

INCLUSION GLOUCESTERSHIRE

BIGGER DREAMS ▶ BETTER LIVES ▶ BRIGHTER FUTURES

Quality Check Report

For: Cavendish Care Home



Date of QC visit: 7th March 2022

Section one



This is an Easy Read report.

The report in Section 2 has more details.



Tammie



Stephanie

From our Quality Check we found that Cavendish Care Home at 301 Stroud Road is:



I am healthy

Very Good at supporting people to be healthy



I am safe

Very Good at supporting people to be safe



I matter

Very Good at treating people as if they matter



I have good relationships

Very Good at supporting people to have good relationships



I choose

Good at supporting people to choose

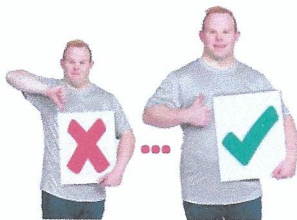
Overall the support is:

Very Good

Good

Needs to do some things better

Needs to do a lot better



We have given the manager an action plan. This tells them they need to change these things:

Things to change



Talk to people about whether they would like to go back to the day centres or other groups.



Try and ensure that fewer staff leave

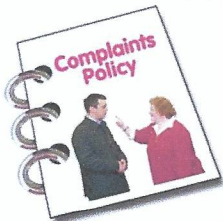


Communicate

Provide staff with training about learning disability and signing



Make sure people can give feedback in an accessible way



Make sure that everybody knows how to make a formal complaint



Look into providing clear face masks for the staff



Ask people if they would like to visit the library



Make sure people are given goals to work on

ReSPECT

Recommended Summary Plan for
Emergency Care and Treatment

Talk to people about what would happen if they became ill

ReSPECT

Recommended Summary Plan for
Emergency Care and Treatment

Make sure all ReSPECT forms are completed

Section two



This is a detailed report.

Summary

Cavendish Care Home is a specialist dementia residential home in Gloucester. People who live at this setting have needs relating to dementia and three people also have a learning disability.

We carried out this Quality Check onsite. The manager was supportive of our Quality Check. This Quality Check had been delayed due to a recent outbreak of Covid.

We spoke to one person. We refer to the person we spoke to as A. A talked with us briefly with the support of the manager. We then spoke to two members of staff, followed by the manager.

We received feedback from two people from A's Circle of Support.

We looked at the following paperwork:

- Care Plan
- Health Action Plan
- SaLT eating and drinking guidelines
- Daily communication record
- PBS plan
- Records monitoring weight.
- Risk assessments

I am healthy: Very Good

We observed that A was happy doing activities of her choosing and was encouraged by staff to join in with communal activities when she wanted to. It would be a good idea to talk to A about whether she would like to return to the day centre she attended before Covid and if not whether there are other activities she would like to do instead. A has strict SaLT guidelines for food intake which are sensitively handled by staff. There are regular exercise and movement sessions taking place in the home which A can choose whether she wants to access. A's annual health check is up-to-date and her Health Action Plan has been fully completed. Staff have good knowledge of dementia and are skilful in supporting people whose behaviour may cause distress. The manager displayed a person-centred approach in general and particularly when discussing how she would support a person who had experienced a bereavement.

I am safe: Very Good

A told us that she feels safe with all the staff and that she does not go out alone. The manager told us that she would respond immediately if a person did not feel safe with a particular member of staff and would instigate safeguarding proceedings if required. Staff had a good understanding of how to report a safeguarding incident and knew what a hate crime was. Staff felt safe and well supported at work and were having regular supervisions. Staff said that they felt they would benefit from some additional training around learning disability and Makaton, especially as they were now supporting three people with a learning disability in the setting. One person from of A's Circle of support also identified how new staff sometimes found communication with A difficult. We also note that there has been a high staff turnover in the past twelve months, although we recognise staff recruitment is

difficult in this current climate. It would be helpful as an organisation to look more closely at how to address this to improve consistency of care.

I matter: Very Good

A told us that she likes the way staff talk and listen to her. We observed that staff had a good understanding about her interests and what she was good at. A's wishes are respected and she has the independence to choose how she would like to spend her time and with whom. One person from A's Circle of Support also commented on the fact that A has the freedom to move around the home when she wants to. The setting appeared homely and decorated with personal touches. It is good that people who do not have family contact have access to an advocate. A appeared confident about speaking up about her rights, although we were not sure whether she knew how to make an official complaint. People from A's Circle of Support also told us they did not know about the formal complaint process.

I have good relationships: Very Good

A told us that she can see her family when she wants to when Covid restrictions are not in place. The manager keeps in contact with family members and sends out a regular newsletter to keep families informed about what is going on. People are beginning to return to activities in the local community such as church. We observed that staff treated people with dignity and were responsive to their immediate needs. They intervene when there are disagreements and have called on specialist support to resolve ongoing conflict between two individuals in particular. Although we observed that staff communication was good, one staff member suggested mask wearing can impact understanding, it may be appropriate to look into sourcing some clear masks to help to address this issue.

I choose: Good

Staff recognise how important certain routines can be for individuals and this is respected. We were told that people are supported to make their own decisions and best interest meetings are held to support people who do not have capacity. It is good that residents' meetings are held so people can voice their opinions. It was good to hear of post-Covid plans the staff have such as day trips and activities. There did not appear to be any specific goals that people were working towards, however small they might be. It might be a good idea to talk to A about visiting the library or purchasing a kindle so she is not so dependent on family visits to access books. It is good that End-of-Life plans are in place and most people have a ReSPECT form. We were not sure how much A understood about what would happen if she fell ill and was admitted to hospital. It would be beneficial to talk this through with her.

Action Plan:		
Quality Standard	Action	Timeframe
I am healthy	Talk to A about whether she would like to return to the Day Centre when it reopens and encourage her to join in with activities if she would like to.	3 months
I am safe	As an organization, look at ways to improve staff retention to ensure that people are receiving consistent support.	3 months
I am safe	Look into more training around learning disability and Makaton in particular.	3 months
I matter	Ensure that people have accessible information and forms if they would like to make a complaint or give feedback.	3 months
I matter	Ensure that family members know how to make a formal complaint.	3 months

I have good relationships	Look into sourcing clear face masks. The following link maybe helpful: https://www.barnwoodtrust.org/news/barnwood-trust-plus-local-partners-launch-the-lets-be-clear-campaign-for-clear-face-masks-and-clearer-communication-across-gloucestershire/	1 month
I choose	Talk to A about whether she would like to visit the library, so she is less dependent on family to access books.	3 months
I choose	Work with individuals to create achievable and realistic goals.	3 months
I choose	Talk through A's ReSPECT plan with her so she understands what would happen if she was admitted to hospital.	3 months
I choose	Ensure that all ReSPECT plans are completed. https://www.gloshospitals.nhs.uk/our-services/services-we-offer/end-life-palliative-care/respect-form/	3 months

Once this report is shared with Gloucestershire County Council via the Quality Compass system, you will receive an email notification. You will need to log into the Quality Compass system and complete the **Response to Action Plan**. Gloucestershire County Council expects Providers to complete a **Response to Action Plan** within 30 days of receipt of your notification. If you have difficulties accessing the system, the Quality Helpline phone number is: 01452 328463.

General Provider Feedback

--



Standard 1:

I am Healthy

	People told us or we observed:	Other people told us, or Documentation seen:
<p>I have a busy life</p>	<p>A told us:</p> <ul style="list-style-type: none"> • “My sister-in-law visits. She brings her dog.” <p>We observed that A was sitting next to a trolley which contained all her books and crossword puzzle books.</p>	<p>Staff told us:</p> <ul style="list-style-type: none"> • “At the moment A hasn’t been able to do a lot because of our recent Covid outbreak, but Kingfisher club is opening again. • A is not a big participator in activities. She likes doing puzzles and reading. • A likes to copy out poems for the staff. • We have two activity coordinators. • G-Fitness and musical movement come to the home and we also have pet therapy. • We also have hairdressing and chiropody sessions. <p>The manager told us:</p> <ul style="list-style-type: none"> • “We do not have anyone going to day centres currently. • We have only just started going out again because of Covid. It has been challenging because not everyone is able to self-isolate, due to capacity. • During Covid we have tried to think outside the box and be creative. For instance during the summer, we put up a shade so people could do activities outside. We introduced bible studies over zoom as well as singing hymns

		<p>online. This replaced our usual in-house church services.”</p> <p>Staff told us:</p> <ul style="list-style-type: none"> • “Nobody has been going out because of restrictions. We have had ten days isolation. A had to self-isolate in her room because she had Covid.” <p>[Note this setting had a Covid outbreak last month.]</p> <p>One person from A’s Circle of Support told us:</p> <ul style="list-style-type: none"> • “A likes to do things on her own, but does like to be in the company of others. • She needs encouragement to join in activities.” <p>Another person from A’s Circle of Support told us:</p> <ul style="list-style-type: none"> • “A likes doing cross stitch.”
Exercise	<p>A told us:</p> <ul style="list-style-type: none"> • She likes walking. 	<p>Staff told us:</p> <ul style="list-style-type: none"> • “We encourage the residents to join in with the exercise activities that are offered. We often say ‘I really need your help’ to persuade them to have a go. • Exercise consists of stretching, armchair movement and ball throwing. • A has just started taking an interest in the musical movement session, but not every week.”
Healthy food	<p>We did not discuss the food with A as there are restrictions in place to her diet which she finds difficult to talk about.</p>	<p>Staff told us:</p> <ul style="list-style-type: none"> • “We have a good choice of food. We have a picture menu so people can look at pictures and choose. They have a choice of what they want for that day. • A is on an IDDSI level 6 diet. She is at risk of choking, so her food needs to be cut up really small.” <p>The manager told us:</p>

		<ul style="list-style-type: none"> • “We use ‘Apetito’ meal delivery service. The food is very nutritious and we can take part in sampler sessions so the residents can try different meals. • A is on a level 6 diet, we are careful to ensure that although her food needs to be cut up small, she is not babied. She hates it if she thinks we are treating her like a baby. • A struggles with the fact that she has to comply with SaLT guidelines. We have worked with the team about diet restrictions. Anything that makes her feel she is losing her independence causes her distress. We try not to make food appear babyish and although we have to observe her eating due to a choking risk, Staff will sit at a distance.” <p>We were shown paperwork relating to SaLT eating and drinking guidelines, a choking risk assessment and saw paperwork monitoring A’s weight.</p>
<p>Health checks, appointments, medication</p>	<p>A told us:</p> <ul style="list-style-type: none"> • She goes to her health appointments. 	<p>The manager told us:</p> <ul style="list-style-type: none"> • “We support people with their physical health by giving them time to talk and making sure they have accessible information.” <p>We were shown a key ring with pictures illustrating Covid related information and emotions.</p> <p>The manager told us:</p> <ul style="list-style-type: none"> • Cancer screenings come under their health checks. We have an enhanced GP service here.” <p>We were shown an up-to-date Health Action Plan (December 2021). A care plan review was scheduled for February 2022.</p>

Support with my feelings and my mental health, including bereavement

A told us:

- "The staff help me."

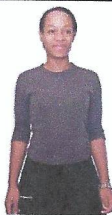
Staff told us:

- "If someone got angry, the key thing is to give them time to calm down."
- "If appropriate, I would take them to a calm environment and do some sensory activity with them."

The manager told us:

- "If someone was having a mental health crisis, the key thing is to stay calm and follow the lead of the person. Telling someone with dementia who is agitated to calm down does not necessarily work. I would use Teepa Snow techniques (occupational therapist who is a dementia specialist) to help to understand what is going on. For instance, a person could be extremely fearful of a particular piece of equipment. If this were the case, it may be necessary to find a way to support that person in a different way without using the equipment if that person were to become agitated. So perhaps we would use a mattress on the floor instead of a hoist to ensure that person remained safe and their distress levels did not escalate."
- "We would also involve outside agencies, such as the enhanced surgery service, mental health and the community learning disability teams which includes occupational therapists, physiotherapists and speech and language therapists."
- "If someone is bereaved, I would give them time and space to process what has happened. It is often about being there and

		holding a hand, but not necessarily talking about what has happened. It is important to be calm and to answer questions honestly. It can be really challenging but people handle death in different ways.”
Good Practice		
During Covid staff have had a flexible approach when it comes to supporting people within the setting and were able to adapt to enforced changes.		
Outside practitioners conduct exercise sessions which are adapted to meet the needs of the people in the setting.		
Pictorial weekly menu boards are on display to support people to make choices over meal selection.		
The manager consults with the SaLT professionals to ensure that A’s dietary needs are catered for.		
People have been supported to understand Covid and lockdown restrictions with the use of easy read resources.		
A’s annual health check had been completed in December 2021 and the Health Action Plan was complete.		
People are supported with their mental health and wellbeing.		
Staff have a good understanding of dementia and how their condition impacts their behaviour.		
Staff provide reassurance and comfort when people are upset.		
The Manager works closely with health professionals in supporting people’s mental and physical health at the setting.		
The manager demonstrated a person-centred approach when explaining how she would support a person who had been bereaved.		
Actions		
Talk to A about whether she would like to return to the Day Centre when it reopens and encourage her to join in with activities if she would like to.		

	Standard 2: I am Safe	
	People told us or we observed:	Other people told us, or Documentation seen:
Feeling safe and knowing how to stay safe	A told us: <ul style="list-style-type: none"> • She feels safe with all the staff. • “The staff help me.” A does not go out without staff.	The manager told us: <ul style="list-style-type: none"> • “If someone did not feel safe with a member of staff, I would investigate the reason. It maybe

	<p>A told us:</p> <ul style="list-style-type: none"> • She does not use the internet. 	<p>just that they do not like the person, but it could potentially be a safeguarding incident, in which case I would raise it as a safeguarding incident. In either case I would make sure that staff member did not work with the person.”</p> <p>Staff told us:</p> <ul style="list-style-type: none"> • “A is very good at telling staff if she is worried about any of the other residents’ safety, for instance, if she thought someone was about to fall. • A has a sensor mat by her bed to prevent her falling but she tends to hide it under the bed. We are liaising with the CLDT to encourage her to use it.” <p>The manager told us:</p> <ul style="list-style-type: none"> • “A does not use the internet but she uses the iPad to look at pictures of her niece and her children.”
<p>I know the staff and the staff know me</p>	<p>A told us:</p> <ul style="list-style-type: none"> • The staff were good. 	<p>Staff told us:</p> <ul style="list-style-type: none"> • “With our handover system, someone is usually on the floor with the residents and we have a ten-minute overlap between shifts. Handover is both written and verbal.” <p>We were shown an up to date completed daily communication record.</p> <p>One person from A’s Circle of Support told us:</p> <ul style="list-style-type: none"> • “A is happy here and gets on well with the staff.”
<p>Staff are proactive in keeping me safe</p>		<p>Staff told us:</p> <ul style="list-style-type: none"> • “Hate crime is picking on and bullying someone who has no control over certain

characteristics for instance their gender, race or disability.

- It has not happened here.”

One staff member told us:

- “If someone was being harmed, I would immediately remove them from the situation.
- I would then report it to CQC and safeguarding and put in an action plan to stop it happening in the future.
- If it was the manager, I would report it to CQC and the home’s owner and follow the same safeguarding process.”

Another staff member told us:

- “If someone was being harmed, I would take that person to the side and report it to the manager. If they asked me not to tell anyone I would explain that I would have to tell the manager what was going on.
- If it was the manager harming the person, I would go to the director.”

Staff told us:

- “We only have one person who uses the internet.
- He does not own his tablet. We help him to get online to do clothes shopping. There have not been any problems.”

The staff member told us:

- “I do not really deal with the residents’ money, that’s the manager’s job.
- If someone went out and they had money on them, we would keep it safe.”

The manager told us:

- “We do new risk assessments all the time. I have done one for

someone who is at risk of sun burn. The newest ones relate to Covid and social distancing. There are others related to mobility and risk of falling. These are reviewed monthly.

We were shown an up-to-date risk assessment on choking.

- We have not reported any hate crimes, but if we experienced any they would be reported to safeguarding.
- We do not do physical restraint. Two years ago, a resident had cornered a staff member who had to put hand on the person's chest to remove themselves from the situation. All staff are trained in de-escalation techniques. We would use distraction techniques initially before PRNs.
- In the two years I have worked here we have had care agencies to come in to support us.
- We work with CLDT, the PBS team, occupational therapists, the mental health team, the SaLT team, district nurses, gps, opticians, chiropodists and the community dentist.
- The last safeguarding incident concerned a lady who was receiving end of life care where an ungraded pressure sore was upgraded as an injury. it could become a grade 3. It has gone no further as it was discussed with district nurse. The pressure sore has not got any worse, but she needs improved nutrition to make her skin better."

<p>Staff learn from mistakes</p>		<p>The manager told us:</p> <ul style="list-style-type: none"> • “I look for patterns of incidents and accidents in monthly audits. There was a pattern with A. We noted that she is at greater risk of falling when she is overstretching to pick up a book and when she is lifting her zimmer frame to step over the step, so we have taken action to reduce the risk.” <p>We were shown paperwork from CLDT concerning the management of falls.</p> <p>The manager told us:</p> <ul style="list-style-type: none"> • “Back last year we had a number of medication documentation errors. We were doing a monthly audit then, but we were not picking it up quickly enough. We responded by introducing a weekly audit which is working well. Our pharmacy is not giving us the best service, so we are looking at a new pharmacy with an email service to maintain safety measures. We have a viewing next week.”
<p>The staff have good support</p>		<p>Staff told us:</p> <ul style="list-style-type: none"> • They feel very safe. • “We have a good management team here. • My last supervision was three weeks ago. They are quite regular. • I find them useful, especially the feedback. • I have pretty much done all the training I need to do. • I would like to do some more on learning disabilities. I would like to learn some more Makaton.

		<p>We have three ladies with a learning disability.”</p> <p>One person from A’s Circle of Support told us:</p> <ul style="list-style-type: none"> • “Very occasionally staff (new/agency) have or appear to have little idea of how to engage with A by getting her attention and eye contact.” <p>The manager told us:</p> <ul style="list-style-type: none"> • “Over the past twelve months we have lost fifteen staff. • In the past four weeks we have had 108 Agency hours which includes day and nights. • Over the Covid-19 period we have never stopped annual leave as I believe it is very important for staff to have breaks and to come back refreshed. • We have also ensured that when staff are off self-isolating, we did not leave the floor on unsafe numbers. • Staff have had all their mandatory training. Some of them are studying for their NVQs. • Two senior staff members had undertaken train the trainer moving and handling training. • We have two dementia leads and two dementia link workers • Staff have had training on enhanced health and safety, social care skills, mental health, learning disability awareness, Huntington’s training and risk assessment training.”
Good Practice		
A told us that she feels safe with all the staff.		
The Manager told us she would respond immediately if an individual indicated they did not feel safe with a particular member of staff.		
Staff have a good understanding of hate crime.		

Staff we spoke with understand how to report a safeguarding concern and are confident about the company protocol.

The Manager told us that there are a wide range of risk assessments to keep the people safe.


The manager could tell us about the action taken with input from CLDT to address accident patterns relating to frequent falls.

Medication protocol has been improved following a medication error.

Actions

As an organization, look at ways to improve staff retention to ensure that people are receiving consistent support.


Staff told us they would like more training around learning disability and Makaton in particular.

 <h2 style="text-align: center;">Standard 3:</h2> <h3 style="text-align: center;">I Matter</h3>		
	People told us or we observed:	Other people told us, or Documentation seen:
<p>Positive and respectful staff approach</p>	<p>A told us:</p> <ul style="list-style-type: none"> • She liked the way staff talk and listen to her. • "I can speak to staff with sign language." 	<p>Staff told us:</p> <ul style="list-style-type: none"> • "A is very sociable but she prefers to be the one to initiate conversation. If she is already doing something she does not like to be disturbed. • She joins in sometimes with musical movements, but she does like her own space. • She is very friendly and likes to give people a thumbs up. • A is very kind. She will go to comfort people if they are upset. • She absolutely adores reading. • She doesn't watch tv much, but she likes listening to the radio when she is doing her word searches. • A is very good at writing and has some amazing ideas. At

		<p>Christmas she made a list of activities we could do over the Christmas period. For instance, ideas for putting on a panto.</p> <ul style="list-style-type: none"> • A loves animals. She likes seeing her sister-in-law's cat. She liked seeing the donkey at Christmas." <p>One person from A's Circle of Support told us:</p> <ul style="list-style-type: none"> • "The staff are kind and helpful."
<p>My rights</p>	<p>A told us:</p> <ul style="list-style-type: none"> • "I had a questionnaire in a previous home." 	<p>Staff told us:</p> <ul style="list-style-type: none"> • "I have supported people in best interest meetings. When they cannot state what they like we get other people involved and come up with the best interest decisions. • I can tell if someone is unhappy through observation of their behaviour. Everyone has their way of presenting themselves and we can see any changes because we know them so well. • I have not made a complaint on behalf of someone I support." <p>The manager told us:</p> <ul style="list-style-type: none"> • "We have accessed advocates for two of our residents. We have monthly meetings with them. • The last complaint concerned the pharmacy. The previous complaint was about a letter being sent to the wrong address by our administrative team. It went to the neighbour by mistake. We apologized and the error was amended quickly." <p>One person from A's Circle of Support told us:</p> <ul style="list-style-type: none"> • They did not know how to make a complaint.

		<ul style="list-style-type: none"> • “If we have a problem, we discuss it with staff and do our best to change things.”
Accessibility	When being shown round, we observed that the building was accessible.	<p>The manager told us:</p> <ul style="list-style-type: none"> • “The building is accessible. We have a ground floor rooms and a lift. We have electronic malibu bath in the bathroom.” <p>One person from A’s Circle of Support told us:</p> <ul style="list-style-type: none"> • “The best thing about the service was A’s ability to move about the home when she wants to.”
My house feels like home	<p>A did not want to show us her room. When we had a tour round the setting, we observed that there were lots of pictures on the walls:</p> <ul style="list-style-type: none"> • pictures depicting residents’ birthdays • activity planners and menu planners with pictures • All the rooms had pictures to show what they were used for. <p>At the back of the building there was a spacious conservatory, and a separate lounge where craft activities laid out.</p>	<p>The manager told us:</p> <ul style="list-style-type: none"> • “A collects the cups up and takes them to the kitchen. She likes to be helpful.”
I can be myself and no one tries to change me		<p>The manager told us:</p> <ul style="list-style-type: none"> • “Everybody’s needs are individually care planned. • If a person wants to go to church. We can support them to attend. • There are two gentlemen who, because of their dementia, do not speak English. But we have a staff member who can speak their language. • We arrange for one lady to have specialist Caribbean food.”
Good Practice		
A told us that she likes the way staff communicate with her.		
Staff demonstrated a caring, respectful attitude towards the people they support.		

Staff appeared to know A well and had a clear understanding of her interests.
The manager has provided advocates for people who do not have family support.
The setting looked homely with a relaxed atmosphere.
People can access all parts of the building and garden.
Pictorial activity planners and menu plans are displayed on the walls.
People's religious and cultural needs are catered for.
Actions
Ensure that people have accessible information if they would like to make a complaint or give feedback. https://www.ombudsman.org.uk/sites/default/files/Easy read Tips on making a complaint NHS leaflet.pdf
Ensure that family members know how to make a formal complaint.

 <p style="text-align: center;">Standard 4: I have Good Relationships</p>		
	People told us or we observed:	Other people told us, or Documentation seen:
Friends, family, relationships	<p>A told us:</p> <ul style="list-style-type: none"> • She gets to see her family when she wants to. • There was not anyone she would like to see. 	<p>Both staff members told us:</p> <ul style="list-style-type: none"> • They really enjoy working with the people they support. • “You get to hear about their life before they came here.” <p>Staff told us:</p> <ul style="list-style-type: none"> • “There can be challenges with communication. • We have a couple of individuals from the West Indies and English is not their first language. When they speak Patois, it can be difficult to understand what they need. • There can be hearing difficulties and lip reading is difficult with masks. I know that there are see through masks, but I do not know how to source them.” <p>The manager told us:</p>

		<ul style="list-style-type: none"> • “We send out a monthly newsletter, we email and encourage visits.”
My local community		<p>The manager told us:</p> <ul style="list-style-type: none"> • “We have the local church and visit cafés in the community. • The activity coordinator is part of the Gloucestershire coordinator network to find out what is going on.”
The people I live with	<p>A told us:</p> <ul style="list-style-type: none"> • “I like being helpful and thinking of others. I say hello to everyone.” 	<p>Staff told us:</p> <ul style="list-style-type: none"> • “When people do not get on, we distract them with something. For instance, if there are two ladies not getting on, I will give one of them a job to do to help to diffuse the situation.” <p>The manager told us:</p> <ul style="list-style-type: none"> • “A and another resident do not get on. One wants the door open, whilst the other wants it closed. We have involved the PBS team to find out how to resolve difficult situations. try and get people involved. With A it is important to validate her feelings, so she does not feel we are treating her as a baby. All staff have had PBS training that is specific to A’s needs.”
Loneliness	<p>A told us:</p> <ul style="list-style-type: none"> • She does not feel lonely. 	<p>Staff told us:</p> <ul style="list-style-type: none"> • “We treat the residents as if they are our family. • They can talk to us about anything. • When we had a Covid outbreak and people were having to isolate in their rooms, we spent a lot of one-to-one time visiting and reassuring them. It was hard for them to understand and some thought they had

		done something wrong so they required a lot of reassurance.”
Staff communication	We observed excellent communication between staff and residents. Staff were respectful and accessible to the individuals. Whilst we were speaking to a staff member, he briefly went to the assistance of a resident who required some immediate support.	
Time alone, and privacy	We were told that A often chooses to sit on her own in the conservatory, away from the other residents. She has a corner set aside with all her books and crossword puzzles.	Staff told us: <ul style="list-style-type: none"> • There are locks on the bedroom doors, but most people choose not to lock their rooms.
Good Practice		
A told us she sees her family when she wants to.		
People are well supported to maintain contact with family members.		
People are supported to access the local community.		
Staff can support people when arguments arise and intervene to prevent them escalating.		
The manager has involved the PBS team to find strategies to resolve conflict between two of the residents.		
People’s risk factors are managed in a way that maintains their dignity and autonomy.		
Staff speak respectfully and treat people with dignity.		
We observed that staff respond immediately to people’s requests for assistance.		
People have their own private space which reduces the likelihood of conflict and enables them to have time alone.		
People can choose whether to lock their bedroom doors and their privacy is respected by staff.		
Actions		
Look into sourcing see through face mask. The following link maybe helpful: https://www.barnwoodtrust.org/news/barnwood-trust-plus-local-partners-launch-the-lets-be-clear-campaign-for-clear-face-masks-and-clearer-communication-across-gloucestershire/		

Standard 5:

I Choose



	People told us or we observed:	Other people told us, or Documentation seen:
Daily choices		<p>Staff told us:</p> <ul style="list-style-type: none">• “Routines are very important to some of the residents.• A, for example likes to have her personal care done in a particular way or it is not going to happen.• When she sits up in bed the first thing, she does is choose the books for her trolley. She wants to put her socks and slippers on first before going into the bathroom.• She does not like the sensation of being damp or wet and wants to get dry straightaway.• A lot of the residents prefer to do things in a certain way and order which is fair enough.• They can do absolutely anything they like, within reason.” <p>The manager told us:</p> <ul style="list-style-type: none">• “If they have capacity, people are allowed to make those choices. Even when you do not have capacity, if it is a life pattern and they have always done that we would support them. If necessary, we would call a Best Interest meeting.• We do have DoLS in place.” <p>One person from A’s Circle of Support told us:</p>

		<ul style="list-style-type: none"> • A is supported to make choices all the time.
<p>Goals: new skills, aspirations, big decisions, work, future plans</p>		<p>Staff told us:</p> <ul style="list-style-type: none"> • A's main goal is to get more books. Her family come every Saturday and bring her new books. • We are planning on having garden parties when the weather improves. • Last year when there was not any restriction, we arranged for an ice cream van to come and created a day at the seaside." <p>The manager told us:</p> <ul style="list-style-type: none"> • "I would like to be able to get back to the time when families can come in and have a cup of tea in the lounge. • Social distancing is still huge we need to be mindful. • I want to get back to all the activities we did before Covid, such as pantos, bbqs, outings and parties that everybody could join in with."
<p>I am listened to</p>	<p>A did not understand the question about what would happen to her if she had to go into hospital.</p>	<p>Staff told us:</p> <ul style="list-style-type: none"> • "We have house meetings. We print the minutes out for people who have missed them. • We ask residents to join in, but they often decline. We tend to get their views through a one-to-one meeting." <p>The manager told us:</p> <ul style="list-style-type: none"> • "Everybody has an End-of-Life plan. Unfortunately, people are coming into care later and their dementia is already advanced. We have had to adapt our life history booklets into one-page profiles.

		<ul style="list-style-type: none"> • We have ReSPECT forms in place. Two people's forms need to be discussed with their advocates and family. • We had a CQC visit last week. It was a good opportunity to review feedback. We have made changes to care plans to make sure that we have up to date contact information about families."
Accessible information: Care plan, information to make choices		<p>Staff told us:</p> <ul style="list-style-type: none"> • "People are not really involved in their care plan reviews but they have a consent form and they and their families can read their care plans.
User-led processes: recruitment, environment	<p>A chose not to show us her bedroom, so we could not comment on how it was decorated.</p>	<p>The manager told us:</p> <ul style="list-style-type: none"> • "Pre-Covid we would do an interview followed by a team up with a staff member where the residents would give feedback on how they engaged with them. • That has temporarily been replaced by zoom interviews." • People can choose how they want their rooms to be decorated. We put everything to residents' meetings. For instance, one guy brought their cat and that had to be agreed with the residents. • Any decisions around communal furniture, or even the buying of a dinner service set is made in residents' meetings."
Good Practice		
<p>Staff recognize that for some people routines are an important aspect of their life and these are respected.</p>		
<p>The manager told us that all people are supported to make choices regardless of their level of capacity.</p>		
<p>Regular Residents' meetings are held.</p>		
<p>The Manager responded to feedback in a positive way and made changes to improve paperwork.</p>		

People choose how they want their bedrooms and communal areas to be decorated.

The manager told us that everyone has an End-of-Life Plan.

Actions

Talk to A about whether she would like to visit the library so she is less dependent on family to access books.

Work with individuals to create achievable, realistic goals.

Talk through A's ReSPECT plan with her so she understands what would happen if she was admitted to hospital.

Ensure that all ReSPECT plans are completed.

<https://www.gloshospitals.nhs.uk/our-services/services-we-offer/end-life-palliative-care/respect-form/>