

# Enter and View Report



**Thackley Green Specialist Care  
Centre, Great Oakley, Corby**

**July 2015**



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# Contents

<b>Details of the Visit</b> .....	<b>3</b>
Acknowledgements .....	3
Disclaimer .....	3
<b>About Healthwatch Northamptonshire</b> .....	<b>4</b>
<b>Enter and View</b> .....	<b>5</b>
<b>Purpose of visit</b> .....	<b>6</b>
<b>How the visit was conducted</b> .....	<b>6</b>
<b>Observations and findings</b> .....	<b>7</b>
About the home.....	7
General impressions of the home .....	8
Personal care and dignity of clients .....	9
Staff behaviour, attitudes and relationship with clients .....	9
Independence of clients and control over daily life .....	10
Activities for clients.....	10
Food and drink and meal times.....	11
Relationship between the home and clients/relatives.....	11
Staff satisfaction .....	12
Other observations and comments from clients, staff and relatives .....	13
<b>Recommendations</b> .....	<b>14</b>
<b>Response from Thackley Green</b> .....	<b>14</b>
<b>Contact us</b> .....	<b>16</b>





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## Details of the Visit

Name and address of premises visited	Thackley Green Specialist Care Centre Off Lewin Road, Great Oakley, Corby NN18 8JS
Name of service provider	Shaw Healthcare Group Ltd.
Type of service	Rehabilitation and Respite for Older People
Specialisms	Residential care Rehabilitation Respite (short stay) Physical disabilities Day care Nursing Sensory impairments Dementia
Date and time of visit	9 July 2015, 3pm
HWN authorised representatives undertaking the visit	Sheila White and Helen Statham
Support Staff	Jo Spenceley, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Sunley Conference Centre, Boughton Green Road, Northampton, NN2 7AL 01604 893636 enquiries@healthwatchnorthamptonshire.co.uk

### Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, clients, visitors and staff of Thackley Green Specialist Care Centre for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

### 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.



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# About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy ([www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will



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research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.

- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

## Enter and View

Part of the Healthwatch Northamptonshire programme is to carry out Enter and View visits. Healthwatch Northamptonshire 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 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.

Healthwatch Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more



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detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch Enter and View visits 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 Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate 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 visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life and experience and opinions of residents. Thackley Green Specialist Care Centre was selected as one of the homes to visit as we had heard that Kettering General Hospital were concerned they were receiving either patients coming from the centre with bed sore or a high number of admissions from the centre.

## How the visit was conducted

The visit was an announced visit with the Manager being given three weeks' notice of the intended visit and advised of the names of the HWN volunteers that would be carrying out the visit. We sent letters, posters and leaflets to the home to inform residents, relatives (or other carers and visitors) and staff about our visit and Healthwatch Northamptonshire. We observed the condition of the premises, and interaction between the staff and clients and talked with two clients and seven members of staff. We also spoke with the manager at the start of the visit and at the end to clarify any questions that had been raised.



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# Observations and findings

## About the home

- The centre has 24 rehabilitation beds - 14 for intensive rehab., 10 for ‘social rehab.’<sup>1</sup>, 8 respite beds for older people and 19 respite beds for people with Dementia. All areas have their own dining area and lounges.
- A day centre runs from 9.30am-2.30pm Monday to Saturday.
- Most clients come from Kettering General Hospital via Shaw Healthcare’s central referral hub. Shaw has an appointed Specialist Care Centre facilitator who liaises with the hospitals to discuss appropriate care information with the ward staff, and ensure that the correct equipment and supplies are arranged for admission to the care centres. If the client comes from Corby Medical Centre the Assistant Manager liaises.
- Clients can arrive at any time of day but Thackley Green try not to accept admissions after 7pm. However they are flexible on this when the hospital is stretched to capacity.
- Clients are assessed and welcomed on arrival. A care worker does the initial welcoming and assessment and they will seek information about the family situation and any special needs. They will get to know the client and try to see the client the next morning even though they may not be their key worker.
- Respite admissions are planned in advance. A Care Support Worker will help them unpack, assess their situation and try to find out about any family concerns, e.g. who is feeding the cat, and deal with any worries that might impair recovery. The aim is to reassure people that they will be looked after. Someone from the Physiotherapy Team will come and ensure the clients have the right equipment. There is no key worker but the member of staff doing the clerking will be key to the admission.
- There are always core staff within each part of the centre and some ‘floating’ staff. This enables a member of staff to be moved to another area for a break from a stressful situation.
- All staff undergo a six month probation period.

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<sup>1</sup> Social rehab. looks at getting people back into their preferred social environment with minimal support, and generally involves re-teaching or reminding clients of skills required to do this; personal care, kitchen task, medication education and administration techniques, and mobility practice are the general activities, and ongoing assessment is undertaken to determine needs, progress and discharge requirements.



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- There is a 12 week induction programme and e-learning with enhanced learning on fire procedures, manual handling and safeguarding. Four days are spent in the classroom (run by Shaw) which includes some theory.
  - Shaw Healthcare have their own training department and undertake most of the staff's training themselves, although outside agencies also provide some training (mainly the community teams).
  - E-learning has to be updated every 12 months and this includes Mental Capacity and Deprivation of Liberty Safeguards (DoLS). DoLS are rarely used in practice but are sometimes needed on the Dementia Unit.
  - All staff get Dementia Training. This includes domestic and kitchen staff and caretakers. There is a 'Dementia: Focus on Being' day course which all staff can attend, and a more intensive five day course, 'Leading care that matters', which is recognised nationally.
  - The staff member who successfully completed the 'Leading care that matters' course was also nominated within Shaw (who carry out annual 'Star' awards to acknowledge individual contribution to the company) as a person who was deemed as administering high quality, effective dementia care within the unit.
  - Staff are encouraged to go for special awards within the Shaw group and we saw four certificates in the reception area awarded to members of staff for outstanding care.
  - Safeguarding is checked by Northamptonshire County Council.

### General impressions of the home

- On arrival we were greeted by the Manager who had come in during her holiday to accommodate us. We were shown round the whole facility by the assistant manager.
- The home is a specialist Rehabilitation and Respite unit so does not have long term residents/patients. These short term patients are referred to as service users or clients.
- The entrance hall is welcoming with attractive décor and comfortable seating. Notice boards display information which includes visiting service providers such as Physiotherapists, Podiatrists and GPs.
- The accommodation is light, airy and spacious, bright but tastefully decorated. The building is around 10-15 years old and the grounds are attractive with grassed areas and trees. In one area upstairs there was a chair in front of a window and we were told that a lot of people liked to sit there especially in the morning when the cows are wandering around.
- The rooms are a mix of single bedrooms with walk in showers for the respite clients and apartments with walk in showers and a kitchen area to enable rehabilitation clients to see how well they can cope before they go home.





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- There are 24 rehabilitation beds - 14 upstairs for people who need more intensive care and 10 downstairs for social rehabilitation.
  - There are eight respite beds upstairs for older people and 19 Respite Beds in Robin Area for people with Dementia - 12 of these were occupied when we visited.
  - The Day Centre provides facilities for people referred from the community but can also be used by residents if they wish to do so and they can book visits when they are back in the community.
  - All areas have their own dining room and lounge which are brightly decorated and well furnished.
  - There is a hairdressing salon off the entrance hall and appointments can be made. Regular respite visitors book in advance.

### Personal care and dignity of clients

- Clients are encouraged to dress themselves but help is given where needed.
- Personal laundry services are not provided, as there is no allocated role for laundry, but in exceptional circumstances, a disclaimer can be written and signed by client/representative and laundry can be carried out by Thackley staff. Specific laundry bags are provided for sluiced/soiled clothing, which families can put straight into the washing machine. In cases of emergency, there is a small stock of donated clothing for clients if required.
- All client rooms have a shower and toilet facility.
- Clients who need help can book time for a shower with a care worker. One client we spoke to said they can ask for a shower when they wake up and they get one as soon as there is a vacancy.
- There are visiting services such as podiatry.
- Clients have to make separate arrangements to be taken to the dentist - usually relatives undertake this but if there are no relatives a member of staff will accompany them.

### Staff behaviour, attitudes and relationship with clients

- All the staff we saw treated the residents well and with care and understanding.
- While we were speaking with one client a nurse came to give her medication. This was done in a friendly manner and the client was given a glass of water at the same time.
- The interaction we observed between a Care Support Worker and a client was very supportive and friendly.



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- One of the elderly clients we spoke to who had been at Thackley Green for a few weeks said it was “marvellous” and that “staff treated them well and were very friendly.
  - Another client we spoke was a regular visitor at Thackley Green. This person was very bright and articulate and felt lucky to be in Thackley Green. They like the friendliness of the staff and how they sit and talk to clients when they have the time. They said the staff help them when they need it.
  - We observed the behaviour and care of a third client but did not talk to them. They were waiting for their daughter to pick them up and were wandering around being anxious about the time. They were regularly supported by staff members and reassured that the daughter would be there at a certain time.

### Independence of clients and control over daily life

- All clients are encouraged to do as much as they can for themselves.
- Rehabilitation clients have a small kitchen area and are encouraged to prepare their own breakfast.
- Clients can sit wherever they chose and join in activities if they wish to.
- One client we spoke to said that the staff did not stop them from doing anything and there was always something to drink if they wanted it.

### Activities for clients

- There is no resident activity coordinator. Activities are organised by members of staff.
- The Day Centre can be used by residents but is mainly for people referred from the community.
- Clients in rehab. are kept busy with their rehabilitation - walking, using the kitchen, physiotherapy, gym, etc.
- Entertainers are brought in on occasions.
- The Dementia Unit has a lot of appropriate dated equipment e.g. telephone, record player, old posters and photographs. Some members of staff told us that they had bought some of the things on e-bay.
- Outings and fetes are organised for residents. A Summer Fete was being organised bringing in bands and cheerleaders from the local school. All money raised is used to buy things for the unit.
- All the lounges are equipped with televisions, radios, books, magazines and other activities such as jigsaw puzzles and board games.
- One client told us they had made friends but one friend had just gone home.



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- Another said they do not take part in activities because they prefer to read or look at books but they sometimes go into the TV lounge where they can meet people and talk.

### Food and drink and meal times

- Rehab. clients are encouraged to use their own small kitchen area to make breakfast for themselves.
- Food is served in the dining rooms in each area and clients like the social get-together.
- We saw tea being served which looked and smelt very good. There was a choice of sandwiches and sausage rolls.
- Tea and coffee are served at set times but can be requested at any time. There is always water and cold drinks available.
- We spoke to some clients about the food and one said that “the cook is marvellous!” They also said there was “plenty of different sorts of food - more than enough”. One client said that the food was very good and they seemed very excited about what was on offer. Staff endorsed the fact that they enjoyed the food very much and eat well.
- Tea and coffee are served at set times but there is access to hot drinks at any time and there are always water jugs around the building
- There is a fluid and food chart for each client and drinks were available in each area we visited.

### Relationship between the home and clients/relatives

- There is no residents’ forum as the home is for short stay clients only.
- There is regular contact with relatives of those clients in rehab. as part of the recovery process. Relatives are involved in the discharge process.
- All staff are involved in meetings, including team leaders, care and domestic staff.
- Clients and relatives are encouraged to raise any issues with the Manager.
- The only relative we saw was a daughter who came to collect a client but we did not speak to them. They were greeted by staff in a very friendly manner and reunited immediately with their parent.
- We asked the manager about the complaints policy and she told us “I am open and honest and ask people to talk to me. Usually by the time we have spoken it is sorted. People usually want an explanation or reassurance or to hear us say sorry if something is wrong.” This was confirmed when we spoke to a member of staff.
- There is a formal policy in place for more serious concerns or complaints. .



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- The Shaw philosophy is based on openness. A member of the Board does ‘walk arounds’ and listens to staff.

## Staff satisfaction

- We spoke to several members of staff including two Care Support Workers (CSW) and a Team Leader.
- One of the CSWs had been at Thackley Green for 10 years, full time at first and now part time doing 2-4 shifts a week. They said that they enjoyed working at Thackley Green.
- The second CSW had been at Thackley Green for a year. They had previously worked for a care agency but preferred working at Thackley Green and particularly liked working in the Dementia Unit.
- Both CSWs went on to say that they really enjoy their roles and that they were encouraged to sit and chat with clients as part of their recovery.
- Staff commented on the training they receive and said it was very good. Training events gave them the opportunity to meet staff from other centres. Training events are also opportunities to hear what works well in other centres and improve facilities for the clients of Thackley Green.
- The Team Leader commented that they had started at Thackley Green as a care work and had worked their way up to a Team Leader. They were very positive about the training and support given to staff members.
- The Team Leader said that they thought the processes around handovers (morning and evening) worked well.
- The Team Leader went on to say that very often counselling is required for relatives of people admitted for respite to ensure that they also get the rest required during the period of respite.
- The Team Leader commented that dealing with challenging clients can often be difficult but they have good support from managers and senior staff. Manager and asked to swap shifts. That was all that was needed and the Manager was very positive and pleased they has felt they could come to them and said they didn’t see it as a weak thing but a positive recognition of dealing with stress.
- Managers and senior staff play a big part in getting to know their staff and their lives as they realise the difficulties of the job. Managers employ an open door policy.
- Clients are encouraged to do as much as they can for themselves, giving verbal and physical prompts where needed.
- We took some time to sit in the lounge area and observe staff and clients. All staff were enthusiastic about their roles and duties and liked the certificates Shaw gave staff for good care.
- Both the Manager and Assistant Manager were asked what they liked about this sort of care facility. The Manager had moved from a specialist short term



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facility that had changed to a long term residential home and the Assistant Manager had moved from working in a hospital.

- Both said they liked being able to focus on people, to get to know the whole person and see the process through to see the person going home or to more appropriate accommodation. They were able to get to know the person and their family. Both agreed the work is challenging. The clientele is changing and they see people with more complex health issues. Lack of family support can complicate getting a care package in place. They said they thought if there was more community support for dementia things would ease.

### Other observations and comments from clients, staff and relatives

- The Manager and Assistant Manager are both registered nurses. Our conversations with them established the following:
- Shaw Managers have considerable autonomy to make changes (and this was apparent from the choice of decoration around the building).
- There is close working with partners and other agencies to get to know and understand what the various voluntary organisations can offer.
- There is an important focus on staff and developing good relationships. Facilitating training opportunities and encouraging staff to participate is also key to a good working environment. Managers enable staff to move around the unit and take up various roles if they feel that staff are having or experiencing a difficult time with a particular client. The organisation structure of core staff within each area and a number of floating staff enables staff to be moved in a stressful situation.
- Asked if there was anything they would change managers said that sometimes clients are with them longer than they feel they should be and that can sometimes have an impact on transition.
- The unit strives to give individualised care which sometimes can be demanding on staff. Flexible rotas and working arrangements are in place and as described above.
- Some staff have been at Thackley Green since the home opened. Younger staff tend to move on and this is often upwards using the care route into nursing.
- There were 80+ staff at the time of our visit. Staffing numbers vary in the different units. Generally there are less staff on duty at night. There is always a registered nurse on duty during the day and night, with out of hour on-call support from management.
- We asked one of the clients we spoke to if there was anything they did not like. They said that sometimes they had to wait for their bell to be answered. When asked what they would say to a friend who had been offered a place at Thackley Green they replied “don’t think too long or you will lose your place” (a positive endorsement).



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## Recommendations

1. Even though the care worker who organises the activities seems to be doing a good job the centre might benefit from appointing a full time activities coordinator so there is dedicated post with sole responsibility for activities.

Having an activities coordinator would help with our second recommendation:

2. More engagement with the community. We were aware that a fete was being organised when we visited and told that a musician sometimes visits but coffee mornings, visits to the shops, etc. and other outings may benefit the clients.
3. The grounds at Thackley Green are very attractive so we recommend greater use of the gardens for clients to sit in, do some light weeding, go for a walk, etc.

## Response from Thackley Green

“Thank you for your positive feedback and recommendations. We will ensure that all staff have access to view the report, so that they can see how well the visit went.

Response to recommendations:

1. Activity Co-ordinator: As we are only a temporary residence, this role is not part of the staffing establishment. The activity budget for Thackley Green covers activity items, bingo equipment, etc. and visiting entertainers. The day centre undertakes its own activities, and all clients in the building can attend if they want to. Our rehab. team have recently commenced group physiotherapy sessions, which all clients can attend.
2. Community Engagement: Fetes, and celebration of national events are usually under direction and support of Shaw’s regional offices. Thackley Green is establishing good communication and support with Corby Community Hospital,



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as a matter of accommodating appropriate ‘step down’ clients from the hospital to the social rehabilitation setting.

3. Grounds at Thackley Green: Work has commenced on planting at the front entrance, and is still in progress on the fish pond and surrounding area near the Dementia unit. There has also been some discussions regarding establishing a fresh herb garden with the Head Cook’s support and input, which hopefully can commence in the Spring of this year.”



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# Contact us

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