



**Healthwatch Doncaster**  
**Enter and View**  
**China Cottage Care Home**

28<sup>th</sup> November 2018





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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	China Cottage Care Home, 154 Owston Lane, Carcroft, Doncaster, DN6 8EA
Service Provider	Doncaster Property Investment Fund Ltd.
Date and Time	28 <sup>th</sup> November 2018 at 10.30 a.m.
Authorised Representatives	John Burke, Sandra Hodson, Sharon Faulkner, Sue Flintoff
Contact details	Healthwatch Doncaster 3 Cavendish Court South Parade Doncaster DN1 2DJ

## 1.2 Acknowledgements

Healthwatch Doncaster would like to thank the service provider, residents, visitors and staff of China Cottage for their contribution to the Enter and View programme.

## 1.3 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 experiences of all residents and staff, only an account of what was observed and contributed at the time.





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## 2 What is Enter and View?

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Part of the local Healthwatch programme is to carry out Enter and View visits. 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 be undertaken if people tell us there is an issue 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.

### 2.1 Purpose of Visit

Healthwatch Doncaster is undertaking a series of Enter and View visits in local care homes to build a picture of the quality and range of care provision in Doncaster from a resident's perspective.

### 2.2 Strategic drivers

Healthwatch Doncaster are undertaking visits to local care homes as part of a wider piece of work to look at the quality of care provision in Doncaster.

### 2.3 Methodology

- The Enter and View Planning Group decided who would undertake the visit and as it was our third official Enter and View visit it was decided that three of the members of the group attend plus an additional Authorised Representative. It was agreed that the group would split into two pairs so as not to overwhelm the residents.
- During the visit the teams spent time in all the lounges and dining room as well as the corridors of the resident's rooms both on the ground and second floor. Interaction was observed between staff and residents and we spoke to staff, residents and visitors.
- Observation sheets were used throughout the visit and these were collated in a meeting of the four Authorised Representatives shortly after the visit.
- Before terminating the visit we spoke with the care home manager.

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- The findings were discussed and agreement reached around items for inclusion in the report. Recommendations were also discussed and agreed.

## 2.4 Summary of findings

- The Authorised Representatives felt the home generally had a friendly and welcoming atmosphere.
- Interactions between staff and residents were positive.
- The environment was clean and tidy.
- Some improvements could ensure a more Dementia friendly environment.

## 2.5 Results of visit

The findings of the visit are summarised below:

### Environment

- The homes layout made it simple to observe the residents and staff without overwhelming the residents.
- The entrance hall was welcoming.
- It was noted there were no dementia clocks/calendars.
- There was a notice board with names and photographs of the staff. Another notice board gave a list of the staff that were on shift when we visited.
- There was no appropriate signage on the upstairs toilet doors.
- The downstairs toilet seats had colour contrast toilet seats (Dementia friendly) and doors. The upstairs toilet seats did not have a colour contrast.
- Hands sanitizers were available throughout the home.
- Though the dining room had signage, it was above the door and not easy to see.
- There was a slightly short alarm cord in the downstairs toilet and a cord in an upstairs bathroom had been gathered up on to a shelf.
- The lounge/dining room had a two budgies in a cage and a fish tank.
- There is a notice indicating that the fire alarm is tested each Thursday.
- There is a daily activity board in the dining room, which shows the day's activities.
- There were some photos of the surrounding areas mining past in the entrance hall and upstairs corridors.
- The resident's rooms had coloured doors some of them with the resident's photograph affixed to the door.
- There was a newsletter called the Daily Sparkle with an "On this day" and "The way we were" section with useful information for carers and conversational prompts. The last issues were dated May 2018 but the content was still relevant.
- There was a large TV in the lounge which could be seen easily from anywhere in the room.

- The outside space consisted of a large patio area with ramp to lower grassed area.
- Tables set out for meals with a red contrasting cover, flowers and menus which makes a pleasant dining experience.
- There was appropriate music playing in the dining room.
- There is a tuck shop.
- The home has a well equipped hairdresser's room.
- One of the light cords in upstairs toilet did not have a pull cap on end of cord.

### **Promotion of Privacy, Dignity and Respect**

- There was a lack of Dementia contrasting toilet seats in the upstairs toilets.
- One of the downstairs toilet contrasting toilet seat was negated by the attachment of a white seat raiser.
- Staff spoke appropriately to residents.
- Residents were dressed and clean.
- Residents had a choice of having their photo attached to their door.
- Residents can choose whether their bedroom door remains open when they are in their room.

### **Promotion of Independence**

- One of the more able residents had been given a fob allowing him to use the stairs to his room instead of the lift as this is their preference.
- As there were no dementia clocks, residents would only know the date by the display board in the lounge.
- There were jigsaws, reading and word search books readily available in the communal areas.
- Residents have the choice to do a much or little as they please.
- Residents can eat their meals in their rooms, lounge or dining room.
- There were drinks available throughout the day.
- There are written and pictorial menus.

### **Interaction between residents and staff**

- Residents were treated with respect.
- There was a good rapport between staff and residents.
- The maintenance member of staff told us he enjoyed interacting with the residents when time allowed; this was evidenced by photos of him on trips.

### **Residents**

- All looked clean and well cared for.
- There is a residents' committee.
- One of the residents told us that the drawers in her chest of drawers were being replaced as they were rickety.



Some of the quotes recorded were:

- “ I like my Baileys in my tea”
- “ I am content”
- “ I am grateful to be here “
- “I don’t like it in TV Lounge they talk and get in way of TV “

### Relatives

- A relative told us she was unaware of any relatives’ meetings.
- One relative spoke to us at length about their relative’s experience of the home. This was very positive and they also told us that they were kept informed by the home and communication between relatives and staff was very good. They said that they are made very welcome when visiting and asked if they would like lunch if they are there at the appropriate time. They can visit whenever they like.

### Food

- The food hygiene rating was displayed on the entrance door.
- Residents with short memory retention span were given a choice between two meals at mealtimes and were shown the two plates of food to choose from immediately before dining.
- There is a named nutritionist certified by RDaSH.
- Residents can choose their meals and if not happy with the options an alternative is found.
- Pictorial menus shown to residents to enable choice.

Some of the quotes recorded were

- “ Food is ok they give us enough”
- “ The food is alright”
- “ You are allowed to choose now you couldn’t before”
- “ Menu should be changed as I don’t like what is given “

### Recreational Activities, Social Inclusion and Pastoral Needs

- An activities calendar is displayed around building and copies are available to be taken away by relatives, this is read out to the residents as well.
- There is a board in Dining Room indicating that day’s activities.
- Jigsaws, word search and books are freely available.
- An outside company come in to deliver chair exercises.
- All residents are asked about their pastoral needs and these are catered for example one resident is visited by a local priest. The home’s Manager told us that they have tried to arrange monthly hymn singing for residents but this has proved difficult, as they have tried to encourage local churches to be involved with little success.



- The doctor visits regularly for routine consultations and is also summoned when there is a more urgent need. Notices of Doctor's visits clearly indicated on notice board and we overheard one of the residents being told of next visit.
- Chiropody is available.
- Photos of trips are displayed in folders on hall table.
- Trips to two pantomimes in planning stage.
- Christmas shopping trip arranged.
- There was a crafting session making Christmas cards taking place at time of visit.

### **Involvement in key decisions**

- We didn't observe any indication of key decisions during our visit.

### **Concerns and Complaint Procedure**

- During the visit we failed to notice the complaints procedure displayed, although when we enquired we were told that the procedure is on display in reception and another location.
- Visitors we spoke to told us that if they had any concerns they were promptly dealt with.

### **Staff**

- Staff retention appears to be good as all the staff we spoke to had been working at the home for a long time.
- We observed staff interacting well with residents, visitors and each other.
- The staff all seemed very caring.
- We were told that there had been a quick turnover of four managers, the present manager has been in post about six months.
- The present manager Lisa was praised by staff as being approachable, dealing with issues promptly and getting involved with activities.

### **Some of the quotes recorded were**

- "Manager is on the ball with making improvements, such as contrast covers on dining tables and Kim's cupboard"
- "On the whole we have a good team"
- "You can always talk to Lisa if you have an issue and she will sort it, like she got a new hoist straight away when one was needed"
- "Lisa will stay behind if we have an issue, previous managers went home"
- "Lisa is the only manager who stays for residents' parties"

### **Visitors and Relatives**

- A relative told us she was unaware of any relative's meetings.
- One relative spoke to us at length about their relative's experience of the home. This was very positive and they also told us that they were kept informed by the home and communication between relatives and staff was





very good. They said that they are made very welcome when visiting and asked if they would like lunch if they are there at the appropriate time. They can visit whenever they like.

- Some relative's told us that gaining access at weekend was sometimes difficult and they faced long waits to be let in.

## 2.6 Recommendations

We would recommend:

- Having two distinct notice boards- one with notices indicating Fire Evacuation Plans, Complaints Procedure and notification of Doctor's visits. With a second board for more general notices such as activities, trips etc.
- Introducing colour contrast toilet seat raisers.
- Putting dementia clocks with day/time/date/ a.m. p.m. in communal areas.
- To ensure that drop down rails in toilets are contrasting colours.
- Introducing Dementia signage on upstairs toilets and relocating dining room signage to where it is more easily visible.
- That alarm cords be hanging to floor level at all times in case of falls.

## 2.7 Service Provider Response

Many thanks for your feedback from the enter and view visit to China Cottage, it has certainly helped identify a few improvements which could be made, and I attach a copy of the improvement plan I have put together which will commence immediately. The home until very recently was a nursing home and catered for a different service user group. I would just like to comment of the following;

2.5 It was noted that there were no dementia clocks/Calendars.

In my experience of caring for people who experience dementia, I feel the use of the produced dementia calendars is not always overly beneficial. The look of them can be very institutional and does not always give the homely feel I find is much more important and beneficial in supporting people to feel secure and safe.

What we do instead; there are two very clear clocks on display, one in the dining room and one in the corridor near the door. Both are very visually placed. The day and date are displayed on the board in the dining room along with the activity of the day. The day is clearly displayed on the menus placed on each table. The board in the corridor gives the date and day.



There are daily newspapers in the lounges each morning. Communication between staff and resident is encouraged to ensure verbal prompts 'its time for breakfast' 'for your lunch would you like' etc

What we plan to do; Purchase a clock which states morning or night.

The upstairs toilet seats did not have colour contrasting seats.

Out of three toilets one has a contrasting seat, the other two toilets that are very rarely used do not. However, it is on the action plan to replace these.

A relative told us she is unaware of any relative's meetings

The resident's/relative's meetings are displayed on the notice board next to the doctor's visit list. There is dates for sept and November. All relatives received a copy through the post. The next years dates will be published before the end of December for the full year the next one due in Jan. To encourage attendance from relatives.

The daily Sparkle is mentioned;

The last one dated May as they are put out for people to take a copy. It's a great tool for families visiting to do with relatives. I also do a monthly news letter which is in the stand next to the daily sparkle and put out in the lounges.

An outside company come out to deliver chair-based exercise

We have pulse come once every four weeks to deliver chair based exercise, we also have Beckie who comes in to deliver motivational sessions where she does brain simulating exercises and quizzes.

The complaints procedure was not seen

The complaints procedure is displayed next to the pictures and food hygiene rating mentioned in the report in the front entrance. Also, in the corridor near the lift. I also send out relative satisfaction reviews which contain the complaints procedure. These go out in the post to all relatives. There is also a copy in the statement of purpose and within the service user guide.



