

Enter and View Report



Sandalwood Court, Corby
June 2018



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Details of the visit

Name and address of premises visited	Sandalwood Court Care Home Butland Road, Oakley Vale, Corby, NN18 8QA
Name of service provider	Shaw Healthcare (de Montfort) Ltd
Type of service	Residential Home
Specialisms	Caring for adults over 65 years Dementia
Date and time of visit	5 June 2018, am
HWN authorised representatives undertaking the visit	Ric Barnard and Sonia Bray
Support staff	Becky Calcraft, Healthwatch Officer
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Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of Sandalwood Court Care Home for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

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 service users and staff, only an account of what was observed and contributed at the time.



Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life, experience and opinions of residents, with a particular focus on activities, nutrition and hydration. Sandalwood Court Care Home was selected as one of the homes to visit as they provide care to residents with a range of different needs.

How the visit was conducted

The visit was an announced visit with the manager being given two weeks notice of the intended visit. We sent letters, posters and leaflets to the home to inform residents, relatives (or other carers and visitors) and staff about our visit and Healthwatch Northamptonshire.

The visit began with a meeting with the manager who gave us an overview of the range of current residents and their needs. She had only been in post a short time, but had previously worked there, so was familiar with many of the staff, the background and culture of the home, as well as a number of residents.



Observations and findings

Summary

The home was very responsive to our request to undertake an Enter and View visit, and on the day of the visit we were warmly welcomed by the manager. It was clear she was committed to raising standards and the promotion of a person-centred approach to meet individual needs and interests. She was also interested in developing links with the local community to enhance the experience of residents.

All staff we encountered during the visit were very willing to provide us with information. We observed friendly and supportive relationships between staff and residents, and were informed of their commitment to get to know and understand the residents and their likes and dislikes. As a result, residents had access to a range of both group and individual activities should they wish to be involved. A team of staff organised a regular schedule of activities which incorporate familiar and new experiences, such as reminiscence groups and pub visits.

The home was tidy and in good decorative order. The lounge and dining areas were clean and bright with large windows overlooking well-kept gardens. Individual rooms we saw were equally well-decorated and were clearly personalised, with pictures, family photographs and ornaments.

Residents we spoke with reported they were happy living in the home. Those involved in a group game were clearly enjoying themselves. We also observed a number of residents in their own rooms either watching television or reading. Staff actively encouraged people to join in the organised activities but respected the choice of those who prefer not to join in.



About the home

The home is one of seven care homes located in Northamptonshire owned by the Shaw Healthcare Group.

There is accommodation for up to 60 people, with 20 rooms on each floor. At the time of our visit 49 people were living in the home. Fifty-seven of the beds are currently funded by Northamptonshire County Council (NCC), with ten specifically for respite breaks for carers but we were advised that these NCC-funded respite beds were not utilised to full capacity. Respite beds were available and bookable in advance by individuals.

The accommodation is over three floors, with the ground floor mainly for people with dementia, the first floor for older frail people with varying levels of needs, and on the top floor there is an area for those with dementia and another area specifically for respite care. Security and safety is taken seriously, with locks on the main doors of each floor, whilst still maintaining freedom for residents to access all relevant areas.

The home has a hairdressing salon, which opens twice a week. This was in operation during the time of our visit, and it was clear this was a valued service, with a number of residents using it. Staff members reported that residents enjoyed and appreciated having access to this facility.

There is a fire panel on each internal door, which gives a location identity for use in case there is a need to call the fire service. Regular fire drills are undertaken, and there are refuge areas for non-ambulant residents in the event of a fire. The manager informed us that in 2015 there had been a small fire in the laundry. The situation had been dealt with very well and within 10 minutes the staff had evacuated everyone they were able to move from the building. Those not able to be moved from the building had been safely moved to the designated refuge areas.

General impressions of the home

The manager said that her priority was to raise and maintain standards within the home. She had previously worked at the home as a member of the care team. She had observed that over recent years the health and mobility needs of those entering residential care had increased. There were non-ambulant residents on all floors of the home.

She gave us an overview of the range of residents in the home, and the general principles and ways of working to meet the individual needs of residents. She was very aware of the home as part of the local community and had recently developed links with a neighbouring primary school, which had resulted in groups of children coming in to sing for the residents. In addition, the home currently had a college student on placement with them who was studying health and social care.



It was clear the manager knew her staff and residents and was proud of the home. She was also open to new ideas for activities and ways of working to meet the individual needs of residents. She specifically referred to the period of severe weather conditions over the winter, when the staff team worked together to cope with the challenges of getting to and from work. This ensured there was an adequate number of staff in post at all times.

We also spoke with five individual members of the staff team. This included an activity co-ordinator, the chef, a kitchen assistant and two care assistants who were leading a group activity for residents.

There seemed to be an appropriate level of staff on duty and our observations of interactions with residents were of easy, friendly relationships. All staff presented with a clean and well-groomed appearance.

We observed the condition of the premises and saw it was in good decorative order, clean, bright and uncluttered. A homely feel had been created with pictures on the walls from the 1950s and 1960s, including some of Corby from that era to which local residents could relate. In addition to seating in the lounge areas, seating and tables were located in the corridors in niches next to windows and bench seating across the end of corridor windows. The kitchen appeared clean and well-ordered, as were the toilets and bathrooms we observed.

The grounds of the home were laid to lawn and flowerbeds and were clearly well-maintained.

In the event of an emergency, each area has a clear notice on the procedure for evacuation/shelter in the event of an emergency.

Activities for residents

The home offers a range of social activities to appeal to both women and men. We saw the current list of events posted on one of the noticeboards. This involved off-site events in some instances. Residents are encouraged to attend various group activities during the day rather than stay in their rooms, but they are not coerced into doing so. A member of the activity team explained how they use significant dates and national events as themes for activities. This included the recent royal wedding, when the opportunity was taken to look back at news, songs and memories of residents' weddings. Residents are also encouraged to continue or resume any individual activities, such as knitting, crafts, reading, puzzles, etc. They are also introduced to activities which are new to them if they wish.

This year's football World Cup was being used to engage with male residents who may be more resistant to joining group activities. A relationship had recently been developed with the pub next door and a number of residents, accompanied by staff, go there to watch football matches, have a drink and feel part of that community. The activities team advised they will be investigating other opportunities to engage male residents in activities.



Our visit was from mid-morning and we observed a number of residents who were dressed and in their own rooms, watching television, reading or just relaxing in a chair. There were small numbers of residents in the various lounges. In one lounge we observed a group of female residents engaged in a game of passing a beach ball, linked with guessing song titles from the 1950s, which they were clearly enjoying.

We also observed that four or five residents were in bed at the time of our visit. The manager told us that whilst residents were actively encouraged to get up and dressed, a small number remained in bed.

Each lounge area had a television area, giving residents the opportunity to watch TV with others. There were also bookcases dotted around the building, with a range of books for residents to read.

We spent time with one of the activity co-ordinators, who explained how they try to familiarise themselves with the various interests and hobbies of residents, so there is a mixture of familiar and new things for them to try out. It was stressed that whilst the staff respected that some residents weren't interested in group activities, they continued to inform them of activities to ensure they did not feel overlooked or just needed more encouragement or support to be involved.

Food, drink and meal times

Time was spent talking with the chef and kitchen assistant. The kitchen was clean and tidy, with food being cooked for lunch. There is a weekly menu, which gives residents a daily choice between two meals. A number of residents have special dietary needs. On entry to the home a diet sheet is completed, which notes any particular health or dietary needs.

Residents are weighed regularly and their Body Mass Index (BMI) is monitored weekly to meet individual needs. Special milkshakes are provided for residents who need to be 'built up'. Residents have the opportunity to decorate cakes baked in the kitchen. Each floor of the building had its own dining areas with staff present for food, drink and mealtimes.

Care and dignity of residents

All the residents we saw were of a clean and well-groomed appearance. We observed many residents were very elderly, with some level of mobility problem. It was clear the home staff get to know the likes and dislikes of residents, and try to ensure that, despite any disability or other difficulty, residents have choice and as much control over their day to day lives as is appropriate to their individual capability and situation.

Staff reported that when residents are reluctant to get out of bed, they check out with the individual whether there is something wrong, such as something which has upset them or if they are in pain, before continuing to further encourage them to get up.



Staff behaviour, attitudes and relationship with residents

We observed a friendly and caring attitude on the part of staff towards residents. It was clear staff talked with residents and not at them. Staff reported this approach helped them to break down barriers, so that they got to know about the residents, their background and their likes and dislikes.

Residents we spoke with referred to the friendliness of staff, and from our observations and discussions with residents, it was clear they found them approachable, and residents had the confidence to make their views and preferences known.

Recommendation

We recommend that the home liaises with Northamptonshire County Council Adult Social Care team and Northamptonshire Carers to ensure that beds available for respite care are fully utilised.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.



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- We will provide information and advice about health and social care services.
 - Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

Enter and View

Healthwatch Northamptonshire 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, 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 View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had a Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch Enter and View visits 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 Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



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