

Enter and View Visit Report

Name of Service Provider: Central England Healthcare Limited

Premises visited: Eversleigh Nursing Home

Date of Visit: Monday 8th December 2014

Time of visit: 10.00am

Registered Manager: Melanie Smith

Authorised Representatives: Chris Bain, Michelle Williamson, Deb Smith, Sheila Wood

Summary of findings

- Eversleigh Nursing Home is a 42 bedded Nursing Home located in Leamington Spa.
- The current Registered Manager has been in post since October 2014.
- In 2013-2014 the home has undergone refurbishment to both the communal areas and the resident's rooms.
- There are annual residents and relatives satisfaction questionnaires to gather the views of the service users and comments and suggestions are welcomed via a communication book in the resident's room.
- Due to the complex needs of the residents we were unable to gain their opinion of the service at Eversleigh Nursing Home.
- Overall the staff at Eversleigh Nursing Home were very positive about the home and the current Registered Manager. There was only one improvement that the staff could suggest to improve the quality of the service provided to residents. This was to improve the lift in the building.
- One carer was spoken to as part of the visit and did not have any concerns about the level of care their friend was receiving.
- We observed the physical environment of the home and highlighted some concerns around:
 - Confusion around signage for communal bathrooms and toilets
 - Lack of pull cords in communal bathrooms
 - Hoists being stored in a corridor

Recommendations

Please use bullet points for the recommendations and if needed any reasoning behind the recommendations.

- *The communal bathrooms to be assessed to determine if pull cords are needed.*
- *The role of Activity Coordinator to be reassessed. In a home where the majority of residents remain in their rooms, the traditional role of an activity coordinator may not be suitable to meet the current resident's needs.*

1. Report Overview

Provide a short summary of the visit, including a brief description of the service visited (please include the name of the person who conducted the visit if different to the home manager):

The visit to Eversleigh Nursing Home was unannounced, which means that no one at the home knew we were coming.

On arrival at the home we were met by the Assistant Nurse Manager, Barry Davies who was our point of contact throughout the visit. Barry facilitated our visit in the absence of the Registered Manager and provided access to all relevant areas of the home.

Eversleigh Nursing Home is two adjoining converted houses providing 34 rooms over 3 floors.

There are currently 33 residents at Eversleigh Nursing Home. There are two shared rooms at present. Not all bedrooms have en-suite facilities and there are four communal bathrooms throughout the home.

Each resident has access to a call bell in their own room.

We conducted an in-depth interview with Barry, Assistant Nurse Manager at the start of our visit.

Barry confirmed that usual staffing for the home was 7 Care Staff in the morning, 6 Care Staff in the afternoon and 4 Care Staff overnight. These staffing levels are in addition to the Registered Nurses on duty. There is also an activity coordinator, although this post is currently vacant, as well as a team of domestic staff working at the home.

Eversleigh Nursing Home has achieved the Gold Standard Framework accreditation for End of Life care. Therefore a large amount - approximately 30% of their residents are in receipt of palliative care. This meant during our visit we were unable to speak to residents due to their complex needs and we were

unable to observe interactions between staff and residents as this would mainly take place in the resident's private room.

We asked Barry about the current arrangements for activities for residents in the absence of an activity coordinator. Barry advised it is currently down to individual staff members to carry out activities with residents. Barry confirmed that due to the complex needs of the residents, they did not always require the input from staff or activity coordinators. The post is currently being recruited for and a new activity coordinator should be appointed in the new year.

Barry informed us that in 2013-2014 the home had received significant financial investment to update the decoration in both the communal areas and resident's own rooms. Current residents were able to choose their own colour schemes for their rooms, communal bathrooms were refurbished and carpets were replaced throughout the home. Barry confirmed that there are no further refurbishments planned at the moment.

During our visit we spoke to the Office Manager who showed us the results of the most recent relatives and residents questionnaires. The results of the questionnaires had been collated and then an action plan was developed by the Registered Manager to address any points which were raised. We were also informed that twice yearly relatives meetings were held in the home. We were also advised that in each resident's room there was a communication book so that the relatives could be kept up to date with their relatives care and could note any comments or concerns.

2. Purpose of Visit

Put in a small paragraph about why the visit was undertaken

The visit to Eversleigh Nursing Home was a follow up visit to our earlier visit in April 2014 and in response to concerns received by Healthwatch Warwickshire about the staffing levels within the home.

3. Approach Used

The approach used e.g. direct observation; talking to Staff; talking to Patients/Residents; talking to Relatives/Carers/Visitors; evidencing written procedures etc.

The Authorised Representatives observed the activity taking place in the communal areas of the home, including the period over lunch.

The Authorised Representatives also spoke with residents, relatives and visitors and members of staff throughout the visit.

4. Observations/Findings

These should be summarised under the following headings:

Physical Environment

Eversleigh Nursing Home is located on a main road in the town of Leamington Spa. There is a visitor's car park available for staff and visitors, which was clean and tidy.

Entry to the home is through the front door, there did not appear to be a reception area and the entry buzzer is answered by nearby members of staff. As you enter the home there is a photographic display of staff with their names and roles within the home. It was noted that this information was out of date, for example, the Registered Manager was incorrect.

Next to the communal dining room/lounge there was a resident and relatives information board. It was observed that this information was generic and did not publish results of residents and relatives questionnaires or minutes of relative meetings.

The building showed signs of recent redecoration which was of a good standard. The level of cleanliness within the communal areas of the home was good, with no concerns noted.

We visited the communal dining room and communal lounge on the ground floor during our visit. Both rooms were bright and airy and showed signs of recent redecoration. The furniture within the rooms was in good condition. A call bell system for the communal areas of the home did not appear to be in place should a resident need assistance.

It was noted that the communal areas within the home were very quiet. During our visit we only observed 5 residents using the dining room and lounge. This is because the majority of residents receive care within their rooms.

We visited all floors of the home during our visit. On the first floor, in the A wing we found a toilet where the pull cord had been tied up away from the floor. We clarified this with the Assistant Nurse Manager who confirmed that this was a staff toilet and that is why there was no need for a pull cord.

When navigating our way around the home we did find that it was difficult to identify communal bathrooms, communal toilets and staff toilets. There was clear signage on visitor toilets however we would recommend that signage is looked at for other communal bathrooms. As we understand the majority of residents at the home required assisted bathing, however for any residents who are able to independently carry out these functions it could be a barrier for them.

We visited the communal bathrooms throughout the home. All bathrooms showed signs of recent refurbishment and on the whole had a good standard of cleanliness. There were a few concerns noted. On the 2nd floor, B wing we visited the wet room. It was observed that the shower tray had some signs of mould around the seal which we would recommend is addressed.

On the 3rd floor B wing communal bathroom, it was noted that there was not a pull cord in the bathroom and this was also the case in the 2nd floor A wing communal bathroom.

In the 2nd floor A wing communal bathroom, the Authorised Representatives also observed signs of damp around the window and that a smell of urine was present in the bathroom. It was noted that there were no grab rails in this bathroom.

During our visit we observed a number of hoists being stored by Room B13. This could become a hazard in the event of an emergency evacuation such as a fire.

Staff

Our Authorised Representatives were unable to observe interactions between staff, residents and relatives during the visit. This is because the interactions were taking place in the resident's bedrooms. We saw staff knocking on doors before entering the resident's rooms.

We did observe that call bells were answered promptly during our visit. The members of staff we observed were all wearing name badges. All members of staff were wearing their uniform and were well presented.

Service User Experience, Dignity and Respect

We observed residents in the communal lounge and dining room. The residents appeared to be comfortable, clean and well dressed for the current weather conditions.

The lunch period was observed during our visit. There were three residents using the communal dining area. One resident was being assisted to eat by their relative/carer. The other two residents were eating independently. It was very quiet during the lunch period with minimal conversation taking place. We would recommend that this could be an area the new Activity Coordinator could address when they are in post.

We observed a member of staff distribute medication during the lunch period. The member of staff did not observe the resident taking this medication. We raised this at the end of our visit and we were satisfied with the response received from the home. It was clear from their response that they understood the needs of the resident and their approach was adapted to meet those needs.

Service User / Relative or Carer story

Due to the complex needs the residents we were unable to obtain a service user story.

Staff Feedback

We spoke to six members of staff during our visit to Eversleigh Nursing Home. All members of staff were willing to freely engage with our Authorised Representatives.

All members of staff we engaged with were very positive about the home and felt supported by the management of the home.

The staff spoken to commented about how good the teamwork was at the home and that the staff supported each other.

A member of staff told us that they were happy working in the home and felt that the owner was 'brilliant and really takes an interest in the home'.

Another member of staff told us that Eversleigh Nursing Home was 'a place we're proud of'.

All staff whom we engaged with felt there was enough staff working at the home.

One member of staff said that they receive regular one to one's with their manager and an annual appraisal. There was also a staff meeting every two months.

All members of staff were asked if there was anything that would improve the home. A comment was received about the lift being 'a nightmare' but no other improvements were suggested.

5. Feedback from Patients/Residents/Relatives/Carers/Staff

Please ensure anonymity at all times

a) Patients/Residents

We were unable to speak to any residents during our visit to Eversleigh Nursing Home.

b) Relatives/Carers

We spoke to one carer during our visit to Eversleigh Nursing Home. They did not have any concerns about the care their friend was receiving from the home.

c) Other professionals

We were unable to speak to any visiting professionals on the day of the visit.

6. Follow Up Visit : YES *(delete as appropriate)*

Authorised representatives to state whether they feel a follow up visit should take place, the purpose of visit, and an approximate timescale for this.

A follow up visit is recommended in 6 months to follow up on Healthwatch Warwickshire's recommendations and report back on these.