



**Service address:**  
**Service Provider:**  
**Date and Time:**  
**Visiting Team:**  
**Contact details:**

Down Lodge, 11 Sturges Road, Wokingham, RG40 2HG  
Graham R Casselden  
11<sup>th</sup> July 2017, 12:45-14:45  
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### Acknowledgements

Healthwatch Wokingham Borough would like to thank the owner and manager of Down Lodge, Graham Casselden for his co-operation, openness and willingness to work with us. We would also like to thank all the service users and staff we spoke to at Down Lodge.

### Disclaimer

Please note that 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 service users and staff, only an account of what was observed and contributed at the time. This report is written by Healthwatch volunteers and is meant to convey what users of the service and staff said.



### What are Healthwatch visits?

Part of the Healthwatch programme is to carry out visits to health & 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 Healthwatch authorised representatives, or visitors, 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. 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.

### What services does Down Lodge provide?

Down Lodge is a two storey privately owned residential care home in Wokingham Borough, it is within 400 metres of Wokingham Town Centre. It provides accommodation for adults over 65 who require nursing or personal care and caters for those who have dementia. There are 14 single rooms and one shared room. 7 of the rooms have en-suite WC. The manager maintains a waiting list. Respite care is also provided. Residents can have their own furniture in their rooms. There is a medium sized garden at the rear of the property accessible from a large conservatory. The registered owner/manager has run the home since 1988.





## What we were looking at

Regulator Care Quality Commission visited Down Lodge in April 2016 (<http://www.cqc.org.uk/location/1-409054934>)

For a video tour of Down Lodge visit <http://www.residential-care-wokingham.co.uk/>

Healthwatch wanted to better understand what it was like to live at Down Lodge and asked residents about:

- the choices residents have e.g. -the food they eat ,activities available, personalising their bedrooms
- support for residents to maintain independence
- if residents are happy living in the home

## Executive Summary

The purpose of the visit was to capture the experience the residents living at Down Lodge and to look at how much choice residents had in their daily lives and areas relating to their health and social care.

Staff interacted regularly with residents, were cheerful, respectful and treated residents with dignity.

All residents we engaged with raised no issues about their surroundings.

We were impressed by the close involvement of the owner/proprietor in the day to day life of the home and his obvious concern for the welfare of the residents

The residents did talk to us about activities, primarily in the mornings and the frequency of participation varied from resident to resident. The residents talked openly about the things they liked to do but it wasn't clear if they were still able to do those things as part of the activity programme. One family member did tell us that she would like a more varied activities programme.

## Recommendations

We suggest that:

- Consideration is giving to inviting in external community groups into the home to support the activities programme. For example, utilising the Wokingham SHINE service, who develop activities including activities for those who are less mobile. There is a volunteer group who visit day centres and care homes. These options could be presented to residents at their regular meeting to see if any of the residents are interested in the alternative options.
- Review if residents are seeing the dentist regularly e.g. every six months for check ups



## What we did

The visit took place 11<sup>th</sup> July 2016 at 12:45 and was arranged in conjunction with Graham Casselden (Owner and Manager). We were warmly welcomed by the management and staff when we arrived for our visit. It was encouraging that the registered manager had publicised the visit and there were leaflets in the hall and in the residents' rooms

We spoke briefly to the manager briefly, he had important tasks to carry out and agreed to meet and talk with us at the end of the visit. We spoke to 6 residents, 2 members of staff and the registered owner/manager. Residents had just finished their lunch when we arrived. Some residents were sitting in the light and airy lounge watching the Wimbledon tennis on T.V whilst other residents were in their rooms. We were invited to speak to some residents in their rooms which we accepted, ensuring either a family members or member of staff was present with us.

## What we found

### The home

Down Lodge is a two storey privately owned residential care home in Wokingham Town Centre. There are 14 single rooms and one shared room. 7 of the rooms have en-suite WC. Residents can have their own furniture in their rooms. There is a medium sized garden at the rear of the property accessible from a large conservatory. The registered owner/manager has run the home since 1988.

There were 15 residents at Down Lodge, 14 females and 1 male.

### Staffing levels, recruitment and training

A country wide issue within the care industry is staff recruitment and retention. The manager told us that it can be difficult to recruit the right staff. Staff training happens regularly and is planned a year in advance. The staff we spoke to confirmed they received regular training both in house by trainers and via e-learning.

The staff were identifiable by their blue uniform. We spoke to 2 members of staff, one who had worked at Down Lodge for many years. She told us she really enjoyed working at the home, that the manager was approachable and listened to carers views. The manager told us *"Management meetings take place every 6/7 weeks with myself and 2 x supervisors"*

We were told there are three shifts; form 07:00-14:00, 14:00-20:00 and a night shift from 20:00-08:00. The manager told us *"We operate with 2 x care staff during the day (sometimes 3 as this helps with holidays etc.) At night, we have 1 and sometimes 2 staff with staff on call out if required. Alongside the care staff myself and the 2 supervisors cover in the office etc. additional to the care staff"*

### Observations of the home

The manager explained which residents had mental capacity and which residents were living with a dementia. We only spoke to one of the residents who was living with a dementia and that was whilst they were in the presence of their daughter.



There was a dining room leading from the lounge with several tables with resident's name badges on the tables. The room was bright, well decorated and clean with a view of the colourful well-kept garden. Whilst we were talking to residents in the lounge a member of staff started hoovering the carpet which made it difficult to speak to the residents who had agreed to talk to us.

Of the residents we met in their rooms, the rooms were clean, light and airy on a hot day and contained items of the occupier's own furniture and many photos and mementos.

## Service Providers Response

Regarding the comment about a carer hoovering. I was informed that we (myself and team on duty) were to carry on as normal with our operation when the 3 Healthwatch team arrived and that is what my team did. Hoovering the lounge carpet takes place each day after lunch following any morning "traffic" (which just happened to coincide with the Healthwatch visit) and also after tea/early evening following pm "traffic" as a norm to keep the lounge tidy etc. We had other quiet rooms available to have confidential discussions with residents in other than the main lounge which was occupied by other people.

### Observations of Person Centred Care

Staff interacted regularly with residents, were cheerful, respectful and treated residents with dignity.

On being asked, two of the residents said there was always someone on hand to help with walking and moving around. For residents needing help showering or going to the toilet, there were no complaints that there was ever no-one close by to assist. All the residents we spoke to praised the caring nature of the staff.

Every resident we spoke to seemed genuinely satisfied with their choice and the environment in which they lived. None had any criticisms or suggestions for improvement at Down Lodge. One resident who had been at Down Lodge for 4 years told us she was "*well satisfied*" with life at the home. Another resident who hadn't been at Down Lodge for about a year told us "*carers are good and I have made friends*"

The manager told us he sometimes had to move residents to different care settings as the resident need a higher level of care.

### Residents Access to Health Care

In terms of physical health, all residents we spoke to were happy with their access to doctors and district nurses. Healthwatch is aware of how difficult it can be to get through to Wokingham Medical Centre on the phone to book an appointment. Down Lodge bypasses the telephone triage system by walking the short distance to the surgery and speaking to someone in person.

We were told that a chiropodist visits the home every 6 weeks.

Relatives take most residents to appointments with doctors, dentists and opticians, but staff will take them if needed, or they can come to Down Lodge for the less able. One resident recently had a new hip and cataracts and was taken to all appointments by her niece. Two residents said they had not visited a dentist for a long time.



Staff sometime need to call an ambulance, for example in the case of falls. Sometimes residents will need a stay in hospital and the manager undertakes reassessments of the residents needs on their return from hospital. Staff can take residents to hospital if no family is available but this obviously takes them away from the home. We wondered how the home managed staff shortfall if that happens and particularly should that happen at night when only one member of staff is available. The manager told us *"We have never had an issue at night since I took over the business in 1988 with residents admittance to A&E. Although we have staff on call if required 24 X 7 and also a list of Bank Staff which is on display in the office, normally the residents family want to accompany their relative but if this does not happen and the resident needed to go to A&E myself or a supervisor would arrange this if required in the event of the family not wanting to go with their relative. I have organised staff and also accompanied residents recently when family members could not make appointments etc. that they had organised"*

All residents' rooms have a call button for emergencies. Several of the residents mentioned having falls but they also recognised the importance of using stabilisers to aid themselves. If there is a problem, staff assess their needs and call paramedics if necessary. Care team keep active records of trips to doctors, nurses and hospitals

### Residents Choices Food

There wasn't a menu on display during our visit showing meal choices. Two residents and one member of staff told us there weren't different options to choose from at lunch time (outside of what was known of their dietary requirements), however the residents did say they could 'have something else' if they did not like what was on offer. They saw that day's menu in the morning and could eat in their rooms rather than the dining room if they wanted to, although all but one preferred communal eating. No one mentioned any dislike of the meals. Most reported positively on communal eating.

One staff member said it can be challenging getting everyone up and ready for breakfast, however she added that if a resident doesn't want to get up then that's their choice and they will have breakfast in their room.

### Activities

Those in the home who could, appeared to value their independence for the day to day things that they could do for themselves, such as getting themselves up and dressed although aided with showering etc; this was encouraged by the staff.

There was reference to activities, especially exercises in the morning but the frequency of this happening seemed to vary from resident to resident. There was no activity the day we visited or chart setting out when things take place. Exercising with a ball and quizzes were the two mentioned.

A staff member told us they did arrange activities like seated exercise, quiz, bingo. One resident only came out of her room once a week for 'Fish Friday' lunch, she was encouraged to come out for activities more often but the resident didn't want to. If residents want to go for a walk then staff will walk down the road with them and they will also sit and chat with residents in the conservatory and garden.

We asked the manager if there was a dedicated activities co-coordinator or did a specific member of staff specialise in this role in terms of planning/ideas for activities which are then delivered by all care workers? The manager told us *"Myself and a care supervisor complete this role and carers deliver activities"*



Two residents said they liked to knit, although we did not see any of the residents occupied with anything but watching television. One resident liked to paint and had paintings on her wall, but she commented that there was not enough room to do this in her room. It came to light that there should have been quizzes and communal indoor exercises provided each day, but these were only offered spasmodically. There was no evidence at the time we visited of a drive to get residents moving around, however one more active resident had recently been taken out fishing at sea by the owner/proprietor, with the knowledge of his daughter. The resident was thrilled to have been taken to a pub for lunch and had photos to prove it. The resident would also be taken out by his daughter. One other resident had just returned to Down Lodge after being taken to 'Singing For The Brain' by her daughter.

One resident maintained a passion for art, needle craft and photography although no longer active (the home did not appear to cater for those needs – bar walks into town with carers; when she goes into town on her own uses small wheeled frame, lets people know when she will be back. Didn't mix with other residents. Staff were flexible to let her have her meals in her own room.

One relative told us that there were some activities at Down Lodge but she would prefer more regular and more tailored activities for her mother as she wasn't always able to take her mother out.

One resident told us *"Everyone is very caring. I have had a fall and don't do as much activity now as I would like."*

## Service Provider Response

We already have an activities list which is agreed by the residents which covers 7 days a week both AM and PM

The activities which are different each day are formally discussed and agreed with the residents at their 2 x six monthly residents meetings where the residents decide and CHOOSE what they would like to do, this is documented and minuted at every residents meeting for reference etc. so that the appropriate authorities can view as/when they visit.

All residents are asked individually each day if they would like to take part in the activities and their choice is recorded in their individual care plan daily notes for reference.

Regarding activities that a individual family member would like, I am sure you would agree we need to balance this with what the RESIDENTS prefer (after all they are the ones doing the activity not the family) based on the residents individual capabilities.

Family members have opportunity at the monthly care plan reviews etc. to voice any changes etc. if they wish and also at the 6 monthly care plan review which they sign.

Apart from our activities we also have external companies entertain the residents throughout the year and residents family's are also invited, the last activities was a Pantomime held in the conservatory with afternoon tea served for all attendees.

I am open to guidance from the Healthwatch Team as to how to "cater for a residents needs" if a resident physically cannot do an activity that they used to do when they were younger.



## Family/Relatives Comments

We spoke to 3 family members on the day of our visit. One was with her father who was staying at Down Lodge for respite. Another had come to take her mother out for the afternoon and the other had returned from taking her mother to 'Singing For The Brain' and had stayed to talk to Healthwatch.

We were told that the staff were as good as you would want them to be and were relaxed and welcoming to relatives. Two of the relatives had experience of the home previously with their mother, aunt and a close friend. They had experienced their relatives die there but such an experience had not changed their view that this was a good, well managed caring home. Two of the daughters spoken to were full of praise for the home.

The gentleman staying for respite and his daughter had previously looked at 6 other homes when his wife was ill; they both preferred Down Lodge to any others in the area.

Relatives felt kept informed on any change in the residents' health and had seen the detailed records/care plans. We wondered if there were regular resident/family meetings the manager told us *"Residents meetings take place x 2 a year, family members are seen monthly to sign off care plans or spoken to when they visit if the resident wishes to sign off their monthly care plan, families are telephoned if required. Family members attend a care review meeting at their relatives 6 month care plan review (this also applies to WBC funded clients as we treat our residents exactly the same) we hold care reviews over and above what the WBC process is) our reviews are agreed and signed off by all parties "*

We were told that dogs are occasionally brought in by family/friends to see residents

## What residents say about living in Down Lodge

Every resident we spoke to seemed genuinely satisfied with their choice and the environment in which they lived. None had any criticisms or suggestions for improvement at Down Lodge.

One resident who had been at Down Lodge for 4 years told us she was "well satisfied" with life at the home. Another resident who hadn't been at Down Lodge for about a year told us "carers are good and I have made friends"