



**enter**  
and  
**view**



**The Willows - Barton Upon Humber**  
March 2017

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## **Introduction**

### **What is Healthwatch North Lincolnshire?**

Healthwatch North Lincolnshire is an independent consumer champion created to gather and represent the views of the public on health and social care. Healthwatch North Lincolnshire plays a role at both a national and local level, making sure the views of the public and service users are taken into account when reviewing service provision.

### **What is Enter & View?**

Part of the Healthwatch North Lincolnshire strategic work plan is to carry out Enter and View visits. Authorised representatives of Healthwatch North Lincolnshire carry out visits to health and social care services to meet residents, staff and visitors and hear their views. Recommendations are then made on areas which require improvement.

The Health and Social Care Act allows representatives of local Healthwatch organisations to enter and view premises, which receive public funds and carry out observations for the purpose of local Healthwatch activity. Visits can include hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter & View visits can take place where people tell us there is a problem with a service, but they can also happen when services have a good reputation so we can learn about and share examples of what they do well.

Healthwatch Enter & View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they will inform the lead officer who will inform the service manager. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) for more information about whistleblowing.

**Disclaimer:** This report relates only to the service viewed on the date of the visit and is representative of the views of the residents, visitors and staff who contributed to the report on that date.

## Acknowledgements

Healthwatch North Lincolnshire would like to thank the care home, the staff and residents and for their contribution to the Enter and View programme.

## Visit Details

### Service Details:

Name and Address	The Willows Willow Drive Barton-Upon-Humber DN18 5HR
Service Provider	ADL Plc
Type of Service	Residential Care Home
Registered Care Categories	Dementia, Old Age
Specialism	Alzheimer's
Registered Manager	Linda Cox
Description of Building	Single rooms: 39
Latest CQC Report	26/10/15 – rated amber overall

### Dates Undertaken:

17<sup>th</sup> November 2016, 11am – 1pm.

### Authorised Representatives:

- Annabel Tindale
- Mike Pinnock
- Denise Fowler
- Susan Marrison

### Theme of Enter & View:

The experience and quality of life of residents.

### **Purpose of the visit:**

The purpose of this visit was to:

- Observe the environment and routine of the care home including the activities provided for residents.
- Speak to as many residents as possible about their experience of living in the home, looking at personal interactions with care staff and others providing their care.
- Give care home staff an opportunity to share their opinions on the provision of activities and general care.

### **Methodology**

This report summarises themes and highlights good practice identified from the Enter and View visit to The Willows.

This was an unannounced Enter and View visit. The aim was to speak to residents, family members and staff. This visit lasted two hours and was carried out on Thursday 17<sup>th</sup> November.

Although visiting schedules do vary per home visited, the questions asked remain the same. Authorised representatives used semi-structured, face to face, interviews with residents and staff. Questions could, therefore, be adapted to suit those residents who were less able to communicate. Sufficient time was spent on each interview in order to build trust and rapport and to listen to responses to the open ended questions. However, some residents still struggled, which may have been a result of mental health difficulties such as Dementia. To supplement the interviews, the Enter and View team also carried out observations.

Whilst we would not expect all recommendations to be implemented, by the care home, we would anticipate that they are given full consideration.

### **Summary of Findings**

During the visit six residents and two members of staff were consulted.

The general cleanliness of The Willows was found to be of a good standard, however, some of the facilities were found to be in an unsatisfactory condition and the décor appeared tired and worn.

The team felt it was unfortunate that the main entrance is dominated by a large and densely populated notice board.

Staff at the care home were friendly, however it was said that they seem to lack time to interact with residents. It was felt that residents who were unable to partake in general activities, such as watching television, may benefit from more conversations and time with staff.

The care home provides a range of activities for those residents who wish to take part. The types of activities provided for residents are identified through feedback and through the residents care plans.

Staff did not wear name badges. This reluctance had arisen from a previous personal experience, from a member of staff, with nuisance phone calls to her home some years ago. Whilst the team recognised that this situation would have been distressing representatives felt that name badges in the work-place could be beneficial both for visitors and residents especially those who may have dementia. The care home manager, also, was unaware of the work and role of Healthwatch. Moving forward, a letter will be sent to all care homes reminding them about the work of Healthwatch and the importance of Enter and View visits. Other pro-active steps will also be looked into, for providing information on Healthwatch, including workshops for care home managers.

Residents' feedback on the food at The Willows was very positive and special diets were catered for. It is recommended however, that the menu be displayed in a more accessible place.

Residents and staff confirmed that visitors were welcome and allowed until 9.30pm. Residents also stated that they were able to stay in touch with friends and family outside of the care home.

Finally the team wondered about the value in leaving people with dementia and visual impairment sitting in a lounge with a wall mounted television running in the background, and wondered if other stimulation would be more appropriate to their needs.

## **Results of Visit**

During the visit Healthwatch representatives made observations that can be broken down into four areas: layout and appearance of the building, staff, available literature and care.

### **Layout and appearance**

On approaching the building it was not clear which door was the entrance due to a lack of signage; a welcome sign above the door could help visitors.

The general cleanliness of the care home was found to be satisfactory with hoovering and cleaning observed during the visit. However, one Enter and View representative identified

that some of the facilities were unsatisfactory and some maintenance was required. Matters included:

- Room 15 – the fire door did not close
- Toilet 22 – the door did not close and the toilet was left in a poor condition
- The ladies toilet basin was cracked and a hot water tap was dripping.
- Room 20 – double room used as a storage area and the fire door did not close
- Toilet 3 – was of a poor standard
- Toilet 2 – was of a poor standard and the call point could not be reached from the toilet
- Shower 13 – The call point could not be reached from the shower and a razor was found in the cupboard
- Rat bait trays were found near a sink in the room containing vases
- A hand-wash dispenser at the front door was empty.
- It was noticed that the lid on a bin in the toilets did not open when the foot pedal was pressed so this had to be lifted by hand.

Healthwatch representatives noticed that the toilet areas smelt of urine, however, it was felt that poor ventilation and old style sanitary fittings may have been the cause. One member of staff felt that en-suite facilities would make things better for residents.

Only one potential trip hazard was identified, located on entering the dining room where there is a raise in floor levels.

One representative was invited into a resident's room, which was clean and plainly decorated. It was identified that the doors to patients' rooms could be improved through painting as it appeared as though a metal plate at the bottom of the doors had been removed. The décor in communal areas appeared tired and dated and there were marks on some of the chairs. One member of staff suggested that altering the décor may make life better for residents.

Some thoughtful touches for residents were seen in the home, for example, a box of tissues on a table and the option of using softer lighting via lamps and pretend candles.

## **Staff**

The staff were all smartly dressed and most wore tunics. The majority also were found to be helpful and friendly, however, upon arrival the manager seemed reluctant to allow the visit and was not aware of the role of Healthwatch. Only after speaking with the Head Office were Healthwatch allowed to proceed. A letter will be sent to all care homes reminding them about the work of Healthwatch and the importance of the visits, workshops for care home managers may also be provided.

None of the staff wore name badges. The manager explained that she was not keen to start wearing one especially with her forename and surname on it. This reluctance had arisen from a previous experience with nuisance phone calls.

During the visit one representative observed staff having a tea break, but it appeared that there was nobody around for the residents during this time.

## **Available literature**

Information from the care group was found in folders however, this seemed outdated and over written. An example provided by an Enter and View representative was the statement of purpose, which they felt read like it had been written to comply with imagined care standards, rather than something that was intended to be useful to potential and actual residents and their carers and relatives. Other material displayed at The Willows included what activities were available for residents and a selection of leaflets, for example, one was on Alzheimer's. A copy of the day's menu was also available to view upon request, but this was located in a cupboard and not pinned up for everyone to see.

A large notice board dominated the entrance to the building and contained a large amount of information, including how to make a complaint. However, in most cases it was unclear as to who the information was aimed at and it was difficult to separate out new additions or judge the importance of the items. It was felt that re-sighting the board and rationalising the contents may help. Alternatively, in place of the board a suitable wall mural with some specific information about that day's activities may be more suitable and inviting; it could also include the name of the duty manager and the day's menu.

## **Care**

Enter and View representatives found that some of the residents looked a bit unkempt and had drink stains on their clothes. One lady had food on her clothing, which may have been from that morning's breakfast. Another resident appeared to have matted eyes and soiled glasses.

During the visit an alarm was sounded by one of the residents. Enter and View representatives were assured that this would be dealt with. However, when the alarm continued the manager went to see what was being done. If staff are all busy when the alarm sounds then there is a chance that nobody will answer it. In order to make sure that alarm calls are always answered, we would recommend that the procedure for responding to them is reviewed and that if possible one person on each shift is made responsible for making sure that they get answered.

## **Individuality and Control**



Residents at The Willows were asked a series of questions to determine the level of control they had over their day to day activities and whether they were satisfied with the care home.

### **Do you like living here?**

Of the six residents spoken to four commented about their overall experience of living at The Willows. Two of the comments were positive:

***‘I’ve been here a long time and find everyone really friendly’***

***‘I’ve not been here a long time but enjoy it here’***

Another resident said that the home was alright but they felt as though they had no alternative. The final comment was from a resident who said that they had to be in the home but that they would like to go outside more.

### **Tell me about an ordinary day – Is every day the same?**

One of the residents said that they did not mind a routine. However, two residents suggested a lack of variety in their day:

***‘I sit here and then we get a meal and then I sit here again’***

***‘Watch a bit of telly, don’t do any activities’***

### **Do you choose what clothes to wear?**

Healthwatch North Lincolnshire wanted to find out if residents at The Willows were given the opportunity to choose their own clothing. Three of those interviewed said that they were able to select what they wanted to wear, the other participants did not comment.

## **Safety and Support**

Residents were asked if staff assisted them to move around the home safely and what support was available to them when booking doctor’s appointments. Residents were also asked how they felt about staff helping them to do things and to what extent the staff engaged in social time with residents.

### **If you need an appointment with your doctor, do staff arrange this for you?**

### **Do staff arrange your transport to the surgery?**

Only two residents commented about staff assisting with booking doctor’s appointments.

***‘Asked to see the doctor a few times but it hasn’t materialised’***

***‘I haven’t needed one but I know they would sort it out’***

The above comments highlight mixed opinions about whether staff do or would provide assistance in booking doctor's appointments if asked. It was concerning that the only resident who had informed Healthwatch that they had requested to see a doctor was still waiting. It is not known however, how long the resident had been asking or whether staff had attempted to make the appointment. If staff had been unable to make an appointment, for whatever reason, then the resident should have been informed.

### **Do staff help you move around the home safely?**

One resident told a Healthwatch representative that staff did help her. She mentioned that she had to be careful as she had lost weight. When asked how she felt about staff helping her to do things she said "it's OK with me".

During the visit Healthwatch representatives observed staff providing assistance to one lady by helping her eat lunch. Another resident was unwell and in her room. Whilst Healthwatch remained outside of the room care staff took in a cup of tea and some cheese and crackers, which was presumably for the lady.

Finally the home has a medical room used for treatment, which would allow privacy for anyone requiring it. This room was not used during the visit.

### **Do staff have time to talk and listen to you?**

Comments received around staff having the time to talk and listen to residents included:

***"Yes, when you ask them, but they are busy"***

***"Only when they are dressing me"***

***"Staff do chat to me"***

The above comments suggest that staff do communicate with residents but only when they were asked questions or providing care. Another resident stated that staff did communicate with them but were very busy.

Staff were asked, on their survey, if there was anything else that could be done to make things better for them. One member of staff commented on the 12 hour shifts and suggested doubling the number of staff. If staff are very busy then investing in more may enable additional time to be spent with residents.

### **Food and Drink**

Healthwatch representatives wanted to find out what residents thought about the food and drink provided at The Willows and whether there was sufficient quantity.

### **Are you getting enough food and drink throughout the day?**

Residents were asked for their views on the amount of food and drink available to them. The three comments received were all positive:

*“I can get a drink when I want one”*

*“Yes, the food is good here”*

*“I enjoy my meals”*

### **Do you get the option of where you can eat your meal?**

One interviewee confirmed that residents had a choice as to where they could eat; a further two residents said that they preferred to eat in the dining room.

### **Do you like the food here?**

All of the interviewees who gave feedback about the food provided at The Willows were satisfied. One interviewee also commented that their special diet was accommodated.

## **Outings**

In order to find out about the social activities available to residents, Healthwatch representatives asked residents questions about their opportunities to go out of the care home.

### **Do you get the opportunity to go out of the home?**

Two residents mentioned that they did go out of the home:

*“Yes, relatives take me out”*

*“Yes a neighbour comes over sometimes and takes me out”*

Both comments related to relatives and neighbours taking the residents out and not to any day trips that the care home organised. However, feedback from the care home confirmed that external trips and visits are provided.

### **Is there anywhere you would like to go that isn't already offered?**

One resident said that they would like to walk in the garden other than in summer. Another resident said that they did not want to go anywhere that was not already offered but stated that the home does try different things.

## **Privacy**

Healthwatch representatives wanted to check whether residents' privacy was respected at The Willows. Only two of the six residents interviewed replied; both of whom felt that privacy was respected and stated that staff knocked on resident's doors before entering.

## **Worries or Concerns**

One interviewee said that they would talk to "the boss" if they had any worries or concerns. Another resident suggested that they would inform their relatives.

## **Activities**

### **Do you like to join in with activities in the home?**

Comments received around the opportunities to go out of the home included:

***"No, they don't do any activities. Can watch the telly"***

***"Chair exercising is offered but it's not much good"***

***"Yes"***

***"Would like to go out. Somebody to take me"***

The above comments suggest that there is a mixture of opinion about what is available. Staff stated on their questionnaires, that a number of activities take place including: boogie-beat, hoop throwing, bowling and quizzes and that staff know what kind of activities residents like to be involved with from their care plans or from information given by residents and their families. The staff also highlighted that some people within the community attended the care home in order to assist with activities for residents, for example, an organ player. Although none of these activities were observed during the visit Enter and View representatives did notice two activity schedules that showed a range of activities on offer including: crafts, music, chair exercises and church services.

One of the residents informed a Healthwatch representative that the care home often had talking books for those with eyesight difficulties. When the residents were asked what activities they liked to do, one mentioned reading.

Whilst staff had put together the activity schedules, it was felt that more needed to be done in order to break up the care home's daily routine and environment, this should include more interaction with residents. For example, during the visit four residents were observed sitting in a lounge watching television, however none were fully engaging with the programmes which may have been due to health conditions for example one had a visual impairment.

## **Loneliness and Visiting**

Loneliness can be detrimental to peoples' emotional wellbeing and mental health. Healthwatch representatives, therefore, felt it important to understand the contacts residents had both inside and outside the care home.

### **Do you find it easy to make friends here?**

One interviewee said that they did whilst another said that they had not been able to make many friends. A third interviewee did not reply but a lady pointed out a resident who she got along with.

### **Are you able to stay in contact with friends outside the home?**

All of those who answered said that they were able to stay in contact with family and friends.

### **Are friends and relatives able to visit you here?**

All of those who responded said that their friends and relatives were able to visit them at the Willows.

Staff explained that visitors are welcome anytime up to 9.30pm as there is an open door policy and residents can make telephone calls.

### **Any additional feedback?**

One resident provided additional positive feedback:

*"It's much better here than where I used to go"*

## **Conclusions**

A number of themes have emerged from the experiences of residents and staff which are detailed below.

### **Care home environment**

Overall Healthwatch representatives found The Willows to be clean but with some maintenance and improvements needed, including redecoration. Improved signage on the exterior of the building would also assist visitors.

Residents also liked the food provided and felt that they had enough to eat. Special diets are catered for also.

### **Staff**

Staff at The Willows respect residents privacy and assist them in daily activities if needed. Staff were also found to be smart and friendly, but very busy, which appears to be resulting in less time engaging with residents. During a busy period there is also a chance that alarm calls may not be answered in a timely fashion.

## **Available literature**

Plenty of information is available but it could be organised better so that it can be found more easily. Important information such as menus should also be out on display for residents to view.

## **Activities**

Activities within the home are provided for residents, however, it is felt that more interaction with staff and a break in the daily routine would be beneficial to residents especially those who are unable to watch television or partake in other activities.

## **Choice**

During the Enter and View visit it was noted that residents were given choices, for example, residents can select the clothes they would like to wear or where to eat their meals.

## **Safety**

Three main safety issues were identified during the visit. These were:

- Alarm calls – An alarm call was left ringing for a while and in the end the manager had to go and find out what was happening about the situation. If there is not a designated member of staff responsible for alarm calls then there is a chance that nobody will answer. A review of the alarm call procedure is, therefore, recommended.
- Trip hazard – A raised level at the entrance to the dining room was identified.
- Doctors being requested - One resident mentioned that they had requested to see a doctor but that this had not happened. It might be that staff are aware and attempting to make the appointment but residents should be kept informed.

## **Recommendations**

Overall, it is important to share with care home staff the positive feedback from residents and visitors following this Enter and View visit, and to celebrate the areas of good practice

identified in this report. However, the following recommendations for improvement are based on the findings of the visit on the day:

- 1) The care home should look into updating the décor on the premises. This should include painting the doors to residents' rooms.
- 2) The amount of time that staff interact with residents should be increased and if necessary staff levels and shift patterns reviewed.
- 3) Staff should be provided with name badges and encouraged to wear them.
- 4) Improve signage on the exterior of the building.
- 5) Make sure that all facilities are up to a satisfactory standard and that maintenance is carried out where required.
- 6) Information in folders, provided by the care group, should be checked regularly to make sure that the information is still relevant and written in plain English.
- 7) Re-sight the information board, in the entrance, and rationalise the information.
- 8) A wall display containing specific information about the day's activities could be put up in the entrance. The name of the duty manager and the day's menu could also be displayed here.
- 9) The procedure for alarm calls should be reviewed and that, if possible, one person on each shift could be made responsible for making sure that they get answered.
- 10) If residents request assistance in booking doctor's appointments then staff should help and always feedback the outcome to residents.
- 11) The raised level at the entrance to the dining room should be investigated and altered.

## Response





**Healthwatch  
North Lincolnshire**

Unit 25, Queensway Business Centre  
Dunlop Way, Scunthorpe, DN16 3RN  
Tel 01724 844986

[enquiries@healthwatchnorthlincolnshire.co.uk](mailto:enquiries@healthwatchnorthlincolnshire.co.uk)  
[www.healthwatchnorthlincolnshire.co.uk](http://www.healthwatchnorthlincolnshire.co.uk)