

**ADULTS' SERVICES OVERVIEW AND SCRUTINY COMMITTEE – MEMBERS' VISIT**

***CHECKLIST FOR RESIDENTIAL ESTABLISHMENTS***

**ESTABLISHMENT:**

**Cedar Court**

**DATE: Tuesday 23rd  
August 2011**

**START: 5.40 pm**

**FINISH: 7.00pm**

**PRESENT:**

**Councillor Chris Taylor  
Councillor Gill MacDonald  
Ian Buckland, Manager  
Judith Angell, Contracts Officer**

**GENERAL/BACKGROUND:**

Care Home – Residential Dementia.

Ian explained that the home is over two floors, with 20 residents living on the Ground Floor and 27 residing on the 1<sup>st</sup> floor. Each floor has its own dining-room and lounge areas, but residents are enabled to choose where they spend their time.

He said that at present the indication is that they will be transferring to Four Seasons on 30<sup>th</sup> September, but this has not been made official yet. The GMB Union had indicated at one point that this would happen on 1<sup>st</sup> August, but obviously that hasn't happened.

Staff now want it to happen. He confirmed that no staff had left during the period and nobody was indicating that they would. Staff had continued to work in exactly the same way as before.

**KEY AIM OF THE ESTABLISHMENT:**

Ian said that the home had several key aims – independence, choice and dignity were probably the main three that he spoke about.

He said that residents are enabled to remain as independent as possible eg with personal care – and this is written into their individual Care Plans and Risk Assessments.

Staff also offer Choice as much as is possible eg residents will choose when or if they get up or go to bed – for example if a resident refuses to go to bed then they would be made safe and comfortable in the lounge – they might not have gone to bed for years whilst living at home.

What, when and where they eat – the chef will offer more than is offered on the menu and will produce enough so that residents can change their mind at the time of eating – Ian said that there is no real point in asking someone the day before what they would like for lunch tomorrow as they will not remember, but they will know when they see the options what they want.

Dignity – staff in the way they address the person, knocking on bedroom doors, ask residents if they would like to go to the toilet etc – these are all ways that staff can ensure someone's dignity is maintained.

Ian said in his opinion much of it is common sense, and is only how we would want to be treated.

He said that despite the high levels of dementia of some of the residents they rarely have much challenging behaviour as the staff are well trained and they get to know their residents very well – in his opinion Challenging Behaviour suggests that the staff, and he includes himself, have failed to understand or tap into whatever the resident would like them to know or understand.

He said 'we become their family'

And

The 'Dementia is Secondary to the person'.

#### **CLIENT GROUP:**

Cedar Court has residents with early stages of dementia to those who are in the late stages and they also have training in Liverpool Care Pathway to enable residents to remain at Cedar Court until they pass away.

At present there are 17 Bexley Supported Residents, 13 from Greenwich, 6 Private and the others come from other LA's.

#### **SERVICE USERS/REFERRAL SYSTEM (if appropriate):**

Ian explained that many of their residents come from LA's so they receive information from them prior to admission. He said that he gets very comprehensive information from Bexley.

Prior to admission they would carry out their own assessment. This is

particularly important when taking a Private resident as this is where their information comes from, which helps them know whether they can meet the persons needs and care for them when they are living at the home.

**NUMBER OF BEDS (where appropriate):**

47 beds over two floors.

**OCCUPANCY LEVELS/VACANCIES:**

The home is full at the moment and there is a waiting list.

The home has a good reputation so rarely has vacancies. Ian explained that at times people were reticent about the home being on the edge of Thamesmead, but once they come to look round then they tend to choose it for their loved one.

**INDIVIDUAL SUPPORT PROVIDED:**

The support provided will range from prompting to doing for and requiring two staff.

Staff offer the support required at the time and be mindful that this can fluctuate from day to day, and different times of the day.

All support is written into the Care Plans and they are reviewed at least monthly, and more often when there are changes.

***Commission for Social Care Inspection Report (CSCI):***

**FOR RESIDENTIAL ESTABLISHMENTS ONLY**

**Issues arising from the Inspection Report (if one was provided):**

Nothing was discussed – the home has had a visit from their inspector in the last couple of weeks but no major issues were brought to Ian's attention and no report has been received.

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**Does the home take respite and emergency admissions?**

Yes – have 1 blocked bed for Bexley for Phased Care – particularly for those residents who are felt to have more challenging behaviour and so other Dementia Care Homes can't meet their needs.

**(FOR RESIDENTIAL ESTABLISHMENTS ONLY)**

**Does the home have Day Care?**

Not at present but a development they are looking at for the future. It is felt this would be a good extension of the respite and phased care they offer as an introduction into the home for future service users.

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**Prior to admission do you get information about the prospective resident?**

Yes, Ian confirmed that they get information prior to admission. This is particularly good from Bexley.

The only time they might not get as much is if the admission is in an emergency. They work with what they can get initially, and more follows as soon as it is known, plus they get more from family and friends etc

**PERSONAL CARE:**

Staff offer varying levels of support depending on the needs of the resident, whilst ensuring that choice and promoting independence are maintained.

If someone refuses help then they would try again later, try with another member of staff etc – they would try not to become challenging at all.

Residents can choose whether to have a bath or shower. They would be helped to wash, dress, shave etc.

Care Plans would have all this information for staff to refer to.

**CLIENT SATISFACTION:**

Ian reported that since the Activities Co-ordinator had started in November 2010 they had received very positive feedback.

Residents met during the visit appeared very happy – there was banter going on between staff and residents.

Residents were sitting chatting with each other.

Councillors did engage with some residents in the lounge areas.

## **VIEWS OF CARERS:**

There were no relatives available in the home for comment at the time of the visit.

Ian explained that they do have relatives meetings which they are encouraged to attend – generally however people do not – if they have any concerns then they would come and speak to him or one of the Senior staff at the time.

Generally relatives want their loved one to remain at Cedar Court – they understand that if there is an acute incident then they might require hospital eg # leg, but other than that they like residents to remain at Cedar court with staff that they know as the level of care for people with a dementia at hospital tends not to be as they would wish.

He gave an example of someone who had # their leg and their rehabilitation was not going well at hospital, she returned to Cedar Court and she recovered better back at home.

## **FOOD:**

All food is cooked on the premises and Councillors did view the kitchen.

The 4 week rotational menu was viewed – residents can choose from something not on the menu if they want something else.

Breakfast – Cereal/Porridge, toast etc – but also every day there is something hot eg scrambled egg on toast etc, not always a full English Breakfast, but that would be cooked if people want it.

Lunch – Main Meal of two choices + a choice of two deserts.

Tea – eg Soup, Sandwiches, deserts – always a hot meal to choose.

Supper – Sandwiches, toast etc with drinks.

Ian explained that each of the meals could be taken where the resident wants to eat, and at the appropriate time for them.

If residents are up during the night then staff will cook for them eg egg and chips – if Residents only want to eat cereal, then that's what they will be given, whilst offering other foods to see if they would like anything else. They take the view better someone is having what might be seen as a boring diet than no diet at all.

**CLOTHING:**

The laundry is situated next to the kitchen. All laundry is done within the home with dedicated laundry staff at some times during the day – at other times care staff will help.

Ian was honest and said that they do at times 'lose' items of clothing – but very often they can be found within the home eg they have been put back into the wrong bedroom, or residents have moved them around.

All residents appeared appropriately dressed.

**HEALTH CARE:**

Cedar Court has good support from their GP and District Nursing Service. (Lakeside).

The GP is happy for staff to call her at any time and the District Nurses visit as often as required eg at present they are attending twice a week for leg ulcers.

They have a resuscitation status for residents – the GP talks with the relatives about this and the decision is reviewed every 3 months or sooner if there is a change in the resident's condition.

The home uses the Liverpool Care Pathway and staff have had training. They also have training in the Gold Service Framework – Ian explained that residents will have green, blue or red status/file which indicates where on the continuum they are at any one time, but again these are regularly reviewed and several residents who have been 'red' on End of Life Care, will move to blue or even green.

When the home needs specialist mattresses and/or cushions they have never had any trouble getting them.

If they should receive a resident into the home with pressure sores or unexplained bruising then they would refer for a Safeguarding Adults investigation.

Incontinent Pads – Ian said that each resident is allocated 3.5 pads per day – they choose to have the pull up pads as they are more discrete and are more like ordinary underwear.

They supplement the numbers they are allocated by the Care Trust with some that they purchase themselves or if they are donated when someone moves on to alternative care or passes away.

Councillors viewed the medical room, where the medication trolleys are kept. Both trolley's, one for each floor, are kept there and are secured to the wall.

Ian explained that they do not have any PRN medication in the home as this relies on residents being able to input into the decisions about taking it and with people with dementia this is very difficult.

Their medication comes from Boots – they have a good system and relationship with them – if the prescription is written at 14.00, then they can have the medication in the home by 16.00.

Medication is on a 28 day cycle Blister Pack system – each medication is in a different blister, so anything can be stopped easily and that blister taken out of the pack.

Medication is generally administered x 4 times a day – am, lunch, pm and night – but can be given at other times as per prescription.

Controlled drugs are kept separately – these include palliative drugs – there is a CD book and all these are administered and signed for by two members of staff.

Staff count medication twice a day – at 14.00 and 20.00 – if there are any mistakes then they are found quickly.

Ian carries out a monthly audit – in the 6 months he has been manager there have been no medication errors.

### **LEISURE OPPORTUNITIES/ACTIVITIES:**

Councillors spent some of their time in the homes Activities Room – there was evidence of some of the Activities that take place eg Arts and Crafts.

Examples of other Activities that take place are : gardening, basket weaving, reminiscence, outings both local and further afield, sing-a-longs, film afternoons etc.

There is an attractive board showing the activities arranged for the week.

Residents are encouraged to keep up their previous interests before coming to live at Cedar Court.

The Home now has a dedicated Activities Co-ordinator – but Ian sees this is everyone's responsibility.

One area of the home that Councillors felt was a major asset to the home is the garden – 'it is the best we have seen'. Ian showed Councillors that they have a greenhouse, shed and vegetable plot, all of which the residents use and help maintain.

**EDUCATION/EMPLOYMENT AND TRAINING:**

70% of the homes staff are NVQ trained at level 2/3.

At present there are 5 staff signed up for the Apprenticeship Scheme.

All staff received Induction Training and ongoing training throughout the year – Ian said this was one area that Southern Cross were very hot on.

The Dementia Training is very important and always emphasises the need for 'Person Centred Care'.

They also have 'Dignity Training' – seeing what it's like to receive care rather than give eg being fed, sat waiting to go to the toilet etc – the staff are experiencing care from the other side. This is particularly powerful for new staff.

**PREPARATION AND LEAVING THE HOME:**

Nothing discussed

**HEALTH AND SAFETY:**

Nothing noted

**STAFFING ISSUES:**

There are no staff issues at present – staff have remained loyal to the home whilst going through the past few months of uncertainty.

Ian said that you have to acknowledge that the work can be stressful and if staff need some time out then they are encouraged to say that they need this and other staff understand.

He said that they have to use the skill mix of the staff to the homes advantage, with some staff being good at some things and other staff excelling at others.

Ian has fulfilled various roles within the home and feels this enables him to know what it's like to be a member of staff doing what can be a difficult job at times.

**PROCEDURES AND RECORD KEEPING:**

Nothing looked at on this visit, but the Contracts Officer can confirm this is of a good standard.

Review Officers have reported recently that the Care Plans and Risk Assessments are some of the best they have seen.

**STANDARDS OF MAINTENANCE AND DECORATION:**

It was agreed that although the maintenance and decoration were 'adequate' it could be better and was starting to look tired in many places.

Staff have obviously tried to keep it up to standard by completing some themselves, but the home now needed more investment in this area.

Councillors felt that 'the Quality of the Environment now needed to match the Quality of the Care'.

There is a problem with the hot water/heating system, as the two are linked and so there are times when the heating is on when it really isn't necessary or wanted.

The 'Family Room' was seen as a fabulous idea and an asset to the home – an area that relatives can use with its own kitchen area, and a bed/settee. This means that if relatives want some private time then they can go to that area – particularly used where relatives have travelled a long way or are staying at the home if their loved is unwell.

**ADEQUACY OF FURNITURE AND EQUIPMENT:**

Again this was adequate but could be improved.

**KEY ACHIEVEMENTS:**

Councillors expressed their pleasure at what they saw and heard. They told Ian that he should be 'very proud of the home'. He said he was, but that it is a team effort, he couldn't do it without the staff and he felt he would find it difficult to work anywhere else.

**CONFIDENTIAL MATTERS: (This section will not be published)**

Nothing noted.

**RECOMMENDATIONS:**

Nothing noted.

**NEXT VISIT: (Please indicate timescale for next visit)**

Nothing expressed.