

# Revisit Enter and View report Willow Cottage Care Home 11 January 2017

## Authorised representatives

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### 1 Introduction

#### 1.1 Details of visit

Details of visit:	tails of visit:		
Service Address	Willow Cottage Care Home 127 Station Road Yate BS27 5AL		
Service Provider	Mulberry Care Ltd		
Date and Time	Thursday 11 January 2017		
Authorised Representatives	Joanna Parker Tony Colman Michael Garett Andrew Riches Janet Spence		
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#### 1.2 Acknowledgements

Healthwatch South Gloucestershire would like to thank Willow Cottage Care Home management and the members of staff who were willing and able to host our revisit and answer our queries.

#### 1.3 Purpose of the visit

Healthwatch South Gloucestershire undertook one enter and view evaluation revisit to Willow Cottage Care Home in January 2017 with the purpose of finding out if any changes recommended in light of the findings from an enter and view in May 2015

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had been made. This approach is one measure being tested to evaluate and assess the impact of enter and view visits.

At the time of the May 2015 enter and view visit Willow Cottage Care Home had just become part of Mulberry Care Ltd and the care home response to the findings of the enter and view indicated that there were likely to be a number of changes in the areas where the report recommendations suggested change.

A selection of care homes in South Gloucestershire previously visited are being revisited.

# 1.4 How this links with Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plans for 2015/16 and 2016/17 was to engage with older people and people with dementia, and to enter and view care homes across the county. Enter and view provides an ideal tool to hear the views of residents in care homes.

Full details of the work plan for Healthwatch South Gloucestershire are available on the website: www.healthwatchsouthglos.co.uk

# 2 Methodology

#### 2.1 Planning

A monthly planning meeting is held by authorised enter and view representatives. These are used to agree which observations to focus on and prompt questions to use during enter and view visits. Observation templates and prompt questions have been continually amended and revised as authorised representative's learning and knowledge has developed.

The focus for this enter and view revisit was to try and assess the impact of the first enter and view visit and an observation template and questionnaire was developed with a focus on the changes suggested in the May 2015 recommendations for action by the care home.

#### 2.2 How were changes noted?

On 11 January 2017 five authorised enter and view representatives visited Willow Cottage Care Home. Information was gathered from the representative's observations and their notes of a discussion with the home manager, the Mulberry Group operations manager and the Mulberry Group quality manager. The discussion





focused on the recommendations for action made in the enter and view report of May 2015. Activities in the lounge, changes to the environment and to the food preparation, were observed. It should be noted that at the time of the May 2015 enter and view visit Willow Cottage Care Home had not long been part of Mulberry Care Ltd and there were a lot of areas of service delivery being changed.

#### 2.3 How were findings recorded?

Notes were made by all authorised representatives during the revisit and the lead enter and view representative then compiled the report based on the records from the conversations and observations, and shared the report in draft form for all representatives to discuss and agree.

#### 2.4 About the service

Willow Cottage Care Home is registered for 34 residents and is situated in a house in Yate. Willow Cottage Care Home was last inspected by the Care Quality Commission (CQC) in January 2015 and received an overall grading of good.

# 3 Findings

#### **Executive summary**

In May 2015 Healthwatch South Gloucestershire enter and view representatives highlighted a number of issues that needed to be addressed to make the home appear more welcoming and to enhance the quality of life for residents. Six recommendations were made. The recommendations of May 2015 and the findings from January 2017 are set in the table below as follows:

May 2015 Recommendations	January 2017 findings
To improve the resident's meals	Meals are no longer prepared on site but are sourced from a company called Appetito, which supply meals to hospitals, care homes and local authority services.
	The company specialise in meal preparation for elderly people and can provide individual and culturally sensitive meals as required, and provide fortified meals to ensure that residents have the daily calories they require.





I	There is an emphasis on the nutritional value
I	of each meal.

There is a four week rolling menu, and a picture menu, developed with the Alzheimer's Society, is available if required for residents. There is a choice of two hot meals and two puddings at the main meal, and pureed meals, produced to look attractive and appetising, are available for any residents who may have difficulty in swallowing.

There are drinks, fresh locally bought fruit and snacks available at all times. There are drink/snack stations in the lounges. Relatives may also help themselves to a drink and snack.

There is a cook available to provide an inhouse prepared cooked breakfast each morning and the cook is available to make sandwiches or scrambled eggs for residents if required. The kitchen is open for night staff to make tea and toast for residents.

The kitchen has been refurbished and there has been investment in a new oven that reheats the Appetito meals.

Residents, relatives and members of staff are involved in a food tasting survey.

Food and fluid charts are kept for residents who require assistance with their meals, with an emphasis on recording the nutritional value of each meal.

# To improve the mealtime experience for residents

Appetito provide training for members of staff on how to present the food on a plate, to ensure the meals look attractive and appetising.

The Care Home are employing a 'Mealtime Experience' person who will be ensuring that there are 'protected mealtimes'. Dining tables are now laid ready for meals in attractive way, TV noise is reduced, and conversation is





	encouraged during a meal to make mealtimes a social occasion.
	Due to the space available in the home only 16 of the 28 residents are able to be seated at a dining table; however some residents are bedbound. Those who are not in the dining area also have their meals presented in attractive way and members of staff ensure they are engaged in conversation.  Relatives may eat meals with the residents.
To ensure that there are meaningful activities available	An activities coordinator has been appointed to work 4 days a week from 2pm to 5pm.
for all residents.	There is a planned schedule of activities and the male residents are asked if there are specific activities they would like.
	Examples of activities available include music, fitness sessions, flower arranging, singing and church services.
	There is work being taken forward to understand each individual resident's life history to ensure that there are person centred activities as well as group activities available.
	The enter and view representatives observed a musical session in action, which involved an external entertainer. About 12 residents and some relatives were joining in with apparent enjoyment.
	The enter and view representatives suggested that more could be done to provide activities and opportunities for socialising and conversation by 'bringing the local community in', for example, by using volunteers and having more engagement with local students.
Consider undertaking a self- audit to check that the home is as dementia friendly as possible and improve the environment,	The King's Fund self-audit tool has been used by the Mulberry Group to evaluate the service. It was noted that there were some resident's room doors that had names and photographs.
and improve the environment, using the tool 'Is your care	



home dementia friendly?' developed by The King's Fund.	There has been refurbishment which includes a new bath suitable for use by people with dementia, new chairs in the resident's lounge, new chairs in the dining area and new profile beds.
Consider implementing 'Inspiring Action: Leadership Matters in Person Centred Dementia Care: 50 Point Action Checklist', developed by the Alzheimer's Society and Dementia Care Matters	The group quality manager explained the work being undertaken to quality assure systems and processes by achieving the ISO 9001/2015.
Consider introducing a 'safe staffing tool' that measures resident's acuity and dependency needs.	The care home responded to this recommendation in 2015 by stating that they already use the Rhys Hearn dependency tool to calculate 'safe staffing' levels.
To improve person-centred care.	New care plans are being introduced with training for members of staff to support the implementation.
	Activity planning is taking an individual as well as a group focus. Residents, relatives and other stakeholders are involved in meetings and surveys.

## 4 Conclusion

Overall it appeared that Willow Cottage Care Home had made a number of significant changes and improvements, some in response to the recommendations made by Healthwatch South Gloucestershire; for which they are to be commended.

Willow Cottage Care Home will always be constrained in what it can achieve for residents by the nature of the building, part of which was built in 1766. The communal space available limits participation in activities and the opportunity for all to dine around a table together. However recent redecoration, refurbishment and some new soft furnishings have considerably improved the environment for residents.



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The Mulberry Group operations manager and quality manager are actively supporting the home manager, who appeared to have grown in confidence. The Mulberry Group take particular care to promote the growth and development of members of staff through a comprehensive training programme and consequently have a low turnover of staff, providing continuity of care for residents and enabling staff/resident relationships to grow.

Further improvements are to be taken forward as part of the process to achieve ISO 9001/2015.

Healthwatch South Gloucestershire would like to see the range and variety of activities extended, possibly by developing a volunteer base and seeking intergenerational involvement with the home.

#### **Disclaimer**

- This report relates only to a specific visit on 11 January 2017.
- This report is not representative of all service users, staff and visitors (only those who contributed within the restricted time available.)