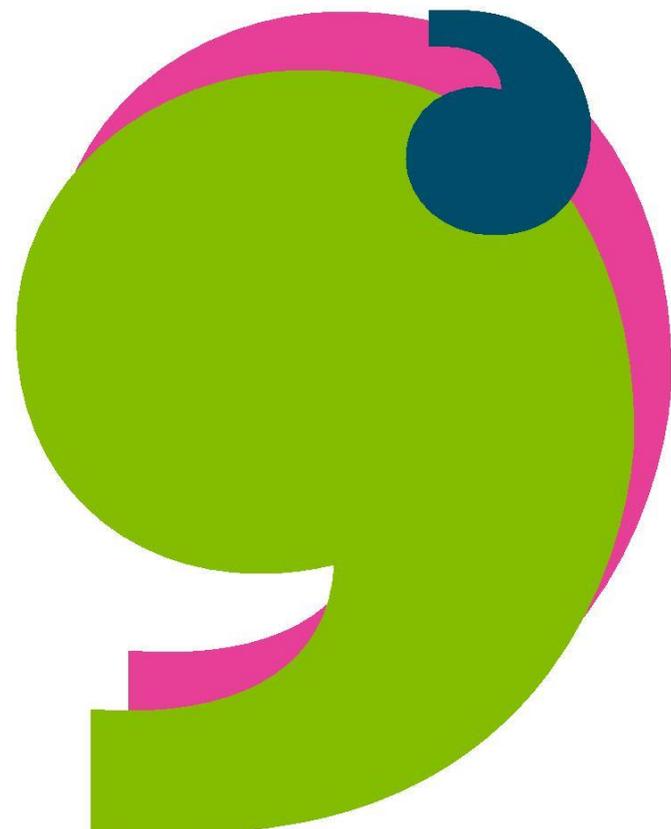




Enter and View report
The Orchards Residential Home
July 2019



healthwatch
Swindon

Contents

1	Introduction	3
1.1	Details of visit	3
1.2	Acknowledgements	3
1.3	Disclaimer	3
2	What is Enter and View?	4
2.1	Purpose of Visit	4
2.2	Methodology	5
2.3	Summary of findings	7
2.4	Results of visit	11
2.5	Feedback on discussion with staff and General Manager	12
2.6	Recommendations	13
2.7	Provider response to recommendations	14

1 Introduction

1.1 Details of visit

Details of visit:	
Service address:	The Orchards Residential Home 1 Perry's Lane Swindon SN4 9AX
Service Provider:	Buckland Care
Date and Time:	2 nd July 2019 10am-midday
Authorised Representatives:	Samantha Baker George Cahill Norma Thompson
Contact details (Healthwatch Swindon):	Healthwatch Swindon, Sanford House, Sanford Street, Swindon SN1 1HE

1.2 Acknowledgements

Healthwatch Swindon wishes to thank patients, service users and staff from The Orchards Residential Home for their contribution to the visit and this report. Also thanks to the Alzheimer's Society for their helpful comments and suggestions to the recommendations in this report.

1.3 Disclaimer

Please note that this report relates to findings observed on the date and at the time of the visit. It is not a representative portrayal of the experience of service users, patients and staff, only an account of what was observed and contributed at the time.

2 What is Enter and View?

Local Healthwatch representatives carry out these 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 local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Enter and 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.

2.1 Purpose of the Visit

- In response to a request from Swindon Borough Council Commissioners to carry out various Enter and View visits to Care Homes to hear directly from some residents about what they like about the Care Home they are staying in and also what they would like to change.
- To talk to staff and visitors during our visit to The Orchards Residential Home to find out what they like about The Orchards Residential Home and what they would change.
- To make practical recommendations about aspects of the service which may have an impact on the experience of users.

2.2 Methodology

This was an announced Enter and View visit to The Orchards Residential Home.



We distributed a handout and leaflets to people to explain our purpose:



We are carrying out an announced Enter and View** visit here today. We would be pleased to hear your views about the services provided at The Orchards Residential Home and anything about the facilities here, the building and access to it, the information displayed and anything else you would like to tell us about. Our leaflet tells you more about the work we do. In due course we will publish a report about our findings with any recommendations. We send our report to the organisations providing services here, the borough council and the Care Quality Commission. You will be able to see our report on our website at www.healthwatchswindon.org.uk If you don't want to talk to us today, you can write to us at this address: Healthwatch Swindon, Sanford House, Sanford Street, Swindon SN1 1HE or email us at info@healthwatchswindon.org.uk at any time. For the purposes of our report about our visit to this centre, please write or mail by Friday 12th July 2019.

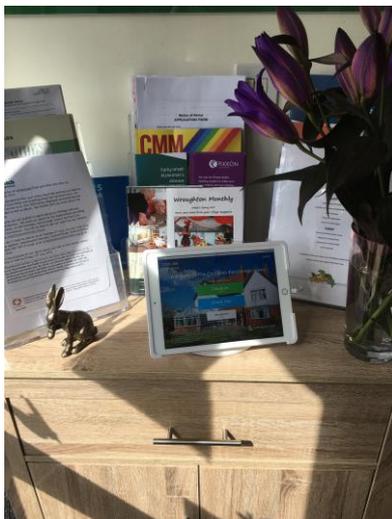
****Healthwatch Swindon is able to carry out these visits under the terms of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) and National Health Service Act 2006/Local Government and Public Involvement in Health Act 2007 (as amended by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.**

We collected our information by speaking to residents, visitors, members of staff, including a manager and an assistant manager. We visited the ground floor and second and third floors where we spoke to members of staff and residents. Several residents invited us to speak to them in their bedrooms which we did in pairs. We observed the ground floor communal spaces. Information was gathered by asking open questions to establish what people liked most and what people felt could be improved at The Orchards Residential Home. Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff member was happy to speak with us. We made observations throughout the visit and made notes of what we saw around The Orchards Residential Home.



2.3 Summary of findings

1. Visitors book - Self check in for visitors was via a tablet in the corner of the main entrance. This looks complicated for visitors to operate and is easy to miss. We did not see any signage or instructions explaining what the device was used for. We saw two visitors told on leaving “you will have to use this next time” (i.e. they did not use it this visit.)



Provider comment

“A code is needed for access to the home. A doorbell on outside and staff will open the door for visitors. Staff will ask visitors to sign in-if new to the home staff will show how to use the iPad. Regarding people who were in the building but had not signed in - Staff have been reminded of the need to ensure all visitors have signed in/out.”

2. The reception at The Orchards Residential Home was clean, light and fairly spacious. Staff were friendly and helpful. We were given a tour of The Orchards Residential Home by the manager who told us there are 44 beds; at the time of our visit 3 beds were available.
3. The only disabled parking bay was blocked from both sides by other cars and so was inaccessible on our arrival and on our departure.



Provider comment

“The disabled car parking is accessible between the parked cars. It is something that the team have already discussed.”

4. Interaction with residents - In the 2 hours we visited The Orchards Residential Home we saw a few individual conversations between staff and residents. Staff seemed very professional and effective and all were very busy.
5. Activities - A craft activity was ongoing during our visit with only one resident seen participating by sticking flowers on a colourful box which we were told by a member of staff was a memory box and could be for any resident to keep in their room and it wasn't for anyone in particular.

Provider comment

“We had a few tables set up with different activities going on called butterfly techniques. Residents can move from one activity to another. Residents more able were decorating boxes for our less able residents.”

6. Cleanliness - Bedrooms and shared areas looked clean. We saw staff using check sheets to monitor inspection visits in residents' bedrooms. We were invited into one bedroom where we saw a blank housekeeping sheet. We saw some automatic hand sanitiser dispensers installed and working.
7. Bedrooms - Outside every bedroom is displayed a photograph and name of the resident. Bedrooms are spread across 3 floors and some are ensuite. All rooms have a TV. We saw one bedroom with the TV on low and too far away for a bedbound resident to see or hear the programme and we were told by a member of staff that the TV is left on as background noise. We were invited into several residents' bedrooms to talk to residents in their own rooms which we did in pairs. We visited with a resident in one very small bedroom which also had a commode in the room which took up most of the free space. We received a complaint from one resident on the size of their room. Some rooms have a large electronic clock on the sideboard with large print and display of date/time which the manager told us are purchased by friends/family members of the

residents.

Provider comment

“Resident is sight impaired (very poor sight) and dislikes loud noises. The low TV/radio is part of this lady’s person centered care”

8. Remote calling system - We saw this in use with some units fixed to the walls and some wireless units in the bedrooms. We saw one bedroom with two units in. There was some uncertainty on the locations of the alarm units. We saw an alarm ringing from the calling system displayed as C40 in the corridor on the ground floor and asked two members of staff where that was originating from to be told upstairs and further along the corridor. It turned out it came from a wall mounted in one of the residents’ lounges.
9. Weekly activity list - This was displayed on the wall in the main reception. We were told by a member of staff that a manicure session was taking place at 11am during our visit and we saw this set out ready to use. We were told by a member of staff that a gentleman’s club activity was taking place in the afternoon of our visit.
10. Dining room - Menus were on each table but not accessible (very small print) and nothing on the wall. The tables were nicely laid with tablecloths and flowers with seating for up to 20 people.
11. Temperature - We visited on a hot day in July between 10am-midday but during this time we didn’t see any residents sat outside where we saw parasols set up and areas available for residents to sit in the shade. The door from the conservatory to the garden was open. We spoke with 15 residents who were already sat in a hot conservatory and with staff too who commented that the temperature in the conservatory was hot.

Provider comment

“Doors/windows were opened. The fans and air con were on. Residents’ choice to sit there under the supervision of staff offering regular drinks.”

12. Music - There was music playing in the corner of the conservatory and some residents were enjoying this but another commented it was too loud.
13. Layout - The seating in the conservatory when we visited The Orchards was organised so that chairs were placed around the edge of the room with side tables for refreshments and residents were sat in a circle looking out into the middle of the room.

We asked residents, visitors and staff “What do you like about The Orchards Residential Home?”

Responses	number of positive comments
1. Food	7
2. Care	3
3. Activities	7
4. Exercises	2
5. Outings	5
6. Friendly staff	5
7. Friendly colleagues	3
8. Making friends	5
9. Helping out laying the tables	1
10. Crafts	6
11. Variety of work	3
12. Quickly resolve any issues	1
13. Don't know	5

We asked residents and staff “What would you change about The Orchards Residential Home?”

Responses	number of negative comments
1. More availability of staff to interact with residents	3
2. More opportunities for outings	4
3. Being offered more refreshments	3
4. Feel unable to disturb staff with issue	6
5. Temperature in conservatory too hot	5
6. Feeling unsettled	4
7. Doctor availability	1
8. Too many people here	1
9. Access to a dentist	1
10. Don't know	5

2.4 Results of visit

Our observations and comments from people at The Orchards Residential Home

Some residents we spoke to appeared to have advanced dementia and appeared to be reasonably content.

One resident we met was in obvious pain and a member of staff asked her if she had had any paracetamol yet to which the resident replied “I can put up with it a bit longer” - Resident

“It’s very nice here. I like all of it.” - Resident

“I wouldn’t change anything” - Resident

“They are so short staffed here some days they are glad of any help”-Resident

“I’d like to go for walks but need a Carer. They can take two at a time, you know the day before a Carer tells you”. - Resident

Several residents told us they don’t like to ask to go to the shops.

We spoke to several members of staff who told us they like the residents, the planning of activities and the spontaneity at The Orchards. One member of staff gave us an example where sometimes they can cancel a planned activity and just sit outside with the residents. “You get attached you get to know their habits and get to do silly things together”- Member of Staff



2.5 Feedback on discussions with staff;

- New management one year ago introduced new systems and changed some staff. We were told this was an improvement.
- Staffing levels we were told are currently 7 carers every day and 4 night staff.
- 4 bathrooms are currently in use with another under refurbishment. Residents can ask staff to use the bathroom at any time and staff told us that they also offer help to use the bathroom regularly for those residents who need reminding due to their dementia.

The General Manager told us;

- Prospective residents are assessed for suitability with existing residents.
- Certain staff changes were required.
- New systems put in place to be compliant with required standards.



2.6 Recommendations

- Menu- Consider large print for menu and a large menu board/whiteboard displaying the menu on the wall in the dining room area
- Disabled parking - Ensure clear access at all times.
- Daily Activity planner - consider displaying a daily activity planner in the communal areas and in easy read format.
- Personalisation- Consider a Whiteboard outside every resident's bedroom and with permission from the resident/family member use this to add key information about the resident such as likes, dislikes, personal preferences as a tool for more interaction. <https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me>
- Seating - Consider arranging seating in communal areas into a café style where possible to encourage interaction and make it easier for visitors/family members to engage with residents and so tables can be used for tools to stimulate memory and conversation such as picture books, table top and board games.
- Memory boxes - We spoke with Alzheimer's Society about the best way to create a memory box and good practice is for a memory box to be personalised and interactive where possible.
- Walls - Consider use of colour to help to define areas which can help people with Dementia to find their way around.
- Dentist- Information about referring to and accessing a dentist can be shared with all staff, residents and residents' family members. GWH Guidelines for Referral to the Special Care Dental Service in Wiltshire and Swindon are available here. <https://www.gwh.nhs.uk/wards-and-services/a-to-z/dental-services/community-dental-service/>
- Getting out - Encourage relatives to take their family member out for an outing as even under a DOLS this can be requested and assessed. <https://www.communitycare.co.uk/2019/04/26/law-authorising-deprivation-liberty-will-change/>
- Shopping activity - many residents commented to us that they missed going to the shops- consider ways to set up a regular shopping activity within The Orchards Residential Home.
- Staff interaction - Encourage all staff to interact with residents where they get an opportunity including the gardener, kitchen staff whereby creating as many opportunities as possible to have conversations with residents.

2.7 Provider response to recommendations;

“Will look at chalkboard for the wall but the printed menu and picture menus do appear to work well with our residents.

Weekly activity programme is displayed on notice boards around the home. Will look at also putting them in every bedroom.

We use ‘This is me’ booklets and all care documentation is in care plans. Privacy, dignity, GDPR if this was on show for everyone to see.

Seating - We do this but it depends on what activities are going on and resident’s choice of seating. Gentlemen’s club, afternoon tea works well but movie afternoon doesn’t work well.

Memory boxes - These will be personalised but to start with we are using it as an activity with our more able residents decorating them for other residents. This gives our able residents a sense of purpose.

Walls - Our residents have helped us choose the colours of their individual bedroom doors. The idea is doors are personalised with a photo and own door knocker. Corridors have road signs and the décor/signage along the corridors are in line with [scie.org.uk dementia/environments](http://scie.org.uk/dementia/environments) and Stirling University.

Dentist - already in place either via community dentist or resident’s own dentist.

Families, where able, do take residents out for tea/coffee out for the day and away for weekends. Fully aware of DoLs.

We do have residents who go out with families/friends some up to x4 times per week. Staff here also take residents out to garden centres/pubs/WI etc. Some of our very able residents would like to go out every day but this is totally unfeasible. We do have social workers involved who are looking to do some work with the enablement team for a few of our very able/mobile residents.

All of our staff here do interact very well with all of our residents. Whether it be the domestic team cleaning bedrooms where residents are; the gardeners/maintenance-residents helping in the garden with the team. Activities/chefs/care staff all communicate with residents in one way or another.”

