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Cedar Falls Residential Care Home
Carried out 30th October 2019



Local voices
improving local
health and social care



Provider Details

Name: Cedar Falls Residential Home

Address: 83 - 89 Bescot Road, Walsall, WS2 9DG

Service Type: Residential Care Home

Registered Manager is Helda Everitt

Home Capacity: Licensed up to 39 residents. Single occupancy rooms, one being a double. All Ensuite.

Cedar Falls Residential home is owned by The Cedars Healthcare Ltd.

The Home has been inspected in the last two weeks, and we were informed by the Manager it "Requires Improvement" in two areas. It was previously rated as "Good"

Food hygiene rated as 4.

Authorised Representatives

Name: Lynne Fenton - Role: Healthwatch Insight Senior Lead Advocate/ Authorised Representative

Name: Tom Collins - Role: Engagement and Information Lead/ Authorised Representative.

Karen Kiteley- Community Outreach lead.

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.
- We carried out the visit at the request of Adult Social Care on their intelligence.
- The methodology to be used is to:
- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between: Residents, Staff, Manager and Visitors.

Physical Environment

External

Access is from the road to the frontage of the property. There is a large car park at the rear of the building accessed through an archway. The garden is visible from the car park and is fenced off. The main entrance to the building is at the front of the property.

The building exterior appeared to be in decent repair with no obvious maintenance issues. This a two-storey property. Access was via a front porch door and doorbell, there is CCTV in operation to the front and rear of the property.

On arrival at the front door, we noted unclean windows to the side of the property.

Internal

Entrance to the lobby is accessed via doorbell. We were signed into a visitor book with a confidential element to it for GDPR. The reception area had hand sanitiser available. There were staff photographs displayed of who they are and their role.

The central lobby leads to an office, dining areas with separate areas to a number of lounges.

The home on the day of the visit was dressed to celebrate Halloween with extensive decorations throughout.

We observed that one of the two lifts were out of order and we were informed they were having a new one fitted to replace. There is also a stair lift in situ used if the lifts are broken. A staff member informed us that it is more time consuming when they need to use the stair lift for people if the main lifts are broken.

There appeared to be a lot of staff available with residents when we arrived, it appeared very busy. Staff were preparing for the lunch time period. We noted no condiments available for people to use with their lunch, other than for one man who was sat alone. We did note condiments on a trolley not close to anyone. We were later informed that staff had forgotten to take them into the dining area.

We noted that residents were given cold drinks with their lunch and were informed they had a hot drinks trolley go around after lunch, this was not observed, we were informed that the hot drinks trolley is constantly available to anyone, at any time. We asked how people had drinks if they were not able to ask or could remember to ask? We were informed they have set times to ensure that people who cannot ask/remember to ask have drinks on a regular basis.

We observed a menu was displayed for people to view, situated on the wall on a white board which appeared varied, with choices available.

We were informed that the designated activity co-ordinator who works three days one week and two the following week, displays on the white board what activities there are for that day. We were informed an activity log is in the persons care plan.

We asked how people accessed activities if they were nursed in bed. We were informed they have one-one time with the activity co-ordinator.

The interior is being decorated in places, with replacement flooring. Upstairs carpeting on corridors was uneven, bumpy, and frayed in places. We were informed it was being replaced, and evidence of a builder working on flooring upstairs, with some disruption and debris was evident.

Fire safety equipment appeared all in date. Pat testing was completed 9/8/2019

Resident Numbers

At the time of our visit there were 37 residents, although capacity is 39. Agency Usage. We were informed agency staff are not used often.

Staff Numbers

The Manager was appointed in June this year.

- Mornings - 5 Carers plus manager
- Afternoons - 4 Carers
- 2 kitchen assistants.
- 2 Cooks.
- Evenings - 4 Carers.

- Nights - 3 Carers

Resident Experiences and Observations

Healthwatch visits are linked to the 8 principles of care:

- Essential services.
- Access.
- A safe, dignified quality service.
- Information and education.
- Choice.
- Being listened to.
- Being involved.
- A healthy environment.

We spoke with six residents, one relative and staff members who were the cook, carer and manager.

We chatted with six residents at the home on our visit. We observed that the residents appeared cared for and appropriately dressed.

One resident informed us that “she made her own decisions about how she dressed” and the time they chose to go to bed. They said the staff were lovely to her and she was happy living in this home.

Another resident informed us that staff chose all their clothing to wear. They were just given meals; staff made his choice for him. The resident said that he “ate to live”. This person showed me his lunch he had been served, which appeared on the small size, but appeared balanced. He said he was happy with it. The resident informed us he had no cultural food served to him.

Another resident chatted with us and said they had been there for three years and it was three years too long. She could not go out on her own so she couldn’t shop on her own.

One resident informed us that they would prefer to live at home but cannot manage, “so I must try to be happy in this home”.

A resident informed us they can access an optician, chiropodist, dentist and a hairdresser, who visits every two weeks. The same resident felt the GP was reluctant to come out, but the practice nurses were brilliant. One resident informed us that they are looking at a new menu after they had a resident meeting as the current one is a 2-week rolling rota.

Family and Carer Experiences and Observations

During the visit we spoke to one relative who said their loved one had recently moved there. The relative said her loved one was happy there, they had chosen the home to be nearer to them, and the family was happy with everything.

Activities

There was a TV on in the main room and most people were sitting at the dining tables, it appeared very busy, but we did not observe any activities going on at this time. The activity co-ordinator was not at work on the day we visited.

Catering Services The home has a food hygiene rating of 4 out of 5

<http://www.foodhygienerankings.co.uk/Establishments/184299-cedar-falls-residential-home>

We were informed that residents are offered a choice of menu. We observed the menu displayed, which offered at least two choices per course.

We entered the kitchen area, which appeared to be clean and well organised. Food was kept in a pantry and fridges. We observed fresh vegetables and a freezer full of frozen vegetables. We asked the cook if fresh fruit was available daily for residents, as there was only a little amount observed. We were informed people can have tinned fruit if they wish to, which we observed to be plentiful.

We observed lunch time dining. We were informed there was 2 main meal choices. We observed 2 choices being eaten and was informed there was a third choice for someone with cultural needs. We observed all the food served appeared well presented and balanced. However, quite small portions.

We asked if there is any input from the dementia team in terms of specialised equipment such as crockery for people with dementia. We were informed that they had ordinary plates.

We asked to see the food hygiene certificate for the cook, this was available for both cooks which we observed.

Staff Experiences and Observations

We were able to speak with a Carer, Cook, Kitchen Assistant and Manager.

We met with the Manager who informed us that staff receive ongoing mandatory training. They had recently completed health safety/moving handling/medication. Most staff have NVQ level 2 or are working towards it. Staff are trained by an external organisation called 'Redcrier'.

We were informed by the Manager that morale had previously been low when they started, but this has since improved. Care plans are being re-written to become more person centred. Any new information is shared via care plans and highlighted at staff handovers.

We spoke to a staff member who said things were improving in the home with a new manager in terms of governance. And they felt that the majority of staff had good attitudes and were much more positive.

Summary, Comments and Further Observations

- The new into post Manager was on duty, they informed us they had been in post since June 2019 and was going for her registration.
- We observed a resident who is supported in bed in her room. Her stand hoist that is no longer appropriate for her was in her small bedroom, and her now appropriate hoist was in her bathroom, so she had little space in her room for hoisting when needed. We also observed her crash mat was not to a high standard of hygiene. We observed her curtains were only open a few inches. Staff pulled them open saying closed curtains made it warmer, and cosy. Once open the resident remarked on the view outside.
- We observed a considerable amount of walking frames stacked in the middle of the main room with no clear labelling/identification of which resident uses which frame.
- Some décor is dated and showing signs of tiredness, some areas appeared not be of a high standard of cleanliness.
- Windows throughout the building appeared not clean inside and out.
- In the small lounge the floor had leaves and debris on it which was cleaned by staff. There was an odour in this room. It was observed it was dusty under the coffee table, and the coffee table had dust and marks on it.

- We observed a hoist partially blocking an upstairs fire exit, we fed this back to the manager, and she instructed staff to remove the hoist.
- Special diets/preferences are being met. This is displayed in the kitchen.
- Staff are aware of S.A.L.T. (Speech and Language Therapy) assessments, which would be handed over each change of shift when any changes arose, we were informed.

Recommendations and Follow Up Action

- To contact the Dementia Team for advice regarding the resident in bed around being orientated around day and night with her possibly having curtains open during the day.
- Contact the Dementia Team around crockery for people with dementia and use of coloured plates. Further advice from the team may offer additional support to residents.
- Produce a pictorial menu for display with the addition of pictorial meals to assist residents to visually choose, aiding residents with cognitive impairment.
- We recommend that residents are supervised inconspicuously at mealtimes in the least restrictive manner by staff, with the availability of condiments that can be placed on their table for use.
- To store walking frames if not used in an appropriate area.
- To make walking frames personal for recognition to someone with or without cognitive impairment.
- To contact OTs (Occupational Therapists) regarding removal of a stand hoist from a resident's bedroom.
- To enable everyone to have choices of drinks when they wish, not just the people who can prepare their own or who can ask. Ensuring hydration for people as their personal needs.
- To have fresh variety of fruit daily for people to choose from.
- To have improved cleaning routines and hygiene checks around to include windows inside and out.
- To ensure if crash mats are used that they are hygienic and clean.
- To make safe frayed and bumpy carpet upstairs until new flooring is replaced.

Provider Feedback

The provider was sent the draft copy for comment. Healthwatch Walsall has not received any comments from the provider.

If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 Feedback Centre . Whether it's a: compliment, concern or complaint.

Link: <https://healthwatchwalsall.co.uk/services/>

The screenshot shows the Healthwatch Walsall website interface. At the top, there is a search bar with the text "Find your service by name or location" and a magnifying glass icon. Below this, the main heading is "Find a service" with "Walsall" as a sub-heading. A descriptive text states: "You can search all of the health and social care service providers in Walsall from here. Try searching by service name, service type, postcode or street name." To the right, there is a "Browse" section with a "View All" link, listing service types: Hospital, GPs, Dentist, and Social Care, each with a corresponding icon. Below the search results, the "Walsall Manor Hospital" is listed with its address (Manor Hospital, Moat Road, Walsall, WS2 9PS), phone number (01922 721172), and website (www.walsallhospitals.nhs.uk). A star rating system shows five stars, with the text "Based on 1 reviews" below it. A "Sort by" dropdown menu is set to "Last Reviewed".

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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Walsall

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