

Details of visit**Service address:****Autumn House Residential Home****21 – 27 Avenue Road, Sandown, Isle of Wight.****PO36 8BN.****Date:****21st April 2024****Length of visit:****2 hours 40 minutes****Authorised****Karen Turner and Joanna Smith****Representatives:****Acknowledgements**

Healthwatch Isle of Wight would like to thank the service provider, people who live at the home and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed at the time.

**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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 people, their families and carers in 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 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 will inform their lead who will inform the service manager, ending the visit if necessary. Safeguarding concerns will be reported to the IOW Council safeguarding team without delay. In addition, if any member of staff wishes to raise an issue about their employer they will be directed to the Care Quality Commission where they are protected by legislation if they raise a concern.



Purpose of the visit

This visit was arranged as part of an ongoing workplan, looking at the experiences of people living in residential care or nursing care homes on the Island. Six local care and nursing homes were visited as part of this work.

Methodology

This visit took place unannounced. The home was made aware (via email) that Healthwatch Isle of Wight would undertake visits related to their residential care home/nursing home work plan and was given a 2 week window but was not informed exactly when the visits would occur. They were informed that two Healthwatch authorised representatives would be visiting the home and would wish to speak to people living at the home, visitors and staff if appropriate. The authorised representatives may also wish to observe a meal time, but this would be confirmed with the person in charge at the time of the visit.

A follow up telephone call was made to the home two weeks after the email, to enable the manager to ask any questions and to confirm arrangements.

The focus areas of the visit were as follows:

- **Quality of care**
- **Provision of activities**
- **Visiting**
- **Food and drink.**

Description of home taken from their website:

‘Autumn House is a well-established care home providing support for older people.

We provide private & funded residential care for elderly persons, including those with dementia, and persons with mental health issues that do not require nursing care.

Autumn House aims to provide physical, emotional and spiritual care to suit individual needs and enable the service user to pursue a healthy, satisfying and comfortable lifestyle within their abilities.

We pride ourselves in offering a friendly and warm home atmosphere and providing co-operative care, consulting with service users and, where appropriate, their relatives, friends and representatives at all times and as fully as possible.’

Results of Visit



Quality of Care

Staff were observed communicating effectively with people and chatting to them as they walked through communal areas. They responded promptly to people's needs and seemed to work well as a team.

We were informed that some people living at the home have their own mobile telephones and others are supported to use the landline telephone.

One married couple had been able to bring in their cat which was laying on the bed in one of their room.

Activities

The home employs an activities co-ordinator who works from Monday to Thursday, and when they are off, staff will complete activities with people at the home in the morning and afternoon. Most activities are group in house activities, such as bingo, pub quizzes and musical activities. Several people living at the home indicated that they enjoyed the activities on offer, with one person enjoying the singing sessions (with someone coming into the home to offer this session) and another was looking forward to the pub quiz.

The home also has a snooker table and can provide calming activities such as colouring.

When we asked how the home engages with the local community, the manager confirmed that she has been unable to secure visits from a vicar to the home but is looking at working with a local school to facilitate visits from the children at key times of the year such as Christmas. They were able to hire a minibus to take people to a Christmas show last year.

One person mentioned that they were keen to get back to their room after lunch to watch the FA cup semi final.

Several people felt that the provision of activities could be expanded to include more trips out to the local community. They felt that people at the home would also enjoy themed days, which could include family members and visitors.

The manager is looking at organising more animal related activities and hopes to arrange visits from people with a variety of animals including a parrot and a dog.

Food and Drink

A large print menu illustrated with pictures, was displayed on the kitchen door, but the main meal option for the day (spaghetti) did not correspond with the option available to people at lunch.

We were informed that people are asked their food preferences for the following day, but they can often forget what they have ordered and will ask for something else.

People are offered an alternative to the main meal choice and are able to choose a sandwich or omelette (which is a favourite for several people). They are able to choose where they eat and we observed people eating in the dining room and lounges and saw trays being taken to people in their own rooms.



The kitchen is covered by a kitchen manager and kitchen porter each day and the kitchen manager has designed the menu, taking into account people's nutritional needs. He was seen engaging with people during the lunch period, asking people if they enjoyed their meal. He confirmed that the kitchen is deep cleaned on a daily basis and the home achieved a rating of 4 (good) from their last environmental health inspection in October 2023.

The kitchen manager informed us that he keeps a record of people's weights in the kitchen and closely monitors people who have lost weight, adjusting their diet to include more calorie rich foods. The dining room tables were laid, with paper napkins and a single flower in a vase on each table. Most people had a glass of orange squash, with one person having water. A grandfather clock at the end of the room had the incorrect time. Sliding doors at the far end of the dining room needed cleaning and the garden was unable to be accessed through these doors due to the higher level of the garden.

There were around 15 people who chose to eat lunch in the dining room. Most of them were given roast beef with roast potatoes, stuffing, cabbage and peas. All lunches were served with gravy. One person asked for salt and pepper, but no one else was offered this (the salt and pepper were returned to a shelf in the dining room).

Meals taken to people in their own rooms were taken on a tray and covered.

A dessert trolley was brought into the dining room and people were offered strawberry mousse or cake (swiss roll) with pouring cream. One person requested ice-cream, and this was brought in for them.

One of the plastic tablecloths and some of the chairs in the dining room were stained.

Staff serving food wore plastic gloves and aprons. Staff communicated well with people during lunch and checked if they required support. They were very attentive and asked people if they had had enough food.

Several people did not want the main meal offered so alternatives were offered, including a sandwich or omelette. One person chose ham omelette, but refused this when it was offered to him, so staff put it in the hot cupboard in case he wanted it later.

One person ate their lunch with their spoon. They chose cake and cream for pudding, but were not offered a spoon, so they ate this with their fingers.

We were informed that lunch is offered at midday, sandwiches and/or soup are offered for afternoon tea at 4pm and supper is at 6pm.

Two people were sitting at a dining room table, with their backs to most other people in the room, despite there being spare places at another table. We mentioned this to the home manager who stated that the two people like to sit there.

Two people on the same table became agitated at lunch, but staff quickly and quietly intervened, calming each person and using appropriate distraction techniques.

People were seen moving freely in the dining room and were able to leave when they were ready. Staff were swift to offer support when people had finished their meal and tables were cleaned promptly

Visiting

We were informed that people are able to have visitors at any time and they are welcome to stay for meals with their friend/relative (for a small charge). Visitors are asked to sign the visitors book when they arrive at the home. We did evidence a notice on the front door saying that the home preferred visitors to pre book their visits.

Staff feedback

The manager arrived at the home during the visit, having come in to collect some prescriptions issued through NHS111 the previous day and in order to collect the medication for people living at the home. She explained that she had taken over as manager just two weeks before.

They acknowledged that there is work to be done at the home and this may take some months. The priority will be to complete action plans for the Care Quality Commission following a recent inspection and to ensure recruitment of the right staff.

The homes has close links with another home owned by the same provider and they are able to share staff across both sites when required. The manager confirmed that she is getting lots of support and she has a loyal staff team.

We were informed that usual staffing ratios are as follows:

8am – 2pm	8 or 9 staff	2pm – 5pm	6 staff
5pm – 8pm	5 staff	Night	3 staff

There was an on call rota, with staff living close by, available to attend at short notice and the manager and provider contact details were also available.

We were informed that staff attend regular training with Grey Matters Learning and they are also able to ask for specific training. Dementia training has been provided by an external provider and staff have also completed training in skin integrity and communication and team working.

During the visit we spoke to three members of staff. They all felt well supported by the management team and they all enjoy coming to work. One person commented that this was the best team that they had ever worked with. Another commented “I feel excited in coming to work.”

One person mentioned that they had not had a staff meeting for a long period of time, but the new manager had organised one recently and the staff team were feeling more positive now. There was also a staff suggestion box, where staff can post suggestions anonymously.

When asked what improvements are needed at the home, one person suggested that the home has previously lacked structure and organisation, leading to a difficult period for the staff during the previous few months.

We were informed that 35 people were living at the home at the time of our visit, although several had gone out for lunch with relatives



General observations

When we arrived at the home we rang the doorbell several times and waited for several minutes. No one answered the door, so we walked round to the disabled access entrance and were soon invited into the home by the team leader. We noticed that there were cobwebs in the porch entrance. We signed in and showed our ID. They were not aware of our visit, despite previous correspondence with the home.

We were taken through into the medication room where we explained the purpose and format of the visit. The room was cluttered, with boxes, a flip chart and crates. There was a separate room which housed the medication. This was also cluttered, with the next months medication in brown bags, in crates on the floor waiting to be signed in for use the following day. This door was left open during the duration of the visit, despite a sign on the door (in red) clearly stating that it should be kept shut when not in use.

We were informed that staff handovers take place in the larger room.

We were also informed that the medication lead at the home was given this responsibility a few days prior to our visit.

When we were shown around the home, we noted that bedroom doors were inaccessible to many people living at the home, as the doors were shut and accessible using only a key card. We were told that no people living at the home at the moment, would be able to use the key card, so were reliant on staff to let them into their rooms. Bedrooms were various sizes and all are en-suite. One person showed us her room which was a good size and contained their own furniture, including a mini fridge.

There was a hairdressing salon which houses the staff clocking in system. We were informed that a hairdresser visits the home every Tuesday.

The garden area was bright with artificial turf, flowers, garden decorations and planters. We were informed that in the warmer weather, outside activities are arranged including barbeques and some people like to help with gardening. There was an enclosed area for people who smoke and there were chairs, a table and a bench.

The main lounge downstairs had chairs around the outside of the room and people told us that they enjoyed participating in activities here. The corridors and hallways in the home were narrow and difficult to navigate when passing people due to the lack of room.

Two of the downstairs bathrooms had key coded entrances and there were also two toilets without key codes.

Dementia friendly signs illustrated the use of each communal area, although one toilet was labelled with a sign saying 'toilet and bathroom'. In one of the downstairs bathrooms, there was a pair of shoes and slippers on the floor and bags of incontinence products on a cupboard.

The quiet lounge was well decorated and bright, and there was a bookcase full of books. Two people were eating their lunch in here.

Several other people were sat in the television lounge. The television was playing music and one person said "I love music." They said they felt cold, so staff wrapped a blanket round them. Chairs were placed around the edge of the room in a semi-circle.



Recommendations:

1. Ensure the side room which stores the medication is kept locked at all times when not in use.
2. Tablecloths should be replaced and dining chairs cleaned or replaced. (The manager informed us that she has ordered new tablecloths and will ask the housekeeping team to clean the dining chairs).
3. Ensure that people are offered gravy, condiments and sauces as an option at the main meal.
4. Provide a more comprehensive range of dessert options at lunch time, including a hot option.
5. Ensure that all people are given a choice of using cutlery at each meal.
6. Ensure that all people at the home have a personalised activity plan based on their individual needs and preferences.
7. Ensure that all people are able to access their own rooms independently.
8. Communal areas of the home and some bedrooms are in need of redecoration. Ensure that there is a planned maintenance and redecoration regime. (The manager said that she has asked for many areas of the home to be redecorated and to have new flooring. They are planning to replace some of the carpets with flooring which is easier to clean).
9. Ensure that bathrooms and toilets are kept free of people's personal belongings.
10. Ensure that all areas of the home including the front porch and dining room are cleaned and this is audited regularly.

For more information

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