

Details of visit**Service address:****Date:****Length of visit:****Authorised****Representatives:****Kinloch Tay Residential Home****Granville Road, Totland Bay PO39 0AX.****23rd April 2024****1 hours 50 minutes****Pam Gerrard and Joanna Smith****Acknowledgements**

Healthwatch Isle of Wight would like to thank the service provider, people who live at the home and staff for their contribution to the Enter and View programme.

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. It is only an account of what was observed and contributed at the time.

**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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 people, their families and carers in 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 Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit if necessary. Safeguarding concerns will be reported to the IOW Council safeguarding team without delay.

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



Purpose of the visit

This visit was arranged as part of an ongoing workplan, looking at the experiences of people living in residential care or nursing care homes on the Island. Six local care and nursing homes were visited as part of this work.

Methodology

This visit took place unannounced. The home was made aware (via email) that Healthwatch Isle of Wight would undertake visits related to their residential care home/nursing home work plan and was given a 2 week window but was not informed exactly when the visits would occur. They were informed that two Healthwatch authorised representatives would be visiting the home and would wish to speak to people living at the home, visitors and staff if appropriate. The authorised representatives may also wish to observe a meal time, but this would be confirmed with the person in charge at the time of the visit.

A follow up telephone call was made to the home two weeks after the email, to enable the manager to ask any questions and to confirm arrangements.

The focus areas of the visit were as follows:

- **Quality of care**
- **Provision of activities**
- **Visiting**
- **Food and drink.**

Description of home taken from the Care Quality Commission website:

‘Kinloch Tay is a care home which provides accommodation for up to 21 people. This home provides a service to older people, including people living with dementia, a sensory impairment, a physical disability or a mental health need. The service was arranged over two levels, and connected via a passenger lift and staircase. There was a mix of single and double bedrooms, most of which had en-suite facilities available.’

Results of Visit



Quality of Care

People we spoke to confirmed that they were well cared for and they had no complaints. One person had brought their dog to live with them in the home and several other people pointed her out with affection “she’s a lovely little thing.” There was a small dog bed next to the piano in the lounge.

We were informed that there is also a house cat living at the home, and in the past, other animals such as birds and fish, have lived there. The manager confirmed that a careful assessment (and transition period) is established to ensure that the animal is an effective (and safe) fit for the home and the people living there.

People we spoke to, spoke positively about the staff: “Staff are very good, can’t fault them at all.” “I don’t think you can fault this place.” “The staff are nice, they treat you all right.”

Activities

Staff support people with a variety of activities during the week, including reminiscence activities, pamper sessions, word association games, quizzes and discussions.

We were informed that people from outside the home are invited to support with activities including musical and singing sessions. People particularly seem to enjoy the violin musical session and can participate with percussion instruments.

There were many arts and craft stations, books and magazines available for people to read. There were two newspapers on the dining table and we were informed that these are delivered on a daily basis.

A puzzle which had almost been completed, was on the other dining table.

Food and Drink

When we arrived, people were just finishing their tea in the lounge and dining room. Several people had sandwiches and others were eating pate on toast. Everyone in these rooms had a beaker of drink close to them and they were all offered a hot drink in addition to this. There was also a cold drink station in the dining room, with three jugs of assorted drinks and beakers available for people to help themselves.

Staff brought in a cake trolley and offered people in the lounge and dining room cake or an ice cream.

We were informed that people’s weights are monitored on a monthly basis and if required, they are given fortified milk or food to enhance their diet.

The main meal of the day is provided at 12pm – we were informed that there is always a daily ‘special’, but people are also able to choose from a wide range of options which were noted on laminated sheets in the dining room. The additional options included jacket potatoes, soup, omelette, ploughmans, curry, sausage rolls etc. There is a four week rolling menu based on people’s dietary needs and preferences.

Options for desert included tiramisu, jam sponge and custard, rice pudding and trifle. Yoghurt and tinned and fresh fruit are also available as daily choices.

Options for breakfast included cereal, porridge, toast, cooked breakfast, yoghurt and fruit. People at the home are asked for their menu choices for that day, and staff are flexible if people change their mind when they are served their choice and request a different option. If they are hungry during the night, people are offered food and drink (the previous night staff had prepared scrambled eggs for one person at 2.00am).

At 6.15pm, staff brought round the supper trolley and offered people a choice of hot drinks. One person said that their tea had gone cold, so staff immediately poured them another and checked that this was hot enough for them. Biscuits were offered to people, but rather than letting people choose their own from a tin, the staff member took some out and gave them to people on a plate. One person mentioned that she did not like one of the biscuits she had been given.

The home achieved a rating of 5 (very good) from their last environmental health inspection in March 2023.

People we woke to were complimentary about the food: "It's very good, excellent." One person said that there was a good variety of food at the home and another said that they enjoy all their meals. "The food's good here."

We were informed that people can choose where they eat their meals with some preferring to eat in the lounge or dining room and others in their own rooms.

Visiting

We were informed that people are able to visit the home at any time, although the management team would prefer to be given prior notice of any visits, to ensure they can prepare the person and ensure they are happy to see their visitor.

There was a quiet lounge upstairs, which could be used for visitors to the home.

One person we spoke to confirmed they can have visitors when they like.

Staff feedback

The manager arrived at the home during the visit and showed us around the home. We were informed that both the manager and deputy frequently work 'on the floor' and we observed both positively interacting with people at the home during the visit.

We were informed that usual staffing ratios are as follows:

8am – 2pm 1 senior, 2 care staff, manager, cleaner (9am -12pm) and cook (7am – 2pm)

Afternoon 3 staff

8pm – 8am 2 night staff.

We were informed that there were 16 people living at the home on the day of our visit, with one person having just gone back home.

General observations

When we arrived, we were welcomed into the home by the deputy manager. We were taken through to the dining area which was next to the lounge, and we explained the purpose and format of the visit. There were fresh flowers in a vase on the dining room table.

Double doors at the far end of the lounge led directly into the garden. There were a few steps down to a lawned area.

The lounge chairs looked comfortable and were covered with fabric chair covers. We were informed that people can bring their own chairs in with them.

Two people's bedrooms also backed onto (and had access to) a courtyard area, with benches and chairs.

The carpet in one bedroom was rucked up and faded in places.

Yellow, dementia friendly signs were noted throughout the home, indicating the use of communal areas including the lounge, toilets and bathrooms.

Bedrooms varied in size, with most being ensuite. People are able to bring in personal belongings and have personalised their own rooms. Many of the bedrooms we saw had large windows and all bedroom doors we observed, had magnetic door retainers to enable people to open their doors if they preferred.

PPE (personal protective equipment) stations were noted throughout the home, with supplies of gloves, aprons, bags and hand gel available for staff.

Toilets and bathrooms were clean and uncluttered and were painted in pastel colours, with coloured curtains to maintain a homely feel.

There was a wet room in the downstairs bathroom, which can be accessed by people who use a wheelchair.





Recommendations:

1. Replace the faded carpet in the bedroom we highlighted.
2. Provide pictures of the main 'special' food option for each meal to support people's choice.
3. Ensure that there is a programme of redecoration for communal areas of the home, including the repainting of skirting boards, doors etc..
4. Give people more choice, by offering them the biscuit tin, rather than giving them several biscuits on a plate.

For more information

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