

Windmill Care Centre

Enter and View Report 22nd and 25th April 2024
Revisit 15th April 2025

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

Windmill Care Centre is a purpose-built care home. It has space for up to 53 residents and, on the week of our visits there were 47 residents.

The home has three floors: the ground floor is general residential care, the first floor is a nursing floor, and the second floor is for those with advanced dementia. Residents with early stages of dementia were located on the ground and first floors. There were two lifts which were accessed by using an entry code on the keypad. There was a note not to let residents use the lift and also a safeguarding notice in the lift and a whistle-blowing notice outside the lift. Each lift had an access code.

Windmill Care Centre also provides respite care.

There is a car park for visitors who are asked to log their car number plate on arrival.

There is a large garden, which has won an award and was mentioned by several of the residents and staff, who are clearly proud of what they have achieved. It was well-designed and the local 'Elvis' entertainer has given concerts. On the week of our visit the weather was wet, so none of the residents were able to enjoy the garden.



The home is run by Maria Mallaband Care Group. It's latest CQC inspection was in December 2019, when it was rated 'Good'.

The manager is fairly new to this role and has recently gained her registration.

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 Windmill Care Centre.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on 22nd and 25th April due to the number of residents. This was confirmed with a letter. Just over a 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 7 residents. We were aware that there were a limited number of residents who were capable of speaking with us. If a resident became tired, or distressed, we ended the interview early.

Additionally we spoke to/received surveys from 11 relatives/friends, and 6 members of staff. We also spoke to the manager.

Observations

Environment

As well as general observations, we used the King's Fund Dementia-Friendly tool to assess the home and noted how it fulfilled the criteria:

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

All assessment criteria met apart from:

Are the chairs in the social/lounge areas arranged in small clusters to encourage conversation.

Whilst the lounge on the ground floor had chairs clustered in this way, the chairs in the lounges on the first and second floor were all placed side by side around the wall of the lounge all facing inwards.

Is there a choice of seating e.g. settees and chairs.

All of the seating appeared to be of a similar type e.g. single chairs with arms rather than a mixture of seating.



Example where the assessment criteria was met:

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



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



External planting chosen to be colourful and non-toxic



A number of residents like to take part in helping with the gardening.

The environment encourages eating and drinking

All assessment criteria met. As examples:

Do residents have independent access to drinks and snacks?

We observed that there was a variety of snacks, including fruit.



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



The environment promotes mobility

All assessment criteria met apart from:

[Are small seating areas for people to rest along corridors?](#)

There were no seating areas in any of the corridors, however the width of the corridors were not practical to enabling seating to be placed there without it causing a hazard



The environment promotes continence and personal hygiene

All assessment criteria met except:

[Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls?](#)

Relating to contrasting coloured toilet seats. Whilst there was a toilet that had contrasting coloured toilet seat there were other toilets where the toilet seat was not of a contrasting colour



Are the taps clearly marked as hot and cold?

Only some of the taps in the bathrooms we viewed were clearly marked as hot and cold. On some there was a very thin red or blue line on the tap head but it was very difficult to see clearly.



An example where the assessment criteria was met

Are toilet doors painted in a single distinctive colour and do they have the same clear signage?



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, had been set up so that it was possible to cover them.



An example where the assessment criteria was met:

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



The environment promotes calm, safety and security

All assessment criteria met. As an example:

Are spaces clutter free



Interactions with manager and staff

On the first day of our visit, the manager was on leave, but a member of staff was allocated to show us around and we were also given a room in which to store our belongings. On our second visit, those who had not been on the first day were also given a tour of all three floors and we spoke to the manager. We were offered snacks and drinks during our visit, which were very much appreciated.

All the staff were friendly and helpful, despite being busy.

Quality of Care

The residents we spoke to were generally happy with the quality of care, although some felt that there were not enough staff at busy times, when personal care was needed.

'I like it here. The staff look after me well.'

'It's good living here. Good service and staff put themselves out to help. Happy with care, they help you to be independent.'

'It's a sociable place, they always remember peoples birthdays and celebrate them. Used to be a Guide's leader and some of the girls in the pack now work here.'

'I don't think they have enough staff so personal hygiene is not good as don't always get the help I need.'

Relatives felt that the quality of care was good:

'Good - we are happy. She is well looked-after. Moved on to the first floor so they could look after her skin better.'

'Good - always clean when I see her with no bad odours.'

'It is good, I never see him dirty, I come in most days to see him. Laundry service is good too.'

One relative commented on the bedroom:

'I do feel that my relative's room looks very tired so at first it was off putting to visit her. However I have got used to it though the colour scheme is depressing. Also she won't move to another room so there is no opportunity to re-paint or re-decorate her room. It would be nice for her name to be on the entrance door.'

Activities and Daily Life

We noticed a board as you came through the main entrance door, which had activities on it.



In some of the lounges we saw books, games and knitting on the shelves as well as plants in the rooms. On the dementia floor there was also a 'feelings' board with 'where does it hurt' diagrams on the reverse.

Residents' comments

'I like the Music that they have on for activities but nothing else. Don't enjoy bingo. It's fine if you don't want to join in, they offer everyone the opportunity.'

'Went on a trip to Saville gardens, really enjoyed it. The staff said I was knowledgeable about all the plants and they were grateful to have me there. Would like to go out more for walks but they don't want you to do that.'

One person mentioned that a cinema trip had been planned, but was cancelled and they would like more trips like that.

The garden is spacious and colourful and a number of residents enjoy helping out with it and the raised beds make it accessible.



The manager told us that residents are able to help out with other lifestyle activities, such as putting up photos, and the home aims to encourage residents to participate in other activities as much as possible.

We were told that, those who are confined to bed are not able to join in with the activities.



There are beer days when you can go to the pub with a group, I like that.



We also observed residents being encouraged to use their walkers. On the first floor one resident was doing her walking up and down a corridor with a member of staff keeping her safe and giving her positive feedback.

We were shown a room on the first floor that had been used for vaccinations etc. but was now being converted into an activities room. There was evidence of this, but we did not feel it was currently obvious what its use is, due to the mix of furniture in the room as well as a photocopier and a printer on a desk against the wall, which made the room feel a little crowded.



We were told that many of the activities are, at the request of the residents, held in the lounges, which are more spacious.

Relatives' comments

The relatives were able to join in with activities if they wanted. Some felt that, other than the television, there weren't alternatives offered if someone didn't want to join in with what was planned.

'Her daughter lives locally, so she has joined in. We live further away so tend to talk to her when we come down. She's doing fewer activities as she's spending more time in bed: used to be up and dressed and in the day room, but not so much now.'

'Yes I come to see him most days and can join in.'

'Yes, but choose not to join in with activities.'

'He likes the papers and TV shows. I write down which TV shows he likes and the staff sort that out for him.'

Some also commented that, if their relative was confined to bed there was no option for them to join in with the activities.

Staff

'We started gardening, getting them involved in tidying up the garden, planting and watering the plants. Knitting, flower arranging etc.'

'Good variety: Elvis, St George's Day, the lady who comes and sings is very popular.'

'They are good, I help with the activities such as birthdays and events. There is an activities lead who is currently off. Staff ask residents if they want to take part and if an activity isn't popular they change it

Staff seemed proactive if the resident requests something that they do not have:

'I say sorry we don't have that, can I offer you this instead?.'

'Find out if we can provide it: not an issue if it is something like a newspaper – it's more about having time for the staff to go and buy it!'

'We ask the person in charge of activities if we have the requested item– if not, we will make a request to the family.'

More of the staff felt that they had the time to sit and talk to residents, which contrasted with the views of some of the residents we had spoken to, who were more likely to feel that the staff were too busy. We did notice staff talking to residents in the dining room (one member of housekeeping was talking to a resident with dementia, who was upset, and keeping him calm).

We were told that the staff/resident ratios were based on the individual needs of the residents and checked and updated regularly as needs changed.

Food and Drink

The care home has three dining rooms. The one on the ground floor, at the back of the home, has accessible access into the garden. There are dining rooms on the first floor and the second floor. These are mirror images of each other in terms of size, their location on the floor, the way the tables were dressed, with both having lots of natural light through the windows and both facing out to the main road. During lunch time, two Healthwatch representatives observed the second floor dining room only.

There were four tables, each table had two comfortable chairs with arms. Each table had a white tablecloth and on top of that a blue tablecloth. There were blue place mats. Each table had a vase with flowers, cutlery, salt and pepper, white napkins and a copy of the menu. The tablecloths were clean. The dining room floor was wood effect, the floor was clean. There was a fan in the corner of the dining room, the fan was switched on. The upper part of all the windows were open, you could hear the traffic from the main road below, but it wasn't so intrusive that you couldn't hear conversations.

There was one man sat alone at a table. At another table there were two men sitting together and at another table there was a gentleman sitting with his carer, and a family member who assisted him to eat his lunch.

We heard staff ask each of the residents what they wanted to drink. There were clearly choices e.g. one person asked for juice, another asked for water and another asked for milk. The atmosphere was calm and relaxed and staff chatted to the residents. Each person's dinner was delivered to them.

There was a hot trolley by the kitchen door. Staff dished up meals from the hot trolley. We saw staff plating up meals for those residents who preferred to eat in their room. Those meals were delivered on trays, we saw staff put heat retention domes on those meals.

We heard one resident say "These peas are hard like bullets, why are they always like that?" As a resident left the dining room we asked about his dinner. He said "The food is generally really good but not hot enough, sometimes it's barely warm"



Resident feedback

There was a varied reaction from the residents with regard to the food. While the staff were very helpful at mealtimes some residents felt that there was not enough food. The food itself had mixed feedback:

'Food is OK. I like my Asian food and we do get that. Occasionally I get a cold cup of tea from the night staff!'

'The tea is very good. Food is OK, I can't say much about it, it's not excellent. They have the same food every day. It is enough if you have a pudding as well.'

'Get a choice of drinks, they do bring the drinks to you. The food is not too bad, if you don't like the choice they will make you a sandwich.'

'Sometimes it's atrocious. Some days you get the menu you had the day before and it wasn't good the day before, it hasn't got any better. They need to change the menu and offer more choice. There is enough quantity.'



Yes, they put out snacks. There is plenty if you want it but I don't.



Relatives

The relatives were happier about the alternatives on offer for those with special dietary needs. Once again there was a mix of views on the food overall:

'Good – she likes the puddings and eats well. Is now on a soft diet and we send her jelly drops which she loves.'

'She is a coeliac so they are ok generally but sometimes not due to choices for her condition. Sometimes they don't provide gluten free food. The other day they didn't have gluten free bread , said they had run out and would order some more. There was a tea party the other day downstairs but no gluten free options for my wife.'

'She tells me she likes the meals and she is eating properly.'

'It's OK, he eats anything out in front of him. He would like larger portions but I think he's getting enough, it's a healthy amount of food.'

Staff Feedback

The feedback from staff was more positive with most saying that the food was good:

'Have tried most of the food (we are allowed to eat it if they have made too much) and it is fine.'

'I think the food is great on all levels.'

Hydration and nutritional needs

All the staff we heard from were aware of the importance of keeping the residents hydrated. It was warm in the home on the day we visited and we observed that windows were open on all floors and that snacks and drinks were in all the lounges and bedrooms.

'How I do it is to check all the time and keep the cups full.'

'Regularly ask residents if they want something to drink. All have drinks in their rooms, plus on table in dining room and in the lounge. Often they ask. Some residents with diabetes get more thirsty.'

'Given milkshakes and puddings.'

One relative expressed concern about hydration:

'He is generally lying flat out not sat up, staff have told me he doesn't want to be sat up when they ask him. When laid flat his feet are pressing against the hard board at the end of the bed. If he is lying flat and reached for his drink occasionally he spills it all over himself. There has been occasion when I've come in to visit that his drink cup is empty.'

Dignity and Respect

The residents gave varying feedback; overall they felt safe with the staff, but two mentioned one of the male staff could be a little 'rough' when dealing with them.

'Nice. James is very helpful, he got me a new clock for my bedroom when my old one broke.'

'Some of the 'men' are very nice (smiles cheekily!). I don't always want a male for personal care but accept I can't have everything. Most staff are very nice. It can't be perfect. Staff can be a bit rough when helping me into the chair or personal care but I tell them.'

'Good. Helpful.'

'I feel safe when they dress me and wash me.'

Relatives had varying views on how their loved ones are treated by the staff, with some very positive and some less so:

'They treat her very well. I have lots of sympathy for the carers, within their capabilities they work hard.'

'They are lovely with her and jolly her along and all love her as she is so positive. She perks up when she sees them and has a laugh.'

'Very good. He can't always hear them so they write on his white board or use gestures.'

'In the care team some are good and some not so good.'

Staff

Resident feedback

The residents had the following views on the way they are treated by staff, with most being positive:

'Respectful. I have known some of them for many years from Guides, I used to lead a pack and be a section leader. They have known me for a long time.'

'Always treated with dignity.'

'Varies – I have issues with some of them.'

'Speak to me well.'

When we asked residents if staff had enough time to speak to them, we had the following responses:

'They don't really. I'm happy with that though.'

'I get to have a conversation with certain staff but others don't seem to want to talk.'

Relatives' feedback

The majority of relatives/friends we spoke to thought that the staff were caring and kind.

'Staff seem to change quite often so there are always new faces. They call me up to make appointments for her for example for her ears but I tell them to speak to her as she is completely with it.'

Relatives also felt that the staff treated them well:

'Always very polite.'

'Always offer tea, very kind.'

'They are always chatty and friendly.'

We observed relatives arriving and being greeted by the staff in a friendly manner.

Almost all felt that they were listened to by staff and managers and knew which staff to speak to if they had a question or request regarding their relative. They also felt they were kept up to date with their relative and were encouraged to visit the home. They also felt involved in decisions and knew how to raise a concern. Not all were aware of how to make a complaint.

Those who we spoke to that had raised concerns felt that they were acted upon:

'Issues have been acted upon and all resolved - none were dangerous.'

'Yes, in general.'

Relatives also gave the following additional feedback :

'Care is good but I think they need a receptionist as calls sometimes take a while to be answered.'

'I do feel that my relative's room looks very tired so at first it was off putting to visit her. However I have got used to it though the colour scheme is depressing. Also she won't move to another room so there is no opportunity to re-paint or re-decorate her room. It would be nice for her name to be on the entrance door.'



The 2 staff looking after the residents on the floor are always smiling. Ifrah and George care for Dad every day, thank you to all the carers.



Staff feedback

We heard from six staff who had worked there for eight months up to five years. This included carers, head of housekeeping and a lifestyle lead.

Two-thirds felt that they had enough time to care for the residents and provide individual care to them.

Most of the staff felt there was a good range of activities provided, and one commented that there is not enough activities' budget:

Staff: training and support

There was mixed feedback from staff regarding training and support:

'I am happy with my training, I know I can go to the home manager if I have any issues.'

'We are well trained and getting the support we need.' (Team observed there was a training session going on in the 1st floor lounge).

'Not offered enough training or support'

'I am up to date. There are courses available which i will take now I have the opportunity.'

They also felt that they spoke with each other regularly and had meetings on a daily basis to keep updated with residents' needs. Most of the staff felt supported and that the manager has an open door policy. One commented that they had been well supported when having a sick child and needing to go home at short notice. Another member of staff did not feel supported at all.

The manager commented that staff are encouraged to do NVQs as part of their work and MMCG has trainers across the region, both clinical and non-clinical.

Overall the manager felt there was a low attrition rate (3%) and that, being close to London means that they do not have recruitment issues and have a waiting list of bank staff who are waiting to join when a permanent role becomes available.

When we asked the staff what was the hardest part of their job we received the following responses:

'Trying to make connections with dementia residents, some days it is good some days not.'

'If the cash or budget runs out.'

'Lack of funds.'

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

'Nothing at the moment: things are improving all the time.'

'We need a receptionist.'

'It's not up to the staff: it's up to the company and I think they need to invest more.'

We also spoke with the manager, who is new to the role and has been working on making changes to improve the home. She acknowledged that this can be a challenge for the staff, and encourages input from them.

Some of the new initiatives mentioned that will be coming into place in the next few months are:

A 'Resident of the Day'. This includes a visit with the family, the resident having their favourite meal cooked for them and their family and the opportunity for feedback and the care plan to be updated.

'Dementia Ambassadors'. This will involve more staff being trained in dementia care and also to pass on their knowledge to relatives to improve understanding.

There is also a plan to introduce 'Care Awards.'

The home is transitioning to electronic care planning in May and already has an electronic medication system in place.

Connections with other services

Staff mentioned the following:

'We need a social worker to be available in case we have an issue like financial for residents, some of them are not available and don't reply to email or calls.'

The discharge process works well for the care home but the manager commented that often the family is unaware what is going on and are not informed by the hospital.

There is a weekly visit from a doctor and they also have support from the GP Pharmacist for medication reviews.

There is access to the Urgent Response Team at Slough Borough Council.

Each resident has a free dental visit every year. Some tasks can be carried out without the resident needing to go out to the dentist such as replacements for dentures.

One relative mentioned that their family member had a rotten tooth and this had not been treated in months.

Another relative also mentioned that there was supposed to be some physio organised for their family member, but they were still waiting.

The optician comes in at planned times to ensure all residents have access.

The home has its own hairdressing room.

We spoke to one resident and one family member who mentioned waiting for help with their ears and did not know how long the wait would be. One was almost totally deaf and the other was having auditory disturbances. One third of the relatives said they did not think their relative was getting appropriate healthcare.

'He has his feet done regularly but he has a rotten tooth on his bottom jaw at the front. I have asked about him seeing a dentist; they can't seem to get a dentist. I couldn't take him to a local dentist as he couldn't sit up in a chair.'

'Doctor came and was very good but he was referred for wax build up which is causing/ making deafness worse. They have just said they have made the referral but we haven't heard anything else about it. It would be good to know when it is going to happen.'

'I enquired about physiotherapy for my wife about 4 months ago and I haven't heard anything since.'

One resident is awaiting an operation to help with hearing but she doesn't know when. She felt it would be good to know.

Recommendations with response from manager

The manager is well-supported by the regional manager. The manager is making changes to improve the experience for residents and appreciates that it will take time for staff to adapt to these changes.

We would like to make the following recommendations:

- Ensure the activities room has all the work units (such as printers etc.) removed so it is clear what the room is being used for.

Response from Manager: Work units will be transferred to the first-floor nurse station by 14.06.2024

- We would suggest a planned redecoration programme is put into place to update all the rooms and that all have the resident's name on the door.

Response from Manager: First floor and second floor dining hall and corridors were repainted prior to the Healthwatch visit.

Paints ordered to continue repainting in ground floor unit. To be completed by 21.06.2025

Redecoration request will be sent to HO for the 3 units. To be completed by 14.06.2024

Repainting and redecoration of rooms will be started once the repainting in ground floor will be done. To be completed by 31.07.2024

Frame for room door number & name of resident has been ordered and will be put in place. To be completed by 21.06.2024

- As part of any changes in the bathrooms, for those on the dementia floor, the option to cover the mirrors would be welcomed.

Response from Manager: Being discussed with resident/next of kin To be completed by 14.06.2024

Covers to be put in place. To be completed by 21.06.2024

- We would also suggest that the taps in bathrooms are clearly marked 'hot' and 'cold', and the toilet seats are replaced, so they are a contrasting colour.

Response from Manager: Hot and cold taps to be purchased. To be completed by 14.06.2024

Signs to be put in place. To be completed by 21.06.2024

- We would suggest, where possible, that staff training takes place in a separate room so that residents still have access to the lounge area.

Response from the Manager: Training will be organised on a day that the activity room will not be utilised by the residents. Completed.

- We would like to see processes in place to ensure that food and drinks are hot enough when served to residents.

Response from Manager: Servery temperature record is being done per unit for breakfast, lunch, evening meal and supper with the following guidelines:

The temperature of food being stored from a hot lock should not be below 63°C. If the temperature is below 63°C, then immediate action should be taken by referral to the Chef & Home manager.

No foods should be left on the individual units after meal service; all meals should be returned to the kitchen to be stored appropriately.

Reheated food temperature record: reheating food must be avoided wherever possible. If food must be reheated it must reach 82°C for 2 minutes.

All Completed.

- We noted the importance of encouraging residents to be active but the lack of space in corridors for chairs to enable them to take a rest. Perhaps some pull down seats on the walls may be appropriate.

Response from Manager: Pull down seats will be sourced and will be put in place. To be completed by 15.07.2024

- We did not hear about any activities which involved a significant amount of movement, such as chair Zumba, so would recommend incorporating something similar, if not already doing so.

Response from Manager: The Lifestyle Team has already been doing chair exercises with resident. We will explore more movement exercises using our More application and discuss with the Lifestyle Team. To be completed by 14.06.2024

- We would also like to suggest that the home explores the use of technology to enable those confined to bed, to join in with some of the activities. We have seen Tablets used in another care home so that residents can take part in Bingo each week, even if they cannot be in the main room where it is located.

Response from Manager: A discussion with the Lifestyle Team was conducted on how they can maximise the use of the tablets available in the Windmill Care Centre. To be completed by 10.06.2024

- The perception of residents is that staff are busy and do not have enough time to talk to them: we would suggest looking at a developing a local volunteer programme for people to come in to chat to those who would like more visitors.

Response from Manager: 3 volunteer applicants have been contacted. Ongoing.

- We recommend that each resident has a named member of staff for relatives to speak to about any concerns/issues and this to be clearly displayed.

Response from Manager: Key Nurse/ HCA will be reiterated and ensure the family is aware. To be completed by 14.06.2024

- We would like to see better information for family and residents regarding waiting times for procedures/ medical appointments and a more regular/ better link with dental services.

Response from Manager: Families were always informed regarding the wait times; however, appointments are being schedule by the Multi-Disciplinary Team, depending on their waiting list. This will be recorded in the resident's information.

- We would strongly recommend that any dental/physio/podiatry etc. needs are followed up so that they are resolved as quickly as possible and appointments are scheduled quickly.

Response from Manager: Shared referral tracker which can be accessed live by Home Manager, Deputy Manager and the person-in-charge of the units is already in place to ensure monitoring. Completed.

- We would also suggest that regular auditory checks for all residents are put in place.

Response from Manager: An enquiry has been sent to our Optician that also provides auditory checks. Awaiting a response.

We feel this is a comprehensive action plan which addresses all the recommendations that we have made in this report.

Revisit 15th April 2025

We returned to Windmill Care Centre to see what changes had taken place since our visit in 2024.

The home has undergone a major redecoration with each floor having a different colour to distinguish them. Handrails have been repainted as well to make them clear. Names have been put on bedroom doors, unless a resident has declined this option.



The home had not been able to fit pull down seats and had put chairs along some of the corridors, but had found that the corridors were not sufficiently wide and this had posed a hazard to the residents, so they had removed them.

A translation device has been ordered for a resident who is Ukrainian, to help them communicate better with staff.

Bathrooms

It had not been possible to get clearly marked taps (an issue for all care homes) and so signs have been put above the hot taps as warnings.



No resident had issues with mirrors in their bathrooms, so the home has left these in place, but all new residents, with dementia, are asked if they are happy to have a mirror and the home will review this regularly with their dementia residents.

Awaiting approval for new toilet seats.

Activities

Activities have now been moved to the lounge, where there is more space, as it had not been possible to move the office equipment out of the room that had been used for activities, due to a lack of alternative space.



Lifestyle coordinators have had training in chair exercise classes, which are done twice a week as well as the introduction of bowling sessions. The manager has participated in the chair class and saw how much the residents enjoyed it.

The use of Tablets for those confined to bed has been looked at, but many of the residents find it difficult to participate as they are unable to focus on the activities for any length of time.

Relationship with healthcare providers

The home has good relationships with healthcare providers: they have developed a close relationship with podiatry. There is good wound management and they have also had training from the NHS Medication Optimisation team who also offer additional support.

They are in regular contact with the optician and hearing tests are conducted on a regular basis.

When a new resident is admitted, a referral to the healthcare teams takes place.

There are regular dental appointments and a team from Slough comes to the home. All appointments are tracked.

Tablets have been issued for the staff to use when there is a medical issue with a resident. All their details have been input to the Tablet and details of the issue can be sent and a response is received from the medical team. This means that the home does not have to involve the GP as the online Team is able to call a paramedic, or initiate the most appropriate action.

Garden

There will be new planters in the garden and a couch has been approved. More flowers are going to be planted and chairs have been placed near windows overlooking the garden so that residents can observe what is happening, from inside.

A garden 'bar' (non-alcoholic) has been planned at the request of residents.

The dining experience

In the dining rooms they are now using Spotify for music options and residents can request their favourite songs. The televisions are put on mute at lunchtimes and they explain to the residents why this is.

Hostesses have been introduced at lunch, who serve the food, while carers assist the residents.



Dementia-friendly plates have also been sourced for the dining room on the dementia floor.

Staffing

Staffing has been adjusted and there is now a member of staff at reception.

The maintenance man has left and this has had an impact on some of the changes that are being planned, but a member of staff has stepped in to ensure that progress is being made.

A Dementia Ambassador has been introduced and staff have been given specialist dementia training to help them better understand how the residents are feeling and what they are seeing and hearing. This training is still ongoing and it is expected that all staff will have completed it over the next few months.

It has been a challenge to recruit volunteers as the home operates a recruitment process in line with that used for staff recruitment, and volunteers have been resistant to this.

Discharge process

There are still issues with hospital discharge. Recently a resident was returned to the home, but when the home checked their sats the resident had to be sent back to hospital as the infection markers were high.

Healthwatch comments

We acknowledge that there are some areas (taps and mirrors) where no suitable products can be found, and the home has had to make their own adaptations to make it clear which tap is for hot water.

The new décor has brightened up the home and made a positive impact.

We were delighted with the proactive approach of the manager, and the support received from the regional manager, in helping to make the changes outlined above, and the benefits these changes will bring to both the residents and the staff.

We would like to commend the manager for all the positive changes that have been made, following our recommendations.



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