

# Enter And View

**Report**  
**Cedar Falls Care Home**  
Carried out 19<sup>th</sup> June 2018



**Local voices**  
**improving local**  
**health and social care**



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Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall Authorised Representatives, will carry out these visits to health and social care premises to find out how they are being run, and make recommendations where there are areas for improvement.

The Health and Social Care Act, allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about, and share examples of what they do well, from the perspective of people who experience the service first hand.

Healthwatch Walsall Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Walsall safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.



## Provider Details

**Name:** Cedar Falls Care Home

**Address:** 83 - 89 Bescott Rd,  
Walsall,  
WS2 9DG

**Service Type:** Care Home EMI

**Home Capacity:** Licensed to 38

**Date of Visit:** 19 / 06 / 2018

## Authorised Representatives

<b>Name:</b> Tom Collins	<b>Role:</b> Engagement and Information Lead.
<b>Name:</b> Doug Partridge	<b>Role:</b> Authorised Representative
<b>Name:</b> Richard Jolly	<b>Role:</b> Authorised Representative

## Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents
- To listen to, observe and capture the experiences of service delivery from the residents and relatives

## Physical Environment

### External

Although no detailed inspection was carried out, only minor conditions regarding repairs to decoration requiring any attention were noticed.

The entrance is accessible and well signed.

CCTV is installed to the front and rear of the buildings.

There is quite a large garden area within the rear car parking area. One Resident had asked to help maintain the garden area which was a good therapeutic activity.

### Internal

Although no detailed inspection was carried out, only minor conditions regarding repairs to decoration requiring any attention were noticed.

The lounge area was divided into 3 different areas allowing some space for louder conversation or quieter times.

It was noted that some furniture was covered in material and looking worn. We were informed that this was being replaced with vinyl covered furniture in phases over the next few months to allow for easier clean and sanitary maintenance.

We noted a smell of urine in just one small area. We were informed that this was a temporary, local problem in the process of being resolved by removing existing carpeting and changing to vinyl floor covering.

Visitors are asked to sign the Visitor's Book, but no obvious site safety rules are displayed in reception.

CQC report summary available in reception area. Employer Insurance expires August 2018.

## **Resident Numbers**

38

## **Staff Numbers**

38 total - 1 Manager, 2 Deputy Managers, 2 Day Seniors, 4 Night Seniors, 16 Day Carers, 4 Night Carers, 2 Cooks, 2 Kitchen Assistant, 2 Cleaners, 1 Laundry Worker.

## **Agency Usage**

Staff reported very rare use of Agency Staff and low staff turnover - 2 or 3 staff changes per year.

## **Resident Experiences and Observations**

5 residents were spoken to about their experiences and observations.

Residents were happy that they could check their Care Plan if they wanted to and that the Manager was available to agree to any change if necessary.

Residents were free to go to their rooms at any time.

Church services were arranged several times during the year e.g. Easter and Christmas. One Resident did express an interest in going out to Church but wasn't sure whether this option was available.

One Resident did query whether there were enough Staff available at night.

All Residents were mainly happy with their treatment, appreciated the good food and friendly Staff. One Resident noted that the Staff all knew that he didn't like

cheese and didn't give him any indicating that Staff listen, understand and respect individual needs.

## **Family and Carer Experiences and Observations**

2 Relatives and Carers were asked about their experiences and observations and reported that most things are very good.

The number of Resident consultation meetings with Relatives was noted as maybe not sufficient.

The Complaints procedure was not well understood but the Manager was mainly available to approach if an issue or complaint arose. After a discussion with the manager it was indicated that each resident has a user guide in their room which contains the complaint process and there is a notice in reception area.

However, it was also noted that the Manager and all Staff were always friendly, available and very attentive and proactive in resolving any problems.

Relatives reported that Care Staff called them about all important issues affecting the resident(s)/ relative(s).

Relatives reported that Staff knew everyone's name and were very flexible to accommodate their needs.

One Relative noted that furniture was not in good state of repair, possible hygiene problem, but please note the comments above regarding phased replacement of the furniture.

## **Activities**

We were informed that Staff quite regularly take some Residents to the local Pub who wish to visit there as part of their independence and social wellbeing.

The home organises local trips about 3 times per year and Residents did use the many board games and other craft activities available in a storeroom.

## **Catering Services**

The chef was asked about general procedures.

It was noted that there was a good standard kitchen equipment and hygiene (Hygiene cert 5) with a good choice and standard of food.

Main meal menus were varied to suit Summer and winter seasons and every 2 weeks with 2 options every day.

There were other choices including sandwiches and a buffet on Sundays and Mothers / Father's Day.

Residents were offered biscuits and cakes during the day as well as a Supper menu.

A white board was used to control the supply of food for special dietary needs.

No Residents ate meals in rooms (unless not well) with sufficient Carers to assist Residents as necessary in Dining areas.

## **Staff Experiences and Observations**

Staff were very welcoming and felt well trained. Staff had received, as an example, first aid training yesterday with fire training next week.

Care plans are available for Staff in lever arch files. Any changes are discussed with Seniors or Manager.

Staff have a handover group meeting every day.

Residents benefit from daily visual monitoring to restrict potential for being harmed or causing harm.

The Manager prefers to see CV's prior to employment.

A training matrix is used and all Staff are QCF / NVQ qualified.

Training is carried out by external Consultants.

Care Plans are computer based with a hard copy in lever arch files for accessibility

Main care requirements for individual Residents are on posted bathroom walls as well

Residents are monitored with IR sensors and fall mats

External consultants were used to investigate falls in the past and paint colours changed on doors and walls to cut incidents.

## **Summary, Comments and Further Observations**

The Home has an open and hospitable environment.

The use of hand sanitisers was not encouraged.

There was a query whether there is enough formal collection of feedback from Residents and Relatives about general conditions and any suggestions / criticisms.

We thank the residents, relatives, staff, management and owners for their cooperation and contributions during our visit.

## Recommendations and Follow Up Action

- Update/ replace furniture as mentioned.
- Encourage use of hand sanitisers to visitors.
- Identify more opportunities for collection of relative/ carers feedback/ surveys.
- Display site safety rules in reception noticeable to visitors more prominently.

## Provider Feedback

- The Hand Sanitiser is available in the reception area near to the main door and signage is displayed for usage
- Feedback surveys forwarded by post every 3 months to relatives (not always returned) Given out by staff personally to visitors to Cedar Falls.
- Feedback questionnaires are always available, they are situated in a holder on the notice board in the main entrance
- A Suggestion book is available for use and is situated in the main entrance
- Site safety rules now prominently displayed in the main entrance

**DISCLAIMER**

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.*



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