healthwatch Kingston upon Thames

Enter & View Report

Cloyda Care Home

July 2024

Contents

1. Introduction

1.1 Details of visit

Service Provider	Cloyda Care Home
Service Address	227 Malden Road, New Malden, Surrey KT3 6AG
Registered Manager	Louise Sutton
Date and Time of Enter and View Visit	30th July 11.30am-3.30pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Prawer (HWK Staff Team) Liz Meerabeau (HWK Volunteer) Julie Pilot (HWK Volunteer) Tony Williams (HWK Volunteer)
HWK Visit Lead	Jill Prawer, Projects Officer, Enter & View
HWK Visit Support Lead	Liz Meerabeau (HWK Volunteer)
HWK Contact Details	Address - Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX Phone - 0203 326 1255 Email – info@healthwatchkingston.org.uk
Service Provider	Gold Care Homes

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank Cloyda Care Home residents, relatives/friends, and staff members for their contribution toward the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific date and time set out above. The Enter and View 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 through interviews during the time of Healthwatch Kingston representatives' visits.

2. Executive Summary

Healthwatch Kingston (HWK) champions better standards of care in socially funded health and social care services. As part of our remit we recruit Authorised Representatives, volunteers from the local community who are trained to undertake Enter and View visits with the aim of identifying good practice and areas that could be improved in socially funded health and social care services.

This report presents the findings of the HWK Authorised Representatives' visit to Cloyda Care Home (Cloyda). Cloyda Ltd is situated in the Royal Borough of Kingston upon Thames (RBK). This family run home (since 1986) has recently been passed onto a younger generation.

Cloyda has 34 beds arranged over two floors with two lounge/dining spaces that lead to the garden. Residents can choose in which area they would like to eat, and meals are provided from the kitchen which leads off from the larger dining/lounge area. The service supports older people, some with physical care needs, 31 of whom have some level of dementia and physical care needs.

HWK has not previously visited Cloyda. The last full Care Quality Commission (CQC) inspection was undertaken in October 2018 which rated the home 'good' in all 5 areas (CQC report).

A subsequent CQC report was undertaken in December 2022 which looked at whether the provision was Safe and Well Led, with the service given 'Good' for both categories.

The Enter and View visit to Cloyda was conducted as part of HWK's series of announced Enter and View visits to local care and nursing homes taking place between April 2024 and March 2025.

These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More details of which can be found in appendix 1 (see page 31).

Entrance to Cloyda and car park

3. Recommendations

Overview: Overall, HWK Authorised Representatives concluded that Cloyda was a well-run home offering a range of activities. It has a large garden, with a patio area offering the opportunity for residents to sit, and we observed equipment for several outdoor games. We visited on one of the hottest days of the year and due to the heat, did not see the garden being used. The residents appeared to be looked after well, and the staff we spoke to told us they were happy to be working there. The general atmosphere was calm and harmonious, and we observed good interactions between the residents and staff throughout our visit. Among the main things that worked well were:

Living environment: the large open-plan lounge and dining area allowed for all residents to congregate together for activities, and we observed a lively

afternoon exercise session led by an 'outside' professional, during which nearly all the residents were actively participating in a way that they were able to.

The garden had a large apple tree and some blackberry bushes and gave a feeling of space and tranquillity.

Images showing (from left to right), the apple tree, the patio area outside the main lounge/dining area, the patio area outside the smaller lounge/dining area. Equipment for outdoor games.

Mealtime experiences: Our visit was between 11.30am and 3.30pm and we were able to observe lunch time. The Authorised Representatives divided between the two lounge/dining areas.

In both areas the mealtime was calm and unhurried, and residents were being encouraged to eat by themselves, in a kind and considerate way, where this was possible. The food seemed to be enjoyed by the residents.

Meaningful activities for residents: Cloyda have activities happening every day which includes three days with active exercise from professionals who come into the Home. The smaller lounge/dining area was much smaller and was used for

quieter activities and felt more intimate. The smaller room had a dining table for six, and a bookcase full of games and activities. In the afternoon we observed five residents sitting with the activities' coordinator playing scrabble in which everyone was helping each other to find words to put on the board.

By listening to people and recording their experiences and observations, HWK has formulated some recommendations designed to help the management of Cloyda House improve residents' experience.

3.1 Living environment recommendations 1-18

HWK living environment recommendations	Cloyda Care Home response
1. Mark the bottom and top steps of long and short staircases with a yellow strip to raise awareness of the change of level.	Noted. Safety tape installed to mark the edge of top and bottom steps on both staircases. Completed.
2. Check plumbing in bathrooms to identify and address the cause of any strong odours (not created by recent use).	Noted. On going monitoring of odours and blockages, slow sink drainage etc. Ongoing.
3. Ensure that fans and extractors are working in all bathrooms and toilet areas to freshen air after use.	Monitored and cleaned monthly. Cleaning and maintenance to take place of affected fans. Completed, ongoing.
4. Ensure that items used by residents are tidied away before use by another resident.	Noted. Staff reminded and spot checks by management. Ongoing.

HWK living environment recommendations	Cloyda Care Home response
5. Update fixtures and fittings in the toilet used by staff and visitors and ensure there is a sign on the door.	Noted. Refurb of staff loo. 27.09/2024
6. Remove the ironing board seen in a bathroom to a more appropriate place such as the laundry room.	The photograph was taken in the laundry room, not a bathroom. n/a
7. Replace the broken cabinet seen in the downstairs bathroom and do an audit of all fixtures and fittings in the home to ensure they are in good condition.	Noted. Audits carried out regularly. Replace cabinet. Maintenance Audit of whole home. 27/09/2024, Ongoing.
8. Change the toilet seats to a different colour in line with dementia guidelines (See P12 - 6. Using the bathroom)	Noted. Raised seats in some bathrooms, coloured seats on order. Ordered and to be installed on receipt. 27/09/2024.
9. Ensure the dip in the corridor outside the small lounge/dining area is highlighted or filled in to prevent residents and visitors from stumbling and falling. Similarly consider how to address the 'bump' in the large dining room.	Noted. Signage ordered, to be installed on receipt. 13/09/2024.
10. Organise the overpopulated noticeboards in the reception area to make information more accessible, clear, and up to date.	Noted. Tidy up all notice boards. Completed.

HWK living environment recommendations	Cloyda Care Home response
11. Ensure the storage of mobility equipment, or anything else, does not block access to fire extinguishers.	Noted. Move items blocking fire equipment. Completed.
12. Check the condition of the sanitising gel in the dispensers and renew/replace gel where necessary.	Noted. Clean and refill all dispensers. Completed.
13. Refresh the decoration in the home, especially the hallways and doors in the communal areas and add protection pads to the back of furniture to stop paint rubbing off the wall.	Noted. Refurb plan drawn up, to be actioned over number of weeks, working around the day to day running of the home. Ongoing.
14. Address the trip hazards caused by the 'lip' between the garden and the sliding doors in the small lounge/dining area, and by the concrete slab in the garden.	Noted. Residents are supervised outside and do not access the raised concrete slab or patio area alone. The threshold is hard to address as a completely flush threshold allows water ingress. Will look for solutions to threshold, including signage and barriers. Directors informed (see below, 15). Ongoing.
15. Consider how to better use the concrete slab foundation in the garden – e.g. create an area for residents to sit outside, or to house exercise equipment for residents to use.	Noted. Directors informed. Spring 2025.

HWK living environment recommendations	Cloyda Care Home response
16. Provide a shaded smoking area far away from the lounge/dining areas for any residents, staff and visitors who wish to smoke.	Noted. Staff smoke well away from the patio area already. We have one resident who smokes and we need to keep them close by for safeguarding we will keep windows closed and move the resident to another area if other residents are using the garden. Ongoing.
17. Unlock potential of garden for all residents by developing different areas within the garden, using plants to create visual and other sensory stimulation (such as smell and touch), and more shaded areas for residents to sit out in.	We do gardening with the residents in the spring and throughout the summer. Lots of potential. Activities co-ordinator and management to put together a proposal for the owners to approve and implement as permitted. Spring 2025.
18. Review the Cloyda website and bring images and all information up to date.	Noted. Directors have been informed and will complete. 31/10/2024.

3.2 Residents' mealtime experiences recommendations 1-7

During our visit we were able to observe the lunchtime meal. Based on the Enter and View visit to Cloyda House, Healthwatch Kingston has the following recommendations:

HWK mealtime experiences recommendations	Cloyda Care Home response
1. Assess the staff numbers provided in the large dining room and ensure that a member of staff is available should there be an unforeseen circumstance needing extra cover.	We always have a member of staff 'on the floor' in the big lounge/dining room. Management to spot check to ensure this is happening. On-going.
2. Monitor food wastage (we saw a lot of broccoli discarded) to ensure that unpopular food is not provided in future.	The cook knows the residents very well and is very open to suggestions from them regarding the menu. From time to time there will be items the residents do not like, but this is noted at the time. Cook to monitor waste and act upon feedback and what is being left on the plates. On-going.
3. Provide menus for the tables in both dining rooms, with photographs of the food to help residents to choose what they would like to eat at mealtimes.	Noted. Purchase menu cases and wall holders for menus. Photographs to be provided when discussing daily food choices with residents. Completed.
4. Ensure relatives/friends are aware that they are welcome to visit at mealtimes as noted in the Cloyda nutrition policy.	Noted. Reconcile all documents and notices and ensure families are aware. Completed.

HWK mealtime experiences recommendations	Cloyda Care Home response
5. Consider ways of gathering relatives' and friends' feedback in a more formalised, pre-scheduled and regular way to enable meaningful participation of families and friends of residents.	We have an open-door policy. Residents, relatives, and friends do not have a problem chatting with us when they visit or phoning us. However, we will revisit our questionnaire and reinstate the formal feedback as suggested. Review family and friends' questionnaires and set up formal regular feedback process. 31/10/24
6. Ensure the distributor of medication is wearing an apron designating their role. (Not currently in policy but consider including.)	Noted. We have a dedicated medication person who wears the tabard on their morning shift. Evening medication is given by the Senior Carer. Ensure evening meds person wears the tabard. Management spot checks. Completed.

3.3 Meaningful activities for residents' recommendations 1-4

During our visit we were able to observe the activities before and after lunch. Based on the Enter and View visit to Cloyda House, Healthwatch Kingston has the following recommendations:

HWK meaningful activities for residents' recommendations	Cloyda Care Home response
1. Create an activities chart for the reception area to allow for a clear overview of the week/day's activities.	We have a timetable in the lounge, but we can ensure this is more accessible and put more copies around the home. Add activities timetable to activities noticeboard and to boards around the home. Completed.

HWK meaningful activities for residents' recommendations	Cloyda Care Home response
2. Include outdoor activities like garden games and gardening in the activities schedule to encourage all residents outside.	Noted. Add garden activities to the schedule as above. Create a calendar of themes and events coming up. Completed.
3. Create opportunities for residents who are chair bound to access the garden for stimulation.	We take all residents out when the weather permits, and if they wish to come outside. It was too hot on the day of the visit for them to come outside. Create some new suitable outdoor activities for all residents. Ensure all residents have the opportunity to go outside when possible. On-going.
4. Ensure all residents who are able, are offered the opportunity to participate in the outings provided by the home.	Noted. We take residents out as often as we can, according to their risk assessments. Residents to be invited to outings and to suggest ideas for trips. On-going.

4. What is Enter & View?

HWK works to ensure local people's voices count when it comes to shaping and improving local health and social care services across the Royal Borough of Kingston.

The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007 and Part 4 of the Local Authorities Regulations 2013 to carry out Enter and View visits.

Healthwatch should consider how Enter and View activity links to the statutory functions in section 225 of Local Government and Public Involvement in Health Act 2007.

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system wide. For more information on Enter and Views please visit the HWK website.

4.1 Purpose of visit

This visit was undertaken as one of 18 visits to be undertaken across 15 care homes in Kingston as agreed with Royal Borough of Kingston upon Thames (RBK) and Kingston Care Governance Board (KCGB).

4.2 Reason for visit

During this pilot Healthwatch Kingston were keen to learn what 'good' looks like and what works well, as well as identifying where improvements might be made. Cloyda had a rating of 'Good' at its last full CQC report in 2018.

4.3 Methodology

The HWK staff team conducted an information review prior to the visit, this included:

- Discussion with the Kingston CGB to identify suitable care settings
- CQC reports and meeting with area managers
- RBK Quality Assurance guidance
- Cloyda website page.

The research was then presented to the HWK Board to support decision making. Other factors that influenced our decision included size of building, its location and the number of residents.

For the visit, HWK followed Healthwatch England Enter and View Guidance.

Our Enter and View of Cloyda was an announced visit, meaning that the setting was aware that we would be conducting Enter and View visits. The management team at Cloyda welcomed the opportunity to engage with HWK.

The visiting team was issued with an observations and questions framework that supported engagement with residents, visitors, and the care workforce.

5. Results of visit

5.1 Local context

The 2021 Census notes the current population of Kingston at 168,063, with 25,000 people aged over 65 years old. The Kingston Joint Strategic Needs Assessment (JSNA) states:

> 'With 766, Kingston has the second highest number of care home beds per 100,000 population (second to Croydon, which has 779) in London in May 2023. Kingston has 1,286 care home beds across 39 care homes. In May 2023, there were 45 registered domiciliary care providers operating in Kingston providing care in people's homes.'

Dementia and depression

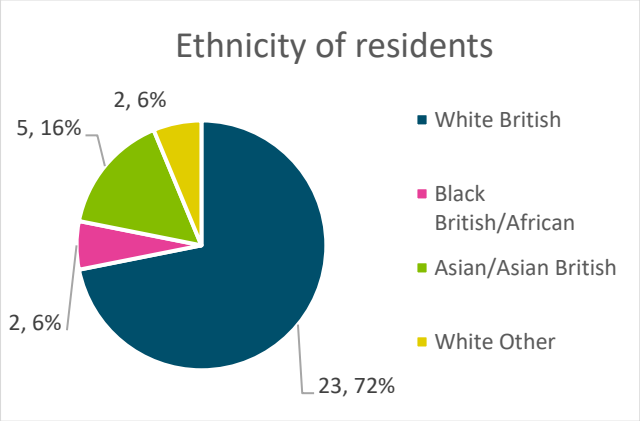
HWK notes: The 'Kingston Refreshed Heath and Care Plan – 2022-24' estimates that there are 1,700 people in Kingston living with dementia, of which 61% (1,037) are diagnosed. The plan also informs us of the following:

> 'One in five older people, and two in five living in care homes, have depression, although it is not always recognised and treated.'

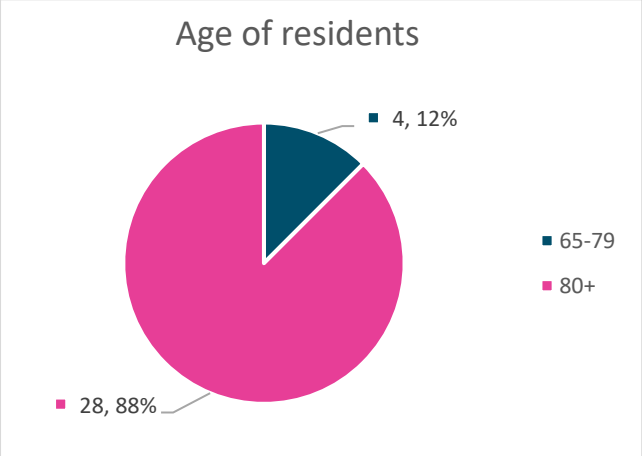
The Kingston JSNA also inform us that Alzheimer's disease and other dementias were the third highest cause of ill health for people over 70 in the borough. The JSNA also mentions dementia as being the top 5 causes of death in Kingston among people aged 70 years and older

5.2 Cloyda residents' demographic information

At the time of our visit the home had 32 residents, 16 (50%) of whom were funded by RBK. Cloyda has no RBK block contract beds.

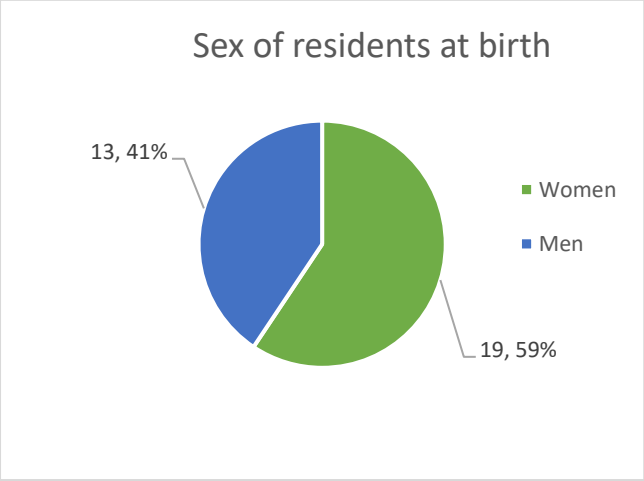


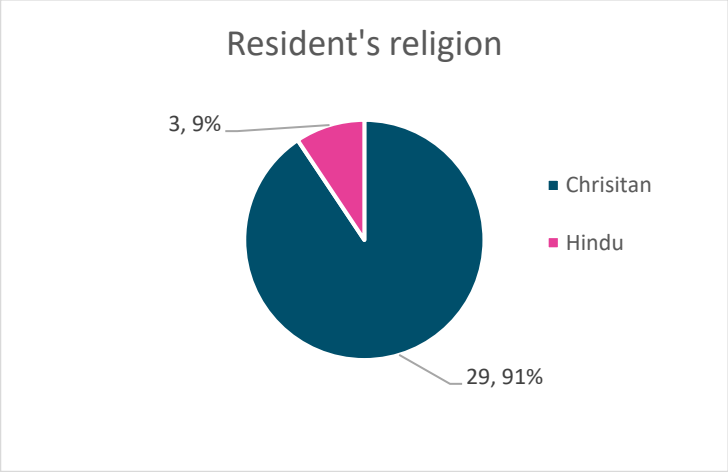
23 (72%) of the residents are White British, five (16%) are Asian/ Asian British, two (6%) are Black/Black British and two (6%) are White: Any other white background.



Four residents (12%) are between 65-79 years and 28(88%) are 80 years and above.

There are 19 (59%) women and 13 (41%) men currently resident. 29 (91%) of the residents are Christian and three (9%) are Hindu.





All (100%) are heterosexual / straight. All (100%) speak English, some with another language but chose to use English. One speaks in Tamil when they are confused and there is a staff member who also speaks this language.

Three (9%) of the residents have religious dietary requirements, nine (28%) have medical dietary requirements, and one (3%) is a vegetarian.

23 (72%) of the residents have a physical or mobility impairment and 32 live with a long-term condition with 31 (97%) having some degree of dementia.

The home has 34 staff and on average uses less than one agency staff per week.

5.3 Living environment

The HWK visiting team used an observation and question framework to prompt insights about the residents' mealtimes experiences. Cloyda is a 34-bed care home. A large and smaller 1930s house were linked together to create this provision. Six of the rooms available are ensuite, the rest have a toilet and sink, but no bathroom facility. There are three toilets on the ground floor - two in the larger original house (227 Malden Road) and one in smaller house (225 Malden Road). These two houses while linked together on the ground floor, are not linked on the first floor. This means that what was 225 cannot be accessed by using the lift which is situated in 227. The five rooms on the first floor of 225 can only be reached by the stairs in 225. We were told that these rooms can sometimes be difficult to fill. The bottom and top stair of each staircase would be made more dementia-friendly by adding a yellow strip (see 3.1 recommendation 1).

Image (left) shows stairs that could benefit from a yellow strip.

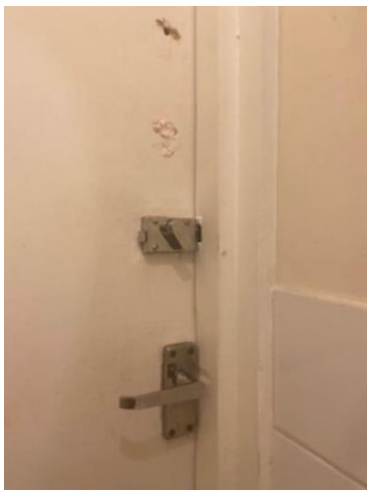
Four bathrooms were available for 30 people, and there was one toilet for staff and visitors. While the toilets and bathrooms we observed were all clean, at least two of them had a very strong odour which seemed to emanate from the drains. In one bathroom, the extractor fan was not working. We were unaware if the extractor fan was not working in the other toilet - situated near the glass door used as a fire exit (see 3.1 recommendations 2 and 3).

The first bathroom, identified as having an unpleasant smell, also contained a resident's comb on the shelf behind the toilet. In another bathroom we saw a towel that had been left on the shower seat, presumably from previous use by a resident (see 3.1 recommendation 4).

The toilet for staff and visitors was in poor state of repair. The towel holder was broken (see images below), the toilet roll had fallen off the toilet holder onto the floor, and holes in the door had been stuffed with tissue paper (see 3.1 recommendation 5).





Images above showing (from left to right), the bathroom with a comb left on the shelf, and the bathroom with a towel left on the shower chair, the fire door next to the toilet with a strong smell, the towel dispenser in the staff/visitor toilet and the toilet roll hanger (the roll had fallen on the floor) and the hole in the door stuffed with tissue paper.

In another toilet we saw an ironing board that did not seem to be in the right place (there was a dedicated laundry room for the home), (see 3.1 recommendation 6). NB. in the response to our report recommendations, the care home told us that this ironing board was in 'the laundry room not the toilet'. In another toilet we saw a cabinet with a broken plastic front (which was not sharp) (see 3.1 recommendation 7). The contents of this cabinet looked to be stored haphazardly. One toilet we were shown had a riser in place in a different colour. It is good practice to have a toilet seat with a different colour for people who live with dementia (see 3.1 recommendation 8).

Because of the building's history, the corridors of the home were quite narrow meaning residents with mobility needs and aids could be quite cramped as they moved around. As we were shown around the home at the start of our visit, one of the visiting team stumbled at a dip in the corridor, which was not obvious and was not marked. In the large lounge, one of the visiting team reported twice tripping over a bump in the middle of the room that was unmarked and difficult to see (see 3.1 recommendation 9).



Images showing (from left to right), the 'misplaced' ironing board, the cupboard with a broken clear plastic panel, and the toilet seat raiser in a different colour.

The building however, felt 'homely'. One relative told us that when their loved one was brought into the home, they thought at first that the home 'looked a bit scruffy' but have come to love its homeliness. They also commented on how caring the staff were with their relative, who was quite frail.

We were told that residents were welcome to personalise their rooms as much as they wanted to, including bringing in their own furniture.

We found the signage in the home to be mostly clear and helpful. Utility rooms were marked with yellow signs and pictures illustrating their use, fire escapes were appropriately marked, and clocks and signs were in high contrast with large lettering. There were, however, several noticeboards which seemed over-populated with materials, some of them very old. We felt that this potentially detracted attention away from useful messages (see 3.1 recommendation 10).

Images showing (from left to right), corridor with the 'dip' which caused a stumble, and images showing busy noticeboards which could lead to useful information being missed. Also shown (below) some good examples of signage.

We observed mobility equipment stored in different open areas of the home, as illustrated below. We saw wheelchairs, a hoist, a chair for weighing residents, Zimmer frames and a 'Sara Stedy'. Both the Sara Stedy and the Zimmer frames were obscuring fire extinguishers (see 3.1 recommendation 11).

Images showing (from left to right) Sara Stedy obscuring the fire extinguisher, hoist, wheelchairs, weighing chair, and Zimmer frames obscuring the fire extinguisher.

The home had sanitisers available, and signage warning of Covid risk (see images below). When we dispensed some sanitiser, the gel was gritty and felt unpleasant to use (see 3.1 recommendation 12).

The decoration in the home looked like it needed freshening up. The wooden doors were mostly scuffed at the bottom, and the areas in the corridors had dirty marks giving an impression of a lack of care of the environment. In both lounges there was white plaster showing through the paint where the chairs had knocked against the wall (see 3.1 recommendation 13).

Both dining rooms led to the garden. The access from the smaller lounge had a raised lip constituting a trip hazard. In the garden was a concrete slab which we were told had been planned as the foundations for a staffroom during Covid but had never been built (see image below). It had nothing around it to prevent anyone from tripping on it and the edges were sharp (see 3.1 recommendation 14). One resident we spoke to was keen that it could be used to build a shed housing exercise equipment (see 3.1 recommendation 15).

There was very little shade in the garden apart from under the tree. The large dining room had a shade outside the door, covering a table and chairs. The table had a full ashtray, suggesting this might be a smoking area. We observed a resident, and separately a staff member smoking there during the visit (see 3.1 recommendation 16). We felt that the garden was a huge area with underused potential and that it could be made into a resource that offered stimulation for residents with dementia (see 3.1 recommendation 17).

Before the visit, the authorised representatives looked at the Cloyda website and noticed that many of the images were dated from 2021 and that this called into question how relevant the rest of the information is on the website (see 3.1 recommendation 18).

We spoke to four members of staff, two residents and two relatives/friends about the environment during our visit. We have captured some comments about the environment below.

"Carers are fantastic, when I first got here, I couldn't believe it." (Resident)

"Nice (environment), people are kind – the staff and management." (HCA)

"Louise (manager) helps out everywhere." (HCA)

"I like this job." (HCA)

"Quite happy here, I have no complaints – all pleasant, it's nice here." (Resident)

"I like to work here, residents are looked after nicely, people are kind." (HCA)

"I like to work with this group." (HCA)

"Wonderful (here). Can't be anywhere better. Staff make it like a 'home' feeling." (Relative)

"Very friendly and caring. Everyone helps. Everyone seems contented." (HCA)

"It (the environment) is calm. The management are kind and problems are handled sensitively." (HCA)

"Some residents can be abusive. Some do not stay in their rooms in the evening and can try to get into other people's rooms. We have motion sensors so we can tell if this is happening, and we can intervene. But it can be busy." (HCA)

5.4 Residents' mealtime experiences

The HWK visiting team used an observations and questions framework to prompt insights about the residents' mealtime experiences.

The two lounge/dining rooms had tables. The smaller dining area had a dining table for six and during our visit we observed five residents eat at this without support. Three other residents sat in armchairs in the room, one being given their food from a spoon by the activities' coordinator, one being given one-to-one encouragement to eat by themselves from a member of staff who was there to support this resident (and was the daughter of the activities coordinator), and one eating unsupported. The meal was eaten with enjoyment by all except for the one resident who was being encouraged to eat but did not want what was being offered. After some gentle encouragement, the resident was asked if they wanted 'their favourite' toast and marmalade which was subsequently brought to them. The HCA told us that this resident would have moods where only toast and marmalade would be accepted. The mealtime was calm and unhurried, the portions were a good size, and residents seemed to enjoy their meal. Residents were free to sit where they wanted.

The larger lounge/dining room had three tables which during the meal seated four and five residents. Three residents stayed in the lounge area to eat. There were three staff, two assisting residents on a one-to-one basis, one of whom was using a Sippy cup. One resident was eating pureed food on their own. All residents were asked if they needed help with their food being cut. Many of the residents were being prompted to eat and drink (especially important as it was exceptionally hot on the day of our visit). It appeared that staff were kept quite busy over the lunch period and there seemed little capacity, should there be an unforeseen incident that required staff involvement (see 3.2 recommendation 1). Staff were wearing masks when the food was served.

A couple of the residents were sleeping during the meal and were left to sleep. We were told that they had had large breakfasts, and that food would be kept aside for them for when they were ready for it.

The atmosphere during lunch was quiet. The visiting team noticed that at the end of the meal there was a lot of broccoli left on the plate which left them wondering if wastage was monitored as it seemed as if broccoli was an unpopular choice (see 3.2 recommendation 2).

The day's menu was written up on a blackboard by the door of the kitchen which led on to the large lounge/dining area. It was difficult to read what was written and was not accessible to those residents who did not use that area of the room to eat.

Image (left) showing the blackboard showing the menu for the day with the kitchen door next to it. The dining tables were in the area behind the photographer.

There were no printed menus available for the residents, and therefore no photos of the food either. A member of staff told us that the chef asks residents daily what they would like of the two choices on offer for the day. If neither were acceptable, something different would be provided to their taste (see 3.2 recommendations 3 and 4). We asked how residents and staff could contribute to the menus planned and were told that residents meetings were held every three or four months in which residents were asked to contribute their ideas on food for the menu and possible activities, e.g. planning for Christmas celebrations and summer shows.

We were told that only about four residents could contribute meaningfully to these discussions. Currently relatives are not included in meetings as previously, surveys had been sent out with little response. We were told that there was ongoing dialogue between relatives and the staff about anything that needed addressing which would be actioned immediately, if possible (see 3.2 recommendation 6).

After the meal we observed the Senior Carer distributing medications. They were not wearing an apron which identified their role (see 3.2 recommendation 7).

We spoke to four members of staff, two residents and two relatives about mealtimes during our visits. We have captured some comments about the food below.

"If you said I'd rather have this for breakfast, they'll always do it for you." (Resident)

"Food is good." (Resident)

"That cook is the best!" (HCA)

"Chef would cook for (resident's) needs. Pureed food now." (Relative)

"(favourite food is) bought ice-cream (provided)" (Relative)

"Really nice food – good choices. Jugs of juice and hot drinks are always available." (Staff Member)

"We have had some more staff recently, so the ratio is comfortable." (HCA)

"One resident is vegetarian and has Indian and Sri Lankan food. Also, vegetable burger, noodles, pasta, couscous, rice, and curry." (HCA)

"Can have snacks whenever. Fruit after lunch, dinner is cooked or a sandwich." (HCA)

5.5 Meaningful activities for residents

The HWK visiting team used an observations and questions framework to prompt insights about residents' experiences of the activities at Cloyda.

The home has three activities coordinators who between them cover the week. One works from Monday to Friday from 8.30am – 4pm, one from Wednesday to Friday from 2pm – 5pm, and a third who works on Saturday and Sunday from 9am – 5pm. The activities coordinator who we met on our visit has worked at Cloyda for about two years and demonstrated a good rapport with the residents in the small lounge area, which is where the team saw them for most of the visit.

There was a busy daily schedule at the home, and on Tuesdays, Wednesdays, and Fridays there were active session and on Thursdays, a Slow Yoga session. Afternoons are taken up with games and activities run by the activities' coordinators. The team observed the Tuesday afternoon exercise session which was led by an 'outside' professional and during which the atmosphere became lively. Residents became cheerful and those able to, participated variously with scarves, shakers, and streamers, copying the exercise leader's movement, singing along to the ABBA hits, and appearing to be having fun. The residents were encouraged to make walking/marching movements from their chairs and the team noticed residents who on the surface seemed to be disengaged, tapping their toes to the music, and moving their hands. During this session, the activities coordinator was moving around the room including the residents in the activity. Most residents were engaging in some way, with about 50% fully engaging. Many of the residents during the activity were smiling and one encouraged the visiting team members to participate.

We were told by a resident that the Friday exercise session was also very popular and was run by 'Dave' who was an ex-Olympic athlete.

Images show (from left to right) posters showing the days and times of the activities.

We thought that an activities schedule laid out on a weekly basis would be useful for the residents and relatives (especially anyone there who was new), and that better use of contrast and larger print would be helpful (see 3.3 recommendation 1). The visiting team noticed that there was no garden activities scheduled into the timetable, neither games nor growing activities, which the team felt would be good to include, even if they are weather dependent (see 3.3 recommendation 2).

Activities coordinators also led games and activities, including bingo, and the team observed one of the activity coordinators with a group of residents in the smaller lounge playing a game of non-competitive scrabble where everyone was working together to make words. The visiting team also observed residents in the smaller lounge doing a jigsaw puzzle together.

The activities coordinator told the visiting team that a barbeque was planned for lunchtime the next day, and that on birthdays the cook made a cake for the resident, and everyone sang happy birthday. In the reception was a noticeboard with photos of individuals with their birthday cakes – all iced differently. (Photos were not taken to protect the privacy of the residents.)

The activity coordinator told the visiting team that on nice days the garden is used for ball games like tennis, for walking around the garden, picking fruit (apples and blackberries during the appropriate season). The garden contained

a child's paddling pool and a volleyball net, a swing-ball post and racquets, and quoits peg with quoits. We did not see the garden being used as it was extremely hot on the day of our visit. The noticeboard in the foyer had photographs of these facilities in use. The date of the photographs was not known. The activities coordinator said that ball games were played with chair bound residents on a one-to-one basis. The authorised representatives wondered how often residents who were chair bound went outside and felt that the garden could be developed to provide different areas of interest and shade for residents to enjoy more sensory stimulation (see 3.3 recommendation 3).

The residents who were able to be mobile seemed to be accompanied by staff on trips outside the house. One went down to local shops to buy their supply of 'treats'. The visiting team were told a group were taken to a local coffee shop, and to 'Ginger Cats', a charity which looks after cats. The authorised representatives wondered how many of the residents were included in these outings (see 3.3 recommendation 4).

The residents had a movie night, the next film to be shown was 'Only Fools and Horses' and residents were offered popcorn to go with it (even if they did not want to watch the film). We were told that the activities coordinator offered residents a choice of films to watch, and they were generally shown in the small lounge. We were told that Only Fools and Horses was a favourite of the residents, and the home had recently obtained DVDs of old comedy series such as Benny Hill and Faulty Towers, which were also popular.

We were told that the home had Dementia TV, a resource from RBK which allowed users to access programmes, music, quizzes etc. and was used shown in the large lounge.

The authorised representative spoke to four members of staff, two residents and two relatives about activities during our visits. We have captured some comments about the activities offered below.

"Exercise Tuesday afternoon, Wednesday chair exercise, Thursday slow yoga, and Friday chair exercises." (Resident)

"Always a party going on here." (Resident)

"Birthday – last month they did a cake." (Relative)

"In the evenings I watch TV and doodle around." (Resident)

"Some would rather sit and watch. One resident doesn't like to join in so we talk about ballroom dancing which they used to do." (Staff member)

"There are one or two residents who prefer not to come out unless they need something. Incursions into their space are sometimes not welcome." (HCA)

"I think perhaps in the summer there should be more opportunities to be outside. They are inside all the rest of the year." (HCA)

6. Next Steps

This report will be shared with Cloyda Care Home, KBC, CQC, the KCGB and other stakeholders. We will also share this report with Healthwatch England and will publish the report on the HWK website. We will agree with the management of Cloyda House Care Home the next steps to be taken in response to outstanding recommendations, and work with them to ensure any agreed actions are followed through and implemented.

6.1 About Healthwatch Kingston

Healthwatch Kingston was set up by the Health and Social Care Act of 2012 to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with Healthwatch England and the Care Quality Commission who make sure that the government put people at the heart of health and care nationally.

6.2 Appendix 1

In the autumn of 2023, Healthwatch Kingston (HWK) entered into conversations with the Royal Borough of Kingston upon Thames (RBK) and Kingston Care Governance Board (CGB) to pilot an announced Enter and View at a local care home. The aim was that HWK's independent legal powers to visit NHS health and social care services and see them in action, could support a wider understanding of care provision and the wellbeing of elderly residents in the

borough. This work would also support the 'Age Well' focus in the 'Kingston Refreshed Health and Care Plan 2022-2024' and 'Age Friendly' ambitions set out in the 'RBK Director of Public Health's Annual Report 2023: Ageing Well in Kingston' and 'A Decade On: Report on progress since 2013, the previous Kingston DPH Report focussing on older residents living in the borough: 'Older People: Living Well in Later Life'). This Enter and View work will also allow us to support the RBK new vision for Adult Social Care and Health which aims to better understand the needs of residents from all our diverse communities.

The remit of the KCGB is to report on and manage quality and risk across the whole care market in Kingston. This board also helps report on any issues and concerns, manages risks in the marketplace and supports good practice in quality and delivery. KCGB members include RBK Adult Social Care and the Quality Assurance Team, Care Quality Commission (CQC) and HWK.

As there is already oversight of local care provision via members of the KCGB regarding risk management, safeguarding, performance monitoring and quality management, the HWK Board made the decision to focus this Enter and View on three areas (environment, activities, and mealtimes) within the care home setting. The focus on these 3 areas, will allow residents to share their lived experience of being in a care home, and for the HWK team to observe mealtimes and the care home activities throughout the day. It will also provide independent insight into local care provision.

It was later agreed that this Enter and View would act as a pre-pilot for a series of announced HWK Enter and View visits to local care and nursing homes between April 2024 and March 2025.

Healthwatch Kingston upon Thames
Suite 3, 2nd Floor, Siddeley House,
50, Canbury Park Road,
Kingston upon Thames
KT2 6LX
www.healthwatch.co.uk
t: 0203 326 1255
e: info@healthwatchkingston.org.uk
@HWKingston
Facebook.com/HWKingston