

Details of visit

Woodbine Manor, Bognor Regis
Unannounced visit: 25 October 2017

We had sent information to the home in accordance with the home's website information. However, as this was out of date, the manager was unaware of our planned visit.

Authorised Representatives:

Team of trained representatives from Healthwatch West Sussex:
Sue Morton and Denise Waller

Local Healthwatch contact details:

Healthwatch West Sussex
0300 012 0122

Acknowledgements

Healthwatch West Sussex would like to thank the Christine the Care Home Manager, the residents and visitors and all the staff for their contribution to this Enter and View visit.

Disclaimer

Please note this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all patients, visitors and staff, only an account of what was observed and was contributed during the visit.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View activities. Local Healthwatch representatives undertake 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 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 a safeguarding concern arises during a visit it will be reported in accordance with Healthwatch safeguarding policy. If at any time an authorised representative observes anything they feel uncomfortable about, they are required to inform their lead who will inform the service manager and the visit will be ended.

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.



Purpose of the visits

From time to time we receive care home that fall below the [Care Quality Commission's Outstanding or Good](#) rating or if we received some insight that is less than positive. The purpose of this visiting programme is to:

- Speak to patients and their families to gain insight into their experiences
- Make general lay observations of staff and residents interactions, the care environment and how care and well-being experiences are being provided locally.

Strategic drivers

According to the Care Quality Commission (CQC), four out of five home care agencies in England provide good quality care. Yet it's also clear that home care, like the social care sector as a whole, is in a fragile state.

[Healthwatch England Report 2017](#)

As the independent watchdog for health and care in West Sussex we want to gather personal accounts from people who are currently residing in a care home and from their family and friend carers. This in turn will enable us to help individual care homes to understand their residents' lived experiences to improve the quality of their home life, and that of future residents.

Methodology

We contacted the care home by email to arrange a visit to speak to residents and their family and friends who may be visiting on the day of our visit, and to make observations. The visit involved a small team of trained authorised representatives. Our representatives are tasked with approaching residents; visitors and staff, to introduce Healthwatch and our role in supporting organisations to deliver the right quality of care. We invite people to share their personal experiences, good and bad. These are captured using our standard feedback form and then entered on our secure database.

Representatives are required to note their observations and to complete a summary sheet together, immediately after completing the visiting activity.

We spoke to people in the home. We captured **8 personal accounts** during our visit.

Our sharing of anonymised information here contains examples and/or quotes to amplify peoples' voices. The names used are ones we have given and not actual names.



Summary of findings

- The manager who has been at the home for about a year, comes across as open, honest and appears to have made some positive changes.
- All the residents we saw looked well cared for and happy.
- We observed good staff interaction with the residents.
- The home in parts, requires refurbishment and we evidenced that this has been started.
- The website requires urgent updating.
- Staff had access to care plans via electronic tablets (which we understand is a new system).
- The policy and use of the CCTV is now fully functioning.
- The layout of the lounge chairs in this area did not encourage socialising.
- The general health of residents seemed to be well supported by the local primary care team.
- We were only able to speak to one relative and they were very happy with the care their relative was receiving.

Overview

[Woodbine Manor](#) is owned by Elderet Ltd and is in Bognor Regis, West Sussex.

It offers 29 beds for people who are *elderly and mentally infirm*. 27 beds (which include for a married couple) were occupied with mixed gender residents when we visited.

The registered manager is Christine Woods, who has been in post for a year and the Deputy Manager is Emma Green.

Our visit was unannounced as the manager had not received the email we sent. We had looked at the information on the home's website, to get the email address, ahead of sending our correspondence (see section on Website for more insight).

A staff training session on *moving and handling* was taking place whilst we were visiting.

Current staffing

We were informed that the current staff were: an authorised manager, a deputy, one team leader, four care staff for mornings, three-to four care staff for afternoons, two waking night staff, one housekeeper, one maintenance worker, a chef, an activity co-ordinator and a part time administrator.

Results of Visit

We would like to thank the Christine, the Manager, and her staff for making us welcome and for answering our questions about our observations.

We were taken on a visit around the home and shown a vacant room. We were told that when a room becomes vacant it is automatically refurbished and what we observed seemed of a satisfactory standard. All rooms we were told had ensuite facilities but the hand-wash basin was in the room itself. We were not invited, by any residents, to see their room.

Residents feedback

I like the quiz because I'm very good at them.

Food is very good and I've put weight on since coming here.

I've been here for two years and the staff are good and I'm happy here. I join in most things.

I like the cats and the pub, especially like the gardening club.

My brother visits me and takes me out in the car and he's made very welcome.

I haven't got a phone but can use the office phone when I want to.

Our team spoke to eight residents, relatives or friends. All residents we spoke to stated they were very happy with the care they received at the home. No one raised any concerns or issues with us during our visit.

One family member, visiting their relative, works in social care and said they were very satisfied with the care their relative was receiving.

We saw staff interacting with the residents throughout our visit.

Observations

The house, we felt, was in need of some internal redecoration and we saw evidence that this was being carried out gradually.

Most of the residents were sitting in the main lounge (which is oblong shaped), having morning coffee. The layout of the chairs in this area we felt did not encourage informal socialising. The manager told us that she had tried different configurations but this was deemed to be unsafe, due to use of walking-frames and wheelchairs.

There is a quiet room upstairs, but we were unable to see it, as it was where the staff training was taking place. We were assured it was used by residents.

We were unable to meet the Activity Co-ordinator as they were on leave. We did however, see the weekly programme of activities. This was displayed and also in pictorial form for those who found it difficult to read text. We were told that outside entertainers visited the home and residents had the opportunity to go into Bognor, if they wished to.



We were told a hairdresser visits once a week and a Chiropody service every six weeks.

In the garden, residents could visit the 'Woodbine Arms', which is a reasonably sized wooden building with a bar, some tables and chairs, including a seating area outside for a number of people, weather permitting. This area is also used for BBQs and the gardening club, which we were told is liked by many. This looked like a very popular and innovative approach.

The *pub* does not sell alcohol but is authentic in décor and memorabilia of yesteryear. A resident, who had mobility problems and would have found it difficult to leave the home,

was enjoying a morning in the pub with the Administrator, who was seeking information for their documented life history.

We were shown an example of a *life history*, which started from as early as possible with memories supplied by the resident and their family, with photos and other documentation. We thought this was a very good example of the support people.

We were told that residents can retain their GP, wherever possible and the home has a good relationship with the local GP practice, hospital admissions team and pharmacy.

All meals are cooked on site by the home's chef. A choice of two dishes are offered to residents on the day. The home said they felt this prevented issues arising from memory difficulties.

The manager said she has an open door policy and we witnessed a resident choosing to have their breakfast in the office. The manager told us that she felt the residents should go where they wish, as this was their home. We also noted that there were snack facilities in the office, which residents could help themselves too. Each day, we were told, there is a trolley service offering residents morning and afternoon drinks.

The [Care Quality Commission](#) (CQC), who are responsible for regulating health and care services in England, visited this home in February (2017). As a result:

- The use of CCTV was stopped, as it was non-complaint around having peoples' permission to record them. We were shown that the home now has made all residents aware of the new policy around this.
- The review of care plans has now been taken on board and we saw the electronic format was available for all care staff to have access to through electronic tablets. The manager told us that the office has the main computer, and this monitored and review by her every month to avoid the inconsistencies found by her when taking up her appointment.

The Manager said that complaints are dealt with by meeting relatives or friends and any safeguarding concerns are sent to the relevant authorities, and the CQC is also copied into these. The manager was aware of one concern but we were not told any details.

Formal, minuted residents meetings, where family and friends are invited, are held two or three times a year. We were told that staff have regular meeting with the management team, and there are regular informal residents meeting.

Website

Staff told us that the company website was in the process of being redesigned and that the owners had been videoing certain aspect of the home to promote on the new website. This would account for the notification of our visit being a surprise.

We found that the website repeated content a lot. The authorised manager was listed as Dee Johnson, who we understand left a year ago.

The picture of the home, we feel, does not reflect what we saw. The home seems to be sandwiched in a triangle and our representatives found it difficult to find. It does not seem as spacious at the front of the house, as we feel it appears on the website.

Woodbine Manor's response

Thank you for sending the report, there are a few inaccuracies in the report.

Further Healthwatch comments

We have worked with the manager to ensure the report is accuracy now.

We will plan to revisit to home in six months to look at how the planned developments are progressing.

We would encourage residents and their family and friends to continue to share their personal stories so we can help this service and other services to improve the way they provide care for local people.

You can share your story by calling our dedicated team on 0300 012 0122 or by completing our online feedback [form](#).



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