



# Enter and View Visit Report

## Cartlidge House

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Charlton St, Telford TF2 6BD

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## About Healthwatch Telford & Wrekin (HWT&W)

Healthwatch Telford & Wrekin is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping, delivering/receiving and improving services. We address inequalities in health and social care to help make sure everyone in Telford and Wrekin (T&W) gets the services they need.

There are local Healthwatch across the country as well as a national body - Healthwatch England (HWE).

## What is Enter & View?

Healthwatch Telford & Wrekin gathers people’s experiences of health and social care services and there are times when it is appropriate for Healthwatch to see and hear for ourselves how services are being provided. These visits are called ‘Enter and View’, and can be ‘announced’, ‘partially announced’ or ‘unannounced’. ‘Partially announced’ visits mean the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to local Healthwatch in the **Health and Care Social Act 2012**.

Enter & View visits are carried out by a team of specially trained and DBS-checked staff and/or volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit. They make observations and collect people’s views and opinions anonymously and produce and publish a report.

Enter & View visits are not an inspection, and always have a ‘purpose’.





## Context of the Visit

In August 2017 Healthwatch England published a report: ‘**What’s it like to live in a care home?**’ Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes. These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people’s experiences with their own observations to produce visit reports. These were shared with the providers, the public, CQC and Healthwatch England. Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. Healthwatch England identified that a good care home should:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents’ personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

As part of the engagement programme Healthwatch Telford & Wrekin will visit Care Homes in the borough, and those elsewhere in the county where funding support is provided by Telford & Wrekin Council Adult Social Care. Individual visit reports will be published on each home visited. Over-arching theme reports will be published focusing on person-centred care and the quality of life experienced by residents, relating to their dignity and respect and exploring topics such as activity-based care, access to health professionals, and living with dementia.

Cartlidge House in Telford & Wrekin is currently rated ‘Requires Improvement’ by the Care Quality Commission (CQC).

The visit to Cartlidge House would understand the resident’s experience of care and find out specifically about care of people living with dementia, activity-based



care, and access to health professionals. The visit was ‘**partially announced**’; we told the manager of the visit but not the date and time

## What we were looking at

The focus of this visit is to find out if the residents of Cartlidge House are happy living in the home. We want to learn about:

- the environment - supporting dementia, accessibility, activity
- the experiences of people living with dementia
- supporting people to continue to be as active and independent as possible
- choices available to people
- staffing levels and staff training



## What we did

When we arrived at the home, after signing-in, we spoke to the senior on duty. Our questions about the home were answered and we took advice on whether any residents should not be approached due to safety or medical reasons, we were told of two residents that needed special considerations. The senior then left us to make our way round the home and talk to residents and staff. During the visit both the Registered Manager and Operations Manager came to the home to meet with us.

We then went to speak with any residents present in the home who were willing to talk to us and any visitors and relatives. We spoke to residents in the lounges and were invited to speak to other residents in their rooms. A staff member knocked on the resident’s bedroom door and asked if they would be happy to speak to us.

We spoke to 11 residents in total, 0 relatives and visitors, and 1 staff. In this report we have used the term resident, however the home does tend to use the term customer.

## What we found out

### About the Home

Cartlidge House is a care home in the residential area of Oakengates, opposite Hartshill Park. Oakengates shops and theatre are within walking distance of the home.

Cartlidge House is divided into 6 households, Rosewood and Treetops on the top floor, Ashdale and Parkview on the middle floor and Wedgewood on the ground floor, there is provision for another household on the ground floor, however this is currently closed and used for training.





Each household is self-contained with nine single occupancy bedrooms, and communal lounge with large T.V. and a dining area with fridge, kettle for residents and guests to use.

Rosewood and Treetops households are for elderly and frail residents who need support, Ashdale, Wedgewood, and Parkview are for residents living with dementia.

The home has 54 bedrooms, but due to the closure of one household this is reduced to 45, at the time of our visit there were 43 residents.

### Topic 1: Views of the residents and quality of life respected in person-centred care



All residents spoken to were full of praise for the carers

“Lovely these carers”  
“Super girls no faults”  
“Very pleasant”  
“Would rather be at home”  
“Staff helpful”  
Can’t get better staff than here”

We were told medical assessments and care are second to none, staff will call doctor if needed, and normally seen that day or the next. Management are approachable and listening.

### Topic 2: Choices and preferences, including meals, personal care, activities

#### Meals

Residents have a choice as what meals they are served, meals are ordered the previous day. All meals are cooked fresh on site. One resident did tell us they were not cooked here, but we feel that was meaning cooked in the home’s kitchen rather than in the household’s kitchen. Most residents choose to take their meals in the dining area of each household, there are one or two tables in the dining area, or meals can be served in their own room. In one household it was observed that the menu displayed was the previous day, we think a staff member spotted this as it had been changed next time we looked.



On the day of our visit the menu choices were: -

### **Saturday**

#### **Breakfast**

Choice from, Grapefruit, Porridge, Assorted Cereals, Fruit Juices, Toast and preserves.

#### **Lunch**

Meatballs or Vegetable Crumble, savoy cabbage, farmhouse vegetables, garden peas, boiled or jacket potatoes. Followed by Arctic Roll.

#### **Tea**

Corned beef Salad and Shortbread.

#### **Supper**

Milky Drinks, Toast and Biscuits.

Fresh fruit is available at all times throughout the day.

Special diets including liquidised meals as requested or required.

### **Activities**

All residents are free to go out and about with relatives, one resident told us they had been out to a church social gathering and would take a taxi to visit a friend.

Another resident told us that they participate in falls prevention exercises, flower arranging courtesy of Sainsbury's which they enjoy, regularly have pets brought in and the exotic zoo. The home has a resident cat and a resident has a budgerigar.

A staff member told us there will be a Christmas in-house party, where the staff will dress up.

We were also told that residents can participate in baking, pamper sessions, doll therapy, and during the summer some residents grew tomatoes in the gardens. Staff will take residents to local tea shops and for shopping. Church services are also held within the house.

Residents enjoy young children coming into the home under the Oakengates 'Building Bridges with Young Children' project. Local children will also come in and play musical instruments.

A resident participated in the Oakengates remembrance service on Remembrance Sunday.





Program of activities for December

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
30 10:30AM- Creative group 1:30PM- Board games	31 New Year's Eve 10:30 Falls prevention exercises 15:00 New Years Eve Party					1 World Aid's Day AM- Household Puzzles
2 10:00AM- Christmas BINGO	3 10:30AM- Falls Prevention Exercises	4 11:00 SINGING CHURCH 11:00 Christmas Dinner at Casey's	5 World Soil Day 11:00—creative morning	6 St Nicolas' Day AM- 10:30 Flower arranging.	7 AM- Household decorations	8 AM- Household decorations
9 11:00 Singing entertainment	10 10:30AM- Falls Prevention Exercises	11 11:00 SINGING CHURCH	12 11:00—creative morning	13 AM- 10:30 Flower arranging	14 AM- Christmas Bauble making	15 International Tea Day 15:00 United Church coming for singing and meet and greet
16 .CHRISTMAS PARTY DAY	17 10:30AM- Falls Prevention Exercises	18 11:00 SINGING CHURCH	19 10:00—Choir	20 AM- 10:30 Flower arranging 14:00 Singing and	21 Winter Solstice AM- Snowflake activities	22 Hanukkah AM- Biscuit and Cake decorating
23 14:00 Minced Pie and Sherry Party	24 Christmas Eve 10:40 Tea Party with Kevin	25 Christmas Day Staff dress up on units, Christmas music, snacks all day	26 Boxing day 10:00 On unit exercises to music	27 10:30 Flower Arranging.	28 11:00 - On units colouring or painting	29 AM- On units colouring or painting

During the world cup one resident wore an England hat, also at Easter, Easter bonnets.

“Meals are alright”  
 “Lovely food and enough”  
 “Food could be better”  
 “Love doing Jigsaw puzzles”  
 “Enjoy craft class and flower arranging”



**Topic 3: Experience of care meeting the needs of those living with dementia**



On the first floor of the house the signage was good and dementia friendly, rooms have memory boxes outside the doors, to help residents recognise their own



rooms, also doors have been made to look like front doors and painted in bright colours.

Activities appear appropriate and welcomed by residents.

Residents are encouraged to be self-sufficient with personal care and hygiene but will be assisted if required.

Staff were observed interacting appropriately with residents and appear aware of trigger conditions. All residents while not necessarily saying so were obviously comfortable with the carers, as could be seen by the smiles on their faces.

The lounge as mentioned elsewhere has reminisces of days gone by.

Residents looked clean and well groomed; however, one resident did appear to have spilt some of their lunch down the front of their clothing.

### **Views of the staff**

We spoke with one member of staff, who told us they were very happy working in the home, they always work in the same household so really get to know the residents.

Management are approachable and listen and act where possible.

### **Staffing levels and training for staff**

We were told that on Rosewood and Treetops would have one carer per household during the day, with a floating carer between the two households morning and evening, one carer at night. Ashdale, Parkview and Wedgewood will have two carers per household during the day, and 1 per household at night, except Ashdale which has a senior . Some staff will work flexible hours for additional support as and when required. Staffing levels are constantly reviewed and adjusted depending on occupancy and needs of the residents. On the day of our visit there were 8 carers on duty and 2 seniors.

There are no nurses at Cartlidge House, all staff are carers, in addition to the carers there are the following support staff: -

- Registered Manager - who divides her time between Cartlidge House and Bennett House.
- Operations Manager
- 5 x Domestics.
- 5 x Catering staff
- 2 x Administration and business support
- 1 x Handyman
- 1 x Activities co-ordinator working 25 hours a week.
- 5 x Volunteers



All staff will undertake a 5-day induction course, these courses are run in conjunction with Bennett House, which are both part of the Accord Group. The induction will include: -

- Health & Safety
- IPC (Infections Protection Control)
- COSHH (**Control of Substances Hazardous to Health**)
- Adult Safeguarding
- Food Hygiene
- First Aid
- Medication
- Movement and Handling
- Dementia
- Positive Support Behaviours
- Fire

Additional training can also be provided by E-learning (examples include but not limited to): -

- Data Protection
- Fraud
- Modern Slavery
- Equalities
- Medical Escalation

Most training is carried out in house or in conjunction with Embark (Sutton Coldfield).

All staff on joining holding a care certificate can transfer it or work towards it during the induction process and probationary period.

Following the induction course, the new member will have a 1 to 1 with their senior manager to discuss responsibilities.

## Observations

During the visit the authorised representatives observed interactions between staff and residents, and looked at the physical environment

### Staff interactions with the residents

All staff were observed interacting in a friendly manner with residents, staff knew the resident’s names and their likes.

When the operations manager came on the unit there were smiles, handshakes and hugs.

Lunch time is 12.30 pm, one resident prefers to eat at 2 pm, and so their meal was kept to one side and reheated and served at the table.

Carers were observed applying cream to residents’ legs, in the open lounge.



One carer (agency) was observed trying to move a tip up chair at the dining table, this resulted in the chair dropping causing a slight jolt to the resident. Our team raised this with the manager on the day of our visit. We also raised this with external agencies and the manager informed us ***“we have since been advised they have closed this down as a safeguarding concern as there was no injuries or harm caused to the resident. It was a one off incident and processes have been put in place to reduce the risks of further incidents happening in the future, for example ensuring that all staff including Agency workers are aware that the chairs may tip upon being moved and how to prevent this from happening in the future. I can confirm this has been discussed in our team meetings and the Agency induction has now been amended to support this”***.

All residents we spoke to praised the staff unreservedly.

One staff member volunteered to take a resident to their granddaughters wedding so their family would not have to worry about looking after the resident.

## The environment of the home

The access to the home is via automatic door into a small signing in area, and then via intercom button to announce yourself to gain entry. There appears to be limited parking near the house. Two parking spaces at the front and a small carpark at the rear. There is also a council carpark in front of the house.

It was felt that the decor of the home was in need of some tender loving care, the wallpaper and paintwork was tired and unwelcoming, we noticed some bluetac left on walls after notices had been removed. Ceiling tiles in some areas showed signs of water damage.

There was numerous posters around the home, some appeared tired. The rooms and common areas all seem warm, considering how cold it was outside.

All rooms are single occupancy with a washbasin in the room, rooms were felt to be on the small side, with standard single beds. There is a bathroom along the corridor. Again, the furnishings in the bathrooms were dated.

The main lounge on the first floor that can be used for communal activities, was full of reminiscences, bottles of beer (empty) and glasses, old treadle sewing machine, old manual typewriter, display of thimbles, old weighting scales and weight, piano (which one resident came in and played while we were there). It was observed that one couch had a seat cushion missing (removed for cleaning) a resident with poor eyesight could have sat on the sofa.

The home has a resident cat named “Chunky” who wanders freely round the home even using the lift when someone uses it, one resident has a budgerigar in a cage on the top floor.





Main Lounge



Garden



Treetops Household Lounge



Treetops Household Dining Area

## Additional Findings

The home is currently taking part in three pilot projects: -

- A pilot with Bennett House and the hospital MDT (Multi Discipline Team).
- A project called ‘Care to Smile’ a project around oral hygiene.
- A pilot with the local CCG (Clinical Commissioning Group) and PODS (Prescription Ordering Direct Service) for medicine prescription repeats.

The home have links to both Teldoc - Oakengates Medical Practice and Charlton Medical Practices. Visits are organised as and when required, a Doctor will often spend time doing medicines reviews when on site. In relation to other services:

- Dental - Care to Smile, 6 monthly checks, some residents with capacity will often use own dental surgeries.
- Chiropodist - regular visits 4 - 6 weeks.
- Audiology as and when required, usually arranged by GP.
- Ophthalmology - eye tests 4 monthly or as required.

The home hold resident meetings and resident and relative meetings. There was a relative meeting the previous Thursday.

The manger spoke about the recent CQC report which downgraded the service from ‘good’ to ‘requires improvement’ this was discussed at the last relatives





meeting. We were told the outcome of the meeting was that the relatives were highly supportive of the home and consider the incident that occurred on the day of inspection was unfortunate and dealt with promptly.

## Summary of Findings

- Staff were observed interacting well with residents.
- Residents appear happy with staff.
- Home needs some tender loving care.
- Residents looked clean and well groomed; however one resident did have food spilt down their clothing.
- Food is prepared and cooked on site.
- Home has good dementia signage.

## Recommendations

- We felt that the home was in need of some tender loving care, walls and wallpaper were looking tired and in need of repair, also water stains on some ceiling tiles.
- Consider dignity and respect when applying creams, either in resident's rooms or screening them.
- Training needs to be given in the safe use of the tip up chair.
- Some residents appear not to realise that there are options to the menu, so maybe this could be re-emphasised.
- Tidy and review the number of posters on the walls.

## Service Provider Response

Healthwatch Telford & Wrekin received the following response to this Enter & View visit and report from the manager of Cartlidge House in January 2020.

Your comment *"It was felt that the decor of the home was in need of some tender loving care, the wallpaper and paintwork was tired and unwelcoming"*. A review of the environment is being undertaken in conjunction with the service's business facilities and assets teams. Within a recent families meeting, attendees were made aware of action being taken.

The empty beer bottles serve as a reminder to residents that beer is available

The resident who spilt food on their clothes was supported to change after dinner service was complete.



The manager has also provided the following information in response to our recommendations:

- ***We felt that the home was in need of some tender loving care. Walls and wallpaper were looking tired and in need of repair. Also water stains on some ceiling tiles.***

As advised on the day of the Enter and View visit, we discussed with you about a recent environmental audit which had been undertaken and our plans to look at the areas mentioned above. This remains ongoing at present.

- ***Consider dignity and respect when applying creams either in residents room or screening them***

Staff have been reminded to use the screening divider or customers bedroom when applying creams. Although we do appreciate customers preferences' we will reiterate to the customer the importance of maintaining their dignity and respect.

- ***Training needs to be given in the safe use of the tip up chair.***

This was in reference to a new agency worker on the day who had no previous knowledge of these chairs and their purpose. We have amended the agency Induction to include discussions around use of equipment.

- ***Some residents appear not to realise that there are options to the menu so maybe this needs to be reemphasised***

Can a contextual clarification be added to this comment please advising that the customers spoken to on this day are living with a dementia and are given daily options and discreet reminders.

- ***Tidy and review the number of posters on the walls.***

This has now been addressed, and a staff member assigned to keep under review.

## Acknowledgements

Healthwatch Telford & Wrekin would like to thank the residents and staff of Cartlidge House for their contribution to the visit and our Enter & View programme.





## Get in Touch

Please contact Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Telford & Wrekin or received elsewhere by people living in Telford & Wrekin.

We gather comments anonymously and share them with the public, service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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