

**Care Home Provider:**  
**Care Home Address:**  
**Date and Time of Visit:**  
**Authorised Representatives:**

Mandeville Services Care Ltd  
 123 Wendover Rd, Aylesbury, HP21 9LW  
 11.05.17 – 10 am  
 Alison Holloway, Sheila Cotton

**Summary of findings**



- Staff seemed to know the residents well and the latter were happy with their care
- In some areas, residents could have more choice or options

**The Visit**

The Gables provides nursing care for up to 15 people. There were 13 residents on the day of our visit, some of whom remained in bed. We collected the views of 2 members of staff, 1 visitor and 4 residents and observed another 2 residents and 2 staff .

**How people are treated**



Staff addressed everyone by name and we were told that there was a consistent staff team. Comments we were given included “they look after us very well”, “I’m very happy here” and that the resident is “comfortable and needs are met”. When a resident was hoisted in the lounge, staff ensured they knew what was going to happen at every stage and ensured they were comfortable. One member of staff ‘high fived’ a resident at the latter’s request as they passed and repeated this later in the morning. However, one resident was left in a wheelchair rather than being moved into a lounge chair. The manager told us that there are no formal relatives meetings but these take place at the beginning of any event where families are invited.

**Personal Choice**



Staff ensured residents in the lounge had two handled plastic beakers (without lids) of juice within reach. Residents all drank holding only one handle. We did not hear staff ask residents what they would prefer to drink. There was a large jug of juice and one banana on a corner table. One resident also had a beaker with tea, from breakfast, in it. We were told no china cups or beakers are used in the lounge. However, when a resident came into the dining room to talk to us, they were offered a drink and the tea was delivered in a mug. A resident told us that staff know which residents like to get up at what times as most people have a pattern. Breakfast is eaten in bed or on small tables in the lounge and there is a range of options. The daily menu shown on a clipboard in the lounge was for the wrong day. However, the correct day’s menu was up in the hallway and one option had been written in for lunch; residents told us there was never two options. There seemed to be a variety of meals across the week. There were sandwiches or soup for the evening meal. Several residents said they liked the food; “couldn’t complain”.

### Just like Being at Home



The home was clean and being hoovered at 10am. Smart new chairs were in the lounge although some of the cushions had not been put back into position and were still on tables. The TV was on mute and a CD was playing when we arrived. No one put more music on after the latter ended. Bedrooms were quite individualised and some bedroom doors showed pictures of the residents when they were young. However, we did not see any picture signs on the doors of communal rooms in the home which may help those living with dementia. We found that staff knew about resident's past lives. Residents use the small side courtyard, which was decorated with plants, to sit in when the weather is warm enough.

### Privacy



A resident told us that staff always knock on doors even if the doors are open. We saw that bedroom doors were both open and closed with notes on the doors indicating when not to knock. However, a male resident did not like having to be helped to the toilet "It's embarrassing when there's female staff". We did see one male member of staff on duty when we visited.

### Quality of Life



A resident asked to see the hairdresser and the manager said she would arrange for one to visit. There was a written chart of activities for several weeks, through April and May, on the noticeboard. The activity coordinator started musical bingo about 11am on the day of our visit. They also go out on a one to one basis with some of the residents. There are two scheduled activities each weekday. "We do quizzes and play cards and scrabble" a resident told us. Singing also takes place and dominoes but no physical activities. The manager told us that children come into sing at Christmas although no residents could remember this visit. There is also a family afternoon tea in August for everyone including relatives. Very few trips take place outside the home because of a lack of transport. Visitors take relatives out but otherwise residents go out when there is a member of staff available to take them. One resident told us they enjoy going into Aylesbury to the shops whilst another appreciated being taken to the park. Some residents told us they would like to go out more.

### Recommendations

#### We recommend that The Gables:

- offers residents china cups or mugs to drink from in the lounge
- offers a choice of drinks to residents especially water as an alternative to juice
- ensures menus are kept up to date and offer a pictorial one for those who have sight impairments or live with dementia / cannot read.
- creates a pictorial activity menu for residents and post this on the noticeboard or in the lounge
- ensures all seat cushions are put back in place as soon as reasonably possible after cleaning.
- puts pictorial signage of communal rooms doors to help those living with dementia
- sets up a regular musical, chair based, gentle physical exercise activity

- looks to borrow the group's minibus more often to take out more of the residents
- brings volunteers into the home to support the activity coordinator on one to one or group trips out to the park, shops, café etc.

### Service Provider Response

Thank you for your visit to The Gables Nursing Home and for the courtesy extended to our staff and residents on the day.

We are small family owned and operated home and have been caring for residents at the Gables for over thirty years. We pride ourselves on creating a homely environment for our residents, who are at the heart of everything we do.

It was noted in your report that a resident was left in a wheelchair as opposed to being moved to a chair. However this particular resident enjoys partaking in activities, mainly cards. She is unable to play cards whilst in a lounge chair as she has very limited mobility (she requires hoisting) and requests to remain in her wheelchair.

Due to the small size of our home, we have found that formal relatives meeting were not effective, as there was a lack of attendance. We changed this, and now invite relatives to meet at the start of any events in house. We have found this to be a far more effective means of communicating with our relatives as more are present. Our Manager also operates an open door policy at The Gables and meets with relatives on a regular basis when they visit.

Residents are assessed and offered appropriate cups based on their care needs and dexterity. There are, of course china cups and mugs available however residents who are unable to use these, use the plastic beakers instead. This is not through lack of choice. Menus are also created in conjunction with our residents. As the staff all know the residents well, if someone declines any food or meal in particular or requests a different option, we are more than happy to oblige them.

We do not have residents whose primary need is dementia, as such pictorial signage on our two communal doors, we feel, is not necessary.

Over the past year we have made continued efforts to improve our service, this has included employing a dedicated activities co-ordinator. We appreciate your feedback on the activities we offer and endeavour to utilise the mini bus more often.

We are glad that our residents are happy with their care, as noted in you report, and that our staff know and care for our residents well.



### Acknowledgements

Healthwatch Bucks would like to thank the residents, visitors and staff at The Gables for their contribution to the Enter and View visit as part of the Dignity in Care project.

**Disclaimer**

Please note that this report, on dignity in care, 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, only an account of what was seen and heard at the time.

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**Methodology**

This was an unscheduled Enter and View visit in that the care home were given up to 2 weeks' notice of our intention to visit but not the time and date. Authorised representatives noted what they observed and were told.

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