

Virtual Visit to Dresden House: Summary Report

**18 October 2021 –
5 November 2021**



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Executive Summary

Due to the outbreak of the Coronavirus Pandemic and the former suspension of the Enter and View Programme, Healthwatch Stoke-on-Trent took the opportunity to pilot a series of virtual visits to ensure that public conversations, experiences and concerns can continually be shared with their local Healthwatch. Our Virtual Visit Programme was designed to gain perspective on respective health and social care services by providing an anonymous opportunity for service users, staff, relatives and managers to talk about their experiences centred on the planning and delivery of the related service. All engagements with participants were done remotely with no face to face interaction. On this occasion information was shared on online surveys.

Due to unforeseen limited feedback, this short summary report details a background, the methodology utilised, an outline of the findings, a selection of experiences from management, staff and service users and an overall conclusion.

Healthwatch Stoke-on-Trent organised an announced virtual visit to Dresden House between 18 October and 5 November 2021. The rationale for the virtual visit was to capture the experiences and opinions of the manager, service users and staff and relatives within the care home to discover what works well, not so well and what could be improved to enhance the quality of service delivery.

It should be noted that there was a challenge to effectively engage with relatives associated with the care home due to digital exclusion and limited scope to carry out face to face engagement. Despite this, the manager of Dresden House disseminated visit details to staff and service users to gather interested participants. To engage and collect adequate feedback and experiences qualitative research was utilised by way of online questionnaires.

9 individuals participated and shared personal experiences. The 9 outcomes were positive and briefly discussed in reflective commentary of the service user, manager and staff to cover the following 5 quality measures:

- COVID-19 Safety
- Effectiveness of Care
- Communication
- Leadership and Management
- Adaption and Responsiveness

On reflection of need and meaningfulness there were no recommendations formed for a number of reasons. These being the positive experience identified and reduced feedback captured because of the inability to engage with relatives.

Background

Who was involved

- 1 HW SOT Representative
- 4 Service Users
- 4 Staff members
- 1 Manager

Service details

81 Trentham Road
Dresden
Stoke-on-Trent
ST3 4EE

Reason for visit

This visit was one a series of virtual visits to health and social care services in Stoke-on-Trent. With the aim to collect evidence of what works well and what could be improved to make people's experiences better. An opportunity for people to share experiences and opinions.

Visit details

18 October 2021 - 5 November 2021
Announced visit
No declarations of interest
Online surveys

Service description

Accommodation for persons who require nursing or personal care, Dementia, Mental health conditions, Physical disabilities, Caring for adults under 65 years, Caring for adults over 65 years.

Numbers and figures

22 service users
2 accessible floors levels
25 staff

Disclaimer: This report relates only to the service viewed on the date(s) of the visit and is representative of the views of the service users, manager and staff who contributed to the completion of our online surveys between the noted dates.

Methodology

In response and adaptation to the Coronavirus Pandemic, Healthwatch Stoke-on-Trent introduced a new remote approach to monitor and engage with health and social care services, including those connected to the service. Our visit operated virtually through online survey questionnaires.

Our visit was an announced visit and support was offered sporadically by Dresden House. Initially, a virtual meeting with Dresden House took place to discuss logistical planning, who would be involved, how to promote equality and inclusion and how to best collect experiences from a range of participants with different perspectives and needs. In light of the barriers faced when engaging with the relatives, at the initial planning meeting there were no comments raised by Dresden House to indicate online engagement with relatives would be a barrier. Therefore, once it was clear that relatives were unable to complete the surveys remotely, we asked Dresden House to arrange for the relatives to complete a survey when visiting the care home in person - unfortunately, this was not achieved and reduced our engagement.

The Dresden House manager shared our online survey with staff and service users. There were three distinctive survey designs for each of the respective participating groups to assure relevance and suitability.

Our online survey questions centred on the following aspects of care provision:

- COVID-19 Safety
- Effectiveness of Care
- Communication
- Leadership and Management
- Adaption and Responsiveness

All returning data was analysed on Snap Surveys Software to provide an accurate account of individual experiences and opinions. During the visit we consulted with:

4 Staff
Members

4 Service
Users

1 Manger

What we Found

Service User Feedback

Engagement with service users returned positive feedback. 75% of service users declared the general care within Dresden House as good and 25% excellent. Moreover, over the previous 6 months and with attention on COVID-19 needs, 50% of service users shared that the care has been good and 50% excellent. Dresden House appears to create a safe and comfortable environment as 100% of service users mutually agreed that they feel safe within the home. Equally some service users acknowledged that they felt more vulnerable before moving to Dresden House. Service users shared that space within and around Dresden House was more than satisfactory and had no concerns on limited space. 75% of service users stated that the food was excellent and 25% good which suggests the food is of good quality; no further comments were shared on food quality. Service users documented that the activities are regular and stimulating, whilst one service user explained that there is a great deal of encouragement as well as physical and emotional support. Moreover, when service users have additional requests such shopping, carers are arranged for to support the service user on respective visits.

Management Feedback

The manager of Dresden House shared information around progress made, limitations and challenges in recognition of the previous 6-12 months. Some challenges shared were around managing staffing levels during the pandemic to carry out normal functions; in excess of 10 care home staff have been infected with COVID-19. There was also a challenge noted in light of two service users choosing to not have the COVID-19 vaccination. Therefore, to ensure safety was maintained the manager expressed caution with visitors and COVID-19 testing which reflected an unnegotiability of reducing in-house protection and safety.

Highlights of positive feedback received disclosed that all staff have been supplied with full PPE and have ongoing support from Stoke-on-Trent City Council. Moreover, adaptations have been made to ensure service users continue to receive health care from medical professionals, largely this was covered by arranging remote consultations and telephone appointments. The manager noted that there have been minimal issues in relation to COVID-19 testing of residents. Whilst the pandemic continues to present an everchanging framework, forward thinking plans were shared around increasing service users' external activities to increase morale and

wellbeing. No reflective areas for development were shared but a desire to resume or increase the feelings of normality within the care home was desired.

Staff Feedback

Staff of Dresden House shared a range of positive feedback which supported the manager comments. As such staff felt happy with the level PPE supplied, up to date training and adaptable methods used because of COVID-19 restrictions. As trainers had limited access to the care home to offer real-time training, social care television and DVD development were alternative training methods provided. Staff were able to spotlight activities provided within the home with particular examples being chair exercises, card garden games and making use of the garden facilities. Regarding safeguarding, one staff member did share a safeguarding concern which was picked up, managed and resolved but no further details were supplied. Staff shared that regular team meetings and one to ones take place (unless there are high demands due to staff shortages) which provide an opportunity to share and address noticeable issues, and it was mutually agreed that staff are well supported. Action plans and daily tasks follow on and tie into team meetings to deliver a clear working pathway. Finally, staff demonstrated awareness and empathy of service users' conditional needs to communicate effectively through training methods, developed relationships and recognition of service user personalities.



Conclusion and Acknowledgements

In summary, the feedback collected from the 9 engagements comprising service users, management and staff was a positive reflection on the service delivery of Dresden House. Both service users and staff appeared content with treatment, care and support, while the manager demonstrated awareness of the care home needs for both staff performance and service user wellbeing and adaptive practice to maintain COVID-19 safety. However, it was disappointing that relatives of service users were not involved to comment as initially planned, which limited our feedback sources and ability to help identify meaningful areas for development through our usual recommendations panel.

Healthwatch Stoke-on-Trent would like to thank all of the 9 participants associated with Dresden House for their time and contributions to the overall report.



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The contract to provide the Healthwatch Stoke-on-Trent service is held by Engaging Communities Solutions C.I.C.

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