

## Experts by Experience

Home: Woodside (2/2 volunteer visits)

Date: October 2014

### **What is Experts by Experience?**

Several WCS homes have been scrutinised by Age UK Warwickshire volunteers to find out what life was like for people living there. Volunteers explored all aspects of home life, from atmosphere and cleanliness to mealtimes and culture.

As well as using discreet observations, the Age UK also volunteers mingled with people who lived there to find out how they felt about their quality of life. Each volunteer filed a report rating things like cleanliness, staff attitude and atmosphere from poor to excellent, and also commented on how each score was derived. A first round of visits gave 16 'excellents', 16 'goods', and 3 'adequates', however more visits are planned throughout 2015. **Volunteers' names have been redacted, but here are their comments published in full.**

**Note:** All volunteers' comments are black, while their instructions from Age UK are in Magenta.

Sections:

**Home Environment**

**Staff Attitude**

**What was Happening in the Home?**

**Eating and Mealtimes**

**Quality of Life**

# Home Environment

**Score: 4/5**

**Describe your own experience of the quality of the home environment. Please consider things like:**

**How clean the home was, how it was decorated, how homely and comfortable it was, how the home was personalised to the people who live there, how the home smelt and whether the facilities were comfortable, pleasant and easy to find.**

Cleanliness – the reception area, bedrooms on the ground and 1st floors, bathrooms and communal areas were all clean and tidy. Housekeepers were Hoovering round during the visit. One resident I spoke to described the home as 'clean'.

Decoration – the corridor walls were particularly well utilised with plates displaying scenes from Warwick, pictures of film and television stars, the royal family, farm scenes and pictures of the seaside. Congratulations to whoever put these together – obviously a great deal of thought and effort had gone into them.

Shared facilities such as the bathrooms and toilets were labelled with pictures to denote their use and to help residents identify them.

The decoration in the communal areas and corridors was a little tired with scuff marks and marks where sellotape had been used but all of the bedrooms I visited were fresh and well decorated with carpets on the floors.

Homeliness and comfort – there was a topical display in the entrance foyer with a Bonfire Night theme. All of the bedrooms I visited were carpeted plus the ground floor sitting area and the corridors. Wood veneer covered the dining area on the first floor. The sitting areas had well maintained soft furnishings, curtains, and pictures on the walls. There were ornaments on display and a fish tank in the 1st floor sitting room. One of the residents enjoyed feeding the fish and made a bee line for the chair next to the tank.

Cloth tablecloths were used to deck the tables in the dining area, serviettes were available at the place settings and there were flowers decorating the tables.

There was a quiet room in addition to the main sitting area.

It was a chilly day when I visited but the home was warm and comfortable.

Smells – there were no unpleasant smells and where the rooms started to get a little stuffy from the heating windows were opened to air them.

Facilities – there was a hairdressing facility on the ground floor with hairdressing available on a Thursday and laundry was cleaned on site. Computers were available in the dining areas. There was a large garden at the rear of the property with a very large summerhouse, a pergola, raised beds and a smaller seating area. One of the residents remarked on the 'nice summerhouse' and how this was enjoyed by the residents. There was access to a side garden from the ground floor dining room with a water feature. Most of the residents seemed to have televisions in their bedrooms but these were also available in the sitting rooms - one lady was watching television in the ground floor sitting room and was able to choose the channels with a remote control.

There were also clocks available in the sitting room and the corridors.

The only features which detracted from the homeliness of Woodside were the 2 trolleys from which medication was dispensed and on which charts were stored. As the carers were hand delivering the tablets I did not quite see the point of bringing these metal trolleys out and I understand that their use is under review.

Personalisation – the bedroom doors were all designed to mimic front doors and there were copious photographs on display in residents' bedrooms. Some had pictures stuck to their bedroom doors to reflect their particular interests. One of the residents was telling me about the scheme to label towels with residents' names so that they could be returned to the right person.

# Staff Attitude

**Score: 5/5**

**Describe your own experience of the attitude of staff. Please consider things like:**

**How you and others at the home were treated, whether people were listened to, whether people were treated with dignity and respect, whether staff were polite and courteous? Whether they had a rapport with you/and other, how you/people who lived there were addressed (eg what name was used and whether you were asked what you'd like to be called), how you and people at the home were treated, whether people were listened to and whether they were treated with dignity and respect.**

How visitors and residents were treated – I was made to feel very welcome with a tour of the ground and first floors.

Whether residents were listened to – staff did listen to the residents – one example was a lady who had mislaid some of her clothing and the staff promised to look into this. One gentleman I spoke to had worked on a farm and come into the home following a fall. He had been admitted to the general hospital and then arrived at Woodside – he seemed unclear why he was there and he said that what he would really like is for someone to wheel him into a field and to feel the wind on his face. He was unable to walk on his own and I understand the staff do take him out into the garden when they can. What struck me was the number of people who come into residential care following a traumatic event at home such as a fall rather than as a planned event and this must add to their confusion and difficulty in coming to terms with their situation.

Whether they were treated with dignity and respect – residents were addressed by their first names and not 'dear' or 'duck'.

Whether staff were polite and courteous – Staff were polite and courteous to the residents at all times.

Whether there was rapport between staff and residents – staff were sensitive to the physical needs of the residents supplying them with drinks and providing cushions when they were sitting in the lounge.

How the residents were treated – the Activities Co-ordinator was aware that one lady had just come to live at the home the previous day and was planning to put some time aside that afternoon to sit and talk with her. This lady was finding it difficult to find her way around and she did not have her name on her bedroom door as yet – one of the staff I mentioned this to explained that this resident was new but this is just the time when she needed some points of reference to be able to orient herself. When I guided her back to her room the bedroom door was closed so she did not have anything to indicate that this was her room until we opened the door and she recognised her slippers. A resident described the staff as 'very nice'.

# What was happening in the home?

**Score: 4/5**

**Describe your own experience of what was happening in the home. Please consider things like:**

**What people were doing – whether it seemed to be their choice, whether people were doing what they might have been doing living independently, whether people's interests and hobbies were being supported, the organised activities you observed, how were people encouraged to join in activities and could people choose not to join in.**

What people were doing – people either remained in their rooms or gravitated to the lounges after meals. There were communal lounges on the ground and first floors in addition to a smaller, quieter room for those residents who did not want to participate in the group activities. Two of the residents were actively watching television, one who had the remote control available beside her and one who wanted the telly switched back on when it was turned off for the reminiscence session. Residents also had televisions in their bedrooms and many of these were switched on.

There was a reminiscence session in one of the communal lounges initiated by the Activities Co-ordinator using cards to spark memories. This generated an animated response from some of the residents who reminisced about working in the Co-op.

In the afternoon someone came in from outside the home to lead a sing-a-long session in the lounge and this was well attended. Staff reminded residents throughout the morning that she was coming and there was a programme of events on the noticeboard.

There was also a coffee bar session on the ground floor with a programme of activities.

One of the ladies had a crib with 2 lifelike baby dolls inside and there were photos in the bedroom of the lady in a nurse's uniform and I discovered that she had been a Children's Nurse and that she had 6 children of her own. Apparently she liked to cuddle the dolls and she was able to recognise herself in the photos even though her speech was very limited. There was also an album with pictures of her large family depicting significant events.

The home is situated near to local facilities and shops with the opportunity for residents to visit these.

Whether it seemed to their choice – nobody was coerced into engaging in activities they did not wish to but I was aware that there were a significant number of people for whom it was difficult to leave their bedrooms or who required nursing in bed. The physical dependency of these people was high and they required a great deal of attention to fulfil their physical needs. Thus the appointment of the Activities Co-ordinator is a timely one helping the care assistants to concentrate on the more physical tasks. The drawback of assigning a specific role to one person is that others will possibly leave all of this to her but it is necessary when care needs are so demanding.

Whether people were doing what they might have been if living independently – the residents were fairly passive when it came to engaging in any household tasks although I did hear one gentleman offer to help with the washing up. This is a tricky one as the Activities Co-ordinator was saying that some of the ladies were quite happy for someone else to do the cooking and housework as this is what they had done all of their lives and they wanted a rest from it. The routine was flexible in that one lady was sitting in her dressing gown until late morning and attended to when she was ready to get dressed.

Whether people's interests and hobbies were being supported – Organised activities – an Activities Co-ordinator had recently been appointed for 20 hours per week soon to be joined by a colleague so that there would be 7 day a week cover. This was the member of staff who initiated the reminiscence session whilst other staff concentrated on the more physical tasks required by the residents who were confined to their beds. The Co-ordinator showed me the Clipper Chart where the likes and dislikes of the residents were recorded and what response introducing various activities had had. She described how

Day Care activities had been provided on the ground floor previously but that now the residents all had individualised activity charts – these were an excellent example of personalised care. The co-ordinator had already been very active in researching possible activities and investigated a group who could come and perform a pantomime for the residents in a local hall. This was after she had learnt that the Spa Centre only has room for a maximum of 5 wheelchairs for its performances. She was also planning to take over the exercise sessions which were currently provided from someone outside, to start a gardening club and to open up the use of the hairdressing salon. The fish tank in one of the lounges was a great hit with one of the residents who had failing sight. Residents also has access to newspapers with a list in the corridor of their preferences.

How people were encouraged to join in and could people opt-out- events were well advertised on the noticeboards and staff reminded residents of what was on offer. Nobody was forced to join in and although the activities took place in the communal lounge residents could repair to their bedrooms or to the quiet lounge.

# Eating and mealtimes

**Score: 4/5**

**Describe your own experience of the meals and eating. Please consider things like:**

**The comfort and atmosphere at the mealtime(s) you participated in, the quality and quantity of food offered and the way it was presented, whether people got choice about their food and could they serve themselves, how staff supported people during the mealtime, whether people could choose when and where to eat, whether people could help themselves to drinks and snacks whenever they wished? Whether there was a variety and were they visible to people and the comfort and atmosphere at the mealtime(s) you participated in.**

Comfort and atmosphere at mealtimes – there were clean cloth tablecloths on the tables in the dining room and the tables were set with crockery and serviettes.

Quality and quantity of food and way presented– one male resident I spoke to who had lived and worked on a farm and was used to extremely hearty breakfasts was a little critical of the amount of food he was given for his breakfast and would have preferred more. He had certainly cleared his plate and as he was eating alone in his room may have found it difficult to make his needs known to the staff. However he did show me a photograph of him when he obviously weighed more and he may have been on a more healthy diet for health reasons.

Hot drinks were served from a trolley at 10.30am and the lunch consisted of a choice of 2 main courses plus alternatives of omelette and jacket potato.

2 people commented favourably on the food and described it as 'good'.

Whether residents had choice and could they serve themselves – the menu was available on display at all times in the kitchen/dining room and was moved to the main table at lunchtime. I did not observe any residents serving themselves and one resident did remark that there was too much gravy with the meals.

How staff supported people through the mealtime – I noticed that there were devices to help residents to feed themselves with plastic rims attached to plates to allow residents to scoop up the food.

Whether people could choose when and where to eat – one lady who required help with feeding was moved in her special chair into the dining room for lunch and a care assistant sat beside her and helped her to eat her meal in a relaxed manner. On the ground floor 5 people came to the dining room for lunch but the others all kept to their rooms and some who were nursed in bed were fed in their rooms. The ground floor dining room had a table with 5 places and 2 with 2 each.

Whether people could help themselves to a variety of drinks and snacks and whether they were visible to residents- there was fruit and sweets for residents to help themselves to in the first floor sitting room in addition to squash which was also available in the bedrooms. A resident requested a cup of tea and this was made for her immediately.

# Quality of Life

**Score: 4/5**

**Describe your own experience of quality of life for people. Please consider things like:**

**The general appearance of people (clothes, hair, teeth, glasses), whether people's personal appearance choices and preferences were supported (eg men wearing their tie, women wearing makeup or jewellery), whether call bells were intrusive? Were they answered in good time, whether significant events and anniversaries were observed, whether the staff know people who lived there (their interests, preferences, life histories, family) and whether people were enjoying themselves in the home? Was there an atmosphere of calm, laughter, fun?**

General appearance of residents and whether personal choices supported– the residents were clean and looked well cared for. They were wearing their own clothes and several ladies sported nail varnish. They were wearing suitable footwear to ensure their safety.

The gentleman who had worked on the farm and led an active life till an accident landed him in hospital was finding it difficult to adjust to his forced inactivity (his mobility had been adversely affected by the fall) and described feeling as if he were in 'Alcatraz' and he wanted 'more freedom'. This was because he spent the day in his room and he described how he no longer handled money and could not have a shower on his own. He described how his outings outside of the home now consisted of visits to the GP surgery or to hospital and that he hated having to use a wheelchair. He described how he did not know what tablets he was taking and that he could not write or type anymore because of his hands. He was concerned that the locks did not work on his furniture and he believed some of his clothing had gone missing. I believe he did suffer a degree of confusion but I think his story illustrates the dilemma of people who have been living comparatively active lives in their own homes and who have this abruptly curtailed through a sudden event such as a fall. They are mourning the loss of their independence and cannot appreciate the restrictions imposed by health and safety issues and risk management.

Whether call bells intrusive, whether answered in good time – the call bells did not seem intrusive and appeared to be answered in a timely manner.

Whether significant events observed – I did not notice a board with the day's date on but may have missed this. There was a topical seasonal display in the main reception area for Bonfire Night.

Whether the staff knew the residents – the Activity Co-ordinator certainly seemed to know the background and likes and dislikes of the residents due to her role in the reminiscence sessions and the activity charts. Other staff appeared caring and responsive to the residents.

Whether people were enjoying themselves in the home – one resident described it as a 'home from home' and one as 'easy going'. I asked one resident what they liked best about the home and they said the bedroom with an ensuite bathroom.

Was there an atmosphere of calm, laughter and fun? There was certainly a relaxed and calm atmosphere in the home with laughter from the communal activities in the sitting and dining rooms.

# Any Other Comments

I was surprised at the variety of need and dependency of the residents with many requiring a great deal of physical care and some with advanced dementia. The staff catered for their diverse needs very well in a caring and professional manner.

One lady described the home as 'easy going' and I think this description is apt as the approach was flexible and individualised to the residents. I was particularly impressed by the appointment of the Care Co-ordinator and by the many ideas she had to provide variety and stimulation to the residents.

Thank you for allowing me to spend time in Woodside – I thoroughly enjoyed my visit.