

Enter and View Report

*Woodcote Hall Residential Care Home
Semi-announced visit
28th May 2024*

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What is Enter and View

Part of Healthwatch Telford and Wrekin's remit is to carry out Enter and View visits. Healthwatch Telford and Wrekin Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement or highlight good practice.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Telford and Wrekin 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 Telford and Wrekin's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

1. Provider details

Name and Address of Service: *Woodcote Hall Residential Care Home, Woodcote Hall, Woodcote, Newport TF10 9BW*

Manager: *Sherrelle Bell*

Service type: *Residential Care Home*

2. Acknowledgments

Healthwatch Telford and Wrekin would like to thank all the staff/residents for their co-operation during our visit.

3. Disclaimer

Please note that this report is related to findings and observations made during our visit made on *28th May 2024*. The report does not claim to represent the views of all service users, only those who contributed during the visit.

4. Authorised Representatives

Jan Suckling

Tracy Cresswell

Frank Pitt

5. Who we share the report with

This report and its findings will be shared with the service provider, Local Authority Quality Team (depending on the visit), Shropshire Telford and Wrekin ICB, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Telford and Wrekin website.

6. Healthwatch Telford and Wrekin details

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7. Healthwatch principles

Healthwatch Telford and Wrekin Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

8. Purpose of the visit

The visit was semi-announced and was part of the Healthwatch workplan.



Woodcote Hall Residential Care Home

9. What we did

On arrival we rang the doorbell and were invited in by a member of staff. The Authorised Representatives (ARs) introduced themselves and showed the member of staff their ID badges, they were asked to sign into the visitor's book and were introduced to the care home manager. While one AR spoke with the manager the other two were shown around the home and talked to staff, residents and relatives.

The ARs noticed an odour when walking throughout the home.

The manager informed us they had 34 residents on the day of our visit and can take up to 42. 7 residents have DOLs (Deprivation of Liberties) orders.

10. Findings:

a) Environment

i) External

Outside of the building, the gardens were well maintained and there were plenty of parking spaces including designated spaces for disabled and ambulance parking. There was a ramp to the front door.

Signage was good and clear from the road and indicated that the home was situated at the end of the drive.

ii) Internal

Internally the home was clean, tidy and bright. The building had high ceilings and had a lot of history associated with it. The old swimming pool had been converted into a large lounge/dining room, the room was bright and airy. Other areas provided quiet space as and when required. We were informed that the old lounge had been earmarked to be an activities room within the near future, while another room has been refurbished as a coffee area where residents and relatives can have afternoon tea. A room to the side can be used by residents and family, we observed a resident doing a jigsaw puzzle in there.

The ARs observed that some of the ground floor rooms have toilet facilities and were informed that all the rooms on the first floor did not.

Due to the age of the home the lifts were in keeping within the home. On the first floor there were three rooms that could only be accessed via a code lock, we were informed that all the residents of these rooms had capacity but would call a member of staff when they wanted to vacate the room. Two other rooms were accessible by a few stairs but the ARs observed there was a wheelchair lift installed.

During our visit the ARs did not observe staff engaging with residents that were in their rooms.

Doors to the medicines room and store cupboard had code locks fitted and were all locked shut.

The ARs observed that two rooms had notices on the door about 'flammable' and 'no naked lights' when the ARs asked why it was only these two rooms they were informed that this was due to certain creams being used but they were no longer kept in the room. The ARs fed this back to the manager who explained that they would be removed from the residents' doors.

The AR's observed two rooms had blue boxes outside and red bags tied to the door handle, the ARs were informed that the two residents were confined to their rooms due to illness, the boxes contained all the PPE equipment for staff to use.

The ARs engaged with a resident and their relatives in the lounge area who informed us that their partner was confined to their room due to illness, the ARs asked the manager if the resident would be going back into the room that they shared with their partner, the manager explained that they were waiting for the GP to visit to see the resident before they could make that decision.

The AR's observed one of the bathroom facilities on the first floor, the toilet paper holder was positioned out of reach for the residents in the second bathroom there was no wash basin in the toilet, however the ARs overserved wash basin just outside. The ARs did not observe that there were any hand towels in the dispenser, and the dispenser was obstructed by a hoist parked in front of it. We were informed that these were not currently being used, as the home was not at capacity. The ARs observed that the toilet seat covers throughout the home were the same colour as the toilet.

b) Essential Services

The manager feels well supported by upper management and the owners. The manager attends compliance meetings with other managers in the group. The manager has been in place since November, with 2 months induction on taking on the role. The manager spends time with residents when able. Other residents and staff tell us they can take issues and concerns to the manager.

Staff work 7.30am to 7.30pm or 7.30pm to 7.30am shifts. The day shift is usually 2 seniors and 3 carers. Additionally, admin staff and maintenance man during the week, and 4 housekeeping staff who also do the laundry. One chef and a kitchen assistant (who was from an agency on the day of our visit). The home is recruiting a weekend chef, kitchen assistant, and activities co-ordinator.

There was a nurse visiting the home whilst the ARs were there, they informed the ARs they visit on a regular basis and have had no problems with the home or the staff as they are always very helpful.

All staff have dementia and mandatory training. Training is either face to face or eLearning. The manager will look at the needs of the residents and train staff accordingly. Some staff are doing CHAPS training. This would allow them to change catheters without bringing in the district nurse. Seniors are trained to administer insulin.

The manager is looking at BSL (British Sign Language) as recently they had to refuse a resident as they couldn't meet their needs.

New staff are given an induction dependent on experience, new staff are shadowed for the first two weeks. Staff get regular supervision and annual appraisals. Staff use a WhatsApp group app for communication. The manager feels staff are well supported and this was confirmed by the staff member we spoke to.

New residents will be assessed by the manager or deputy, most come from PRH, all will have observations done on admission and a care plan prepared within 24 hours. The manager will regularly review care plans to ensure they are up to date.

The ARs engaged with a member of staff who has been with the home for a few years. They told us that all care records are online. The staff member said they felt confident to raise issues with the manager, the regional manager, head office or adult safeguarding.

Residents we engaged with informed the ARs that they had been in the home for between 4 months and 9 years and that they felt the services within the home had improved since the new manager had been in place.

c) Access

Residents are registered with two medical practices, with Dr Miller at Wellington Road who visits the home every Friday and Dr Lees at Linden Hall who visits the home every Thursday. The ARs were informed that the GP's also visit at other times when required. A staff member explained that they were waiting for the GP to visit on the day of our visit as they had a few residents who were not well. The home has GP Connect which allows them to view residents' records.

Several health professionals visit the home on a regular basis including - physiotherapists, district nurse, social workers, dieticians, mental health memory services, palliative care, RIT, chiropodists, and opticians from Kind Sight. They struggle to get a dentist to visit so residents have to be taken to local dental practices.

Residents and relatives confirmed that they saw doctors and other professionals as and when required.

A hairdresser visits every Monday, and staff help residents with manicures.

d) Safe, dignified and quality services

All residents and relatives that the ARs engaged with said they felt safe, they have call bells in their rooms, and they get a response quickly. However, in the lounge / dining area the ARs did not observe residents having access to call bells, this is where most of the residents are during the day. The ARs observed a resident put their hand up to get the staff's attention. A resident explained that they do not go into the lounge for this reason, and they feel safer in their room. The manager said that they would investigate getting some call bells for the lounge.

A relative informed us they have had to raise several issues with management and CQC. The manager confirmed this was correct and had several meetings with the relative the relative had accepted the findings of the report. The relative has insisted, that their relative's room remains locked when unoccupied. The ARs had observed the sign on a resident door during their visit.

Residents told us they were well treated, and staff would do their nails.

A resident said it was “home from home”

ARs observed safety gates to the carer’s office and on some stairs in the home.

Several residents who the ARs engaged with expressed that “they were well looked after”.

e) Information

There was a noticeboard by the entrance which had staff photos and names, however they were small and the ARs were unable to see the different staff roles.

The ARs observed several staff wearing their name badges which were yellow and black writing, however there were a few that did not have name badges on. The ARs relayed this back to the manager who updated that they had been provided with one, however the manager explained that agency and temporary staff are not issued with an ID badge.

The ARs observed one member of staff not wearing a uniform or badge. The ARs relayed this back to the manager who updated the ARs that a uniform and badge had been ordered, however the uniform was the incorrect size.

Staff informed that ARs they regularly phone residents relatives to keep them updated about health and other issues, this could be daily if required.

There is a comment book in reception for relatives and visitors to comment.

f) Choice

The ARs were informed that there is always a choice for breakfast including full English, for lunch there would be a choice of two mains, on the day of our visit the choice was meatballs or broccoli and cauliflower cheese. In the evening snacks were provided, a resident did comment that it was repetitive in the past, i.e. ham sandwiches for three days, however after they informed the carers it has now been changed.

During our visits the ARs did not observe any menus on the table, however whilst the ARs were sitting and engaging with the residents, we observed staff putting menus on the table, when this was raised with the manager, they explained that the menus did not have the allergens included.

Hot drinks were observed being served to residents, however the ARs did not observe other refreshments being available for the residents that sat in the lounge / dining area.

One resident said that they had requested for food to be plated on smaller plates as there was usually too much food. This has since been implemented.

Residents told us they can choose when they get up and when they go to bed, they also choose what clothes to wear. One resident said they had chosen the wallpaper in their room to match with their own furniture. We were informed that residents can bring their own furniture and personal items to decorate the room, which the ARs observed in several rooms.

One resident was observed not wearing slippers, with swollen legs that were not elevated and a catheter bag on show. The manager explained that the resident had capacity and was their choice not to wear slippers and elevate their legs.

A few residents said they were happy to sit to one side of the lounge and do what they wanted, another said they preferred to stay in their room

g) Being Listened to

A resident said the home had not initially listen to comments, but this has changed now, and they are listened to. Another resident said they don't have any issues but would talk to the manager if necessary.

We were told some residents had asked for a book corner, which the manager is looking into.

Residents have been involved in a food survey with the new chef to help develop a new menu.

ARs observed a "you said" "we did" board which was dated May '24 which showed how the home has listened to and acted on comments.

h) Being involved

ARs were informed that they don't have residents' group / relatives' meetings. There is no activities co-ordinator employed at present we were told that they are currently trying to recruit to.

ARs were informed that residents would like more activities including bingo, seated exercises. A resident said that a choir visits regularly, but another said it was always the same songs so got boring.

We were informed that relatives can bring family dogs into the home. Staff will take residents out to go shopping.

Residents had been consulted on the new colour scheme for the lounge / dining area.

The ARs observed staff engaging with the residents within the lounge / dining area.

11. Recommendations

1. Ensure staff are easily identified by wearing their uniform and badges.
2. Consider providing all temporary / agency staff with ID badges.
3. Ensure all toilets are ready for use if required, with accessible toilet paper, hand towels and accessible.
4. Consider changing the toilet seats to a primary colour and not white, so they are easily identifiable to residents living with dementia, we understand that new ones had been ordered.
5. Ensure that call bells are available within the lounge / dining area for residents to use.
6. Ensure fluids are easily accessible to all residents in the lounge.
7. Consider removing warning signs that are no longer required.
8. Ensure that residents have a variety activity they can choose to get involved in.
9. Consider reviewing infection control policy when there is an incident of sickness and diarrhoea, especially for couples sharing the same room.
10. Consider ensuring that residents meetings are displayed when they are taking place

12. Provider feedback

Response to recommendations to your visit Woodcote Hall 28th May 2024

I write to inform you of the actions taken following your recommendations:

1. Ensure staff are easily identified by wearing uniform and badges

All staff are provided with a badge and uniform, there will always be odd occasions when a new member of the team may have to start work before their uniform has arrived but they will be provided with a badge.

2. Consider providing all temporary /agency staff with ID badges

Temporary badges are now available for temporary and agency staff.

3. Ensure toilets are ready for use if required, with accessible toilet paper, hand towels and accessible

Hand towels and toilet paper is available in all the toilets, staff to replenish these daily, and there may be an occasional instance when they are not available. However, the domestic team will check all the toilets at the beginning and end of their shift to try to make sure as far as possible that toilet paper and hand towels don't run out. The toilet identified on the day of inspection was not in use. It was in an area of the home where there are currently no residents. A notice has now been put on the door to state that this toilet is not in use.

4. Consider changing toilet seats to a primary colour and not white, so they are easily identifiable to residents living with dementia.

Not all residents in Woodcote Hall are living with dementia, we are considering changing the toilet seats to stand out more from their surroundings and will replace them with coloured seats as and when the need for a new toilet seat arises rather than a programme of changing all of them at present. We do currently have some coloured toilet seats.

5. Ensure that call bells are available within the lounge dining area for residents to use.

Four nurse call chords have now been installed in the main lounge which gives residents access to the alarm system.

6. Ensure fluids are easily accessible to all residents in the lounge.

Hydration stations have been set up around the home with bottled water to ensure standards of hygiene. A water cooler is being installed in the main lounge week commencing 9th September 2024.

7. Consider removing warning signs that are no longer required.

Warning signs relating to inflammable creams have already been removed from the two residents doors identified on your inspection report.

8. Ensure that residents have a variety of activity they can choose to get involved in.

We continue to offer a range of activities provided by the care team to include painting, jigsaw, card games and entertainers, afternoon tea is served every week in the café and the café is available to residents and families at all time and for exclusive special events like birthday parties and anniversaries. Keely Divey provides chair activities and a choir visits once a month. A clothes show and sale is arranged for September. We have arranged seasonal activities recently the home had a garden party in the summer and autumnal/ Halloween preparations are underway.

We have recently recruited an activities co Ordinator, we await her employment checks and hope that she will start in the next couple of weeks. In the meantime, the care team continue to provide a range of activities for the residents.

9. Consider reviewing infection control policy when there is an incident of sickness and diarrhoea, especially couples sharing the same room.

Policies are reviewed annually by head office team, and where there is a specific issue we prefer to take an individual approach each time reviewing the risk and their preference as opposed to having a strict blanket policy rule. Our infection prevention policies have been approved by the relevant authorities.

10. Consider ensuring that residents meetings are displayed and when they are taking place.

A list of residents meetings has now been displayed on the notice board, so that the residents know well in advance for the next six months when the meetings will be taking place.

If you wish any further actions to be made, please let us know.

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