



**Healthwatch Doncaster
Enter and View
Thorndene
Care Home**

27th February 2019



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Thorndene Care Home 107 Thorne Road Doncaster DN2 5BE
Service Provider	Gerald and Kathleen Pickup
Date and Time	Wednesday 27 th February 2019
Authorised Representatives	Sharon Faulkner, Sandra Hodson Susan Flintoff, Deidre Coward
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 Thorndene 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.



2 What is Enter and View?

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 Healthwatch Doncaster Enter and View Planning Group met to discuss the methodology for the visit. A checklist was devised outlining key observation areas (outlined in results of visits).
- The group decided who would undertake the visit and, to facilitate the training of a member of the team who was new to Enter and View, it was decided that the 4 members of the group attend. This was a useful exercise that helped us increase capacity. It was agreed that the group would split into 2 pairs so as not to overwhelm the residents.
- During the visit the group split into pairs and had free access to communal areas in the of the home. One member of the team observed the start of the lunchtime process.



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- Observation sheets were used throughout the visit and these were collated in a meeting of all four Authorised Representatives immediately after the visit.
 - The findings were discussed and agreement reached around items for inclusion in the report. Recommendations were also discussed and agreed.
 - Before terminating the visit, we spoke with care home Manager and contacted her by telephone during the report writing stage for clarification.

2.4 Summary of findings

- The Authorised Representatives felt that the home had a caring, homely atmosphere.
- Everyone was welcoming and the manager and owner were very honest and open with a ‘nothing to hide/help us to improve’ approach.
- Interactions between staff and residents were very good.
- The environment was clean and tidy.

2.5 Results of visit

The home had 19 residents, 8 of whom had dementia, capacity is 22.

The findings of the visit are summarised below:

Environment


- The entrance hall is uncluttered with minimal information displayed and this adds to the homely feel of the premises e.g. the complaints procedure is displayed in a picture frame.
- Notification of the Healthwatch visit was prominently displayed.
- The home’s statement of purpose was in the reception area.
- Observed areas were spotlessly clean.
- A hand sanitising dispenser is situated in the entrance hall with sanitising wipes available throughout communal areas.
- There are 2 lounges including a well-furnished conservatory.
- Both lounges have large easily visible TV sets and a range of appropriate seating.
- The dining room is multi-purpose and used as an informal gathering area between meals. At meal times, the tables are set with cloths and place mats etc. Fresh flowers were on the tables.
- There is a post collection point in the dining room.
- There is a secure and well-tended outside space with garden furniture.
- The garden was litter free.
- All vacant bedrooms are re-carpeted and decorated in neutral colours; they may be individually painted to suit a resident’s taste.
- Fire safety plans are displayed in the foyer and on the upstairs landing.

- To maintain the homely feel, only essential notices e.g. insurance, food hygiene and CQC grading are displayed on walls. Each room has a comprehensive information folder.
- Posters showing tips for dehydration and a visitors' colds and flu warning were discretely displayed.
- Radiators have covers.
- Dementia signage was good.
- The main lounge has a wooden 'clock' that clearly shows the day of the week. Alongside this is a very simple, clearly numbered analogue clock. There are no specifically 'dementia friendly' clocks.
- Handrails are in a contrasting colour and easy to see.
- All toilets have riser seats but none are in a contrasting colour.
- All residents' toilets have alarm cords
- An assortment of reminiscent art work was displayed on corridor walls.
- Residents' rooms are on two levels.
- Some residents' rooms have doors with small windows with modesty curtains, these are replaced with solid doors as they become vacant.
- Where necessary for recognition, doors are clearly labelled with residents' names.
- One of the bathrooms doubles as a hair salon and has a 'salon' sink.
- 'Hand hygiene at the point of care' and 'React to Red' pressure sore prevention notices were seen in bathrooms.
- Some bathroom and toilet windows were lacking security fasteners.
- A step ladder was seen on staff only staircase, however it was accessible to residents.
- A clearly labelled staff toilet, with no alarm cord, was also accessible to residents.
- Residents have open access to the lift and stairs, this is reviewed and adapted according to residents' needs.
- There is a confidential signing in book for visitors to comply with GDPR regulations.
- All bedrooms are re-carpeted and decorated in neutral colours as they become vacant. Rooms can be re-decorated to suit a resident's taste.

Promotion of Privacy, Dignity and Respect

- Tender pastoral care is offered to the sick, an example of this was a married couple who are able to visit each other because staff take the time to facilitate this.
- Most bedroom doors were closed.
- Trigger mats are used by residents who need them.
- Residents were asked if they'd like to wear an apron at lunchtime to protect their clothing.



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- A variety of cutlery and crockery appropriate to residents' needs was in use.
 - Staff seemed to know the residents well and we observed a genuine and natural friendly rapport.
 - Staff were seen to be accommodating and sensitive to residents' individual needs and wishes e.g. we witnessed the manager patiently explaining what a resident's medication was for and, on another occasion, a member of staff quietly encouraging a resident to go back to her room for her slippers.
 - Residents were clean and well dressed.
 - All bathrooms were well stocked with everything for personal care to hand.
 - Contrasting coloured toilet seats would assist residents with dementia.

Promotion of Independence

- Residents were encouraged to be mobile.
- Frames and sticks were in use and wheelchairs had foot rests.
- Appropriate cutlery and crockery e.g. a plate with a lip to reduce spills enable residents who would otherwise struggle to eat independently.
- Independent residents could collect post from individual collection points.
- There is free access to a plumbed in water dispenser in the dining room.

Interaction between residents and staff

- All interactions we witnessed between residents and staff were very good.
- Observed interactions were relaxed, friendly, kind and caring.
- Staff know the residents well.
- The Motivation & Co. activity leader was enthusiastic and engaging.
- The cook we spoke to buys treats for residents.
- We witnessed one of the owners interacting with residents - he knew them well.

Residents

Some opportunities to speak to residents were limited by circumstances and residents' choice/capability.

- One resident commented that the food was adequate.
- All residents were clean and well dressed.
- Visitors are welcomed and offered drinks and meals.
- A resident at the end of life had relatives sleeping in his room with him.
- Monthly or bi-monthly residents' meetings are held.
- In the event of an evacuation, immobile residents would be carried in duvets. The home is considering purchasing evacuation mats.




Food

- Fresh vegetables are used and food is home cooked.
- Portion sizes are generous but adapted to individual needs.
- Most residents eat in the dining room but can eat in their rooms or a lounge if they wish.
- Meals are served at 'set' times but, effectively, residents can eat whenever they wish.
- The main meal is served at lunchtime and a hot meal is also available at tea time.
- As it would be at home, the kitchen is 'open' 24/7. When a cook isn't on duty, staff will make sandwiches, snacks and drinks if residents request them.
- The cook visits residents daily to discuss meal options.
- Birthdays and special occasions are celebrated e.g. with birthday cakes and pancakes on Shrove Tuesday.
- Special diets are catered for.
- Mealtimes are protected to an extent though residents' visitors are always welcome to eat with them.

Recreational Activities, Social Inclusion and Pastoral Needs

- As far as possible, Thorndene aims to create a 'home from home' atmosphere and environment.
- We observed a group quiz and motor skills activities provided by Motivation & Co. The company visits the home for half a day a week.
- Until recently, regular staff have facilitated activities with residents but, due to residents' increasing needs and demands on staff time, an activities coordinator is in the process of being appointed. Concerns over a Disclosure and Barring Service result prevented a planned appointment.
- CD players are available and both lounges have large TVs.
- The dining room has a music system.
- The conservatory lounge has a bookcase with a good selection of books.
- The other lounge has a wide range of DVDs and free access to a variety of puzzles and jigsaws.
- Residents may have their rooms painted to suit their taste and bring appropriate furniture from home.
- St Mary's church provides a service every 6 weeks for residents who wish to participate.
- Clergy from all denominations are called in on request e.g. a priest regularly visited a lady who wasn't able to attend church to give her holy communion.
- A chiropodist visits every six weeks.
- A hairdresser provides a weekly service.



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- The home has excellent links with a local medical practice and a GP routinely visits every 2 weeks to discuss each resident on their list, give flu jabs etc. A member of staff said, “It’s like a consultant doing a ward round at the hospital.”
 - Residents may retain their own GP if they wish.
 - We observed a district nurse leaving a resident and her relaxed and friendly manner with the resident, relatives and staff reflected that of the home.

Involvement in key decisions

- Decisions on everything from what someone wishes to eat, to changes to a care plan are always discussed with residents (and relatives as appropriate).
- When a resident has no relatives and no longer has the mental capacity to make informed choices, after liaison with the social worker, an Independent Mental Capacity Advocate is appointed if a major decision needs to be taken.

Concerns and Complaint Procedure

- The complaints procedure is clearly displayed around the home.

Staff

- All staff were pleasant, friendly and polite, we felt very welcome.
- The home is selective when it comes to recruitment, new staff have to be ‘the right type of people’ - caring and with a good work ethic - who can uphold the home’s inclusive and friendly ethos. This was made clear by the Manager and one of the owners.
- Staffing is traditionally stable but recent attempts to recruit new staff have been difficult as candidates have not met the home’s high standards and demonstrated sufficient interest in, or commitment to, the posts.
- Ratios are always met and current staff are providing cover as necessary.

Visitors and Relatives

- A relative told us that the home was ‘brilliant’ and ‘couldn’t have done any more’. She felt that staff went over and above the call of duty.
- Thorndene’s domiciliary care provision was mentioned as a positive link in the care process - providing a seamless link between home care, respite and residential care as needed.
- A relative telephoned Healthwatch after the visit to express his concerns about his Mum’s hearing aids twice going missing. On the first occasion, this was dealt with by the home. On the second occasion, it was mentioned to a junior member of staff. The relative was advised by Healthwatch to speak to the manager about the matter.
- Friends and family meetings are scheduled every three months.

Additional Information

- Thorndene is owned by a couple, both of whom are very hands on and spend at least 4 days a week there.
- In response to the move to help people to stay in their own homes for as long as possible, Thorndene now also provides care in the community - providing a seamless link where needed between home care, respite and residential care. This provision covers the town centre, Wheatley, Intake, Clay Lane, Armthorpe and Edenthorpe.

2.6 Recommendations

- For all staff, review training and awareness of fire evacuation procedures as not everyone was able to explain these to us and add fire procedures to the displayed fire plans.
- Replace residents' white raised toilet seats with coloured ones that contrast with the white frames and toilets. These would be dementia friendly and facilitate the dignity and independence of those with dementia.
- Remove the dementia friendly staff toilet sign (on the upper floor) or lock the door as this toilet is accessible to residents and does not have an alarm cord.
- Attach security fastenings to all opening windows.
- Review data protection procedures as members of the team were able to see a resident's information in an open folder on the drugs trolley.
- Be aware of the health and safety implications of unattended items on the staff staircase (accessible by residents) as this was a trip hazard for staff and potentially residents.

Service provider response

The service provider did not respond.

