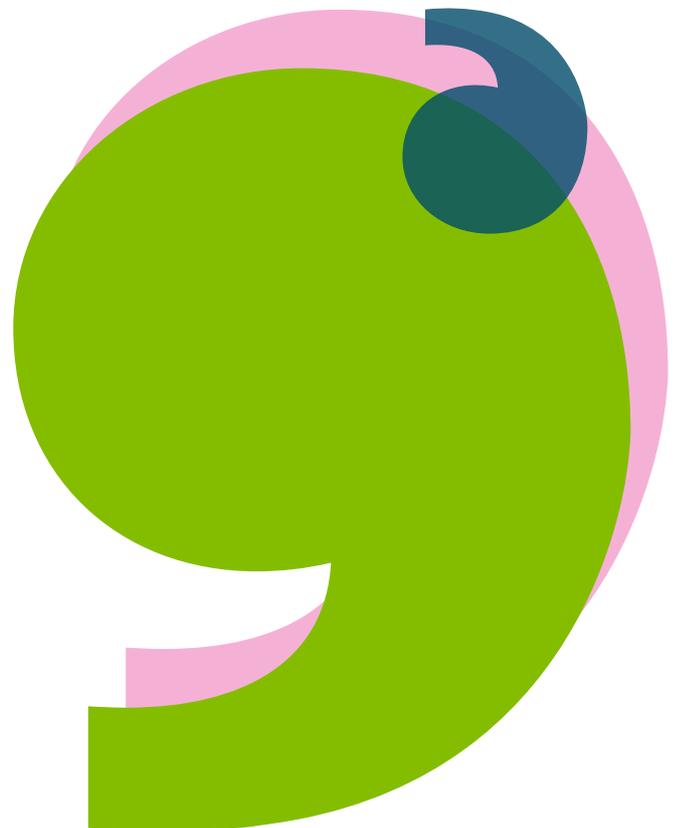




Enter and View report

White Doves

15 March 2019



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1 Introduction

1.1 Details of visit

Details of visit:

Service address:	32-34 Renals Street, Derby DE23 6SH
Service provider:	White Doves Residential Home Limited
CQC rating:	Requires Improvement (July 2018)
Date and time:	15 March 2019, 10.00 am to 1.30 pm
Contact details:	Healthwatch Derby, The Council House, Corporation Street, Derby DE1 2FS
Declaration of interest	There were no declarations of interest on this visit

1.2 Acknowledgements

Healthwatch Derby would like to thank the service provider, service users, visitors and staff 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. It is not a representative portrayal of the experiences of all service users, visitors 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 authorised 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 and nursing homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem 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.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

This visit was part of Healthwatch Derby's work around residential and nursing homes in the city, looking at the experiences of the residents, their visitors and the staff.

2.2 Strategic drivers

Residential and nursing homes are one of Healthwatch Derby's key priorities to ensure the services within the city are of adequate quality and meet the expectations of the service users and their families.



2.3 Methodology

Prior to the visit, the home is contacted in order to explain the purpose of Enter and View. Posters are then displayed advertising the visit and the opportunity for residents, staff and visitors to complete a survey. Therefore, this was an announced visit.

The visit consists of talking to the manager, tour of the facilities and resident interviews. Authorised representatives take advice from staff as to which residents should not be approached/are unable to give informed consent. They introduce Healthwatch Derby and Enter and View, gain their consent to take part and explain that they can withdraw at any time. They ask structured questions in an informal manner.

Visitor and staff surveys are left with freepost envelopes. The surveys include introduction, consent and withdrawal information, questions about their views and experiences and contact details for Healthwatch Derby and other relevant organisations.

A draft report and full anonymised survey results are sent to the home which then has 28 days to respond. The finalised report is sent to the CQC, Derby City Council, NHS Derby and Derbyshire Clinical Commissioning Group and published on the Healthwatch Derby website.

2.4 Description of service

White Doves is a residential home for people aged 60 and over with learning and/or physical disabilities. It is two converted semidetached houses in a residential area with on-street permit parking and not far from local amenities. White Doves has 10 rooms - most are single occupancy, two are suitable for sharing, two have their own toilet and all use shared bathrooms. At the time of the visit there were nine residents with a roughly even gender split.

In the morning there are usually three care staff, one domestic and one chef. In the afternoon there are two carers. Overnight there are usually two carers, one of which is sleeping. Care staff complete NVQ Level 2 or 3 and courses on a range of subjects including moving and handling, safeguarding, dementia, hygiene, infection control, fire evacuation and health and safety. Staff can also attend higher level courses and White Doves has links with Chesterfield College for mentors and Derby College for apprenticeships. Staff meetings take place every two months - there is an open agenda with a regular item asking how the home can improve. The suggestion of a visiting magician came from these meetings. Staff are encouraged to register as Dignity Champions.

Most residents stay with their existing GP when they move into White Doves as long as they will visit. A matron from Lister House visits monthly for health checks on her patients and a pharmacist from Clinical Care arranges medication. An optician



from Visioncall tests residents' eyes annually. Most residents who need dental care are taken to Coleman Street. Private and NHS chiropodists attend White Doves and one resident is taken to Peartree Clinic for chiropody. A hairdresser visits every fortnight on a Tuesday or Friday.

Each resident's social history is recorded in their care plan which staff are encouraged to read. Care plans also include a this is me sheet with likes and dislikes. Care plans are updated on a monthly basis and changes are reviewed immediately, this also happens after a care manager's visit.

Residents can choose to eat in their own room or the dining room. At mealtimes the dining room has a relaxed atmosphere when residents can sit where they want to, staff are there to help with cutting or anything else and music plays in the background. Coloured crockery is available to residents with dementia. There is a choice of cereals, toast and porridge for breakfast. There are two options for lunch and at teatime with alternatives offered if residents do not like the main options. The chef goes round the residents with the menu before each meal so that they do not have to choose too far in advance. Drinks are available in the dining room at any time.

Group activities include bingo, skittles and play your cards right and a visiting magician. Some residents prefer 1-1 contact or activities such as puzzles. Some residents go out. Every Sunday staff talk to the residents about what they would like to do in the coming week, a timetable is then displayed. Staff members try to arrange activities that the residents enjoy; they encourage them to join in group activities by taking part themselves. Residents are asked about their cultural, religious and lifestyle needs when they arrive at White Doves and a local priest conducts a communion service at the home once a month. Resident and relative meetings for the year are advertised on the notice board after a suggestion from one visitor who wanted to be involved but didn't know when the meetings were. Suggestion sheets are available and family members are invited to social reviews.

2.5 Summary of findings

- The home appeared to be organised and well-run.
- The home felt bright, cheery and homely.
- The engagement between residents and staff seemed natural and service users appeared to be clean, tidy and content.

2.6 Results of visit

Environment

The path outside to both entrances is uneven and could be unsuitable to wheelchair users particularly if they were on their own; the doorbell is not low enough to reach if this is the case. A step to the main door makes it difficult to



access if mobility is limited. The back garden has a paved area with seating and steps down to a grassed area with shrubs and garden ornaments.

The home had a light and airy feel whilst the atmosphere was calm and friendly. The bathrooms all had hanging air fresheners as did the bannisters to all stairways.

Facilities

The hallway is spacious with a settee and teddies and a thermometer on the wall. Wheelchairs are stored in a corner under the stairs. There is a display of dignity hearts with words written by the residents. The hallway to the back of the building leads to a staircase, houses office space in a corner, a piano and room for the hairdresser and chiropodist when they visit.

In the dining room there are two oval tables to seat between four and six people and a round one for three or four people. On the tables are linen and plastic tablecloths and a vase of artificial flowers. On the wall is a small clock and framed resident artwork, pictures of residents celebrating birthdays and various activities, a painted dining room sign and a thermometer. There is a framed complete jigsaw puzzle on the wall which is going to be the start of a puzzle wall. The activities board on the fireplace was blank denoting that no external activities have been booked for the near future. In the corner is a pile of jigsaw puzzles nearby a china display cabinet containing table linen and table mats. On the fireplace are ornaments and next to it a TV cabinet with several staff handover files placed on top and a CD player. Between the two light fittings on the ceiling, three light bulbs needed replacing. There is a conservatory on the back of the dining room with comfy chairs with patio doors leading to the back garden.

The lounge has a variety of comfy chairs around the edge, a settee, footstools and a selection of residents' own books on a table. The bay window displays teddies and ornaments. There is a television, stereo, various DVDs, pictures on the walls including a big clock and a thermometer. Blankets and throws are scattered around too giving the room a homely and comfortable feel. On display on the fireplace was canvas that the residents had created and signed for one resident's 98th birthday.

All bedroom doors have brass numbers and the residents name in large red and blue foam letters and a red, orange or green sticker relating to how much assistance would be needed in the event of an evacuation. Rooms are repainted for each new resident and have a bed, bedside cabinet, two chests of drawers, a wardrobe and a lockable cabinet for personal valuables and a thermometer on the wall. Residents can provide their own television and personalise the room to their own taste and with their own belongings. By the light switch in each room is an expectation card showing the dignity do's which outline what every resident can expect to receive as part of their care to respect their dignity.

Upstairs there are more bedrooms, a staff area, a bathroom with seat hoist and separate toilet, another bathroom and an evacuation sledge at the top of the stairs.

Food tasting

The Enter and View team tasted the full lunch menu:

- Battered fish, hand cut chips and mushy peas
- Homemade coconut rice pudding

Everything was tasty, hot, well presented and served in very generous portions.

Information

The hanging sign outside with the name of the home was not legible on one side.

In the entrance hall there is a console table with a signing in book, lots of informative leaflets on obtaining further help, CQC contact information, the CQC registration certificate and a menu board displaying all of the meals for that day.

On the outside of the lounge door there is a weekly activities timetable. Activities included chair exercises, World Book Day, movie night, Pancake Day and nail painting.

Residents

The residents were observed watching television in the lounge and all looked clean and comfortable. During lunchtime those that needed assistance were offered it, whilst staff were seen asking residents whether or not they wanted to wear an apron over their clothes.

Staff

Staff were wearing aprons at lunchtime and were seen washing and sanitising their hands when moving between the kitchen, lounge and dining room. They were also seen taking meals upstairs to residents that were unable to make it to the dining room. Some residents require a lot of help with feeding and this was observed to be carried out in a caring and diplomatic way. A medication round was carried out immediately after lunch.

Visitors and relatives

At the time of the visit, no visitors or relatives were present.

2.7 Survey results

It was not possible to talk to any residents. No staff surveys were returned and a total of two visitor surveys were completed.



Visitor surveys

- I know who the manager is and find them friendly and helpful.
2 out of 2 responses said strongly agree.
- The staff in the home have the time and skills to care for my relative/friend.
2 out of 2 responses said strongly agree.
- The staff have a good knowledge of my relative/friend.
2 out of 2 responses said strongly agree.
Respondent A: The staff are friendly and assist my friend with all his needs.
- The home has a varied programme of activities and my relative/friend is helped enough to take part.
1 out of 2 responses said strongly agree.
1 out of 2 responses said agree.
- The home offers good quality and choice around food and mealtimes.
1 out of 2 responses said strongly agree.
1 out of 2 responses said agree.
- My relative/friend regularly sees a dentist and an optometrist (optician).
1 out of 2 responses said strongly agree.
1 out of 2 responses said agree.
- The home caters for my relative/friend's cultural, religious or lifestyle needs.
2 out of 2 responses said strongly agree.
Respondent A: My friend has visits from the local Catholic priest.
- The home tries to find out and respond to my views and suggestions about how the home is run.
1 out of 2 responses said strongly agree.
1 out of 2 responses said agree.
Respondent A: Although my friend has little capacity, I am asked what they could do more to help him.

2.8 Evidence of best practice

- Displaying the dignity do's in each bedroom benefits the resident and visitors and acts as a reminder to members of staff. This sets an



expectation to all and is reassuring that dignity is respected and taken seriously.

- Displaying pictures and artwork created by the residents contributes to creating a homely feel.
- Contact information for the CQC displayed prominently - also with pictures to advise service users how to do so. This step by step guide of how to do so via post, phone and PC makes it accessible to all.

2.9 Recommendations

- Displaying a staff board of names and pictures may add to the informative entrance hall.
- White Doves should continue with the Derby City Council Bronze Dignity Award application as treating the residents with dignity is obviously very important and this would confirm this.
- Old light bulbs should be replaced promptly to ensure sufficient lighting in all areas - this was noted by the authorised representatives and commented on in a visitor survey.
- The accessible entrance is not clear and outdoor signage is lacking overall - the name of the home is not visible on one side of the hanging sign and a sign pointing to the accessible entrance would be useful.

2.10 Service provider response

I am happy with the report. The report is a good reflection of the home, it was a positive experience for the residents and staff and a pleasure to meet the Healthwatch team and having their input and support.

