

Enter and View Report

Powys House
May 30th 2025



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Acknowledgements

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

Details of the service

Details of visit	Powys House
Service address:	121 York Avenue, East Cowes
Date:	30 th May 2025
Time of visit	10.55am
Length of visit:	2 hours 50 minutes
Authorised Representatives:	Julie Stuart and Joanna Smith

Description of home taken from the latest Care Quality Commission inspection report:

'Powys House Residential Home is a care home. Powys house is registered to provide accommodation and personal care for up to 18 people and supports people living with a learning disability and/or mental health needs. The service was a large single house, which had been adapted to suit the needs of the people living there.'

Disclaimer

Please note that this report relates to findings observed on the specific date set out above.

Our report is not a representative portrayal of the experiences of all service users and staff.

It is only an account of what was observed and contributed at the time.



Purpose of the visit:

This visit was arranged as part of an ongoing workplan, looking at the experiences of people living in residential care homes for adults with a learning disability. Four local care homes were visited as part of this work to enable us:

- To observe how the facility operates and provides its services.
- To collect views from people, volunteers and staff on services.
- To identify 'Best Practice' and highlight any areas of concern.
- To report what we see and hear to improve the quality of health and care services..

What is Enter and View?



Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to people, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Methadology

This visit was planned, but not announced. The home was made aware (via email) that Healthwatch Isle of Wight would undertake visits related to their learning disability residential care home work plan and was given a 2 week window but was not informed exactly when the visits would occur.

They were informed that two Healthwatch authorised representatives would be visiting the home and would wish to speak to people living at the home, visitors and staff if appropriate. They were informed that the authorised representatives may also wish to observe a meal time, but this would be confirmed with the person in charge at the time of the visit.

A follow up telephone call was made to the home two weeks prior to the start of the visit timetable, to enable the manager to ask any questions and to confirm arrangements.

The focus areas of the visit were as follows:

- Quality of care
- Food and drink
- Provision of activities
- Visiting arrangements

What we found

Quality of care

We were informed that there were 16 people living at the home on the day of our visit. The age range of people living at the home was from 38 years to 82 years.



During the visit, staff were observed interacting positively with residents and communicating effectively. Residents were seen moving freely throughout the home, contributing to a relaxed and comfortable atmosphere. We spoke with eight people, all of whom expressed satisfaction with the care and support they receive. None reported any concerns regarding the home or the staff. One resident commented, *"Staff, they look after you if you need anything."*

Another person we spoke to told us "the best thing about living here is the staff."

Provision of activities

There was a white board in the dining room detailing the provision of activities for each person. We were informed that the night staff are responsible for recording the person's preferred activity for the following day based on their needs, wishes and personal preferences. Some people have their own calendar activity plans, while others are able to see their plan on the white board. Activities planned for the afternoon of the visit included watching a film, listening to the radio, watching soaps and playing with the PlayStation. The manager showed us the activity template on her computer which was highly individualised and denoted the complexity of people's preferences and needs.

People at the home use a variety of community facilities including the Phoenix centre and the IOW College. Another person enjoys a local knit and natter group and others share a taxi to Care in the Garden. One person has one to one support so is able to choose what they want to do each day. One person told us that they are saving up to go to Southampton on their birthday and another said that they enjoy baking at the home, particularly scone and flapjacks.

The home has a wheelchair accessible car for staff to use and one person has their own wheelchair accessible car. Everyone at the home has a bus pass.

What we found

Provision of activities

We were informed that every person is 'resident of the day' once a month. The day is then about them and is an opportunity for them to review their support plan, the food at the home etc. Each person will be asked if they feel supported and know how to make a complaint.

People are encouraged to complete chores around the home and one person regularly checks the fire alarms. There was a list of chores in the kitchen, detailing people's responsibilities at meal times.

People take turns in helping in the kitchen: wiping down the trolley, loading the dishwasher etc to promote their independence. Staff support people to do their own washing if they are able.

During the visit, staff were supporting people in the lounge, to participate in armchair exercises that they seemed to be enjoying and one person was sat at a dining room table doing a storm trooper puzzle as the person is a Star Wars fan. After lunch, one person began cleaning the dining tables with a cloth and spray.

Food and drink

A 4 weekly menu had been laminated and displayed in the kitchen, along with people's dietary likes and dislikes.

A poster was also displayed to support staff in preparing meals for individuals on modified texture diets, illustrating the differences between soft food, minced and moist, and 'soft and bite-sized' textures. The manager had included photographs of actual meals to visually demonstrate these distinctions.

We were informed that the menu is discussed at residents meetings. Most people prefer to have their main meal at lunchtime, but one person prefers it later in the day, so this is accommodated for them.

What we found

Food and drink

There was a hot and cold drinks station in the dining room and people could help themselves to a selection of drinks. A bowl of fruit was seen on the drinks trolley, with a good supply of apples, pears oranges and bananas. People were offered a choice of hot and cold drinks through the visit. A menu board in the dining room displayed the meals for the day and we were informed that this is one person's particular responsibility to update each day (this was in written form and also contained pictures of food).

The dining room also featured a kitchenette area, offering a variety of clearly labelled jugs of cold drinks, a hot drinks station, and a fridge. We were informed that people enjoy BBQ's in the garden and have takeaways on special occasions.

The main meal for lunch was fish and chips. People we spoke to knew what they were having for lunch and were excited that the chips were being purchased from a local fish and chip shop. Most people had their lunch in the dining room, but one preferred to sit in the main lounge. Her lunch was covered and brought through on a tray by staff. They provided appropriate assistance throughout the meal to ensure her nutritional needs were met in a safe and dignified manner.

The cook brought a heated trolley to the lounge/dining area, where individuals who were able to do so collected their lunch. Meals were served individually, taking into account each person's preferences.

People helped themselves to drinks and cutlery and those who could not, were helped. People had a choice between fish and chips or a fishcake, with sides of either peas or beans. A selection of condiments, including sauces, salt, and pepper, was also available. One person had smoked haddock in parsley sauce, with mashed potato and mushy peas. Staff sat with people to eat their lunch. Fresh fruit was then offered for desert and we were informed that yoghurts are also available. Hot deserts are provided at the weekend.

Staff wore aprons when serving food.

People we spoke to were complimentary about the food at the home. "Food is very nice, its lovely." "Food is very good."

We were informed that all staff have been trained in the use of liquid thickeners and these are stored appropriately in the medication cupboard and taken out when required. The manager sourced training from Nestle to ensure all staff are able to use the thickeners safely and in line with instructions.

What we found

Visiting arrangements

We were informed that there are no restrictions on visiting at the home and this was confirmed by people we spoke to, one of whom told us: "I am able to have visitors here."

Staff feedback

We spoke to 3 members of staff who all said they feel well supported and feel the manager is approachable.
They confirmed that they receive plenty of training.
One person said "I enjoy supporting people, making a difference." Another said "I like the feel of the home, there is no room for improvement."
Staff told us they feel confident in raising issues with the management and they will "deal with issues early on."

Staffing levels:

8am – 2pm there are 4 staff

2pm – 9pm there are 4 staff

In addition there is the Registered manager, service manager, deputy manager, senior staff (from 8am – 9pm) and one staff delivering one to one support from 8am – 7pm.

There are 2 waking staff on at night.

The cook, maintenance man and domestic staff are in addition to the care staff. Day time staff were knowledgeable about people's needs and when using bank staff, the manager tries to limit this to nights, to limit the potential anxiety/unfamiliarity to people at the home.

What we found

General observations

On approach to the home the driveway and outside of the building looked clean and well kept. The front door bell was answered swiftly when we arrived and we were asked for our ID and requested to sign the visitors book. We were shown to the managers office, where we spoke to the manager to confirm the format of the visit.

The manager then showed us around the home.

The front hallway was well lit and tidy and there was a lift to all floors of the home. Throughout the home there was clear laminated signage around infection control guidelines.

Pictures of people participating in activities and enjoying trips out, were displayed in the hallway and there was a poster of daily affirmations by the front door.

Pictures of staff on duty that day were displayed on a board in the dining room and there was also a painted rainbow on the dining room wall.

A quiet lounge at the back of the property had direct access to the garden via a number of steps. There was a decked area in the garden with hanging baskets and pots of flowers and an extended path making the area accessible.

There was a downstairs shower room with an accessible shower that had new flooring, chosen by people at the home.

The kitchen is located on the lower floor of the home and is accessible to people. A fridge is available for storing additional food items purchased by people. Temperature charts are clearly displayed, along with easy-to-read signage throughout the area. A kitchen rota is also in place to guide people and staff in shared responsibilities.

The wall of one person's bedroom was decorated with a large mural of an underwater scene, with 3d light up jellyfish and seaweed. All bedrooms we saw were personalised with people's own belongings, pictures and ornaments. We were informed that all bedrooms are ensuite apart from one which has a sink.

What we found

General observations

On the first floor, one bedroom had been converted into a 'comfort cove'. We were informed that people at the home had chosen this name and the plaque on the door. The room was intended to be a calming environment for people to relax and was decorated with rustic furnishings.

The bannisters to the first floor need painting and we noted that in the top floor bathroom, the bottom of a bath hoist was rusty and needs removing. The main lounge downstairs, had large windows, overlooking the front garden and drive. It contained a bookcase which was full of books, DVD's and soft toys.

Recomendations

1	Ensure there is a maintenance programme for redoing the paintwork in communal areas and remove the bottom of the bath hoist from upstairs bathroom floor.
2	Share good practice with other homes.

Response to recommendations





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