

# Enter & View Report

Premises name	Woodbury Manor Care Home
Premises address	182 Clay Hill, Enfield, EN2 9JA
Date of visit	Tuesday, 20 <sup>th</sup> February 2018

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**Acknowledgements**

Healthwatch Enfield would like to thank the people we met at Woodbury Manor, including the Compliance Manager, staff, residents and relatives, as well as the manager who welcomed us warmly and whose contributions have been invaluable.

**Disclaimer**

This report only reflects the Team's observations and records of what residents, relatives, staff and management told us about life at Woodbury Manor through meetings and on the day of the visit. We are therefore reporting on what we have actually seen or heard directly.

## Purpose of the visit

Healthwatch Enfield's Enter and View Authorised Representatives have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and to obtain the views of the people using those services.

Woodbury Manor Care Home visit was an announced Enter and View visit as part of Healthwatch Enfield's planned strategy to look at a range of care and nursing homes within the London Borough of Enfield, to assess the quality of care provided. We were particularly interested in understanding whether residents are receiving personalised care that meets their individual needs and whether the care setting "feels like home" to them. In addition, we wanted to find out whether residents are receiving a good service from local health providers.

## Methodology

Healthwatch Enfield's Authorised Representatives who took part in the visit were Fazilla Amide, Laurence Green, Elisabeth Herschan, Janina Knowles, Janice Nunn, and Faye Oliver.

During our visit, the team of six Enter and View Authorised Representatives heard from 12 residents, 9 relatives, and 8 staff and management, as well as observed the day to day workings of the Home, focusing on the following 3 key areas:

1. Care
2. Choice
3. The Environment

We used the 8 key indicators developed by Independent Age and Healthwatch Camden<sup>1</sup>. The indicators are:

- have strong, visible management,
- staff with time and skills to do their jobs,
- good knowledge of each resident and how their needs may be changing,
- offer a varied programme of activities &
- quality, choice and flexibility around food and mealtimes,
- ensure residents can see health professionals such as GPs and dentists regularly,
- accommodate residents' personal, cultural and lifestyle needs,
- be an open environment where feedback is actively sought and used

This report has been compiled from the observations, records and notes made by team members during the visit, and the conclusions and recommendations agreed amongst the team following this.

A draft of this report was sent to the manager of Woodbury Manor Home to be checked for factual accuracy and for an opportunity to respond to the recommendations prior to publishing. They have confirmed they are happy with the report. This report will be sent to interested parties (including the Care Quality Commission, NHS Enfield Clinical Commissioning Group, and the London Borough of Enfield, as well as Healthwatch England) and will be published on Healthwatch Enfield's website at [www.healthwatchenfield.co.uk](http://www.healthwatchenfield.co.uk).

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<sup>1</sup> [Independent Age](#), together with Healthwatch Camden developed a set of quality indicators which are now being promoted nationally to improve the quality of information provided.

## General information about Woodbury Manor

Woodbury Manor was acquired by Scimitar Care Hotels group in 2010. Formerly known as Clay Hill House, the original building was built in 1853 and was known as Woodbury Manor. Since having purchased the building, Scimitar Care Hotels have restored it to its former Victorian grandeur.

The estate has 3 wings comprising 2 separate areas:

- Woodbury & Maple wings, part of the residential section
- Cedar wing, for those with advanced Dementia.

In the residential area, there is a ground and first floor with lifts. Cedar, the Dementia wing is key coded for safety with no access to stairs or lifts without staff. Residents can visit the Dementia wing and Dementia residents can attend some entertainment with staff on the residential side.

There are 56 rooms; 35 residential and 21 Dementia beds with 1 room for respite care on the residential wing. At the time of our visit there was one vacancy.

The mix of residents was mostly White British, with an age range from 64 to 101. There were 8 Enfield funded, 5 Haringey and 1 Essex funded resident and the remaining residents were privately funded.

Woodbury Manor is surrounded by extensive grounds with outdoor accessible patio areas, a Marquis, parasol and sails during the summer and a covered area for those who smoke.

The Home employs 2 Activity Co-ordinators during the weekdays and has a salon, where a hair stylist comes twice a week, for which residents pay. Recently, the Home has asked a Beautician to attend to do residents' nails and facials, if they wish, which is again paid for by residents.

The registered manager is Joanne Jarvis and Deputy Manager, Beatriz Manzano.

## Executive summary

We found that much of the care provided at Woodbury Manor is of a high standard and we consider it one of the best Care Homes we have visited in Enfield. Whilst the décor and surroundings resemble a hotel, rather than a typical Care Home, it was the genuine care, commitment and passion of the management and staff that shone through. Most of the staff are appreciated by residents and their relatives for their kind, friendly attitude and hard work. As Joanne Jarvis the manager told us “I ensure the staff know we are working in their (the residents’) home, rather than they are living in our place of work.”

The management team and staff we spoke with demonstrated a good understanding of the need for individualised care planning and were focused on continuous improvements to the Home. Overall, through our conversations and observations, our assessment was that the residents were well cared for. In addition, all the relatives we heard from, felt this was the best Home they had researched and visited, prior to having their loved one move in. A couple of residents also stated they had chosen to live there, following a period of respite care.

In terms of external specialist support, the Compliance Manager of the group stated that they pay a retainer for a GP to attend on a weekly basis, proactively seeing residents who book to see them. Woodbury Manor is also visited by a chiropodist, who attends every 6 weeks, which residents pay for on a sessional basis, if they require treatment. However, some concerns were raised with Healthwatch Enfield about the availability and support of NHS services such as dentists, and speech and language therapists. We would ask NHS England and Enfield CCG to ensure Services prioritise proactive support to the residents of the Home.

Having heard from many of the staff, relatives and residents, and through our own observations, the areas requiring greater focus from management at Woodbury Manor were around the variety and timing of activities. It is important to acknowledge the Home has 2 full-time Activity Co-ordinators during the weekdays, which is to be commended. Whilst our visit was in February when the Home confirmed they would undertake less outings, some residents and relatives told us, however, that there is a need for:

- more regular opportunities for outings for those more able,
- more activities for those in their rooms, and
- more activities at the weekends and evenings.

In addition, we felt there is a need for improved signage generally around the Home, whether to indicate where the toilets were, or how to navigate the building. Finally, whilst the staff had undertaken all of their mandatory training, the Home should ensure all their staff have up to date Dementia awareness training, which had lapsed for some staff.

### Areas of Good Practice

During our visit we noted many examples of good practice:

- An open-door policy in the office
- The Manager regularly “walking the floor” and being very familiar with the residents and their needs
- Willing and able to take on board feedback and suggestions
- All staff are required to complete all mandatory training modules with a clear system in place to record this
- Comprehensive care planning documents

- Friendly, approachable, caring and patient staff who have time to interact with residents
- Staff knowing visitors/relatives well, to the point where they knew how one relative liked their coffee
- Flexibility and personalisation around meals and bed times
- Differently coloured doors chosen by the residents on the Dementia wing
- Individually tailoring and adapting to residents' needs e.g. for someone who was deaf
- A range of activities during weekdays
- Some involvement with and access to the local community
- A varied menu with the option to have an alternative
- Well-kept outdoor areas with good access for residents to the patios
- The Medication lead wearing a "Do not disturb" apron when giving out medication
- Ability for residents to fully individualise their rooms internally
- A good range of sensory resources, equipment and "toys" also in the Dementia wing including a plastic flower field frieze which residents can "pick"

## Summary of the Recommendations

### Recommendation 1

Ensure that all staff/managers are wearing large, clear, name badges, even during their probationary period, and continue to ensure all work to the same high standards of the Home.

### Recommendation 2

All staff to undertake any outstanding/lapsed Dementia Awareness training as soon as is practical.

### Recommendation 3

Chase any outstanding occupational therapist (OT) assessments.  
Enfield CCG and NHS England to consider ways to ensure they commission and deliver the wide range of NHS services the Home needs.

### Recommendation 4

We would encourage the Home to take residents out more regularly e.g. once a week or every two weeks, to offer more activities in the early evenings and weekends, as well as for those residents less mobile or in their rooms.

### Recommendation 5

More and regular links with the community should be developed which benefit the residents, as well as the wider community as a whole.

### Recommendation 6

Residents are able to put a photo on their bedroom door if they wish.

### Recommendation 7

Review the signage as soon as possible, which should be large and clear, especially for toilets in the corridor areas.

Signage should have letters with a much larger font. Consider the use of visual images e.g. a picture of a toilet for the toilet, instead of, or as well as, a written sign.

### Recommendation 8

Residents in the Cedar wing should be monitored to ensure they do not find the décor in the Cedar wing overwhelming or confusing.

## Our findings – Key area 1: Care

<p><b>Key area 1: Care</b></p> <p><b>Are residents well looked after, and cared for?</b></p>	<p>Our findings suggest that overall, residents are well cared for by empathic staff who were meeting the needs of most of those staying there. Most relatives were very complimentary and residents seemed well looked after and content. Care that is in the Home’s control is being provided and they seem to be working in partnership with most relatives to provide the support required.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> <li>▪ <i>No doubt. They make sure everything is fine</i></li> <li>▪ <i>They help me get dressed and washed. They do a good job</i></li> <li>▪ <i>Feel very good. They care for us</i></li> <li>▪ <i>Staff seem caring and attentive. They keep me informed of any incidents, or falls etc. The communication is good. They are aware of his needs</i></li> <li>▪ <i>They called an ambulance and the Home gave all the paperwork to the ambulance. All went with her, DNR there also. Got everything in place. Did it herself when she came in</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>We have a Communication handover book; used every evening and morning at changeover</i></li> <li>▪ <i>We make sure we provide personalised care. We know them as individuals, what types of food they like, but always ask what they like/want at that moment, as they can change their mind</i></li> </ul>



<b>Key area 1: Care</b>  <b>Are residents /relatives involved in decisions about how residents are looked after?</b>	Most relatives felt they were fully involved in the Care of their loved ones. Residents who were able, felt that they were involved and that staff listened to them in terms of their preferences.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> <li>▪ <i>I was interviewed when I first came. If you don't like the food, they change it. Very good</i></li> <li>▪ <i>I like to lie in bed. They listen</i></li> <li>▪ <i>Happy. No complaints, they have some cracking carers here</i></li> <li>▪ <i>Went through the Care Plan about 1 year ago. Agreed how they would deal with Mum</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Care plans - involved when changes made. Write daily notes, I check them every day. It is important to know what they like and family can tell us</i></li> <li>▪ <i>Review care plans every 6 months with residents when they are able to and relatives</i></li> <li>▪ <i>I review the care plans monthly. Speak to staff, if they see any deterioration or change, they let me know. I spend time on the floor. Need to know residents/relatives and staff, and through observation</i></li> </ul>

<p><b>Key area 1: Care</b></p> <p><b>Are the staff friendly, having the time to talk to residents, treating them with dignity and respect?</b></p>	<p>Without exception, all those we spoke with felt that the majority of staff were friendly, respectful and treated the residents with respect. Staff came across as caring, considerate and sensitive. However, one resident noted that a couple of staff were not of the same calibre as the rest.</p> <p>It was also noted by the Enter and View team, that new staff within their probationary period, did not have name badges. We consider this a concern given residents may be unfamiliar with them and therefore, it is more important for residents to know who is caring for them.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> <li>▪ <i>They have time and have a conversation with us, very good</i></li> <li>▪ <i>They listen and talk to me. I like them all</i></li> <li>▪ <i>Without a doubt. My Father came in October straight from hospital. He looked neglected. But here he's got his dignity back and he's now mobile again</i></li> <li>▪ <i>They are very attentive. I bought some photos in and they all had a look and sat and chatted with us for 5 or 10 minutes</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>We overstaff above our "safe levels"</i></li> <li>▪ <i>Residents who have capacity are able to express issues. Will approach others and look for facial expressions</i></li> <li>▪ <i>Staff are allowed to get involved after they have finished housekeeping tasks</i></li> </ul>
<p><b>Recommendation 1</b>          Ensure that all staff/ managers are wearing large, clear, name badges, even during their probationary period, and continue to ensure all staff work to the same high standards of the Home.</p>		

<b>Key area 1: Care</b>  <b>How quickly do staff come when residents call them?</b>	<p>Through observation on the day, staff attended relatively quickly and on one occasion, within one minute when a resident had pressed the bell. The staff responding to call bells were nice, knocked before entering and addressed the resident by name. However, there was not the same level of certainty at night and staff seem to be unclear what the maximum response time should be.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> <li>▪ <i>Always!</i></li> <li>▪ <i>Mother has not complained. When she needs any one, they are there</i></li> <li>▪ <i>Yes, I've sat with Dad and watched them. Someone fell and staff pushed a buzzer and 3 or 4 staff came immediately to help. But I think they might have less staff at night so not sure then</i></li> <li>▪ <i>I have heard people shouting and calling from their rooms. I've been told that's just what they do. Been told there is nothing they can do</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>We have a call log. Usually within 2 minutes</i></li> <li>▪ <i>All rooms have call bells. Call if they are able. Hope to do within 5 minutes depending on how other staff are occupied</i></li> <li>▪ <i>Should respond within 3 minutes. Print outs are monitored by management. Compliance manager only looks when issues are raised</i></li> </ul>

<p><b>Key area 1: Care</b></p> <p><b>What training have the staff completed and can you provide records?</b></p>	<p>The management team were able to provide their anonymised training records. It was noted that all staff had or would be attending mandatory training.</p> <p>However, we also noted that some non-mandatory, three yearly Dementia Awareness training had lapsed for some staff and we would strongly recommend those individuals update their skills, given the number of residents who have some level of Dementia. The Home did confirm however, there were staff off on long term sick and some on maternity leave.</p>	
	Residents and relatives said:	Management and staff said:
	<p>No service users were asked this question</p>	<ul style="list-style-type: none"> <li>▪ <i>Done all the training that home offers and all of the other staff do this too</i></li> <li>▪ <i>Started one month ago. 5 days of training, manual handling, first aid, food and hygiene certificate. NVQ2 in progress</i></li> </ul>
<p><b>Recommendation 2</b> All staff to undertake any outstanding / lapsed Dementia Awareness training as soon as is practical.</p>		

<p><b>Key area 1: Care</b></p> <p><b>How often do GPs, nurses, dentists etc. visit?</b></p>	<p>We were pleased to hear that a GP attends on a weekly basis and this was well known to staff and residents. We understand that the Scimitar Group pay the GP a retainer for this service. A chiropodist also attends on a 6 weekly basis, paid for by the Home but then charged to residents who use the service. We also noted Opticians attended. However, the Manager and Compliance Manager did express concern around some other services such as the dentist or therapists i.e. Speech and Language attending in a speedy manner to meet the needs of their residents. We also noted a gentleman who kept sliding out of his chair which he had bought from his previous Home. He had informed the staff this chair was uncomfortable and unsuitable. The Home confirmed there have been several visits and the individual is still awaiting an occupational therapist (OT) assessment for a replacement.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> <li>▪ <i>Can see the GP every Wednesday. Just mention it and put your name down. Optician. Not sure about the dentist. See the chiropodist every 6 weeks. She's very good. If you don't need anything, she says you're OK</i></li> <li>▪ <i>Wednesday GP comes. Dentist not seen but no need. But I have seen the Optician and chiropodist</i></li> <li>▪ <i>The doctors come here, very nice. Saw him about a month ago. Have had a dentist. Hairdresser comes, usually pay 20 pounds</i></li> <li>▪ <i>Needed to see the Dentist. I have asked for this. They have said the dentist will come when the dentist comes and not in their control. Not seen a dentist since she's been there</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>GPs weekly on a Wednesday. Straight away if ill. Nurses every day. Optician and dentist come if requested</i></li> <li>▪ <i>CHATs team come, provide an excellent service. Not sure how often. Nutritionist and district nurses come. Dentists really hard to come. Opticians do come. GP comes weekly.</i></li> <li>▪ <i>Used to have dentists but now it can take a while</i></li> <li>▪ <i>SALT. We've had letters before saying they are experiencing long wait lists and it could take up to 9 months to be seen. That's an issue</i></li> </ul>
<p><b>Recommendation 3</b></p> <p>Chase any outstanding occupational therapy (OT) assessments. Enfield CCG and NHS England to consider ways to ensure they commission and deliver the wide range of NHS services the Home needs.</p>		

## Our findings – Key area 2: Choice

<p><b>Key area 2: Choice</b></p> <p><b>Can residents decide when to do things e.g. when to get up, go to bed, have dinner/ snacks etc.?</b></p>	<p>Despite needing to run a large Home efficiently, the Manager at Woodbury Manor has instilled a real sense of person-centred choice and care amongst her team and the way the Home operates. Without exception, residents, relatives and staff confirmed that residents were able, as much as possible, to exercise choice and control, in particular around sleep and meal routines.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> <li>▪ <i>I have breakfast in my room and go to bed when I want to</i></li> <li>▪ <i>If I want a lie in I can. I have breakfast when I want. They do like for us to eat at a particular time to be organised though</i></li> <li>▪ <i>I wake up very early. Sit up and watch a bit of TV</i></li> <li>▪ <i>Carers get us up, get us dressed and come back later. Eat with others but you don't have to</i></li> <li>▪ <i>I'll tell staff I'm not in the mood - they will keep it aside for you to have later</i></li> <li>▪ <i>If he's not hungry they keep something back for him or he can have it and sit in the lounge instead of the dining area</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Need to have a structure but people are given options. Kitchen is open 24/7</i></li> <li>▪ <i>Fluids made available and menu choices</i></li> <li>▪ <i>They can do as they please if living here or whatever is on their plan. But if on respite, we'll stick to whatever routine they have at home, so they don't get confused</i></li> </ul>

<b>Key area 2: Choice</b>  <b>Are individual and personal needs met/ respected?</b> <b>E.g. cultural/ spiritual/ religious beliefs/ sexual orientation</b>	At the time of our visit, the majority of residents were white British. However, we were still very interested in the opportunity for residents to “be themselves” and follow their own beliefs and culture. However, it was unclear as to how consistently this was happening currently.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> <li>▪ <i>Mum used to go to Church but not aware of visits of any vicars</i></li> <li>▪ <i>Sometimes a priest comes</i></li> <li>▪ <i>Not religious but likes singing hymns</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Church of England priest rarely seen but visits parishioners.</i></li> <li>▪ <i>Some people speak Italian to the Italian resident. One woman born in Germany, staff can pronounce her name correctly which she loves</i></li> <li>▪ <i>Yes, we'll ensure we meet their need. We also have a staff member who is Muslim and wants to pray at work in her breaks. We've now found somewhere where she is not disturbed</i></li> </ul>

<p><b>Key area 2: Choice</b></p> <p><b>Is there a good choice, as well as amount of nutritious, food/drink/ snacks/ jugs of water available?</b></p>	<p>Food, snacks and drink of all types were readily available and, in most cases, staff seem to be encouraging residents to eat and drink. We observed lunch being provided: there were good portions and residents seemed to enjoy their lunch. However, we received a couple of comments that during the weekends and at night, support with food and drink was not as good. Therefore, consider monitoring the staffing levels at nights and weekends to ensure the same levels of attentiveness are given throughout the weekends, as well as the week-days.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> <li>▪ <i>There's tea, coffee. Good choice of juices, apple, orange, cranberry, pineapple and hot chocolate or tea at night</i></li> <li>▪ <i>Quite happy with food and drink. Quite good quality</i></li> <li>▪ <i>You can always ask for something. Bring round tea/coffee every hour/ one and a half hours</i></li> <li>▪ <i>Asked for water in the past and they were too busy</i></li> <li>▪ <i>At night, check her every couple of hours. Can be a jug in front of her. She'll drink but never ask so they do put it in front of her. But there's less staff on the weekend and it's not so good</i></li> <li>▪ <i>They give her a choice of food, but the food is really bland looking</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>2 people in rooms are prompted regularly and recorded</i></li> <li>▪ <i>Jugs of water in individual rooms, they [residents] can ring bell for drink. Lots of choice. As they have dementia we do encourage them to drink</i></li> <li>▪ <i>Kitchen is open 24/7</i></li> </ul>



<p><b>Key area 2: Choice</b></p> <p><b>Are there varied and sufficient activities/ things for residents?</b></p>	<p>Despite the friendly, caring staff and good leadership from the Manager, the choice of activities apparently available, seemed limited. A resident provided us with that week's activities schedule which included the hairdresser attending, "tea and news with discussion", arts and craft and a residents meeting, as well as some group games and board and ball games.</p> <p>On the day of our visit, though it was not detailed on the week's programme, an entertainer attended with his dog. He played music and sang songs from the '40s. The music was very loud for some, who decided to go to their room or the dining room, but the majority of residents seemed to enjoy it, joined in the singing, and loved petting the dog. We also have to praise a particular housekeeper who, after her work had been completed on a weekend, would hold a bingo session for the residents which they enjoyed.</p> <p>However, listening to residents and relatives, this area seems to have the most room for improvement. Many seemed to suggest more could be done, for example more regular outings for those more able and equally, more activities for those less mobile or in their rooms, such as hand massage, sensory games/activities, better use of technology with the use of ipads, and more things to do, during the evenings and weekends. There also seemed to be a contradiction between what one of the activity co-ordinators said, in that they do "one-one's in rooms" but a resident we spoke with who was less mobile and in their room, stated the Activities co-ordinator "didn't visit". For those less able residents, for example, staff could support them to make their own personal memory books, with their photos, and mementos of their lives, which they can look at and/or talk about with staff, relatives and other residents.</p>	
<p><b>Residents and relatives said:</b></p>	<p><b>Management and staff said:</b></p>	
<ul style="list-style-type: none"> <li>▪ <i>In the morning there are board games or I read the paper. There's a small lounge if you want some quiet time or have visitors</i></li> <li>▪ <i>I can please myself. We had an entertainer. Had a fall so now can't go out when I want</i></li> <li>▪ <i>Activities co-ordinator doesn't visit (my room)</i></li> <li>▪ <i>We go out occasionally</i></li> <li>▪ <i>Outings, not been out much. No driver for a while. Went to Audley End a while ago. Weekends are lacking. They don't work weekends</i></li> <li>▪ <i>Need to amuse yourself at weekends</i></li> <li>▪ <i>I know we are all sitting around dying, but it would be good to have fun doing it</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Exercise, singers, gardening in the dementia wing, painting, some go out to a club each week.</i></li> <li>▪ <i>No activities co-ordinator at the weekend. Staff try to engage at weekends</i></li> </ul>	

	<ul style="list-style-type: none"> <li>▪ <i>For those who are more able, have complained to me they never go out anywhere. They have a bus but it's not used. Residents can't go out onto the grass easily. I was informed they don't have activities on the weekend as their relatives visit and it's disrupting</i></li> <li>▪ <i>Tuesday made pancakes. Valentines they had the "Love stories" Remembrance day did stuff about the war and talked about things. Fireworks and Xmas a big event here</i></li> <li>▪ <i>Only thing I'm not sure is, is he getting enough physical activity. There's a lot of sitting down. Are his muscles getting enough exercise?</i></li> </ul>	
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**Recommendation 4**

We would encourage the Home to take residents out more regularly e.g. once a week or every two weeks, to offer more activities in the early evenings and weekends, as well as for those residents less mobile or in their rooms.

<b>Key area 2: Choice</b>  <b>Are there activity co-ordinators and how often do they attend? What links do they have with the local community?</b>	<p>As previously mentioned, Woodbury Manor employs 2 full-time staff. However, as per our previous comments, the Enter and View team consider it important that there are more varied opportunities for all residents and that more links with other community groups are considered. The Manager did confirm they were considering widening their activities offer and we would highly recommend this.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> <li>▪ <i>Every other Monday 4 or 5 people from the church come in</i></li> <li>▪ <i>They do throw the ball in the bucket, around 11am Anthony and Jess do activities before lunch – "Hang a man".</i></li> <li>▪ <i>They have an activities manager, they do art and have an entertainer. Not sure if they do any chair exercise</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Have 2 activity co-ordinators alternate between the residential and dementia. We all join in activities and support. Bingo, singing, colouring, celebrate birthdays</i></li> <li>▪ <i>But not on weekends</i></li> <li>▪ <i>Monday to Friday 9-5. Would be good if they had weekends too</i></li> </ul>
<b>Recommendation 5</b> More and regular links with the community should be developed which benefit the residents, as well as the wider community as a whole.		

<b>Key area 2: Choice</b>  <b>Are residents able to personalise their rooms?</b>	<p>The ability to personalise interiors of residents' rooms is very clear and apparent. The Home encourages residents to bring in their personal furniture, ornaments, photographs and bedding etc. Residents on the dementia wing also personally choose the colour of their bedroom door. On the residential side, in the Woodbury wing, however, the doors are all white, representing a more hotel-like environment, rather than people's personal rooms. Perhaps personal photos could be put on the doors, if residents wished, which would also help enable them to find their rooms on their own.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> <li>▪ <i>I have my own bed and chair</i></li> <li>▪ <i>I have my photos and knick-knacks, others have their own furniture bought in</i></li> <li>▪ <i>I sold my house. Got the biggest room and bought a lot of the furniture with me</i></li> <li>▪ <i>Have brought photos in. But the room is small so limited</i></li> <li>▪ <i>Would be helpful to have my photo on my door so I can tell it's my room. I sometimes get confused</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>We ask family to make it as homely as possible.</i></li> <li>▪ <i>Some have their own furniture/ pictures. Can use their own bedding and curtains</i></li> </ul>
<b>Recommendation 6</b> Residents are able to put a photo on their bedroom door if they wish.		

<b>Key area 2: Choice</b>  <b>Are residents/ relatives views/ suggestions taken into account and acted upon?</b>	<p>In speaking with residents and relatives, people’s views have mostly been taken on board. The manager has an open-door policy and confirmed that relatives in particular, do email or speak with her. They also run relatives’ meetings though the manager stated attendance is not high.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> <li>▪ <i>They listen and talk to me</i></li> <li>▪ <i>I like to lie in bed. They listen</i></li> <li>▪ <i>Not sure. We have had some issues</i></li> <li>▪ <i>He has an electronic cat which brings him comfort. Staff make sure he has it and batteries are replaced</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Relatives can ring me, email me, some families live abroad, can attach photos, but there's not just me, Head of Care at weekends and/or Beatriz</i></li> <li>▪ <i>I sit and talk with them [residents] and relatives. 24 hour home carers/families can comment anytime. Not sure about complaints as the managers would probably deal with them</i></li> <li>▪ <i>Family know staff can pass on requests for special foods etc. One woman wanted different ice cream which the kitchen obtained for her</i></li> </ul>

## Our findings – Key area 3: Environment

<p><b>Key area 3: Environment</b></p> <p><b>Are residents able to get around and about easily within the whole of the Home? If there are lifts, are they always working?</b></p>	<p>The Home’s main residential wing is on two floors. There are 3 lifts which seem to be well-maintained; we were informed that only one has broken down once in the last few years. Most residents are in need of help and support to move around the building with only a few able to walk around unaided. The Dementia wing is on the same level and only has one main corridor which is easy to navigate.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> <li>▪ <i>I cannot walk as I have a damaged hip. Use a zimmer frame and a staff member walks with me</i></li> <li>▪ <i>I can walk but there are nice people to help</i></li> <li>▪ <i>Dementia wing is secure</i></li> <li>▪ <i>His room is on the first floor but he can use the lift</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Yes they can access the garden. One resident likes to sit in the office each day</i></li> <li>▪ <i>Walking with zimmer frames and wheelchairs. Dementia unit on a level floor. In building 3 lifts, always with a carer if they go in. Except one resident</i></li> <li>▪ <i>Lift to first floor. Wheelchairs + zimmer frames + sticks. 4 residents can walk unaided. We encourage independence but use equipment if difficult</i></li> </ul>

The following are notes of the observations made on the day of the visit by Healthwatch Enfield's Enter and View Authorised Representatives.

<b>Key area 3: Environment</b>	<p><b>Is the Home warm and welcoming? Is it bright, appropriate temperature, nice/ no smells, are there pictures, flowers around etc.?</b></p> <p>The Home is located in a lovely building which has been restored to reflect its 18<sup>th</sup> century heritage. It is bright, spacious and has a number of ornaments, and nostalgic pictures around. It has a beautiful, wide spiral staircase, though other than staff, we are not sure how many residents actually use this.</p>
	<p>Our representatives said:</p>
	<ul style="list-style-type: none"> <li>▪ <i>It is advertised as a Hotel and that's what it looks like; nice décor, well maintained, beautiful grounds</i></li> </ul>

<b>Key area 3: Environment</b>	<p><b>Are the signs large, clear with contrasting colours so easy to read?</b></p> <p>Finding our way around the building was slightly confusing, as was trying to find toilets. Signage is currently inconsistent and often small. We consider the Home would benefit from larger, clearer signage to indicate where various rooms are and, in particular, which doors are entrances to toilets and bathrooms. The use of visuals should also be considered, especially in the Dementia wing.</p>

### Recommendation 7

To review signage as soon as possible, which should be large and clear, especially for toilets in the corridor areas.

Signage should have letters with a much larger font. Consider the use of visual images e.g. a picture of a toilet for the toilet, instead of, or as well as, a written sign.

<b>Key area 3: Environment</b>	<p><b>Do you think the toilets/ bathrooms are clean: no smells, waste disposals working, no over flowing bins etc.? Are the Communal areas clean?</b></p> <p>All areas of the Home appeared clean, with no significant smells other than a slight smell of disinfectant on the Dementia wing. In the lounge area, one part of the carpet was coming away from the carpet gripper and the person responsible for maintenance stated this was due to the carpet shrinking from all the cleaning.</p>
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<b>Key area 3: Environment</b>	<p><b>Is there a garden or outside space and if so, is it well maintained, safe and accessible?</b></p> <p>All areas of the Home appeared clean, with no significant smells other than a slight smell of disinfectant on the Dementia wing. In the lounge area, one part of the carpet was coming away from the carpet gripper and the person responsible for maintenance stated this was due to the carpet shrinking from all the cleaning.</p>
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<b>Key area 3: Environment</b>	<p><b>Overall is the Home secure?</b></p> <p>There is only one entrance and this is by the office area so people can be seen entering and leaving the building and there is a buzzer system in place. Cedar, the Dementia wing is key coded for safety with no access to stairs or lifts without staff. The fire exits were also secure, and in the Dementia wing, were patterned so as not to look like a door and potentially cause confusion to those residents, though they were clearly signed for staff to be aware.</p>
	<p>Residents and relatives said:</p>
	<ul style="list-style-type: none"> <li>▪ <i>Never feel unsafe, never think about it. I like it here</i></li> <li>▪ <i>A big place where you can get lost, but can get away. I have my own room. Residents not always very nice</i></li> <li>▪ <i>Security is good</i></li> <li>▪ <i>Definitely. We always have to buzz in and sign in. Security is very good</i></li> <li>▪ <i>I feel she's safer than if she were at home. They have 24/7 care and they are very good</i></li> </ul>

<b>Key area 3: Environment</b>	<p><b>Overall, do residents like living here?</b></p> <p>On the whole, whilst a few commented that they naturally would have rather been at home, residents seemed relatively happy and contented. At least 2 or 3 of the relatives stated that their loved ones had been very poorly coming into the Home from hospital but had picked up both in health and spirit. One relative also confirmed their parent had made a pro-active choice to live at Woodbury Manor following some time there for respite.</p>
	<p>Residents and relatives said:</p>
	<ul style="list-style-type: none"> <li>▪ <i>Yes, very much. Been here for 3 or 4 months</i></li> <li>▪ <i>I need regular treatment and medication. The place is good here</i></li> <li>▪ <i>It's very nice</i></li> <li>▪ <i>Not home but it is the 2nd best option</i></li> <li>▪ <i>I'd rather be at my own home, but my daughter comes every day and takes me out and I have people to talk to</i></li> <li>▪ <i>She chose to come her, after she came for respite for a few weeks</i></li> </ul>

<p><b>Key area 3.1: Choice</b></p>	<p>Given the Home has a number of residents with varying degrees of Dementia, we assessed the following areas based on some of the questions from the PLACE (Patient-Led Assessments for the Care Environment) system<sup>2</sup>:</p>	
<p><b>Is the Home Dementia Friendly?</b></p>	<p><b>Is flooring consistent, matt, non-reflective and non-patterned and contrasts with the walls and furniture? And are different areas of the Home differentiated for ease of navigation?</b></p>	<p>There was a mix of flooring from carpet to vinyl. Differentiation was clear between the residential and dementia wings. However, within each wing, flooring was similar.</p>
	<p><b>Have management ensured the floors do not appear wet or slippery in lighted/naturally lit areas?</b></p>	<p>The floors did not appear wet or slippery. We observed cleaners cleaning the floor and the floors remained matt and also dried fairly quickly.</p>
	<p><b>Have strong patterns been avoided in wall coverings, curtains, furnishings and screens?</b></p>	<p>There are strong patterns in both wings. Within the residential area there is strongly patterned wallpaper though the colour contrast is muted.</p> <p>Within the Dementia wing entrance, there is an artificial 3D sensory flower frieze which residents enjoy. They can “pick” these and staff can put them back.</p> <p>Great effort has been made into designing the décor along the corridors of the Dementia wing, to mimic an old town, with a bakery, and other “olde worlde” shops and the front of the staff office has been made to look like a stable.</p> <p>However, all six of the Enter and View team found the décor, in particular the entrance, over whelming with colours/visuals, in such a small, confined space. Research into décor for those with dementia suggests plain, bold colours<sup>3</sup>. Currently,</p>

<sup>2</sup> [PLACE](#)

<sup>3</sup> <http://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home>

		residents do not appear to find this confusing. We would recommend that staff monitor residents, especially new ones to ensure the décor, though clearly installed with the best of intentions, does not serve to confuse residents further who are already prone to confusion.
	<b>Is it possible to cover or remove mirrors if required? E.g. is there a sufficient gap to allow a cloth to be draped over the mirror.</b>	Our team felt that where there were mirrors, there was sufficient space for these to be covered, if necessary. And staff commented if residents became distressed, they would remove them.
	<b>Are toilet doors distinctive so as to distinguish them from other doors in the same area?</b>	The Enter and View team felt that signage was not clear enough generally, and in particular, not clear enough to let residents know which door/s led to a toilet. Whilst we appreciate most of the residents would be escorted by staff, it is important to ensure that residents are “enabled” as much as possible to be as independent as possible, and for as long as possible. Signage should be large, clear and obvious, and ideally, visuals should be used.
	<b>Are taps colour-coded red/hot and blue/cold?</b>	The taps the Enter and View team saw appeared easy to use with clear hot/ cold signage.

### Recommendation 8

Residents in the Cedar wing should be monitored to ensure they do not find the décor in the Cedar wing overwhelming or confusing.

## Conclusion

We found that Woodbury Manor is a good Care Home, well led with the majority of staff friendly, helpful and kind. Residents and relatives felt that this was one of the better Care Homes they had visited and overall seemed happy and contented. We observed good quality care being given and residents had choice and flexibility, particularly around eating and drinking, and timings of meals, bed and waking times. Whilst there are two full time Activity Co-ordinators who attend during the week days, some residents felt that more outings could be put on for those more able, and more activities for those less mobile in their bedrooms. In addition, to offer activities during the evenings and weekends. We also felt that signage should be larger and clearer, especially for toilets/bathrooms, and staff should update their dementia awareness training, if lapsed.

But overall, following our visit, the Enter and View team felt that if we personally had to go into a Home later on in life, Woodbury Manor would be one of our choices.

## What is Healthwatch Enfield?

Healthwatch Enfield is here to:

- Make it easier for you to find and use the health and care services you need. We do this by providing up-to-date information via telephone, on our website, through attendance at events, presentations, pop-ups and via our newly launched Guides
- Make it easier for you to raise your concerns about health and care services you receive. We do this by: providing information on complaints processes and through using your feedback to raise your concerns at decision-making and strategic fora which influence the quality of service provision
- Make it easier for you to get the best quality health and care services. By listening to your experiences, we make it our job to secure improvements that matter to local people

Further information about Healthwatch Enfield can be found on our website:  
[www.healthwatchenfield.co.uk](http://www.healthwatchenfield.co.uk)

## What is Enter and View?

Healthwatch Enfield has the authority to carry out **Enter and View** visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007.

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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