

Dormy House Care Home

Enter and View Report 3rd and 5th June 2024

healthwatch
Windsor, Ascot and
Maidenhead

healthwatch
Bracknell Forest



Contents

Contents.....	1
What is Enter and View?	2
Purpose of the visit	2
Background of the home	3
Preparation and Planning for the visit	3
Observations.....	4
Quality of Care	14
Activities and Daily Life.....	14
Food and Drink	17
Hydration and nutritional needs.....	22
Dignity and Respect	23
Staff	24
Staff: training and support	27
Connections with other services	30
Recommendations with response from manager.....	31

What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Windsor, Ascot and Maidenhead to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives.

Enter and View is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch Windsor, Ascot and Maidenhead can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

Purpose of the visit

This visit was to look at what is working well with the service and what could be improved. We had a particular focus on independence and choice.

Background of the home

Dormy House is a residential care home that is located in Sunningdale. It also provides nursing, dementia and palliative care. It has space for 88 residents, and at the time of our visit there were 40 residents.

Care is provided over three floors with dementia residents on the top two floors.

It has undergone an extensive refurbishment in recent months with many of the rooms being updated.

It has a number of outdoor areas, mostly newly decked, and a garden area. There are views across the neighbouring golf course.

The home is run by Aria Care who took over the home in October 2023.

At the time of our visit the CQC rating from December 2023 was 'Inadequate' and a new manager had been put in place in February 2024 to address the issues raised by the CQC.

Due to its current CQC rating only half of the rooms were occupied. Although this meant the home was quiet, we observed that, due to the high number of dementia residents, the staff spoke gently and quietly to them and the atmosphere was calm and friendly. Staff were busy but did not look rushed and took time to interact with relatives as well as the residents.

Dormy House supports residents from Windsor, Ascot and Maidenhead, and Bracknell Forest Local Authorities, and therefore this report will be sent to the commissioners of both local authorities.

Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Windsor, Ascot and Maidenhead Advisory Group who agreed the visit to Dormy House Care Home.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on 3rd and 5th June. This was confirmed with a letter. One week before the visit a member of the team dropped off posters to promote the visit, as well as printed surveys for staff and relatives, along with a post box to hold them securely. Details on the post box also included a link to both surveys, and a QR code. The post box was collected one week after we had visited.

During our time there we were unable to speak with any residents: we had been informed that only three had the mental capacity to speak with us and, shortly before our visit, one of those had passed away.

We spoke to/received surveys from 8 relatives/friends, and 16 members of staff. We also spoke to the manager.

Observations

Interactions with manager and staff

On the first day of our visit we were given a tour of the home and all three floors by the manager. We were able to use the main room next to reception to talk with relatives and we were offered snacks and drinks during our visit, which was appreciated. On our first visit we were also offered lunch.

All the staff were friendly and helpful during our time at the home.

Dementia-friendly Environment

As well as general observations, we used the King's Fund Dementia-Friendly tool.

All criteria were met in each category apart from categories 5 and 6, (see details below).

1. The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

All assessment criteria met. As examples:

Does the care home give a good first impression, does it look clean, tidy and cared for, does the approach look and feel welcoming?



Is there a choice of seating in social spaces e.g. settees as well as single chairs?



2. The environment promotes well-being

All assessment criteria met. As examples:

Is the décor age appropriate, are there photographs or artworks of a size that can be easily seen?



Do the light switches contrast with their surroundings/walls, so they are easy to see?



3. The environment encourages eating and drinking

All assessment criteria met. As examples:

Do residents have independent access to drinks and snacks?



Are large dining areas divided so as to be domestic in scale?



4. The environment promotes mobility

All assessment criteria met. As examples:

Are there small seating areas for people to rest along corridors?



Is the flooring in a colour that contrasts with the walls and furniture and are the handrails in the corridors in a colour that contrasts with the walls?



5. The environment promotes continence and personal hygiene

All assessment criteria met except:

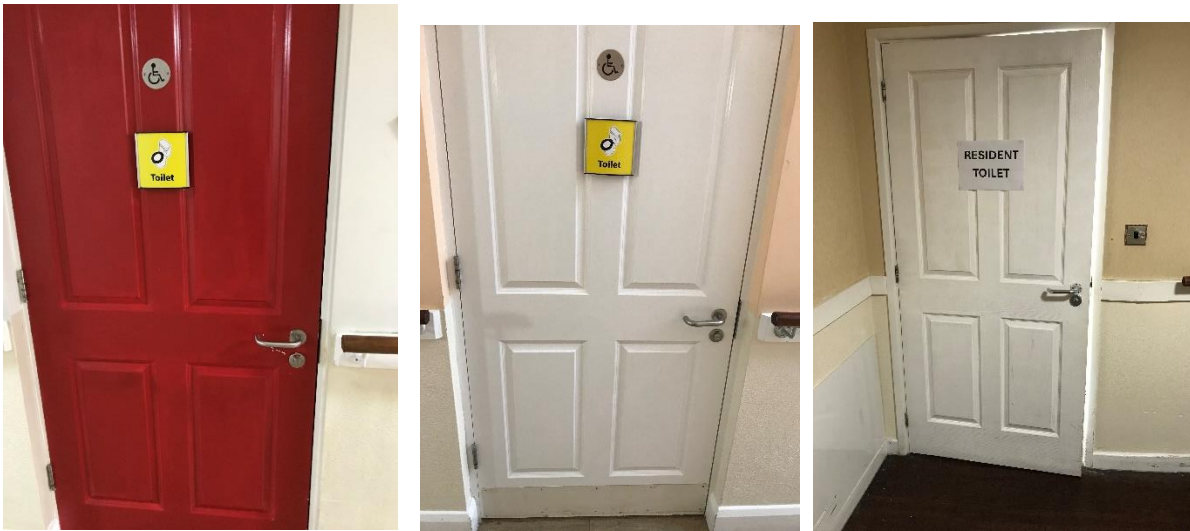
Are the taps clearly marked as hot and cold and easy to distinguish?

We visited several toilets, and none had clear markings to indicate which tap was hot and cold. At least two toilets had a single mixer tap which would be even more difficult to know how to select hot or cold



Are toilet doors painted in a single distinctive colour to easily locate them and do they have the same clear signage using words and symbols?

Whilst we found one toilet door in a distinctive colour, all the others we saw were white, which may make it harder for residents to easily distinguish them as a toilet door rather than a white door to anywhere else, e.g. a bedroom or a cupboard door. There was a signage on the doors using words and symbols, however, we did find one toilet that didn't have the right signage.



An example where the assessment criteria was met:

Is the access to toilets big enough to allow space for wheelchairs and carer/staff to assist with the door closed. Is the toilet area clutter free?



6. The environment promotes orientation

All assessment criteria met except:

Have mirrors been placed carefully to avoid disorientation and can they be covered if required? (Mirrors can cause confusion to some people who have dementia)

In relation to mirrors being covered. None of the mirrors we saw, including in bathrooms and toilets, had been set up so that it was possible to cover them.



Examples where the assessment criteria were met:

Do signs e.g. for toilets, day rooms, dining room have both pictures and words?



Are the people who live in the care home able to see a calendar and large face clock?



7. The environment promotes calm, safety and security

All assessment criteria met. As examples:

Are spaces clutter free?



Other Observations

We noted that there were several outside areas which were all fenced off to ensure safety and one internal courtyard which had tables and chairs. On the day of our visit the weather was cloudy and not very warm, so they weren't in use, but some of the relatives mentioned that they did sit outside.

We also saw that there were good views of the golf course on the upper floors and were told that a number of the residents liked to look out at the players.



We noticed a garden which had seating and tables. Again this was not in use and the doors were locked so it was not accessible. We could see that the grass was long and would have been unsafe for residents.



We observed that, outside the rooms on the dementia floors, there was a memory box and relatives were able to bring items that were familiar to their loved ones, which were then kept in these boxes.

There were also tactile pieces of artwork on the walls.



One of the bedrooms on the first floor had been converted into a sitting room to provide more quiet space for residents to sit in with their relatives. We felt this was beneficial and gave additional privacy for visitors and their relatives. We did note that, when talking to the relatives in this room, there was a strong smell of urine from the furniture.



Quality of Care

The relatives we heard from seemed to be happy with the care home and the quality of care provided:

'This place is wonderful, especially compared to the previous place they were in.'

'I believe my mother is kept occupied very well as appropriate for her condition.'

Activities and Daily Life

Relatives' Comments

The relatives generally felt that they had been asked about their loved ones hobbies and that they were encouraged to take part in the activities, although some preferred not to participate.

Most relatives knew that they could join in with the activities if they wished to.

Several relatives mentioned the new activities person and were very pleased with them.

"Dad is a poster boy for this place, he has developed so many new interests since he arrived. He loves arts and craft, lots of his work is displayed around the home. This was something he had never tried before he arrived. They held a party recently for his 60th wedding anniversary and invited the whole family to be served a meal. They helped him dictate a card for his wife so he was involved in the whole thing. It was a great celebration."

“The new activities manager is excellent. My sister is able to join in with the exercises and bowling. The newsletter tells me what is on and it's on the noticeboard so we can see what is going on.”

“Yes, now the new activities person is here it is better. He gets taken to the other side to join in with singing and dancing.”

One relative mentioned that, if their loved one did not want to join in they could watch the television or talk to the staff.

Another relative mentioned that their loved one had been offered the chance to move to a downstairs room to make the activities more accessible but had refused.

Two relatives felt that their loved ones were not encouraged to use the outside space. We had observed several areas of decking around the home and a small outside central area with flowers. On the days we visited the weather was cool with a chilly breeze so no one was using these spaces.

Staff

The staff we heard from had worked in the home for 3 months up to 22 years and all were permanent members of the team. They came from a wide range of roles including Health Care Assistants, nurses, activities coordinator and the hairdresser.

Views on the availability and variety of activities were mixed:

“Very good, they do sing-alongs, puzzles, games and bowling. They have invested a lot in the activities and it shows.”

“Now we have an activities lead it is much better. It can always be improved, the residents love the pet therapy so would be good to have more of that.”

“Very good. Lots of variety to promote mental, physical and social wellbeing. Hard working team.”

“Not enough. We are encouraged to talk to residents who can't communicate but how much of that is actually being done with them? I feel sometimes they're left out.”

We also spoke with the Activities Coordinator:

“Good variety of activities. We can't push them if they don't want to take part but we do encourage them. Some of the residents can't communicate but we involve the families. There is not always time to give them 1-2-1 for example if they want to go out for a walk or some would like to do an activity like a puzzle with a member of staff but don't want other residents getting involved so it needs to be in a quiet space. This takes a lot of time. I regularly meet with residents to see what they want to do and plan accordingly.”

When we asked staff what they did if a resident wanted a different activity from those on offer they mentioned the following:

“Always try to provide what they ask for. Most of the time they are requesting items that are readily available in the home.”

“It is my duty to report it and see how it can be made available or find the next best thing but most of the time things they ask for are available.”

“All the above are do-able and available, discuss with management to get additional budget. I would say, I will find out if we can get this for you and get back to you.”

“We can offer alternatives to meet their interest. Books, newspapers, puzzles and quizzes are always available.”

“I would ask the manager if we can get it. Most of the residents do not have the funds to buy items for themselves so we would need to consider if it would be useful for others before spending the home's money, wouldn't want to show favouritism. For example if they wanted a book, we could create a small library so others could borrow it too.”

Food and Drink

The care home has three dining rooms. One large dining room on the ground floor opposite the large lounge area. There is also a smaller dining room/lounge on the ground floor in the dementia wing and there is also a smaller dining room/lounge on the first floor which is also the dementia wing. The two smaller dining rooms/lounges on the ground and first floor are mirror images of each other in terms of size and their location on the floor. All three dining room tables were dressed in the same way. There was good natural light through the windows. Healthwatch representatives observed at all three dining rooms.

Large ground floor dining room observations



Section one, for people who need assistance with eating

Three tables occupied with two or three residents at each. Relaxing music was playing. One resident was enjoying singing along to Otis Redding as she waited for her lunch. A nurse brought a resident in a wheelchair and asked two people at a table if they minded somebody else joining. Staff greeted everybody in a friendly manner.

Menus were available in leather folders on the table, there were napkins and flowers. One member of staff came round to each table to explain the menu and to show each of the options to the residents before they decided what they wanted to eat. Staff served drinks to residents from double handed cups and offered a straw to those who needed it.

Staff were available to help cut up food and assist with eating. There was plenty of help for those who needed it. I observed a nurse offer to help a resident with her soup, she said 'it's fine I can do this one.' The nurse watched her eat a few spoonfuls to check that she was managing the soup OK.

Staff observed to be kind and cheerful, they used the residents' first names when talking to them and chatted about the food or the weather.

The food looked tasty and was presented restaurant style with garnishes.

One resident would not wake up to eat so the staff called a nurse who took her away to check her blood sugar. They explained all this to her before they moved her from the dining room.

The food looks to be in plentiful quantity one person did not like the main course options and requested a marmalade sandwich which they were happy to make. Food was mashed and presented in a bowl for one resident who was having trouble eating.

The atmosphere was relaxed, and residents looked happy.

Section 2, for people who did not require help with eating

Three people sat at tables on their own, one person had a visitor sitting with them. Drinks were served in glasses with standard plates and cutlery. Desserts were presented in a chilled cabinet.

Residents could take as long as they needed to eat some were served a main while others were still eating their starter, I observed a staff member offering to help cut up food, but the resident was very happy to do it herself and just took longer to eat her food.

Again, the staff were kind and spoke to residents gently. Because they did not need assistance the staff did not sit and talk to residents in the same way they did in section one. I wondered if the people felt lonely, but the atmosphere was relaxed, and they may enjoy the peace.

Dining room/lounge on ground floor dementia wing observations.

The dining/lounge area were easy to locate with written and picture signage. Each dining table had a beige tablecloth over a white tablecloth. Tables were laid with stainless cutlery, napkin, drinks coaster, condiments, flowers in a vase and the days menu. All colours of the table set up were contrasted to make all items on the table easy to distinguish. There was relaxing music playing in the background. The tablecloths were clean, and the floor was clean.

The staff present offered the residents a variety of drinks and we saw staff encouraging residents to drink throughout lunch time.

Two residents sat at one of the tables, one resident sat with a family member at another table and one other resident wanted to have his lunch in one of the lounge chairs. During lunch there were at times three staff supporting residents to eat. Two staff sat at the table along with the two residents assisting and one staff sat and assisted the resident sitting in the lounge chair.

There was a hot box in the dining room from which all meals were served for those eating in the dining room and those eating in their rooms. All residents present for lunch were asked what they wanted as their starter, main course and

dessert. They were assisted in making a choice by being shown physical plates of food. We did not observe any residents being asked if they wanted any condiments with their meal. Two residents need assistance from staff to eat all of their meal and this was done in a timely manner. One resident needed assistance from staff to eat his soup, which they did however he was able to eat his main course by himself with a knife and fork, we did observe staff checking with the resident more than once and asking him how he was doing.

We observed a staff member taking meals to people in their rooms. Each was delivered on a tray and the meals were covered with a heat lid. The trays had cutlery, a napkin and a drink.

Towards the end of lunch, the care home chef came into the dining room and sat at one of the tables with residents. The chef asked them if they had enjoyed the lunch, and the residents responded positively.

Throughout lunch the staff were calm and cheerful with the residents and the atmosphere was calm and relaxed

Dining room/lounge on first floor dementia wing observations

The dining/lounge areas were easy to locate with written and picture signage. Each dining table had a beige tablecloth over a white tablecloth. Tables were laid with stainless cutlery, napkin, drinks coaster, condiments, flowers in a vase and the day's menu. All colours of the table set up were contrasted to make all items on the table easy to distinguish. The tablecloths were clean, and the floor was clean.

The staff asked residents if they wanted the TV turned off and listen to music, the residents said they wanted music. The staff put on a mix of 50s, 60s and 70s music.

The staff present offered the residents a variety of drinks and we saw staff encouraging residents to drink throughout lunch time.

There were two residents sat at one of the tables. They did not require assistance to eat. There was a resident sitting alone at another table. Staff asked the resident if they wanted to join another table, but the resident wanted to remain sat alone.

Two other residents were sat at another table, they were sitting upright in their personal recliner chairs. Both of these residents needed assistance to eat. I have called them resident 1 and resident 2. One resident was asleep in an armchair and the staff woke the resident and asked if they wanted to eat at the table. I have called this person resident 3. The resident wanted to stay in the armchair and a small table was set for them. This resident also required assistance to eat.

In comparison to observation in the ground floor dining room/lounge there were only two staff assisting resident to eat.

There was a hot box in the dining room from which all meals were served for those eating in the dining room and those eating in their rooms. All residents present for lunch were asked what they wanted as their starter, main course and dessert. They were assisted in making a choice by being shown physical plates

of food. We did not observe any residents being asked if they wanted any condiments with their meal.

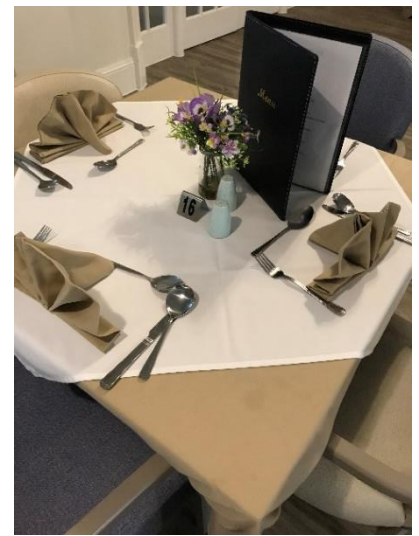
A staff member put bowls of soup on the table for person 1 and person 2. A staff member then assisted person 1 to eat their soup. Person 1 was then given some additional soup by staff and assisted to eat it. When person 1 had finished their additional soup person 2 was then assisted to eat their soup, the soup hadn't been covered with a heat retainer dome.

A staff member then put the main courses on the table for person 1 and person 2. The lunch for person 2 was covered by a heat dome and a staff member assisted person 1 to eat their lunch.

When person 1 had finished their lunch a staff member assisted person 3 to eat their starter and then main course, the time was 12:30. Person 2 lunch was still on the table with a heat dome. When person 3 had finished their main course a staff member assisted person 2 to eat their main course.

We observed a staff member taking meals to people in their rooms. Each was delivered on a tray and the meals were covered with a heat lid. The trays had cutlery, a napkin and a drink.

Throughout lunch the staff were calm and cheerful with the residents and the atmosphere was calm and relaxed



Relatives

The relatives we heard from were happy with the food and felt that the food was appropriate for their loved ones.

They also felt that dietary preferences were taken into account. Some mentioned that the vegetables tended to be on the soft side, but they felt that this was mainly for the safety of the residents who had difficulty with chewing.

“ Choice of two mains and two starters Plenty of food and snacks including fruit. Probably the veg is overcooked because most residents need softer food.”

“It's fine. She is very fussy about her food and always has been. She will eat soup if nothing else.”

“They have to cater for many tastes and there is a wide choice: especially for desserts and they made her an omelette when she didn't want the main course.”

“He has pureed food, I'm not sure if this is what he needs but I'm happy they know best. He eats it all and has gained weight which he needed.”



“For his birthday we were encouraged to bring home cooked food in that he wanted but they also did things for him such as a cake.”



Most relatives felt that they could join their loved ones for a meal, as it helped to encourage them to eat.

All the relatives that we heard from felt that there was a suitable quantity of food.

Staff Feedback

The feedback from staff was that there is a good quantity of food, and that the quality was better under the new chef. Some felt that there was room for further improvement:

“There is a considerably variety but the quality is not enough.”

“We are working for more improvement.”

“Kitchen always offers 2 options of starters and main meals as well as deserts. There is a lot of variety e.g. cakes, jellies, yogurts, ice cream.”

“Most of the time the food is good, but not always.”

“We have a head chef now who joined about 5 Months ago. The food looks amazing and residents enjoy it. We try to keep a high standard.”

We noted that several members of staff had commented that the new chef had made the effort to speak to all the residents and find out their food preferences.

Hydration and nutritional needs

All the staff we heard from were aware of the importance of hydration and nutritional needs and were clear about offering drinks throughout the day and helping the residents where needed. They were also aware of processes that were in place to log how much fluid intake residents were having:

“Encourage and assist those who can't support themselves and also ask if there is anything specific that they want and get it to ensure they eat.”

“I check with the nurse on shift as some residents have thickeners in fluids. There is a notice board in the kitchen but I would rather check to be sure. We have a system on smart phones to log food and drink taken.”

“We have a fluid watch on a small tablet that we update throughout the day and gets passed on to the next shift. There is a fluid goal for each resident.”

“We feed them if necessary and make sure they have their drinks on time. Some residents have drinks all day as it takes them a long time to drink a small amount but we keep offering sips. It is all logged.”

Dignity and Respect

The relatives felt that their loved ones looked presentable and were given a choice of what to wear. They all felt that their loved ones were able to get up at a time that suited them. They felt that the staff treated them well.

“Mum was paralysed with a stroke and relies on carers. They are always very patient and understanding. Always chatting and joking with her, kind and caring.”

“I feel very happy with the home and also recommend to other friends and family members. From when Mum first arrived to now the home has improved so much, from the care to the activities, staff and how the home looks.”

Staff

Relatives' feedback

All the relatives/friends we heard from were pleased with the way the staff cared for their loved ones and felt they took into account individual needs:

"Staff are cuddly, tactile and emotionally empathetic. Receptionist and cleaners are kind too and bring her the newspapers as soon as possible so she doesn't get upset."

"My mum loves the staff, they are very kind and caring to her. They always look for ways to reach her when she is difficult and not understanding what is going on."

"Good. Employed staff and agency are excellent. All staff acknowledge him when they see him, he loves hugs so they come up for a cuddle. We get photos of what he has been doing."

Relatives felt that the staff were caring and kind:

"Very in tune with what she needs and staff are very sensitive about toileting and washing. Mum is embarrassed and apologises to the staff but they reassure her."

Relatives also felt that the staff treated them well:

"Treat me very well. Make us tea or we can help ourselves. When the coffee machine was out of order they offered to make us coffee. There are cakes, biscuits and fruit available."

"Very well and with respect."



"We are all on first name terms and see them as allies and friends of my mum."



All relatives felt that they are listened to by the staff and manager:

"Yes, they called me when I was on holiday to update me as one of the other residents had died and they wanted to know if they should wait until I was back so I could tell mum myself."

"Rarely talk to them but they are nice." (on the two days we were there we observed staff talking to this family member)

"Definitely, they know all my family and listen to us all."

"Yes by management. Less so by agency staff."

All the relatives felt that they knew who to talk to if they had something they wished to raise or discuss. They also felt that they were kept up-to-date with their relative's health and any changes.

They also felt that concerns were acted upon and it would be good to have a named person to talk to regarding their loved one:

"There were issues at the start, but since the new manager arrived we haven't had to raise any. You get a response if you ask questions and if you ask questions you are listened to."

"It would be good to have the same person to talk to so we are all on the same page. There could be better communication between staff. Some of the staff have a strong accent which makes it difficult especially for my mother who is hard of hearing."

The manager and the changes that have been made to the care home in recent months were given positive feedback by the relatives:

"I firmly believe that my mother's life has been extended by virtue of her time at Dormy."

"The makeover has made the home much more homely. Better availability of fruit and other snacks with new manager. Variety of semi-private seating around the home and outside is good. Food and drink also set out for residents in the garden areas. I think the staff are very empathetic and really look after her. Can phone staff anytime and are very responsive - if my mum accidentally puts her phone on silent they will go and sort it out. Dispensing nurse will bring her drugs outside to her in the garden. Really pleased with the home although I know my mum would prefer to be in her own place."

"I feel very happy with the home and also recommend to other friends and family members. From when Mum first arrived to now the home has improved so much, from the care to the activities, staff and how the home looks."

"Now things are taken seriously by the new manager, before all his laundry went missing and he had no clothes. They have acted on this and it doesn't happen anymore. There was a WhatsApp group for families but this is not really necessary now as we are confident things are being dealt with much better. It is 100% better since Carmela came, you used to feel you had to be vigilant and make sure your relative was being looked after. Now we don't need to worry at all!"

Manager Feedback

We heard from the manager who had been appointed earlier in February. She acknowledged that there had been a lot of cultural change since her arrival with staff encouraged to work with management, and for them to have more opportunities to make suggestions for improvements in the home.

There are monthly staff meetings along with other meetings for the carers, nurses and night staff.

The manager has been very proud of the way that the team has engaged with her since her arrival and their support in making changes. She acknowledged that there is still work to be done but they are heading in the right direction.

Staff: training and support

The feedback from staff was that overall there was enough training and most felt they received a good amount of support:

“Very well supported. Home manager encourages training to all members.”

“Very well. Ecadamy is checked daily, reminding staff of their training needs. Staff attend external training offered by the ICB.”

“The training is good. If I need to ask questions I can go to the manager, I can access more help if needed.”

“We get plenty of training, I think there could be more support.”

“Yes, mandatory and courses relevant to role. Training from ICB and care home support team.”

The manager has introduced a ‘Buddy’ system to support those new members of staff and help them settle in from the very start.

There has been a 50% reduction in the use of agency staff since the new manager arrived. The manager explained that she was keen to identify any staff who were struggling, to find out how they could support them with the appropriate training. When using agency staff they also give them additional training to ensure that they maintain high standards of care.

When we asked the staff about support following a bereavement we received a mixed response:

“I got invited to the funeral of a resident and I was allowed time off to go for as long as was needed.”

"This could be improved. A traumatic experience always affects a carer. It would be better to be asked openly about how we are coping and any further check-ins as needed. Rather than just 'Are you OK?'"

"We have to accept that it happens and we talk about this person from the time we first met them and overall this is good."

"Well I have never gotten any but I don't know for others."

We asked the staff to tell us what improvements they thought could be made and:

"More lighting in the main corridors."

"Get residents who can engage to have conversations with each other. Support staff to be efficient in their role- more time for coaching and training."

"More time allotted for individual care and personal care - need more resources."

"I would like more animals, pet therapy. You can see how much they love it, even those with advanced dementia. In a previous home I worked in they adopted a cat who lived at the home and he always raised a smile from people when he would jump up on the bed or come for a stroke."

"Nothing at the moment as we have tried so many things. Recently we have been able to have more one on one time with the residents as the managers are better. They come to help us with things like serving dinner and interact with us and the residents. It is much easier to cope, the environment is better."

"We need time but there has been a big difference. I like working here, it's like a family. Sometimes it feels like a deserted town with so many empty rooms. I'm keen to get the residents back."

Other feedback from staff was that they felt they were able to talk to each other and had regular staff meetings:

“Daily handovers. Meeting staff and reminding them that they can talk to me at any time. Open door policy.”

“We talk every time we are at work and as we need to communicate with each other and we have a staff meeting every month.”

“We do have regular staff meetings and have a chance to give our views and opinions.”

The change of manager was seen as a significant improvement by the staff and this was clear in their feedback to us. They felt far more empowered and supported as a result of her arrival earlier in the year.

“I feel that under the new manager Dormy is already improving. Staff seem much happier. Management and Seniors are doing a good job.”

“The morale of the team has massively changed and improved. They are more engaging with residents and families. The team need support to boost their confidence in talking and sharing their thoughts. Residents are well attended, look clean and happier. A lot of changes since I joined the home, I am grateful that staff are willing to learn and work together to improve care and services at Dormy.”

“I would like Dormy house to start having new residents. Family of residents are very pleased with the changes. We have been receiving many positive feedbacks as well as from MDTs and residents. The community has improved a lot.”

“Since this manager came on board it seems much more co-ordinated and we are in the same place which has helped a great deal.”

“Safety is much better since Carmela came. It makes a difference, I feel we have enough staff. The building, furniture and kitchen need to be updated but they are working on it. Standards are lifted and things that are broken get sorted quickly.”

“We already take people to sit outside but it would be good to use the outside space more. I would like to be able to take them out more for days out”

We noted that one of the biggest challenges in terms of recruiting staff was the location. This made it difficult for staff to live close to the home and also some had challenges around getting to work when there were train strikes as public transport is limited. The manager acknowledged that this was a major challenge, especially at weekends.

“At the weekend it can be difficult for staff to get to work or if there is a train strike. It would be good to have more help with transport, this is something the manager is aware of and is looking into.”

Connections with other services

We spoke with the manager who said that the hospital discharge process created challenges. Usually a member of staff sees the resident prior to them coming out and does an assessment. This is then discussed by the Dormy team and the care plan is updated, prior to their return. However there have been incidents of residents arriving back with no medication or arriving with no prior warning for the care home team.

Regular visits are made by the Primary Care Trust to pre-empt the need for GP visits. The nurses use a triage system on a Tablet, which helps the resident get the correct treatment, although it was noted that the paramedics are not aware of this system.

Residents use their own dental services and can be taken to their dentist or be visited at the home.

The home works with Boots the chemist and Therapy Pharmacy who help with medication reviews.

Opticians and podiatry also visit the home on a regular basis and there is a dedicated room for the hairdresser.

Most relatives felt happy with the access their loved ones had to other services:

“The home organise it all. If he needs to go to Frimley hospital we have to pay to get him taken there.”

“Has access to everything. Emergency meds for a UTI with antibiotics sorted on a Sunday. Can see the GP on Wednesdays. Has her own private chiropodist come in as well as having one available at the home. NHS dentist and optician visits.”

“Yes and she has been to hospital and is currently on oxygen. Staff are very careful and treated skin issues and keep us updated on her medication. Chiropodist does her feet regularly.”

“The cost was prohibitive for certain things, they are on benefits so when we were being charged £20 weekly for toenail cutting it seemed excessive. We can do it ourselves now. He has lost about 6 pairs of glasses even when they are named. He needs an eye test and has been on the list since before Christmas, no news about when this will happen. His health has been bad so we haven't pushed it.”

“Hair is done every couple of weeks by visiting hairdresser at the home.”

Recommendations with response from manager

The manager is well supported by her regional manager and recognises that cultural change takes time but has already seen improvements. We would like to make the following recommendations:

- If not already looked at we would ask that the garden is made safe and the grass mown so that the residents and their families can enjoy the excellent outside space that it offers.
- Create some raised beds in the garden so that residents can participate in growing plants.
- Ensure that staff sit in both sections of the ground floor dining room so that all the residents have a chance to interact with them.
- Look at recruiting volunteers who could sit and chat with some of the residents, especially at meal times, to take the pressure off the staff.
- Ensure the taps are clearly marked 'hot' and 'cold' in all the bathrooms.
- Make the sink in the hairdressing room more accessible.
- Place correct signage on all toilet doors to make them more distinguishable.
- Provide the facility to cover the bathroom mirrors.
- Clean/change furniture in the first floor sitting room to address the smell of urine.
- Provide additional training for staff on coping with bereavement.

We received the following feedback from the manager:

“The team at Dormy House were made to feel comfortable throughout the visit and were excited to hear the outcome of the assessment, particularly feedback gathered from people in the home, relatives, colleagues and external professionals.

The whole process of the visit was smooth and supportive, with suggestions and comments made which were fair, proportionate and reasonable. We are now working on these suggested actions to further improve the service delivered to all who come into contact with Dormy House, regardless of role.”

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