



Enter & View Visit Report

Details of Visit

Service Name and Address	Doddington Lodge, near Hopton Wafers, DY14 0HJ
Service Provider	Chelcare Ltd
Date and Time	Wednesday 27 th July 2016, at 2pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Three Healthwatch Shropshire Authorised Representatives (ARs)

Purpose of the Visit

To look at Dignity, Choice and Respect: the quality of life experienced by residents at Doddington Lodge Residential Home.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

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Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a purpose.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Healthwatch Shropshire's visit to Doddington Lodge was in response to comments received and discussion with local stakeholders. Enter and View visits can be announced, semi-announced or unannounced. This was a semi-announced visit and the manager of the home was told that the team would visit within a four week window.

What we were looking at

How the home provides individualised care

We asked about:

- the choices residents have e.g.
 - the food they eat
 - activities available
 - personalising their bedrooms
- how staff find out about a resident's previous life and their likes and dislikes
- support for residents to use appropriate health services
- how staff share information
- if residents are happy living in the home

Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents
- if staff knock on doors before entering a private room
- if residents are dressed properly
- appropriate staffing levels to meet residents' needs

What we did

We were met by a senior care worker, who showed us around the home.

The new manager took up the post eight weeks ago. She had intended to work that night in support of two new care staff, but came into the home to see us, and postponed the plan to work a night shift until the next night. We were grateful for the opportunity to talk with her. As we went around the home we observed what was happening and spoke to those residents willing to talk to us, as well as with staff if they were available. The ARs spoke to:

- 14 residents,
- 10 members of staff, including the manager
- 1 relative visiting a resident

What we found out

The home

There are two wings, each with two floors. There is a large, pleasant garden surrounding the building and a terrace/patio area with a barbeque and garden furniture for general use.

Wing 'A' is used for residential care and is in the oldest part of the building. It had 16 residents on the day of our visit. There are two lounges, a pleasant conservatory and a dining room. There are some bedrooms on the ground floor, but most are on the first floor. All bedrooms have hand basins, and we were told some have an en suite toilet. There are three bath/shower rooms and four toilets in each wing. We were told there are some shared rooms, one of which is used by a married couple.

A newer wing 'B' has been built on to the original house. This wing is home to residents with dementia. There were 15 residents on the day of our visit. Access is controlled by key pads. As in the other wing, most bedrooms are on the first floor. The lounge area is large enough for the number of residents and extends into a conservatory. The French windows in the conservatory lead to a small, secure garden. There is a separate dining/sitting room.

Individualised care - choice

- **Menus and food**

We met the new chef, who started working at the home two weeks before our visit. The chef told us that the staff have had individual discussions with every resident (and family members where appropriate) to understand the meals they enjoy. This has led to major changes to the menu. One resident said they had been asked about the menu changes and had been able to tell the staff about the food they like. We were impressed with the variety of different dishes offered in the new monthly menu. We were told that a farm shop delivers fresh vegetables to the home, and other local suppliers are used where possible.

We were told that staff tell residents each morning what is on that day's menu (which is also written up on blackboards in both wings) and take orders for other options, such as an omelette. Three residents told us that they really enjoyed the food. We were told that "the food is marvellous" and "first class". We were told, "They'll always make something else for you if you don't like what's on that day".

The cook told us that residents with diabetes or gluten intolerance are catered for, e.g. gluten free flour is used to make an individual pie.

A member of staff on 'A' wing told us that they ask the residents if they are ready for their tea as, if it is hot weather, the residents may choose to eat a bit later. They said that "in the past, mealtimes were fixed", but now they could be varied if the residents wanted.

The dining room in 'B' wing was shabby and there was a smell of urine. The tablecloths and placemats were stained.

The manager later told us that she had introduced the option for residents to have breakfast in their rooms if desired, with proper bed tables. We were told by the manager that there had previously been occasions when residents didn't get breakfast until late morning, resulting in no appetite for lunch and inadequate nutrition. The manager has told staff that serving breakfasts should be finished by 10.30am.

Staff on 'B' wing were serving the residents ice cream cornets at the time of our visit. We observed that all the residents were offered ice cream and asked if they wanted chocolate or strawberry sauce on top.

- **Drinks**

We saw jugs of squash in every lounge area, and about half the residents had fluids to hand. Other residents told us they were happy to wait for the tea trolley to come round. It appeared that, although fluids are available, staff were not necessarily aware of which residents they should be actively encouraging to drink.

- **Activities**

A newly-appointed Activities Coordinator had not started at the time of our visit, but staff agreed that as a team they all have an important role in promoting activities and engaging residents' interest. We saw an organised session where seven residents on 'B' wing were being encouraged to use the well-stocked box of painting and drawing materials.

In another room two residents were playing dominoes together. A care worker was playing bagatelle with a resident in their bedroom. We also saw three residents, accompanied by carers, walking in the garden. We were told that many residents on 'A' wing really enjoy music. During our visit there was popular music from World War 1 playing. We did not see any residents joining in. We were told by a care assistant that they play music each afternoon and the residents often play along with musical instruments or dance to the music. The care worker said they also played music from the 60s and 70s.

In 'A' wing the manager and a care assistant told us that armchairs had recently been added to the dining room so that it could be used by residents who wanted a quieter place to sit. We saw one resident reading the newspaper there.

Staff told us that some residents have regular visits to local churches or go to Bingo. There is a vehicle at the home and additional staff to escort these residents. Two weeks previously residents and their families had joined together for a barbeque on the paved area outside.

- **Personalising their bedrooms**

Several bedrooms we passed which had open doors showed personal touches and a larger room had what was obviously a favourite arm chair. We were invited into one resident's bedroom in the older wing 'A'. This bedroom was not large. We observed that it had a television, but few personal items on display.

We saw from the corridor in 'A' wing a shared bedroom. The member of staff we spoke to said that the residents who shared the room had done so for many years, all the time that the staff member had worked at the home. It was not clear to us if staff had asked these residents if they were still happy to share.

Dignity and respect

We observed that all residents were addressed by name, and staff appeared to show a friendly, encouraging attitude to them. Through the windows we saw three different residents with individual carers walking in the garden while the sun was shining. We heard two call bells sound from bedrooms during our visit. Both were answered in less than a minute.

Every resident we saw was dressed tidily and with appropriate footwear. A relative told us that their family member was always dressed in their own clothes. We were invited into a resident's bedroom. The resident said they were independent enough to get up and dressed in the morning. Other residents we spoke to told us they receive assistance in the morning 'at about 8 o'clock' and in the evening.

There are large picture signs on toilet and bathroom doors in 'A' wing. On 'B' wing the toilets and bathrooms have distinctively coloured doors; it is our understanding that this is recommended as good practice in caring for people with dementia. We saw a carer accompany a resident with dementia to the toilet, closing the door but staying within earshot until the resident was ready to leave.

Staff told us that most residents have a bath or shower once a week. One resident confirmed this, saying their bath day was Saturday. It was unclear to us how personal hygiene is maintained for residents during the rest of the week.

There was an odour of urine in several parts of the building. We were told by the manager that some carpets have already been replaced and other work is planned to address the problem.

- **Staffing levels**

The manager told us there had been some turnover in staff soon after she took up the post. Several staff were, and still are, on long term sick leave, leaving staff shortages that were not filled under the previous management. Using a recognised dependency model, the new manager had demonstrated that there were insufficient staff to meet the needs of the residents. As a result the company had approved the appointment of additional care staff and the introduction of a new Activities Coordinator post. At present agency staff are needed to maintain full staffing, but recruitment of permanent staff is under way. The manager told us there are currently 22 staff, 8 of whom are senior carers. There are three staff on duty in each wing each night.

A care assistant told us that they are being encouraged to take a higher level NVQ, and extra cover has been provided when the NVQ assessor is at the home to enable the care assistant to focus on the NVQ work.

Two members of staff said how much things had improved in the home under the new manager. They said they were asked for their views, and that changes were introduced in consultation with them. Two further members of staff said they felt well-supported in their role and that good systems were being introduced. They said they were receiving training and had recently completed courses in the Mental Capacity Act, medication and manual handling.

- **How staff find out about a resident's previous life and their likes and dislikes**

Staff told us that many members of the team had worked at the home for several years. However, the previous manager had not promoted individualised care and few care plans were up-to-date. Several projects are being put in place to improve care planning. A senior care worker is leading one project working with residents' families to develop life histories of residents with dementia. It is hoped that these will help staff understand these residents better, and learn about what might engage their interest.

In the lounge we saw a senior care worker updating care plans before they finished their work shift.

- **Support for residents to use appropriate health services**

The home is situated on the border between Worcestershire and Shropshire. Residents from the local area are encouraged to maintain links with their previous GP. Two GP practices, one in each county, provide a full primary care service. A doctor visits the home each week, and we were told there is always a very prompt response to calls from the home about individual residents. The GP surgeries arrange for screening appointments and other routine care.

We met one resident who had been out that morning for an appointment with an Optometrist. We were told that a private company arranged three monthly visits to the home to offer eye tests and support for residents with impaired eyesight.

A local Podiatrist has started making visits every six weeks, especially useful for residents with diabetes.

- **How staff share information**

The new manager told us that that one room in the home is going to be used as a staff room. The room will be used for all staff to meet up for the care 'handover' each day and for storing care plans, so all staff can learn about each resident. An agency member of staff told us this system is not yet fully in place and they had not had the opportunity to look at the care plans; but they would ask for time to read them. They said they would ask the staff for guidance if necessary.

A senior care worker told us they have been asked to start organising the staff rotas. They plan to rotate staff between both wings, so that they get to know all the residents as well as sharing the different workload patterns in the two wings.

A care assistant told us that if there was an issue they would be happy to speak to the manager and they were "confident it would be acted upon, as this had happened".

- **If residents are happy living in the home**

One resident, who had moved into the home “a few weeks ago”, said “it’s a very nice home. People are friendly and very helpful. The food is excellent. I am happy to mix with other people but I don’t get very involved with the activities”.

Another resident told us: “It could be worse! You certainly don’t get bored, there’s always something happening - and the food is marvellous, really first class”.

One resident, asked if the staff were helpful, said “most of them help you. One or two rule the roost, you don’t tell them [what you want], they tell you”.

A relative told us that they felt the staff and the home met their relative’s needs and that “the staff are friendly”. The relative said they were aware that there had been a relatives’ meeting a few weeks previously. The relative said they were not aware of any changes taking place but they were aware of the appointment of the new manager.

Additional Findings

The manager was aware of the need for more staff training, particularly for training relating to caring for people with dementia, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

A senior carer told us that staff meetings were held every month, and senior staff meetings were held every other month, and that they felt their opinions were valued.

A meeting for relatives had been held the previous week, which gave the new manager an opportunity to update families on the recent changes. Staff told us it was well attended.

The visit team had looked at the home’s website prior to the visit. We asked the manager about the Service User Guide on the website that appeared to be out of date, and about the daily life page written by a resident. The manager said she would be reviewing and updating the information on the website.

Summary of Findings

- Every resident we saw or spoke to appeared comfortable in the home.
- We saw many instances of staff treating residents with kindness, dignity and respect.
- Residents told us they are offered choice over a variety of aspects of their daily life. These included
 - times for getting up
 - an interesting menu and other food options if desired
 - various 'in-house' activities
 - opportunities to visit local events and attend church services
- We saw staff interacting with residents on a one-to-one basis and in small groups doing activities. Most residents were in the various lounges. There were staff in each lounge at all times during our visit.
- Residents we spoke to said they had a bath or a shower once a week.
- Two residents shared a bedroom and had done so for many years.
- The dining room in 'B' wing was shabby and the tablecloths and place mats were stained.
- Some areas of the building did not smell fresh.
- In the past 8 weeks since the new manager took up post, many previous problems have been identified and a start has been made on improvements.

Recommendations

- Residents who share bedrooms should be asked about the arrangement to ensure that this meets their current needs and wishes.
- New flooring should be installed to remove the smell in the dining room in 'B' wing and the room would benefit from a deep clean and redecoration.
- All staff should have access to up-to-date care plans and the new system for the handover should be introduced as soon as possible.

Service provider response - to the report

On 19th August 2016 Healthwatch Shropshire received the following response to the draft Enter and View visit report from Cris Arnold, the manager of Doddington Lodge:

Individualised care - choice

- **Menus and food**

p.5 The dining room in 'B' wing was shabby and there was a smell of urine. The table clothes and placements were stained.

Residents had just finished lunch and staff had not cleaned prior to us meeting in there.

- **Drinks**

p.6 It appeared that, although fluids are available, staff were not necessarily aware of which residents they should be actively encouraging to drink.

I have told all staff that all residents must be actively encouraged to drink hence possibly their response.

- **Personalising their bedrooms**

p.7 We saw from the corridor in 'A' wing a shared bedroom. The member of staff we spoke to said that the residents who shared the room had done so for many years, all the time that the staff member had worked at the home. It was not clear to us if staff had asked these residents if they were still happy to share.

There have been discussions with both residents and family and one of the residents had made a choice of sharing with the other as they dislike being in their own room alone.

Dignity and respect

p.7 Staff told us that most residents have a bath or shower once a week. One resident confirmed this, saying their bath day was Saturday. It was unclear to us how personal hygiene is maintained for residents during the rest of the week.

Residents are offered additional showers or baths if requested, strip wash and assistance is offered daily.

- **If residents are happy living in the home**

p.10 One resident, asked if the staff were helpful said "most of them help you. One or two rule the roost, you don't tell them [what you want], they tell you".

I am investigating.

Service provider response - to the recommendations

Cris Arnold (manager) has provided the following response to the recommendations:

Residents who share bedrooms should be asked about the arrangement to ensure that this meets their current needs and wishes.

The residents that share bedrooms were consulted at the time of the arrangement to share and in conjunction with their family members. We have 5 double rooms, not all used as doubles at this stage.

Personal care support is always provided independently to each resident and privacy is paramount. We have pull-across screens and curtains in all double rooms except one double which is shared by a husband and wife who independently use the bathroom.

The manager and care staff ensure that the necessary equipment is always available. Any changes in circumstance are relayed to the manager for adjustment on care plans if required.

New flooring should be installed to remove the smell in the dining room in 'B' wing and the room would benefit from a deep clean and redecoration.

The removal of the old flooring in 'B' wing was arranged prior to the visit from Healthwatch.

In liaison with staff, managers and residents it was agreed that a vinyl floor would be more effective and cleaner, particularly as food occasionally lands on the floor.

The base of the floor requires screeding before the vinyl is laid and we have already a fixed date for this to be completed. The decorating is taking place week commencing 22nd August. It will be completed by 29th August 2016.

All staff should have access to up-to-date care plans and the new system for the handover should be introduced as soon as possible.

The office in the main corridor near the reception area was used as an interview room and I noted that the medication rooms were used as a staff room for handovers. During the last few weeks we have actively accumulated all paperwork relating to care plans and daily recording into the old interview room. This is now an active, working staff office which ensures that handovers are more effective and information can be passed on. This office is secure with a lock on the main door and the cabinets.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

01743 237884

enquiries@healthwatchshropshire.co.uk
www.healthwatchshropshire.co.uk

Healthwatch Shropshire
4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG