

[Enter and View Report August 2014](#)

[Visit to Wood House residential home for older people](#)

About the home

Address: 7 Laurel Close, Tooting, SW17 0HA

Management: Wood House is a modern building owned by Viridian Housing but since 2013 has been managed by Goldcare. Goldcare is responsible for internal decoration while Viridian is responsible for major works and maintenance. The home faces the likelihood of having to close as the site is needed for an extra care supported housing scheme being promoted by Wandsworth Council.

The staffing ratio is 1 to 8 residents. There are early and late shifts and a night shift with two waking staff and a senior on call. The Manager has one deputy and two senior care workers. There is a review meeting every morning, attended by the Manager, when all residents are reviewed. Staff then complete updates to care plans for use at handover.

Residents: The home has capacity for 33 residents who are grouped into four units, one at each corner of the first floor. The home is on Wandsworth Council's "preferred provider" list, which means that these placements are paid for at a single agreed rate. Privately funded residents pay a different rate. A speciality of the home is looking after older people with mental health problems. There were 29 residents, one of whom was in hospital, when we visited. 5 residents pay their own fees. The home reported that Wandsworth Council is reluctant to make new permanent placements, linked to the home's anticipated closure.

Description/layout: The ground floor contains offices, kitchen and laundry for the whole home. There is also one lounge for use by all residents and an internal courtyard that residents can use. The residents' rooms have ensuite toilet and washing facilities. Each of the four groups of rooms, named A,B,C and D, has a bath and shower room and has its own dining and sitting area with attached kitchen area.

Meal arrangements: Meals can be eaten in residents' own rooms if desired or necessary. Breakfast time is flexible- from 0900h and lunch is at 1230h but delayed until 1300h on the two days that a cooked breakfast is served. Tea, coffee and snacks are available between meals and there is a hot supper at 1800h.

Activities: An activities co ordinator works at the home for 25 hours a week and splits

her time between group activities and doing things – such as going out –with individual residents or small groups.

Quality of care – information collected by the home

Surveys of residents and relatives were undertaken in April 2014. 15 residents and 5 relatives replied. Responses on care, food, activities and staff are reported below:

Percentage of **residents** who said they were happy (the highest rating):

| | |
|---------------------------------------------|------|
| Treated by staff with dignity and respect | 100% |
| Staff are friendly helpful and supportive | 100% |
| Know how to complain if necessary | 87% |
| Staff respect religious and cultural needs | 87% |
| Feel safe living in the home | 87% |
| Staff respect choices | 80% |
| Getting help with personal care when needed | 80% |
| Getting help to keep independence | 80% |
| The variety of activities offered | 67% |
| The choice of meals offered | 53% |
| The quality of meals offered | 47% |

Percentage of **relatives** who said service met or exceeded their expectations:

| | |
|---------------------------------------------------|------|
| Informed of resident's progress | 100% |
| Happy with response to complaints/concerns raised | 100% |
| Friendliness of staff | 100% |
| Involved in care plan | 80% |
| Variety of planned activities | 80% |

Other views of the quality of care at the home

Care Quality Commission (CQC):

Wood House received an unannounced CQC inspection in October 2013. It was judged to be compliant in 5 key outcome areas:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meet people's needs
- Caring for people safely and protecting them from harm
- Staffing levels
- Quality and suitability of management

Community Older People's services provided by South West London and St George's Mental Health Trust:

In response to our request for comments, we received the following observations:

- The home has always been very accommodating towards those who have suffered mental health issues and generally seem to do very well with them;
- Staff generally seem to know residents quite well and are genuinely caring and respectful;
- More dependant residents seem to receive good physical care and are found to be clean and comfortable;
- They try to promote independence where possible and used to run nice trips out.
(The home reports that it continues to run trips out – for example two in August)

Enter and View report August 2014 - Visit to Wood House Residential Home

About our visit

Five members of the Healthwatch Wandsworth Enter and View Team visited the home on 9th July 2014. This was a planned visit and two members of the Team had met with Julius Seid, the home's manager, a week earlier.

The visit involved interviewing residents and relatives/friends and two periods of observation: mid-morning and lunchtime.

Interviews were informal in style and tailored to the residents' capacity to respond. Some residents with sensory or cognitive impairment or other mental health problems were not able to give accurate responses to questions about their daily lives. However a flavour of how they felt about the home was obtained both from conversation and observation. We spoke to 13 residents, over a quarter of those there on the day of our visit, and to 4 relatives.

Findings from our visits focusing on the quality of individual care and the responsiveness of services to individual residents' needs

Personal Care:

+ve:

Many residents are relatively independent and do not need help with personal care but those that do reported that they are comfortable with the care they receive and that their privacy is respected. No one said that they had ever felt awkward or embarrassed.

Many residents needing medication reported getting appropriate attention, including access when they need it to a GP who visits weekly.

-ve:

A female resident reported having been shouted at and mishandled by a member of staff leaving bruises on her arms. (We checked and this incident had been referred to the Council's safeguarding team for investigation.)

Another resident was continuing to wear inadequate hospital clothing that he wore even when going out of the home. This makes him vulnerable. (The manager later told us that the resident was reluctant to give up wearing his pyjamas and that his wishes are

being respected despite the risks.)

Another resident was given his inhaling equipment to use in the dining room after lunch when it might more appropriately have been given to him in private.

Food and drink:

+ve:

The food was popular with most residents and was for some the best thing about living at the home. Choice was offered, the food was hot and there was evidence that some residents' particular preferences was both known and responded to – for example by the home's chef who visited the dining rooms to check on how things were going and bringing special dishes for some residents.

Residents were able to eat meals in their own rooms which many chose to do. It suited some in particular – for example a blind resident who liked to have things to hand as he wanted them.

A very disabled resident received one to one help with eating her meal.

-ve:

In two of the dining rooms the television was left on throughout lunch. No one appeared to be watching and it contributed to the general atmosphere that lunchtime was not a positive opportunity for residents and staff to get together and engage with one another.

A single care worker for each dining room, serving up to 9 residents, meant that interaction between the staff member and each resident was very limited – meals were served and empty plates cleared away with only a couple of words exchanged. This was in part due to a single care worker having to serve meals in the dining room, take meals to residents in their own rooms, wash up and tidy the kitchen. The mood in some dining rooms was very subdued and possibly even depressing with little or no conversation or encouragement to eat.

Activities:

+ve:

The organiser for activities is employed for 25 hours a week and splits her time between organised activities in the downstairs lounge and spending time with individuals or small groups – for example taking them for a walk to the shops.

There was clear evidence that staff helped many residents to pursue their interests be

it for reading newspapers or listening to the radio.

-ve

The group activities did not suit many residents, particularly men.

Many residents seemed to spend large parts of the day alone in their rooms.

There appeared to be few attempts to develop some residents' past interests and life histories with no prompts for staff such as biographies in their room.

Some residents seemed resigned to a life of minimal quality with low expectations for what they could get out of staying at the home.

Staff attitudes:

+ve:

Most residents were consistently positive about the staff and their friendliness.

Staff were reported to be sensitive to how residents liked to be addressed.

Some residents appreciated the enabling attitude of staff which meant that they were encouraged to do as much as possible for themselves.

-ve:

A few residents were less positive and divided staff into those they thought were helpful and responsive and others who were less so.

Doors to most or all bedrooms were open when we walked around even when residents were resting.

Views of relatives

+ve:

Most of the relatives had positive things to say about the home. They singled out the good experience they had had with social workers helping them to find the home and move in and the thorough approach to pre assessments by the home's management. As a result these relatives had seen very positive changes to the behaviour, mood or diet of those that they visited. Indeed some were very impressed with what the home had managed to achieve.

All said that they found the staff friendly and that it was easy to find out how their relative was getting on.

-ve:

Relatives mentioned a number of points that moderated their positive view, including:

- high staff turnover (the home has responded that for over 10 years it has maintained a very low staff turnover, with no usage of agency staff),
- staff being stretched to cover care across all four units,
- the threat of closure hanging over the home and
- the lack of specific food to reflect ethnic culture were all mentioned as points that moderated their overall positive views of the home.

One relative, although generally positive, was concerned about how two incidents, involving his parents, had been handled. He felt that senior care staff had initially shown lack of concern when he reported bruising to his mother a few days after she had received it and that there had been a lack of common sense and consideration shown in relation to the care of his father on one occasion during his final illness. The first incident had eventually been raised as a safeguarding alert. This had resulted in one care worker being suspended.

(The home has provided the following account relating to the safeguarding incident:

- relative reports bruising 1800h Wednesday
- disclosure reported to duty officer early on Thursday
- safeguarding referral made to Social Services 1045h Thursday.)

Our conclusions

Wood House gets many of the important things right for the majority of residents, many of whom are a challenge to care for because of their mental health backgrounds, communication difficulties and perhaps because of their lower expectations of social interaction as older men. The home has higher proportions of people in these categories compared with other homes we have visited and we wondered whether more could be done to overcome these barriers. Personal care is seen as good and appropriately delivered and the food is appreciated, in no small part because of the commitment of the chef. Residents' health needs were generally well responded to. The home's approach to activities has many positives but it remains a challenge to balance people's wish for independence and the need to create a positive, life-enhancing atmosphere. Our observations at lunchtime included our most negative findings – it was a very low key event in the individual dining rooms with minimal interaction between busy staff and residents – there was very little sense of occasion for a key

activity of the day. We felt that the amount of time residents spent alone in their rooms was an indication of something lacking in the home's sense of community. We have not followed up the safeguarding event that occurred but understand that the appropriate action has been taken after an initial poor response. The prospect of the home's closure is very worrying for relatives in particular and they need to get regular information. We were not made aware of a clear strategy for the running down of the home: it seems to us that there is a risk of standards falling if this is not very carefully managed.

Our recommendations

We recommend that:

1. The home should take note from relatives as well as from residents about what special meals residents might have and appreciate as residents are sometimes too easy to express satisfaction with anything offered.
2. Discussions should be held with the older people's mental health team about striking the appropriate balance between respecting the wishes of individuals to make choices in situations where they may be unaware of the risks of doing so, linked to their mental health condition.
3. Renewed attempts should be made to identify the interests that residents have, linked to their life history. This could be more expressly demonstrated – for example by having background history notes available in people's rooms.
4. Consideration should be given to possible ways of increasing the amount of social interaction residents are offered. In this context, lunchtime needs to be reviewed and overhauled to improve the quality of the experience for residents. Serious consideration should be given to using domestic staff for washing dishes, or a central dishwashing facility to allow the one member of staff on the unit to interact and promote appropriate interaction.
5. If this has not already happened, the home's staff should be involved in a discussion of the safeguarding incident that has occurred so that the home may learn from the experience.
6. The home's management should review with Wandsworth Council the likely timing and trajectory for the eventual running down of the home and develop jointly a strategy for ensuring that care standards are maintained up to closure.
7. Relatives should be given regular updates on the closure of the home, even if there is no change.