



**Details of visit**

**Service address:**

**Woodcote Hall Residential Home, Woodcote Hall, Woodcote, Newport, Shropshire, TF10 9BW**

**Service Provider:**

**Select Healthcare Group.**

**Date and Time:**

**2<sup>nd</sup> December 2015, 11.30am**

**Contact details:**

Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, TELFORD, TF3 4HS

**Publication Date:**

**Acknowledgements**

Healthwatch Telford and Wrekin would like to thank Woodcote Hall Residential Home residents (service users), visitors and staff for their contribution to the Enter and View Programme.

**Disclaimer**

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visit.



**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Telford and Wrekin Healthwatch representatives carry out these visits to health and social care services to find out from the service users and their carers how the services are being run, and make recommendations where there are suggestions for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers at premises such as hospitals, residential and nursing homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.



Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel involves a risk they will inform their lead who will inform the service manager, potentially ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue regarding their employer, they will be directed to the CQC, where they are protected by legislation if they raise a concern.

## Purpose of the Visit

- To ask residents of Woodcote Hall Residents Home their opinions about living in the home, including their experiences of the care they received, the food, and the activities and interests they enjoy, how staff care for them with respect and dignity, and supported their independence. To ask any relatives/visitors about their experiences and observations.
- To observe the interactions between staff and residents, and residents and their surroundings.
- To speak to staff about their care of the residents, the support they received in caring for people with dementia and their training for this.



## Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings, and responding to evaluations of feedback received from the community.
- Nursing and Care homes are a strategic focus of local, regional and national programmes of the CQC, PHE/NHS, local Councils, and Healthwatch organisations.

## Methodology

**This was an announced Enter and View visit.**

Two authorised representatives were assigned to the visit, with one other volunteer 'in probationary training' to further enhance experience. The representatives met with the Manager for a short information overview and a guided tour before speaking to anyone in Woodcote Hall Home, and took the manager's and staff advice on any residents who would not have capacity to give informed consent to share their experiences with us, or should not be approached for medical or safety reasons. It should be remembered that Enter and View is an engagement tool performed by Healthwatch-trained lay-volunteers, and is not an inspection.

Explanatory Healthwatch leaflets had been sent to the Home before the visit, and these had been made available and distributed, and notices displayed. The representatives explained to everyone they spoke to why they were there, and spoke to several residents and staff in Woodcote Hall Home. As the team went about the Home to gain an understanding of the layout and the facilities offered, and to talk to residents, staff and visitors, they also observed the facilities and activities as well as interactions between staff, and residents and any visiting relatives/visitors.

When the representatives had finished speaking with residents and staff, they then gathered to review the key observations and feedback received. The team then spoke briefly with the manager to share early summary key findings and explained the next step of the process. This report relates only to this specific visit (a snap shot of time) and it's not representative of views of all residents/ relatives/ visitors and staff, only of those who contributed within the time available. The representatives wish to thank all for their time, feedback, and support received on this visit.

## Summary of findings

- Residents felt safe and are well cared for by the staff. One resident felt sometimes they waited a while before the call bell was answered, though we observed a prompt response to an 'urgent' call,
- We observed an occasion when an assistant did not treat a resident with appropriate respect and patience when soliciting her choices and giving her meal to her.
- Residents told us they liked their rooms, they had their things with them, and the food was good and fresh, with an alternative. One new resident did not like the food, and missed being able to cook what she liked.
- Football on the 'Big Screen TV' and Bingo are popular with residents, as are visits by the gardener/estate worker's dog.
- Staff are well supported for their training, and are able to take issues to the manager.
- Improvements to facilities are planned and are being implemented, though pace for some is mindful of the impact of, and capacity for change on, the Residents.

## Results of Visit

Woodcote Hall Residents Home is a converted rural country-house with large grounds surrounded by fields and estate woodland overlooking the Shropshire countryside, and with modern purpose-built extensions to the rear. The Home provides residential accommodation for older people who require personal care, catering for frail adults and those with dementia over 65 years. The older part of the home is a three-storey property, and more recent buildings are single and

two-stories. The Home accommodates a maximum of 56 residents, though at the time of the visit not all rooms were occupied.

On arrival the team were met by the manager who introduced the team briefly to the operation of the Home. The team were then given a guided tour and invited to talk with residents in different parts of the Home, but primarily in the area of the dining room.

### Accommodation and Surroundings

The front entrance has a ramp giving wheelchair access from the front drive and car park. The front door access is controlled and visitors must ring the door-bell and sign in. The Home entrance hall leads to a grand galleried reception with large fireplace, and sweeping staircase to the upper floors. Resident room call bells can be monitored from this area. The bell call system went to level 2 whilst we visited; this resulted in an immediate and quick response from several of the staff. Everywhere was very clean, and most areas bright, and there was music playing in the background. Two old suitcases were on display and a teddy bear (to stimulate memories and reminiscences), as well as old-fashioned 'sweets' in jars, and on a large table was a jigsaw puzzle. A safety gate at the bottom of the 'grand' staircase controlled access to upper floors -for safety, and the upper galleried landings/corridors have safety rails above the banisters overlooking the hall. There is a lift to the upper floors.



Two large spacious high-ceilinged bright and airy resident lounges lead from the main hall - each with television and several comfortable chairs arranged in groups. Large folding doors communicate between the two lounge rooms which are opened to create a large single room, popular when football is showing on the large-screen TV, with residents watching from both rooms. There were several residents in the lounge waiting for lunch. The residents didn't seem to be engaging in conversation with each other very often, and we did not notice staff stopping to take the time to talk with the residents, however we arrived before



lunch - a busy time. There is also a further sizeable lounge on the first floor, with a mobile hoist parked in the corner. This room was sizeable but seemed much darker than the lounges downstairs; there were no residents in this room.

Resident rooms vary from compact single rooms, some in

the more modern area of the building with en-suite facilities, to large spacious resident rooms which are either used for couples, or for a single resident on request, providing room with high ceilings, sofa and sitting area in front of a fireplace, plenty of space, and views over the grounds and nearby

fields/countryside. Residents could include their own furniture items (depending on size of room) as well as photos and other objects to personalise their room. The team were shown some of the bedrooms; the level of personalisation seemed to vary quite a bit between individual rooms. We spoke to one resident who said 'she likes her room' and 'she has her own things'; she 'feels safe' at the home.

Various toilet, bathroom and shower facilities are provided on all floors, with appropriate handrails and facilities to support residents for their personal care. We were told that at the time of the visit only four rooms had a full en-suite with a wet room, however new bathrooms and shower room were being installed or upgraded, and we observed this in one of the shared ground floor rooms.

A purpose-built large modern dining room at the rear of the property is brightly decorated with many small tables, set for two residents, or more, and a serving area close to access to the kitchen facilities. The tables were set out ready for lunch, and included 'wine glasses' on some tables.

Leading from this room is a good-sized activities/crafts room with large viewing windows overlooking the hallway and entrance to the dining room. The room had Christmas decorations on show and many activity and craft resources on shelves; on the window ledges there were jars containing buttons, shells, and glitter.

At the rear of house leading from the dining room is a patio with wheelchair access and outdoor chairs and a table, sheltered by the building. We were told there were plans to plant a sensory garden at the back in the summer (2016)

The Home have 4 Llama in a paddock at the side of the property, at least one of which was pregnant (with a possible June birth anticipated). The paddock was positioned so that the Llama were visible to residents from windows at that side of the home, including from the main lounge and upper resident rooms. The Llama provide daily interest to the Residents. There are bird feeders placed in the grounds outside visible to residents, and a 'pheasant feeder' on the front lawn attract local pheasants from the estate grounds. We were also told the Home was planning to introduce pigs, chickens, ducks, and an aviary, in the spring/summer 2016.



### **Manager Briefing**

The manager briefed the team about the home operations, staffing and residents, and the challenges since being appointed, of making improvements at a paced that could be accommodated by the residents. The approach adopted for care of the residents was described as 'person-centred care'.

There were 41 residents at the time of the visit, and some un-occupied rooms. We were told that some of the large bedrooms on the first floor were used for married couples, and if available can also be requested by individual residents, particularly those with hobbies who would benefit from the additional space. The manager explained occupancy levels were at this level at the time of the

visit while she implemented improvements to facilities and developed support for residents with dementia, and staffing and care practices were improved following from the previous management. We were told that some experienced staff had come with the manager from a previous home (including 'Seniors'), and the manager was currently recruiting.

At the time of the visit there was one staff member with the role of part-time Activities coordinator, but the manager indicated a full-time Activities staff member had just been recruited. We were told agency staff were only used if the Home could not cover work requirements with their own staff (such as overtime or working extra days). When employing agency staff, the Manager tried to keep to a small number of known agency-personnel who were regularly used and so were familiar both with Home practices but also with the Residents.

The manager described having regular scheduled meetings with the unit Heads, and also meetings 'as required'. A senior staff member was responsible for dispensing medications to the residents. Staff received training required for their care roles including safeguarding, dementia care, and lifting; training is provided by the company, and some staff were following NVQ qualifications.

### **Personal and Health Care**

We were told that an optician calls every 6 weeks, and a chiropodist every month; Residents are taken to a dentist as necessary. A hairdresser visited the home for those residents wishing to have their hair cut/permed, and there was a room equipped for the hairdressers' visit. A resident sitting waiting for lunch, had her hair permed by the hairdresser and said she was very 'pleased with her hair'.

One resident we spoke to commented that she 'had an x-ray and had seen a doctor and that everything was ok now' (*she didn't explain what the original injury may have been*).

Another resident sitting in the lounge told us she had not been in the home for long; it was not her choice to come and she missed doing things for herself like she had done at her home, including doing chores, and eating the food she liked, and making the meals she liked to eat. She did not think she could do things at the Home to occupy her time, like at her home. The resident appeared well groomed and was well dressed.

### **Food and Meals**

We were told that the meal times were not rushed, but were treated as a social occasion. Some residents eat in the dining room while others preferred to have their meals in their room.

We talked with Residents in the dining room while they waited to be served their food, and they said 'the food was good'. One commented that she 'did not need to ask for alternatives - because the food was good, nice and fresh'. Another 'liked a cooked breakfast and didn't want lunch', but said they would 'have a sandwich for tea'.

We heard that the food was freshly cooked on premises on a 4-week rolling menu. The staff said if residents wanted something other than the menu choices,

best efforts were made by the chef to provide for residents' requests. We were told that special requests that had been met had included such things as a "Take-Away" brought in from Newport. If a resident didn't want the food they had chosen the chef indicated he would try his best to cook whatever the Resident wanted if they had the ingredients, but after all the residents had had their meal. We observed the weekly menu displayed in the dining room, which showed two choices of main course and one dessert; tea time showed the choice of sandwiches or soup and one dessert option, however the chef confirmed that they try and offer some other hot items such as sausage rolls as well. Once the chef has left for the day, the kitchen assistant prepares tea from the things the chef has prepared ready.

Breakfast started at around 7.30am, lunch is at approximately 12.30pm and the evening meal at 5pm. We were told by the manager that breakfast is cereal and toast, however tomatoes and beans were available if residents chose to add them to their toast. A cooked breakfast is offered every Thursday, and one resident chose to have a cooked breakfast daily.

Staff told us tea and coffee drinks are available at any time on request. Night-staff had access to the kitchen, and could provide food snacks and drinks (some residents asked for cereal) for residents during the night, or before breakfast if this was requested. The chef explained that during the day only kitchen staff access the kitchen to prevent any cross contamination. A few residents with diabetes (though they are mainly tablet-controlled) are catered for, as well as fork-food (soft) is served to those who have problems swallowing. Staff said they monitor residents to check they are eating their meals, and assist when needed. A senior staff member advised there were a couple of residents who need such assistance in eating their meals, but most ate without help.

We were told by the senior care staff on duty in the dining room that all residents are weighed once a month and some residents are weighed on a weekly basis. The staff member described how they try and encourage residents to eat if they have fallen asleep and perhaps forgotten that they have their dinner on the table. If someone is not eating their meal, then the staff member indicated that staff will try and offer an alternative such as a sandwich.

We observed that food is served to residents (in the dining room or lounges or in their room) on purple trays with white plates, however we were told that the home is planning to provide blue plates for those with dementia or are short sighted.

There were quite a few staff in the dining room - they were busy helping Residents be seated and bringing the meals to the residents who were seated. We were told a senior staff member is usually in the dining room during the meal. The staff member doing the drinks was observed offering a choice to the residents, some of whom enjoyed their drink in a wine glass. Black current, orange or lemon squash were offered to the residents in the dining room, and as the staff member served each resident, she addressed them by name, using the residents' first name.

A Resident was observed alone in the lounge when others had gone to the dining room. An assistant brought her lunch to her, but the resident indicated she 'did not like the meal and was not going to eat it'. The staff member offered to leave

it there in-case she changed her mind, but the resident was sure she did not like the meal and would not eat it. The assistant did not ask the resident if she would like the alternative meal until prompted by us, nor if the resident would prefer something different to eat; the staff member's attitude was not observed to be patient or caring in her dealing with the resident. The assistant then asked the resident to choose what pudding she wanted and delivered a list of options spoken very quickly which she repeated several times. The resident appeared confused by this and would not make a choice. The assistant left saying she would come back later. We spoke to the Chef in the dining room later on, who suggested he would talk with the resident later to see what she might like to eat.

### **Activities**

We were told that about 30 activities were made available, though without a full time activity coordinator until recently, the planned programme was sometimes affected. No Resident and Relative meetings were scheduled at the time of our visit. Residents spoken to could only remember 'Bingo' as one of the activities that they liked, and participated in (Bingo is on Mondays), and another resident mentioned she liked knitting.

One resident we spoke to told us that 'there is lots of routine and it made time go by'. The resident was able to share a room in the Home with her husband and this was comforting for her.

We were told that residents were not being taken out for visits on a regular basis by the Home because the minibus used by them could only accommodate two residents. We were told that the Home is looking for a larger vehicle. Some Residents are taken out by their relatives for trips.

At the time of our visit a Christmas party and a residents' panto were being planned, and we were told that some choirs would also be visiting the Home to sing Carols to the residents.

Asked if visitors could bring in pets for the residents or were local 'visiting animals' encouraged (such as the local Horse visitor or visiting zoo) we were told that an estate worker (part time gardener) occasionally brought his working spaniel into the home to meet the residents and this was very popular. We later met the dog and owner; the dog was very friendly and well behaved, and residents obviously liked to stroke the dog. A resident passing by stopped to stroke the dog and said people liked it when the dog visited them.

Staff also said residents were interested to watch the Llama in the nearby field, and were looking forward to seeing the new-born in the summer. We asked if residents stayed in their room for long periods and were told residents did come out if there was something going on which they liked or where they were interested in taking part.

The manager described plans to convert the activity room (close to the dining room - which was currently used to store activity resources) into a quiet family room for residents and family visitors, with coffee and tea / refreshment facilities, as there was no other suitable facility. Activities would be done in the dining room as happens at present.



One resident we spoke to said she had been in the Home before, but had been able to return home, although she had subsequently fallen and so she was back. She enjoyed knitting; the staff had decorated her walking aid with Christmas glitter decorations which she liked. The resident then went on to describe that she had been out shopping with her daughter which she enjoyed. Another resident (gentleman) sitting next to her said he too would like to go to the shops to do some shopping.

### **Staff - Observations and Feedback**

When asking residents if they minded us talking to them, we observed staff lent towards the residents at their level, and used the resident's first name. Carers were also encouraging and careful when they assisted residents to their seats at the table in the dining room. While talking to a resident, a member of staff came past and shared cheerful banter with another resident at the table. We did not observe any staff sitting at the table with any of the residents. A resident told us the staff were 'Ok', but sometimes she had to wait a while after using the call bell before someone came.

Staff spoken to felt that they could go to the (new) management with concerns - 'as the manager had an open door policy'. Staff were generally working towards level 1, 2 or 3 NVQs. One staff member described she was working on level 3 and she hoped to start level 4. The staff member said she felt supported and encouraged to carry on with her NVQ.

A staff member commented that residents 'could have a say' in their Care Plan, which included their 'likes and dislikes'. (*The staff member did not know if family members had any input into the Residents' Care Plan.*) Resident competency is assessed every 6 months.

The staff member described herself as a 'key worker' - to one resident. The staff member explained the role of a key worker as responsible for making sure the resident had all the relevant toiletries for their personal care needs. The staff member also looked after other residents.

Staff were able to describe to us what 'Dignity' meant to them, including - talking to residents by their name, making sure personal care is undertaken in the resident's room, and knocking on residents' door before entering.

We were told that as the home was a rural location, staff who had transport problems could usually get lifts from other staff members, or there was a reliable, reasonably priced taxi firm from Newport.

### **Relative Feedback**

A relative who was unable to speak to the team on the day of the visit, provided the following feedback after our visit. "The care at Woodcote is excellent, I can't fault anything. Communication is excellent. The way the staff treat residents is excellent. The management is beyond excellent - I used to be a care manager, and a registered nurse, so it takes a lot for me to call something beyond excellent. The way the home was turned around in 16 weeks is amazing. I would highly recommend the home to anybody who asks."

## Recommendations

1. Remind support assistants to be patient, treat residents with respect, and communicate slowly and in a more appropriate encouraging way, when they take meals to reluctant Residents, or are soliciting resident choices from options. Ensure assistants are aware that Residents may be offered alternatives to the prepared meal, and not only the alternative on the menu.
2. Include activities such as small cake making and/or decorating among the in Activities offered to Residents - to interest and encourage those who miss doing such activities.
3. Ensure some craft/art items are readily accessible for residents in communal areas, especially once the Activity room is converted.
4. Encourage staff to stop and spend time talking with residents, other than when engaged in care or personal care activities (at beginning and end of the day)

## Service Provider response

*The draft report was provided to the manager of Woodcote Hall Residential Home for comment, but Healthwatch Telford and Wrekin received no response.*