



## Victoria House Enter and View Follow Up Report September 2019

## What is Healthwatch?

Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views about health and social care services are listened to and fed back to service providers, commissioners and to local and national government with a view to improving services.

Each Local Authority in England has its own Local Healthwatch. Healthwatch Stockton-on-Tees aims to be a strong local consumer champion working with our partners to support:

- People to shape health and social care delivery.
- People to influence the services they receive personally.
- People to hold services to account.

We achieve this by:

- Listening to people, especially the most vulnerable, to help us understand their experiences and what matters most to them.
- Influencing those who have the power to change services so that they better meet people's needs now and into the future.
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same.

## What is Enter & View?

Under Healthwatch regulations there is a statutory duty on the providers of publically funded health and social care services to allow Healthwatch authorised representatives to enter their premises.

The role of the Healthwatch authorised representatives is to conduct visits to such services in order to capture the patient/customer experience and make recommendations where there are areas for improvement or to capture best practice which can then be shared.

Enter & View is the opportunity for Healthwatch Stockton-on-Tees to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users at the point of service delivery.
- Collect the views of carers and relatives and those of staff members working in the service.
- Observe the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), the Local Authority, Commissioners, Healthwatch England and other relevant agencies.

Enter & 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.

It should be noted that Enter & View is not the only way in which information can be obtained. The use of questionnaires, surveys and themed focus groups are other examples of ways in which Healthwatch Stockton-on-Tees is able to gather relevant information.

## **The purpose of this follow up report**

In 2018, Healthwatch Stockton-on-Tees conducted 28 Enter and View visits to care homes across the Borough. The purpose of this work was to determine what it's like to live in a care home in Stockton-on-Tees. Following this a number of recommendations were made to care home managers and providers to help improve the residents, family members and staff experience of the care and service provided.

To view the report and recommendations please follow this link:

[http://www.healthwatchstocktonontees.co.uk/sites/default/files/final\\_report\\_with\\_appendices.pdf](http://www.healthwatchstocktonontees.co.uk/sites/default/files/final_report_with_appendices.pdf)

One of the reasons for this visit, as discussed with managers of the service, was to highlight the improvements that they told us had been put in place since our previous Enter & View visit in 2018 (Appendix 1).

The homes response to this report is contained in Appendix 3.

## **Methodology**

Healthwatch contacted the Registered Manager at Victoria House on 19<sup>th</sup> July 2019 to discuss a suitable date for the follow up Enter and View visit along with the arrangements for the day. A date of 16<sup>th</sup> September 2019 was agreed. On 30<sup>th</sup> July 2019 Healthwatch hand delivered 70 questionnaires, along with a supply for Freepost envelopes, to Victoria House, which the Registered Manager had agreed to distribute to relatives and friends of residents living in the home. We also delivered a number of posters for distribution across the home to inform residents, relatives and staff members of our forthcoming visit. An online link to the questionnaire was also included on the posters (Appendix 2)

On the 10<sup>th</sup> September 2019, Healthwatch received an e-mail from the home to say 'Due to unforeseen circumstances I am unable to proceed with the planned visit to Victoria House on 16.09.2019'. We were asked to rearrange the visit for sometime after Christmas 2019. In response to this, Healthwatch asked if we could meet with the manager to discuss the 'unforeseen circumstances' and the reasons for asking us to rearrange the visits. This request was declined. After discussion with staff and the Healthwatch Board it was agreed that, in the circumstances, the visit should go ahead as planned and this information was relayed back to the service provider. Healthwatch then received a call from a Director of HC1 (the care home

provider) to explain that the Registered Manager had left the employment of HC1 and that a relief manager was temporarily in charge. However she would be “on leave” at the time of the proposed visit on the 16<sup>th</sup> September but would return to work the following week. After further discussion it was agreed that the visit would be postponed for a week and would be carried out on the 23<sup>rd</sup> September. This was agreed with HC1.

Healthwatch visited the home on the 23<sup>rd</sup> September to conduct the follow up Enter and View and to speak to staff, residents and relatives, gathering feedback using questionnaires and one to one discussions.

## Results

Although Healthwatch had delivered 70 questionnaires to Victoria House, only 4 responses were received prior to the visit. When Healthwatch were contacted by the Registered Manager on 10<sup>th</sup> September to rearrange the visit, she informed us that ‘we have received a number of Care Home Survey responses, I have sent them on to you today.’ Healthwatch did not receive any of these survey responses. When we arrived at the home there was only one poster on display and no relative/friend questionnaires were seen to be available in the home.

## Resident Feedback

During the follow up visit, Healthwatch spoke to a total of 8 residents on the ground floor. When speaking to the residents, some confirmed they knew who the current manager was and others weren’t sure or didn’t think there was one in post at the time of the visit.

When asked ‘What do you think of the Manager’, the following responses were received:

‘Brilliant, they are both lovely’

‘Very good’

‘Nice woman, very efficient’

‘Quite friendly, will try to help you’

‘Andrea is very good’

When residents were asked ‘What do you think of the staff here?’ the following responses were received:

‘I love them, they’re friendly and the housekeepers are great’

‘Staff are very kind to me’

‘They always make time to talk to you but they are always busy as well’

‘I like some of them - some I don’t’

‘They work really hard’

‘The staff are fantastic but there just aren’t enough of them’

When the residents were asked ‘Do the staff have time to stop and chat with you?’ 7 residents said ‘Yes’, one resident said ‘Not really, they are usually too busy’

When residents were asked ‘Do the staff know how to care for you properly taking into account your likes and dislikes?’ Healthwatch received the following responses:

‘Yes they do know what I like’

‘They sit and talk to me and know what I like, I’m very happy here for what they do to me’

‘Yes, they know what I need’

‘No problems there’

Healthwatch asked residents ‘What sort of things are there for you to do or join in with in the home?’ Some residents explained that the following activities were available; armchair exercises, knitting, flower arranging, crafts and pamper days. Other residents explained that they chose not to join in with one resident saying ‘I don’t want to’. Some activities were difficult to get involved in due to the resident’s mobility and some said that there was not much on offer ‘there is not a lot to do’.

Healthwatch also asked residents ‘Is it easy to join in the activities, are you helped by the staff if necessary?’ The majority of residents said ‘Yes’.

When residents were asked ‘Do the staff help you to go outside of the home on trips or to local services?’ the following responses were received:

‘Yes we’ve got a bus here and go all over - Preston Park, Seaton and Redcar’

‘Yes, we went into Butterfly World’

‘We go on the bus’

‘Went to Eden Camp’

‘Went to Ropner Pak’

When asked ‘Do staff ever help you to go into the garden?’ the majority of residents said ‘Yes’.

Healthwatch asked residents ‘What do you think of the food here?’ The following responses were received:

‘Great, I’ve had a big cooked breakfast’

‘Pretty good - couldn’t be much better’

‘Very good, plenty of choice and it’s tasty’

‘Don’t like it but I like my breakfast’

‘Up and down’

‘Quite good, always plenty of it - never go away hungry’

‘It’s good, there is plenty of food and a good choice’

When asked ‘Is there enough choice of what you eat and when you eat? the majority of residents said ‘Yes’.

Residents were asked ‘If you need to see a Healthcare Professional, is this arranged for you. All of the residents said yes and explained that the home would arrange this for them.

Healthwatch asked residents ‘Do staff listen to what you have to say about the care you receive? the following responses were received:

‘Yes, it’s dealt with straight away’

‘They do listen and are very good’

‘I can let them know how I feel’

‘I know who I can approach and they would listen’

When asked ‘would you like to change anything about the care home you are living in, the following responses were received:

‘No because I’m happy and settled here’

‘No, everything is great here’

‘More activities outside as they pass the time away’

‘I had 2 months upstairs, shouting and screaming - I couldn’t cope being up there. It’s much nicer now I am downstairs.’

## **Relative Feedback**

Healthwatch received feedback from 8 relatives of residents at Victoria House.

When asked if they felt that the home was managed well and the care home manager is available to talk to about any issues they may have, 6 said they ‘Strongly Agree’ or ‘Agree’. Two said it was a new manager and they couldn’t answer the question.

When asked if they felt ‘The care home staff have the necessary skills to carry out their role’, 5 said they ‘Strongly Agree’ or ‘Agree’ 2 said they ‘Disagree’ and 1 was not sure. The following comments were received:

‘Some have and some haven’t’

‘Some are fantastic but to others it’s just a job and they don’t have the empathy’

‘On hand when needed’

‘New starters are often lacking the skills required’

‘Some carers are better than others’

‘Some don’t seem to know how to treat people with dementia’

‘Staff go above and beyond the requirements’

When asked if they felt ‘the care home staff have the necessary time to carry out their role and meet the needs of residents. The following responses were received:

‘No I don’t think they do, it’s very hard’

‘They are run ragged without a shadow of a doubt’

‘Not enough staff but the staff who are here are fantastic’

‘They work really hard and some go above and beyond but there are just not enough of them’

‘Not always - sometimes when patients get upset you can see it is a stretch to meet their needs’

‘More staff are needed, especially on a morning’

‘Sometimes a bit of a delay when responding, especially with new staff members’

‘I feel most of the time they are short staffed so I don’t think they have the time to deal with a lot of things’

‘The care home is very understaffed - I have mentioned my concerns several times but been told in a matter of fact way that ‘we have the correct amount of staff’

Residents were asked ‘Do staff involve residents and when required their family and friends in discussions about their care needs and how these may change over time?’ 7 relatives said they ‘Strongly Agree’ or ‘Agree’.

When asked ‘Do residents receive adequate daily stimulation, including 1-1 stimulation tailored to meet the needs of residents and is there a varied programme of activities for resident to enjoy, 4 relatives said they ‘Strongly Agree’ or ‘Agree’ but 4 relatives said they ‘Disagree’ or ‘Strongly Disagree’. The following comments were received:

‘They are just left sitting in the lounge’

‘List of activities on the wall but often these don’t take place’

‘They are left sitting in the lounge, on odd occasions there will be someone in the lounge with them but not often’

‘Staff don’t have the time to do much’

‘There is some occasional entertainment - there could be a bit more’

‘Activities on a Wednesday’

‘That is a big problem, they don’t get much stimulation which is most important to people with dementia’

‘Although residents on the ground floor may get daily stimulation, residents on the first floor do not get as much’

‘A singer may come in time to time but other than that it’s TV and radio’

When asked if ‘Staff are able to support the residents to get involved in community activities outside of the home where possible?’ 6 relatives said they ‘Strongly Agree’ or ‘Agree’. 1 said they ‘Disagree’.

Relatives were asked if they felt ‘there is always a choice of meals available and the food is of an acceptable quality’, all 8 relatives said they ‘Strongly Agree’ or ‘Agree’. The following comments were received:

‘Food is good and plentiful’

‘They accommodated my relative’s needs when they weren’t well’

‘Good with a good choice - very accommodating to people’s needs’

‘My only objection is that food should be kept in a fridge and is often left out in a very hot kitchen’

When relatives were asked if they felt ‘there is regular access to healthcare professionals as required’ all 8 relatives said they ‘Strongly Agree’ or ‘Agree’.

When asked ‘Do care staff listen to residents and relatives and take action based upon feedback received?’, 6 relatives said they ‘Strongly Agree’ or ‘Agree’. Two relatives said they ‘Disagree’. Some comments received include:

‘Not always’.

‘I have complained and they seek to act on it’

‘All very good at paying lip service’

Healthwatch asked relatives if there was a clear and understandable complaints procedure which they have been made aware of. 3 relatives said they ‘Strongly Agree’ or ‘Agree’, 2 said they ‘Disagree’ and 2 ‘Didn’t Know’. Comments received include:

‘No idea what the complaints procedure is’

‘I would go to CQC’

‘Haven’t seen one but would know what to do’

Relatives were asked if they could share any additional information about their relatives experience of Victoria House, the following feedback was received:

‘It’s comfy and cosy to come into’

‘The garden is lovely’

‘The parking is atrocious’



‘My relative is on the first floor and there is without a doubt a massive difference between this and the ground floor’

‘My relative spent the first 2 months upstairs and hated it - far too much noise and shouting. It’s much calmer and quieter downstairs’

‘My relative is always dressed well and appears clean’

‘Staff are never on the same unit for more than a couple of days’

‘Look on staff as family’

‘I am satisfied with this care home but I wish they had more time to give residents more stimulation’

‘Big problem is it is understaffed’

‘They do not have enough staff and the ones they do have change all the time’

‘My relative is on the first floor and there is a massive difference between the ground floor which is always fresh and no nasty smells’

‘Over the past few weeks you can see it getting worse’

‘The staff cannot do enough for you and make the whole process of having a relative in a care home a more easy experience’

## **Staff Feedback**

During the follow up Enter and View, Healthwatch spoke to 10 members of staff to gather feedback about their views and experiences of working at Victoria House.

Staff were asked ‘if they felt they received good support from the care home manager’, 9 members of staff said they ‘Strongly Agree’ or ‘Agree’. Comments received include:

‘No manager at present but deputy is very good’

‘Andrea is brilliant and helps with all problems’

‘I like Andrea - lots of support’

‘We get a lot of feedback about what is happening’

‘Very approachable and she does listen’

‘She will listen and she will try to sort things out’

All staff felt that they were able to talk to the current manager (deputy) when they wanted to ask a question or raise an issue.

When staff were asked ‘Do you feel you have enough time to care for residents and meet their needs appropriately’, 7 members of staff said they ‘Strongly Agree’ or ‘Agree’ but 3 staff said they ‘Disagree’. Comments received include:

‘Not always - can vary day to day depending upon staffing’

‘The ratio says yes but I think we could do with more time for residents, especially upstairs where residents can be more unpredictable’

‘Some days are better than others but most of the time its ok’

‘Staff are not always on the same unit - we move around’

‘We do get a bit of spare time and can sit and chat with residents’

‘It all depends upon staffing levels’

‘The girls do their best but sometimes there are only 2 staff (on the unit) if someone doesn’t turn in’

‘A number of residents need 2 carers to help with bathing etc leaving very limited cover on the floor’

‘I will help where I can but it is hard covering across both units and dealing with visitors, relatives, care plans etc.’

Healthwatch asked staff ‘Have you been adequately trained to do your job and are you encouraged to continually develop your skills?’ The following feedback was received:

‘Always training available’

‘Yes, online training and 2 day training when I started’

‘If you ask, they will put training on’

‘Yes, there is regular training - online and workshops’

‘Yes, but I would like more classroom based training - It is more beneficial and a lot of training is done online now’

‘I can request specific training’

‘All staff have received dementia care training’

‘They do encourage staff - good support’

‘I had a full induction when I started and spent some time shadowing other staff’

‘There is quite a lot of training done, a lot online and occasional classroom training’

Healthwatch asked staff ‘What do you enjoy about your job?’, staff made the following comments:

‘I’ve always wanted to be a carer’

‘To spend time with residents who don’t have family’

‘Supporting residents with dementia and building a relationship’

‘I love the residents - being with them and looking after them’

‘Working with all the staff and carers’

‘Little moments when having a chat with residents about the past’

‘All of it’

‘Enjoy caring for residents’

‘I like having a chat with residents’

When asked ‘Do residents receive adequate daily stimulation, including 1-1 that is personalised to meet the needs of individual residents and is there a varied programme of events for residents to enjoy?’ 5 members of staff said they ‘Strongly Agree’ or ‘Agree’, 3 said they ‘Disagree’ and 1 said they ‘Didn’t know’.

Staff feedback included:

‘Most are in bed - try to get them out’

‘It’s easier when there are 2 wellbeing coordinators on’

‘Painting, cakes, dominoes, nails, coffee mornings - wellbeing coordinators work well’

‘We have 2 wellbeing coordinators but it depends upon staffing’

‘They can go outside in the garden, films, nails, hair and games’

‘Bingo and chair aerobics, some residents can go downstairs to join in’

‘There is a programme of entertainment but occasionally things don’t happen as planned’

‘Pet therapy, hand therapy, nails, hair, armchair activities and singers’

‘We have a minibus to take people out half a day every week’

‘I think there is enough offered on other units but on Richard unit, they don’t seem interested, get bored and walk away’

‘More could be done as it’s not always tailored to the needs of our residents - activities provided on the ground floor are better’

‘For people in bed, some sort of sensory stimulation would be beneficial but they do get the odd visit from a wellbeing coordinator’

‘Relatives have said they would like to see more done’

Staff were asked ‘Are you able to support the residents to get involved in activities or events outside the home including into the garden where possible?’ 9 members of staff said they ‘Strongly Agree’ or ‘Agree’ but 1 member of staff said they ‘Strongly Disagree’.

The following feedback was received:

‘I took a resident out in the garden yesterday’

We have a minibus every Friday and take residents into town and garden’

‘Residents upstairs rarely go into the garden due to staffing. Someone has to take them’

‘Every Friday there is a minibus trip but some residents upstairs get overlooked’

‘Minibus takes them out every week - Seaton, Preston Park, Ropner Park’

‘Residents can be taken into the garden by staff’

‘Weekly half day trips in the minibus but some residents are not able to travel’

‘There is a minibus once a week, half a day to take residents from upstairs out and half a day to take residents from downstairs out’

Healthwatch asked staff ‘Do you think there is always a choice of meals available for the residents and the food is of an acceptable quality?’ 8 members of staff said they ‘Strongly Agree’ or ‘Agree’ and 2 members of staff said they ‘Disagree’.

Staff made the following comments:

‘Sometimes the food is a bit hard for the residents to chew’

‘Fantastic meals - plenty choice and lots everyday’

‘There is not always a choice but if they need an alternative we can ask the kitchen’

‘Good choice of meals’

‘It’s reasonable but there is limited choice and the menus are set from HC One’

‘The food could be better - more training for kitchen staff is required’

‘We have introduced some good choices and offer alternatives - special diets are catered for’

‘Decent food with choices - we ask the residents what they would like to have’

‘Food is ok but choices can be limited’

When staff were asked ‘Do residents have regular access to healthcare professionals?’ 9 members of staff said they ‘Strongly Agree’ and one member of staff said they ‘Didn’t know’.

Healthwatch also asked staff ‘Are the views of residents and relatives actively sought and where appropriate acted upon?’ All 10 staff said they ‘Strongly Agree’ or ‘Agree’. The following comments were received:

‘There are resident meetings - minutes are taken and acted upon then reviewed at the next meeting’

‘All the time - they can approach the manager’

‘Monthly resident and relative meetings - there is a computer system to rate the home and leave comments’

‘Resident meetings and coffee mornings’

‘Resident and relative meetings take place and I think they will just approach staff to have a chat if there is an issue’

‘The manager holds resident and relative meetings which are quite well attended’

‘I meet with relatives when doing or updating care plans and will chat to them when they visit’

When staff were asked ‘Do you feel staff can have a say in how the home is run?’  
Staff gave the following feedback:

‘Andrea and Nicola are happy for us to suggest new things e.g. meals’

‘Yes I do - happy to speak up if need to’

‘Not all staff - regular staff meetings but issues are not always brought up, we maybe need a way for staff to give feedback anonymously’

‘You can suggest new activities etc.’

‘To an extent but they might not always agree with us’

‘Yes, they will listen to what we have to say’

‘If I wanted to say something they would listen’

Healthwatch asked staff if they had any other feedback to share about working at Victoria House, staff gave the following feedback:

‘I’m going to do a sponsored silence to raise money for the residents’

‘I’ve enjoyed working here for 22 years - I’m retiring but will stay on the bank list’

‘The home needs to rotate the care staff to ensure the right skill mix to make the day run smoother and better’

‘The home needs a committed manager - Andrea has been good and has offered some stability’

‘It’s been difficult and there have been a lot of changes’

‘A lot of improvements over the last year - decors a lot better with murals on the walls and some new furniture’

‘Staff morale has improved since the last manager left’

‘I have really enjoyed my job here - the girls have made me feel really welcome’

‘I can see what improvements could be made’

## Observations

Upon arriving at Victoria House, the home appeared comfortable, light and airy. There was a good atmosphere downstairs and it was nicely decorated. There was a hydration station in one of the corridors for residents to help themselves to a drink although there were no cups available at the station.

The downstairs dining room was welcoming with tables well presented with table cloths, napkins in a holder, place mats and flowers in a vase. There was also some background music playing.

Upstairs in the home, there was some dementia friendly decoration with murals on the walls and a music room with a sofa. An aquarium was a new addition to one of the two lounges. However, the main corridors had mostly bare walls and resident's room doors were all plain white with no photos or memory boxes to help residents find their way around. There was also limited signage e.g. for the bathroom and dining rooms. The upstairs dining room was bare, tables had no table cloths, place mats or napkins etc. There was also no background music which can help to promote a calming effect. The Healthwatch Volunteers, who had taken lunch in the ground floor dining room, failed to identify the room on the first floor as a designated area to take a meal.

During Healthwatch's visit, staff appeared to have a good rapport with residents, although on the ground floor staff were able to sit and chat to residents and visitors whereas upstairs this did not appear to be the case with staff being busy attending to residents and with no supervision provided for those sitting in either of the two lounge areas for long periods.

There was no evidence of any activity taking place on either floor for the duration of the visit. Two wellbeing coordinators have been appointed although one was absent on the day of the visit. We did observe one wellbeing coordinator feeding a resident upstairs at lunchtime. At the end of one of the corridors upstairs, there were two residents asleep in the chairs still in their pyjamas, and they remained there for the duration of our visit.

At lunchtime, all residents on the first floor appeared to be eating the same meal. There was no hydration station upstairs and Healthwatch did not observe drinks or snacks being served before or after lunch. Healthwatch staff were invited to stay for lunch but those who took a meal on the first floor were not offered a choice. Those on the ground floor were offered a choice of main course and dessert.

It was disappointing to note that our visit to the home appeared to be viewed with some suspicion by management and some staff and we did not always feel to be made particularly welcome. Our volunteers, in particular, told us that they felt that their ability to talk freely to residents and visiting relatives was somewhat hindered by the presence of one of HC-One's Directors, who was present and stayed with them throughout the visit. Of the 70 surveys left with the service for distribution to relatives and friends of residents (along with a Freepost envelope

for their return) only 4 were received. Staff members did not appear to have been informed of our visit.

## Conclusion

It appeared that there had been limited improvements at Victoria House since our Enter and View in 2018. The recent departure of the Registered Manager has caused some issues within the home, with there being no Registered Manager in post during this follow up visit. However, the deputy manager, assisted by a relief manager, has ensured that the staff have been supported throughout this unsettling time, which was evident from the feedback Healthwatch gathered from staff and relatives.

Healthwatch received a number of comments from both staff and relatives about a perceived shortage of staff leading to increased pressures particularly so on the first floor.

Healthwatch found that some improvements had been made with regards to decoration upstairs with some murals painted on the walls and some new furniture however, Healthwatch found limited dementia friendly features particularly on the first floor in the home.

There was a big difference in the decoration and overall atmosphere between the ground and first floor which relatives also commented on during our visit, particularly with regard to the decoration in the two dining rooms and the level/type of activity and stimulation provided.

At the time of the visit there were no activities taking place and following staff, relative and resident feedback, it is evident that a varied programme of activities which is inclusive for all residents is required. On a positive note, the home has regular access to a minibus to take residents out of the home on trips to the park, beach etc. This does not appear to be utilised by all residents however.

The home appears to be proactive about gathering resident and relative feedback and hold regular meetings to allow residents and relative to share their views, raise any issues and suggest changes in the home.

## Recommendations

As a result of Healthwatch's follow up Enter and View visit, Healthwatch would like to make the following recommendations which were stated in our report from 2018:

1. The home should ensure activities are provided for residents 7 days a week. These activities should be personalised to meet the needs of all residents. Care homes should have adequate resources and staff/lifestyle coordinators should be trained appropriately.
2. The home should ensure that all areas of the service accommodating residents living with dementia make the best possible use of dementia

friendly features, and are maintained and decorated to the same standard as other areas of the care home.

3. The home should ensure that all residents are well supported to enjoy their dining room experience. If necessary staggered mealtimes could be given some consideration, as well as greater use of adapted cutlery and plate guards. The dining room on the first floor would benefit from being dressed and decorated to the same standard as the dining room downstairs to allow for the residents to have a more enjoyable dining room experience e.g. with table cloths, napkins and some calming background music.
4. The home should ensure that they provide the residents with a greater choice of meal options and alternatives should be available if the residents do not wish to have any of the meal choices on offer that day. Pictorial menus or “show plates” are recommended for use on the first floor.
5. Once recruited to the post, the Care home Manager should be fully supported by the provider and should have the necessary resources to carry out their role.
6. The home should ensure that everyone, including staff, residents and relatives are aware of the formal complaints procedure.



Appendix 1

Victoria House’s response to the report and recommendations from our Enter & View visit in 2018

Service	Response - from Enter & View visit undertaken in 2018
<p><b>Victoria House</b></p>	<p>I have taken some time to read through the final report that has been produced and feel that since Healthwatch visited the home last year there has been considerable change to the home. The points that were mentioned in the report about the home from the inspectors, staff or relatives would no longer been applicable to where the home is today.</p> <p>I wanted to take this opportunity to inform you of the changes that the home has worked hard to achieve over the past few months.</p> <ol style="list-style-type: none"> <li>1. At the time the visit took place the home was going through a change in management and had a newly appointed manager, she is a very experienced and competent manager. This has allowed the home to make many improvements to the satisfaction of the Stockton &amp; Tees and the Care Quality Commission.</li> <li>2. The new manager has enabled staff to further develop in their roles and as a result improved their performance and the quality of both care and interactions with all stakeholders, including families.</li> <li>3. All newly appointed staff undertake an induction into the home this includes all of their mandatory training. We have an onsite trainer who delivers manual handling training to all staff as soon as they start. This trainer also spends time observing staff to ensure they are competent in this area. All staff who work in Victoria House undertake Open hearts and Minds training this covers supporting people living with dementia.</li> </ol>

4. We have improved communication with relatives we have an open door policy for relatives to come and see us and talk about any issues or concerns they may have. We also invite them to be part of the process when we are updating care plans and take their views on board so that they feel involved in the process.
5. We have introduced monthly resident and relative meetings and also staff meetings this allows us to have open honest transparent communication between all parties. These meeting allows us to keep people up to date of any changes that may be taking place in the home.
6. At a company level there is increased oversight of key clinical information, such as weight loss, wounds and falls. This data is entered monthly by the home manager and a report is produced which highlights any issues in the home and also individual residents who may be at risk and need an increased level of support or intervention. The Area Quality Director role is a newly created post and part of their role is to monitor clinical risk and check that appropriate actions have been taken. If this is not the case then they will prompt the home to make necessary referrals and any relevant changes to care.
7. We have recruited a new catering manager and increased the staffing in our kitchen. All staff working in the kitchen have spent time with the hospitality team to develop their skills. They have also had additional training in different choices of pureed meals. The chef spends time with the SALT team when they come into the home to ensure they are kept up to date with any changes to the resident's diets.
8. We have recruited two new well-being officers who provide stimulating activities throughout the home over 7 days. They are have regular trips out of the home to local areas of interest.

	<p>9. We have improved the environment of the units supporting people living with dementia. HC-One have developed a harmony project to support people living with dementia and Victoria House has been a pilot home to introduce life stations. At Victoria house we have garden, music, around the home and Middleborough football life station. We have also introduced a virtual wall to involve residents in a game of domino. We are also working closing with Stockton's dementia service development manager to introduce HenPower into the home and look at the opportunities of our residents being part of the allotment scheme. Over the coming months we will continue to develop this area to ensure the home offers suitable stimulating activities that our residents enjoy to participate in.</p>
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Appendix 2 - Poster

## What is it like to live in Victoria House?

Healthwatch Stockton-on-Tees is a strong independent consumer champion. We are here to make sure your views on local health and social care services are heard.

We want to hear the views of residents, staff, and those who have friends or relatives who live in Victoria House.

We will be visiting the home between 10.00am and 2.30pm on

**MONDAY 16th SEPTEMBER**

We would be pleased to talk to you then

**Alternatively please complete the questionnaire available from the home OR complete the survey online at**

**[www.surveymonkey.co.uk/r/QLK9PXB](http://www.surveymonkey.co.uk/r/QLK9PXB)**

**All responses will be completely anonymous**



**healthwatch**  
Stockton-on-Tees

Appendix 3

Victoria House’s response to the report and recommendations contained within this report from our Enter & View visit in September 2019.

Service	Response from Enter & View visit undertaken in 2019.
Victoria House	<p>Health watch Feedback:</p> <p>As a home we have taken some time to read through the final report that has been produced and we would like to provide you with the following feedback.</p> <ol style="list-style-type: none"> <li>1. We can assure you that both aquariums located on the memory care communities have been part of our sensory equipment for many years now. Initially, one of these aquariums were located in the entrance to the home however we felt that residents on the memory care community would benefit more from this. This change was made prior to 2016.</li> <li>2. As a care provider, our aim is to provide residents on both floors within the home with person centred care, we aim to promote equality and diversity, individualised care. This means that care is provided focusing on the needs of that particular individual. From an outside perspective we understand that having residents asleep in armchairs in nightclothes looks odd or possibly neglectful, however if the senior staff on duty had been asked at the time about this, then an explanation could have been provided about these two residents and what care is best suited to them. At Victoria House each resident has detailed information on their care plans about how staff should approach people and how to prompt and encourage independence. Training is provided by the company in Care planning and documentation.</li> <li>3. As a home, we find this to have been a regular occurrence throughout the visit from Health watch, as opposed to being asked to provide further information or an explanation about why we do things in a certain way, we found that they were taken negatively. The dining room on the first floor isn’t set to the standard that the ground floor is. As a home we know this, however we also know the reasons behind this. With the residents currently residing on the memory care communities at this time, having the dining room set isn’t appropriate, when set, this becomes more of a hazard to the resident for stress and distress incidents and also adding napkins, salt and pepper pots, artificial flowers etc. this increases the risk of choking hazards.</li> </ol>

	<ol style="list-style-type: none"><li>4. We have come to utilise these dining areas to promote activities in between meal services. Each table has a box of activities - ranging from games, to rummage boxes to colouring boxes. These boxes are removed when a meal is about to be served and then re-implemented following meal time service. We have found them to have worked well since implementation.</li><li>5. On our memory care communities, we have continued to upgrade the communal living spaces, introducing a quiet lounge / dining area onto one of the communities. We have installed four Amazon Alexa's within the home which are at present on the memory care communities. We also have one installed on the ground floor and one in the main reception area.</li><li>6. We can assure you that hydration stations and snacks are available on each community within the home. On the ground floor the hydration stations are visible in the hallways. On the first floor snacks and drinks are stored in the serveries on each community. This isn't to prevent the residents from assisting themselves, it's to protect the safety of the residents. Due to the physical and mental health needs of the residents residing on these communities, having hydration and snack stations in the hallways hasn't been appropriate. Residents residing have different triggers, different stress and distress incidents and also different swallowing capabilities. By having these hydration stations visible - places vulnerable residents at further risk.</li><li>7. We can only apologise that the presence of having a member of HC-One staff present when walking around the home was seen in a negative manner. However, we were not informed that this was not appropriate nor was this staff member asked to leave. The staff member present was there to protect the vulnerabilities of some of the residents that were being spoken to. We found on more than one occasion that the Health watch team were informed of residents that were deemed to have cognitive impairments and deemed to lack appropriate capacity were dismissed. Also, that members of the health watch team were entering resident's bedrooms without the permission of the resident, we understand that on some occasions that family were giving permission, however for residents that maintain capacity it is necessary to gain permission from the resident directly, families do not have the authority to consent on their relatives behalf. The HC-One staff member assisting the Health watch team at this time was therefore present to protect the rights of the residents. Staff have a good working knowledge of</li></ol>
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	<p>the Deprivation of Liberty, Safeguarding and the key requirements of the Mental Health Act 2005. They use this knowledge to ensure our residents human and legal rights are respected.</p> <ol style="list-style-type: none"><li>8. We have two wellbeing coordinators who have become harmony ambassadors for the home. They have undertaken training to be able to introduce the harmony programme to the home and support staff who are working supporting people living with dementia. We are also introducing a programme into the home that will focus on quality of life for our resident alongside high care standards.</li><li>9. Equality and diversity is paramount at Victoria House. The service protects people from the risks of social isolation and loneliness and recognises the importance of social contact, companionship and safe working environment. We enable people to carry out person centred activities within the home and community, encouraging hobbies and interests by going out into the community or by inviting the community into the home. Staff are proactive in making sure that people maintain relationships with people that matter to them, such as family, community groups or churches. We have members of the local church that visit the home.</li><li>10. The chef within the home is made aware of any specialist diets and has the correct equipment to ensure they are able to make the meals to the correct consistency required. Menus are pre-planned to provide a balanced nutritional diet and specialist diets are catered for by in-house chefs. Full fat milk, butter and cream are utilised to fortify meals. The chef has a file with dietary notifications of all residents and these are updated as required. Residents are encouraged to complete these with staff members so staff can note any preferences, intolerances, allergies and specialised diets.</li></ol>
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