

Heathlands Care Centre

Enter and View Report 22nd and 24th July 2024
Revisit 7th May 2025

healthwatch
Bracknell Forest



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What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Bracknell Forest 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 Bracknell Forest 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

Heathlands Care Centre is a purpose-built dementia care home in Bracknell Forest. It was built around two years ago. On the days of our visit only the ground floor was being used, and we were informed that the first floor will soon be opened to double the capacity. There were twenty three residents on the ground floor when we visited.

The second floor houses the kitchen and the laundry room, which we were shown around. In the laundry, colour coding was used to ensure safety and hygiene and an effective system was in place so that residents' clothes were kept separately.

Heathlands also operates an intermediate care centre which the residents have access to, if needed.

Heathlands has a large garden which wraps around most of the home, with a canopy to give shade, and raised beds as well as places to sit. It creates an excellent outdoor space for use by residents and their families.

The home is run by Windsar Care and it currently has a CQC rating of 'Requires Improvement' from December 2023. The manager in place since then has made improvements which were reflected in the responses we received and is now stepping down from this role but will remain at the home. The new manager started her role as we were conducting our Enter and View and we look forward to her continuing this work.

Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Bracknell Forest Advisory Group who agreed the visit to Heathlands Care Centre.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on 22nd and 24th July. 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 spoke with the three residents who were able to talk to us.

Additionally we spoke to/received surveys from, ten relatives/friends, and eight members of staff.

We also spoke with the manager. At the time of our visit the current manager was stepping down and the new manager was arriving. All references to the manager in this report refer to Maybel, unless stated otherwise.

Disclaimer: Please note that this report relates to findings observed on the specific dates 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.

Observations

Interactions with manager and staff

On our first day we were shown around the first floor by the manager and taken up to see the laundry room. We also spoke to James, who provides the maintenance for the building and he gave two members of staff a tour of the first floor, which is being prepared for new residents, as well as the rehabilitation unit on the second floor.

All staff were friendly and helpful and we also spoke with the manager, who provided further information. We were also able to meet the new manager who was preparing to take over from Maybel (referred to as 'May' in this document by residents, relatives and staff).

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?



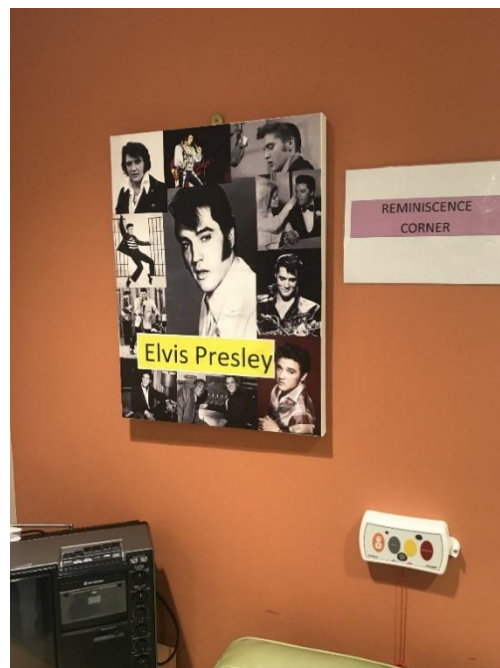
Is the entrance obvious and the doorbell/entry phone easy to use?



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?



Is there independent access to a pleasant, sociable, safe and secure outside space e.g. garden, courtyard or terrace with sheltered seating areas?



2. 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?



3. The environment promotes mobility

All assessment criteria met except:

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

Whilst there was seating at the very end of the corridors, there was no seating along the length of the corridor for residents to rest if they needed to.



Below is an example from a care home we visited that shows seating along corridors:



Examples of where the assessment criteria were met:

Is the flooring in a colour that contrasts with the walls, any skirting, and furniture?



Are there points of interest e.g. artworks or photographs of local scenes, on the walls hung at a height where they can be easily seen?



4. 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?

Every toilet/bathroom we saw all had modern mixer taps, rather than traditional separate taps. The single mixer handle manages the flow of water and the temperature of the water. There were very small coloured dots one top of the mixer handle but our sight impaired volunteer could not see them clearly and would not be able to determine which way to turn the single tap handle to select hot or cold. One resident's family told us their mother was unable to operate the taps, either to understand to lift the tap handle to get a flow of water or that turning that handle left or right would change the temperature.



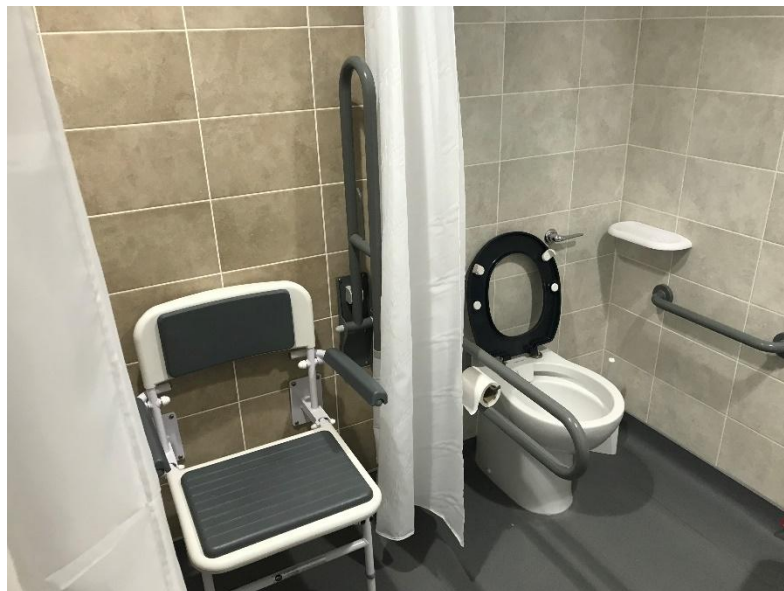
Do the signs to the toilets include clearly identifiable images and text? Are toilet doors painted in a single distinctive colour to easily locate them?

All toilets doors did have the same distinct colour and the signs did have both text and images. However, compared to all of the other excellent signage in the home with large lettering and images on a yellow background, the bathroom signage was not as distinctive. Signage was smaller than in other areas, it was on a grey background rather than a yellow background. Our volunteer who has some sight impairment, could not identify the sign as being that for the toilet. The smallness of the sign and they grey colour on the sign made it hard to distinguish against the dark colour of the toilet door.



Examples where the assessment criteria were met

Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor?



Is there easy access to toilets big enough to allow space for a wheelchair and for family carers/staff to assist with the door closed?



5. 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).

None of the mirrors we saw had been set up so that it was possible to cover them.



Are the people who live in the care home able to clearly see the calendar date, a large face clock and details about the weather

Whilst there was a display in the lounge showing the day and date, the season and the weather, the information was difficult to see clearly because of the font sizes and colour. Our volunteer with sight impairment could not read it and it was difficult for

others. There was a small digital clock, rather than traditional analogue on a separate wall. Our volunteer was not able to see it clearly enough to read the time.



Below is an example of a clear and easy to read display from another care home we visited.



Examples where the assessment criteria were met:

Do signs e.g. for, dining rooms, lounge have both pictures and words?

Apart from signage on toilets mentioned earlier, the signage throughout the care home was excellent. It was large, clear and used pictures and words. Our volunteer with sight impairment could read all of the large signage on the yellow backgrounds.



Have artworks/objects and accent colours been used to enhance residents' orientation and wayfinding?



6. The environment promotes calm, safety and security

All assessment criteria met. As examples:

Are spaces clutter free?



Garden Observations

We used the King's Fund garden tool for guidance in assessing the garden.

The garden was well maintained and very spacious. It wrapped around the majority of the care home and also had an area with a canopy to shade people from the sun. We were told that residents were able to come out, usually observed by staff, as required. On our second visit a resident and family members were sitting outside under the canopy. The garden was accessed using the staff key cards. There was step-free access for both wheelchair users and those who are able to walk.





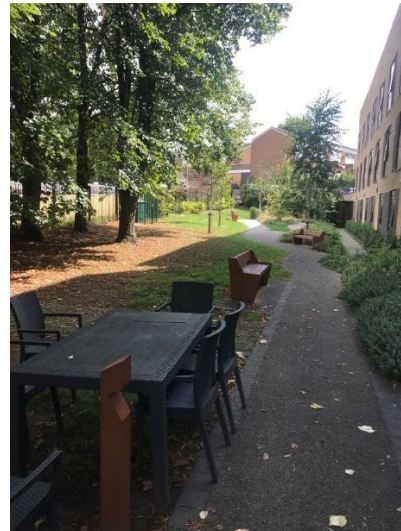
"I go out in the garden quite a bit. We had lunch there the other day."



The garden had a variety of plants and grasses with a number of raised beds.



The paths were easy to see for our visually impaired volunteer and benches were positioned so that they were in the shade for part of the day.



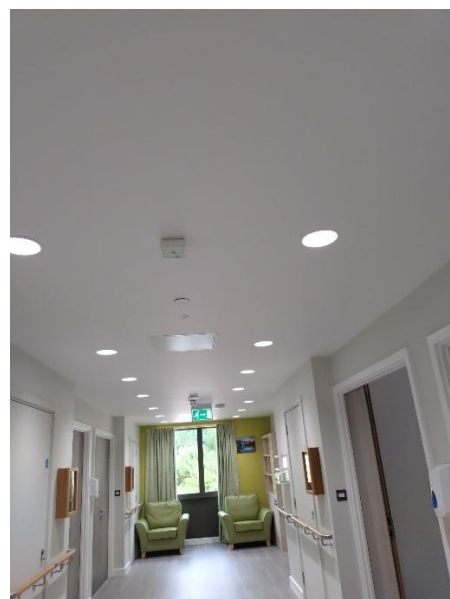
Sheds contained additional equipment and were kept secured. Garden gates to the outside were also kept locked.



Other Observations

We noticed that the combined dining/living room area, meant that there was no separate location for activities to take place. On the first floor there is a bigger area which could be split off to provide a more tranquil area for those not wanting to participate. A separate room may also be beneficial for activities, such as crafting or painting, where a more peaceful atmosphere may be appreciated.

When we were shown around the ground floor we saw that fans had been fitted and were being used in the warm weather and were told that dementia lighting was also in place.



We also observed that most residents bedrooms contained the furniture from the home and asked if any residents had brought furniture with them. We were told that some residents had brought in their own sofas and families were encouraged to decorate their loved ones rooms to make them more personal. Items they had brought with them were on bedside tables along with pictures.

When being taken up to view the other floors, we commented that the lift was well lit and the maintenance man told us that he had improved the lighting as felt it had been too dark.



When we were visiting a local parish priest was visiting and using the computer. We were told that access is only given to such visitors on the PredicAire system for them to log details of their visit with residents and they have no access to any other part of the system.

Quality of Care

The residents we were able to speak to seemed happy with their care:

"Looked after by ladies and my privacy is respected: wouldn't want a man."

"Happy with personal care."

The relatives we heard from were very positive:

"My wife has been in care for 3 years and in Heathlands for 2 years. Her transfer from Sandown Park, to here has shown vast improvement in her physical and mental state. The personal attention to detail at Heathlands and their professional approach to residents and family is the best available with the team of dedicated staff. I wish to thank them all for my wife's and my own treatment."

"In all the time that my mum has been at Heathlands, over two years now, she is well cared for, supported by staff in all her needs and I am always updated with any changes. The staff are kind and nothing is too much for them. My mum seems happy and safe at Heathlands: What more could I ask for?!"

"I have no complaints; since my father has been with them, his demeanour has improved considerably."

"All good. Couldn't ask for him to be in a better place. I'm going away and have no concerns. The maintenance guy comes and chats with him."

Activities and Daily Life

Observation

On our first visit we observed an activities session. The staff moved people into a small circle and gave them a colourful ribbon.

2-3 carers showed people how to stretch with their hands up in the air.

One man did not wish to participate and read his newspaper.

People who were struggling, got support 'Let me help'

Residents' comments

Overall the residents we spoke to seemed happy with the activities with one wanting to go out more (we did note that the strawberry farm visit, that had taken place on the day of our second visit, had been very popular).

"All sorts of activities: they put on games and Bingo and exercise. Keep you well occupied."

"The men like watching sports on the TV. Have communion and that makes me happy."

"I like to go out. It doesn't happen very often."

Relatives' comments

Relatives had all been asked about the hobbies of their loved ones. They were also able to join in with activities that were taking place when they visited.

All except one felt that their relative was helped to do activities that they enjoyed.

"My mum loved music, so enjoys the music sessions."

"Yes, within her physical and awareness limits."

"He used to be an artist and has some of his work in his room. They do painting and colouring with him and I take him out on my own when I visit – he's always ready to go out when he sees me."

Relatives mentioned that residents could watch TV or use the garden if they did not wish to do the activities and some preferred to stay in their room:

"They can watch TV, read, sit in the garden. There is always something to do."

"The staff will try to encourage my mum to participate, even if it is just to watch the activity."

"Listening to music and songs."

"TV in lounge and in his room, plus the garden area."

Most of the relatives also felt that their loved ones were encouraged, where able, to move around during the day, and use the outside space regularly.

"My mum is often (weather permitting) sitting outside."

"Within her limits."

"I think so: they do therapy with stretchy bands. He's not as active as he was, but he always tries."

Staff

The staff felt that activities were good overall and that more could continue to be done to make them even better:

"We have lots of activities available on a daily basis we have things like church services, live music, games, drawing, gardening etc. Staff try to encourage residents to do activities."

"Activities are excellent over here Staff provide 1:1 and group activities They also provide favourite activities to particular residents."

We also spoke with the Activities Coordinator, who is currently covering the role while the usual person is on maternity leave and she confirmed our observations that there was no dedicated area for activities:

"There is a good range (we saw her doing a class with stretch bands on the Monday) but there is no dedicated room/space."

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

"In a polite way I will tell the client I don't have what they want at that particular time and will speak to the manager so she knows about the request ASAP."

"Staff will inform management and try to get them ASAP and try to make the resident understand."

"Reassure the resident you will find out and get back to them."

"We do try to get what the resident wants and if not we offer something else."

Food and Drink

The care home has a joint dining room/lounge area. We undertook an observation during a lunch time.

Dining room lunch observations

First visit

Some of them were sleeping.

Some active and helping themselves.

Some needed help and were taken care of.

All seemed to be well looked after. Given a choice of what they would like to eat from a tray. Some were OK to eat on their own and a couple of them were good with helping each other.

12.15: Residents sat at tables of two or three. Fifteen residents were seated.

A nurse went round with some alcohol handwipes to ask residents to clean their hands.

'Golden Oldies' songs played via the TV.

A nurse sat with one resident to help him.

12.20: A member of staff showed an example of two dishes to each table so they could choose which one they wanted

12.25: The first residents were served food. It looked and smelled appetizing.

Most residents were able to eat independently, but two tables needed help. One table was served first with a member of staff feeding each resident (12.30)



Two residents sat on easy chairs with a tray table, around the outside of the room.

Two residents were asleep and staff attempted to wake them by calling their name and rubbing their shoulders.

It was very quiet and peaceful.

A bowl of fruit was served for dessert.

Some residents had beakers with a lid or an edge to the plate (red, crescent shaped) so it aided independent eating.

Second Visit

On this day a number of residents had been out to a strawberry farm, organised by the activities coordinator, and were having a late lunch.

There were menus for a month of meals, on the wall.

- These were too high up to view but a staff member explained that these are shown to residents 24 hours ahead, 1 to 1, so that the kitchen can be advised what it needs to prepare.
- A member of staff showed us that inside a cupboard on the dining room wall, there is a sheet for each resident with a photograph of them and a listing of their food requirements and preferences.
- If a resident needs pureed food then they are given two choices, egg, chicken or fish for main course.

People were feeding themselves. One person was being assisted by a family member. Several people were being assisted by members of staff. The staff seemed to be kind and patient.

Staff smiled at residents and residents smiled at the staff. The care home maintenance man came into the dining room (without seeing us observing), and he interacted with several residents, smiling and joking with them.

Some residents were in armchairs, some in specialist chairs. The staff moved a resident from a wheelchair to an armchair, using a specialist moving frame, and settled her with a cushion behind her back, a table in front of her, and a drink.

The combined dining and day area is pleasant and light with homely furnishing, and an attractive garden space outside with a circular pathway. The room echoes quite a lot because of hard flooring, but is pleasantly decorated. During this observation, there were approximately 13 residents with up to five staff seeing to the needs of the residents.

It was a very warm day and, when we arrived, staff were handing out ice cream cornets to residents and kindly offered us one.

A priest was sitting with one resident and talking to him during the observation.

Resident feedback

The residents we spoke to made the following comments:

"It's very good. Not eating much as under the weather. Love the shepherd's pie"

"I need my food mashed. I feel very strongly about this due to being in pain. I can't chew lumps of meat. I like food but I am eating less because I am in pain. Generally the food is good."

"It's good: I like it."

Relatives

The relatives overall gave a positive response to the food their loved ones were given:

"No complaints. He loves the food. He comes to mine for dinner but usually asks for food when we get back to the care home! They make him sandwiches."

"My husband is on a soft diet, due to dementia and Parkinson's. He appears to enjoy the meals he is given and eats well."

"They are fine, but sometimes not simple enough: e.g. plain meat, no sauce, just potatoes."

"Very good and flavourful."

"My mum is on a pureed diet but always seems to enjoy her meals."



“My daughter says the food here looks better than what she gets at home!”



All the residents we spoke to were able to get drinks and snacks outside of mealtimes, when they asked for them.

Staff Feedback

The feedback from staff was also very positive overall:

“It's arranged in a way that suits the residents' needs. We have different types of food available for the different residents.”

“Quality of food is excellent. There is variety for different people and we provide diabetic food and ensure that IDDSI levels are maintained.”

“The food is very good, but maybe there could be more options.”

“Excellent.”

“Really good. The chef always makes cake for afternoon tea and at other times! Lots of fruit on offer as well.”

We noticed that the menus (in both English and Polish) were fairly high on the wall especially for residents to read. When asked about this we were told that the residents preferred to be shown the food but that going forward they will place the weekly menus on a display board on a more suitable area and height for the residents.

Hydration and nutritional needs

All the staff we heard from were aware of how to keep people hydrated and what to do if there were concerns:

“Staff make sure residents are getting food and fluids and record the fluids in PredicAire.”

“Staff are always asking residents if they are hungry or thirsty and it's always available.”

“By offering fluids hourly to the residents and supporting those who are unable to eat and drink independently.”

“We show them the food and keep asking if they wish to have more. We provide milkshakes in the morning and afternoon to keep up with their calorie intake.”

“Monitor food and fluid levels on PredicAire (spell?) If needed staff will speak to nurse who will refer to a dietician.”

Dignity and Respect

The residents we spoke to felt they were able to get up when they wanted and that they were treated well:

“I know I am looked after. Find it hard because of my memory. They make sure I have things to do. Part of me gets the pleasure out of doing small things, keeps my mind active. So easy to get frightened but I feel safe here and lots of people looking after us.”

"I can get up when I like and I get up early. My breakfast is ready and I eat apples and pears."

Relatives felt that their loved ones always look presentable, even when they were unable to choose what they wanted to wear. Relatives also felt that, for most of those with more advanced dementia, the staff decided when to get them up.

"Staff will choose what she wears as she is unable to do so. She always looks nice."

Staff

Resident feedback

The residents we spoke to had mostly positive feedback regarding staff, with some exceptions:

"Mostly good, not all of them. I'm a bit naughty (said she got told off for saying 'Poopoo')."

"Generally, nice, friendly and kind. One of the male nurses is bossy but I don't mind that."

"They are all nice; they sit and chat."

There was a mixed response when we asked if staff responded quickly to their needs:

"I only have to press my button and they will be here."

"No - I think there is a problem so I told May (manager)."

"Yes"

They did feel that the staff were caring and kind.

Relatives' feedback

All the relatives/friends we spoke to were happy with the way their loved ones were treated:

"I have no concerns about the way the staff treat my mum. They often interact with her, and she is always smiling at them when they chat to her."

"Mum is always treated with respect, care and kindness."

"Excellent. Personal attention by all staff is the best one could wish for."

"The staff are excellent and couldn't treat him any better."

Relatives also felt that they were well treated by the staff:

"Staff always treat me with the utmost respect whenever I visit

"They are all very polite and friendly."

"Always lovely and welcoming."

"Friendly and personal approach."

Relatives said they felt listened to by the staff and manager and knew who to speak to when discussing something relating to their loved ones. They all felt that they were kept updated on their relative's health situation and alerted when their relative deteriorated. They all felt they were involved in decisions and knew how to make a complaint.

They also felt that any concerns were acted upon:

"The manager and staff will always let you know the outcome.."



I have always been really impressed with how well my mum is looked after. They always try their best to help mum and support her. May is always contactable and always replies/answers my communications. My mum can be a challenge and they always try to help her and have her best interests at heart.



Manager feedback

We spoke with May, the manager at the time of our visit, who had stepped up from her role as a nurse to become deputy manager and then manager six months later. She acknowledged that this had been a steep learning curve and had presented a number of challenges. May had made particular effort to build good relationships with relatives and also with the wider healthcare community.

The feedback from those we spoke to acknowledged how much she was respected and appreciated.

Staff: training and support

We spoke to a range of staff and the feedback from them around training was mixed:

“Staff get support from the management and they arrange F2F as well as online training regularly.”

“There could be more support and there is room for improvement.”

“Well trained and well supported by providing shadow shifts and an induction. Availability of staff such as SHCA, nurse, DM and Manager.”

“Needs improvement.”

“Yes, CQC training and PredicAire update training, how to support residents in their best interests through their care plan.”

Most of the staff we spoke to felt that they could talk to each other both formally and informally, when there was time, and that meetings involved all staff, not just those that interacted directly with the residents:

“We have 'minute' meetings which involves all the staff including the chef and cleaners.”

“Every day staff talk to each other at handover Staff meetings every month conducted by my manager or DM.”

When we asked the staff what was the hardest part of their job we received a number of different responses:

“Managing challenging behaviours; Communication barriers; Maintaining professional boundaries.”

“If the resident has challenging behaviour and staff want to do something for them, but we can't force them e.g. the resident is losing weight but they don't want to eat and staff cannot make them.”

“Moving and handling is hard and we are not getting our 15 min breaks as we are so busy and I end up covering for others when they are on a break.”

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

"Staff are doing their best to provide a smooth flow of work here and work as a team. Every day is different and different challenges. Staff have to organise their time to do the work in the correct time and way. Teamwork is good and lots of improvements in place."

"More contact meetings between the home and the NHS."

"More staff needed."

"Some staff need to be more gentle and use their initiative. Management also need to motivate staff by listening to their grievances."

"Have more volunteers: we have a Polish one who comes in for one of our residents."

Other feedback from staff was as follows:

"I've done care work for a very long time in different homes and there is always room for improvement: I think things could improve such as pay and having more time for the residents."

"I feel the residents lounge and dining area is a bit crowded."

" Need more support from the floor."

When speaking to the manager she felt that it was important to recruit staff with the correct skills for dementia residents and was looking to recruit a Polish speaker as one of the residents was Polish. Additional support was given with new staff so they understood the varying needs of the residents. Staff are given E-learning courses prior to starting their role.

Connections with other services

Residents and relatives overall felt that they were able to access other services:

“My mum does receive all access for other healthcare providers.”

“ I have Power of Attorney, so I liaise with the manager, but I like to take him to his appointments.”

The manager mentioned that access to dental services depended on need and someone will come in and assess the resident.

The manager has built a good relationship with Physio, Occupational Therapy and the Mental Health team.

On Tuesdays nurse practitioners visit and refer to GP when necessary.

There are regular visits with the optician and the podiatrist comes every 4-6 weeks or as needed. There is a private audiologist for hearing issues.

There is a salon for hairdressing.

Regarding discharge from hospital: the manager or deputy will go in to the hospital to assess and will talk to the family, nurses and carers to get a good idea of the needs of the person being assessed.

There have been occasions when medication does not arrive with the resident when they come to the home and has to be chased.

Recommendations with response from manager

Overall the residents and relatives were happy with the care provided and appreciated the efforts of the manager. We look forward to the new manager continuing this work, and we would like to make the following recommendations:

- Look at providing separate areas for activities.

Response from Manager: Heathlands have a meeting room on each floor which can be used for a few numbers of residents to complete activities.

- Ensure enough staff are there to support the activities coordinator and consider recruiting volunteers to assist (especially when the first floor comes into use).

Response from Manager: Recruitment is ongoing and the staff team will grow with occupancy. All staff are encouraged to join in with activities as it is a whole home approach. Heathlands is currently advertising for an activities organiser to work alongside our existing co-ordinator.

- For those bathrooms with mirrors, provide the facility to cover them.

Response from Manager: Heathlands will look at finding cover for these if we recognise that some residents are finding them a challenge. Currently we have no residents living with us who are upset or distressed by the mirrors. There are no mirrors in residents bathrooms.

- Ensure taps are clearly marked 'hot' and 'cold'.

Response from Manager: The taps are marked with red and blue dots to notify all users of the hot and cold taps. Heathlands is looking to purchase some larger signage.

- Have a bigger time and day 'clock' so everyone can see it.

Response from Manager: Activities and manager are looking at purchasing large and dementia friendly clocks.

- Consider relocating the television, so it is more easily seen and views not blocked by one of the pillars.

Response from Manager: Unfortunately, due to the design of the building and access points we are unable to move the TV.

- Introduce some tactile artwork.

Response from Manager: Items to be purchased to enhance the lives of our residents living at Heathlands. The activity co-ordinator has been completing artwork using different products which residents can hold. We understand the need for more sensual equipment for our residents.

- Revisit training needs.

Response from Manager: To be discussed with head office and the team.

Staff are to complete their induction training when they begin Heathlands. The training will then be required to be updated on a regular basis. Staff are also able to request extra training which the home will look at providing if it's appropriate for the care of our residents.

- Consider growing some fruit/vegetables in the garden with the participation of residents, who seemed to have enjoyed the visit to the strawberry farm.

Response from Manager: We will be updating our garden in the spring with different plants and vegetables. Family members have offered to come in to help and support.

Revisit 7th May 2025

We returned to Heathlands to see how they were getting on with our recommendations. There is currently an operational manager in place with a new home manager who have been working together to address the issues and improve the care centre.

Bathrooms

Taps had not been changed as it was explained that no resident is capable of washing independently, so the risk of not being able to see which tap was hot or cold was not a concern.

There is only a mirror in the main bathroom upstairs and in the salon. Mirrors can be added by residents or their families for reasons of dignity and where there is no concern about residents becoming distressed at seeing their reflection.

Residents who have dentures have all had new containers bought to store them in.

We noted that the main bathroom, was currently being made to feel more like a Spa through the use of the artwork in the home. This was still in progress but we could see that it was already feeling less 'clinical'.



Another piece of artwork was waiting to be moved into the bathroom:



Clock

A new clock has been ordered and there will also be clocks in the residents' rooms. The clock arrived shortly after our visit and is now in situ.



Television

While it was not possible to relocate the TV on the ground floor, since coming into use the first floor lounge has been split into areas. There are chairs in a circle on the first floor, but not on the ground floor as residents didn't like it.

There is a large mural on the wall of an outdoor view and also a post office mural in the first floor lounge.



Activities

On the first floor there is an activities space and a quiet lounge.

1:1 activities also take place in bedrooms for those who cannot, or do not wish to, join other residents.

An ice cream van had been scheduled to come to the home and this proved to be very popular. A barbecue and summer fayre are planned for this year.

There is an additional parasol in the garden for other activities such as planting bulbs. Two more parasols have also been ordered to provide more shade and encourage more use of the garden.

It was felt that there could be more activities aimed at the men and this includes a gardening club which meets every Tuesday. We noted that on the first floor balcony some seedlings were being grown. This was for a resident who loved gardening but tends to be confined to bed. This has enabled him to be able to see what is being grown. Also some of the planters in the front garden are now going to be used to grow vegetables.



There are plans to create 'The Heathlands Arms' Pub on the first floor, at one end of the unit where chairs are currently located. There is also a choir which meets on Thursdays at 1.30pm and, weather permitting, takes place in the garden.



A new initiative 'Friends of Heathlands' has been set up to support the activities. These 'friends' are relatives or friends of residents and they are also going to be involved in the recruitment of new staff.

There is a cinema club and relatives are encouraged to bring in CDs to add to the collection.

There are now two activity co-ordinators who currently work on weekdays, but there will be a discussion around how this can be increased to seven days a week.

The activities programme has been simplified after establishing the type wanted by the residents. As the activities begin at 9am, a 'soup kettle' has been purchased to make porridge at 7am so that residents can eat before participating in 1:1 activities. This ensures that their breakfast is not delayed which would bring it too close to lunchtime.

There is one Polish resident and there is a 'Polish Corner' to encourage staff to learn the language.



Food

The menus have been simplified with clear photos of the food on offer. Tables have also had condiments added to give a more 'homely' feel.



Other initiatives

There are now regular residents' meetings and signs encouraging residents to 'Call don't fall'. There has been a significant reduction in falls since all tea and coffee is now decaffeinated (caffeine stimulates the bladder and residents are more likely to fall in their efforts to get to the toilet quickly).



'Pimp my Zimmer' has personalised walking frames, making them more recognisable for residents, staff and relatives and more likely to be used, thus reducing the risk of falls.



There are plans in place to make the residents' rooms more personalised.

Hydrangeas will be planted in memory of those residents who have passed away.

Plans are also taking shape for creating a weekly timetable for staff training.

On our revisit, we spoke to two relatives who were visiting their partners; they talked about how the staff work really hard and about the positive changes they have seen since January 2025

Healthwatch Comments

We are aware of the challenges that Heathlands Care Centre has faced since our two visits last year. We are delighted with the initiatives that have been put in place already, and that are also planned for the future.

In addition to our recommendations, many of these changes have been put in place in response to what residents and relatives have asked for, and also to help the residents live as independently as possible.

We would like to commend the current team for being proactive and making changes which will enhance the lives of the residents.



healthwatch

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