



Enter and View Report

Apple Court Care Home

Visit: 24th February 2016

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Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This 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.

Acknowledgements

Healthwatch Warrington would like to thank the staff, in particular the Manager, Beryl Caldwell for taking the time to show the team round and answering questions.

Background and Purpose of the visits

Healthwatch Warrington was requested by Warrington Council Adult Social Services to conduct the visit. Apple Court had been the subject of an unfavourable Care Quality Commission report from a visit that took place in September 2015. Since that date a new manager had been in post. The visit was undertaken to see if improvements had been made since the CQC inspection.

Details of the Visit

Location

Apple Court Care Home, Church St, Warrington

Date/Time

The visit took place on 24th February 2016 at 10:15 am and finished at 12:00 pm

Panel Members

Angela Fell - Healthwatch Warrington, Enter and View Panel Member

Hilary Mercer - Healthwatch Warrington, Enter and View Panel Member

Ruth Walkden - Healthwatch Warrington, Enter and View Consultant

Provider Service Staff

Beryl Caldwell, Manager

Details of the Service

Apple Court is a purpose built care home located in the centre of Warrington. It is made up of four units, **Crossfields** a residential unit and **Grosvenor** and **Daresbury** are both nursing care units. The fourth unit **Rylands** is currently closed.

Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

Observations from the Visit

First impressions

There was a good sized car park in front of the building. The signage was clear and visible from the road. Entrance was by means of pressing a buzzer, a signing in book was situated in the entrance hall.

Access

The reception area was very busy, there were two chairs by the manager's office and the admin office. Staff, even though busy, dealt with visitors efficiently.

It was noticeable on arrival that everywhere was clean and fresh. A programme of redecoration was underway.

Staffing & Leadership

There have in the past been issues with recruiting and retaining the registered manager. The current manager, Beryl Caldwell has only been in post since November 2015. She is a very experienced home manager and has, on more than one occasion, been able to turn around failing establishments. She has brought a few trusted staff with her.

The manager told the visiting team that when she took over, the home had an agency staffing bill of £92,000 per month. She has undertaken a massive recruitment process and is now fully staffed with care support workers. However, she is struggling to recruit nurses of sufficient calibre and so she still has to use agency nursing staff - she does her best to ensure continuity and consistency. During a recent recruitment drive, she became aware that most experienced and

competent nurses are requesting more salary than she is able to offer (£18/25 per hour were quoted).

In response to this recruitment problem, the organisation has decided to redesign the service, moving 2 units from EMI nursing to EMI residential, to reduce the requirement for qualified nurses on the staff team. One unit, Ryelands, is currently closed. Apple Court are currently operating two nursing units and one residential unit. The second residential unit is due to open soon.

We were told that in consultation with residents, relatives and social workers, residents were reassessed and moved within the home into the appropriate unit. The moves were undertaken gradually over a period of 3 weeks in late November and early December.

Currently, the Residential unit, Crossfields, has 17 residents, with one admission pending and one vacancy.

Of the two Nursing units, the Grosvenor unit is full with 17 residents; the Daresbury unit has 14 residents, with one admission pending and two vacancies.

Staffing ratios are adequate in all units.

Activities & Leisure

There is a three week rolling programme of activities, facilitated by 2 part-time Activity Coordinators. A third part-time Activity Coordinator's post has been advertised which, once recruited, will provide the equivalent of 2 full time posts.

A wide range of activities were on offer, including hair and beauty treatments, local shopping outings, exercise, music, social gatherings and outside entertainers. Each unit had a sensory room, where residents could receive individual support in a calming environment.

The written timetable could be improved by the use of age appropriate pictures, to help all residents to understand what was on offer.

Afternoon tea was a popular activity, as was a pamper day on a Friday.

Whilst there was a television lounge there were other areas that were quiet. Prior to lunch, staff were engaging with residents including an activity with a beach ball.

A safe pleasant outside area was available for residents to sit in during good weather.

Administration

Administration was done from a small but very busy office near the main entrance.

Meetings are held for residents' relatives, every 3 months. These are well attended and relatives have chosen the 3 month interval rather than more frequently. The manager commented that her door is always open to any relative who wishes to speak to her. She encourages relatives to come to her directly, if they have any issues or concerns.

Visitors are encouraged and are welcome at any time.

Cleanliness

The standard of cleanliness throughout the home was good. There were no unpleasant odours anywhere. The bathrooms were being upgraded to create wet rooms, although some baths were being retained to facilitate resident choice. The upgraded wet rooms were clean and well maintained. Bathing time was considered an important part of one to one activity and noted on the care plan.

The furniture in the residents' lounges was institutional but appropriate. The corridors and communal areas are in the process of being redecorated. The residents and their relatives have been consulted about colour schemes and pictures. The manager believes that much of the previous corridor decoration was not age appropriate. The visiting team noted that items such as soft toys had been stuck to the wall, making redecoration more complicated.

The home has recently employed a caretaker, who is undertaking the current redecoration.

Management of Medicines

The manager explained at length her programme for assessing, training and developing staff to enable the accurate and effective administration of medication. She uses external pharmacists to provide training and direct support and oversight

The manager undertakes regular medication audits.

Food and Refreshments

Food appeared to be of a good quality, with choices always available. The kitchen is able to respond appropriately to different cultural and dietary requirements, including attractively presented pureed foods.

The menu is posted daily on unit notice boards. Platters of fresh fruit are taken to all units at 11am and 3pm. Hot and cold drinks are available throughout the day.

On the day of the visit lunch was a choice of chicken or beef burger. The tea time menu was jacket potato or sandwiches.

Supper is also available at 8:30.

Smoking

There is a covered smoking area in the courtyard for residents who wish to smoke. Staff assist those who need support. Lighters are kept in the office.

Privacy & Dignity

The units are mixed, but each bedroom has its own ensuite facilities with sink and toilet. Staff were observed dealing sensitively and respectfully with issues of personal care. All rooms have individually coloured door frames and each resident has his or her photograph on the outside of their door. The doors all have door knockers and letter box fronts. The rooms are homely and personalised.

All clothes are clearly and individually labelled and are laundered on site.

One resident is being provided with end of life care on the unit.

The care plans were very poor when the current manager took up post. Staff are in the process of rewriting all care plans, reckoning that it takes 72 hours to rewrite one care plan. All relatives have been contacted to request their attendance at a review and their assistance with the updating of the care plan.

Staff were observed relating well to individual residents. Relations appeared comfortable, caring and respectful. In each unit, staff were positively engaged with their residents: talking, providing care, playing ball or games.

All residents looked clean and well cared for, with tidy clothes and combed hair. Those spoken to, were very happy with the home and the staff. "The staff are very good to us" "We are going shopping this afternoon".

A poster on the staff notice board proclaimed "Our residents don't live in our workplace; we work in their home"

Staff were observed knocking on room doors before entering. They spoke respectfully to residents.

When the visiting team were walking down the corridors they were aware of a regular loud noise. They were informed this was the call bell system.

Safety & Security

The manager reported that there were a number of outstanding safeguarding issues, when she took up her post. These included falls and medication errors. Relations with the local Safeguarding Unit were poor, mainly because of communication issues, with information not being forwarded appropriately by the home.

This has now been resolved and the manager enjoys a good relationship with the Warrington Safeguarding Unit. The visiting team were told that there are now no outstanding issues.

Relatives can visit at any time, although the home does try to maintain protected mealtimes.

Discharge

The description (above) of the process of re-designating the units and the consequent moves of residents between units demonstrates the sensitivity in relation to change, with the full involvement of relatives and relevant outside agencies.

The home habitually facilitates end of life care in-house, where this is the resident's choice.

Staff Training

The manager was very enthusiastic about staff training. We were shown the notice board listing the training currently being undertaken by staff. This included: Moving and Handling, Health and Social Care Management (NVQ5), Eating Drinking and Swallowing, Root Cause Analysis, Venipuncture, Clinical Skills and 6 Steps to Success (End of Life Care). The manager explained that she hadn't commenced staff appraisals yet, as she would usually do this after 6 months. She was about to start staff supervisions.

It would be helpful for the home to have a training brochure or on-line document for staff, that detailed the available training and indicated what was required and when. This would be supplemented by the individual training and development needs identified through personal appraisals.

Summary

Until the new manager took up her post there were clearly issues regarding Apple Court. It would appear that these issues are being resolved and the necessary resources put in to make sure this happens.

Some of the work done such as having door knockers and letter box fronts on each residents door, together with a differently coloured door frame are examples of good practice that others could imitate.

There is still however some work to be done. All care plans need to be brought up to standard and the current redecoration needs to be completed.

Hopefully the capable current management team will stay in place for the foreseeable future to ensure this happens.

Recommendations

- 1.** It was noted that there is a whole range of training on offer. This is currently on display on a notice board behind a door. It would be really useful if a training brochure/information sheet was produced that could be used during supervision/appraisal sessions making the offer of training more proactive.
- 2.** Notices relating to activities available is in the form of printed list/timetable. It would be more inclusive if these were pictorial as well.
- 3.** Current redecoration continues particularly in the corridors where residents' rooms are situated.
- 4.** All Care plans that are still to be revised are completed.

Healthwatch Warrington would like to be advised when the above recommendations have been acted upon so that a further short and informal revisit can be made.

Distribution List

This report has been distributed to the following:

- *Warrington Council, Adult Social Services*
- *Warrington CCG*
- *Care Quality Commission*
- *Healthwatch England*

Appendices

Appendix A

The management at Apple Court were sent the final draft of this report and invited to comment. They were also reminded of this opportunity to respond. To ensure this report is timely, Healthwatch Warrington have chosen to publish it without a provider's response as one has not been forthcoming.

