



**Healthwatch Doncaster  
Enter and View  
Oldfield House**

5<sup>th</sup> March 2019





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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	Oldfield House, Oldfield Lane, Stainforth, Doncaster, DN7 5ND
Service Provider	
Date and Time	5 <sup>th</sup> March 2019      10.45am
Authorised Representatives	John Burke, Sandra Hodson, Sue Flintoff, Martin Flanagan
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 Oldfield House 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 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 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 & dining room as well as the corridors of the resident's rooms both on the ground and second floor. Interaction was observed between staff & residents
- 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 deputy manager. 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 good atmosphere.
- Interactions between staff and residents were positive.
- The environment was clean and tidy.
- Some minor improvements could ensure a more dementia friendly environment.

## 2.5 Results of visit

The findings of the visit are summarised below:

### Environment

- In the front porch door there is no indication of how to get into the home (There is signage outside when front door is closed, at the time of our visit it was open)
- There is a sign in the front porch asking visitors to use the hand sanitising gel, but there was no dispenser (it was noted however that there were ample gel dispensers throughout the home) a simple change to the sign indicating to use the gel dispensers within the home would suffice.
- There was ample signage breaking down the home into zones by the use of street names.
- There were signs indicating dining room and lounges.
- Though each toilet had a horizontal sign affixed to the wall not all the toilet doors had dementia friendly sign affixed.
- Not all toilet seats were in a dementia friendly contrasting colour.
- It was noted that in the downstairs toilet adjacent to the dining room that the end of the pull cord light was missing.
- Resident's doors had individual signage and the home had a homely and welcoming feeling.
- Rescue mats were located at the top of each set of stairs on the upper floor.
- Handrails throughout the building were in a contrasting colour. (If when redecorating it is recommended that this be maintained, this helps residents with mobility and/or sight issues to easily locate the handrail.)
- There is a café upstairs with vintage tea cups and ample drinks and refreshment for visitors.
- On the upper level there was a bookcase with a good selection of reading material.
- There is a hair salon located on the upper floor.
- There was a stair gate located at both top and bottom of the stairs with a security keypad.
- There was a notice board with all staff photographs and names.



- Though we were told that the lift had just been maintained it was noted on the day of our visit that it stopped with a noticeable lurch and as the majority of residents appeared to have some mobility issues this may be an issue.
- There were two outside areas with appropriate seating and there was a vegetable plot that was maintained by staff and residents with an ability and interest in gardening.
- It was noted that some of the clocks in the building had stopped or had the wrong time; this could be confusing for residents, staff and visitors.
- There was a board indicating the date and day outside the main lounge.

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

- There is a privacy screen separating the downstairs toilets from the dining room.
- All residents appeared clean and dressed appropriately.
- The residents were offered a choice of drinks and it was noted that the member of staff serving the drinks knew all the resident's names and their drink preferences.
- Food was served in the appropriate vessels to meet each residents needs e.g. lipped dishes for those who had difficulty using a plate. Residents that required help in drinking or feeding were seen to be assisted with this.
- Staff were observed treating all residents in a friendly but respectful manner with the use of first names.

### **Promotion of Independence**

- Residents who were capable were able to go out to shop at the local shops unaccompanied.
- Part of the activities is walking for health which allows residents to go out on a one to one basis to take short walks at their own pace.
- Those residents who wish can help with gardening.

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

- Interaction between staff and residents was generally good.

### **Residents**

- We spoke to some of the residents and their comments were recorded they included  
 "I'm as right as nine pence"  
 "I do some activities; the singer that comes is great"

### **Food**

- Picture and written menus were available.
- We were allowed into the kitchen and were able to speak to the staff. The cook makes a cake on each resident's birthday.
- There is a rolling 4 week menu.



- At lunchtime samples of each dish available were shown to each resident who chose which they preferred.
- Vegetables were served separately in tureens.
- Gravy was served in a gravy boat.
- Meals were served in a vessel suitable for each resident's ability.
- Those residents who required assistance to eat were helped individually by patient staff.
- There was a notice displayed near the office that said alternative meals were available with notice. (This could be displayed on the relative's notice board as well.)
- Each resident is weighed and assessed at least once a month to check for weight changes. If required residents are issued with "Must shots" (supplements to help weight gain). A traffic light system monitors weight gain and those who are on red get weighed weekly.

### **Recreational Activities, Social Inclusion and Pastoral Needs**

- Facilities for smokers were provided.
- One resident has her pet dog living with her.
- There is an activities co-coordinator and several residents were involved with a craft on day of visit.
- There is a two week list of activities displayed and these included:- Dominoes, gardening, reminiscing, singing, jigsaws, films, life history, bingo, walking, women's club, men's club, games, 1 to 1, noughts and crosses.
- On entering the home each resident is asked about their pastoral needs and this is accommodated, including being accompanied to church. At time of visit there was one resident who received communion from the local Catholic Church priest.
- The local GP visits weekly and discusses the resident's health.
- On the day of the visit it was one residents 94<sup>th</sup> birthday and a buffet with a singer was taking place.

### **Involvement in key decisions**

- Residents choose décor of their rooms.

### **Concerns and Complaint Procedure**

- The concerns and complaints procedure was located on the residents and visitors notice board.

### **Staff**

- All the staff we spoke to were very helpful and accommodating and interacted well with the residents.





## Visitors and Relatives

- On the day of the visit we were able to speak to relatives, some of the comments captured were:
  - “Mums been here a year and settled in straight away”
  - “She is as happy here as she would have been in her own home”
  - “She had been in different places on respite and was very unhappy, she then came here for respite and liked it, so when it came time for her to move somewhere permanently we were happy she could come here”
  - “Her GP comes and sees her here”
  - “My mother has been here for 3 years and it has been a massive change for her”
  - “All the staff are very good with her”
  - “The place is very good-100% better than another home a relative was in (Not Doncaster)
  - “There’s never any smell, they keep the place very clean”
  - “We are very pleased that the place is carpeted as it keeps it homely and quiet, some places have hard floors and it makes it too clinical”
  - “Nicky takes her out for a walk in her wheelchair and she really enjoys it”
  - “Any concerns are always taken on board; nothing is too trivial for them to take notice”
  - “Darran is excellent”
  - “All the staff go that extra mile and are wonderful”
  - “The place is immaculate and clean”
  - “She is particular in how she dresses and things need to match, the staff always let her choose what to wear”

## Additional

## 2.6 Recommendations

We recommend some minor improvements:

- To ensure that toilets are dementia friendly with contrasting toilet seats, contrasting fittings to aid mobility and using the toilet, e.g. grab rails and drop down rails.
- That notice boards are de-cluttered and information checked to ensure that it is not out of date.
- To consider having a newsletter for residents/ visitors outlining what was planned etc.
- To use dementia friendly signage around the building and to replace those missing from toilet doors.
- For those residents who wash/bathe by themselves consider making tap markings are clear as to which is hot or cold.



- To keep checking that alarm cords are always hanging free (On day of visit we had to untangle two)
- To replace pull cap on pull cord in toilet near the dining room.
- There is a rolling maintenance programme and it was noticed redecorating taking place. Advice was given when it was overheard that a handrail was to be painted same colour as wall, (Handrails need to be in a contrasting colour to make it easier to see)

## 2.7 Service provider response

In response to the report that I have received as a result of your visit on 05.03.2019 issues highlighted in 2.5 Result of visit are as follows

- In the front porch there is no indication of how to get into the home. This has now been rectified and a notice is prominently displayed on the key padded inner doors.
- There is a sign in the front porch asking visitors to use the hand sanitizer, but no dispenser. This has now been addressed with appropriate signage.

In response to the recommendations in 2.6 We recommend some minor improvements.

- To ensure that toilets are dementia friendly with contrasting toilet seats, contrasting fittings to aid mobility and using the toilet e.g grab rails and drop down rails.

Contrasting toilet seats have already been ordered and we are awaiting a visit from our Dementia Specialist Manager on 24.04.2019 to discuss other suggestions.

- The notice boards should be decluttered, and information checked to ensure it is not out of date.

Full audit of notice boards carried out

- To consider having a newsletter for residents/visitors outlining what is planned etc

The home does have a regular newsletter for the home for relative's, friends and clients.



- To use dementia friendly signage around the building and to replace those missing from toilet doors.

Full audit of all signage undertaken, missing signage replaced as necessary.

- For those residents who wash/bathe themselves consider making tap markings are clear as to which are hot and cold

This issue will be reviewed if applicable.

- To keep checking that alarm cords are always hanging free (on day of visit we had to untangle two)

To be checked as part of the managers daily walk round.

- To replace pull cap on pull cord in toilet near the dining room

Removed as part of the old call system.

- There is a rolling maintenance programme and it was noticed that redecorating taking place. Advice was given when it was overheard that a hand rail was to be painted the same colour as the wall. (hand rails need to be a contrasting colour to make it easier to see.)

When any redecoration takes place we will ensure that the hand rails are of a contrasting colour.

Darran O'Donnell

Registered Manager

