



Enter and View Report:
Woodfield Court, Stowmarket

22nd October 2015



CONTENTS

Acknowledgements and 'What is Enter & View?'		Page 2
Executive Summary		Page 3
Enter & View Report		Page 4
Findings		Page 4
Conclusions		Page 9
Areas of good practice		Page 11
Recommendations		Page 12
Providers feedback and comments		Page 15 (highlighted throughout)

Name and Address of Service visited:

Woodfield Court
Temple Road
Stowmarket

Name of Provider:

Stowcare Limited

We visited this service on:

22 October 2015 from 10.00am until 14.00pm



ACKNOWLEDGEMENTS, DISCLAIMER AND... WHAT IS ENTER AND VIEW?

Acknowledgements:

Healthwatch Suffolk (HWS) would like to thank the service provider, residents, 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 residents and staff, it is an account of what was observed and contributed at the time.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. These may be announced or unannounced.

be directed to the CQC where they are protected by legislation if they raise a concern.

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 they can also occur when services have a good reputation - Healthwatch Suffolk wants to learn about and share examples of good practice 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 safeguarding policies.

If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to 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

EXECUTIVE SUMMARY

“During the course of the visit, the E&V team observed that the residents were treated respectfully and with consideration...”

During the course of the visit, the E&V team observed that the residents were treated respectfully and with consideration.

The team saw examples of individual, thoughtful care in practice and an attempt to involve residents in consultation but felt a more positive effort at involvement of residents and relatives could be made in the running of the home and to take account of their wishes.

1. **Recommendation 1:** Regular staff meetings should be held and minuted. These minutes should be available to staff post meeting.

Similarly, residents’ and relatives’ meetings are infrequent and no formal record is kept. The E&V team consider that these meetings should be held more frequently and minuted.

2. **Recommendation 2:** Greater responsiveness to residents and their choices, which currently seems poor.

The E&V team felt a more positive effort at involvement of residents and relatives could be made in the running of the home and to take account of their wishes. These facts make it difficult for the management to demonstrate they are “responsive” as required by the CQC.

3. **Recommendation 3:** A review of future menu planning with the aim of improving nutritional balance and healthy eating would be beneficial. Given that this is an area of interest to residents it would seem an ideal subject for resident consultation and engagement.

A wish tree to incorporate residents’ favourite meal choices might be considered.

4. **Recommendation 4:** Greater emphasis should be placed on activities for residents, should they choose to participate.

Although there is a part time activities coordinator at Woodfield Court, the E&V team did not observe any resident taking part in organised activity or see any evidence of planned activities in the future. Furthermore, the seating arrangements in the larger sitting room did not lend itself to interaction between residents. The Woodfield Court manager is encouraged to review seating arrangements in the lounge.

It is suggested that an arranged visit by staff to a care home with an already established excellence in care provision might serve to stimulate discussion, innovation and improved practice at Woodfield Court.

5. **Recommendation 5:** Installation of a secure door entry system should be considered. The reception area is unmanned at times and the front door is unlocked. This could lead to residents leaving without staff being aware or unwanted visitors entering the home.
6. **Recommendation 6:** Consideration should be given to achieving a greater distinction between the colours of the walls and room door colours. It was noted that all corridors were decorated in the same uniform shade of pale green with similar carpet throughout. Resident’s room doors were all of the same blonde wood colour. Walls were decorated with small prints and paintings of pastoral scenes. Differentiation in colour of corridor walls, pictures, room doors and floor coverings could assist confused residents in maintaining a sense of place. Consideration could also be given to installing wall mounted memory boxes.

ENTER AND VIEW

“No advance opportunity had been offered to residents, relatives or staff to consider any comment they might have wished to make to the E&V team either verbally or in writing...”

1. This visit was conducted By Mrs Maggie Goddard (Lead Authorised Representative), Mr James Glaysher (Healthwatch Suffolk Authorised Representative) and Mrs Joanne King (Healthwatch Suffolk Authorised Representative).
2. **The purpose of the visit was:**
 - 2.1 To gather feedback and make observations regarding:
 - Staff recruitment, retention and training.
 - Choices offered to residents in respect of daily activities and their involvement in care.
 - Food/menu choices.
 - Engagement with the local community.
3. **Methodology:**
 - By observation.
 - Speaking with management and staff.
 - Speaking with residents and relatives.
 - Speaking with visitors.
 - Examining relevant documentation.
4. **Introduction:**
 - 4.1 Woodfield Court is a care home registered to provide residential care for 29 residents, some integrated dementia care is offered.
 - 4.2 The house, built around 1900, has been extended and adapted to provide accommodation and facilities for its residents. The home is situated in an urban environment close to Stowmarket town centre reasonable road and transport links.
 - 4.3 Woodfield Court is one of two homes owned by a husband and wife team since the family business was established in the early eighties. Together they provide strategic direction and head of care for both homes.
 - 4.4 A separate home manager is in post at each home.
 - 4.5 A recently appointed training manager works across both sites, as does an activities organiser and gardener/maintenance worker.
 - 4.6 Woodfield Court is managed on a day to day basis by the manager, who is responsible for 24 hour supervision and support of staff, supported by a deputy manager.
 - 4.7 Care is provided by trained carers and designated senior carers.
 - 4.8 Domestic duties and laundry are performed by a team of cleaners.
 - 4.9 Meals are prepared on site by a chef and kitchen assistants.
 - 4.10 A part time administrator is employed. A mini bus is provided for residents’ outings.
 - 4.11 There is a hairdressing room for regular hairdressing sessions.
 - 4.12 Residents’ personal clothing is laundered on site.
 - 4.13 Accommodation for visiting relatives and friends is available.
5. **Findings:**
 - 5.1 On arrival at Woodfield Court the E&V team were met by the manager who seemed unaware of the E&V visit taking place despite a letter having been sent to the manager and owner notifying them of the visit two weeks previously. Later, after reading the E&V team copy of the notice letter, she recollected that she had received the letter but had not taken sufficient note of the date.
 - 5.2 The owner had received a similar notice letter but had chosen not to be present. He too had been invited to display Healthwatch

Suffolk information posters and distribute fliers but had apparently chosen not to do so.

- 5.3 There was no tangible evidence of preparation for the E&V visit. No advance opportunity had been offered to residents, relatives or staff to consider any comment they might have wished to make to the E&V team either verbally or in writing.
- 5.4 The E&V team were offered a tour of the home and were able to speak with residents, relatives and staff the team met during the tour and during observation of delivery of care and lunchtime activity in the dining room.
- 5.5 With regard to the physical appearance of Woodfield Court the team noted the main entrance is via a solid, dark wooden door which could appear intimidating and unwelcoming. Outside the door is a sign inviting visitors to ring and wait for a member of staff to answer the door. The door was unlocked with no secure entry system.
- 5.6 The immediate impression was of a somewhat cramped hallway with a work station positioned on one side and a cage housing two kittens on the other.
- 5.7 There was a strong odour of urine. As the visit progressed, the odour diminished. There were no unpleasant odours detected in any of the communal spaces.
- 5.8 There were some notices pertaining to Woodfield Court displayed but no evidence of leaflets, posters, etc from other agencies providing information and support to residents and relatives.
- 5.9 There was a white board purportedly displaying the day's menus which was illegible.

Provider response: The menu board is written daily in the corridor. Staff generally use the board to remind residents of the choices for that day. The board is not relied upon, as the residents are all given a weekly menu and they are asked at the table, at the time of lunch service, of their meal choice.

Staffing:

- 5.10 The E&V team spoke at length with the manager. The team were later joined by the training manager, discussing a range of factors affecting residents' overall care and individual choice in an open and cooperative manner.
- 5.11 The home manager is involved in the recruitment process with the owner/manager and the head of care. The E&V team were told that all prospective members of staff have satisfactory DBS checks and references.
- 5.12 All staff undertake relevant components of induction training comprising:
 - Code of practice and national and local policies and procedures
 - Dementia awareness
 - Moving and handling
 - Food hygiene
 - Infection prevention
 - Safeguarding
 - National programme for care qualifications
 - Health and safety
 - Fire training is provided by the Fire Service and regular drills are undertaken.
 - Extra support for basic skills needs is available when necessary
- 5.13 The E&V team were told the home manager has responsibility for the day to day management of the home, with 24 hour responsibility for supporting staff. The manager is supported by a deputy manager - both of whom have a "hands on role" and by the strategic management team.
- 5.14 There is a team of senior carers and carers, domestic staff, cooks and catering staff who all work a rolling 4 days on/4 days off rota, ensuring consistency in staffing levels 7 days a week with sufficient capacity to provide for planned absences. Agency staff are employed for unplanned staff absence. This was evidenced by current and past rota lists and an agency carer working during the visit.
- 5.15 The manager and her deputy work opposite, alternate weekends (the managers of the 2 homes in the group, work opposite/alternate weekends providing cover for each other).

- 5.16 The shift patterns appear to allow sufficient time for handover and exchange of information regarding residents.

Care planning

- 5.17 The E&V team were told that each prospective resident is assessed prior to admission either by the manager or head of care. Use of the Life Story tool is implemented at this assessment and continues after admission.
- 5.18 Initial admission is on a mutual monthly trial basis.
- 5.19 The E&V team were told that assessments of physical, emotional and social needs are made and a care plan devised. Residents and relatives are involved in this process. This was evidenced by on line care plans.
- 5.20 The manager pointed out that the views of the relatives regarding care do not always coincide with the views of the resident - in such an instance the resident's view would take priority. An example was given that relatives sometimes feel their resident should be helped to get out of bed earlier than the resident would choose.
- 5.21 Another example given concerned end of life care. The manager told the E&V team that a resident did not want her daughters present when she died, although the daughters wanted to be with their mother. The manager resolved the situation by accommodating the daughters in an adjacent room as their mother died.
- 5.22 Documentation is on line, with written comments logged in each individual's room. The E&V team observed staff inputting data regarding residents' care, they confirmed that all staff members are confident in using on line record keeping.
- 5.23 It appeared the care plans are reviewed and updated irregularly.
- 5.24 Woodfield Court does not use a Key Worker system. The manager told the team that the system had been introduced and implemented for a short time but was deemed unsuitable at the home.

Communication

- 5.25 The manager told the E&V team that she operates an "open door" policy and is always ready to talk with staff, residents and relatives. She told the team that she finds this an efficient way to resolve difficulties and diffuse possible areas of misunderstanding and conflict. She conceded the formal complaints procedure could be more robust and has plans to follow this through. Two relatives confirmed that the manager is always available and that "issues" are dealt with in a mutually satisfactory manner. The complaints procedure was displayed on the notice board.
- 5.26 The E&V team were told that residents' retain their own GP after admission. GPs visit on request.
- 5.27 Nurse specialists, Physiotherapists, District and Macmillan nurses visit on referral.
- 5.28 The team were told that staff, residents' and relatives' meetings are held irregularly and infrequently. The team saw no evidence of minutes of any of these meetings.
- 5.29 One relative told the E&V team that the last relatives' meeting was last year and she had received no minutes of that meeting.

Residents' Environment

- 5.30 The residents' rooms are on two floors with a lift between the floors. Upstairs the corridors are bright with areas for sitting and resting.
- 5.31 All rooms are single occupancy with ensuite facilities, each room's is signed with the name of the individual. During delivery of care there is a clear method of identifying "no entry".
- 5.32 There are assisted bathrooms with up to date equipment on each floor and in addition to each room's ensuite facilities, assisted lavatories are available on each floor.
- 5.33 Each bathroom is carpeted. The E&V team were told that this presents no problems with moving residents or equipment around. Apparently, there is no problem with spillages and subsequent cleaning in these areas.

5.34 The bathrooms were clean and no evidence of staining was observed on the carpets. All the lavatories were clean with hand washing facilities and antiseptic gels available.

5.35 There are two sitting rooms and a dining room for residents.

5.36 The larger sitting room was clean, light and airy but cluttered by the large, uniformly sized arm chairs. Seats have matching seat protectors on them. Some of the chairs were in small groups but the majority were around three walls, under the windows.

Provider response: The seating arrangements in the main lounge has always reflected the choice of the residents. It has been seen to induce anxiety when staff attempt to move, or rearrange furniture.

5.37 Although some chairs had side tables, there was no central provision of extra drinks, fruit or snacks available for residents to help themselves.

Provider response: Hot and cold drinks are offered and are readily available to the residents, but we do appreciate, that residents should be in a position to assist themselves to a drink, should they wish to.

5.38 The team observed that there was a large television in the room, which was not on.

5.39 The E&V team did not observe any evidence of other activities for residents during the visit.

5.40 The E&V team spoke with some of the residents who chatted readily to but were not communicating with each other.

5.41 The manager has a two year plan to convert the smaller sitting room into a tea room. This area is used as a quiet lounge for residents and relatives. It is furnished with three small dining tables and chairs. There were no comfortable arm chairs or small tables and there was insufficient space for residents to move freely between the furniture which was crowded together. There was no television or radio. A computer for residents use is housed in a corner. Again space does not permit comfortable seating for residents using the

computer. WiFi is freely available throughout the home for residents to use their own devices. The manager has plans to use the room for a variety of activities - "pub nights" with fish and chips, musical entertainment, "Keep Sunday Special" events, etc.

5.42 The dining room was clean, bright and airy with sufficient space between tables to accommodate residents using wheelchairs and walking aids. The tables were laid with clean, bright cloths and matching napkins.

5.43 Residents choosing to eat in their rooms have their meals served on trays with similar napery.

5.44 The menus are devised by the manager and are on a four weekly rolling programme, changing seasonally twice a year. The team were shown a random selection of menus - there were several choices available, the team were told that if a resident wanted something not on the menu, this would be accommodated.

5.45 Dietary requirements and personal choices are catered for.

5.46 The team observed there was a high carbohydrate content to the meals. On the day of the visit, the choice was beef stew and dumplings or cheesy pasta bake served with mashed and/or sauté potatoes, broccoli and carrots followed by a steamed pudding or ice cream and cheese and biscuits. A random example of a supper menu was a fish finger sandwich.

5.47 The manager told the E&V team that she is not subject to budgetary constraints in devising menus. When asked about the provision of fresh fruit and salad replied that these were available on request but it was difficult to integrate them into the menu available to all because of the problems some residents had with chewing.

Garden

5.48 There is a large well-tended garden with sufficient garden furniture, areas of shade and areas for activity. The paths are level for easy walking or wheelchair use but access is limited via the front door.

Health and Safety

- 5.49 The team observed the satisfactory and safe administration of medicines, however, although the storage room for medicines was locked the controlled drug cupboard was unlocked when observed by the E&V team.
- 5.50 The team observed and commented that the Certificate of Fire Safety and the Certificate of insurance were not displayed as required.
- 5.51 Documentation of statutory requirements regarding Health and Safety was observed and found to be in place and updated regularly.

CONCLUSIONS

“...Residents needing assistance were helped respectfully and ate at their own pace...”

- 6.1 The E&V team observed care being delivered in the larger lounge. The residents were treated respectfully and gently. Interaction between carers and residents was largely confined to the care in hand.
- 6.2 Moving and handling of residents was performed using appropriate equipment, and the equipment was cleaned after each use.
- 6.3 The team observed lunch being served in the dining room and the delivery of meals to residents rooms. On the day of the visit, the meal was prepared by the deputy chef as the chef was unwell. The food was freshly cooked and smelled and looked appetising.
- 6.4 The team observed those residents' who required assistance to access their dining space treated respectfully and in a timely manner.
- 6.5 The dining room was very quiet, the E&V team observed very little interaction between the residents as they waited for their meal or during lunch.
- 6.6 All available staff- ancillary, managers and carers, assisted in the serving of the meal.
- 6.7 The food was hot and attractively served. Residents were able to help themselves to vegetables and were offered second helpings of the main meal.
- 6.8 Residents told the team that menus are delivered to their rooms weekly and they make their own choices. The system observed on the day of the visit was for the resident to choose their lunch as it was being served.
- 6.8 A white board to display the day's menu was observed in the corridor. The choices were not clearly written and difficult to understand. Residents unable to see the board would be informed of the menu choices at the point of service.
- 6.9 Although fresh fruit and salads are on the menu each day, one resident told the E&V team that he had never seen salad served to residents and another resident told the team that he would like more meat in the dishes served.
- 6.10 The E&V team asked residents if they were able to request specific dishes but they did not seem to think this was a possibility. The team observed one resident decline both meal choices - an acceptable alternative was quickly provided.
- 6.11 Water and soft drinks were available at each table. The team did not observe any resident being offered hand washing facilities prior to the meal.
- 6.12 Residents needing assistance were helped respectfully and ate at their own pace. Carers sat next to individual residents making the resident the focus of attention.
- 6.13 The E&V team spoke with four carers and two members of the housekeeping team. All had been employed for several years and said they were happy at Woodfield Court. “I love it here - it's not like coming to work” one carer told the team. The carers told the team that they are encouraged to explore areas that they find particularly interesting as well as undertaking the statutory training required.
- 6.14 The E&V team spoke with two relatives - one whose relative had been a resident for eight years and was receiving end of life care. This relative told the team that there had been negative experiences and issues experienced by the resident over the years but these had been satisfactorily resolved when brought to the attention of the staff.
- 6.15 The relative told the team that she considered the standard of care to be

“good” and the carers “lovely”. This relative commented on the paucity of relatives meetings.

- 6.16 The second relative was satisfied with care received by their relative and found staff and management approachable and ‘kind’.
- 6.17 The E&V team spoke with a regularly visiting District Nurse (DN) who told the team that the Home’s staff cooperated and worked well with the DN team.
- 6.18 The tea room and the planned activities for it, promises to be a positive experience for the residents. One resident told the E&V team that he had helped the manager paint some of the furniture in the room in readiness. The E&V team would hope for a timely introduction of these planned activities.

Areas of good practice

“...A wish tree is available for residents to post individual request...”

- 7.1 The E&V team saw examples of individual, thoughtful care in practice and an attempt to involve residents in consultation.
- 7.2 The E&V team asked the manager which areas she considered the best services provided by the home. She told the team that she felt that the end of life care was particularly effective in terms of care of the resident and support to relatives. Staff often experienced feelings of bereavement at the death of a resident and usually attend funerals. The team considered these comments demonstrated empathy and compassion by the staff.
- 7.3 Induction and ongoing training appears comprehensive and benefits both residents and staff. The recent appointment of a training manager is considered a positive addition to the team. The E&V team observed a “dignity” display on a noticeboard in a staff area. The team were told that this serves as a reminder to staff of the importance of treating residents with respect.
- 7.4 The E&V team were told that when the house cat died recently, the residents were asked if they would like another pet or pets. They democratically chose to have kittens.
- 7.5 A wish tree is available for residents to post individual request. There were three wishes posted at the time of the visit. The team were given examples of a resident having a visit to her local childhood home and another resident, an ardent Ipswich Town supporter, watching a live match at the Ipswich Town Football ground.

Recommendations

“...residents’ and relatives’ meetings are infrequent and no formal record is kept...”

8.1 The E&V team have made the following recommendations:-

- 1. Regular staff meetings should be held and minuted:** These minutes should be available to staff post meeting. Similarly, residents’ and relatives’ meetings are infrequent and no formal record is kept. The E&V team consider that these meetings should be held more frequently and minuted.

Provider response: We have held residents meetings more regularly in the past however when we were booking a date for the next one, most stated that two a year were enough. Relatives stated themselves that they wish for no more than two per year... we agreed to have one in spring and one in autumn. Specific dates are not booked at the time since one can never foretell when will be appropriate- it is difficult to postpone a meeting. The home managers have an open door policy and both residents and relatives are happy that they can discuss anything at any time with the managers. Minutes are produced within two days and distributed. We can recall no requests for minutes from relatives- we do not make a point of mailing them but would do so in response to such a request. Woodfield Court also produces a “monthly” newsletter to enhance communication between the home and visitors.

We do concede that this year, the Autumn relatives meeting did not happen however most were made aware of this and assured that they could bring up issues individually. We had had a settled group of relatives and there was nothing new to inform them of. Meetings will recommence during the coming year as frequently as relatives wish them to be held.

Staff meetings- a staff meeting was held on 11th November 2015...the minutes were available. These are sparsely attended as staff enjoy their time off.

- 2. Greater responsiveness to residents and their choices, which currently seems poor:** The E&V team felt a more positive effort at involvement of residents and relatives could be made in the running of the home and to take account of their wishes. These facts make it difficult for the management to demonstrate they are “responsive” as required by the CQC.

Provider response: With regards to choice... or lack thereof...we are responsive to our resident’s choice not to have to choose! What evidence was there of “poor choice”? They are asked at table about lunch as in a restaurant rather than the institutional method of a tick box menu sheet filled in some time prior to the meal. Breakfast is cooked to order at the time the resident chooses to have it. Other choices are made as a matter of course and a fuss is not made about this. Some residents have complained about constantly being asked about their choice regarding food and care- so we try not to bombard those with questions. Regular surveys and audits are carried out through the parent company...in fact some residents are getting tired of them! They are here to live, it is not an institution!

- 3. A review of future menu planning with the aim of improving nutritional balance and healthy eating would be beneficial:** Given that this is an area of interest to residents it would seem an ideal subject for resident consultation and engagement. A wish tree to incorporate residents’ favourite meal choices might be considered

Provider response: Other inspecting bodies have been more than happy with our menu plan- these include dieticians, the diabetic clinic and the food health and safety inspectors....but most importantly, the residents themselves were instrumental in compiling our current menus. Residents are

invited to test new foods and one resident represented them during the cook interviews. The cook dishes up the meals so residents can comment immediately to her. The remark about salads was surprising since regular salad was withdrawn due to lack of interest in it ...the residents chose not to have it on the menu as a main choice. However salad is always on offer...we ensure we have stock of fresh salad items for the kitchen assistant to make up as the main meal is being dished up to ensure that it is fresh.

The allergens chart is to be compiled as a summer menu is drawn up.

Residents have a wish tree about life wishes...upon consideration we will not be incorporating a wish tree for favourite meals; we do not want to infantilise the residents since this seemed like a primary school project. They are asked to oversee the menus and invited to comment on them. Comments are passed on to manager and cook- a new menu choice of smoked salmon linguine was removed and spicy foods are always accompanied by a "solid English choice".

- 4. Recommendation 4: Greater emphasis should be placed on activities for residents, should they choose to participate:** Although there is a part time activities coordinator at Woodfield Court, the E&V team did not observe any resident taking part in organised activity or see any evidence of planned activities in the future. Furthermore, the seating arrangements in the larger sitting room did not lend itself to interaction between residents. The Woodfield Court manager is encouraged to review seating arrangements in the lounge.

It is suggested that an arranged visit by staff to a care home with an already established excellence in care provision might serve to stimulate discussion, innovation and improved practice at Woodfield Court.

Provider response: *Our activities co-ordinator attends Woodfield Court every week day for half a day...it is widely documented by professionals that rest is as important for elderly as activity. There should be a healthy balance. On the day of*

the visit, the organised activity was personal manicures...this was during the absence of the activities co-ordinator who was on holiday. Schedules are normally placed in the lift, tea room, landing and given to specific residents (one in large print and, until recently, one to translate into Italian!) The seating HAS been changed in the past and they did not like it. In response to your report, we have moved the chairs and the reaction is mixed. We do not want to upset our residents in an over- reaction to your remarks but we will review the seating with them. It is their home, not ours or yours. With regards to the suggestion that staff may benefit from a visit to another home...we have not passed this on to our hardworking staff: the job is difficult and demanding enough without such comments. We are generally proud of our care staff and would not demoralise them in such an embarrassing fashion. We found this suggestion quite unpalatable and can only think that the E/V team were unsympathetic to the effect that having strangers sitting and noting things will always have.

The library visits those who wish to borrow books. Residents are supported to vote in elections. We have a PAT dog come in and three separate churches visit plus the Catholic priest. Residents go out in the mini bus on planned trips of their choice. Woodfield was donated a digital piano in November as the result of staff fund raising so residents can play or be played to. We have collected for percussion instruments as part of that campaign too. We are currently collecting stamps for the local Guide troop who are going to come and thank the residents. Local Primary schools visit (e.g. Abbots Hall dance club) and the cubs and scouts at Christmas. The Carnival procession and parades are attended if they wish for support from staff (on their days off!). Our garden party was held in conjunction with the street anniversary party. Staff's children visit and play musical instruments or show off pets. We offer support to trainee social workers who befriend our residents should they choose. West Suffolk college will be visiting to discuss placements for those embarking on a nursing degree to gain experience in a residential environment. What more could you recommend? The managers feel that staff were unusually

subdued due to being watched on the day of the visit. Lunch is ALWAYS an “Englishly” quiet meal (residents’ choice...attempts to liven it up are met with “shhhhh”) but despite having been asked not to disturb residents whilst they were eating, the team still entered and remained in the dining room causing an atmosphere as residents have previously requested that NO visitors/ relatives are allowed into the dining room during meals.

Healthwatch Suffolk response: *The Enter & View team do not recall having been asked not to enter the dining room at lunchtime. They would not have entered, had they been asked not to. E&V Team were neither relatives nor visitors, but rather an official body of people with a statutory objective.*

- 5. Installation of a secure door entry system should be considered:** The reception area is unmanned at times and the front door is unlocked. This could lead to residents leaving without staff being aware or unwanted visitors entering the home.

Provider response: *The installation of a secure door entry system will not be followed up. Woodfield Court is not a secure unit, it is a residential home. Visitors are requested to ring the bell for assistance if no-one is manning the desk or managers’ office. Staff then request them to sign in and wash their hands and wait whilst the specific resident is asked where they wish to receive their visitors. This system has been praised by other bodies and professionals. Residents have the choice whether to leave the building at any time...we see no need to restrict them. We are unsure why the E/V team feel that our residents should not be allowed basic freedoms- were we inspected as a dementia unit we wonder? We concede that an unwanted visitor could enter the home, but “strangers” within the home would be politely challenged by staff. Most relatives complain when the door is locked after dark in winter.*

- 6. Consideration should be given to achieving a greater distinction between the colours of the walls and room door colours:** It was noted that all corridors were decorated in the same uniform shade of pale green with similar carpet throughout. Resident’s room doors were all of the same blonde wood colour. Walls were decorated with small prints and paintings of pastoral scenes. Differentiation in colour of corridor walls, pictures, room doors and floor coverings could assist confused residents in maintaining a sense of place. Consideration could also be given to installing wall mounted memory boxes

Provider response: *As we are not a dementia unit we see no reason to colour code areas of the building leading to it seeming like an institution rather than home. We have no residents who are distressed due to being confused as to where they are. We have considered wall mounted memory boxes, but most of our residents have intact memories or have what they wish to remember on show within the privacy of their rooms. Those who choose to do so have a picture on their room door. Residents chose the curtains in the communal areas and corridors and the paint colour was their preferred option. The lounge and the dining areas are not of the same colourways...again residents were consulted. One area had an entire paint job recovered as the residents did not like it. We strive to make Woodfield Court as homely as current regulations allow. Woodfield Court is a mixed community of dementia and non-dementia. Our experience shows us that keeping the décor as it would be in a domestic setting empowers those living with dementia to stay in touch with what was “normal” for them before entering the home and any deterioration in their condition. We offer a service to both those with and without dementia so are keen to maintain outside life conditions.*

9. Provider feedback (in response to draft report)

- 9.1 All comments are reported verbatim.
- 9.2 In addition to the specific responses made to the recommendations within this report, the Woodfield Court management team have also made the following observations:

Response from management team:

With reference to your visit on the 22nd November 2015- we feel that the report given paints an overly negative view of the home since the E/V team were not aware of the abilities of the residents they are commenting upon and they seemed to concentrate on personal opinions and preferences. We will take into account comments made about the décor, colour of the paint and the front door but we do not think that these cause any issues with our residents. In fact, we are most often complimented on the friendliness of the home.

Environment:

The bathrooms are indeed carpeted...why would this pose a problem with manoeuvring when the rest of the home is also carpeted without issue? We prefer carpet to a potentially slippery floor. We feel it maintains a homely environment.

The comments about the tea room with regards to the chairs- we are looking at cushions which will be safe.

The television is never used as a mindless distraction- should a resident wish to watch something, it is switched on. We were not sure if the report was praising or censoring the television being off. The lounge chairs had seat protectors on...these are laundered daily and we feel are of benefit to all in a communal setting. They are not "continence pads".

Manager is sure that she replied "fish fingers with side salad and/or a sandwich" to the question about tea. Fresh fruit salad is regularly offered. Woodfield Court is what the residents want it to be.

Response from the Head of Care:

On completion of reading the E&V visit report, my response is as follows:

Findings 5.1 - 5.7:

I felt these comments were, in the main, cosmetic and unrelated to the passionate care, offered to the residents at Wood field court.

The colour of the front door, or the walls in the corridor, pose no bearing on the quality of the care our residents receive. The walls in the hallway are light and neutral, which I believe is appropriate, for the size and width of the building.

It was unfortunate that an odour of urine was present, in the foyer, at the time of the E &V visit. The kittens were situated there at that time, so that the residents were able to enjoy access to them. Their elimination tray is usually checked regularly. There is not a lock, or any code system on the doors, as Woodfield Court is NOT a secure unit, or described as a Dementia unit. Residents are free to go outside, if they choose to do so.

GENERAL

Management at Wood field are implementing more staff meetings, but this has been difficult over the last few months, owing to long term sickness, maternity absence etc.

I do believe that staff do offer positive choices to residents, but we do have to appreciate that Wood field Court is THEIR home, Not ours.

Menu planning has always been inclusive of the residents choices. High carbohydrate food is normally what they enjoy and for a lot of residents, it is what they need.

Wood field Court houses some residents of great age. I disagree that the home lacks vitality. Older people enjoy and appreciate calmness and serenity.

While we do accept your report as your findings . . . they were your findings in a very few hours, on ONE day.

I passionately believe that residents are offer excellent care, dignity, respect and choice at Wood field Court and I am proud to be part of their team.

Provider Statement from Proprietor

In reply to your Enter and View Report on Woodfield Court on the 22nd October 2015, I would like to add our view on the report. The Manager and Head of Care have replied to the recommendations in the report and we are happy with their responses, my statement is a view on the report as a whole.

Can I first start by saying that we do not see Woodfield Court in this report, it is not an accurate reflection of the home. We feel that Heathwatch approached the home with a set idea of what a Care home should look like and that Woodfield did not conform to this, what I mean by this is points raised about the colour of the front door and walls, size of reception area, no locked door, chairs in the lounge etc. while these are not unimportant areas they are not the most important part which is the care that we deliver to our residents. And they are not areas that have been ignored they work with the residents that we care for.

The one point I take particular umbrage with is in recommendation 4 where you have written "it is suggested that an arranged visit by staff to care home with an already established excellence in care provision might serve to stimulate discussion, innovation and improved practice at Woodfield Court". I feel the staff at Woodfield will take offense at this suggestion and it implies that they aren't doing great and innovative work, which they are.

With time to reflect upon the report there are some points I will be looking at especially Menu choice and printed menus on the tables and I have already started this ball rolling on these.

Part of the reason that the provider wasn't present is that while I knew the name Healthwatch I didn't know that you did enter and view reports and missed that this was happening, while I concede this is my error I would recommend that you educate Care Homes about your objectives and the tools at your disposal, this I feel will help you and the Care Home's in future Enter and View reports.

HERE TO HELP...

If you have a query about this report or would like to know more about Healthwatch Suffolk please contact us as below. We will be happy to help.

You can watch a short video about us via the following link:

www.healthwatchesuffolk.co.uk/about-us/

For information about how we made a difference in the year 2014/15, please download our annual report from:

<http://www.healthwatchesuffolk.co.uk/about-us/annual-reports-and-agm-resources/>

You can also contact us for a hard copy (limited availability) or watch our supporting video. Simply search for “Healthwatch Suffolk” on YouTube.

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If you require this report in an alternative format please contact us at the address above.

This Enter and View report is publicly available on our website and has been distributed to the Care Quality Commission, Suffolk County Council Adult Care Services Quality and Monitoring Team, Healthwatch England and other stakeholders including all Healthwatch Suffolk friends and members.

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