



Details of visit

Service address:

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

Service Provider:

Select Healthcare Group.

Date and Time:

21st November 2016

Contact details:

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

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 is a concern they will inform their lead who will raise the concern as appropriate. 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. 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 and deputy 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 said they felt safe and well cared for by staff. Residents informed us that the place is getting better.
- We observed residents being offered alternative choices of food if they were not eating what they had been given
- We observed residents singing along to the music that was played at lunchtime which made for a calm atmosphere.
- The residents we spoke to informed us that they were given the option to do activities if they wished to take part.
- Residents enjoyed visits by Tess the dog who belongs to a member of staff and this encouraged them to interact with other residents around them.
- The residents that we spoke to informed us that they had medication when needed.
- Residents did inform us that there is a delay in answering call bells.
- One resident was observed with a clear small zip bag attached to her walking aid with underwear visible and labelled with her name. This was raised with the manager at the end of the visit, and the manager's response was that "a family member has organised this".
- Staff informed us that they are well supported by management.
- We observed residents and staff interacting in a friendly and supportive manner
- Staff were attentive and stepped in whenever necessary to assist residents who needed help with eating.
- We observed a lady going to sleep in the bistro area who needed support from extra pillows. This was pointed out to a member of staff who immediately fetched two cushions to enable the lady to be comfortable when she leaned over on the sofa.

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. The areas and rooms viewed during our visit appeared clean, and most areas bright, and there was music playing in the background. We observed several residents sat at tables singing to the music. 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.

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. 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, however once they had finished lunch Tess the dog paid a visit to them in the dining room and they became more interactive with each other and we did notice staff stopping to take the time to talk with the residents. We had arrived before lunch and were made to feel very welcome by the home's management.

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 and has access to medication as and when required.

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 with a serving area close to access to the kitchen facilities. The tables were occupied by residents for lunch. There was a steady pace of lunch service and nothing was rushed.



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.

The Home have Llamas in a paddock at the side of the property positioned so that the animals were visible to residents from windows at that side of the home. The Llama provide daily interest to the Residents. We were also told the reason the home

has animals such as sheep pigs etc is many of the residents used to be farmers. Also, they are looking to become self-sufficient by creating a farm shop in the near future.

Manager Briefing

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

There were 49 residents at the time of the visit; the manager recommended a maximum of 51 though Home was registered for 56. We were told that some of the large bedrooms on the first floor were used for married couples, and when available can also be requested by individual residents.

Staffing levels were as follows:

- 7 staff on in morning
- 6 staff on in afternoon
- 7 staff on in the evening and
- 4 staff on nights.

The manager explained about the shifts pattern of staff. Breakfast is 7am onwards. Lunch is 12.30pm - whatever time suits residents and their family. Tea is 5pm, and at 7.30pm - a hot drink is provided, and a toast machine is also available. Residents can retire to bed as and when they wish. Some structure is needed but it is flexible "as it is their home"

At the time of the visit a full-time Activities Coordinator had just been appointed.

We were informed that 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 moving and handling; training is provided by the company, and some staff were following NVQ qualifications.

We were informed that the activities available were singing, crafts, art work, music, and listening to visiting choirs.

Personal and Health Care

We were told local GPs visit as and when required and routinely visited the home on a Monday and Wednesday. District Nurses also attend as and when required. Social Workers carry out reviews, and a parent/family advocacy is also available.

A chiropodist comes in as and when required. A Church service is also accessible. A hairdresser visits the home on a regular basis.

One resident informed us "This is a lovely place, food great with plenty of choice. Been here for a week; got bad eyes, and cut leg. The resident added he is "able to get pain killers". He has tablets on time and when needed. A resident felt able to get staff to help when wanted and can go to bed and get up when she likes. She thought the Home very quiet. Residents said they enjoy watching people go past and one said "staff always check if I am all right". If a resident is not hungry this is checked by staff, and the resident can ask for a different choice - such as a pudding. We observed this, and the carer brought the resident a pudding. Residents told us they feel safe, and they can get help to wash etc. Several said the home was a "Lovely place". One resident was due to go home soon. Another said they were "upset about pain".

We observed one resident not eating much - offered choice by staff. The resident said they didn't like it there (at the home) but kept talking about where he lived before. However, smiling, the resident agreed he felt safe, and he was encouraged to eat.

Another resident told us that they felt safe and was given medication when needed. A resident told us "A male member of staff woke me up for my medication, and I asked him to get a female member of staff - which he did, and she came very quickly." "It can be noisy here with people shouting (men/women) but I feel safe". "The food is offered with choices, and I can join in activities if I want to".

Another resident told us "I can join in activities if I chose to. Food is good and I can have what I choose. I feel safe. A resident told us she had "been here 18 months and the place is getting better - better than it was before".

A Bistro area for residents and visitors is lovely, and the residents appeared comfortable sitting in that area.

We did observe one resident falling asleep on a sofa in an uncomfortable position and pointed this out to a member of staff who promptly went off to obtain two cushions.

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 their meals in their room although we only saw residents eating in the dining room.

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. 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. Once the chef has left for the day, a kitchen assistant prepares tea from things the chef has prepared in readiness.

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. 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 observed some members of staff assisting residents to eat their lunch or have a drink.

A 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 members of staff addressing each resident they were helping by their first names.

We observed a gentleman struggling to eat his pudding but waved his hand to say he did not want any assistance. He managed in his own way to finish the pudding which was banana and custard and he gave us a smile.

Activities

At the time of our visit we were told that some choirs visit the home but it is difficult as they would prefer a choir to visit in the afternoon rather than after 6pm as residents would benefit better at this time of day.

On arrival we were in the entrance hall and noticed a springer spaniel dog. The dog was very calm and noticed us looking at it pricked its ears up and went back to sleep until another member of staff came in and then the dog stood up and wagged its tail. I mentioned the dog to the member of staff and he introduced us to Tess who is his “working dog”. The working spaniel coming into the home to meet the residents is proving very popular. After lunch the residents like to stroke the dog and this encouraged them to interact with us and other residents in the dining area.

Staff - Observations and Feedback

Senior staff stay in the dining room and are in charge of giving out medication.

We spoke to a senior member of staff who informed us he felt well supported by management. He did not know what Healthwatch did and was keen to know more about why we visit care homes etc.

Staff in the dining room take time to ensure all the residents are safe and assist them to the bistro or their bedrooms afterwards depending on where they want to go. We observed every resident being called by their first names. The atmosphere was calm and there were no unpleasant odours.

A doctor was visiting at the time of our visit, and some residents were waiting to see her. We did not speak to the doctor due to being busy with resident appointments.

Relative Feedback

We received some feedback forms.

A “resident feels settled and safe, says he wants to stay here. The management and staff I feel are good. However, its (numbers of staff) that seem to be a problem. With it being off a bus route is an obvious problem”

“Very pleased with service provided”

“More male staff needed for the many male residents, some of which can be aggressive”

Recommendations

1. Review the Call bell system for any improvements that could be made
2. Consider recruiting more male care staff

Service Provider response

The manager at the end of the visit stated that she would like to improve the following:

1. Access to the ‘Care Farm’ as this is currently not accessible to wheelchair users
2. The ‘call bell’ system
3. Entertainments such as ‘choirs’ coming in during afternoons rather than evenings.

There were no further responses received from the Service Provider - Home manager on the draft report provided before publication.

