

# Enter and View Activity

Woodview Care Home, Branston, Lincoln

Wednesday 22 May 2024

## Executive Summary

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### **Healthwatch Lincolnshire visited Woodview Care Home, Branston, Lincoln.**

Healthwatch Lincolnshire, empowered by the Health and Social Care Act 2012, conducts Enter and View visits to health and social care services to gather on-the-ground perspectives from service users. These visits are not inspections but aim to understand users' experiences and whether services effectively meet their needs. Authorised Representatives, trained and vetted by Healthwatch, conduct these visits.

The announced visit to Woodview Care Home, Lincoln by two Authorised Representatives took place on 22 May 2024, Oonagh Quinn Healthwatch Involvement Officer and volunteer Alison Cadman.

The visit involved interviews with residents and relatives, as well as staff members to understand their experiences.

### **Key Findings**

During this visit, six residents, four relatives and two members of staff had conversations with the Authorised Representatives.

- The Authorised Representatives were made to feel welcome by residents, relatives and staff.
- Woodview Care Home is clean, tidy and has residents' artwork displayed in communal areas of the home. These areas include corridors, dining room and reading room.

### **Residents**

- Residents said that they felt safe and looked after. The staff were friendly, approachable and supportive. They were aware that there had been some changes over the last six months, such as painting doors, displaying artwork and fire alarms being replaced.
- Residents and relatives expressed that they would like to have a daily activity programme with more variety and to include outings (e.g., visits to the seaside).

## Relatives

- Relatives said that Woodview was the best choice for their loved one and all relatives expressed that they felt that the home supported their loved one as an individual. They also mentioned that there had been some changes taking place such as a refurbishment programme and new staff joining. They felt that the staff team worked well together and were professional, friendly and supportive to their loved ones.
- Relatives felt that communication from the new owners had been poor and would like to see this improved. Ideas included a newsletter and relative meetings such as coffee mornings/afternoons.

## Staff

- The staff expressed that over the last six months there has been a programme of refurbishment in the home, including painting, replacing doors and fire alarms. The system used to record information about the residents has also improved, being simpler and more efficient for the staff to use.
- With new staff joining the team, there have been challenges around areas of responsibility and working together in the best interests of the residents. Staff recognised that new staff members need a settling in period and to learn how the team works well together. As everyone settles into their role, this is improving and things are running smoothly.
- Woodview Care Home is not always kept informed by the hospital teams when a patient will be discharged back to the home. This can lead to some challenges for the home as the residents may need additional support when they first come back. Communication is usually via the senior nurse or care support worker on shift at the time of discharge.

## Recommendations

- **Recruitment of a designated member of staff** who coordinates the activity programme for all residents.
- **A weekly activity programme** for all residents, adapted to suit their needs, including a range of adapted activities for residents with limited mobility, physical disability, dementia or sensory loss.

- **Develop and build on existing links with the local community** e.g., community voluntary car schemes, voluntary services and increase activities on offer inside and outside of the home. Establish links with local organisations such as Bishop Grosseteste University, University of Lincoln (health and care students) and businesses that offer voluntary opportunities to their staff and students. Source information on additional services for the residents such as art therapy, therapy dogs and a wide range of entertainers to visit the home to enrich the service they offer to their residents.
- **Improve communication with relatives** by holding regular relative meetings and get togethers (e.g., coffee morning / afternoon) and a regular newsletter with updates for all to be shared.

## Contents

<b>Section:</b>	<b>Page Number(s):</b>
<b>Healthwatch Lincolnshire</b>	<b>6</b>
<b>Acknowledgments</b>	<b>6</b>
<b>Disclaimer</b>	<b>6</b>
<b>What is Enter and View?</b>	<b>7</b>
<b>Background</b>	<b>8</b>
<b>Fees and Funding</b>	<b>9</b>
<b>Glossary and Abbreviations</b>	<b>10 – 11</b>
<b>Details of Visit</b>	<b>12</b>
<b>Methodology</b>	<b>13</b>
<b>Findings/Observations</b>	<b>14 - 19</b>
• Residents / Service Users Feedback	<b>14 – 16</b>
• Relatives Feedback	<b>16 – 18</b>
• Staff Feedback	<b>19</b>
• Discharge from Hospital	<b>19</b>
<b>Recommendations</b>	<b>20</b>
<b>Service Provider Response</b>	<b>21 – 22</b>
<b>Distribution</b>	<b>23</b>
<b>Additional Information</b>	<b>23</b>
<b>Appendices</b>	<b>24 – 33</b>
• <b>Appendix 1: Resident / Relative Survey</b>	<b>24 – 29</b>
• <b>Appendix 2: Staff Survey</b>	<b>30 - 33</b>

**Healthwatch Lincolnshire** is your health and social care champion. We make sure NHS leaders and other decision-makers hear your voice and use your feedback to improve care. We are part of a national network of 152 local Healthwatch in England.

We have three principal areas of work:



- **Listening to feedback** - we listen to people's experiences and we seek out views as part of larger research projects. Healthwatch has legal powers to undertake Enter and View visits to NHS services and care settings. This is to observe and hear how users are experiencing the services.



- **Influencing providers and commissioners of health and social care** - we also spend a lot of time building relationships and attending meetings within the local health and care system so that the patient's voice can be heard in the right places, at the right time.



- **Advice and information** - we help people to navigate health and care services.

Your experiences matter. We strive to be a strong voice for local people to help shape how services are planned, organised and delivered.

### Acknowledgements

Healthwatch Lincolnshire would like to thank Woodview Care Home residents, relatives and staff for their co-operation and support in this Enter and View activity.

### Disclaimer

This report relates to the findings by the Healthwatch Lincolnshire Representatives during the visit to Woodview Care Home, Branston, Lincoln on Wednesday 22 May 2024. This report is not a representative portrayal of the experiences of all residents or relatives.

## What is Enter and View?

Healthwatch Lincolnshire has the statutory right under the Health and Social Care Act 2012 to conduct Enter and View visits to NHS health and social care services.



- The Local Government and Public Involvement in Health Act 2007 (amended via the Health and Social Care Act 2022) makes Enter and View possible.
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 makes sure service providers allow Healthwatch entry to observe services.

**Healthwatch Lincolnshire** staff and volunteers (known as Authorised Representatives) work together to conduct these visits. Authorised Representatives are recruited, trained and have a current DBS check.

### **Enter and View is important because it can:**

- give seldom heard people a voice
- gather more detailed information
- help with joint working
- provide more evidence
- identify best practice.

The aim of the visit is to primarily listen to the feedback of the residents, their families, carers and staff, and observe service delivery and the facilities available for residents or relatives. The feedback and observations are then collated into a report including any suggestions or recommendations. The care provider has the opportunity to comment on the report before it is published.

Enter and View is **NOT** an inspection. It is a standalone activity to engage with service users and listen to their voice about the service that they are accessing.

### **A service can be visited for several distinct reasons such as:**

- the public has provided feedback about the provision
- it is part of a rolling program of visits to similar services
- a service is running well and good practice could be implemented in other places.



## Background

**Woodview Care Home, Branston, Lincoln, is owned by Affinity Care Management (part of the Affinity Care Group)** and is a residential care home providing personal and nursing care for 48 older people, younger adults and people living with a dementia type illness. The service can support up to 60 people. The service is divided into two units. Woodview provides care to older people or people living with a dementia type illness and Greenwood provides care for younger adults with physical disabilities and longer-term medical conditions.

## Website Description

*Woodview Care Home, Branston, Lincoln supports elderly residents with a range of healthcare needs. Round the clock care is provided by a team of dedicated Care Assistants, overseen by our experienced Management Team. Woodview Care Home is located in a beautiful part of Lincolnshire, conveniently located on a main bus route and three miles from Lincoln city centre.*

*The team provides residential care for people who need a little help with daily tasks like washing, dressing and eating, along with general nursing care for those with more complex medical conditions. They also offer respite care to give family or friends a well-earned break. Residents are at the heart of life at Woodview and the home is very proud of the home's warm and welcoming atmosphere.*

*Listening to residents is one of the most important things Woodview Care Home does, so that they can truly get to know the Resident and make sure they get the most out of every day. Activities coordinators run a busy programme with lots of variety including arts and crafts, visiting singers and trips to the local shops and garden centre.*

*Breakfast, lunch and dinner are the cornerstone of daily life at Woodview. We place importance on protecting residents' mealtimes as good nutrition and hydration are key to staying well. Our daily menu always offers a choice of at least two dishes for each mealtime and individual dietary requirements are catered for. Family members of residents are very welcome to 'book-in' and join us for a meal."*

**Service Specialism:** *caring for adults over 65 years, caring for adults under 65 years, dementia, mental health conditions and physical disabilities.*

**From:** [www.trustedcare.co.uk/care-homes/woodview-lincolnshire](http://www.trustedcare.co.uk/care-homes/woodview-lincolnshire)



## Fees and Funding



There are several ways a placement at Woodview Care Home can be funded. These include:

- **Local authority funding** This is where the local authority (typically the local council) agrees an amount to fully fund a person's support, whether it is in a residential placement or as part of a supported living package. The funding package is agreed following an assessment of the person's needs and covers both accommodation and support.
- **Joint funding between local authority and NHS** This is where an individual has a Continuing Healthcare (CHC) assessment. In this instance, funding will be split between the local authority and the NHS. The funding package is agreed following joint assessments of the person's needs and healthcare needs. The local authority element of the funding will cover both accommodation and support, the NHS assessment will cover the continuing healthcare needs.
- **NHS funding** It is possible that an individual's health needs are such that the NHS will fully fund a person's support package. The funding package is agreed following an assessment of the person's needs and covers both accommodation and support.
- **Individual / personal budget** This is where the local authority allocates a specific amount of money for a person's support needs. The amount is determined by an assessment of the person's needs and means. The person will also need to agree a support plan to show how and where the money will be spent, whether they decide for the local authority to choose services for them or if preferred to have direct control of the budget themselves – e.g., a direct payment.
- **Direct payments** This is where the person receives an amount directly from the local authority and can choose how to spend the money on their support. Choosing a direct payment gives them maximum flexibility with their support package but they have to manage the money themselves. Fees are calculated based on the assessed needs of an individual. Each fee will include a staffing element, based on the hours of support assessed and required. In some instances, the staff support may be shared with other individuals and in this situation the individual would only pay for their share of staff time.

## Glossary and Abbreviations

<b>Active listening</b>	To listen, to hear and discuss what has been said.
<b>Adult social care</b>	Adult social care aims to help people stay independent, safe and well so they can live the lives they want to. This includes people who are frail, have disabilities, neurodiversity, or mental health issues, as well as the people who care for them.
<b>Announced visit</b>	A visit planned by Healthwatch and the place being visited.
<b>Anonymous</b>	Not naming people.
<b>Authorised Representative</b>	An Authorised Representative is a trained volunteer with a current DBS in place who participates in Healthwatch Lincolnshire’s Enter and View activities, alongside other Healthwatch Lincolnshire volunteers and staff.
<b>Care and support plan</b>	Care and support plans are for anyone who needs care or cares for someone else. A care and support plan details: the type of support you need, how this support will be given, how much money your council will spend on your care. This means you can stay as independent as possible, have as much control over your life as possible, do things you enjoy, know what type of care is right for you and understand your health condition and care needs better. It also helps the family and friends of the person understand how they can help you.
<b>Care home</b>	Provides accommodation and personal care for people who need extra support in their daily lives.
<b>Communal area</b>	An area that everyone uses, such as dining rooms or lounges.
<b>Confidentiality</b>	Respecting private information.
<b>EDD</b>	Estimated date of discharge

<b>E+V</b>	Enter and View
<b>Hospital discharge</b>	The formal release of a patient from a hospital after a procedure or course of treatment. A discharge occurs whenever a patient leaves hospital upon completion of treatment, signing out against medical advice, transferring to another healthcare institution, or on death.
<b>LCC</b>	Lincolnshire County Council
<b>Residential home</b>	A home with social-work supervision for people who need more than just housing accommodation, such as elderly people, children in care, or adults with learning difficulties.
<b>Respite</b>	Respite care is a service that can be planned or provided in an emergency to caregivers of a child or adult. Respite programs provide planned short-term and time-limited breaks for families and their unpaid caregivers.
<b>Service user</b>	Service user describes anyone who has accessed (or is eligible to access) health or social care services. Carers are people who look after or support those with health or social care needs and can include partners and family members.
<b>Specialised residential care services</b>	While all care homes offer accommodation and personal care, there are specialist types of care homes that offer additional services for residents with greater needs. Care homes can be run by private companies, local councils or charitable organisations.

**Details of Visit**

<b>Details of Visit</b>	
<b>Service Address</b>	<b>Woodview Care Home</b> 127 Lincoln Road Branston Lincoln LN4 1NT
<b>Service Provider</b>	<b>Affinity Care Management part of Affinity Care Group Limited</b>  <b>Registered Manager:</b> Hannah Flint  <b>General enquiries</b> <b>01522 790 604</b>
<b>Dates and Timings</b>	Wednesday 22 May 2024  10.30am - 4.30pm
<b>Healthwatch Representatives</b>	Oonagh Quinn Healthwatch Involvement Officer  Authorised Representative:  Alison Cadman

## Methodology

Healthwatch Lincolnshire, as part of its long-term engagement programme, wanted to include the voices of care home residents and their relatives to gather their views on health and care services. This was part of the E+V visits to registered care homes known to the local authority and adult social care services at Lincolnshire County Council.

A resident and staff survey, designed by our Research and Insight Officer, was used to collate feedback (Appendix 1 and Appendix 2). A separate relatives survey was not designed for this visit and conversations were guided by the residents survey.

This visit was an announced visit to Woodview Care Home and arrangements were made directly with the care home manager for the Involvement Officer and Authorised Representatives to attend.

Staff had access to the survey to complete independently before the visit and hard copies available on the day. Residents were invited to talk to the two Healthwatch representatives in a communal reading room.

The manager brought each resident to the reading room and introduced the Authorised Representative to them. Residents were made aware that they had a choice in whether they participated in this activity as it was a voluntary activity. Residents were asked if they were happy to talk with the Authorised Representative. Oral consent was given in the presence of the staff member.

Each resident then spoke to a Healthwatch representative who recorded their discussion on the resident survey. No personal details and a limited range of demographics were recorded.

In a few instances, the Authorised Representative went to the room of the resident so that they could take part. In these cases, all protocols were followed to ensure the safety of the resident and the Authorised Representative. i.e., care home staff were made aware, consent of the resident to go into their room agreed, agreement with relative, the door to the room was left open and the Authorised Representative could be seen / heard at all times.

Six residents took part in the interviews: three males and three females.

Two members of staff completed a survey on the day.

Four female relatives took part in the interviews.

## Findings / Observations

On the day of the visit, the two Healthwatch Authorised Representatives were made to feel welcome by the staff, residents and relatives.



Six residents volunteered to be interviewed, four relatives and two members of staff completed the staff survey. Safe and familiar areas within the home were made available to the Authorised Representatives to interview the residents and relatives such as the communal lounge and dining area. Each resident or relative took part voluntarily to be interviewed.

On arrival, Healthwatch Authorised Representatives had their photo ID checked, were asked to sign in, were offered a drink and were shown to the reading room - a communal area for all residents.

Refreshments were made available in the reading room for the Authorised Representatives.

On the day of the visit, a ukelele band was performing in the afternoon for the residents.

No tour of Woodview Care Home was offered.

The home was very tidy, clean and the communal areas felt informal and welcoming. A range of residents' artwork was on display throughout the care home, which gave a very personal and homely feel to the communal areas (corridors, reading room and dining room).

## Residents Feedback

### General

- Six residents took part in the interviews: three men and three women.
- Of the six residents who spoke to us, three had lived at Woodview Care Home for six months or less and three for one to two years.
- All six residents rated their care as very good.

Residents expressed that the staff were very caring and supported them daily. One said that “nothing was too much trouble” and that the “staff always listened to what you had to say.”

Residents expressed that their dignity was always respected, even at those times when a resident may display challenging behaviour. The staff managed the situation very well and were able to calm the person down and help them with the issue or concern that had upset them prior to the display of challenging behaviour.

If a resident had the need to raise a concern, all expressed that they would go in the first instance to the care home manager or another member of the staff team and all felt that they would be listened to and that their concern would be taken seriously.

Residents felt that they were asked for their opinions on the care home via the whole staff team and through the residents' committee. Their family members could also pass on any comments on behalf of the resident.

When asked about any changes in Woodview Care Home over the last six months, the residents mentioned that there had been a few new members of staff who joined and that they had settled in very well getting to know the individual residents. Three of the six residents mentioned that alarms had been fixed or changed and that more of the artwork produced by residents was now being displayed in the home in the communal areas.

Residents felt that the home had seemed cared for, cleaner and calmer over the last six months, which they thought made the place more homely and welcoming.

One resident mentioned that they have not met the new owners of Woodview Care Home but they were hearing good things about them and how they are running the home.

All residents who took part in the interviews preferred for information to be given to them in person and then ensure that information is shared with their family. For some, they also like the information to be written down so that it can go on their white boards in their rooms and paperwork can be stored in their folders in their rooms.

Visitors are encouraged to come at any time. If they do come at mealtimes, they are encouraged to join the resident in the dining room. Resident who can use the telephone are encouraged to stay connected with friends and family in this way.

All residents said that there was a good choice on the menu. They were given the menu the day before and if on the day that they decided they did not want that food, then an alternative was offered to them. For those that

wanted snacks and extra drinks, all said that they could ask the staff and it would be provided for them. They all had access to drinking water in their rooms that was changed a few times a day so that it was always fresh to drink. They had a trolley that came round mid-morning and mid-afternoon with a selection of drinks and snacks such as biscuits, cakes, fruit and crisps. Most of the residents also had snacks in their rooms.

All residents expressed that they would like to have more activities taking place including visits to places such as the seaside, garden centres and going out for a meal. They would also like to be able to just go for walk or go outside for a few hours for a change of scenery. They felt that a minibus would be good to have so that groups could go out together for the day or a few hours.

Residents were able to access GP and nurse appointments as they needed them. These would be booked either by the home or their relatives. Dental checkups were extremely difficult to book and all said that they had not been seen by a dentist for a long time. The chiropodist visited on a 6-8 week rota and eye tests could be done at the home. Two residents expressed that access to emotional support such as counsellors was not always offered.

The residents have access to a hairdresser who is based in the home and appointments can be booked in advance if required. Staff remind them of their appointments.

All residents who took part in the interviews expressed that they felt safe and secure at the home and were well looked after. The home was "a home from home" and very calm and welcoming.

If they could change one thing, all expressed that they would like to have more activities with more variety, something to look forward to every day would be ideal. Many would like to have outings arranged.

## Relatives Feedback

### General

- Four relatives took part in the interviews on this visit. These relatives were related to some of the individual residents that had spoken with the team.
- Three of the relatives had a loved one that had lived at Woodview Care Home for up to two years and one for more than two years.



- All relatives expressed that they were very happy with the care provided by the staff. All said how dedicated and supportive the staff team were to the individual needs of their relatives.

All were aware of who to talk to if there was an issue and preferred in the first instance to talk face to face with the manager or the staff team. All staff were approachable and would listen to the concern and help to address the situation. When they had raised a concern, they were listened to and a solution was found quickly. One relative was having an ongoing concern that the home was dealing with.

All four relatives expressed that there had been little or no communication between the new owners of the home and the relatives in relation to the running of Woodview Care Home and any potential changes that they might be introducing. They expressed disappointment in the lack of communication from the new owners.

Three relatives rated the standard of care as very good and one as good. They all said that the staff are very supportive of the residents so that they can make choices and stay as independent as they can. There is a very friendly but professional relationship between the staff and the residents. All relatives felt that their loved one was being well looked after and are safe. The staff always ensure that the resident is included in conversations and the decision making process.

Communication about their relative was rated as good most of the time. This was normally completed via verbal communication in the first instance and then followed up by a letter or email. All relatives felt that they were happy with the processes in place. Verbal updates are given at each visit to the home.

Relatives would like to have a newsletter to keep them up to date with things that are being planned for the home such as up and coming visits, entertainment and any changes to the home from the management team.

Relatives would also like to have the relatives' coffee mornings / afternoons re-introduced as an informal way for information to be accessible to them and also as an activity for residents to take part in if they wish.

Relatives would like to have the opportunity to have the relatives meetings re-instated so that they could be more involved on a regular basis. They felt that it kept them up to date with any changes that are being planned for the home. They do have boards around the home with information on but sometimes they may not see this information if they are not in that part of the home.

Relatives would like to see a daily activity programme with more variety for their loved ones to take part in including outings and opportunities for interaction from members of the community i.e., school choirs, volunteers, therapy dogs, speakers or entertainers.

Relatives expressed that some changes have taken place over the last six months: new staff joining the team, some refurbishment such as painting doors, replacing alarms and residents' artwork being displayed around the home in communal areas (corridors, dining and reading room). Home feels very welcoming and there is a relaxed and calm atmosphere which in turn supports the residents. The standard of care has remained very high in all cases and relatives are very happy that their loved one is being looked after and is safe.

Relatives felt that, overall, the staff seemed very caring and supportive of the residents. There were some cultural differences when some new staff joined the team but as the team work together with the residents, this is now settling down as both get to know each other.

All relatives expressed that Woodview Care Home was the best choice for their loved one.

Relatives are encouraged to visit at any time and can have a meal with their loved one in the dining room. Some come in at mealtimes to support their relative so that staff can support another resident. Where possible, the resident is encouraged to stay connected with friends and family via telephone or technology. Relatives will help their loved ones with this during visits and support the staff in this activity.

The relatives expressed that overall, their loved one can access services when needed. The main issue is accessing dental services and all said that this was extremely challenging with all not having had a dental check-up in quite a while. They were all aware of the health professionals such as GPs, nurses, chiropodists, eye, and hearing tests being completed in the home for those residents who could not access the service outside. Those that could have appointments at the surgery or practice, would have appointments booked there (GP appointments in particular).

All four relatives expressed that the food on offer was of a high standard and that there was an excellent choice on the menu that changed daily. If the resident changed their mind, there was always an alternative on offer for them. Snacks and drinks were available at other. The trolley comes round at least twice a day and residents can have their own treats in their rooms.

All relatives expressed that they felt that their loved ones were being well looked after and were safe.

## Staff Feedback



### General

- Two members of staff completed the questionnaire on the day of the visit.

Staff expressed that accessing services (GP, nurse, opticians, hearing tests) was usually very good. However, booking dental appointments was extremely challenging resulting in long delays for the residents. Both staff and family members could book appointments for the residents and there was a good method of communication in place between the two parties.

The staff expressed that over the last six months there has been a programme of refurbishment at Woodview Care Home, including painting, replacing doors and fire alarms. The system used to record information about the residents has also improved being simpler and more efficient for the staff to use.

With new staff joining all the time, there have been a few challenges in ensuring that all are working together in the best interests of the residents. Staff need a settling in period and learn how the team works well together. As everyone settles into their role, this is getting much better and things are running smoothly.

One area that was mentioned for improvement was during hand over periods so that each member of staff is better informed about how each resident is and any concerns or issues that the new shift need to know about. This is work in progress and is improving as the staff teams get to know each other and the residents.

### Discharge from Hospital

Woodview Care Home is not always kept informed by the hospital teams when a patient will be discharged back to the home. This can lead to some challenges for the home as the residents may need additional support when they first come back. Communication is usually through the senior nurse or care support worker on shift at the time of discharge.

The Woodview Care Home does have a home health team but neither staff member knew the extent of their involvement in the discharge process.

Staff felt that referrals to the continence team could be smoother and faster as often there are delays in getting pads for the resident who requires them. Often the resident will be returned to the Home without pads.

District nurses are contacted as and when they are needed.

## Recommendations

### General

- **Recruitment of a designated member of staff** who coordinates the activity programme for all residents.
- **A weekly activity programme** for all residents, adapted to suit the needs of the residents with variety, choice and to include a range of adapted activities for residents with limited mobility, physical disability, dementia or sensory loss.
- **Develop and build on existing links** with the local community such as:
  - Community voluntary car schemes to support residents to go out from the home on arranged visits.
  - Voluntary services to recruit volunteers to support the staff team and residents to increase the activities on offer.
  - Establish links with local organisations such as Bishop Grosseteste University, University of Lincoln health and care students, and businesses that offer voluntary opportunities to their staff and students.
  - Source information on additional services for the Residents such as art therapy, therapy dogs and a wide range of entertainers to visit the home to enrich the service they offer to their residents with a wide range of interests.
  - Building links with the local community e.g., hosting theme days, coffee mornings or open days, The Prince's Trust or Duke of Edinburgh Award attendees.
- **Improve Communication with relatives** to include relative meetings and get togethers (e.g., coffee morning / afternoon) and a regular newsletter with updates for all to be shared.

## Service Provider Response

Provided by  
Marcella Taylor, Operational Director  
Woodview Care Home, Affinity Care Homes Ltd

### **Recruitment of a designated member of staff who coordinates the activity programme for all residents**

*The organisation has been actively recruiting for the post. It was the organisation's review of the activities on offer for the home that the decision was taken that the current coordinators were not suitable in meeting the requirements of the role. Until the right person with the right skills is found, activities will be facilitated by staff who will be given additional hours to undertake this role working alongside the care team for each unit.*

*The Operational Director, Marcella Taylor since the takeover, has in fact been the driving force for the improvement of the wellbeing programme within the home, herself implementing a variety of activities to include: new intergenerational connections with the local school in the village, a weekly choir, a residents' committee who will decide the programme of events, ukelele band, visits from the local farm animals, a dog show with all the families and residents, an Easter fete, local talks and singers.*

*She has even contacted the commissioning team to set up an activities forum for all local care homes to link in with each other, sharing ideas and creating a support network for all coordinators in Lincoln.*

*The company is very passionate about the well-being being of their residents and in providing an extensive programme of activities, community connections, family involvement etc. hence their own recommendations in the need to improve this area for the people living in the home was part of their take over action plan.*

*Thank you for the recommendation for us to further establish links within our community to which will be most certainly exploring.*

### **Improve communication with relatives**

*Since the new takeover the manager had tried to set up a family and friends meeting and the turnout was low. As the turnout was low, we approached it differently and started to invite families for a "My Family Review", one to one time to meet with the manager and the operational director, to go through the care and treatment plan for their loved one, this has been successful and continues to take place.*

*I would like to offer our reassurances that going forward we will be sending out newsletters, we will be holding open door sessions for families/friends and hopefully we will continue to develop a stronger family engagement within our service.*

*The new organisation based their Operational Director, Marcella Taylor, within the home for the few months of the takeover, during this time she has attended the home daily, during evenings and weekends to ensure she meets with all the families.*

*This has allowed residents, their families and the staff to get to know the organisation on a personal level and to have a representative visible present to offer any reassurances, worries or concerns people may have during and after the transitional process.*

*Marcella continues to be very much present at the home with weekly visits to meet with everyone.*

*As a new company taking over an existing service, we sent out quality questionnaires to staff, families and residents as part of our first quality review.*

*A residents committee was set up within the first few weeks of take over. This was to ensure our residents are fully involved in every aspect of the running of the home.*

*We, as a company, are very proactive in looking at any opportunities for shared decision making in every aspect of daily life. Residents' meetings include guest speakers from our kitchen team, laundry/housekeeping team, management team, this gives our resident the chance to have their say if there are any improvements they would like to see etc.*

*The Nominated Individual for the home has attended the home on a number of occasions and met with families, residents and staff.*

### **Alarm systems being changed**

*Could I just add no replacement works have been conducted on the alarms within the home, when the new company took over, they recognised very quickly that there was a lot of residents' call bells going off and the response timings were a concern for them. This was an area of concern that was addressed immediately, staffing levels looked at, peoples' responsibilities/duties explored and in addressing this the volume of call bells going off has reduced drastically.*

## Distribution

**The report is for distribution to the following:**

- Care Home Management Team
- Lincolnshire County Council – Adult Social Care Contract Team
- Lincolnshire Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- NHS England
- Healthwatch England and the local Healthwatch Network

Published on [www.healthwatchlincolnshire.co.uk](http://www.healthwatchlincolnshire.co.uk)

## Additional Information

**Latest Care Quality Commissioners (CQC) Report 16 September 2023**

[www.cqc.org.uk/location/1-18346380868](http://www.cqc.org.uk/location/1-18346380868)

**Lincolnshire County Council**

[www.lincolnshire.gov.uk/adult-social-care](http://www.lincolnshire.gov.uk/adult-social-care)

## Appendices

- **Appendix 1: Resident / Relative Survey**
- **Appendix 2: Staff Survey**

## Enter and View Resident / Relative Survey: Woodview Care Home

Healthwatch has a legal power to visit health and social care services to see them in action. This power to 'Enter and View' services is a statutory function of Healthwatch and allows us to collect service user and staff feedback on services. This feedback allows us to highlight good practice and make recommendations to services on how they can improve.

**All feedback provided is anonymous.** The feedback will be used to identify areas where the care home is working well and where improvements could be made.

If you would like more information about this work, require any support to complete this survey or require it in another format, please contact:

Telephone 01205 820892

Email: [info@healthwatchlincolnshire.co.uk](mailto:info@healthwatchlincolnshire.co.uk)

Firstly, who is completing this survey:

- I am resident, and these are my own views
- I am a friend/relative of a resident and these are their views
- I am a friend/relative of a resident and these are my views

1. How long have you lived in the care home?




- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Less than a month | <input type="checkbox"/> 7 – 9 months   | <input type="checkbox"/> 2 years+          |
| <input type="checkbox"/> 1 – 3 months      | <input type="checkbox"/> 10 – 12 months | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 4 – 6 months      | <input type="checkbox"/> 1 – 2 years    |  |

2. How would you rate your care? Please circle the face which best represents your feelings.

			
Very good	Good	Poor	Very poor

Please briefly give the reason(s) for your rating:



Your Care				Comments
	Yes	No	Don't know	
3. Do your carers treat you with respect and dignity?				
4. If you were unhappy with your care, could you tell someone?				
5. Who would you tell?				
6. Have you raised any concerns about your care previously?				
7. Do you feel your concerns were taken seriously?				
8. Are you asked for your feedback about the care home?				

9. Over the past six months have you noticed any changes in your care? (Prompts: This might be changes (positive or negative) in your routine, activities or personal care needs.)

10. Do you feel things have:

Got better

Got worse

Stayed the same

Is there anything else you would like to tell us?

11. Do you feel like your needs and preferences are still being met as well as they were before?

12. How do you prefer information to be given to you? e.g. would you prefer to speak to someone, by a newsletter or suggestion box.

### Visitors

13. Are you able to stay in contact with family and friends over the phone?

Yes

Not sure

No

Prefer not to say/ N/A

14. When can visitors come to see you?

14. Do people come into the home e.g., to do your hair?

Yes

No

Not sure




Prefer not to say




### Access to services




15. When you need to, are you able to access the following: (please tick)

	Always	Sometimes	Never	Not sure	Prefer not to say / N/A
A GP or Nurse					
A Dentist					
A hearing check					
An Optician					
A Chiropodist					

Tell us more if you wish below:

Food and Drinks				Comments
	Yes	No	Don't know	
16. Do you enjoy the meals and drinks you have?				
17. Are you involved in deciding what food and drinks you have?				

Food and Drinks				Comments
	Yes	No	Don't know	
18. Are you able to get snacks and drinks when you want them?				
19. Is there anything else you would like to tell us? (in relation to food and drink)				

Activities				Comments
	Yes	No	Don't know	
20. Are you asked about the different hobbies or activities you would like to do?				
21. Are the activities in the home fun and interesting?				
22. Are there ever any days out e.g., to the seaside?				
23. Is there anything else you would like to tell us about? (in relation to activities)				

24. What is your favourite thing about living here?

25. If you could change one thing, what would it be?

**Tell us a bit about you!**

*By telling us a bit about you we can see if all residents are treated the same or if some groups of people have different experiences. **This information is strictly confidential and you will not be able to be identified from your answers.***

*If you are a friend/relative of a resident, please answer the following questions in relation to the resident.*

26. What is your gender?

- Woman
- Man
- Prefer not to say

27. Can you tell me how old are you? Alternatively, do you know how old you will be next birthday? If you would prefer not to say, please leave blank.

**Thank you for sharing your thoughts 😊**

**Enter and View Staff Survey: Woodview Care Home**

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**All feedback provided is anonymous.** The feedback will be used to identify areas where the care home is working well and where improvements could be made.

If you would like more information about this work, require any support to complete this survey or require it in another format, please contact:

**Phone: 01205 820892**

**Email: [info@healthwatchlincolnshire.co.uk](mailto:info@healthwatchlincolnshire.co.uk)**

**1. Are you able to access the following for residents, when needed: (please tick)**

	 Always	 Sometimes	 Never	 Not sure	 Prefer not to say / N/A
<b>A GP or Nurse</b>					
<b>A Dentist</b>					
<b>A hearing check</b>					
<b>An Optician</b>					
<b>A Chiropodist</b>					

**2. Are residents and/or their families encouraged to book appointments themselves or does the home do this? Does this impact the ability to be able to access a service?**

**3. Over the past six months have you seen any marked improvements in the home?**

**4. What current challenges do you face in your role?**

**Thinking about the care home as a whole, overall:**

**5. What is working well?**

**6. What could be improved?**

**7. Any other comments/Is there anything else you would like to tell us?**

**Questions about Hospital Discharge**

If you have residents who are/have been admitted to hospital, we would like to understand your experience of hospital discharge. Thinking generally...

**1. Are residents given an Estimated Date of Discharge?**

**2. Are you kept up to date with the patient's condition?**

**3. How much notice are you given about the resident coming home (and how much notice would be ideal) and is the time of day of return an issue?**



4. What is the communication like between health and social care and the care home, do you have a Home Help Team that supports patient care post-discharge?

5. Do residents normally return back with a complete care plan and medications, equipment etc?

6. Approx how many admissions does the home have?

7. Any other info about District Nursing, Frailty Teams or Continence Teams would be useful.

Thank you for sharing your thoughts 😊



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