



## Enter and View Visit



<b>Place of Visit:</b>	Docking House
<b>Service Provided:</b>	Residential/Dementia
<b>Number of residents:</b>	36
<b>Service Address:</b>	Station Road, Docking, King's Lynn, PE31 8LS
<b>Service Provider:</b>	Armscare
<b>Date and time:</b>	17 <sup>th</sup> January 2018 2 - 4 p.m.
<b>Authorised Representatives:</b>	Sonia Miller & Penny Sutton
<b>Report Published on:</b>	8 March 2018



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## About Us

We are the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

This report relates to the visit on **17<sup>th</sup> January 2018**

The visit also takes into consideration the fact that some of the residents spoken to may have a long-term illness or disability, including dementia, which will have an impact on the information that is provided.



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## What is Enter and View?

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see 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. 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 safeguarding policies.

## Acknowledgement

Healthwatch Norfolk would like to thank the staff at **Docking House** who spent time talking to us. Thank you also to the Manager of the home for helping us to arrange the visit.

We recognise that providers are often able to respond to us about any issues raised and we include their responses in the final report.



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## Summary of findings

This is what we found during our visit and by speaking with the staff at [Docking House](#)

- The home lacked a “homely” feel
- Staff were helpful and caring towards residents
- A choice of meals is available
- Residents were clean and tidy in appearance



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## Purpose of the visit

We are carrying out a number of visits to care homes over the coming months to look at how the wellbeing of the residents is being catered for.

We will be looking at the environment and surroundings in the care home, the relationship between residents and staff and how residents are involved in decision-making about their activities and food choices.

We will speak to staff and residents about the meals they are served, the care they receive from the staff and the activities which are arranged for them both in the home and within the community.

We will also talk to family members and visitors if they are at the home when we visit.

## What we did

These visits are being carried out using our power to Enter and View. This is Healthwatch's legal right to visit places that provide publicly funded health or adult social care services, to see and hear how people experience those services. Each visit is carried out by a team of trained volunteer and staff Authorised Representatives.

Our focus is on the wellbeing of residents and to obtain an overview of the care they are receiving.

We selected the care homes to visit in liaison with the Care Quality Commission and Norfolk County Council and notified them of the visits.



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## Findings: Observations

We entered through the front door where we signed in. We were shown into a further entrance hall by a visitor (who checked our ID). A member of staff then welcomed us into the main building and escorted us to the Manager's office. Both doors had a keypad entry system.

We spoke to the Assistant Manager who explained that the home had recently had a further CQC inspection and the report was awaited.

The home has 39 rooms and currently 36 residents, many of whom are living with dementia. We were then shown around the home by the Assistant Manager and we were able to speak to staff and residents.

Residents appeared clean and tidy in appearance and we saw one or two residents being reassured by staff.

### Physical Environment

The front of the building is modern and houses two lounge areas, dining room and some of the bedrooms with en-suite facilities. The rear of the building is older (former office building) where there is another lounge area, additional bedrooms (without en-suite facilities), equipped bathrooms and toilet facilities. These areas were accessed by narrow corridors and were in need of decoration.

In the corridor as you enter the home there is a board with pictures and the names of all the staff. There is also a board with photographs which were taken during a Christmas activity.

The floors are wooden throughout the building and all rooms were light, although there were no curtains or blinds at the windows (apart from in the dining room) which would give the rooms a more homely feel. The home did not appear overly warm.



There were a few ‘murals’ on the walls and a collection of pictures entitled “Memories”. The Assistant Manager told us that these pictures were not places residents had visited.



We were shown one bedroom (in the newer part of the building) which was pleasantly furnished with the resident’s own pictures and personal effects.

There is a weekly programme for activities, although we did not see any activities taking place during our visit.

There is a ‘treatment’ room for residents which is used by the doctor, podiatrist, hairdresser etc.





## Garden

There is a small courtyard in the centre of the building with artificial grass and a few flower planters where residents are able to sit in the summer.



There is another small paved area outside, although there were no plants or seating.

## Meals and Nutrition

All food is freshly prepared on site in a well-equipped kitchen. We were shown charts of residents' dietary needs displayed on the wall of the kitchen. Printed menus are displayed on a board in the dining room although the Assistant Manager told us that mostly the residents could not read them. Two choices of food are offered for each meal.

We were told that residents are asked what they would like and if they are unable to understand they are shown the prepared food at mealtimes.

We were advised that a tea trolley is taken round in the morning and afternoon for drinks/snacks.



## Activities

There was a television on the wall in each of the lounge areas and one large connect 4 game. There is also a bookshelf in one of the lounges.



Residents did not appear to be engaged in any activities whilst we were visiting. There were two visitors speaking to residents.

There is an Activities Co-ordinator (not present during our visit) who plans weekly activities for this home and others care homes in a Group. A weekly schedule of activities is displayed on a whiteboard in one of the lounges.



A local vicar visits the home regularly to hold services.

The Assistant Manager told us that residents are taken for short walks and transported by staff in their own vehicles further afield, sometimes to Hunstanton.



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## Staffing and Resourcing

There are 7 staff in the morning, 7 in the afternoon and 3 during the night. 11 staff live in rooms above the home.

All staff training is done on line at home, apart from moving and handling which is done on site.

We were advised that care plans are updated 6 monthly and are held on a computer programme which can be accessed by all staff. Staff have tablets available to them which they can add notes to during the day which feeds back into the main computer records.



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## Ideas to take forward

- Display pictures of food with the menus to make it easier for residents to chose
- ‘Reminiscing’ pictures could be more specific to residents’ experiences if they can be obtained
- Place items of interest, i.e. books/games in lounge areas for residents to sit and look at
- Curtains/blinds in public areas would help give a more homely feel
- Display more pictures on the walls
- Add seating/flowers/plants to the paved outside area

## Response from Docking House

No response has been received. .



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## Contact us

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