



**Healthwatch Cornwall Enter and View  
- Visit Report - Ocean Hill Lodge Care  
Home, November 26, 2014**



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<b>Intial Information:</b>			
Name and address of establishment:	Ocean Hill Lodge, Trelawney Road, Newquay, TR7 2DW		
Date and time of visit (if multiple visits list all):	Wednesday 26 November 2014, 10:00am	Name of contact at establishment:	Mrs Sandra Dunn - Registered Manager
Healthwatch Cornwall authorised representatives involved:	Pat Hamling Liz Spooner	Maurice Parsons	
Latest CQC Inspection:	Report dated 10th December 2014 following an inspection carried out on 29th and 30th September 2014.  The home was non-compliant in two aspects out of five. The areas where the home was not compliant with standards were 'Providing care, treatment and support that meets peoples needs', and 'Caring for people safely and protecting them from harm'		

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, only an account of what was observed and contributed at the time.
Acknowledgements:	Healthwatch Cornwall would like to thank the provider, residents, and staff for their contribution to the Enter and View programme. Particular thanks must be given to Sandra for being so accommodating and informative.



## 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 service users, their families and carers, and staff 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.

The right to Enter and View can also be used to engage with people that might be harder for Healthwatch to reach, and/or to find out about any problems or difficulties that providers, service users or relatives and other professionals are experiencing with the health and social care system in general. 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 need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

## Purpose of this visit:

- To pilot Healthwatch Cornwall’s approach to an Enter and View visit to test the procedure and documentation.
- To give Authorised Enter and View Representatives experience of conducting visits.
- To engage with service users, staff and visitors to get an overview of the running of the home.
- To listen to residents/relatives experiences of the health and social care system.
- To identify examples of good working practice to refer to during future visits.

## Methodology:

A pre-visit meeting was held between Pat

Hamling (E&V representative) and Sandra Dunn (owner and manager of Ocean Hill) on 15th October 2014.

Pat Hamling explained the purpose of the visit was to get an overview of the home, including the types of care provided, and to discuss logistics and an appropriate date and time for the actual visit. Mrs Dunn advised that a monthly residents meeting is held and suggested this would be an ideal opportunity for Healthwatch Cornwall to visit and participate in to gain further input from residents and relatives.

Mrs Dunn confirmed that many of her residents suffer from dementia and that several would not have capacity to be interviewed. She suggested staff would assist in identifying residents with capacity to complete an interview.

Mrs Dunn advised our representative of the recent re-inspection by the CQC and the reasons for this. Healthwatch Cornwall was aware that the CQC had recently carried out a re- inspection of Ocean Hill Lodge after concerns had been raised, shortly before the pre-visit had taken place. During the pre-visit, our representative discussed at length if our visit should continue but, as the owner Mrs Dunn was very transparent regarding the difficulties the CQC had responded to, it was agreed the visit should continue to take place to enable any further information or feedback from residents that may be available.

On the day of the visit the representatives initially spoke with the deputy manager to ascertain which residents would be able to speak with them or who would not be able to due to their inability to give informed consent, or due to safety/medical reasons.

Interviews with residents and relations/ carers were either carried out in the sitting room, dining room, conservatory or individuals bedrooms, which afforded them privacy and ensured that they individually felt comfortable. Each resident was given an explanation of the questionnaire prior to the questions being asked and consent



sought to take part. The manager also invited staff willing to be spoken to by us to have a chat.

A considerable part of the visit was observational, enabling the authorised representatives being aware as they moved around to observe the premises, décor, surroundings and facilities, gaining an awareness of how the premises operate. It also gave the opportunity to observe how the residents/relatives/carers and staff interact and engage with one another.

### **Summary of findings:**

Ocean Hill Lodge can be seen to demonstrate good practice in some areas and staff and management are to be complimented in generating such a friendly, individual and homely atmosphere:

- Staff interacted well with residents and were warm, friendly and respectful in their communications. Having an awareness of resident's past history enables staff and resident to communicate more effectively. Encouraging staff and residents to compile 'Memory Books' enables residents suffering from dementia the opportunity to remember and recognise older memories.
- Residents enjoyed and praised the choice of food, though our representatives felt that the options were limited.
- Residents expressed their happiness with the services provided and felt they were treated as individuals. Residents appreciated the homely feeling at Ocean Hill Lodge.



- Staff appeared to be happy, expressed real interest in their work and were observed having very positive interactions with the residents. Staff interacted well with residents including assisting them to eat with dignity and care, and taking the time to talk, listen and laugh with them.
- The designated role of a Key Worker ensures each resident has an individual member of staff for assistance in carrying out personal shopping and personal tasks.
- The monthly resident's forum provides everyone with an excellent opportunity to complain, praise or make suggestions regarding their care.

However, there are challenges with regards to the fabric and décor of the premises and particularly in relation to a clear lack of storage and restricted wheelchair access. Our representatives were somewhat divided in the seriousness of the issue regarding the clutter in the communal areas.

## Results of visit:

### Description of service:

Ocean Hill Lodge is a privately owned 18 bedroomed residential care home. It offers registered care for people with dementia, mental health conditions and care for adults over 65. It also offers specialist care for Alzheimer's, day care, respite care and convalescent care.

The property comprises of a dormer bungalow standing in its own grounds with a small carpark at the side and rear of the building but there is ample off street parking close by. It is situated in a quiet residential road on the outskirts of Newquay and the home is within walking distance of the town's facilities for some residents.

Parked cars are being used for the storage of items within the car park.

Access to the premises was obtained through an electronically controlled front door. Access into the home is ramped but is a little difficult to negotiate because of a small step at the front. There was no facility for wheelchair access at this point - wheelchair access is usually from the rear door. There were no ramps on any other external doors.

The accommodation is on two levels with access to the second via a stair lift. The home can accommodate 18 residents and there were 18 residents at the time of the visit, of which 8 were self-funded. Seven of the 18 bedrooms have en-suite facilities and 9 rooms are situated on the first floor. Residents' rooms were of small but adequate size and, in some cases, had been partially personalised by the resident.

There are laundry facilities on the premises and residents appeared to be clean and appropriately dressed.

The home is not purpose built as a residential home and this has required considerable care and attention from the owner and staff in trying to ensure the individual small dining room, lounge and conservatory feel warm and homely despite at times containing lots of residents, staff and visitors together. Corridors are narrow and dark and it appeared that all windows, except one, were closed causing a stuffy atmosphere.

The general décor was homely but furnishings are, in some cases, fairly worn. It also felt very cluttered and it is apparent that there are few designated storage areas. It was felt that this clutter must hamper deep cleaning efforts and, on arrival, we noticed a slight unpleasant aroma.



The E&V representatives were first seen within the conservatory which also doubles as a utility room for items such as a washing machine etc. The room was full of old chairs and could not be described as comfortable. Wheelchair access to the property is also through this room but observation of this being used showed that the door was difficult to open and a wheelchair had to be manually manoeuvred to get access/egress. In addition there was an old television on the ground immediately in front of, and partially blocking, the fire exit.

Residents, several who have lived here for many years, did report feeling happy and content and prefer the homely feeling on offer. However, some refreshment of decoration and improved storage/de-cluttering in the main communal areas would make a vast improvement to the environment from an aesthetic, practical and safety point of view.

It was observed that a door to a resident's room was held open with a stair gate across to deter other, wandering, residents. However, this resident said that the door was always left open even when using the commode and so would prefer the ability to close it when necessary.

#### Staff:

There is a small glass fronted staff office overlooking the dining room making staff within visible to residents and visitors, and vice versa.

Residents are encouraged to be as mobile as possible and visit all areas in the home i.e. kitchen/office. Many residents have varying degrees of dementia and have a tendency to wander throughout the home, but this was observed to be handled in a very supportive way by staff so that other residents are not inconvenienced.

Each resident has their own 'key worker' who assist them with any personal tasks such as buying items, wrapping presents, writing

cards and also shopping for clothes.

The owner encourages all staff to learn about the residents past life history as this can assist in communication with people suffering dementia as often using similar examples from their pasts can help. The owner also encourages staff to build 'memory books' with residents and this can include old photographs etc. One relative is currently copying a large number of photos for his 'memory book'.

Staff do not wear uniform as it is felt that this is less formal and promotes the homely feeling.

Observations of staff and resident interaction indicated that the staff work hard to maintain good relationships with the residents and show kindness and care. This was backed up by conversations with residents who said they felt secure and as if they were well looked after.

Staff were observed to spend one to one time with all residents within the daily routine. Comments were received from residents, that staff often 'go the extra mile for them' and 'they do their best'.

Each resident spoke very warmly of the personal interest the owner and staff take in them such as buying individual gifts for their birthday, Easter and Christmas and holding individual parties with balloons cake etc. for their birthdays.

Residents were clean and well dressed, with one very fashionable lady wearing her beautiful jewellery. Staff take a very active interest in assisting residents in their choice of clothing.



As many of the staff would not be on duty on the day of the visit, the owner offered to distribute questionnaires to all staff and 9 were returned in sealed envelopes.

In response to the question ‘what is good about the care here?’, all staff responded in a positive manner with friendly, caring, thoughtful staff, good food, trips and activities, family atmosphere mentioned. One commented ‘Everyone is treated as individuals in a home from home environment and tailored activities to suit ideas and requirements of residents.’

In response ‘what do you think they could do better here?’, responses included:

Due to lack of storage - some areas can become ‘cluttered’ at times responded one staff member.

More activities - one staff member.

Four staff responses indicated they considered more staff, particularly on the night shift, to be desirable if not necessary.

There is a mixed response to the questions regarding feedback, appraisals, supervision and support. Most staff confirmed they received adequate supervision and support. One stated she would have appreciated support when a resident died. Most confirmed they had opportunities to train and update their skills. Two would like more opportunities.

All staff confirmed residents have easy access to dentists, optician and chiropodist but no access to a physiotherapist and very limited access to specific support services.

The owner and most staff reported access to a G.P. is not easy now with the surgeries operating a triage system. The owner and staff describe the difficulties this causes when a resident is suffering from dementia and unable to converse on the telephone.

Two staff members mentioned difficulties regarding obtaining prescriptions and needing to chase them up, particularly if a resident is suffering from an acute infection that requires a prompt response.

Funding appears to have ceased for Community Psychiatric Nursing support and, despite an attempted suicide from one of the residents, there was a week’s delay in the appropriate response to support the unit at this difficult and stressful time.

Staff interviewed agreed the home was well run, that they worked well together and that the manager’s door is always open to them to speak with her. One member of staff reported “I have more time with the residents here, having worked in other care homes, so I have a comparison. Staff here are good and genuinely care, there is a good atmosphere, very much needed at times - it can be stressful when residents can be abusive because of their dementia”.

One staff member, who had been there for a number of years, said that all residents are treated with dignity and treated how she would like to be treated. She also said that staff have good relationships with each other, which helps residents relax. Some staff reported that more staff was needed, especially on the night shift.

One member of staff reported she had not had an annual appraisal and does not feel she gets adequate supervision. She could, however, access ongoing training on line and there are trainers who come in to do regular mandatory training sessions such as medication, transferring and safeguarding. Comments were made that a bit more performance related feedback in between appraisals might be appreciated.

Another member of staff however, reported she received 2 appraisals per year and regular feedback and having done supervisions herself, knew how important



staff supervision is. So there appeared to be a conflict of opinion in level of staff supervision and support that was offered to different staff.

Death was felt to be mainly handled sympathetically and all staff informed. Support is always available, if required, to staff at this sad time.

Staffing levels can, at times of sickness, be inconsistent but extra shifts by staff and bank staff are used to cover. Most residents were full of praise for the home and the staff and only a couple of negative comments were received regarding staffing levels in that it sometimes took staff time to answer the bell, but they understood why this happened on occasions. One resident commented that most of the staff knock and wait to be asked to enter if a bedroom door is closed.

Whilst staffing levels did appear to be quite good, we were informed that there had been some violent incidents during evening times and that staff were sometimes concerned that there were not enough staff on duty to deal with it adequately. Generally these were caused by one resident who antagonises two people who wander around the communal areas. The violence has happened when staff are engaged in a residents room. The manager stated that it is expected that one member of staff will always be within the communal areas but, without supervision, they tend to go to each other's assistance when dealing with residents in their rooms.

### Activities:

Pat Hamling attended the Residents meeting and noted that each resident was individually consulted on their opinions and ideas. She noted that the owner and staff were friendly and supportive when addressing residents and heard one resident called Mrs (at her request) whilst others preferred to be called by their christian names. Our representative was introduced to the residents and encouraged them

to contribute any ideas to improve their welfare.

The residents are offered outings for those who are able to go out. Discussions took place regarding a previous outing to Quintrell Gardens. Originally the outing was planned for Wadebridge Garden Centre using the Lions bus but too many residents were unwell so the visit changed to Quintrell Downs using two cars.

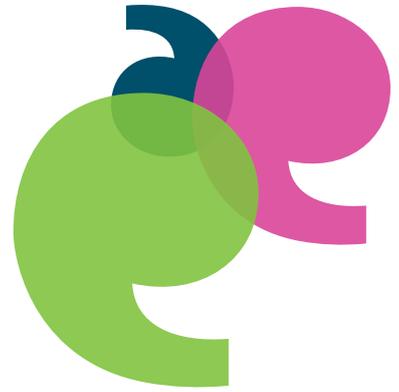
Future visits and activities were discussed including the Christmas party and craft session making cards and decorations. A Christmas 'Sing Along' with a lady playing on a keyboard was discussed and a planned visit to the Padstow Lights with a fish and chip supper. Various craft/baking ideas were also discussed for the Christmas Fayre and Raffle.

The manager checked with each individual resident giving them an opportunity to speak.

A request was made for 'armchair exercises' and the owner agreed to explore how to make this possible.

A relative suggested if a planned visit was cancelled due to poor weather another activity could be offered to avoid disappointment.

Wherever possible the owner and staff ensure individual resident's choices are accommodated in their interests and activities. One resident is taken to a local farm to enable him to 'pat' a horse, another resident to see chickens. One resident has been taken fishing and crabbing on a boat. Another resident visits Age UK weekly



for their Knitting Group. Another resident expressed a desire to undertake a new hobby/interest and the owner is pursuing various ideas.

The organisation called 'Pat a dog' visit the home on a regular basis.

Relatives and friends are encouraged to take residents out and this happens frequently. One resident was taken out by her family for lunch on the day we visited.

Staff reported they have quite strict routines to achieve all their tasks, and try their very best to meet residents' needs. They have activities such as Bingo, access to TV, books, and games and also have access to manicures and hairdressing. Staffing levels however, are not high enough to be able to allow many individual outings with residents.

#### Food:

Some food is brought in but most is freshly cooked in the kitchen and on the occasion of the visit, the meal was mainly frozen products. Residents spoken to said the food was good but the Enter and View team felt that there didn't appear to be a choice and residents' requests did not appear to be always responded to.

One resident said she only wanted soup and the staff always tried to coax her to eat other food but she said she would not eat it, so she always got her soup. When staff were asked about this the staff member said "yes we do try to encourage her to eat meals but she is adamant she only wants soup, so we often make a nice broth by liquidising her meals, then she is getting the nourishment she needs, so we are all happy."

One resident takes charge of preparing the dining room for meals, ensuring everyone is happy with the set up.

#### Feedback:

Our representatives interviewed 13 residents

who had lived at Ocean Hill Lodge for a relatively short time to 10 years. Some confirmed they had tried other homes prior to coming to Ocean Hill.

Comments included:

"It is like a family home."

"I am very happy."

"Staff are very approachable and always respond to requests."

"I have tried other places but I was unhappy and stayed in my room, now I feel very happy and quite spoilt."

Many commented on the food and made comments such as 'they keep a record of our likes and dislikes' (A relative confirmed this in their interview), "although the food is good we can ask for something different." "Food is excellent, good choice, home cooked fresh vegetables."

All residents confirmed the staff are very busy, but helpful and caring.

One resident commented that on occasions there is a delay in answering the bell particularly when staff are unsupervised. This can leave residents in some discomfort if the need is for assistance with toileting. Some felt that more staff would enable prompter personal care and they would have time to sit and chat. Healthwatch Cornwall do understand the financial constraints surrounding this.

One resident requested an activity to mentally stimulate her. The resident says she has an interest in perhaps taking a maths or bookkeeping course and the owner is going to investigate some possibilities. The owner has also suggested she assists in the kitchen preparing vegetables as the resident enjoys cooking.



All residents confirmed they have access to the GP, dentist, optician and chiroprapist who visit the home. They did state that they had limited access to physiotherapy that they were aware of and District Nurses visits residents when required.

Two family members interviewed stated their relative is very happy at Ocean Hill having tried other homes where they were not happy. They were pleased that although wheelchair bound, their loved one enjoys lots of outings. They stated that staff are very busy but are warm, friendly and caring and that they receive regular updates on their relative's welfare. They felt that the owner is very caring and were impressed that they provide Christmas, birthday and Easter presents for all residents.

Another relative of a resident stated that she visits at many different times and has no concerns at all. Her relative loves the food and has lots of choice. They also stated that if there are any particular problems, staff listen and respond to them.

#### Access to services:

The residents' mental and physical health and levels of mobility vary greatly and nursing and palliative care is available through the district nursing team. Staff include care staff, caterers and cleaners but there are no nurses as this is a residential home without nursing.

Residents and staff reported having access to local hospitals and also having visiting specialists including a dentist, an optician, a chiroprapist and, although rarely, a physiotherapist.

If there is a concern about a resident's health a GP will be called from a local practice, however, the Manager reported that the appointment booking system and GP consultation is currently not very good. In particular, the triage appointment system (where patients are triaged over the phone by a GP before being given an appointment)

is causing some frustration as many of her residents are mentally too unwell to discuss and describe their illness. One member of staff stated that 'getting access to a GP is becoming a nightmare.'

The Manager also expressed great concern regarding trying to access a social worker for a resident with limited capacity, and no family members. The owner felt this puts her in a very difficult position and a possible conflict of interest situation.

She also had concerns regarding a recent event at the home where a resident cut her wrists and the owner was unable to access mental health assistance for over a week. The GP response was 'What can I do?'

The Manager has a major concern regarding funding from Cornwall Council for two residents. One resident has been at the home for over twelve months and she has received no payment. A second resident has been at the home for 7 months and she has received no payment. She has major concerns about the "conflict of interests" that she had over financial issues with Cornwall Council, saying that residents appear, but that finances don't always follow to support and meet their needs. She also gave an example of her receiving funding recently of monies owing her, for services provided from as far back as 2011. This was a major issue for Mrs Dunn and one that can ultimately impact on the provision of funds available to enhance the services to the residents.

One member of staff commented new systems for consultation with health and social care services are not as good as it was, and the electronically operated

systems are confusing, often result in double checking and can be difficult for less experienced staff to understand.

One member of staff commented that discharge from hospitals of elderly patients late of a night, was totally wrong.

### **Additional action by Healthwatch Cornwall:**

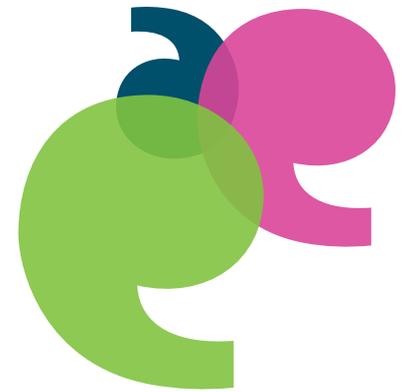
Record feedback received concerning feedback regarding the GP triage system, CPN provision, Cornwall Council and Social Services on the organisations database to add to the wider experiences being gathered.

### **Recommendations:**

This report highlights some good practice that was observed and reflects the appreciation the residents expressed about their care and support provided. There were some areas for concern and our representatives were divided in the seriousness of these.

Recommendations for the provider are as follows:

- To take an active part in the newly developing Cornwall Care Quality Collaborative as other care homes would benefit from the sharing of good practice that occurs in the home, and Ocean Hill would greatly benefit from the experiences of other care home providers.
- To explore alternative areas for storage, such as an outside shed/building which could then leave many areas of the home feeling less cluttered and allowing more room for residents and staff.
- To review the consistency and provision of supervision and support to all staff.
- Whilst looking relatively clean and homely, it was felt that some of the décor and furnishings were a little tired and could be



improved upon.

- Install ramps outside external doors to ease wheelchair access.
- Keep fire exit doors free from storage items.
- To keep an open dialogue with Healthwatch Cornwall regarding experiences of local health and social care services and the interaction with these services from the homes perspective.

### **Service provider response:**

On page 9 of the report it mentions meal choices being few. I feel that having a 3 week menu, with a different lunch and tea for each day, and an alternative choice for both meals on each day is a fair choice, and certainly not a limited one.

Also the day you visited was a Wednesday and on our 3 week menu:

Week 1 is Brunch which is sausage, bacon, egg, hash brown and beans and tomato.

Week 2 is Ham, egg and chips.

Week 3 is Roast chicken dinner.

So I'm not sure where the mostly frozen description came in.

On page 5 re: corridors being dark, there is lighting in the corridors to ensure visibility at all times.

On page 5 re: wheelchair access to both front and side kitchen doors. As there is very poor turning space in those area's to manoeuvre a wheelchair safely, the designated door for wheelchair access is the back door into the conservatory. This is a level entrance so no ramp is needed,

also the double doors makes it much easier / safer to manoeuvre.

On page 6 regarding staff leaving residents room doors open whilst they use their commode. All staff know the importance of preserving the dignity of each resident, and I find it hard to believe that anyone of them would leave a residents door open when assisting at such a personnel time. The staff themselves were upset to hear of this also.

Also on page 6 there is mention of a washing machine being in the conservatory, it is a chest freezer, and another small freezer. Unfortunately due to lack of space we have no choice but to place them there.

Also on page 10 there is mention of access to Physio's, these can only be accessed via a referral by a residents GP, the same goes for a O.T as well.

Thank you and your team for coming to us and for the report.  
Our CQC Inspector did read it and took with her a copy of your report.

Kind regards  
Sandra Dunn



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