resident feels unwell

The manager explained that in a situation where a resident informs a carer that they feel unwell or are in pain this is escalated to the senior person on duty or manager who go through a health check process. Dependent on the outcome they may be given home remedy for 48 hours or NHS 111 would be called. The GP practice is always used in opening hours in preference to NHS 111 as there is an ongoing relationship.

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

- *"Depending on the persons history we would try PRN medication, if the pain is different than we would use 'Docobo', GP and 111"*
- *"Document/ inform team leader/head of care. If it didn't get dealt with would go to the Manager"*

Two residents we spoke had felt unwell whilst living at Youell Court said:

- *"All the time. I tell a carer, then they give me painkiller"*
- *"Have a sore being dressed and attended too"*

Taking medication

The manager advised that each resident has a regular yearly medication review. They have a named Pharmacist and contact the GP. All information is recorded onto the electronic care plan, and this provides a complete record of medication administered and dosage.

There is an electronic system in place for ordering repeat prescriptions and the Manager said they were waiting for the pharmacy to use Dossett boxes per resident which will be less time consuming when checking in and safer to use.

Residents are encouraged to be involved, this is linked with their care plan, and forms part of their initial assessment of needs. Staff ensure they gain consent when managing medication. If a resident refuses to take their medication this is documented and highlighted to the team leaders and managers, to take the necessary action.

6.6 Activities

The manager said the home has an activities leader who supports staff and will personalise sessions for residents.

We were advised that the home has a weekly programme of activities that is combination of activities that are delivered by internal and external means. Other ad hoc activities are also planned.

Some residents were observed sitting in the communal lounge on the first floor. A carer was encouraging residents to use a wooden musical instrument.

One resident told us there is singing, bingo, visiting the hairdresser, having nails done. The Salvation Army come in, there is a brass band. They had a remembrance service.

Another resident told us *"Yes there are regular activities I am contacted every day and asked if I want to join in"*.

Prior to Covid the home had connections with a school who came in to sing for residents – 'singing by heart'. There were also community connections which they are hoping to build upon again with Morrison's and the local pubs for meals and coffee and lunch days out.

In the entrance hall there was a big jigsaw left on a table, and staff and residents' complete pieces whilst walking by.

The home manager said *"We do have volunteers 'Friends of Youell Court' who concentrate on fundraising, and we have an activities budget which included transport. They had been on three canal trips this year which had been successful and had an afternoon tea in the gardens"*.

A hairdresser visits regularly and it was observed a resident having their hair done. The resident looked like they were enjoying the experience, the hairdresser asked if they wanted tea or coffee, and which music they would like to listen too.

When sample group were asked what they did when they spent time on their own their responses were:

- *"I Spend a lot of time on my own by choice, prefer my room"*
- *"Always liked Sewing likes singing - Salvation Army brass band comes"*
- *"I enjoy TV, reading and writing"*

When asked about going into the garden one resident said *"I like to go in the garden when we can - always has someone with me to be safe. Easy access to garden"* Whilst another said, *"Staff are happy to take me out for a cigar when I want"* Described staff as brilliant and wonderful.

6.7 Food and drink

The dining rooms were clean and tidy, freshly set up for lunch. Drinks area in lounges were very clean. They had tea and coffee with water, fruit bowl and sugar free orange juice machine. Residents were being offered drinks frequently and snacks were available.

We observed residents asking for drinks and staff sorted this out immediately. On the second floor, we observed staff asking residents if they would like a drink.

The manager said meals were not cooked on site but delivered and then served. There were a variety of options offered i.e., mash, roast, boiled potato etc and residents chose their menu choices daily.

We joined lunch time in the upper floor dining room. This was a bright, warm cheerful room, with lots of windows and light. The dining room overlooked the garden. We saw that all residents were eating – there was no interaction between residents. Staff were observed preparing meal and interacting with residents. The meal was mushroom soup, sandwiches, pasty, and lemon meringue.

A staff member observed feeding a resident kindly and patiently. Hymns were played throughout the dining room. We asked staff how the music is chosen and if they played hymns every meal. They said they asked the residents what they wanted - they said yesterday it was Vera Lynn. When asked about food and drink the sample group of residents said:

- *"Food is excellent, and the resident is given a choice of 3 different things for daytime and evening meals"*
- *"Good - sometimes I don't like it but always choice including cooked breakfast"*
- *"It's average, I eat everything"*
- *"On restricted diet mashed food but happy with this"*

When asked if drinks and snacks were available sample group of residents said:

- *"Tea, coffee, soft drinks, biscuits and cake always available. Always offered a choice even at night. Given daily info of food for the day."*
- *"Have 3 choices and informed daily of choice available."*
- *"There is always tea, coffee and soft drinks. I can get a drink anytime day or night."*

6.8 Anything that could be done differently

The manager had said that there were plans to plant some tree's and form a hedgerow to aid privacy, due to a dispute with the surrounding neighbours. They are hopeful to improve their community links again and build on their external activities which were curtailed due to the recent Covid restrictions.

When asked if there was anything they'd like to change, one resident expressed *"If I want anything changed, they do it. The manager has improved things a lot. Since I came here 4 years ago it has improved a lot"*. Whilst another resident said, *"I would change nothing"*.

7. Conclusions

There were many positive aspects to the care provided at Youell Court. The residents we spoke to were happy living in the home. Staff described and demonstrated 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.

The home is also advanced in its use of electronic care records and has adopted good practice models of care.

We heard an interesting experience of the Docobo system which raises some question about how remote monitoring works in care homes. Healthwatch

Coventry will raise this with social care commissioners as we are aware that the role of Docobo is seen as central to plans for enhanced health care for residents of care homes.

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 that 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>All residents with hearing aids have regular hearing tests & also support with accessing hearing service when issues arise with hearing aids & deterioration. A whole home test has been arranged for residents who wish to use this service.</p>
<p>2. Access to Dentistry</p> <p>Ensure residents have 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>Community dentistry is used when residents have issues.</p> <p>Check-ups have been arranged for residents who wish to use this service.</p>

Recommendation	Response/action
<p>3. Maintenance</p> <p>Put in place/ review process for regular checks to ensure lights are working in bathroom area and put signs up when out of action.</p> <p>[We reported faults during our visit – it was unclear how long these had been faulty]</p>	<p>Daily H&S walk remain in place, maintenance book & 10@10 meeting discuss lighting, evidence can be found of response times in H&S meeting minutes/maintenance book.</p> <p>Any lighting issue would be dealt with immediately & if this was not possible the issue would be reported to external agency for repair.</p> <p>Signage would be displayed for any lighting out of action.</p>
<p>4. Staffing</p> <p>Following the comments regarding staffing - particular at night-time, there should be</p> <p>A) Review the staffing ratio for night shifts</p> <p>B) Use of picture board to display which staff are on shift in particular during the night, to make it visible and ensure residents are aware of who to contact.</p>	<p>No need to review staffing at night, the dependency tool used demonstrates efficient staffing levels at night.</p> <p>A second picture board is not necessary as we want to create a home environment, staff photos are clearly displayed in the reception area of the home. At a resident meeting we asked how residents would like to know which staff are on shift at night-time and it was decided by residents that they would like to discuss it at their evening meal.</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

The content of this report belongs to Healthwatch Coventry. Any organisation seeking to reproduce any of the contents of this report in electronic or paper media must first seek permission from Healthwatch Coventry.

11. Acknowledgements

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



Healthwatch Coventry

Admin: 024 7622 0381

Public helpline: 0300 0120315

Email: healthwatch@vacoventry.org.uk

Website: www.healthwatchcoventry.co.uk

Facebook: Healthwatch Coventry

Twitter: @HealthwatchCov

Instagram: @HealthwatchCoventry