

## Enter and View Visit Report - Abacus House

**Date of Visit:** 1<sup>st</sup> May 2013

**Time:** 11.00 - 14.30

**Owners:** Dr S. Sadhra  
**Manager:** Ms Kim Johnstone

**Authorised Representatives who undertook the visit:** Ian Hawksworth & Beryl Gregory

**Reason for Visit:** A routine visit to assess quality of Care to residents

**Premises visited:** Abacus House -  
42/44 Rolleston Road  
Burton on Trent

### 1. Report Overview

Abacus House Care Home is a detached large traditional style two storey building with attic accommodation used for administration and utilities. It has in the past been sympathetically adapted and extended to form a comfortable residential care home.

The Home is situated on the outskirts of Burton- on- Trent, on a minor road in a residential area, leading to Rolleston on Dove.

Abacus is set in its own grounds, with adequate private parking to the front, and a large garden area to the rear, with free and safe access from the home to all residents, but all external exits keypad controlled.

The Care Home has a total of 25 beds, and consists of two double bedded rooms and 23 single rooms, 21 with en-suite W.C. facilities.

Abacus House is a registered care home to provide care for the elderly with physical impairments and dementia.

### 2. Reason for the Visit

This was random selected visit, in a spirit of openness and partnership between LINK, the provider of the service and the residents receiving the service.

### 3. Approach Used

We were able to directly observe, talk to the staff members, residents, relatives, and were able to discuss and see some of the written procedures with the manager.

#### 4a. Observations/Findings

Abacus House is entered by a reception hall, and controlled by a key pad entry system, and bell call entry system for visitors. All visitors are required to sign in when they enter and leave the building, and are greeted by a member of staff on arrival.

There is a dining room on the ground floor and also first floor, both giving a pleasant homely environment, on the ground floor there is a separate room where residents may have their meals privately and perhaps with their visitor should they so wish, the options also open for a resident to have meals in their own room.

All the circulation areas and rooms visited are maintained to a high standard, and also achieve a high standard of cleanliness, and generally no unpleasant odours evident around the home.

Residents are encouraged to see Abacus as their home, and some in fact do, they are able to bring any furnishings and personal items of their choice into the Home. Should residents wish to decorate their room in their own particular style and colour, this is encouraged, but in any case, all rooms are re-decorated before they are taken over.

The Bedrooms visited had pleasant views and outlook, some overlooking the garden at the rear. Rooms on the first floor were accessed by a lift, and the residents are generally able to move around the home freely, there was no evidence of clutter.

#### Equipment

The main bathrooms and associated facilities were clean, tidy and well maintained, complete with appropriate lifting aids. The individual en-suite W.C. facilities were well maintained and decorated, and included handrails and other mobility aids.

Access to the first floor is by lifts, and conventional staircases, provision has been made for emergency evacuation by staff supervised and assisted "sledge" method down the staircases.

The room call system within the Home, consists of a computerised system, with indicator panels at strategic points on all floors, indicating the room number and person requiring assistance, and this being backed up with an audible unobtrusive sound which fluctuates and alters indicating the degree of urgency, and this information appears and sounds on all indicator panels. The calls cannot be cancelled from a central position, and staff must visit the particular room to cancel. Each resident has a hand held call device which can be carried about their room, should they need to call for assistance.

#### Dignity, Respect and Safeguarding

We interviewed four care staff, one housekeeper, one cook, and without exception the staff appeared to be caring, treating the residents with respect, and interacting well with them.

Perhaps worthy of note was that apart from a new member of staff most had been with the Home between four and ten years plus, indicating good continuity care, and a good spirit of cooperation amongst the staff.

The Manager holds monthly meetings with both the staff and residents, in order to hear the views and thoughts of the residents about how the home is run. The Manager or Deputy Manager is always available to "iron out" any day to day matters.

The Home arranges regular training in Safeguarding, and works with the authorities whenever there are safeguarding issues.

The residents we spoke to were very happy in almost all instances with the care that they received and stated that the staff were respectful and considerate of their needs, and were actually able to observe carers interacting with the residents in a courteous way, and being respectful of their privacy.

Residents are encouraged to exercise a choice in all aspects of their daily living, and are also actively encouraged to join in purposeful activity, and to participate in social events; however their view is respected if they choose not to.

An activity co-ordinator has been appointed, something happens to include the residents most days, and special outings are arranged from time to time.

The Home actively promotes and has a good relationship with the local community, and has regular visits from the local Church, who hold regular services for those who choose to

attend. The Church also provides the Home accommodation for staff training purposes, away from the working environment.

For those residents, who have family, abroad or away from Burton- on- Trent, the Home have provided a computer “Skype” service, to allow the residents to not only talk to someone, but for them to actually see that person.

#### 4b. Food & Nutrition

There is a strong emphasis on “good home cooking” using where possible local fresh produce, and there is always a choice of two menus. For those who are able, facilities are available for drink making facilities, or drinks are regularly provided for residents and visitors alike. The menu is varied on five weekly rotas, and a summer and winter menu is formulated. People who suffer the effects of dementia have a choice of two main courses, and can choose visually. The food we saw looked nicely presented and appetising. Residents who needed assistance with feeding are fed in their own room or sometimes in a small private dining room.

#### 4c. Staff/Training

The staff level is relatively stable at 28 in total; this includes the catering staff, house-keeping, administration and activities staff. Most of which have been with the Home for a number of years, one for 15 years and another for some 6 years, bringing stability and continuity to the work at the Home, contributing to the well-being of all concerned and in particular the residents. Staff meetings are held monthly with the Manager, plus the one to one supervision meeting.

There is a Manager (Kim Johnston RMN) who oversees the overall operations of the home, and a Deputy Manager (Marie Considine) who is mainly involved with day to day working, and both share the responsibilities when one is off duty.

There is 4 care staff on during the day, one of the staff appointed senior, and manager or deputy also on duty. During the night a total of 3 care staff, all at senior level are on duty, and rotate the overall responsibilities.

Most members of staff have a NVQ qualification, and some, currently under training are working towards that. Regular training is “taken in house” and other specialist training given from an outside source.

From observations of those staff working at the time of the visit, they appeared to be caring and considerate of the needs of residents, and all were treated with respect and dignity by staff.

#### 4d. Complaints

There was a complaints procedure in place, and forms for written complaints, were available in the reception area. Both residents, and carers and family members were encouraged to initially speak with the Manager, so she might investigate accordingly. Complaints were recorded in writing, and correct records were kept, and a complaints policy is available.

#### 4e. Medicines

The Home is keen to treat every resident as an individual, and residents have Care Plans that are individually tailored after a thorough assessment (initially by the Manager) and

regularly reviewed by senior care staff, with advance care plans where appropriate. The Care Plans are open for discussion by the resident or carer/family at any time with a senior member of staff, but are reviewed on a regular basis anyway.

Residents can continue to have their own Doctor where practical, other than that they apply in the normal way to transfer to a local GP practice. Every resident's care plan lays down that person's specific care and medical needs and risks.

The home works closely alongside the local pharmacist to provide the necessary medication, and to monitor the management of the medication. Six designated senior members of staff are qualified and named to administer the medication.

### 5a. Feedback from Residents

We spoke to seven residents, and all considered themselves to be well looked after, treated with respect and dignity, received good food, care, and consideration, in fact some considered it to be "home from home"!

### 5b. Feedback from Family/Carers

During our visit we had the opportunity to speak with a daughter of one of the residents, who had been in the Home for a few weeks. The Home had lived up to her expectations, and being from a nursing background she was more than happy with the standard of care.

### 5c. Feedback from Staff:

We spoke to 7 staff in total, and they confirmed that they had all the support required from management to carry out their relative duties. Training was well provided for, and they were encouraged to progress in their training. Routine training was given to all, in the emergency evacuation procedures, and first aid training given. There was a sense of teamwork, and a general desire to provide and improve where necessary the care they provide, and above all gave the impression of being happy in their work.

## 6. Recommendations

Although there was a definite attempt to enable each resident to identify their own room, and to a great extent this has been achieved by personalising the interior of each room. It may be a good idea to improve the signage on the doors to individual rooms. The box signs are set too high, and could be positioned lower, and the boxed frame larger to include more personal effects, larger family photographs particularly to assist those with dementia to recognise their own room.

## 7. Follow up Visit

In our opinion a follow up visit would neither be appropriate or necessary.

**We would like to send our thanks and appreciation to the Manager and her Staff for their time during the visit**