

# Report of Enter and View Visit

Avalon Court Care Centre

Published 11 February 2016



Care Home Visited	Avalon Court Care Centre
Date and Time of visit	Friday 6th November, 10.00am - 3.00pm
Address	1 Glendale Way, Tile Hill, Coventry, CV4 9YQ
Size and Specialism	Capacity for 107 residents over 4 floors. Ground floor - residential. 1st floor - "memory floor" residential dementia care 2nd floor - rehabilitation (short stay) Top floor - Premium residential floor (not yet occupied)
Authorised Representatives	Karen Keates, Nick Darlington, Denise Blyth, Caroline Wilde

## 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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## What is Enter and View?

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. This is so we can learn from the experiences of people who interact with these services at first hand.

The Healthwatch Coventry Steering Group has agreed that Enter and View Visits to care homes for older people form part of the current Healthwatch work programme.

Healthwatch Authorised Representatives carry out these visits to find out how services are being run and to gather the perspectives of those who are using the service.

From our findings we look to report accurately a snapshot of users' experiences, highlight examples of good practice and make recommendations for improvements.

## Reasons for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of 'would I wish my relative to live here?'

## Methodology

We collected our information by speaking to 9 of the 52 residents, 7 members of staff and 3 visitors. We have not received any self-completed visitor questionnaires.

Information was recorded on semi structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes of what we saw around the home.

Before and after the visit we looked at the website for the home to see how it compares with our findings.

We left some questionnaires for completion by visitors which can be posted back to our Freepost address.

## Summary of findings

This was a new building to accommodate 107 residents over 4 floors, including some who had dementia and some occupying a rehabilitation (short stay) floor.

There are two large lifts which access all floors. Residents are accompanied by a member of staff to use the lifts and staff have to enter a code to operate them.

Three of the four floors were being occupied at the time of our visit with plans to occupy the top floor, which was described as "*premium accommodation*". We felt that it would be beneficial for Healthwatch to visit this home again and review it when residency is closer to full capacity.

The home was clean with no unpleasant odours. Visitors told us that they were "*very impressed with the home*". Residents were complimentary about the facilities and care provided by the home.

Staff told us that they were happy, the home is well managed. The Home Manager told us that they have found Avery Care to be "*supportive and good to work for*".

Healthwatch Authorised Representatives thought this was a secure, spacious and attractive home offering person centred care and plenty of activities. Residents were happy and comfortable.

The home has access to a mini bus to provide outings 2-3 times per week.

## Overall Findings

We entered through the main door and into a light bright and airy foyer area with comfortable seats and tables and a staffed reception area where we signed in.

Friendly staff greeted us and we met with the Care Home Manager for a brief overview of the structure of the home and daily management.

This is a large residential home owned by Avery Healthcare<sup>1</sup> and is set over 4 floors with two large lifts which access all floors. At the time of our visit the top floor (premium floor) was not being occupied. We were told that lifts had to be operated by staff who entered a security code, therefore residents could use the lift only if accompanied by staff.

We were told that any residents wishing to live here would need to be funding their own care or able to top up any contributions from their funder. The cost was £850 per week for a resident wishing to live on the ground floor; this is above the rate that the local authority would pay.

The home does not have its own website but is featured on the Avery Healthcare website. The description and pictures on the website gave a true reflection of the home.

The ground floor is for residents with no nursing needs, we were told that most of these residents have mobility issues. There are 19 single bedrooms on the ground floor, 18 residents were on this floor at the time of our visit.

The first floor is for residents who have dementia. This was referred to as the "*memory floor*". There were five carers, one hostess and one senior staff member for 18 occupied beds. On this floor there were a total of 34 single bedrooms available.

The second floor is "*step down*" from hospital, 18 out of 25 beds were occupied. The Manager told us that this floor accommodates older people who are leaving hospital and need rehabilitation before moving on to alternative accommodation. They will usually be there for a short stay of 4-6 weeks. These beds are funded by

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<sup>1</sup> <http://www.averyhealthcare.co.uk/care-homes/west-midlands/coventry>

the NHS which also provides physiotherapy and occupational therapy for those who need it.

Top floor not open yet. This was described by the Manager as "**residential premium floor**", where there will be more expensive accommodation. There were 19 single rooms available. On this floor there is access to a roof terrace from each of the bedrooms. The Manager told us that residents can live there at a cost of £950 per week. Our Authorised Representatives had a look around this floor but could not accurately gauge whether it would be worthy of the fee as the floor was not yet being occupied.

All of the communal areas and corridors were clean and there were no unpleasant odours.

All of the bedrooms have en-suite wet rooms. Residents are assisted by staff if they wish to use the communal bathrooms.

The first floor "**memory floor**" had an adequate number of bathrooms and toilets dotted at intervals along the corridors. Communal bathrooms were clean and decorated in a sea side theme. Each bathroom contained a report sheet to be filled in after the bath was used. The Floor Manager told us that some residents washed themselves but those who needed help received it.

Staff told us that they do not have staff meetings, issues are dealt with when they arise and that Managers are approachable. The Manager of the home told us that staff meetings are held and staff have supervision every 2 months with their line manager and have regular training and appraisals.

The home had been newly decorated and we thought that the décor was attractive. Corridors had contrasting colours on the walls and carpets and hand rails were provided. Bedrooms were spacious and attractively furnished; residents had televisions in their rooms and access to Wifi. A resident mentioned that the TV in their room could not be adjusted downwards and they found it difficult to look upwards due to their disability.

A visitor described the home as having "**excellent facilities**" and said her friend was "**very happy**". She said that each room had an en suite shower, hand basin and toilet that were cleaned every day.

On the "**memory floor**" outside each room the occupant's name was listed with a memory box containing photos and items depicting their lives.

A resident told us that there was always something to do and that there were plans to bring some small items of furniture from their home. Her visitor told us that residents have en-suite facilities with a wet room for ease of showering.

A visitor told us that they were "**very impressed with the home**".

On the residential floor we saw boxes outside each resident's room with frosted glass to obscure the contents. We were told by two residents that these were post boxes and residents have their own key for these. The same two residents also said that they were worried they would lose their key and not be able to open the box. We were also told that these boxes contained a photo of the resident in them but this was difficult to see due to the frosted glass.

In the corridors there were scenic pictures on the walls and tables with ornaments on. The temperature felt adequate and consistent throughout the home.

The second floor was described as the "intermediate care" floor and was a short stay area where care was focussed on rehabilitation to get people ready to move on. This floor felt different and less relaxed, which could be because there was a more formal approach to care on this floor. It was warm, comfortable, tidy and clean. Furnishing and decor were fit for purpose but not to the same very high standard of décor and furnishings we saw on the other floors. We did not see residents mixing very much. The only sign of "leisure" activities we could see was a shelf with books in the lounge area.

The Manager described the second floor as "*a step down unit which is like an 'extension of hospital care' with Nurses, Occupational Therapists and Physiotherapists (employed by the NHS)*". We were told that people are there for up to 4 weeks and are still recovering from illness and it has to be more of a clinical environment.

This floor felt different and less relaxed, which could be because there was a more formal approach to care on this floor. It was warm, comfortable, tidy and clean. Furnishing and decor were fit for purpose but not to the same very high standard of décor and furnishings we saw on the other floors. We did not see residents mixing very much. The only sign of "leisure" activities we could see was a shelf with books in the lounge area.

From our discussions with residents we could ascertain that Avalon Court compared favourably to other homes and residents, staff and visitors told us they would recommend it to other people. One resident said "*this home is a gem*".

The Manager said that "*Avery's approach is to staff homes with a greater number of staff than the generally accepted staff ratios and that Avalon Court has been staff ahead of growing numbers of residents. Some care companies would regard Avalon Court as being over staffed. We do not see our home as 'overstaffed', we need good staffing levels to provide proper care of our residents*".

As the home was not at full occupancy when we visited, we felt that it would be beneficial to visit this home again and review it when residency is closer to capacity.

## Food and drink

Staff told us that residents can have a full cooked breakfast every day, or toast and cereal.

We had some lunch with the residents and chatted to them. The menu was either poached or fried cod with broccoli and other vegetables, creamed potatoes or chips. The alternative was gammon and eggs. A salad was offered as a side dish. Pudding was either tiramisu or gooseberry crumble with custard. A choice of white or red wine was offered with the meal and fruit juice. Tea or coffee was served after lunch with chocolate teacakes and homemade cakes. Residents confirmed to us that this was a typical meal time and menu.

On the "memory floor" we saw two residents being assisted with meals and the others ate unassisted. Teapots were placed on the table, where staff assisted residents to have their hot drink. Teapots were then left on the table, with one resident touching the teapot saying that it was "hot". We noticed that residents didn't eat much but the Floor Manager, said the portion sizes were large and the residents were weighed every month. One resident had eaten very little, we saw staff try to encourage him to eat and we were told that this resident's health had deteriorated recently and he had lost his appetite.

The Home Manager told us that a fish and chip supper is held every week where staff, residents and family eat fish and chips out of the paper from the local chip shop. This was confirmed by the activities co-ordinator who said that they had had a fish and chip party where the staff and residents wore their pyjamas.

We saw residents asking for an alternative meal at lunch time and staff were happy to accommodate this. We were told that the evening meal was soup and sandwiches and we saw tea and cakes being served mid-morning and mid-afternoon. Staff told us that if residents didn't like the food on offer they could request something else and that they could have food served in their rooms if they preferred it.

The Home Manager gave us an example of a resident who had a fractured hip had lost his appetite and had always liked a glass of Boddingtons beer, so staff gave him a glass of Boddingtons twice daily in order to restore his weight until he got his appetite back. He also said that the kitchen will use high calorie food such as cheese and jam added to meals for any residents who have issues with weight loss. Staff have found this to be more successful than introducing supplementary protein drinks such as "Fortisips". This approach was said to be favoured by GPs because it is more natural and less expensive.

We saw that residents are offered drinks throughout the day by staff bringing round a tea trolley. However, we noticed that it was noisy when the tea trolley was brought round across the hard floor, so much so that it was difficult to hear what people were saying.

There is a 24 hour bistro on the ground floor where residents and visitors can access free coffee, tea, biscuits and home-made cakes. A visitor confirmed this and said there was a variety of teas and coffees available.

We were told by the Manager that residents are allowed alcohol with meals if they wish and saw that wine was offered at lunch time on the ground floor.

## Care

The Manager told us that at the time of our visit the home was over staffed as Avery have staffed the home as though it is full and once the top floor is open staff will be moved around to accommodate this floor.

The staff we saw and spoke to were happy working at Avalon Court. We observed staff interacting well with residents throughout our visit.

Visitors told us that they see staff talking and doing activities with the residents regularly.

A staff member told us that they encourage residents to be as independent as possible and where possible will encourage them to be mobile. We saw staff spending time talking to the residents, both in relation to being asked for something specific by a resident but also spontaneously going up to residents just for a chat to ask how they were or to comment on what they were doing.

The staff's approach was friendly and relaxed. We observed staff dealing promptly with residents' requests and their manner was calm and reassuring. When lunch had finished the team leader put on a tabard, which had on it '**Drugs round - do not disturb**'

We were told that the staff wore distinguishing colours for each of their roles, Blue - Unit Manager; Burgundy - Team Leader; Light Blue - Healthcare Assistant; Dark Blue - Agency Staff; White - Nurse. The Home Manager told us that a nurse was on duty in the building at all times to give advice to senior carers on the "memory floor" if required.

A common remark from residents we spoke to was that they didn't like having agency staff in because they didn't know the residents or the routine.

We managed to speak to some residents on the "memory floor" but others were unable to have a conversation with us due to the level of their dementia. We also spoke to three visitors on this floor. One resident told us that they "**liked being there and felt safe**".

The three visitors we spoke to told us that they were very pleased with the care that their relatives were receiving. One also said that it was much better than the previous home their relative had been in. They said that there was a difference



when agency staff were used and preferred the regular staff, which gave more continuity.

A visitor and a member of staff told us that items of clothing were labelled with the resident's name. When probed about how effective this was the visitor said it was "**99% brilliant**". Two visitors said that their relative did have items of clothing that had gone missing and had not been recovered.

The Manager also told us about future plans for the staff to sometimes wear pyjamas with residents on the "**memory floor**" because they often have no concept of time and this encouraged them to recognise when it was night time and helped the staff to get them to bed. This follows a television programme about a care home which introduced this idea.

## Activities

We saw interaction between residents, sitting and chatting to each other and to staff.

Residents we spoke to talked about various activities, outings to shopping/garden centres, to pubs and also activities inside the home such as exercise classes, Tai Chi and indoor bowls.

Residents commented about there being only one member of staff organising activities at present so she was very busy, however, she was clearly well thought of for what she was doing.

A staff member told us that they encourage residents to keep active by asking them to help with minor tasks or setting up activities so that they feel involved. They said that this encourages residents to engage with activities.

On the ground floor we observed a group of residents and staff joining together for a sing along in one of the lounges. We saw that there was a hairdressing salon and a library with plenty of books. There were also newspapers and books around in the communal areas. A service for Remembrance Day was advertised next to the reception desk.

Several residents had visitors while we were there and there did not appear to be any restriction on visiting. Visitors can join residents for meals and we were told that birthday parties are arranged at no cost to the residents. There is a bedroom available for relatives if they need to stay and on the ground floor we were shown a room which residents can book to have private dining or parties with their relatives.

We were told by staff that a Christmas party is planned for residents on 18th December with a buffet, pantomime and visit from Santa. We were shown a red book in which staff write down suggestions for new things to do.

The home has a mini-bus for trips out and the Manager told us that they try to ensure that there are two or three trips out arranged each week. He explained that at the time of our visit a volunteer and the two maintenance men were responsible for driving it, but he is in the process of recruiting paid drivers along with two Leisure Activities workers. They are aiming to recruit enough leisure workers to have one per floor. The van can take wheelchairs and there was no additional cost to the residents for these trips. Staff and residents told us that trips out include visits to garden centres, which are popular, and also to pubs and shopping centres.

There were plans to create a "*dementia café*" and bring in therapeutic animals. Pets were not allowed at the home due to some residents having allergies or fears.

"Walkmans" are going to be provided for residents with dementia for them to listen to music from their era. The Manager said that this has been proven to help residents with dementia and can "*bring them back to us*" for a few moments.

A man selling old fashioned sweets was at the home during our visit, we were told that he visits every week and is popular with the residents.

Staff told us that for an additional charge residents can have manicures, aromatherapy and chiropody or visit the fully equipped hair salon.

The Manager told us that he has plans to "*rent a chair*" to local hairdresser at a reduced rate so that they can charge a reduced fee to residents and therefore ensure that the salon is fully utilised.

Some newspapers are included in the fees and residents can request to purchase a newspaper if they want a different one.

We observed a young man was conducting activities with the residents when we entered the first floor lounge. He was encouraging physical activity with boxing gloves and balls and stimulating memory with questions and photos of famous people such as Churchill. In the afternoon we saw a resident playing the piano.

A Healthcare Assistant was helping residents to make flowers out of "*Plasticine*" and a volunteer came in to help her. Music from the forties and fifties was playing in the background.

The Activities Co-ordinator gave us a copy of the "*activities plan*" which included a trip to a donkey sanctuary, Coventry Museum, Meriden and exercise such as Tai Chi.

One of the Floor Managers, told us that one resident who has dementia, was interested in sport and retired to his room after dinner and a male care assistant went in to read him sports results. They also arranged for him to have meals downstairs with the residents who do not have dementia and he sometimes went on trips with them. Staff also told us that there were two blind women and staff were arranging for someone from the Centre for the Blind to visit them.

We were told that staff liaise closely with the residents' families if they have concerns about them not wanting to go out or becoming withdrawn from the other

residents and staff. A staff member said *"One resident was reluctant to go out so staff liaised with his family to try to work together and encourage him, but then he started going out on his own initiative"*.

We were told about one resident who wanted to attend a wedding so a member of staff accompanied him to the event, which was outside Coventry. A family friend drove them there and back because they didn't have the minibus. Flowers and a card were organized and paid for by the home.

A visitor told us that they had seen a guitar player visit the home to entertain the residents and also a *"Bollywood"* dancer. This visitor told us that they had seen staff escorting residents down to see the entertainment and trying to encourage everyone to be involved in activities.

There was a garden on the ground floor and members of staff took residents for walks around it. All residents had access to a garden and some of the rooms on the ground floor have their own small patios

A balcony surrounded half of the first floor and a staff member told us that they had plans to arrange flower planters around it so that residents could sit outside in the summer. We noticed that there was a high partition above the wall on this balcony so that residents could not fall over it.

Books were available from the second floor, a scheme organized in conjunction with Coventry City Council Library Services.

## **Dementia Friendly Design**

Colours of walls, floors, tablecloths and furniture were contrasting and there were hand rails painted in contrasting colours along the corridors around the home.

Bathrooms on the *"Memory floor"* were well signposted with pictures and large print. We noticed that there was a mirror in each bathroom, which was not able to be covered. Staff told us that they had not experienced any issues with residents not liking the mirrors.

Taps in the bathrooms around the home were not all labelled *"hot and cold"*, however some were labelled red and blue. Some sinks only had one tap that swung from one side to the other and this was not labelled at all. One of our Reps raised this issue with the home Manager who said he would *"look at it"*.

## **Healthwatch Recommendations**

Following our visit we would like to recommend:

1. All taps, especially on the *"memory floor"* should be clearly labelled *"hot and cold"* to enable those with dementia to use the bathrooms more independently.

2. Give consideration to ways of providing covers for mirrors on the "*memory floor*". Some people with dementia can become upset by mirrors or feel uncomfortable due to their confusion.
3. One resident mentioned that their TV could not be adjusted properly and was too high. We would recommend that this is looked at in all of the rooms to ensure that televisions are at a suitable height and can be properly adjusted.
4. Our Authorised Reps felt that there was a potential health and safety risk when tea-pots were on the tables and would recommend that the staff do not leave hot tea-pots on the tables on the "*memory floor*".
5. Whilst the home is under occupied, there is scope for staff from different floors to be moved around if other areas are short of staff, to reduce the need for bringing in agency staff who are not familiar with the residents.

## Response from Care home Manager

### Recommendations 1, 2 and 4 - memory floor

We take on board these suggestions and will seriously consider providing/doing these things when it is clearly what an individual resident wants or needs.

Some of the tables in the Memory floor at meal times have teapots and some don't; this is based on our assessments of what each Resident's abilities are and what the risks are. The fact that the Resident said that the teapot was 'hot' is a normal everyday occurrence for all of us and not an indication of unacceptable risk. I can confirm that we have had no accidents with teapots or anything else at meals times.

The taps in the communal bathrooms are only used with staff supervision. The taps in the en-suites are labelled clearly red and blue and we have had no evidence that a resident has had a problem with this or have/need or wish to have the words hot or cold on them. All of the taps have temperature regulators which mean that the water cannot become dangerously hot and I can confirm that we have not had any injuries or scalds of any kind.

It is true that **some** people with Dementia can **sometimes** find mirrors disturbing **some** of the time. If we found that this was happening with an individual resident or if they simply didn't want a mirror, we would certainly remove it and maybe put a picture or something the resident would like or provide covers that the resident could use. I can confirm that we have not come across any instance of this happening so far and will remain vigilant in case it does.

In Avery we are careful to treat our residents as normally capable as possible. If we are to presume that all people with dementia must have labels everywhere, cannot ever have teapots again in their lives or ordinary mirrors and the hundreds of other possible risks; we are not treating them as individuals. We feel we would be taking away what independence they still have. This approach of avoiding **all** risks would constitute a form of 'Institutionalisation'. This approach has been well researched and has been proven to result in depression, diminishing activity and

food and fluid intake, physical deterioration, greater numbers of infections, greater mental confusion, decrease in general well-being and a more rapid deterioration from the Dementia itself.

We are sorry if this seems a bit 'strong' but we feel passionately about treating our Residents as individuals, I myself started as a care assistant in a large Psychiatric Hospital in the late '70's [before I trained as a psychiatric nurse] and saw first-hand how treating everyone the same affected people with Dementia and how this encouraged staff to become institutionalised themselves in how they treated the Residents. We feel passionately at Avery that we have a duty to enrich our Residents lives with as much choice as possible with assessed, acceptable and calculated risks. We go out of way to see how an individual Resident could still have various experiences of life and that a few of our Residents can still pour their own Tea is really important to us as we believe it is important to our Residents.

So although we are listening to these suggestions but we will not at present be putting them in action.

### **Recommendation 3**

We have gladly adjusted this residents TV and will continue to listen to our Residents about where they want things including TVs.

### **Recommendation 5**

I did not state that the Home was overstaffed, I did say that in this situation as we recruited more staff the Avery approach was to try staff their Homes ahead of the growing numbers of Residents. I did at another point state that Avery's staffing of homes was to a greater number of staff than the generally accepted staff ratios in the Care Home Industry and that some other Care Home companies might regard Avalon Court as being 'Overstaffed'. We do not see our homes as over-staffed, we need good staffing levels to provide proper care of our residents.

We would not book in agency staff to overstaff our floors. This would not be constructive because Residents prefer staff they know. We also are very careful who we recruit as we demand high standards from all our staff.

So, for instance the number staff on the memory floor at the time of the inspection [when the floor was just over half full ] is nowhere near the number of staff that will be there when the floor is full. In fact from shortly after the [HW visit] there is an additional member of staff there every day because we have more Residents living on that floor now. The same is the case on the other floors.

Similarly there are now 5 Recreation and Leisure workers over the 1<sup>st</sup> two floors with 2 minibus drivers providing 2 trips every day - seven days a week. Our ambition is to improve on this in the future.

## Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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