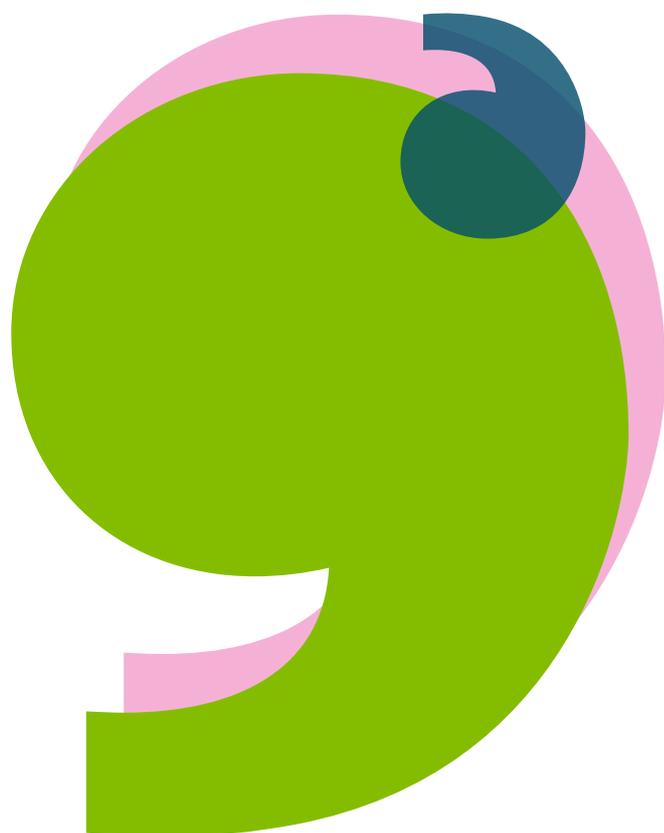




# Enter and View report

Southover Care Home

21 March 2019



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# 1 Introduction

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## 1.1 Details of visit

**Details of visit:**

Service address	397 Burton Road, Derby DE23 6AN
Service provider	White Doves Residential Home Limited
CQC rating	Good (September 2018)
Date and time	21 March 2019, 10.00 am to 4.00 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.

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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 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

Southover Care Home is partly purpose built; the premises previously having been a farmhouse. The home is on a main road and bus route, close to local amenities. The current owner/manager took the home over in 2007 although the home originally opened 30 years before this time.

The home is registered to have 22 rooms, two of which are shared and could be assigned to couples. Eight of the rooms are en-suite (purpose built), however all rooms have a sink. Age groups catered for at present are 65+ years and early dementia is a specialism. The home had 17 residents at the time of the visit; over three quarters of them were female. Southover also provides day care, one service user attends the home twice a week, and respite.

On a typical shift there is the manager and a deputy, two care assistants in the morning (one senior) and another from tea time, a cook, domestic, administration assistant and a maintenance assistant. Agency staff are not used at all. There are two care assistants on the night shift - one asleep and one awake - most residents have four-hourly checks through the night. There is walk round twice a day at the time of shift handover to ensure that all residents are present and safe and so that care can be adapted to their needs. On Mondays, Wednesdays and Thursdays a volunteer is in attendance and on Thursdays there is an activities volunteer. The home also welcomes volunteers at the weekend.



Senior staff have level 4 qualifications whilst the manager holds a level 5 and a training qualification for some on the job training with staff. Seniors are at level 3 and all other care staff have level 2. Eight members of staff (between Southover and White Doves, the sister home) are registered with Derby College. Courses have also been undertaken with Chesterfield College and Derby City Council. Staff are encouraged to develop their skills during supervisions and can undertake online courses if they feel the need for extra support.

A community matron from Lister House visits Southover every Wednesday. Dr Johnson is the main contact although the matron liaises between the home and the surgery. The matron is unable to prescribe but can make physio and occupational therapy referrals. Most residents are registered with the surgery but can stay with their own GP if they are still in the catchment area. Mobile Eyecare (based at Belper) comes out to visit new residents and annual check-ups are carried out after that. Some residents are registered at Bridge Dental, located close to Southover, whilst others are registered with Cavendish Dental Practice and Coleman Street who are specialised and cater for those with Learning Difficulties and Dementia. Residents are supported and encouraged to have sound dental hygiene with a new dental care plan upon admission and salty mouthwashes are made available after extractions. A private chiropodist visits the home every six weeks and some residents are registered with the NHS for chiropody.

Every Monday morning the wet room is used as a hair salon and the hairdresser also visits on special occasions like the Christmas party and if residents are going to a wedding.

When a resident first arrives at Southover, they have a two-day introduction which incorporates health and safety, a tour of the home, designing care plans and getting to know staff and residents. A red folder is used as a staff daily record of shifts, priorities and changes to any care plans that need amending. Senior staff complete monthly updates on care plans and spot checks are carried out regularly.

Upon admission, a nutritional assessment is carried out to find out likes and dislikes and to establish any special dietary requirements. This is kept handy for the kitchen staff to refer to. Mealtimes are flexible although the chef is on site from 7.30 am. Breakfast is from 6.30 to 10.00 am although cereal is readily available on a trolley, whilst some residents have breakfast in their rooms. All residents are encouraged to eat lunch and dinner in the dining room although one resident prefers to stay in their room. There are usually two options and one alternative for each meal and supper is soup, sandwiches, cheese and biscuits and/or cake and is available from 7.30 pm. Individual assessments are carried out in order to support residents to eat and drink at mealtimes and otherwise. For those with arthritis, large handle cutlery is available, red plates are used for those with dementia, plate guards are used for those that need them along with pinnies and napkins. All residents are prompted to eat and none at the time of the visit needed feeding. Residents tend to be quite chatty so making mealtimes sociable is not a problem



and staff get involved to encourage conversation. Questions like “enjoy it?” and “would you like more?” are asked by the staff and mealtimes are regularly observed by management.

Southover is a social hub and there are lots of photos that tell lots of stories. There is a heavy involvement with the community and a genuine feeling of community spirit of which the manager is very proud. Southover has held charity fundraising events including cake sales and coffee mornings. Residents help decorate Christmas trees in the home and family members are often invited to parties and Christmas dinner. Many activities are available to participate in including, barbecues in the summer, themed evenings, theatre trips, pub lunches, parachute games, the library, indoor badminton, word games, dominoes, colouring, crosswords and word searches. One resident is taken to a social club but all residents’ needs are reviewed. An activities file is completed each weekend when residents are asked what they would like to do. External activities have included a sponsored walk in aid of Alzheimer’s and a trip to see the Derby pantomime. All activities are documented and photographs are sent to the relatives of the residents. There is a monthly Church service at Southover and other special services for occasions such as Christmas. Also at Christmas, carol singers from different local churches attend. One resident used to be collected to attend their church but all cultural, religious and lifestyle needs are identified in a resident’s pre-assessment and are catered for accordingly.

Residents meetings are held monthly and all relatives are invited to attend to encourage them to have a say in how the home is run. This open door policy proved to be useful as the hallway carpet is being replaced and the dining room is to be decorated as a result of the feedback from these meetings. Residents are also involved in the recruitment and selection of prospective care staff as interviewees are taken round the home to see how they interact with the residents; feedback is then gathered from the residents during the decision making. Staff are also asked their opinions on decisions made by the management regarding all aspects of the home.

Southover is in the process of working towards the Derby City Council Bronze Dignity Award. Dignity is a priority and all new staff are encouraged to sign up to be Dignity Champions and Dementia Friends and Southover held a Dignity Tea in February.

## 2.5 Summary of findings

- Southover Care Home felt homely and appeared to be inclusive with a friendly feel and genuine community spirit.
- The manager showed commitment and dedication to the best interests of the staff and the residents.

- Residents were encouraged to participate in activities and all staff showed dignity and at the time of the visit, residents were being included and treated with respect and dignity.

## 2.6 Results of visit

### Environment

Outside at the front of the building there is a car park for visitors.

Patio doors lead from the dining room to a patio with raised flower beds, and space for the residents to make hanging baskets. In the garden there are benches and a rockery.

### Facilities

In the reception area, a table houses a signing in book, leaflets and complaints and comments forms to post in a small box. A cabinet is full of china, a bookcase and a fire notice. There are comfy chairs and a table with a vase of fresh flowers and a framed photograph giving the space a really homely feel.

Bedrooms have a bed, chair, bookcase and a wardrobe with drawers inside and extra drawers are available if need be. Residents can provide their own furniture and are encouraged to personalise their rooms and redecoration can be carried out. A television can be supplied if a resident needs one and new bedding is standard for every new resident. There is a thermometer on the wall, a nurse call bell and an expectations card. On the door is a brass number, a sticker relating to how much help they would need in an evacuation situation and a red spot to indicate whether a resident has a DNR in place.

The main lounge has a large television with DVDs, a fireplace, ornaments, pictures, comfy chairs around the edge of the room and doors to the conservatory. The second lounge is very similar without access to the conservatory, it also has a pile of magazines and a parrot in a cage and at the time of the visit a radio was playing.

The dining room has tables for four with vinyl tablecloths, table mats were brought out when residents were seated. There is a calendar, a call system mounted on the wall, a feature fireplace, china on shelves, two large clocks on the wall and a drinks trolley with jugs of squash. There is a sideboard containing arts and crafts, games and sewing, books and colouring books are also available.

The downstairs wet room includes a toilet with a raised seat and a shower in the corner. The room is utilised as a hair salon with big mirrors and a fold down table. On the radiator is a 'Warning! Hot Radiator' sign.

The upstairs bathroom has a bath in the middle of the room with a seat to lower residents into it and a toilet with a raised seat and a red cord within reach.

Corridors have handrails and there is a stairgate in place at the top of the stairs with the ability to be used as a single or it can be folded right back. A second flight



of stairs leads to a few more rooms and a stair lift for access. There is a bar along the top of the staircase for safety and a large mirror. Evacuation sledges are kept by the stairs and there is an outside fire escape.

### Information

A large sign including the name of the home and its specialisms is visible from the road. The name of the home is also carved into the gatepost.

A notice board informs of church services, activities, residents' meetings, hairdressing prices, breakfast times and choices and meal times.

A 'Welcome to Southover' whiteboard shows the date, a list of care staff on duty at different times of the day (morning, afternoon, night) and who the cook, domestic and volunteer are that day. Also displayed is who is in the office, the maintenance personnel and member of management on duty that day.

Another whiteboard entitled 'Magic Moments' has sticky notes stuck to it with some of the things residents say that make life worth living.

There is a display created from memorabilia (t-shirts and medals), and photos from the Alzheimer's Society Memory Walk which some of the team took part in.

A board with a 'Memory Tree' has old photos of residents on the branches, a separate collage of activity photos, dignity trees with writing on the leaves and a noticeboard full of staff achievement certificates.

There is a sign detailing the dignity do's, how to contact the CQC via different methods, the CQC registration certificate and food rating.

The door signs are yellow with words and pictures for lounge, dining room and conservatory.

A menu board with the day's menu is on display in the dining room.

### Food tasting

The Enter and View team tasted the full lunch menu:

- Cottage pie, carrots and cabbage
- Vegetable curry, rice and naan bread
- Crème caramel
- Cheese and biscuits

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

### Residents

Residents appeared to be clean and comfortable and were interacting well with the Healthwatch representatives at lunchtime. The residents were playing indoor

badminton in the lounge one to one with a member of the care staff. The interaction seemed natural and other residents were watching.

### Staff

Staff appeared to be engaging with the residents and were caring in a subtle way. The assistant manager had a personalised lanyard with a built-in watch although no other members of staff were wearing badges. The staff were very hospitable and accommodating towards the authorised representatives.

### Visitors and relatives

At the time of the visit there were no visitors or relatives present at the home.

## 2.7 Survey results

A total of five surveys were completed.

### Resident surveys

- I know the manager and find them easy to talk to.  
2 out of 2 responses said strongly agree.
- The staff have time to stop and chat with me.  
1 out of 2 responses said strongly agree.  
1 out of 2 responses said agree.  
Respondent B: Yes, they have time to stop and talk to me.
- The staff know what I need and what I like and don't like.  
1 out of 2 responses said strongly agree.  
1 out of 2 responses said agree.  
Respondent A: They know what drinks I like.
- There is a range of activities that I can join in with including some of the things I used to enjoy before I lived here and going on trips.  
1 out of 2 responses said strongly agree.  
1 out of 2 responses said disagree.
- There is a good choice of what to eat and when I eat.  
1 out of 2 responses said strongly agree.  
1 out of 2 responses said disagree.
- I have seen a dentist to check my teeth or an optometrist (optician) to check my eyes recently.  
2 out of 2 responses said strongly agree.



Respondent A: Someone visits the home, my hearing has been checked today - there's not much to grumble about here.

- My religion or culture is respected at this home.

2 out of 2 responses said this question was not applicable to them.

- The home tries to find out and respond to my views and suggestions about how the home is run.

2 out of 2 responses said agree.

Respondent A: I am listened to in residents' meetings.

### Staff surveys

- I receive support from the manager and it is easy to talk to them when I want to ask a question or raise an issue.

2 out of 2 responses said strongly agree.

Respondent A: The manager operates an open door policy where all staff can speak to her about any concerns easily.

- I have the time and skills to properly care for the residents.

1 out of 2 responses said strongly agree.

1 out of 2 responses said agree.

Respondent A: I have all the necessary training to complete and carry out the required care for the residents. I am informed when training is arranged so my skills and knowledge can be updated.

- I have a good knowledge of each individual resident.

1 out of 2 responses said strongly agree.

1 out of 2 responses said agree.

Respondent B: As a new carer I am still learning each resident's needs after only four weeks training. I believe I am getting to know quite quickly and have a lot of support from other staff.

- The home offers a varied programme of activities and supports all residents to take part.

2 out of 2 responses said strongly agree.

Respondent A: The residents take part in choosing which activities they would like to take part in on a weekly basis, these choices are then displayed on the residents' notice board for all residents and visitors to see.

- The home offers good quality and choice around food and mealtimes.

2 out of 2 responses said strongly agree.



Respondent B: Food is home cooked and each resident's needs are personally catered for.

- All residents regularly see health professionals such as dentists and optometrists (opticians).

2 out of 2 responses said strongly agree.

Respondent B: All residents are regularly visited by health professionals and doctors or nurses are called to visit as required.

- The home supports and respects residents' personal, cultural and lifestyle needs.

2 out of 2 responses said strongly agree.

Respondent A: The residents all have individualised care plans which identify their likes and dislikes, therefore respecting their choices surrounding their life history and life choices.

- The home tries to find out and use feedback and suggestions from residents, their family and staff about how the home is run.

2 out of 2 responses said strongly agree.

Respondent A: The home asks all residents with the support of family members to complete surveys which identify areas they are happy with and areas where they feel improvements can be made, these are then actioned if possible by the manager.

### Visitor surveys

- I know who the manager is and find them friendly and helpful.

1 out of 1 response said strongly agree.

Respondent A: The manager and deputy always keep me informed of any issues with my parent, or indeed anything positive they know I would like to hear.

- The staff in the home have the time and skills to care for my relative/friend.

1 out of 1 response said strongly agree.

Respondent A: The staff are always vigilant to all of the residents' needs and care for them all very skilfully and with kindness and humour.

- The staff have a good knowledge of my relative/friend.

1 out of 1 response said strongly agree.

Respondent A: Staff are very aware of my parent's particular needs and likes/dislikes. They are very vigilant to any changes, however subtle.



- The home has a varied programme of activities and my relative/friend is helped enough to take part.  
1 out of 1 response said strongly agree.  
Respondent A: All activities are voluntary and residents are helped to take part if they wish to do so.
- The home offers good quality and choice around food and mealtimes.  
1 out of 1 response said strongly agree.
- My relative/friend regularly sees a dentist and an optometrist (optician).  
1 out of 1 response said strongly agree.
- The home caters for my relative/friend's cultural, religious or lifestyle needs.  
1 out of 1 response said strongly agree.  
Respondent A: A local church makes regular visits to the home and they hold a carol service at Christmas.
- The home tries to find out and respond to my views and suggestions about how the home is run.  
1 out of 1 response said strongly agree.  
Respondent A: I can always suggest something at any time and staff ask me my opinions regularly.

## 2.8 Evidence of best practice

- Big clear door signs for the communal areas with words and pictures on a yellow background are easy to see and understand.
- Lots of colourful displays Expectations cards displayed in the bedrooms are a good reminder for staff members and reassurance for residents and visitors.
- Contact information for the CQC is 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.
- There is a walk round twice a day at the time of shift handover to ensure that all residents are present and safe and so that care can be adapted to their needs.
- Relatives are kept fully informed of any changes regarding residents including photographs from activities.
- Residents are involved in the recruitment and selection of prospective care staff as interviewees are taken round the home to see how they



interact with the residents; feedback is then gathered from the residents during the decision making.

- Staff are asked their opinions on decisions made by the management regarding all aspects of the home.

## 2.9 Recommendations

- The 'Welcome to Southover' board is very informative but also displaying staff names and photographs would help residents and visitors, especially new ones.
- Name badges, or something similar to the deputy manager's lanyard, for all staff would make identification to residents and visitors easier.
- Southover should continue with the Derby City Council Bronze Dignity Award application to reinforce the fact that residents are clearly treated with dignity.

## 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.

