

# Enter & View Report

Amy Woodgate House Care Home

June 2024



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# 1 Introduction

## 1.1 Details of visit

Service Provider	Gold Care Homes
Service Address	Amy Woodgate House, Nigel Fisher Way, Kingston Upon Thames KT9 2SN
Registered Manager	Sarabjeet Singh (Acting)
Date and Time of Enter and View Visit	5 <sup>th</sup> June 2024 11am-3pm 13 <sup>th</sup> June 2024 3pm – 7pm 18 <sup>th</sup> June 2024 7am – 10am
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Praver (HWK Staff Team) Candy Dunne (HWK Staff Team) Liz Meerabeau (HWK Volunteer) Richard Allen (HWK Volunteer) Julie Pilot (HWK Volunteer) Kezia Coleman (HWK Staff Team) Scott Bacon (HWK Staff Team) Stephen Bitti (HWK Staff Team)
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## 1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank Amy Woodgate House residents, relatives, and staff members for their contribution toward the Enter and View programme.

## 1.3 Disclaimer

Please note that this report relates to findings on the specific dates and times set out above. The Enter and View 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 through interviews during the time of Healthwatch Kingston representatives' visits.

# 2 Executive summary

Healthwatch Kingston (HWK) champions better standards of care in socially funded health and social care services. As part of our remit we recruit Authorised Representatives, volunteers from the local community who are trained to undertake Enter & View visits with the aim of identifying good practice and areas that could be improved in socially funded health and social care services.

This report presents the findings of the Authorised Representatives' visit to Amy Woodgate House Care Home. Amy Woodgate House Care Home is situated in the Royal Borough of Kingston (RBK) and is run by Gold Care Homes, a provider that was established in 1999 which now operates over 20 homes.

Amy Woodgate House has 44 beds arranged over two floors and is divided into three living units each comprising a sitting and dining room with a kitchen. At the time of our visit one kitchen upstairs was being refurbished so the residents were taken downstairs during the day to the area, which was previously the Day Centre, which is now closed. The service supports older people living with dementia and having physical care needs.

HWK has not previously visited Amy Woodgate House. The last full Care Quality Commission (CQC) inspection was undertaken in Dec 2022 which rated the home 'good' in all 5 areas ([CQC report](#)).

The Enter and View visit to Amy Woodgate House was conducted as part of HWK's series of announced Enter and View visits to local care and nursing homes taking place between April 2024 and March 2025.

These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More details of which can be found in the appendix 1.

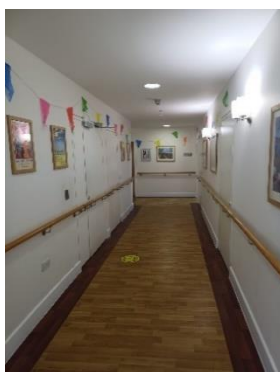


Entrance to Amy Woodgate house and car park

### 3 Recommendations

**Overview:** Overall, HWK Authorised Representatives concluded that Amy Woodgate House was a well-designed home with a well-maintained garden. The residents appeared to be looked after well, and staff appeared to be happy to be working there. The general atmosphere was calm and welcoming. Staff were observed working well together. Among the main things that worked well were:

**Living Environment:** the purpose-built building is well-designed with plenty of space to move about and was light and airy. Residents who would otherwise be bed-bound were able to be moved around the home in specialised chairs, their movement facilitated by the hoists available in all the rooms. The home smelled fresh and was kept clean and tidy with no trip hazards observed. The design includes many 'dementia' areas, spaces which are decorated with a theme to provide a different 'feel' to the area and to provide visual interest and prompt memories.



Images showing (from left to right and top to bottom), reception area, use of light at top of stairs, wide corridor leading into of one of the units, two dementia areas - the 'library' and the 'glamour space'. Images of the garden showing various aspects and areas to sit.

**Mealtime Experiences:** we observed breakfast, dinner and supper on our three visits. Each mealtime was calm and unhurried, and residents looked as if they were enjoying the food they were eating. The portions were a good size and were mostly finished with residents offered more if they wished. We witnessed encouragement from staff to have residents come to the dining rooms for meals, and staff taking food to residents who wished to eat in their rooms. Residents were free to sit where they wanted. We witnessed soup being drunk from a two-

handled cup to aid independence, and those residents who needed support to eat were given it in a kindly and gentle manner. The three dining rooms had plenty of space for the residents which enabled those who would otherwise be bedbound to be able to be taken into the dining room.

**Meaningful Activities for Residents:** the home had been without an activities coordinator since September 2023. At our first visit the new Activities Coordinator had been in post for two weeks (5<sup>th</sup> June 2024). Activities seemed limited on our first visit and the activities schedule shared with us before the visit was not on display and did not seem to be followed. Over the following two weeks we saw a noticeable growth in confidence and in relationships with residents from the activities coordinator. On our last visit the activities coordinator had worked hard to begin to create an activities plan that was suitable for the residents. This is not yet in place. We have asked that it be shared with us when finalised and for it to be displayed around the home for the residents, visitors and staff to know what to expect on each day.

By listening to people and recording their experiences and observations, HWK has formulated some recommendations designed to help the management of Amy Woodgate House improve residents’ experience.

### 3.1 Residents’ Living environment recommendations 1-11

HWK residents’ living environment recommendations	Amy Woodgate House Care Home response	Action completion date
1 Organise the noticeboard in the reception area to display information more clearly.	The notice board in the reception area has been organised and managed to display information more clearly about resident’s activities and further updates. Main notice board at reception is maintained by Activities staff for all activities happening in the homes. Other notice boards outside the unit now consist of only relevant information.	06/07/2024

<b>HWK living environment recommendations</b>	<b>Amy Woodgate House Care Home response</b>	<b>Action completion date</b>
2 Ensure cleaning staff move furniture in corridors to clean underneath and between.	Supervision has been done by Home Manager with all the domestic staff to follow up the thorough cleaning regime.  Daily walk arounds are happening to focus on the check and ensure the sustainability.	01/07/2024 – ongoing monitoring
3 Sanitary gel in the majority the units was empty. The acting manager said that many were broken and needed an audit.	We are the process to get our own logo, which is Gold Care Home Logo, for dispensers from Fairfield (supplier) in 2 weeks' time. To carry out full audit of the sanitising gel dispensers of the home and action accordingly.	20/08/2024
4 Label the key entry/exit pads in the units to identify which door they open.	Clear labels have been placed on the appropriate key entry/exit. Label on the keypads now in place as recommended.	01/07/2024
5 Ensure all calendar dates and times displayed around the home are kept current.	Every morning Management and Activity coordinators walk around the building and checks the calendar dates/ times.	01/07/2024
6 Identify and fix the plumbing issue with the toilet on the ground floor.	The plumbing issues on the ground floor toilet have been fixed.  Staff are reminded to use the maintenance book to report any maintenance issues/repairs required via supervisions and take to their meetings.	07/07/24
7 Change the toilet seats to a different colour in line with dementia guidelines ( <a href="#">See P12 - 6. Using the bathroom</a> )	Spoken to the estates team about the issue and planned for the replacement as all newly fitted recently. All the communal toilets are changed with Dementia friendly toilets in all the units.	02/08/24



<b>HWK living environment recommendations</b>	<b>Amy Woodgate House Care Home response</b>	<b>Action completion date</b>
8 In addition to regular dental checks, ensure residents with ill-fitting dentures are assessed by the dentist as soon as the issue is identified.	The residents are checked by the community dentist every month or upon request. Residents with loose dentures are reported to Dentist which are replaced with new ones. Oral care risk assessments are reviewed monthly or earlier to identify changes and referral to be made accordingly.	31/07/2024
9 Assess the dementia areas in the home for potential hazards from sharp corners and dangling decoration (e.g. trailing plants in plant pots and metal wall art) and remove them.	This is being checked by the deputy and home manager and the activity coordinator to make sure the dementia areas are free of any hazards and have been removed from the communal area. Environment Audit carried out for potential hazards in dementia areas on weekly basis and to be actioned accordingly if any concerns found.	31/07/2024
10 Ensure that a member of staff is nominated to answer call bells during staff debrief/training sessions.	All the staff had been reminded to answer the call bell promptly without delay via supervision. During debrief sessions staff not attending are reminded to cover the call bells. An analysis of the length of time call bells are ringing over 4 minutes has been started to identify where issues are. This is being monitored by Team leaders and management.	07/07/2024
11 Provide agency staff with a means of identification to enable their status as staff members (e.g. badge).	Agency director has been directed to send all agency staff with name badges. Management do daily walk arounds to check badges are present and worn. Team Leader to monitor daily and report if agency staff not wearing name badge/uniform.	07/07/2024

### 3.2 Residents’ mealtimes experiences

Across the three visits we were able to observe breakfast, lunchtime and the evening meal. Based on the Enter and View visit to Amy Woodgate House, Healthwatch Kingston has the following recommendations:

<b>HWK residents’ mealtime recommendations</b>	<b>Amy Woodgate House Care Home response</b>	<b>Action completion date</b>
<p>1 Menus to be kept up to date showing the dishes provided for the day.</p>	<p>This issue has been dealt with. HM carried out supervision with the chefs and kitchen assistants to make sure the menu is kept up to date.</p>	<p>01/07/2024</p>
<p>2 Photographs of the food in the menus to be labelled to identify the meal, and all meal options clearly.</p>	<p>HM and Chef is working on new menus which are already finalised by Chef, new templates and pictures are in the process to be printed to showcase in the menu boards. Chef has finalised the menu as per resident’s choices and wishes. Menus will be displayed in the unit by end of this week.</p>	<p>04/08/2024</p>
<p>3 Guide more communicative residents to sit with others who are more aware and able to engage.</p>	<p>Home manager has carried out a supervision with all the care staff and team leaders regarding this issue. Staff members are now guiding more communicative residents to sit together. This is being monitored and recorded to ensure sustainability. This is being discussed in daily meetings.</p>	<p>31/7/2024</p>
<p>4 Look at how mealtimes are managed to reduce time residents are sitting at the table waiting for their food.</p>	<p>Home manager allocated the two activities staff to assist the team at mealtime to reduce waiting time. Chef and Kitchen assistant are allocated to serve the meal as per the policies. Care Home is in the process of recruiting a hostess to assist the staff. Hostess will be dedicated to the mealtimes, helping to serve food and prepare tables. Position has already been advertised. Regular auditing and observations are in place. Talking to the team in daily meetings regarding strategies for improvements. Improvements have been seen in the units after implementing the changes.</p>	<p>31/7/2024</p>

<b>HWK residents' mealtime recommendations</b>	<b>Amy Woodgate House Care Home response</b>	<b>Action completion date</b>
5 Be mindful of extended periods of time while residents are waiting to be served their meals. We suggest that this wait be no longer than 15 minutes at the table.	Meal serving strategies are in place as above (extra staff helping). Improvements have been seen already. Regular auditing and observations will continue.  Talking to the team in daily meetings regarding strategies for improvements.	31/7/2024
6 Clear records need to be maintained for all residents, to ensure both health and preference-related dietary needs are met	The residents' nutritional charts are being given to the Chef every month or when changes occur to make sure that the dietary needs are met for all the residents included their allergies status. Regular auditing and observations are in place to make sure the nutritional charts are followed by the Kitchen team and Care Staff.	21/7/2024
7 The acting manager should discuss how distressed residents can be managed in the temporary absence of a health care assistant (HCA).	Assistant home manager has deployed one extra staff in the unit to monitor the distressed residents and reassure them with diversion therapy. Improvements have already been seen. Talking to the team in daily meetings regarding strategies for improvements.	21/7/2024
8 Assess staff cover at mealtimes and ensure that residents are not left alone during mealtimes.	See above. Staff and members of the MDT have been reminded that mealtimes are protected.  Home manager is monitoring mealtimes on daily basis and any issues are dealt with quickly.  Regular auditing and observations are in place to make sure residents are not left alone during mealtimes.	21/7/2024

<b>HWK residents' mealtime recommendations</b>	<b>Amy Woodgate House Care Home response</b>	<b>Action completion date</b>
9 If food needs to be reheated in a microwave for residents for any reason, ensure the temperature is safely checked before it is returned to the resident to avoid inadvertent injury.	Home manager has carried out a supervision with all the care staff and team leaders regarding this issue. We are monitoring that the temperature is taken of any food that is reheated, and also who it is served to. This is being monitored on daily basis during the mealtime checks and recorded.	15/07/2024
10 Explore the benefits of providing music during mealtimes.	Soft music is played during the mealtimes to help calm residents, if they want it. We check by asking residents if they are happy with the music.	25/06/2024

### 3.3 Meaningful activities for residents

<b>HWK meaningful activity recommendations (3.3.1-9)</b>	<b>Amy Woodgate House Care Home response</b>	<b>Action completion date</b>
1 Care to be taken to ensure that residents sitting in front of the TV want to be there and can at least hear and see the programme properly.	Team leaders are monitoring that staff are engaging more with the residents to know what they like to watch on the TV and whether they want to watch TV or not. If not, then staff ask them what they would like to do from the alternatives offered them. If residents want to watch TV staff make sure that the right volume is put on for them to enjoy their favourite programmes. Activities and team leaders check with residents during their walk-arounds to ensure that they are content.	15/7/ 2024
2 Boost participation in activities by supporting activities coordinator in helping residents move from one part of the home to another.	Activity coordinator is being supported by the care staff in moving the residents from one part of the home to another which is in process. This is discussed in daily meetings and the handovers, so that all staff are aware. Action has been implemented.	15/7/2024

<b>HWK meaningful activity recommendations (3.3.1-9)</b>	<b>Amy Woodgate House Care Home response</b>	<b>Action completion date</b>
3 Ensure the 'General Store', dementia areas and memorabilia around the home maintain age-appropriateness.	The dementia areas around the home are fully focused on being age appropriate for the residents / relatives to use, to visit and spent time to prompt conversation and memories. Activity coordinators are looking to maintain and sustain the age-appropriateness in all of these areas by hearing from residents what they enjoyed when they were younger.	21/07/2024
4 Consider how best to future-proof the environment /memorabilia, so that it is appropriate for the ever-changing age group.	Memorabilia environment is getting discussed with residents. As per resident choices, Care Home will consider the best plan for residents. Activity staff are getting resident's suggestion for any amendments in this consideration.	15/08/2024
5 Create a place where residents can listen to their own choice of music through headphones (as an alternative to watching tv or being alone in their room).	The home has purchased a set of wifi headphones with radio which residents are using with the assistance of an activity coordinator. Residents have enjoyed using these and the home is in the process of purchasing more sets.	08/08/2024
6 Create a communal place for shared listening to music or to audiobooks.	The group activities take place in the Malden lounge so the maximum residents and families can attend, listen to the music and enjoy their time. Activity staff organise the music sessions for the residents as per their choices. Activity staff are arranging this activity in each unit during the day.	21/07/2024
7 Daily activity schedule with timings to be displayed at the main entrance and in the corridors of the different units.	Monthly planner is on display in all the units with daily planner as per resident's wishes.	29/7/2024

<b>HWK meaningful activity recommendations (3.3.1-9)</b>	<b>Amy Woodgate House Care Home response</b>	<b>Action completion date</b>
8 Ensure family and friends visiting residents receive copies to time their visits accordingly.	Monthly planner had been discussed with relatives in relative meeting and displayed on the notice board in each unit. Big events are getting published on social media which relative follows up. The activities coordinator has been made aware to display the schedule in each unit and publish on social media for families.	31/07/2024
9 Activities schedule to be sent to HWK once available.	The activities schedule will be sent to HWK. (It has been published with this document.)	31/07/2024

## 4 What is Enter & View?

HWK works to ensure local people’s voices count when it comes to shaping and improving local health and social care services across the Royal Borough of Kingston.

The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the [Local Government and Public Involvement in Health Act 2007](#) and [Part 4 of the Local Authorities Regulations 2013 to carry out Enter and View visits](#).

Healthwatch should consider how Enter and View activity links to the statutory functions in section 225 of Local Government and Public Involvement in Health Act 2007.

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people’s experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system wide. For more information on Enter and Views please visit the [HWK website](#).

## 4.1 Purpose of visit

This visit was undertaken as one of 18 visits to be undertaken across 15 care homes in Kingston as agreed with Royal Borough of Kingston upon Thames (RBK) and Kingston Care Governance Board (KCGB).

## 4.2 Reason for visit

During this pilot Healthwatch Kingston are keen to learn what 'good' looks like and what works well, as well as identifying where improvements might be made. Amy Woodgate House had a rating of 'Good' at its last full CQC report in 2022 and had recently changed management at that time many staff had left, and new staff recruited. We were keen to see if the changes had embedded and the care home was working smoothly.

## 4.3 Methodology

The HWK staff team conducted an information review prior to the visit, this included:

- Discussion with the Kingston CGB to identify suitable care settings
- [CQC](#) reports and meeting with area managers
- RBK Quality Assurance guidance
- Amy Woodgate House [website page](#)

The research was then presented to the HWK Board to support decision making. Other factors that influenced our decision included size of building, its location and the number of residents.

For the visit, HWK followed [Healthwatch England Enter and View Guidance](#).

Our Enter and View of Amy Woodgate was an announced visit, meaning that the setting was aware that we would be conducting Enter and View visits. The management team at Amy Woodgate welcomed the opportunity to engage with HWK.

The visiting team was issued with an observations and question framework that supported engagement with residents, visitors, and the care workforce.

## 5 Results of visit

### 5.1 Local context

The 2021 Census gives the current population of Kingston at 168,063, with 25,000 people aged over 65 years old. The Kingston Joint Strategic Needs Assessment (JSNA) states:

'With 766, Kingston has the second highest number of care home beds per 100,000 population (second to Croydon, which has 779) in London in May 2023. Kingston has 1,286 care home beds across 39 care homes. In May 2023, there were 45 registered domiciliary care providers operating in Kingston providing care in people's homes.'

#### Dementia and Depression

HWK notes: The 'Kingston Refreshed Health and Care Plan – 2022–24' estimates that there are 1,700 people in Kingston living with Dementia, of which 61% (1,037) are diagnosed. The plan also informs us of the following:

'One in five older people, and two in five living in care homes, have depression, although it is not always recognised and treated.'

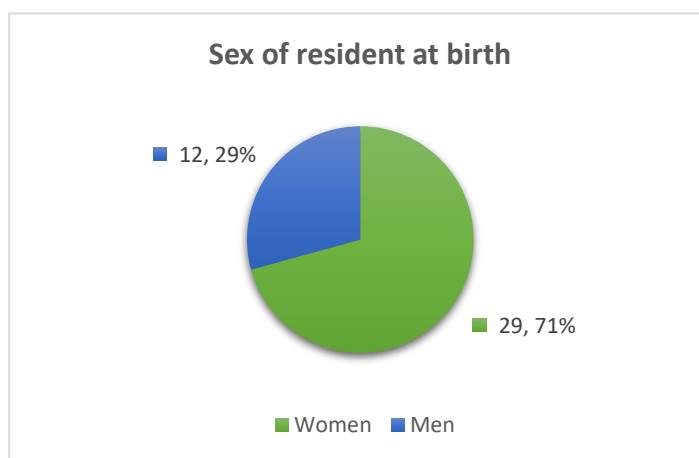
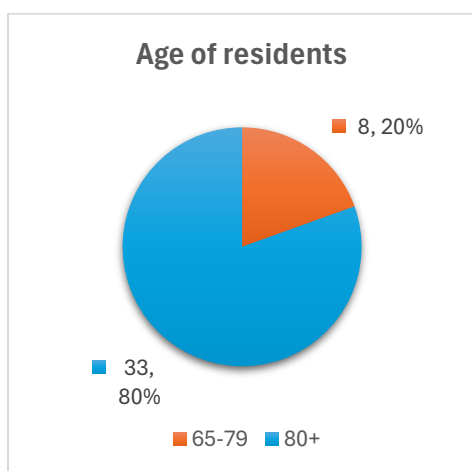
The Kingston JSNA also inform us that Alzheimer's Disease and other dementias were the third highest cause of ill health for people over 70 in the borough. The JSNA also mentions Dementia as being the top 5 causes of death in Kingston for people aged 70 years and older.



## 5.2 Amy Woodgate House demographic information

At the time of our visit the home had 41 residents, 21 (51%) of whom were funded by RBK and 2 (5%) were funded by RBK with a top-up. There are three (7%) RBK block contract beds.

All 41 (100%) of the residents are White British, eight are between 65–79 years and 33 are 80 years and above. There are 29 (71%) women and 12 (29%) men currently resident.



Healthwatch Kingston were informed that residents in the home were dealing with a range of health conditions that included asthma, COPD or a respiratory condition, cardiovascular and diabetes. 35 (85%) of the residents have dementia.

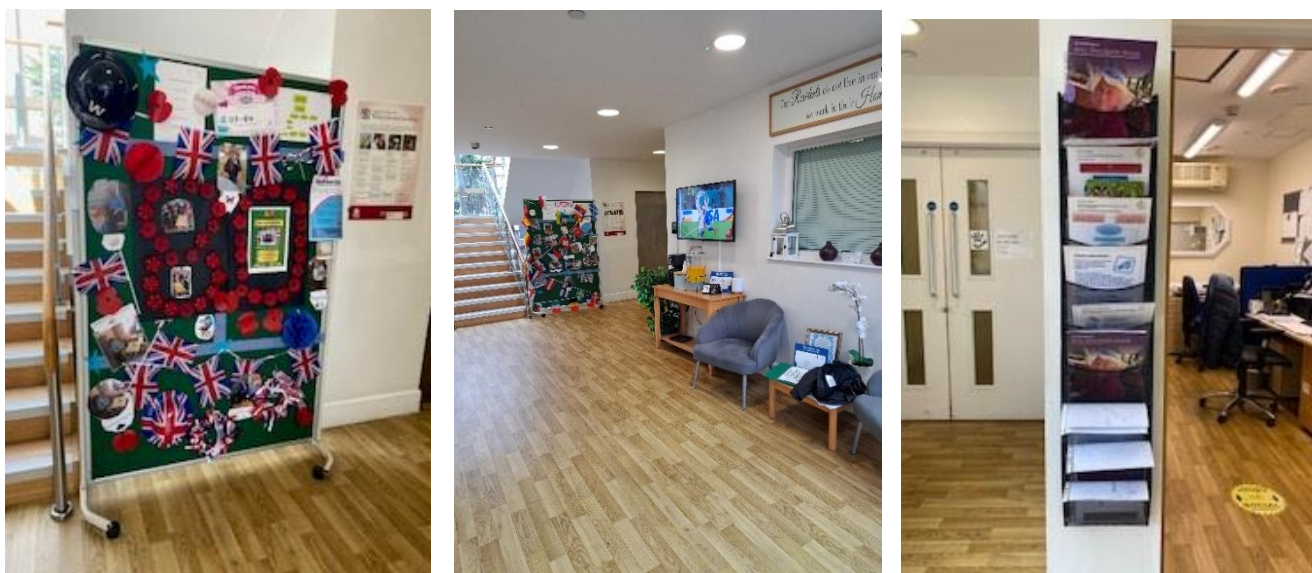
All 41 (100%) of the residents are Christian, and all (41%) are heterosexual / straight. All (100%) speak English which is the language spoken by all staff.

The home has one team lead and eight HCAs each day and uses approximately seven agency staff per week.

## 5.3 Living environment

The HWK visiting team used an observation and question framework to prompt insights about the care home environment.

Amy Woodgate House has been thoughtfully designed for residents with dementia. The entrance to the home is bright and welcoming and the acting manager and deputy manager's offices are directly to the left of the entrance as you walk in. Their doors were often open allowing easy communication with the Enter and View visiting team and allowed for oversight of the reception area. There was a television in the reception area and each time we visited it was showing a football match with no sound. Information about dementia was available on the wall and there was an information board which on our first visit which occurred on D-Day was appropriately decorated. This board was quite cluttered over the three visits, and it was difficult to see any new information that may have been posted there (see 3.1 recommendation 1).



Images shown, reception area noticeboard on our first visit (on D-Day), and on our subsequent visit (with different decoration). The acting manager and deputy managers' offices are to the left, opposite the television.

On either side of the reception area there were doors leading to the residents' areas. On the left was Richmond Unit with 14 beds and the right was the day centre which has now been closed. During our visits the day centre was being used by residents from the upstairs Malden unit which was having its kitchen refurbished. Through the day centre area was Coombe with 4 rooms.

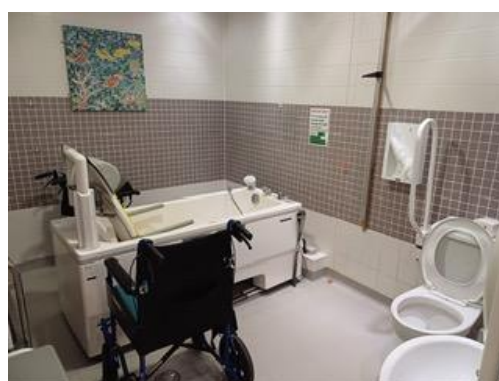
Upstairs was modelled on the same lines with two residential units Malden and Lodge with 14 and 12 rooms in each. There are hoists and showers in every room. For those who are bedbound, supported chairs that lie flat if needed, were in use and we were told that this meant that all residents can be moved around the building. These chairs are provided by the families and are usually left with the care home once the resident no longer needs them.

There was a lift between the two floors and upstairs it opened out to a bright sitting area which housed the unit manager's office and a 'coffee shop'. We observed the acting manager talking to a resident in this area but did not observe the 'coffee shop' in use.

The care home seemed to have been decorated in the last few years and did not need a refresh yet. Corridors were decorated with well-considered art and the overall impression of the home was that it was clean. When we moved an armchair in a dementia area, we noticed that it had not been cleaned there for a while as there were biscuit crumbs and a glasses lens. We recommended to the acting manager that the cleaners should be encouraged to move furniture on a regular schedule (see 3.1 recommendation 2).

There were sanitary gel units throughout the home, but these were mostly empty. We raised this with the acting manager who acknowledged that many were broken and an audit needed to be carried out to ensure these were all operational or removed (see 3.1 recommendation 3). The atmosphere in the home was calm and welcoming and there were no restrictive visiting times so that relatives and friends could visit when was best for them and their loved ones residing in the care home. We saw one resident being fed by a relative who told us she did this about once a month, and another relative told us they had attended 'The D-Day Dollies' entertainment which had been very successful. Signage in the home was good, although the exit from Richmond unit had two keypads close to each other (one for the exit and one for the sluice room) and we initially tried to use the wrong one to leave (see 3.1 recommendation 4). We also observed that the noticeboard in the day centre carried an April date. We asked for this to be kept current and it was updated immediately (see 3.1

recommendation 5). The toilets and bathrooms available to all in the corridor were clean and well kept, however the toilet in the Day Centre area seemed to have a plumbing issue and throughout all our visits made a loud grinding noise when it flushed which continued for around 10 seconds (see 3.1 recommendation 6). We also observed that all toilets and seats were white, while good dementia practice recommends different coloured seats. ([See P12 - 6. Using the bathroom](#)) (see 3.1 recommendation 7). We also observed that there was a sign in the downstairs bathroom to keep the showerhead in the bath as it 'activates every 30 hours'.



Images show a range of supportive facilities in the bathrooms and toilets.

The home had many interesting spaces in the corridors and corners called 'dementia spaces' which had different themes to facilitate a change in mood and provoke memories.

There was a musical area with violins on the wall and a piano which we were told had been played by a previous resident.



Images show dementia spaces with music theme, gardening theme, and a library.

On our first visit the piano was locked, but on the third it was not. We observed three residents sitting together in the 'library' area aware of and enjoying each other's company. One of these residents had ill-fitting dentures which kept protruding from their mouth. Although they did not seem distressed by this, we mentioned it to the acting manager and suggested that the dentist should assess the situation and potentially have new dentures made for the resident (see 3.1 recommendation 8).

Trinkets and objects provided the decoration in the dementia spaces, as well as plants and objects hanging on the wall. We observed minor potential hazards as we looked closely at the areas. These included trailing leaves on plants in high places which could be pulled bringing down a pot, sharp corners on a mirrored box which could be painful if fallen on, and ceramic figurines with sharp edges which were close to the edge of shelves which needed to be pushed back. We recommended to the acting manager that an audit should be carried out in these spaces to identify and neutralize any potential risks (see 3.1 recommendation 9).



Images show potential hazards from sharp edges and trailing plants.

The gardens were beautifully maintained and had many different areas to sit to provide variety of experience and create further opportunities for different stimulation. There were raised garden beds and on our second visit we observed a gardening activity run by the activity coordinator and another member of staff, with 3 residents participating. This was the only time we saw residents in the garden even though it was warm enough on all the three visits. We were told that 'the garden would be used more in the summer'.

On our last visit we became aware of a call bell being unanswered for around 8 minutes. The Care Home Assistants were with the unit manager for a debrief session, so we alerted them to the bell. They asked a member of staff to attend the room. It was possible to hear the call bell from the room where the meeting was taking place (see 3.1 recommendation 10). We observed one agency staff member wearing black but with no identification that they were a staff member. We felt that this could be confusing for residents who may not have known that they were an HCA (see 3.1 recommendation 11). We spoke to seven members of staff, three residents and three relatives during our visits. Many of the staff commented how nice it was to work at Amy Woodgate House as the staff team worked well together, the environment was well-designed, and it was well run. The relatives also seemed happy with the care of their resident and the residents we spoke to also seemed happy, although nearly all of them had dementia. We have captured a flavour of the comments expressed to us below.



"This is a really good care home.... The staff here are very nice to the residents." (Agency worker)

"No challenges, all the residents are happy." (Staff member)

"The staff are all very good, we don't have any problems." (Staff member)

"It's well run here. My husband is very happy here, staff are nice." (Relative)

“There are meetings for the family every 4–6 weeks where we get an opportunity to talk to management... we are given a chance to raise issues and suggestions however we don’t always see the change.” (Relative)

“Everything’s pretty alright. 99% of the staff are nice.” (Resident)

“Staff are good–tempered.” (Resident)

“Home is very clean. Nice staff.” (Relative)

“Changeover of staff means that we are having to train new staff on the job (so it takes time for them to be comfortable in role).” (Staff member)

We asked if there were any changes that could be made.

“Maybe one more staff member in the morning to help with attending to personal care.” (Staff member)

“The whole care system needs improvement with proper training and better pay with a change of attitude towards caring, recognising it as a professional job with prospects.” (Staff member)



## 5.4 Residents’ mealtime experiences

The HWK visiting team used an observation and question framework to prompt insights about the residents’ mealtimes experiences.

We observed that there was plenty of room in the three dining rooms for the number of residents eating there, and space for walking aids, and for the portable chairs to be at the table. The largest of the three dining areas we observed was the Day Centre which is temporary and much larger than the others. We were told that menus were designed in line with the nutritional policy of the home which quotes the [Food Safety Act 1990](#) and [CQC Guidance](#)

[Regulation 14: Meeting Nutritional and Hydration Needs](#). Attention was paid to residents likes and dislikes, identified on admission to the care home, and subsequent feedback from them and their relatives was taken into account. Alternatives were provided when required. Breakfasts were usually served at 8am but were available when the residents wanted them. A hot breakfast was always available, and porridge, cereals and toast. Residents who didn't keep 'regular' hours were provided with toast and tea and coffee if required. During our morning visit from 7am we saw a couple of residents sitting together in one of the dining rooms, and by 8am a number were sitting in the day centre dining area eating. Between 9am and 9.30am we saw carers begin to go into 'late risers' rooms to wake them up. We were told that 'some might be left a little longer' if they knew they had had a disturbed night, but that the care home would ensure that 'they didn't miss meals'.

Menu options were visible on the tables, but closer inspection showed that they had different weeks' menus in them and that what the menu offered was not necessarily what was available for the meal. The acting manager agreed that this should be consistent and that sometimes food deliveries did not contain everything that had been on order, which meant that ingredients for planned meals were sometimes not available. He agreed that in this circumstance, menus should be changed accordingly so that they were correct. Care home staff identified that menus not updated could sometimes cause confusion and dissatisfaction for the residents and could create an unnecessary difficulty for the care home staff (see 3.2 recommendation 1). We saw that behind the menu there were photographs of the dishes. It was unclear if these were used by the residents (we didn't see home care staff use them), however, they were inconsistently laid out so that menu had photos that labelled and identified the dish, while the other just had photographs and it was unclear what dish it was illustrating. Another menu did not have photographs of everything that was on offer (see 3.2 recommendation 2).

During our evening meal observation, a home care assistant told us that the tap was not currently working in the kitchen and so they were using wipes for the residents to clean their hands. One lady was protesting as she did not want to



have her hands wiped and the staff member assisting her was calm and supportive. He took the time to explain what was happening and let her wipe her own hands.

At all the mealtimes, residents were encouraged and supported into the dining rooms by HCAs who were calm and friendly and helped with bibs where needed. We observed individuals wandering in and out before they decided to sit down, and staff did not try to hurry them or force them to one decision or another. We observed those who needed it, being assisted to eat by HCAs to eat. This all happened in a calm and unhurried way.

Numbers at the tables varied. During the lunchtime in the day centre area there were 14 residents in the room with three care staff. One table had a group of four residents, at another there were three with one resident falling asleep at the table. It was unclear if this was regular behaviour for this resident. No staff member tried to keep them awake. This resident was left alone in the room to finish their food after everything had cleared away and the other residents had been taken to the lounge area. There seemed to be little conversation between residents, but nobody seemed unhappy. We wondered whether residents more able to communicate were guided towards sitting with others who were able enough. We witnessed one resident who was able to and wanted to communicate, sitting at a table with another resident who had late-stage dementia and was beyond communication (see 3.2 recommendation 3).

During two of the mealtimes, we observed residents who were needing support to eat who were left until the end of the service, meaning they were sitting for quite a while on their own without any food. During lunchtime we also observed some residents waiting to be served their meals for up to 45 minutes. There seemed to be enough staff on hand to manage the mealtimes comfortably, although more staff may have speeded up the process (see 3.2 recommendations 4 and 5).

All food was made fresh in Amy Woodgate House in one large kitchen and taken to the dining rooms on food trolleys. The kitchenettes in the dining areas serve the residents, and snacks, such as toast and sandwiches, tea and coffee can be made there by staff.



Images show the kitchen, the chef in his kitchen the serving areas in the dining room in Lodge Unit.

At the evening meal, the HCAs offered residents a choice of food, soup followed by fishcake and beans or a choice of sandwiches. There was a cake to follow. We observed one HCA check herself with what she was offering the resident, as they were not a fish eater process (see 3.2 recommendation 6).

This resident was offered sandwiches instead but as they did not want any of the sandwiches available the HCA went to the kitchen to find some cheese to make a cheese sandwich which she made in the dining area. It took some time for this resident to get her sandwich as the HCA served the other residents first, but there did not seem to be any distress caused by the wait.

There were two HCAs managing the residents in the dining room, while a third was ensuring that those who wished to stay in their room were served their meals. During conversations with home care assistants, we were told by two that they were aware of the residents with diabetes and that they supported them to make healthy choices to manage their health, although we did not directly observe this.

We observed one resident drinking the soup with a two-handled cup and a couple of residents were given some support to eat but were encouraged to eat independently. We observed one resident having a glass of wine with their meal, and one resident was struggling with cutlery eating a sandwich. They gave up after a while but managed to eat everything eventually.

We did not observe residents being given any fresh fruit during any of our visits, but we were assured that bananas grapes and strawberries were on offer at the morning coffee/teatime (10.30-11am) which we did not witness. We did observe some apricots in the fridge in one of the dining rooms.

The food seemed well-received. Portion sizes were good and the residents mostly cleared their plates, and there were additional helpings offered if people wanted more.

The smaller dining room on the second floor had a larger table where residents sat with the carers who were supporting them to eat and were engaging in conversation. The carers were chatting with the residents and there was a friendly atmosphere.

We observed that residents were given the opportunity to be independent during the meal but were given assistance if they struggled. There was no sense of urgency during the meals – everybody ate at their own pace. At lunchtime, juice was on the table and at suppertime tea and coffee were offered by HCAs after the meal.

At one mealtime one resident was obviously distressed and asking for help to move. No HCAs were in the room although other staff members were. The resident was given no support until the HCA returned and seemed to be comfortable dealing with the resident. The acting manager explained that the perception of pain in this resident was high and not necessarily caused by actual pain. We wondered whether the lack of engagement on the part of the staff member was due to lack of training or confidence on the part of the staff member. We talked to the acting manager about this who said he would raise it at a team meeting process (see 3.2 recommendation 7).

We were told by a member of staff that residents and relatives are encouraged to give feedback and suggestions about menus at the regular meetings that are held. Resident meetings are bi-monthly and family meetings are held monthly.

During the evening meal we observed one resident being assisted to the bathroom by an HCA. The HCA then called for assistance and as the third HCA was attending residents in their room, this meant that the residents were unattended for around two minutes until the absent HCA returned. We raised this with the manager and area manager who suggested looking at the rota to ensure residents are not left unattended while eating food process (see 3.2 recommendation 8).

On this resident's return, they an HCA asked if they wanted their baked beans warmed up process (see 3.2 recommendation 9).

We observed staff addressing people by name and demonstrating a caring and warm attitude. During the meal the unit manager came in to check that everything was ok and spoke to the residents who she obviously knew well. We heard music during the mealtime on one occasion.



Images show the menu case, a sample menu, photographs of the unlabelled food, the food trolley, and the dining room in the Day Centre.

We spoke to seven members of staff, three residents and three relatives during our visits. We have captured some comments about the food below.



"Food can be a bit cold." (Resident)

"The food is OK, not always brilliant." (Relative)

"Food is good." (Resident)

"Food for what it is very good here." (Resident)

"Some residents have softer food, and one needs pureed food, they all need some support with eating." (HCA)

"There are three residents in my section who need support at mealtimes." (HCA)

"You get to know your resident, what they need, what they like and what their dietary requirements are." (HCA)

"Residents like the food." (HCA)

"Fish and chips are his favourite. He'll eat anything." (Relative)

"Get fruit as part of pudding – saves people peeling it." (Resident)

"She's sipping all the time so is hydrated." (Relative)

"Tea and water (available all the time)." (Relative)



## 5.5 Meaningful activities for residents

The HWK visiting team used an observation and question framework to prompt insights about residents' activities. The home had had no activities coordinator for around five months. The visiting team observed residents appearing lethargic

disengaged in activities and with each other. Most of the residents did not appear unhappy to the visiting team. Those with high needs were supported, however, we heard from some residents and relatives that they would appreciate more stimulation from activities throughout the week. The day centre had closed in April 2024, although we were informed that residents rarely used these facilities, and activities took place in the dining rooms, lounge areas and the garden (weather permitting).



Image shows the lounge in Lodge Unit.

Our first visit was on Wednesday 5<sup>th</sup> June 2024, and the home had been decorated to reflect the D-Day celebration event (6<sup>th</sup> June 2024) with bunting and poppies, and a D-Day-themed noticeboard in the reception area (during our third and final visit the home had redecorated with a Euros 2024 football theme). The television was on in all of the units showing the commemoration ceremonies. In the temporary day centre lounge, we saw residents sitting in a large semi-circle in

front of the television with one carer sitting with them. It felt a little sterile, and the distance from the television was quite far so it might have been difficult for residents to properly see and hear what was going on. At one point, a resident in a large mobile chair was placed directly between the TV and another resident. No staff member suggested that this resident switch seats so that their view wasn't obscured. The authorised representatives eventually suggested this to the resident who then moved and was grateful for the prompt (see 3.3 recommendation 1). We observed one resident wanting to get up and walk about, they were encouraged to sit back down with no support offered to walk with them or go outside. It was unclear whether this was due to knowledge of the resident, or lack of staff to support them.

After lunch, the activities coordinator created an event leading singing in the upstairs dining room with lounge area (Malden Unit). This did not go very well. It was unclear how many residents in the home had had the opportunity to join the session, and only two of the approx. ten in the room seemed in any way engaged

(see 3.3 recommendation 2). The visiting team were made aware of the need for an activities schedule, and the activities coordinator was enthusiastic to implement this. On our second visit we were told that the 'D-Day Dollies' (a themed singing group) had appeared at the home which had been very successful, and the residents and visitors present had enjoyed their performance very much.

The fact of the first visit falling around the D-Day celebrations made the Authorised Representative team wonder whether there had been an assumption made that all residents would be interested in wartime activities, and if due care and attention was paid to any memories which may have been triggered and made people unhappy. Older residents would have been born in the 1940s and may have grown up with negative experiences resulting from the war. This led to a wider discussion on how Amy Woodgate House can ensure that the memorabilia they use to decorate the dementia areas and activity centres in the home (e.g. the General Store) can reflect the needs and tastes of the age of the residents using the home, which will inevitably change over time. How will they future proof the environment for an ever-changing age group? (See 3.3 recommendations 3 and 4). The dementia areas offered many opportunities for



Images below show the 'General Store', external and internal, and the 'Welcome Café'.

staff to use the prompts to talk to residents and provoke reminiscences. The home also had a 'General Store' which was currently closed, but the activity coordinator was keen to reopen it again and sell toiletries and sweets for visitors.

There was also a 'Welcome Café' also planned to 're-open' soon. We observed an HCA helping a resident in choosing a book in the dining room.

As music gives such a recognised benefit for people with dementia, we wondered about the possibility for providing the means to play music through headphones in quiet areas, and to provide the opportunity for communal listening to music or audiobooks could be made available (see 3.3 recommendations 5 and 6).

On our second visit we observed a gardening activity run by the activity coordinator and another member of staff, with three residents participating.

We were told that Gold Care Homes had a minibus for use between all their care homes. This minibus enabled four residents to be taken off-site. We were told that Amy Woodgate House had the minibus twice in June and that residents would be visiting Chessington Garden Centre. The first excursion was to take place on the morning of 18<sup>th</sup> June, and the second the following week. We identified that it was unlikely that the home would have access to the minibus for around ten months following these trips.

One staff member we spoke to told us that the garden facilities are very helpful, as staff were able to go for walks around the garden with residents. She said that people who "walk with purpose" (a recognised activity for people with dementia) can be very tired in the day as they find it hard to sleep at night. We were told that staff try to let these residents rest in the morning while also maintaining mealtimes and usual waking hours.

We were told that some residents are supported to walk with staff to the local supermarket, a short walk, but this was not witnessed during our three visits.

We were told that animals from a local petting farm came to the garden when it was warmer.

By our last week, the activities coordinator seemed much happier in her role and had organised a few entertainers to come into the care home using a free



'taster' session to be able to observe what went down well with the residents before booking regular sessions. She had also organised for a local infant school to come in once a week on alternative mornings and afternoons to enable all the nursery children the experience of being with the residents. We were told that chair yoga had been organised, as had a 'Baby Boppers' session where parents did singing and dancing with their young babies. Her relationship with the residents had developed and we observed her walking along corridors talking to residents and generally engaging with some of them.

She told us that she was exploring pet therapy and that there were plans to take residents to the Epsom summer fair and have a barbeque in the garden. We have asked that the activities coordinator create an activities schedule which can be displayed for residents and visitors to see, is provided to relatives and friends, and sent to HWK (see 3.3 recommendations 3.3.7, 3.3.8, and 3.3.9).

The day centre had a fit-for-purpose hairdressing salon which was used by the residents (paid for). It is unclear what will happen to this once the day centre is no longer in temporary use.



Image shows built for purpose hairdressing salon in the now closed Day Centre which is currently in temporary use.

We spoke to seven members of staff, three residents and three relatives during our visits. We have captured some comments about activities below.



"Have seen crosswords and puzzles." (Agency staff)

"When they sing songs there is good energy from the residents and staff." (HCA)

"Colouring, books for reading, sometimes gardening and BBQs." (Agency staff)

"It's great when you see peoples' feet tapping along and know they are enjoying it." (HCA)



"Some residents like to be in their room, as it's their own space and may feel like they are still in their own flat." (HCA)

"Don't know of any activities (today)." (Resident)

"Exercise class (would be good as an activity)." (Resident)

Would like to see "more stuff for the residents to do... There should be something optional for residents every afternoon." (Relative)

"More activities, during the day when the others are watching TV," (Relative)

"Hand sewing, crocheting, knitting... Like to be able to strike up a friendship, usually sit in the same place... it's a different life, I've made a few things since I've been here – don't know where they are." (Resident)

"He's not able to now (participate in activities), he enjoys seeing me." (Relative)

"Not a lot goes on, your mind becomes inactive, sitting here day after day." (Resident)

"Could maybe do something before bedtime." (Relative)

"A lady comes in to do nails. Head staff member organises it." (Relative)



## 6 Next steps

This report will be shared with Amy Woodgate House Care Home, KBC, CQC, the KCGB and other stakeholders. We will also share this report with Healthwatch England and will publish the report on the HWK website. We will agree with the management of Amy Woodgate House Care Home the next steps to be taken in response to outstanding recommendations, and work with them to ensure any agreed actions are followed through and implemented.

## About Healthwatch Kingston

Healthwatch Kingston was set up by the Health and Social Care Act of 2012 to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with Healthwatch England and the Care Quality Commission who make sure that the government put people at the heart of health and care nationally.

## Appendix 1

In the autumn of 2023, Healthwatch Kingston (HWK) entered into conversations with the [Royal Borough of Kingston upon Thames \(RBK\)](#) and [Kingston Care Governance Board \(CGB\)](#) to pilot an announced Enter and View at a local care home. The aim was that HWK's independent legal powers to visit NHS health and social care services and see them in action, could support a wider understanding of care provision and the wellbeing of elderly residents in the borough. This work would also support the 'Age Well' focus in the '[Kingston Refreshed Health and Care Plan 2022-2024](#)' and 'Age Friendly' ambitions set out in the '[RBK Director of Public Health's Annual Report 2023: Ageing Well in Kingston](#)' and '[A Decade On: Report on progress since 2013, the previous Kingston DPH Report focussing on older residents living in the borough: 'Older People: Living Well in Later Life'](#)'. This Enter and View work will also allow us to support the RBK new vision for Adult Social Care and Health which aims to better understand the needs of residents from all our diverse communities.

The remit of the KCGB is to report on and manage quality and risk across the whole care market in Kingston. This board also helps report on any issues and

concerns, manages risks in the marketplace and supports good practice in quality and delivery. KCGB members include RBK Adult Social Care and the Quality Assurance Team, Care Quality Commission (CQC) and HWK.

As there is already oversight of local care provision via members of the KCGB regarding risk management, safeguarding, performance monitoring and quality management, the HWK Board made the decision to focus this Enter and View on three areas (environment, activities and mealtimes) within the care home setting. The focus on these 3 areas, will allow residents to share their lived experience of being in a care home, and for the HWK team to observe mealtimes and the care home activities throughout the day. It will also provide independent insight into local care provision.

It was later agreed that this Enter and View would act as a pre-pilot for a series of announced HWK Enter and View visits to local care and nursing homes between April 2024 and March 2025.





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