

# Langley Haven Care Home

Enter and View Report 2<sup>nd</sup> and 7<sup>th</sup> September 2024

**healthwatch**  
Slough



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# What is Enter and View?

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

Langley Haven is a dementia care home set over three floors. It has space for thirty five residents, within thirty four rooms as one room is a double and was occupied by a married couple on our visits. Upper floors are accessed by a lift and stairs (the stairs are used by the staff and have a door at the bottom which needs to be unlatched in order to gain access). There is a large lounge, a smaller area on the ground floor which provides a quiet space for residents, and a separate dining area located off the main lounge. There is also a dedicated reminiscence room.

It has a small garden to the front and a larger garden at the back which is planted with flowers, plus some fruit and herbs.

The home is currently undergoing a refurbishment.

It is part of Haven Care Management Group and it was rated as 'Requires Improvement' by the CQC in March 2020.

## Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Slough Advisory Group, who agreed the visit to Langley Haven Care Home.

Three weeks prior to the visit, the manager was telephoned and we requested visits on the 2<sup>nd</sup> and 7<sup>th</sup> of September. 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 six residents. Additionally we spoke to/received surveys from seven relatives/friends, and twelve members of staff. We also spoke to the manager.

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 visit we were shown around all three floors and also the garden, as well as the reminiscence room. On our second visit we went back up to the first floor. We also went out into the garden as some changes had been made since our first visit, which the manager was keen to show us.

Our badges were checked on arrival and there is a machine in reception which checks your temperature before you are allowed into the home. This had originally been introduced during lockdown and has continued to be used ever since, which we felt was an excellent idea.



All staff were friendly and helpful and we were offered refreshments. One of our team sampled the lunch on our first visit and all the team were given cake and fruit on the second visit, while we waited to speak with relatives.

Healthwatch Slough had previously visited for an Enter and View in early 2020 and the manager was delighted to see us return.

# 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 the approach look and feel welcoming?



Are there social areas such as day rooms, dining rooms and dedicated quiet spaces?



## 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 good natural light in bedrooms and social spaces?



### 3. The environment encourages eating and drinking

All assessment criteria met except:

Do residents and guests have constant and independent access to drinks and snacks?

Whilst there was access to drinks and a 'hydration station' we did not see any snacks or fruit that was independently available. There was what seemed to be a snack shelf, as shown below, by the drinks dispensers but the shelves were empty.



Below are examples of readily available snacks we have seen at other care home visits:



Are large dining areas divided so as to be domestic in scale and Is there a sufficient level of lighting so that the table settings and food can be seen easily?



#### 4. The environment promotes mobility

All assessment criteria met except:

Are there handrails and are they in a colour that contrasts with the walls so there are easily seen

There were some handrails on the ground floor, and they were in a colour that contrasted with walls. However, there were other areas where there were no handrails, both on shorter walls and on long walls. Examples below of area with handrails and areas with no handrails:





Below is an example from a care home we visited that shows handrails even in shorter walled areas



Example 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 familiar scenes, on the walls hung at a height where they can be easily seen?



## 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?

Every toilet/bathroom we saw had modern mixer taps, rather than traditional separate hot and cold taps with cross head handles. There were very small coloured red and blue dots on the body of the tap, but these are obscured by the tap handle. Residents may find it difficult to determine what is hot or cold and people with sight impairment would find it very difficult.



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

Whilst the rails in the toilets were in a different colour to the bathroom walls/floor, the toilet seats were not in a contrasting colour.



Below are examples of a coloured toilet seats at another care home we visited:



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

There were mirrors in the toilets directly above the sink basin, none had the facility to be covered.



Examples where the assessment criteria were met:

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?



Do the signs to the toilets include clearly identifiable images and text?



## 6. The environment promotes orientation

All assessment criteria met. As Examples:

Are bedrooms and bedroom doors personalised e.g. through the use of numbers, accent colours?



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



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



## 7. The environment promotes calm, safety and security

All assessment criteria met except:

Is background noise kept to a minimum including doorbells, call systems and sensor alarms?

There are call systems/alarms in the care home. We noticed two of these in close proximity to areas where residents would relax. When the call systems/alarms were triggered, the noise was very intrusive and repetitive for a number of seconds. One was located near the large lounge area and the other one was in a smaller lounge, near the T.V, which we were informed was a quiet area.



## Garden Observation

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

We observed a roped off area which was in need of attention, on our first visit. On our second visit this had been repaired:



On neither day of our visit was the weather particularly warm, so no one was out in the garden, however it was well looked after: the activities lead volunteers in the garden and there were raised beds, which contained, flowers as well as some fruit and herbs planted.

There was seating at the front of the building as well with a large parasol, which we felt was a good option as residents would be able to observe activity in the cul-de-sac:



A relative mentioned that they would like to see the garden used more on a daily basis in summer months, when the weather allowed, as they felt this would benefit the residents.

We also noted that access to the garden seemed to be via just one narrow corridor and there was no signposting that this led to the garden area.

## Other Observations

We noticed that there was a quiet area on the ground floor, a short distance away from the main living area, where residents could go and sit. We saw a resident using this area on our second visit.

The reminiscence room was calm and provided another quiet space for families and their loved ones to sit and talk, or for residents to be taken to by staff as required.



We observed one resident who was agitated, and walking around, being spoken to in her own language by a member of staff. The staff member gently directed her to sit at one of the tables in the dining area and then gave her a task of folding up some items, while chatting to her. This calmed the resident and she sat doing this for a while before getting up and moving on.

Additionally we were introduced to the 'Robot cat' that purrs, meows and moves like a real cat. It provides both entertainment and reassurance to residents. There are other weighted animal toys, which again we were told help reduce anxiety and have enabled some of the residents to go out in the minibus without getting distressed.



# Quality of Care

The residents we spoke to were happy with the care that they were receiving:

“I dressed myself today but don't mind someone helping me.”

“Happy with it: I get on well with carers. It is usually a woman but I wouldn't mind if it was a man.” (laughs)

All felt that they got the help that they needed, when they needed it and were helped to be as independent as possible.

Relatives were happy with the quality of care and mentioned that their loved ones always looked presentable when they visited. A number acknowledged that caring with people with dementia often presented challenges for the staff and that they always dealt with this in a calm and sympathetic manner

# Activities and Daily Life

## Observation

On our second visit an activities session was taking place when we arrived and we observed this. The activities lead had some large, foam dice and encouraged four of the residents to roll one. They added up to twenty and a card was drawn with 'Desserts' as the subject, and the residents had to call out the names of twenty desserts.

There was a lot of fun and laughter as they named desserts and spoke about which were their favourites. Staff joined in and our Healthwatch team also got to participate. The television had been turned off so it was easy for people to hear and participate.

The activities lead was good at encouraging all the residents to take part, in either throwing the dice or answering the challenges. The second challenge was to name fourteen Olympic/Paralympic sports and again, everyone was having fun and there was lots of laughter e.g. 'Long Jump – that's great. I know there's no such thing as a short jump so don't try that one!'

## Residents' comments

The residents liked the activities and especially being able to go out (there is a minibus that the home shares with other care homes in the area). Not only do they visit places like garden centres, but also local church groups.

Carol, the activities lead, is well-liked by the residents. She acknowledged that trips out were popular, although it wasn't always possible to take some of the residents out, who required a lot of personal care.

"I love going out for trips; I enjoyed the bowling trip, boat trip, and going to the garden centre."

"We are allowed to go out if we wish: I would like to go out a little more than is currently the situation."

Residents who were capable of making their own choices, felt that they could decide on their day:

“Up early in the morning and ready for breakfast. I like to be able to pick and choose which activities to participate in with other residents, or may just decide to stay in my room, so there is a degree of flexibility.”

“I have a shower, go out on the bus, we went to a pub and a garden centre. The Church is around the corner.”

“Carers help me get up and dressed and get ready for bed but it's up to me if I want to stay up watching TV in my room.”

## Relatives' comments

The relatives were very happy with the activities and knew they could participate, with one commenting that they would like more notice of what activities were planned.

“The activities co-ordinator is fantastic, so creative.”

“Mum could do with a little more 1:1 activities, although the home is so lovely because they have a lot of entertainment for all the residents.”

“Carol is a star. Summer Fair in the garden was a good day. Carol comes in outside of her work hours to make sure things are OK. She organises trips and I can go as well to places like a Garden Centre and Woburn Safari Park, as well as taking people to the church of St Francis, for a cuppa. It gets them outside.”

Some relatives felt that, outside the planned activities, there weren't many alternatives:

“None, other than TV in lounge which is too far away and has subtitles.”

“Mum loves magazines, but I won't buy them as they keep going missing.”



“Carol apologised for not being there on my wife's birthday and when I turned up the team had a banner and balloons and provided entertainment. For our wedding anniversary they surprised us with a big cake.



Most of the relatives felt that their loved ones were encouraged to move around, if able, or encouraged to move in their armchairs. It was felt that the garden could be used more to encourage residents to get more movement into their day.

## Staff

The staff were all happy with the activities provided and very complimentary about Carol, the activities co-ordinator:

“Our experienced activity coordinator provides wide range of activity option to the residents. Activities includes indoor like bingo, snake and ladder, word search, magazine publication and discussion with residents etc and outdoor includes like boat trip, church visit, garden visit, bowling, Christmas light viewing and so on. She arranges special activities on special day like Red Nose Day pan cake day and so on.”

“We have wide ranges of activities which are performed by our activities coordinators and includes Bingo, snakes and ladders, entertainers from outside, boating, church visits bowling, garden centre visit.”

“I think the activities provided are both stimulating and keep the residents occupied and happy.”

We also received this feedback from the Activities Coordinator when we spoke with her:

"I try to make it as varied as possible. It depends on the residents, when I first started I had more residents who are mobile but now we have more who are not mobile and/ or non-verbal. In the mornings I try to do things that are more 1-2-1 like games for those who are not mobile and then we do quizzes or more active things in the afternoon. I try to make it as inclusive as possible- for example people who are non-verbal can join in by rolling a dice. We have a large screen table that we fundraised for that can be wheeled into rooms for people who are not able to come down to the lounge so they can do games or colouring on apps. We also use this as a second TV, for example 2 residents love watching Bollywood films."

In addition to the activities there is 'Familio' gazette/ magazine which family add photos and information to via an app. The home prints out a copy. Staff members login and make one up for people who don't have family and would like to receive one, for example holiday postcards, photos and memories are in the magazine- we were shown an example, a lovely idea!

There are visits from Alpacas as well as dog therapy.

They also have volunteers from Wadebridge College and other schools. It was commented that often the students had to pay for a DBS check, which they felt was unfair as not all students would be able to afford the cost.

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

"Would speak to Carol, the activities person. e.g. she took a resident to a place she and her late husband liked to visit."

"In this case either we will provide something closer to the thing they ask for if that makes them satisfied or if they don't agree with that then tell them politely we don't have this thing in stock at the moment, we will order immediately and bring it up to you ASAP."

"I would try to help where I can, but if I couldn't, I would refer this to a carer or more often, the activities coordinator."

“We offer alternatives and try to find something that is available: e.g. if they want a book that is not in our library we take them to the library and borrow books from there. We have our rhombus table which has apps like google and YouTube to access books, movies etc.”

“We can download films from Prime- we did this for Mary Poppins day recently.”

# Food and Drink

We undertook a lunch observation on our first day:

## Dining Room Lunch observation

Carers helped the less mobile residents to the table.

Table is set with knife and fork, with table mats with a picture menu of what is being served on that day.

Some carers were explaining to the residents what was on the menu, they had choices between two dishes and choices of drinks that the residents can chose with their meals.

In the living room, staff were helping people with their food and feeding as some residents stayed in the living room, they seemed attentive and supporting the residents with feeding. One relative was helping his wife with her lunch.

One of the team accepted the option of lunch and found the food tasty and appealing:



On our second visit the team were offered tea and banana cake which everyone enjoyed. The cake was served with a variety of sliced fruits.

## Resident feedback

Overall the residents seemed happy with the quality and quantity of food and were able to sit at the table with their friends.

“The food is very good and we get enough.”

“Good food. Fish and chips. Can choose meals when I want.”

“I like the veggies. I can ask for what I want and they know what I like. I like tea.” (she had a cup when we were sitting with her)

“Whatever I ask for on the menu I get, based on my preference.”

Clearly it is hard to accommodate the preferences of all residents when they come from diverse backgrounds:

“It's OK. I miss Akee and saltfish – they don't give me any.”

“Not very keen on the dinners. They have a lot of foreign food here and I prefer plain meals. There is a good amount of food.”

All the residents we spoke to were able to get something to eat if they missed a main meal and were happy with the drinks and snacks provided. We observed that there were drinks next to all the residents in the lounge.

“Drinks and snacks are available outside of mealtimes.”

“Can get a drink and a snack when I want one.”

## Relatives

The relatives on the whole were happy with the food, and the quantity provided and that they could sit and join their loved ones for a meal:

“ Generally good. I don't like curries: they make enough for me so that I can sit and help feed my wife. She will eat anything unless she's in a mood. The manager lets me have breakfast here so I can feed my wife at the same time.”

“The meals are lovely. The chef is very good. Mum is very picky, but I have spoken to the chef; he is very good at what he does and if asked for a dietary requirement he will provide it.”

“The meals are delicious and nutritious.”

Some relatives recognised that their loved ones had challenges around food and provide some of it themselves:

“It's OK. She doesn't like to have the same food every day so I bring meals from home when I can. She needs soft food.”

“He has lost interest in food. He usually eats breakfast only so I bring in soup for him to have at tea time.”

All felt that their loved ones were given a choice of food and that their dietary preferences were respected:

“They asked about her preferences and renew it regularly.”

“I have asked if food can be blended into a soup for him.”

“Choice of two options for the main meal.”



“I recently told the staff about a dish my mother likes and I was so surprised when the chef prepared it for the summer party.”



Relatives also felt there is enough help with eating and drinking, when required:

“They always pay attention to ensure mum eats.”

“It is very difficult for the staff as they have a lot of residents to tend to and mum is good sometimes. When she is playing up staff will interact if required.”

## Staff Feedback

The feedback from staff was very complimentary:

“Good - hard to cater to everyone's tastes. Breakfast is varied and they can have a cooked one.”

“They provide quality of food every resident and give them choices.”

“The food is good and varied. The only time I see food left is when a resident is poorly in any way.”

“Chef has the knowledge to meet any food criteria .”

“Looks very nice. I have tried the cakes, which are good.”

When we asked if the residents were involved in the menu planning we received the following responses:

“Yes and they are asked what they would like for lunch the next day.”

“The menus are always done with the residents' first choice.”

“The chef will make food that the residents like, they have a meeting where they ask about food and family give feedback. It's a difficult job as we have people from all different cultures and dementia can affect people's taste buds.”

# Hydration and nutritional needs

All the staff we heard from were very aware of the importance of hydration and nutritional needs:

“We provide different items of fruits, encourage drinks, more water & juice as per their choices.”

“One to one feeding for those who can't eat themselves, special home-made fortified drink and fortified food for those who are losing weight.”

“We have tea and juice drinks round at 10.30am and 3pm and in between we top up and offer more drinks.”

“We have referred to GP and had Ensure prescribed. We supplement with drinks and supplement with milkshakes. Offer drinks regularly and have jugs on tables.”

“We record, monitor and even feed the residents who are unable to eat by themselves. They are always motivated. Breakfast, tea, snacks, lunch and supper are provided at regular intervals.”

“There is a regular trolley service for drinks. We are having a focus on hydration, not just offering tea and coffee which are not the best thing. Lots of juices and squash, we offer ice lollies in the afternoon which the residents love, especially on a hot day.”

# Dignity and Respect

Residents felt that they were treated with dignity and respect and were able to get up at a time that suited them.

Relatives were also happy with the way their loved ones were treated.

## Staff

### Resident feedback

The residents were happy with the staff here. One mentioned that they felt that the turnover of staff was a little high and it was felt that, at times, more staff would be beneficial, so that residents had more one-to-one interaction.

“They do a good job, not enough of them.”

Residents said they felt that the staff responded quickly to their needs:

“Yes, they come when I need them.”

“I can always go to them for help.”

Most of the residents we heard from felt that they are regularly checked on and that staff have time to sit with them, or, they could talk to other residents.

“They would if you wanted them to but they are busy, you can't ask all the time. A volunteer comes in- they are very nice.”

## Relatives' feedback

All the relatives/friends we heard from were overwhelmingly positive and appreciative of the staff and acknowledged how challenging their role is with dementia residents:

"Treat her well and are very patient. They get a lot of abuse from residents."

"My husband receives excellent care at Langley, the staff are super."

"Very understanding. Excellent and caring. Professionals with great team spirit."



"Mum loves everybody and they love her."



Relatives felt the staff were caring and kind:

"Despite all the abuse they get!"

Relatives also felt that the staff treated them well and listened to them:

"Carers are good and call me 'Sir'. Do a good job, they are very busy and always respond. The staff work as a team, they are friendly and talk nicely to everyone. They invited me for Christmas lunch and that was good. Can't fault them."



“The staff here have respect for all the visitors, and they offer me tea, biscuits and lunch. I feel so at home when I visit.”



Relatives also felt that they knew who to speak to if they had any concerns, these were dealt with quickly, and they were kept updated on their relative's health:

“When I raised an issue with her skin, they kept me updated. They will call me in the evenings to discuss things and they suggested the podiatrist comes back to see her again.”

“The maintenance guy put a white board up in my wife's room so we can leave messages for the care staff. Staff will take her up to her room when I visit to give us some privacy.”

## Manager feedback

We spoke to Uddhav, the manager who told us that he had had challenges with staffing but that all was fine now and the aim is to train new staff to a level which suited the residents.

A big challenge was the CQC rating and that, having quickly addressed the issues in the report, they were still waiting for CQC to return for a re-assessment.

# Staff: Training and support

The feedback from staff overall was that they felt well trained and supported by management:

“Quite a lot of training across various platforms: NHS, Thames Hospice and our own online training. The company champion training for career progression.”

“We get plenty of training to have our skills and knowledge updated.”

“I have been very well supported- coming from a non-care job. I've always had support and information from the whole team.”

“It is average.”

“Very well. Training is online and face to face and most of the staff are doing NVQs as well.”

“We often get training required for work. Management help in personal skills development and things like NVQs and train the trainer.”

“The management has done everything to train staff.”

The staff received a variety of training:

“We have medication administration training, Docobo training, infection control and many more are offered and provided.”

“Yes, face to face and online training has been conducted e.g. moving and handling, first aid, fire safety, dementia, medication, food safety, hygiene etc.”

“Yes: first aid, moving and handling MCA, DoLs etc.”

“Fire Marshall Diabetes training in London. Moving and handling.”



“There are many courses that I am offered and even ones which are outside my trade, that I can do.



When we asked the staff what was the hardest part of their job we received a number of different responses, with a recurring theme about dealing with the individual needs of people with dementia, which presented a variety of challenges:

“That it is always different and changing to fit in with the needs of residents.”

“We have good team work, but still when we are busy and some of the residents keep wandering around due to their health conditions, then this makes me a bit stressed out when everyone is busy but we need to do 1:1 for close supervision.”

“Challenging behaviour and language barriers.”

“The most difficult thing is not being able to take everyone out on trips- if they have high care needs and accessibility of the place we are going. I try to arrange as much as possible in the home for those who can't leave.”

“Dealing with family members following demise of residents.”

Most of the staff felt they were listened to and supported when they raised concerns:

“Most of the time my concerns are heard and understood. We will find solutions to issues and problems.”

“ We have an open-door policy.”

“Yes, everyone like managers and seniors listen and support me. I get all the support I need.”

“Concerns and complaints are solved quickly/immediately. The company always welcomes concerns and issues and suggestions.”

We asked the staff to tell us what improvements they thought could be made and, most felt that they are constantly improving and are keen for CQC to return and see them:

“Always trying to do little things such as introducing the quiet lounge and wall murals. The Bus Stop is being relocated outside and making the area it vacates more sensory; lights and clouds are going to be installed. The robotic cat.” (we met the cat which was very lifelike)

“No. We have been very lucky with the building. Andy from maintenance is great. We have new furniture, curtains and flooring. If there was one thing I would say more staff but it's funding for them that's difficult.”

“We are always improving and waiting for CQC.”

Other feedback from staff demonstrated how much they loved their jobs:

“I postponed my retirement to continue working at Langley Haven. This is largely due to work satisfaction.”

“I love it here: it is my heart place.”

“I am happy with my work place.”

The manager told us that new staff who have not worked in care before, receive additional training. They are currently recruiting a Polish speaker to help with one of the residents, they have a volunteer who speaks Polish and will sit with this resident and talk to them.

There is a low rate of staff absence from sickness (this may be helped by the machine that takes your temperature in reception, ensuring that sickness in the home is reduced).

There is a staff recognition award scheme and certificates are displayed in reception:



# Connections with other services

Relatives and residents on the whole felt there was access to other services. One resident was happy with the GP but also expressed a wish to use a different surgery in the area.

“Yes to GP and sight test. Chiropody has to be paid for. Others – No.”

“Pay for the podiatrist. We had a private physio but my wife has deteriorated between each visit.”

“Mum's nails are always painted. The products I buy for her hair are always running out and I am always replacing them, so I know that my mum is well cared for.”

“Yes, a lady comes in and they do my hair once a fortnight. She plays good music!”

“A carer took me to the dentist.”

“Staff make appointments but waiting for a hearing test and an optician’s appointment.”

“Care home does it. Daughter sometimes attends with me. GP comes to see patients in home.”

We spoke with the manager who told us that they use the minibus to take residents to appointments.

Their GP surgery (Langley Health Centre) sends a practice nurse in every week, and a GP visits on a monthly basis.

There is a dentist located nearby and they can take residents there.

They use a local pharmacy.

They are trying a new optician, and a podiatrist visits every six weeks.

The hairdresser comes in on Saturdays, but will also come in to do someone’s hair if it is their birthday.

One of the biggest challenges is around hospital discharge. When residents return to the home there have been errors with medication; sometimes the discharge notes are incorrect. When residents return to the home they are not necessarily arriving in the condition that the home has been told to expect, and this creates challenges.

# Recommendations with response from manager

Overall the residents and staff we heard from were happy with the care being given by the staff and the staff enjoyed their jobs and were seen to be interacting in a positive manner during our visit. We would like to make the following recommendations:

- Use contrasting colours in bathrooms and toilets for things such as toilet seats.

**Response from Manager: We have sourced coloured toilet seat raisers and seats and, as budget allows, we will replace these gradually so there is more of a contrast.**

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

**Response from Manager: We have ordered adhesive coloured labels so that we can mark the taps more clearly.**

- Enable mirrors in bathrooms to be covered.

**Response from Manager: We will look to see if we can relocate the mirrors in the bathroom so they are not directly over the sink.**

- Increase the use of handrails in areas which currently don't have them.

**Response from Manager: New handrails will be installed in the highlighted ground floor areas.**

- Signpost the garden more clearly.

**Response from Manager: We are looking in to the best place to put this as we also need to ensure this does not confuse residents who are at risk of absconding.**

- Consider asking for local donations of magazines which the residents may like.

**Response from Manager: This will be actioned.**

- Move alarm system away from the designated 'quiet' area and the lounge area, whilst still enabling it to be heard.

**Response from Manager: We are unable to relocate the current alarm system however, there is a volume control which is used at night.**

- Use the garden for more activities during summer months.

**Response from Manager: The garden does get used for activities. Family usually take residents out on the patio or outside in the garden, during their visits in the summer. We are also planning to get a 'Bar Shed' which will be located outside the reminiscence room so residents can sit out there in the summer.**

- Discuss, with residents, about providing more alternative favourite foods, such as akee and saltfish, where easily available from local supermarkets.

**Response from Manager: We are already doing this however we will endeavour to do this more. For this particular resident, we already sourced their preferred tea 'Cerasee Tea'. For one other resident, we were asked to make rice and peas which the chef did and we also cook Indian food for those residents who like it.**

The Manager also added the following:

**'We have taken your recommendations seriously and are working to address them.'**



**Unit 49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS**

[www.healthwatchslough.co.uk](http://www.healthwatchslough.co.uk)

t: 03000 012 0184

e: [enquiries@healthwatchslough.co.uk](mailto:enquiries@healthwatchslough.co.uk)

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