



Healthwatch Service Visit Report to:

Woodside Care Home
Lincoln Rd
Skegness
PE25 2EA

Summary

The following report highlights the findings and observations from a recent visit to Woodside Care Home in Skegness.

The work was carried out as part of our on-going enter and view programme of activity and in relation to our review of support and care provided in the community.

Where the report identifies themes which Healthwatch believe should be raised as a matter of importance not only with the provider but also where appropriate, with other commissioners and or providers these have been included.

Healthwatch is mindful that factors outside the control of the community care home environment can have an impact on the service provided and consequently the patient experience; where these occur we have included them.

There were some core themes listed below which came out of the visit, and as part of this work we have encouraged the provider comment on the findings in the public interest, their responses are also included throughout as appropriate.

Key Themes from the visit and patients spoken to at the time:

- Overwhelmingly the residents seemed happy and settled in their environment with high praise for the staff and their caring and supportive attitude.
- We noted that residents said they wanted to have more opportunity to go out, but recognised that they needed support and conscious of how this would impact on the staff.
- We observed interactions taking place between staff and residents and found a relaxed atmosphere however noted some resident's comments about areas of noise which impact on them, such as both televisions being on in the communal areas and noise from other residents.
- We noted the investment that was taking place in terms of refurbishment and installation of CCTV cameras for added security.
- The greatest impact appeared to be the drive to improve occupancy rates for the home and create supportive relationships both internally with staff but also with external agencies.

1. Why do we carry out visits?

This piece of work has been carried out by Healthwatch Lincolnshire who has a statutory duty to enter and view any publically-funded premises which provide health and care services so that it can view the services being provided and take the opportunity to talk to those using it.

2. How we carry out visits.

Healthwatch authorised representatives are appointed to undertake an enter and view visit. A questioning framework is produced to enable the representatives to effectively talk with patients, relatives, carers and care providing staff and to make observations

during the visits. The framework is not exhaustive, but does provide a background for directing theme-specific questions - *in this case the 'resident daily journey', this includes how residents come to be with the provider, how they spend their days and what facilities and services are provided during that period of care.*

3. The Provider - Woodside Residential Care Home

Woodside Care Home provides care and support for up to 42 people over 3 floors. At the time of our visit there were 22 people living at the home. People living at the home were mainly older people. There were a broad spectrum of people living at the home with varying degrees of support and assistance needs, some the residents were living with dementia.

3. Who did we speak to?

Prior to any conversation being held with a resident, we introduce Healthwatch and ask permission for any dialogue to continue as we respect that not all people will want to engage with us in this way.

During the visit we spoke to as many residents who wished and/or had capacity to talk with us. In addition and where we could, we spoke to managerial and operational staff to provide a more holistic view.

A total of 8 residents were spoken to during the visit, and there were 22 residents living at the care home at the time of the visit with varying degrees of mental capacity.

4. Findings from Resident Experience Survey.

The following provides an overview of the service from a lay-person's perspective.

4.1 Findings

The following provides the detail of the visit feedback and should be acknowledged that this information was taken at a point in time. If changes have been made since the visit and the provider has commented on them, we will include those within the report for public interest and information.

4.1.1 What the Resident said.

The discussions covered various themes that emerged are recorded below.

DAY TO DAY

- The residents we spoke to told us that 'they had' been the ones to choose the care home, for most because it was close to their previous residence and some because it was close to family members, all were happy with their choice.
- Not many of the residents we spoke to liked to spend much time alone in their rooms, instead they preferred to be in the communal areas and able to socialise.
- Residents told us that other than the desire to get out more, that their day to day routine would be similar as if they had been living at home and they were content with that.
- We heard from most of the residents spoken to that they didn't like to spend all day sitting down and wanted to have other distractions and move around more.

Residents we spoke to said that they didn't feel that there was much in the way of things to do during the day and felt the majority of it was watching the television or talking to fellow residents. Most of those we talked to did say they occasionally got out and about, mainly when family visited. Some said that their personal mobility was a hindrance to them getting out as they would need more support.

- Residents told us they felt cared for and safe in the home and that in many instances 'grateful' for being a resident in the home.

CHOICE

- The ability to choose is important as it allows us to retain our independence and sense of self. Supporting choice for those who provide care is also important to ensure that choice and options are available and accessible.
- When we talked to residents about their day to day routine, they all told us that they could get up and go to bed essentially when they wanted, whilst routine was very important for some, having the ability of flexibility around their day is key to retaining variety and independence for others.
- We asked residents how they shared their views and experiences with the home for most it was an informal discussion, but there was some confusion as to whether regular residents meetings took place, we are aware that in many cases residents meetings are not formalised and therefore are not sometimes recognised as meetings.
- In terms of places for residents to go during the day was varied with 2 main lounges (both had the TV on), the dining area and the garden were the main communal areas. Residents although said they were more likely to spend time in the communal areas they said they were sometimes noisy as a result of the televisions and other residents.

FOOD AND DRINK

All the residents we spoke to said they enjoyed their daily meals although did say they didn't get any input into menu choices, and there was a suggestion made to us during our visit which was passed on, at the time of the visit we did not ascertain to what extent (if any) residents were engaged in menu decision making.

Residents told us and we observed, that drinks hot and cold were available as and when needed or wanted, we also observed when care staff brought the drinks the handles were placed towards and well within reach of the residents for easier access.

Residents told us that the home did recognise and celebrate special occasions like birthday and that cakes were made at this time.

VISITORS / CARERS

Residents told us visitors came freely as they would had they been living at home and that they thought visitors were made to feel welcome and sometimes offered meals with the residents.

For those who didn't receive frequent visitors the need to keep occupied seemed to be of high importance.

Observations and staff feedback

The home is over 3 floors and has within it 75 en-suite rooms. There were good sized communal bathrooms and a wet room. During a visit the occupancy rate was slightly less than half full so many of the rooms were closed and some waiting for refurbishment. A lift was available for resident use to minimise the use of stairs.

We found there were automated sensor lights in some areas of the accommodation, and on the top floor particularly the access to some bedrooms did appear dark in the corridor where the automated lights were used.

The manager has been in post since January 2017 and there were a total of 30 staff members working across a variety of shifts to cover the care required. We were told that responses to recruitment adverts was high in the area and recruiting care staff wasn't an issue.

Staffing at the current time was appropriate, and management for the home is on 24/7 call as required.

For most of the residents there is one member of staff allocated to support 2 residents.

The home told us they had 2 activities coordinators and the programmes included one to one time with residents, quizzes, group therapies, movement to music, the Church every 4 weeks and the library comes in every 6 weeks. We were told that whilst key workers would try and take residents out as they wished, this could be difficult with the reliance on wheelchair accessible taxis and maintaining staffing levels, there was no minibus owned by the care home.

The home told us they were seeking to make the environment more dementia friendly, and they were also installing CCTV in the communal areas for greater security.

Areas of the home had been newly refurbished, other areas we were told had a programme of refurbishment planned for them on a rolling basis. There was considerable work activity going on when we arrived at the home with the installation of the CCTV equipment, whilst this was an improvement to safety and security we imagined that the hazards of ladders and unfamiliar workers would create some challenges.

We noted the extensive notice boards with information and records of activity and information.

The home utilised both Beacon and Hawthorn medical practice and the home felt there would benefit from the practice holding in house clinics for residents. The relationship between the home and primary care services was felt to be functional however getting through to the practice and getting beyond the reception triage they felt at times could be frustrating.

Working relationships with the District Nursing teams was felt to be good.

Storage was also an issue for the home, particularly when trying to store bulky items like continence aids.

We saw the 'medication room', and we heard that Boots provided a good service in terms of delivering and supporting medications management. Regular medication audits are conducted and multiple level auditing carried out, i.e. Via Boots, home and medication administration records (MARs).

The home told us they had access to a local dentist who was dementia trained and would visit the home as required.

The home is adjoined to a hotel (by the same ownership), the home feels the ability to accommodate relatives would be beneficial in the longer term.

The home felt the use of the trusted hospital assessors upon discharge from hospital was much more robust.

The home monitors falls regularly using a 'falls cross' to assess resident and location correlations to support prevention.

We were told that social services visit residents annually for a review and that staff had just completed safeguarding training.

Electronic care records are used in the home and we observed a member of staff sitting with a resident at the computer working through a record at the time of our visit. It was felt the electronic records were more effective as it provided automate flags for reviews and provides a level of risk assessment for each resident.

The pathway for mental health support, assessment and crisis was provided and appeared a workable model for the home with named people for contact.

We were told that resident and family meeting were held and that the latest one had mainly focused on the intention to install the CCTV cameras. An area where the home felt it could develop was in the encouragement of family and staff surveys to include more tangible comments about the service so that improvements could be made and good practice could be celebrated.

The home felt there were challenges around the occupancy rates and were trying hard to rebuild to their previous levels, however felt that had to complete to compete in a difficult market place and had to promote the 'homely' element of care. This also included a need to consider the 'curb appeal' of the premises and what it was presenting as, a 'care home' or a 'hotel', from the outside it was difficult to distinguish.

6. General Overview of Observations & Conclusion.

The general findings below are intended as capturing both the positive findings and also some of the challenges for this provider and its environment.

- Overwhelmingly residents felt at home, comfortable and safe within the home.
- The residents spoken to said they wanted more activity, however in many cases felt that they needed more support or opportunity to enable this to happen (i.e. someone to take them and aid them).
- Residents told us that staff were caring and supportive and did as much as they could to help with a smile.

- Residents told us that the home could be very noisy with the TV and other residents and sometimes this impact on them, but they also like to be in the communal areas where they could talk to other residents.
- We heard about the reliance on wheelchair accessible taxis to get residents out and potentially the long term benefits of having a minibus could be considered.
- We heard the potential for increasing occupancy and also the challenges around competing in a market where they felt curb appeal would impact on them at the current time and also the fact that they needed to market the home from home approach.
- We were encouraged by the engagement with local community, particularly engaging with local schools to look at changing the logo, as well as holding open days and encouraging the community to come into the home whether that be religious, or recreational.
- We understood that the home was under occupancy and therefore efforts had and are being made to renovate and improve the environment where possible.

The providers legally had 20 days to respond to the findings with an opportunity to add to what was included, update on current status or provide comment that better enable s the public to understand some of the challenges faced sometimes out of their control.

Healthwatch Lincolnshire wishes to thank the care home, staff, residents, families and our authorised representatives for their time and openness before, during and beyond our visit.

Following the report being finalised the following will be notified:

- The Provider.
- The Care Quality Commission (CQC).
- Lincolnshire County Council
- NHS England
- Healthwatch will publish the report on its website and submit to Healthwatch England in the public interest.