

Wandsworth LINK : CONFIDENTIAL

Older People's Enter and View report following our visit to a service, including our observations and pulling together the comments made to us in interviews with patients/residents, their family and friends and with staff

**Hospital ward/care home visited:** Dawes House Intermediate Care

**Date of visit(s):** 15 September 2011

**Interviewer(s) :** Alison Tomlin, Jenny Purkis, Peter West

**Summary -What we found that patients/residents think of the service :**

All the 10 residents we spoke to were very positive about the service they were getting, half of them thinking it was excellent with no reservations or finding little room for improvement. The staff, their kindness and responsiveness, came in for particular praise as did the good food and the high standards of cleanliness. All residents were very pleased with the marked improvement in rehabilitation they had made whilst at Dawes House. One resident commented that staff were always welcoming to visitors, including in the evening.

Just one resident voiced significant criticisms about the absence of reading material while in isolation, the food that was not generally to his liking and the manner of his discharge on his last day. The provision of radios in all rooms was welcomed but some residents had not been shown how to use them.

**Summary - What we found that family/friends think of the service :**

We spoke to the spouses or relatives of 4 residents. They were also positive about the service, noting that they and their loved ones were happy with it. The politeness and helpfulness of the staff and the cleanliness of the accommodation were specifically referred to. One spouse was particularly impressed with how staff had responded to one resident's diabetes.

Less positive comments related to the difficulty in getting a verdict about a loved one's progress and the absence of a fully functioning television for residents to watch.

**Summary - What we found that staff think of the service :**

We talked to 5 staff involved in providing care – nurses, therapists and healthcare support workers. They were mostly positive about the service they were able to provide. What they thought they did well focussed on:

- Being aware of dignity issues for residents, such as encouraging them to dress in their own clothes and knocking before entering their rooms
- Keeping the place clean and following strict hygiene measures
- Providing good food and assisting people at lunchtime
- Communicating with residents regularly, checking they are OK
- Working well as a team, eg between therapists and the social worker in preparation for residents going home
- Running popular group exercise classes

They said they were clear who to go if they had a concern and mentioned that the manager attends the daily handover meeting. She was described as available, objective and proactive.

They also suggested improvements in the areas of:

- Needing more physio time and rehab assistance. ( They were positive about the imminent new weekend physiotherapist post)
- Training healthcare support workers in the appropriate competencies would enable them to assist with patient groups if given dedicated time to do so
- The English language competency of some care staff: some residents say that that they can not always understand all the staff
- Ensuring the TV is working in the gym
- Reducing the nursing/care time taken by paperwork and having more staff between 1000h and noon

### **Summary of our general observations :**

Our own observations focussed on lunchtime and how residents were supported and served :

+ve: Residents were positively encouraged to come to the dining room to eat but also given the choice of eating in their room. In both locations staff were attentive in helping residents to enjoy their meal, with assistance offered where necessary. The tables were nicely set out with glasses and napkins and residents had the choice of where to sit. Wipes were available for residents and staff to clean their hands. The television was off and there were no interruptions. The housekeeper had dedicated time to supervise the serving of meals, taking the food temperature and being assisted by care assistants. The food was very attractive and hot. Food was delivered to individuals on silver trays and collected only after asking "Have you finished?" Special dietary needs were listed on a whiteboard.

We also noted that the visiting hairdressing service was appreciated by residents as was, by those who could, the opportunity to self medicate.

-ve: The order of serving meals was by room number, ignoring how residents were grouped at the tables. This meant long gaps on some tables between the first and last resident getting their food.