



## Enter and View report:

Centenary House Care Home  
Shepton Mallet

24 February 2020



Local health  
and care  
shaped by  
you

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## Control sheet

Date submitted to HWS office as draft version	
Date sent to provider to check for factual accuracies	
Date response from provider due	
Follow up actions	

# 1. Details of visit

## 1.1 Service visited and date

Centenary House Care Home, Shepton Mallet on Monday 24 February 2020.

## 1.2 About the service

Centenary House is a residential care home. The home is able to care for up to 13 residents. On the date of the visit there were nine residents living in the home.

All bedrooms and communal areas are on the ground floor.

## 1.3 Authorised Representatives

- Elizabeth Price (Lead Authorised Representative)
- Claire Pennack (Authorised Representative)
- Jill Rossiter (Authorised Representative)
- Sheila Burrige (Healthwatch Somerset Staff Member & Authorised Representative)

## 1.4 Acknowledgements

The Healthwatch Somerset Enter and View team would like to thank the Manager and all staff, residents and family members for a friendly welcome and unlimited access to the premises during their visit.

## 1.5 Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by an Enter and View Authorised Representative who carried out the visit on behalf of Healthwatch Somerset.

# 2. About Healthwatch Somerset

Healthwatch Somerset is the county's independent health and care champion. It exists to ensure that people are at the heart of care. Dedicated teams of staff and volunteers listen to what people like about local health services, and what could be improved. These views are then shared with the decision-making organisations, so together a real difference can be made. Healthwatch Somerset can also help people find the information they need about health and care services in their area.

# 3. What is Enter and View?

To enable Healthwatch Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised representatives from Healthwatch to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and View visits are:

- not part of a formal inspection process, neither are they any form of audit
- a way for Healthwatch Somerset to gain a better understanding of local health and social care services by seeing them in operation
- carried out by authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked
- a way for authorised representatives to observe the service, talk to service users and staff and make comments and recommendations based on their subjective observations and impressions in the form of a report.

## 3.1 Purpose of visit

The visit was carried out by four authorised representatives.

Information was collected from observations of residents in their day-to-day situations, including lunch and from interviews with staff, residents and relatives against a series of agreed questions.

The team referenced the latest CQC report (January 2020) and a final team discussion took place to review and collate findings.

The team spoke to the senior care worker, two staff members, five residents and two relatives.

## 3.2 Key findings

Our overall impression was that staff are very welcoming and appear genuinely dedicated to their job and to the care of residents. Staff know the residents well, including their communication needs, e.g. one resident squeezes the hand of the carer to communicate.

We found the home to be clean but in need of general refurbishment. The environment was calm, quiet and orderly and residents appeared relaxed.

The manager was not at the home when we visited and had not been at work for some weeks. The Level 3 senior care worker was the lead staff member during our visit. We were told that the home owner is in daily contact with the home.

Staff appear skilled, committed and to work as a team. They were happy to talk to us but we were mindful of how busy they were. The cook does not work on a Monday so care staff were undertaking the cooking when we visited.

During our visit the staff team consisted of a Level 3 senior care worker, care worker and cleaner. There are no nursing staff on site. The home receives good support from local community nurses. During our visit the community nurse was in the home.

In general, residents and their relatives spoke positively about the care and support being provided to residents. There is open access to families and relatives so they can visit as they please. Residents and relatives meetings are held monthly. Feedback forms are given to residents and relatives on a monthly basis. There is a relatives' WhatsApp group for contact and information.

The team wish to commend the staff who were on duty during our visit for their commitment and dedication to the care and wellbeing of residents and their relatives.

## 3.3 Visit overview

This visit had been notified as part of our ongoing partnership working with Somerset County Council regarding quality monitoring. But no specific date had been given so the Healthwatch Somerset team was not expected. When we arrived, the front door was locked, and the bell was answered promptly by a staff member. The senior care worker (who was the acting person in charge) was carrying out the medication round. We discussed our plans for the visit and were given a tour of the home by a care worker. No restrictions were placed on access or who we could speak to. We were informed of two residents, one who was poorly and one who was non-verbal so we did not attempt to enter their rooms.

The visiting team split into two pairs. One pair spent time talking with the senior care worker, staff and residents in their rooms. The other pair spoke to residents in the lounge, care staff and relatives. The team met up briefly late-morning and then continued their interviews with residents, relatives and staff.

At the end of the visit the team met to share their findings, and then met with the senior care worker to review and discuss the visit.

## 3.4 Observations and findings

### **Physical environment:**

The home is situated on a main road and has its own car park directly to the front of the home. The entrance front door is obvious and is kept locked with access via a front door bell.

Our first impression was that staff were friendly and welcoming. They were aware that Healthwatch would be visiting at some point and had displayed our visit poster. There was no obvious traffic noise within the home.

The entrance foyer had information boards showing names and pictures of the staff, details of the availability of the hairdresser and religious visitors. First aid points and fire exits are marked. Copies of the complaints procedure are displayed in bedrooms.

The home appears in need of refurbishment. There was peeling wallpaper in places. There was a smell of urine in the hall and in some rooms. We did not observe any open windows.

Flooring was matt and consistent in colour. We observed hazard tape on the carpet in several places. The duty manager told us they were waiting for the carpet in these areas to be replaced.

Although some bedrooms appeared in need of refurbishment we found them to be clean and tidy, with storage, personal items on view and places for visitors to sit. Some bedrooms did not have a door sign to link the room with the resident.

All bedrooms and communal areas are arranged on the ground floor with level access to all rooms. Ramps were observed and are used to access the outside areas. There was a lack of clear signage to the communal areas. Staff told us that one resident keeps removing the signs.

The lounge is arranged with chairs against the wall, facing both the TV and other residents which allows for resident interaction. There is a CD player in the lounge and a harmonium in the conservatory. There are large face clocks in communal areas and the day and date are clearly written on the white board. On the day of our visit the date had not been changed. There is a selection of books and games available to residents in the lounge area.

The call bell system rings in the office, kitchen and laundry. Call bells are logged on a computer system so that staff are able to monitor response times.

The bathrooms and toilets we saw were clean and appeared on the whole to be adapted. We did observe that toilet seats were not raised in all bathrooms and there was a wobbly seat in one toilet.

The visitor toilet was clearly marked and very clean. However, the rubbish bin was small and required opening by hand.

There is a garden to the back of the home with several access points from bedrooms and communal rooms. All doors had a step down to get to the garden. A mobile ramp is available for access.

The garden paths had uneven and, in places, broken flagstones. Staff told us the garden was documented as being unsafe and is not available to residents at present. We were told by staff the garden was to be flattened and made safe in the Spring of this year.

We observed a pile of rubbish in the garden and this was visible from a resident's window.

### **Health & wellbeing of the residents:**

A GP visits the home every Tuesday. Dental and optician services come to the home. Some residents still visit their own dentist and optician, and are taken there either by relatives or staff.

The community nurse comes into the home three times a week and knows the residents well. The local pharmacy delivers monthly and a member of staff goes out to collect medication as required.

Residents medication and personal care records are currently being updated by the senior care worker in addition to their duties and caring role.

A hairdresser visits the home every two weeks. Residents pay for this service.

Those residents who were mobile can come and go around the home as they please. We witnessed residents moving between their bedrooms and the lounge. The residents who remain in their room from choice or are not able to move independently spent long periods without company.

We observed staff handling a dispute in the lounge between two residents swiftly, calmly and competently.

### **Activities:**

Currently there is no activities co-ordinator in post but it is hoped to appoint someone soon. When we visited no activities were planned. The printed activity rota was out of date and printed in a small size font.

Currently staff try to undertake activities with residents when time permits. Staff told us they play cards and board games with residents. There are books, games and puzzles available in the lounge area. Staff are usually able to spend time talking to residents. However, on Mondays when the cook does not work staff are busier than normal and no activities are organised.

We observed pictures displayed on the wall, of residents undertaking previous activities.

Newspapers are not delivered daily unless residents request them. A resident told us “I like to read in my room. I have my books in there.”

We observed that TVs were switched on in all occupied rooms even if the resident was asleep. Staff told us that relatives have asked for TVs to be kept on.

### **Food and drink:**

A menu for the day is displayed on the white board in the lounge. On the day of our visit the menu consisted of soup, a main meal and a pudding. Food is cooked on the premises.

Some residents have their meals in their rooms and are supported if they require assistance. We observed three residents taking their lunch in the lounge. They were able to feed themselves. A number of residents have a soft or liquid diet and are helped with feeding by a member of staff. Lunch was delayed from the normal time due to the absence of the cook.

Drinks are available at all times and we observed all residents had a filled glass or mug beside them.

### **What residents said:**

Residents told us they felt happy and safe living here. They said that staff were caring and kind. One resident said: “they look after us.” Another resident said: “I get help from the staff to shave.”

One resident told us they had been taken by the previous home manager to their granddaughter’s wedding. Another resident told us they had been taken to a hospital appointment in Bath by the manager.

Residents told us they had choice around their food and which activities they took part in.

One resident said: “the food is good, we get breakfast, dinner and tea.”

A resident told us they had complained that staff did not respond quickly to bells. Following their complaint response times had improved. Another resident told us there is a quick response to the emergency bell.

One resident said she felt cold in the lounge and put her blanket over her legs. Staff confirmed to us that there is no thermometer in communal rooms. However all resident bedrooms have thermostats.

Residents told us they could listen to music instead of watching TV if they wished.

### **What relatives said:**

A relative told us she felt her mother was happy and well cared for. Her mother takes meals in her room and feeds herself. The menus are varied and she feels full. This relative lives locally so can pop in frequently. She is contacted by the home to discuss any specific needs for her mother.

Relatives felt their family member received good care. Relatives felt the home was well managed up until the last 6-7 weeks. The manager had been absent for a number of weeks. Relatives felt there was a shortage of staff.

Relatives observed the lack of referrals to the home. They voiced concerns that the home may close and the worrying impact this would have on themselves and their relative.

A relative told us there was a problem accessing money/cheques that were locked in the safe due to the manager being absent and holding the safe key. The relative has been unable to contact the home owner.

A relative was concerned that his mother was about to have an operation and needed specialist stockings for this. The absence of the manager meant this had not been organised.

A relative reported that sometimes the boiler goes wrong and there is no hot water.

## What staff said:

All the staff we spoke to were permanent and had worked at the home for varying lengths of time ranging from 4 months to 8 years. There are no agency staff employed in the home.

Staff meetings are held monthly and regular supervision is provided by the manager. However, this is not happening at the moment as the manager is not present.

The home owner (who is not local) visits every Tuesday.

New staff are recruited by advertising, usually on social media. Online training is completed by new staff. The induction process for new staff involves shadowing other staff until they are confident with the home's procedures.

Staff told us they undertook decorating and refurbishment tasks around the home in their own time. There is a handyman who attends irregularly.

Staff told us they work over and above their scheduled hours to complete tasks and do this without extra pay.

## 4. Recommendations

The visiting team would like the home to consider the following recommendations which are based on outcomes and findings from the visit:

1. Develop the staff team to ensure a contingency plan is in place to cover the absence of the registered manager and any staff sickness or leave and promote the wellbeing of residents and staff.
2. Investigate the availability of volunteer visitors who could provide conversation and stimulation to residents, particularly those with no individual visits.
3. Ensure the garden is safe, accessible, attractive and available for all residents to use to provide stimulation and an outdoor space.
4. Continue the programme of refurbishment and maintenance to provide an attractive, safe environment for residents.
5. Provide permanent directional signage in the communal areas so residents are able to find their way to the communal rooms.
6. Personalise doors to bedrooms with photos of interest to inform staff about residents and to promote independence.
7. Ensure an activity programme is re-established for the residents and that the displayed signs advertising the activities are large enough for residents to read.
8. Monitor the temperature in the communal rooms to ensure an appropriate temperature for elderly residents.

## 5. Provider update

In April 2020 Centenary House closed and the residents were assisted to move to other services. This was not connected to the Enter and View visit carried out by Healthwatch Somerset

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