



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

19<sup>th</sup> December 2019







---

# Contents

---

## 1 Introduction

### 1.1 Details of visit

### 1.2 Acknowledgements

### 1.3 Disclaimer

## 2 What is Enter and View?

### 2.1 Purpose of Visit

### 2.2 Strategic drivers

### 2.3 Methodology

### 2.4 Summary of findings

### 2.5 Results of visit

### 2.6 Recommendations

### 2.8 Service provider response



# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	Thorndene Care Home 107 Thorne Road Doncaster DN2 5BE
Service Provider	Presidential Care Ltd
Date and Time	Thursday 19 <sup>th</sup> December 2019
Authorised Representatives	Sharon Faulkner, Sandra Hodson
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.
- During the visit the Authorised Representatives had free and open access to the communal areas of the home.
- Observation sheets were used throughout the visit.
- The findings were discussed and agreement reached around items for inclusion in the report. Recommendations were also discussed and agreed.





## 2.3 Summary of findings

The home has been under new management since the summer and is currently undergoing a programme of re-organisation.

## 2.4 Results of visit

The home currently has 22 residents.

The findings of the visit are summarised below:

### Environment

- The entrance hall was welcoming with the complaints procedure prominently displayed and notices advertising various activities.
- The home's statement of purpose and additional information could be found in a folder in the reception area.
- Observed areas were very clean.
- A hand sanitising dispenser is situated in the entrance hall.
- There are 2 lounges, one of which is a conservatory used as a quieter lounge.
- Both lounges have large easily visible TV sets and a range of appropriate seating. Each easy chair had either a hand knitted/crocheted blanket in individual designs.
- 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, the clocks throughout the home are large and clearly numbered.
- 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.
- There is a post collection point for residents in the dining room.
- There is a secure and well-tended outside space with garden furniture.
- 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, the CQC rating and best practice notices are displayed.
- Radiators have covers.
- Dementia signage was good.
- 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 which at the time of our visit were at the correct length for access in case of falls.
- An assortment of reminiscent art work was displayed on corridor walls.
- Residents' rooms are on two levels.
- One of the bathrooms doubles as a hair salon and has a 'salon' sink.



- Some bathroom and toilet windows on the upper floor were lacking security fasteners so were able to be opened sufficiently so as to pose a potential threat to safety.
- A bed rail was seen on the staff only staircase, however it was accessible to residents. We would suggest fitting a safety gate to the stairs, as they are accessible to residents.
- A clearly labelled staff toilet, with no alarm cord, was also accessible to residents.
- There is a confidential signing in book for visitors to comply with GDPR regulations.

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

- Most bedroom doors were closed.
- 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.
- Residents were clean and well dressed.
- All bathrooms were well stocked with everything for personal care to hand.

### **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.

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

- All interactions we witnessed between residents and staff were very good and caring.
- Observed interactions were relaxed, friendly, kind and caring.
- Staff know the residents well.

### **Residents**

During our visit we did manage to talk to a number of residents who all seemed content. The comments that we received were:

- "There is nothing wrong with it here I can't complain about anything it's excellent"
- "It is spotlessly clean"
- "The place where I sleep is nice and the food is nice."
- "You can eat your meals wherever you like, in your room even."
- "If you don't like what they give you to eat you get offered something else"





## Food

- Portion sizes are adapted to individual needs.
- Some residents eat in the dining room but can eat in their rooms or a lounge if they wish.
- The main meal is served at lunchtime and is a set menu but residents are offered an alternative if they do not like what is on offer, we did see evidence of this during our observation at lunchtime.
- Residents are given a choice of what they would like to eat in the evening.
- Drinks and snacks are available on request but drinks are also offered to residents at 10am and 2pm. We particularly liked the newly introduced hot and cold drinks selection menu on the dining room wall with pictures so that residents could easily identify the wide range of beverages on offer.
- Special diets are catered for.

## Recreational Activities, Social Inclusion and Pastoral Needs

- Until recently, regular staff have facilitated activities with residents but, due to residents' increasing needs and demands on staff time, the home is in the process of appointing an Activities Co-ordinator.
- CD players are available and both lounges have large TVs.
- In the conservatory there were books from the home libraries service along with C.Ds and a small selection of quiz books.
- There is an activity calendar displayed in the dining room and in one of the corridors advertising many Christmas activities including a pantomime, Christmas party and other regular activities like hairdressing/pamper, motivation exercise and pet therapy. The calendar is very small and may pose a problem for residents to read and understand it, however it is available to visitors who can relay information to the residents. When the new Co-ordinator is in post it may be worth considering producing larger copies of the calendar with pictures for greater ease of recognition.

## Involvement in key decisions

As we were unable to speak to the Manager during our visit we were unable to gain any insight into this.

## Concerns and Complaint Procedure

- The complaints procedure is clearly displayed around the home in several locations.

## Staff

Staff were very busy during our visit so we unable to fully engage with them.



## Visitors and Relatives

We were unable to speak to any visitors or relatives during our visit, as the only visitor we did encounter was in a hurry to get to an appointment.

## Additional Information

It was unfortunate that due to circumstances on the day of our visit we were unable to speak to the home's Manager. This meant that we were unable to include some of the additional information that we would normally include in our report.

## 2.5 Recommendations

Based on our observations we would recommend the following:

- Replacing residents' white raised toilet seats with coloured ones that contrast with toilets, these would facilitate the dignity and independence of those with dementia.
- That the staff toilet on the upper floor be made inaccessible to residents, as there is no alarm cord.
- That security fastenings are attached to all opening windows as some windows in upstairs toilets and bathroom are able to be opened to their fullest extent which could pose a risk to safety.
- Moving some of the signage and nostalgia pictures down as they are situated very high up on walls and therefore less accessible to residents.
- That all staff undertake refresher training on fire evacuation procedures as not all staff that we asked were able to tell us confidently about the procedure for evacuating residents with mobility issues from the upper floor.
- The provision of suitable tables for residents who prefer dining in the lounge, as the tables currently being used are quite low and therefore necessitate the residents bending forward to reach their plates.

### Service provider response

Here is our timeframe for the actions that you have mentioned:

- Coloured raised toilet seats: Within the next 3 months; We are trying to make our home more dementia friendly.
- Staff toilet shall remain locked once staff have used it. I will make all staff aware of this.
- Security fastenings to the windows: within the next 3 months
- Moving signage and nostalgia pictures: as and when possible
- Staff and fire training: As soon as possible all staff shall undertake fire training in house as well as with DMBC
- Suitable tables in the lounge: We will look into changing these slowly one by one



