



# Dawn Residential Care Home

Results of our Enter and View visit: Publication date 28/5/15

## Contents

Details of visit.....	2
What is Enter and View?.....	3
Purpose of the visit .....	3
Strategic drivers .....	4
Methodology .....	4
Summary of findings .....	5
Results of Visit .....	5
Environment .....	5
Getting out and about.....	5
Elements of the home which contribute to wellbeing.....	6
Activities .....	6
Residents.....	6
Food.....	7
Staff.....	7
Visitor and Relatives.....	7
Recommendations .....	7
Service Provider response .....	8

## Details of visit

<b>Service address:</b>	Dawn Residential Care Home Cott Lane, Dartington, Totnes, TQ9 6HE
<b>Service Provider:</b>	Kenneth Barker
<b>Date and Time:</b>	28th April 2015 1 pm
<b>Authorised Representatives:</b>	Elaine Curtis and Caroline Lee
<b>Contact details:</b>	Telephone 01392 248919 ext*115 <a href="http://www.healthwatchdevon.co.uk">www.healthwatchdevon.co.uk</a> FREEPOST RTEK-TZZT-RXAL Healthwatch Devon First Floor, 3 & 4 Cranmere Court Lustleigh Close Matford Business Park Exeter EX2 8PW

## Acknowledgements

Healthwatch Devon would like to thank the service provider, 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.

## What is Enter and View?

Part of the Healthwatch Devon programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas 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 on premises such as hospitals, residential 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 Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Devon safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about 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 explore with people who use services, what good care means to them
- Identify examples of good working practice.
- To contribute to a short consumer guide for people seeking help with residential care in Devon.

- Capture the experience of residents and relatives and any ideas they may have for change.

### **Strategic drivers**

- Aging population
- Care homes are a Local Healthwatch priority

### **Methodology**

This was an announced Enter and View visit to support our “Good Care Means to Me” project.

We approached the owner, Mr Barker before we spoke to anyone in the care home and took his advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. We spoke to most residents.

As authorised representatives, we conducted short interviews with 11 residents and the owner. The owner discussed topics such as how people came into the home, the quality of care, safety, dignity, respecting and acknowledging the resident’s and families’ wishes.

Authorised representatives also approached the residents at the care home to informally ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services from the care home may also have been explored, to help with Healthwatch Devon wider engagement work. A family member was also spoken to as they were with a resident at the time. We explained to everyone we spoke to why we were there and took minimal notes. We spoke to everyone in the dining area as lunch had just finished, and let them know we were commencing our interviews.

When we had finished speaking to staff, service receivers and family members we left them with an explanatory leaflet, although Mr Barker had kindly distributed information beforehand and residents knew we were coming.

A proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service receivers engaged with staff members and the facilities. There was a checklist prepared which was used for each resident interview.

## Summary of findings

At the time of our visit, the evidence is that the home was operating to a very good standard of care.

- Residents were very happy to talk to us.
- We saw evidence of staff interacting with patients positively and regularly.
- Residents told us that they were generally happy with the care they received.
- We saw evidence of a variety of social activities and that people were given the option to take part.

## Results of Visit

### Environment

There was a welcoming driveway and entrance hall, with plenty of natural light. The windows looking over the gardens were large ensuring the residents could see outside to the well kept lawns.

Our observations suggest that a high standard of hygiene is being maintained. The home was really clean and free from any unpleasant smell.

The building is arranged so that there are benches where the residents can sit out in warmer weather to enjoy the sunshine. It was a warm sunny spring day and the gardens were very pleasant to look at.

The dining area was arranged into small tables of 2 - 4 people although people could eat in their rooms if they wished.

The overall impression of the place was that it was very like a private domestic home. There were plenty of places to sit, either in the communal sitting room, or in bay window areas or sofas dotted about. The corridors were free of obstructions and there were lots of bookshelves and books, as well as pictures along the corridors. Most people thought the design and layout of the home was important and those who could not use stairs were appreciative of being “all on one level”. There is a lift that residents can use to access the upper level of the building.

### Getting out and about

Not everyone we spoke to felt it was important to get out and about.

Those residents who wished to go out are taken shopping, for walks in the fields, or out to lunch. Some outings to Totnes town are arranged with the local community transport association minibus.

### Elements of the home which contribute to wellbeing

People liked having their personal possessions around them, and thought the views from the windows were “lovely”, they could watch television and listen to radio if they wanted to - but not many were interested in doing so. One person liked to be able to see the comings and goings in the car park. Activities were important to one person who noted it “could be a long day if things were not on offer” Everybody thought the staff were kind and thoughtful, one person said “they couldn’t be anywhere better”.

People felt free to be able to do what they wanted when they wanted, including doing nothing “just to be able to lie down”.

One person said it was

*“nice having your own things. Also having books to read is good, but I don’t do many activities. Beds are comfortable, shops aren’t important as everything is here. Views can go to Dartmoor. I have a nice view, no one wants to look at blank walls. Very homely - I’m not fussy and everything is to my liking.”*

Residents reported that the food was good, and there were alternative choices of menu available.

### Activities

People were able to do pottery, gardening, watch birds on the bird feeder, exercise classes, or read, including newspapers. One person had a visual impairment so really appreciated the company and conversation.

People were able to go to the hairdresser and a hairdresser was observed visiting the home to do people’s hair.

The overarching impression was that people felt happy and relaxed, with enough on offer for those who wished to be active.

### Residents

The interviews were carried out by one Healthwatch representative to one resident, and one also had a family member with them. Some were spoken to in their rooms after an invitation. The residents told us that they felt well looked after and that staff were kind and attentive.

One person with a long term condition did say that she wished her GP would come in once a month to see her.

Somebody also said that they missed their own desktop PC and being able to google for facts, although there was a PC in the entry hall, she would have perhaps liked access to the internet in her room.

When asked what they liked best about living at Dawn Residential Care home people said that it was “perfection” “hard to fault”, had “never felt so secure with no worries” and one person was “quite happy and wouldn’t mind if I had to stay here for the rest of my life”. There was reassurance during a difficult time and the staff made all the difference.

### Food

The residents were not specifically asked about food, but everyone who mentioned food said the diet was good and that a range of dishes were available.

### Staff

We did not speak directly to staff apart from the owner, although staff introduced themselves to us and showed us and introduced us to the residents.

### Visitor and Relatives

A resident’s daughter was present and said the home had been selected by them on the basis of its good reputation, and that they were not disappointed. She felt reassured that her mother was safe.

People said that they were able to see family and friends when they wanted and that they also enjoyed seeing the owner’s grandchildren, it is a family run business and has a “family feel” about it.



## Recommendations

This report notes the good practice that we observed and reflects the value that residents placed on the friendly and helpful staff and homely surroundings.

- It may be appropriate in some cases to enable access to the internet in the rooms, if this is not already the case, if a person has particular mobility problems for example, and for whom use of the internet is a leisure activity.

### Service Provider response

*Dear Healthwatch Devon,  
Thanks for the information, we will be:*

- investigating the internet access issue
- wifi is available in all residents rooms and also all communal areas
- we have 2 mobile lap top work stations that residents can either use in their rooms or in the communal areas
- we will re-advise all the residents of this information and ensure that new residents are made aware of this

*Once again, Healthwatch Devon would like to sincerely thank all those who contributed to this report,*

*Elaine Curtis and Caroline Lee  
Authorised Representatives  
Healthwatch Devon*

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