

Enter and View Report

Cedar Falls

Announced Visit

9th August 2023



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Provider details

Name and Address of Service: Cedar Falls
83-89 Bescot Road
Walsall
WS2 9DG

Specialisms:

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Caring for adults over 65 yrs.
- Caring for adults under 65 yrs.
- Dementia
- Mental health conditions
- Physical disabilities
- Sensory impairments

Service provided and run by: The Cedars Healthcare (CF) Ltd.

Type of service: Nursing home, Residential home

Service type: 36 bedded Residential and Nursing Home

Current resident numbers: 23

Can offer respite/step down nursing care

Current CQC report status – Requires Improvement

Link to CQC report: <https://api.cqc.org.uk/public/v1/reports/00d940f5-6d81-4900-a375-9fca1c1c768a?20220628120000>

Acknowledgments

Healthwatch Walsall would like to thank the Registered Operations Manager, Home Manager and care staff and all the residents for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit made on 9th August 2023. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Lynne Fenton – Senior Insight Advocate Lead, Healthwatch Walsall

Tom Collins – Engagement & Information Lead, Healthwatch Walsall

Who we share the report with

This report and its findings will be shared with the provider, Local Authority Quality Team (depending on the visit), Black Country Integrated Care Board (BICB), Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Walsall website.

Healthwatch Walsall Contact Details

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Social media: Facebook - <https://www.facebook.com/HealthwatchWSL>

Instagram - <https://www.instagram.com/healthwatchwsl/>

Twitter - <https://twitter.com/HWWalsall>

Healthwatch Principles

Healthwatch Walsall's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis.
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.

6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care.
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

As part of Enter and View schedule we primarily select care/nursing homes that are rated as 'Requires Improvement' or 'Inadequate'. In this case CQC have rated the home as 'Requires Improvement'.

We also on occasions visit venues that hold a good or 'Good' or 'Outstanding' rating to understand/compare the levels of service delivered in care.

What we did

Authorised Representatives looked around the external area of the property (details below). On entering the building, Authorised Representatives were greeted by a member of the team who asked the Authorised Representatives to sign in and sanitise their hands. This was followed by a short discussion about the visit and the Authorised Representatives commenced the Enter and View process.

FINDINGS

Environment

External

The exterior of the property is maintained with a car park to rear accessed by a small archway from frontage to rear. There was CCTV on the exterior of the building. The garden area is accessible from the rear of the property with a wraparound fence.

To the rear area of one side of the carpark there was discarded seating, pallets and beds, broken cupboards etc.

To the front of the property there was a ramp to the front door with a handrail to the left side. On entry, the Authorised Representatives were asked to sign the visitors' book.

The front door area of Cedar Falls leads into a small foyer. The foyer contained various documentation relating to the home such as the latest CQC report.

A door led onto the main communal lounge/dining area, which had seating areas which were generally empty of residents. Some residents were sat in lounge and some at the dining tables.

We asked to see the communal parts of the home and were shown the remaining communal lounge/dining area and were then shown a nearby shared resident bathroom. Around this area there was a considerable odour.

The décor was maintained throughout. There is a lift available, which has been installed recently. Toilets and bathrooms are signposted around the building.

Flooring appeared to be in a maintained condition. Areas were free from clutter. One TV was turned on others were off in different parts of the communal lounge(s) as they were not occupied.

Hand sanitiser dispensers were available around the home.

Resident Interviews

When visiting the home, we observed approximately 12 residents seated in the main lounge/dining communal area attended by 3 to 5 staff members.

We enquired which residents would be able to take part in our visit feedback. We spoke to 4 residents in the communal lounge/dining area.

We observed carers being attentive to residents offering hot drinks and biscuits. We did not observe residents being offered cold drinks or drinks left with them. Residents were spoken to respectfully and engaged with other conversation.

One resident required repositioning and we called for assistance, staff attended promptly, a hoist was fetched immediately, and the resident was repositioned safely.

Essential Services

Residents informed Authorised Representatives that there is adequate access to services including Opticians, Dentists, GP etc.

When we asked, 'What is life like living in the home?'



"It's fine living here"

"it's nice living here"

"Absolutely boring, I look after myself mainly"

"Mostly the same everyday"

The resident who found it boring went on to say **'I don't do activities, I'm not interested. I enjoy my own company. The people here are acquaintances'**

The resident who commented it was mostly the same went to say **'No activities here, nothing at all happens'**

We asked how long they had lived at the care home?

The answered ranged from 6 months to 4 to 5 years. One resident was not sure.



"I had no choice about coming here, someone came to my home and moved me here. I have choices about my care"
"I am not involved with anything here"

Access

All the residents we asked commented that they have access to all essential services such as: GP, Dentist, Optician, etc. Once resident was unsure the last time their eyesight was checked.



"I see the hairdresser to have my hair washed weekly"
"Only a hairdresser"
"See a GP when need to"

Safe, dignified and quality services

All residents answered that they felt safe in the home.



"Have an alarm/buzzer in room"
"No problems"
"I feel safe, we have man with behaviours, but staff can control him"

Information

Authorised Representatives observed notice boards in the main corridor and lounge. The lunch menu was written on the board whilst we there.

There was no obvious activities schedule/planner displayed. We were shown past evidence of activities and exterior resident outings that had taken place.

We were told that the current Activities Co-Ordinator was on leave.

Whilst talking with staff and management it seems that resident/relative meetings are not currently taking place. The Operations Manager is seeking to reinstate these meetings.

Choice

We asked residents if they had choices?



"I have a lot of freedom of choices, the food is good, they come round before the meal to ask what we want, have 2 choices"

"Lots of food & good choice. Can get up & go to bed when want to. I have my own clothes"

"Depends on what staff are on"

"No choice with clothing. Staff take me to bed. Nothing to do here"

Being listened to

Whilst there is daily contact between residents and carers which was evident on our visit, more formal occurrences such as resident/relative meetings are currently not happening. We were told that this is being addressed.



"I am treated with respect & dignity"

We asked the resident if they felt they had an issue would know who to speak to?



"I would feel confident to speak to staff if I had an issue"

"I wouldn't have the confidence to speak to staff, I find them a little rough compared to my background"

"Would speak to carers"

"Met Manager, but don't see very often. See Deputy Manager more. Office moved"

Being involved

Residents we spoke to said that there are no activities happening at the moment. Also, Management indicated that resident/relative meetings are going to be reinstated. One resident indicated that meetings do take place, but they don't attend.

Some residents indicated that it was their choice not to be involved with some aspects at the care home.

We observed attentive carers who interacted and listened to residents.

We asked the residents if they felt that they had a balanced/ healthy diet and have drinks?

During a discussion around food and choices with a resident. They said that their favourite meal was steak and onions. We asked if they had it on the menu. We were told they had not asked about it as "it is expensive".

The Operations Manager was close by and involved themselves in the conversation. They said that they will buy the steak at the weekend and gladly it can go on the menu. The resident was delighted. And nearby another resident heard the conversation and said they would like steak too.

The residents involved were very clearly moved by this and asked if it was true what had been said, about having steak by the resident that mentioned it? The Operations Manager said it will go on the menu, and they, themselves, will buy it. We said we will call to see how the residents had enjoyed it. The resident thanked HwW for raising the wish for a steak meal.

Others said they have choice of drinks and staff tell them what is on the menu for the day. Biscuits were offered to residents but were not offered on individual plates but handed out.

During our visit lunch was being served to some residents. There were no condiments on tables, placemats etc. It did not appear to be an inviting dining experience. Food looked appealing and hearty, portions were of a good size.

We asked how involved they felt in the home?

One resident said that there had been lots of changes at the home, staff and some residents moved to other care homes, but they were not really bothered.

One felt that they were *"Not involved in anything really. Don't ask me"*, Another *"Not involved in activities, doesn't want to."*

Finally, we asked if you could change one thing what would it be?



"Don't Know"

"Nothing really, I am happy here"

"Being able to go out, not just to the garden area. Kitchen staff are great"

"I don't know"

Relative Interviews

At the time of our visit no relatives were attending/ available to speak to.

Staff Interviews

We spoke to a care staff member who had been at the home for a short period but who had a number of years of experience as a carer prior to being with Cedar Falls.

We asked what the care planning and risk assessment process was that they work to?

We were told that residents have individual care plans, and they contain information about the resident's needs, likes and dislikes and any care aspect need. Any resident needs can be updated with management and will be included in the resident care plans.

The carer seeks to spend as much time with the residents but can concentrate on individuals as resident needs present.

We asked about staff training and were told that it is a mix of online training and some inhouse/practical training. All mandatory training is covered.

We asked how they dealt with resident concerns/issues, they answered that they would inform management immediately, remain polite and ensure residents are safe.

When asked about the supervision and support the staff member received, the staff member mentioned that there had been a turnover of Managers, 5 or 6 Managers in a short period of time. They felt that they were still able to bring/raise any concerns to management to be resolved.

During the discussion with the staff member, it became apparent that currently activities are more ad hoc, the designated activities co-ordinator is not currently at work. However, some residents still get to go out i.e. Costa Coffee, KFC etc.

Manager Interview

On this occasion we spoke with the Operations Manager who had been the Home Manager in the past. A Manager is in post but was not available to interview.

There have been a number of Managers in the last 12 months or so.

The Operations Manager is currently supporting a Manager and the home staff. A number of new systems are being introduced into the home to improve areas of care planning for the residents' benefits.

The Operations Manager is trained in any aspects such as: First Aid, moving and handling and delivering medication to residents.

A new system of 'Care Control' is being introduced and all staff will be required to undergo training. Each staff member will have a smart phone which they can use to update resident care needs at the point of delivering care, updating care plans in real time.

The Operations Manager visits the home daily to support the Manager and staff and interacts with residents.

They ensure that staff are trained to meet the mandatory requirements which includes care skills and Walsall Local Authority mandatory training.

When asked how they deal with any concerns or comments from residents or their relatives we were told that they have a 'complaints procedure' which they follow. The Operations Manager felt that they have excellent support from staff and upper management/owner.

They felt that if they had any concerns, they would be able to raise with other professionals. Whilst in the more recent past, resident relative meetings have not taken place they are re-introducing the meetings so that any concerns can be addressed.

We asked if they could change one thing what would it be? They answered "improving the home for residents to live in and being rated 'Good' again by the CQC"

They further indicated that there were changes happening in the home regarding staffing, a clearer process of communication between staff and other professionals, and that the clearing up of odours will also be addressed.

Summary Findings

- No display of an activities schedules available to view by residents, relatives and visitors
- There was an odour within an area of the home
- Water/cold drinks did not seem to be present at the time of our visit. Staff did offer hot drinks but it was a hot day

- Lack of activities has been highlighted by some of the residents and it may appear that they are bored/non stimulated
- A resident felt there is lack of choice, around clothing and activities
- The home has activities record showing residents taking part in activities and some exterior resident outings

Recommendations

- Stability and visibility of the Manager position is key to support residents and staff
- Embed an Activities Co-Ordinator to deliver regular activities
- Display an activities schedule so residents, relatives and staff can see what is planned
- Undertake/reinstate resident/relative meetings
- Address odour in location of the home
- Residents to have more readily available cold drinks
- Ask residents choice of favourite meal to be included in patient profile and consider for menu choice(s)

Note.

We called back for additional information around staffing levels. When doing so we took the opportunity to ask if residents had their steak meal. We were told that 7 residents had requested and 7 residents had enjoyed that meal. The original resident who told us was said to have a 'beaming smile ear to ear'. The Operations Manager informed us that they are seeking to add it to their resident menu in the future.

Provider feedback

The residents, staff and family meetings are now scheduled in on the homes notice board. We do daily flash meetings and include the Healthwatch report.

We have recruited a new activity coordinator who is due to start in approx. one week. Condiments are in place along with jugs of water and squash. Biscuits are being offered on a plate. We also have a water cooler in the reception area.

The issue of the odour has been addressed. All the rubbish has been removed and the area will remain clutter free.

We have a system in place to ensure that we speak to residents when they are admitted to the home about their food choices, and we will ask the questions at the residents and family meetings so their preferences will be honoured and added to the menu.

The operations manager has been deployed and now back in the home as manager to provide continuity to the home, staff and residents

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