

Enter and View Report

Details of visit	Allenbrook Nursing Home
Service address:	34 Station Road, Fordingbridge, Hampshire SP6 1JW
Service Provider:	Affinity Care Management
Date and Time:	20th November 2015, 10:30am till 14:00
Authorised Representatives:	Martin Smethers, Sian Martyn and Libby Thomas
Contact details:	Healthwatch Hampshire, Westgate Chambers, Staple Gardens, Winchester SO23 8SR

Acknowledgements

Healthwatch Hampshire would like to thank Allenbrook Nursing Home, staff, residents and visitors for their contribution to the Enter and View programme.

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.

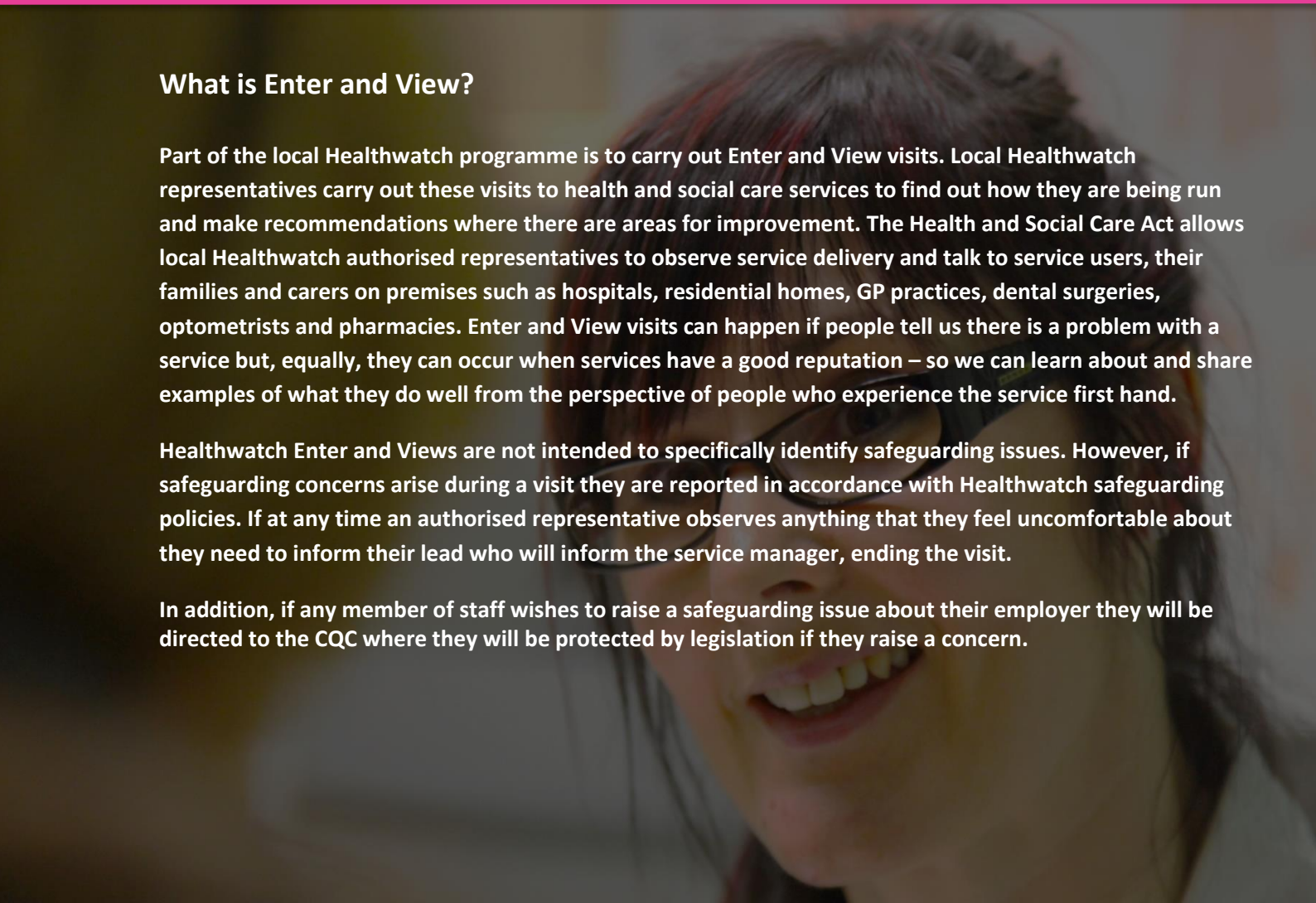


What is Enter and View?

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 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 Views 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 their lead who will inform the service manager, ending 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 will be protected by legislation if they raise a concern.



Purpose of the visit

What we hoped to get out of the visit is:

- observe and comment on the delivery of care to residents of Allenbrook, taking into particular consideration:
 - Communication
 - Staff skills and training
 - Handling of concerns and complaints
- capture the experience of residents, relatives and staff and any ideas they may have for change
- observe residents engaging with the staff and their surroundings
- understand how dignity is being respected in a care home environment
- observe the physical environment of the care home



Strategic drivers

As part of its work programme this year, Healthwatch Hampshire has been looking into residential care across Hampshire. Healthwatch has referred several matters relating to care homes to the CQC and other agencies as a result of which and also due to emerging trends from its client relationship system (CRM), Healthwatch decided to conduct its own comprehensive project to gather stakeholders feedback and experiences. In support of this aim, Healthwatch is conducting several pieces of work, the findings from which will be amalgamated into a single report at the end of 2015.

Project work areas:

- Survey of relatives and family of those with someone in residential care
- Focus group for care workers
- Enter and View visits to a number of care homes to gain a residents perspective

Methodology

This was an announced Enter and View visit.

On the day of the visit, the team first met with the nursing home manager to discuss the home. After this the Manager invited the team members to talk to the residents, their visitors and staff. The team members were given free reign of the care home, with the exception of residents rooms as these are not subject to Enter and View regulations.

The Enter and View team separated and began speaking to residents and staff prior to lunch. Authorised representatives verbally explained to participants who they were and why they were there, handing out explanatory Healthwatch leaflets to people they spoke to. Consideration was given to the medical fitness of residents and their capacity to give consent for participation.

Team members spoke informally with several residents, one to one and also at shared tables over lunch to ask them about their experiences of living at Allenbrook. Representatives spoke to a range of staff including the receptionist, care workers, activity assistant, maintenance worker and home manager.

The team also made observations during the visit, which involved the authorised representatives walking around public and communal areas in designated areas of the home, observing the surroundings to gain an understanding of the resident experience and witnessing resident's engagement with staff members and the facilities. There was a sheet prepared for this purpose into which authorised representatives made notes.

Summary of the Findings

Overall representatives felt that the visit provided a good insight into residential care.

Allenbrook appears well run and managed by professional and caring staff. Residents seemed comfortable, cheerful and positive about the home. Staff are skilled and confident in their abilities to deliver care.

The home was relaxed and friendly, providing a homely rather than a clinical environment. The visiting team saw evidence of staff interacting with patients in a friendly and positive way.

Results of Visit

Our visit took place on Friday 20th November 2015 at 10:30 am.

Healthwatch Hampshire authorised representatives were greeted by the receptionist and care home manager. The team were first given an overview of the nursing home and had the opportunity to ask questions. After which representatives were given a tour of communal areas of the home and then allowed to speak freely to residents and staff before joining residents for lunch at tables in the communal dining area.

General Overview and Environment

Allenbrook Nursing Home is a general nursing home for the long-term care of the elderly, with a specialist interest in palliative care. The home takes people with cognitive impairment associated with dementia but it is not a dementia specific home. Allenbrook also offers respite care and short stays where available as there isn't a specific room set aside for this service.

The home has been providing care since 1989 and is independently owned and managed by Affinity Care Management. At the time of the visit the home had both some local authority and continuing healthcare (CHC) funded residents.

Allenbrook is an imposing, late Victorian country house. The original building has been converted and extensions added now providing accommodation over three floors. The home is approached by a long drive and is set in beautiful grounds which creates a peaceful semi-rural environment.



Allenbrook can accommodate up to 43 residents. At the time of our visit the home had seven vacancies. Authorised representatives asked about the gender occupancy and were told that approximately 70% of residents were female. The nursing home also had one couple resident.

The team entered through the front door, which is accessible for wheelchairs and into the reception area which was bright and staffed. The team were welcomed by the receptionist and signed into the visitor's book. The care home manager's office is located off the reception area. The Manager greeted us and then took us through a glass paned door with security keypad from reception into the main hall. Representatives noted that

the door code panel had the key code printed and stuck onto the keypad making it easy for anyone entering the building to access the main accommodation. (It was noted when exiting via the same door, the key pad on the other side did not have the code displayed on it.)

The team entered into the large hall, which is part of the original house and has character features. Among the furnishings was a table with handmade cards that had been crafted by the residents for sale. As well as copies of the 'Allenbrook Gazette', the home's magazine contained a mix of news, poetry, profiles and puzzles. Above the table was a poster listing the week's programme of activities and minutes of the last residents meeting. Another table provided the facility for residents and/or their visitors to make drinks any time they wish.



Representatives were led by the Manager into the quiet room, also known as the drawing room which was empty. Until recently this had been used as the dining area. The room remains original to the house with wood panelled walls. The day of the visit was overcast and the room was quite dark despite new lighting. Sofas and a range of chairs for differing needs were set out in small groupings. There was also a range of board games and books on shelves for resident's entertainment.

The team noted that there was a call button to the right hand side of the fireplace but that this was obscured by a potted plant.

Representatives witnessed the alarm system in operation after a resident activated the alarm in their room. The team were in the main ground floor corridor near an alarm display monitor and observed staff swiftly respond to the call. A team member also asked about the fire evacuation programme. They were told there are fire alarm sensors in each room and an emergency 'grab bag' near the main exit contains among other items an adequate supply of foil blankets. The local church is the agreed evacuation point. The home does not have a defibrillator.

Adjoining the quiet room is the TV lounge, the largest communal space in the home with access into the conservatory. A number of residents were sat watching TV either in the armchairs positioned around the walls of the room facing the screen or in their wheelchairs. Those in wheelchairs appeared to move around freely and areas were free of obstructions. Representatives noted that during their visit none of the residents using wheelchairs were moved into alternative seating. A resident told a representative that "*staff haven't tried to help me walk, in my wheelchair seven days a week. I thought when I came here I would be able to walk again*". Representatives saw one resident who smokes being taken out in her wheelchair onto the patio after lunch by the activity coordinator. Staff were observed moving residents, engaging with them in the process in calm and patient tones, using the resident's first name.

The TV lounge is used to serve lunch from a trolley to the conservatory dining area. The conservatory is a pleasant light space with views of the extensive grounds. A resident commented that "*having the veranda has made a real difference*". As is common with buildings of this construction it can be difficult to manage the temperature. Set out with tables and chairs the conservatory was limited on space and staff found it awkward moving between the tables to assist residents.

The conservatory has views of the sloping lawn down to a brook and the arboretum. There was evidence of a bonfire and representatives were told about a recent firework party for them and visitors. There were bird feeding tables on the patio, which attracted a range of wild birds. In addition to which the home has a pet budgie and rabbits. Petting farms including owls, donkeys and micro pigs have previously visited the home. The Manager also told us that he occasionally brings in his dog for residents to pet.

Authorised representatives were shown an empty ground floor single bedroom. The room was wedge shaped owing to the style and age of the building with French doors onto a paved area. Representatives felt there was restricted space for residents own furniture. Representatives were told that a limited number of rooms are en-suite. It was commented that this doesn't cause any problems as there are adequate shared facilities including a bathroom and often those with en-suite used the space for storage.

There were a number of large faced clocks around the home, though no calendar or an orientation board was seen. Artwork on the walls included those produced by a previous resident. Authorised representatives were told that residents are able to have their rooms painted a colour of their choosing to suit their personal taste. Some of the communal spaces had realistic artificial flowers which are provided on hire from a private company. These brighten up the space and are regularly replaced. Overall representatives felt the décor in communal areas could be made more homely with a few more decorative touches.

Although not a dementia home the resident's toilet next to the TV lounge had clear picture and large text signage. No other notable signage was seen.

The overall impression was that the atmosphere was vibrant and good. A good standard of hygiene was being maintained and areas seen were tidy and clean.

Staffing

The team were told that on an average day in addition to the Manager and Deputy Manager, Allenbrook has nine staff on duty comprising two nurses, six carers and one floating Care Coordinator who is NVQ level 3 qualified. Every morning the staff meet for 30 to 40 minutes to handover, this is mainly to pass nurse to nurse information. This time will be reduced following the implementation of the new electronic record keeping system, see Communication.

Also on the staff are two maintenance workers, one of whom also divides his role working on the Home Fare meals service (see Food and Refreshments) and three activity coordinators who cover the week offering a full programme of group and one to one activities. Please see section on Activities.

The evening shift starts at 19:30. This is made up of five staff, one nurse and three care assistants. A staff member who had worked at the home for a number of years, working both day and nights shifts said they *"couldn't compare them as they are so different"*. It was commented by the Manager and some of the staff that Allenbrook has a low staff turnover. The Manager told us that some staff have been employed at the home for 25 years and that the last manager had been there for six years. The new manager has been in post since 24th August 2015 and aims to maintain and continue the low staff turnover. When asked about recruitment, the Manager said that this can be an issue as the home is *"looking for the right people in a small pool"*.

There was a central noticeboard in the hall with photos of staff, names and lead responsibility which is useful for identifying and reporting any matters. The team observed that staff weren't wearing name badges to enable them to be easily identifiable to residents and relatives.

Staff were visible in all areas during our visit. Currently members of staff wear uniform, though in discussion representatives were told by the Manager that a move away from formal uniforms was being considered and may change in the next twelve months to help improve communication with residents and visitors.

Skills and Training

Training is delivered both in-house and externally. Mandatory training is completed by all staff every three months and E learning every six months. The latter includes food hygiene, equality and diversity and manual handling. The home also has annual safeguarding training. Staff receive additional training in aspects of what it's like to be a resident i.e. visual impairment. The Manager has expertise in dementia and shares his insight into how best to communicate with people. In June this year the home received 'Six Steps to Success End of Life Care Programme' award from Salisbury Hospice.

A staff training schedule was seen on the notice board.

Communication

The Manager said that when he started he found not everything was being documented. In part assumptions were being made due to the low staff turnover and relationships with residents. This was identified as a potential issue, particularly between nursing and care staff when agency staff needed to come in and they didn't have complete resident profiles. To improve matters a communications book was introduced.

Representatives heard how this book is to be superseded by a new electronic care management and monitoring system which was being implemented at the time of the visit. In future no information will be missed as it will all be held in one place. Records are being migrated and parallel systems are in place until the paperless record system goes fully live, this is expected by 1st January 2016. The new system uses I-phone based technology. The backs of room doors are bar coded which staff scan on entry and exit. Each intervention on the system has a 'happy' flag. The new system also provides a relative's gateway, where relatives can access a summary record from home to check on their loved ones care.

A staff member commented that currently handovers take a long time so changing to the new system will work better. It is estimated that the new electronic records will release time staff time by as much as 3 to 4 hours a day, saved time from writing up notes which can be spent caring for residents. Staff have been trained on the new devices.

The staff spoken to said they were always consulted about change at the home. However feedback gathered from staff about daily operations said they weren't always notified of practical information such as when a staff member is off sick. Staff receive supervision and feedback every six to eight weeks and the Manager meets with heads of department three times a week. Any issues or concerns they have are brought up in the senior managers meetings. Those staff asked knew where to find the complaints policy and felt they knew who to talk to about concerns. Staff said they had no issues at all and the procedure works well.

For residents, it is the lead activities coordinator who arranges residents meetings. Representatives were told that relatives are heavily involved with these. Minutes of residents meetings were displayed on the wall in hall.

Residents said that they were always told of any changes at the home. One resident said she didn't know who to speak to about any concerns but felt that she can talk to the staff, especially the sisters. Another said the "staff listen occasionally". They thought it would be good to have an independent visitor to speak to residents on some kind of regular basis, as they would feel easy talking to them. Other feedback received from residents was

"I would give the staff full marks, patient with me too."

"The staff are friendly and although it's not always the same staff that say good morning."

"Staff are quick when I call them. They spend time with me."

Authorised representatives asked about GP provision. They were told that it was very good, however it is reactive. It was explained that when a GP visits, they are unable to see another resident unless they have been booked in first through Fordingbridge surgery. This is because the GP can't access the patient record at the home. The Manager commented that the home would prefer a single point of contact at the surgery and a regular meeting enabling issues such as regular reviews for resident's medications etc to be addressed. All people over age of 75 should normally have their medicines reviewed at least annually and those taking four or more medicines should have a review six monthly. Representatives were told that some residents hadn't had a review for two years.

The home encourages everyone to give feedback by having a suggestions, ideas and comments box in the TV lounge that anyone can post things into. Also on the table in reception there was a supply of carehome.co.uk review questionnaires. In addition to which Allenbrook has a Facebook page where it regularly posts news about the home and encourages people to provide reviews and leave comments.

There is the facility for residents to have personal phone lines installed into their rooms. The home has Wi-Fi enabling residents to use the internet and webcam to keep in contact with family and friends.

Concerns and Complaints

The complaints procedure was seen displayed both in a free standing frame in reception and on the wall in the TV lounge. A copy is included in the resident's booklets. Representatives noted that the copy of the complaints procedure in the TV lounge still had the name of the former manager, this needs to be updated.

Representatives asked if there had been any issues of concern raised and were told nothing major had been reported. Occasionally the home has admin issues as invoicing is done through Affinity Care's head office and an issue had come up about food portion sizes being too large, see Food and Refreshments.

Activities

Allenbrook employees 3 Activity Coordinators who between them cover the whole week. All are proactive in making residents days more meaningful and are overseen by a lead coordinator. The home offers a programme of activities Monday to Saturday, am and pm which was seen displayed on the noticeboard in the hall. This included reminiscence activities, quizzes, singers and entertainment. All residents are provided with a copy and can choose what activities they would like to do. During the visit representatives observed some residents crafting reindeers for the Christmas tree.

Among the activities for residents are Steady and Strong weekly classes; on Tuesday the activity coordinator provides a mobile shop and there is a visiting hairdresser every Wednesday. A number of the female residents had their nails painted by staff. The in-house Allenbrook Gazette lists birthdays for the month and dates for diaries with a mix of puzzles, and interviews with residents and staff. Some residents have their own newspapers delivered.

Occasional visits out are arranged, including to the Fordingbridge Carers Hub. The manager commented that the home would like to have a minibus to provide more outings for residents.

The TV in the lounge was on during the visit with subtitles for the hard of hearing and audio description for the visually impaired. One resident commented that the TV is good and enjoyable but that it can be awkward talking to other residents with it on.

Representatives were told that before residents move to Allenbrook they complete a 'getting to know you' questionnaire which gathers personal information about people to help ensure staff are sensitive to peoples experiences and that activities are appropriate so not to cause any distress.

The team were told by a staff member that a religious group come to the home for church every two weeks. One resident has the bible read to them once a week.

The resident that had been smoking outside showed a representative proudly a hat one of the carers had knitted for her to keep warm as she likes to sit outside.

Food and Refreshments

All residents have a choice of meals and special diets are catered for. If residents would like something off the menu, staff check with the chef. Representatives were told this isn't normally a problem. Drinks are always available, either from the self-service facilities in the hall or on request. There is a system in place to identify residents who are at risk of poor nutrition. Staff maintain food and fluid charts, keeping an eye on weight and handover if there is a big decline in weight and nutrition.

Residents are encouraged to make comments on meals and these are recorded into a file after each mealtime. Resident food champions meet bi-monthly to discuss menus and to accommodate individual preferences; making suggestions for the development of the menu and new innovations, raising any concerns for example the spiciness of food.

Representatives heard much positive feedback from residents on the food and portion sizes.

"The food is very good."

As well as being able to have their meals in the communal dining area, residents can also choose to eat in their rooms or in the TV lounge. One resident commented that she enjoys the food and likes that you can sit in other areas to eat. When questioned it appears that residents tend to use the same tables and staff know their preferences. Residents are offered either wine with their meal or squash. Snacks are whenever residents want, day and night.

Authorised Representatives joined residents at the tables for lunch. Representatives were told that two members of staff always serve the food and additional staff were observed supporting individuals, cutting up food if required and moving between tables to check on those eating more slowly. It was pointed out that residents can take their time and eat dessert later if they prefer, residents are never rushed at meal times. Plate guards were offered and used by some residents. Other useful eating aids to help residents eat independently were seen including coloured plates and/or bowls for those with a visual impairment.

Allenbrook offers a meal delivery service called Home Fare to residents in the Fordingbridge, Alderholt and Sandleheath communities. Staff deliver to people's homes a two course menu, seven days a week including Bank Holidays and Christmas for £5.20. Currently the home has about 30 regular users of the service.

Promotion of Privacy, Dignity and Respect

At the time of our visit, the evidence is that the home was operating to a good standard of care with regard to privacy, dignity and respect.

- Residents appeared tidy and clean, we saw no evidence of dignity not being respected.
- Staff were seen knocking on doors before entering resident's rooms. Some room doors were left open.
- We saw evidence of staff interacting with residents positively and regularly
- There is a 'resident of the day' system in place where each role meets with the resident to make sure their happy and their needs are being met and the care plan is reviewed and completed.
- Residents are addressed well.
- Some residents did not have their hearing aids in and were unclear as to why.

Staff were visible for the whole of the visit. All staff were pleasant and attentive and appeared caring and considerate. Other than the maintenance workers and manager, authorised representatives didn't see any other male staff or speak to any male residents.

A resident stated they do not get a choice who helps them with personal hygiene and that it's not always the same staff member who attends to them.

Overall the mood and apparent happiness of residents was very good. Likewise the staff spoken to seemed very happy and enjoyed working at the home.

Recommendations

This report highlights the good practice that was observed and reflects the opinions of residents and staff about the care and support provided.

Points for consideration:

- The sticker with code for the keypad on the door from reception into the main building be removed to improve security and safety
- Ensure all emergency call buttons are free of obstructions
- Wheelchair users be transferred to other seating subject to individual needs
- Rearrange furniture in the dining area to allow more freedom of movement between tables
- Provide a calendar and orientation board
- Consider adding some more homely touches to the main lounge such as colour, wall art or furnishings
- Staff be issued with name badges
- Update printed copy of the complaints procedure with the name of the new manager
- Review methods of communicating daily operations with staff following introduction of the new electronic record keeping system
- Seek an independent visitor to come in regularly to get resident feedback

Service Provider response

Inviting Healthwatch to visit Allenbrook Nursing Home proved to be a valuable exercise, we were delighted with the many positive and encouraging comments highlighted in the report. We recognise the value of an independent opinion on what we do well and where things might be improved to ensure our residents can enjoy the best possible experience during their stay at Allenbrook. The visiting Representatives demonstrated a respect for both the people who live and work at Allenbrook. The report is both detailed and a fair account of an average day at Allenbrook Nursing Home. The recommendations highlighted in this report have either been resolved immediately or are under consideration.

