



# **Enter and View Report:**

**Apple Court Care Home** 

Date of visit: 24<sup>th</sup> May 2017

Report published: 24<sup>th</sup> July 2017

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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 that they are heard and listened to by the organisations that provide, fund and monitor services. We are a Charitable Incorporated Organisation, with a Registered Charity Number of 1172704.

#### 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, opticians and pharmacies. E&V visits can happen if people identify a problem.

Equally, they can occur when services have a good reputation; enabling lessons to be learned and good practice shared. Healthwatch E&V visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington safeguarding policies identify the correct procedures to be followed.

#### **Disclaimer**

Please note that this report relates to the findings observed on the specific date of the visit. This report is not a representative portrayal of the experiences of all service users / residents and staff, only an account of what was observed and contributed at the time. Wherever possible, the report below is in the words of the E&V team members present at the time of the visit. The report has been collated by the Healthwatch Warrington steam team and some of the text has been formatted to allow for easy reading. The essential facts of the visiting team's reports have not been altered. Where information applies to a specific unit within the care home, or is common to both, this will be indicated in the text.

## Acknowledgements

Healthwatch Warrington would like to thank everyone at Brookfield Care Home for their welcome, and in particular, Kerry Fisher (Manager) - for making time to share information with the visiting team and answer their questions.

## Purpose of the visit

Healthwatch Warrington previously visited Apple Court Care Home on 24<sup>th</sup> February 2016, upon the request of Warrington Council Adult Social Services, due to the publication of an unfavourable Care Quality Commission (CQC) inspection report in November 2015 and subsequent management change. During the visit, we looked to see if any improvements had been made, from a local person's perspective and made a number of recommendations for further service enhancements (the full report can be viewed by visiting our website:

www.healthwatchwarrington.co.uk/our-work/enter-view/

Since the publication of our initial E&V report, Apple Court has experienced an additional management change and another CQC inspection. Therefore, Healthwatch Warrington made the decision to conduct a follow up visit to Apple Court, with a renewed focus on the 'values' that guide the service - evaluating how the service 'feels' to local people and whether this corresponds with the home's stated values. In part, we also carried out the visit to see whether or not our previous recommendations had been implemented.

# **Details of the Visit**

#### **Details of the Service**

Apple Court Care Home is run by Select Healthcare Group (a subsidiary of DRB Healthcare Limited). The home is a 67 bed, 4 unit building (the Rylands and Crossfield units are based on the ground floor and the Grosvenor and Daresbury units are located on the upper floor), currently housing 49 older residents with early to advanced dementia needs. The building is situated within walking distance of the town centre. Apple Court Care Home provides accommodation for persons who require nursing or personal care, dementia care, diagnostic and screening procedures, treatment of disease, disorder or injury and care for adults over 65 years. The home received an overall 'requires improvement' rating in its latest CQC inspection report, published on 21<sup>st</sup> March 2017, although it received 'good' ratings in the 'caring' and 'safe' categories. You can read more about this inspection by visiting the CQC's website: http://www.cqc.org.uk/location/1-2920525451

#### Location

Apple Court Care Home, 76 Church Street, Warrington, Cheshire, WA1 2TH

#### Date/Time

Wednesday 24th May 2017, from 10:00am to 1:00pm

#### **Panel Members**

Hilary Mercer - Healthwatch Warrington, Vice Chair and Enter and View Authorised Representative

Jim Sinnott - Healthwatch Warrington, Enter and View Authorised Representative Pat Wall - Healthwatch Warrington, Enter and View Authorised Representative

#### **Provider Service Staff**

Kerry Fisher - General Manager Pauline - Head Housekeeper

# Results of the Visit

## **Spotlight - Patient-Centred Care Values**

On its website, Select Healthcare Group describes itself as a family run business that has expanded rapidly since it was founded in the 1980s; now operating many care home facilities across England. Its ethos places a great emphasis on person-centred care; "Our reputation for providing quality care means everything to us. We don't just care for our guests - we care about them, too." Select Healthcare Group goes on to highlight that it is committed to 'making a difference', has a longstanding and loyal staff base (with care staff to suit every requirement) and offers a 'homely environment'. As a consumer champion, we would expect to see these lived values as being evident in the everyday interactions between staff and residents.

The company also prides itself on providing a range of fun, inclusive, varied activities (for example, arts & crafts, shopping, local walks, music, etc.) and home cooked food choices for residents. We would also expect to observe examples and evidence of engaging activities and high quality food choices being available, during our visit.

You can read more about Select Healthcare Group on its website:

http://www.selecthealthcaregroup.com/why-choose-select

#### **First Impressions**

Signage for the home was clearly advertised, displayed the new owner's name and was easily visible from the main road. The home is approached via a car park, which is located in a courtyard just outside the main entrance. The car park provides a good amount of bays for visitors to use. However, this area could benefit from some maintenance work, as there were discarded cigarette butts on the floor (staff were seen to be having a break here), as well as overgrown grass and weeds that need removing. In terms of access via public transport, there is also a frequent bus service that passes very close to the home.

#### **Entrance and Reception Area**

Visitors must press a buzzer to gain access to reception space, which is a useful security feature. A signing in book for visitors was also present in this area, again, this is good for security purposes. There was a spacious and very clean disabled toilet situated in this area.

The small front lobby was clean, bright, tidy and had a neutral smell. There were racks in the lobby that housed contained a range of useful information; including notices, an activities booklet, a leaflet from Age UK (about caring for someone with dementia) a Care Quality Commission (CQC) a leaflet outlining what standards to expect from the care home, a resident's photo album and CQC inspection reports. Information was also provided regarding DoLS and the care home's complaints procedure. However, the visiting team did not see a copy of Healthwatch Warrington's previous E&V report. Furthermore, there was limited information regarding the leisure activities; with only 2 activities shown for the following 2 weeks.

A small staff office was located nearby, with two seats facing it. The visiting team did not see a staff ID board, which is a handy feature for both visitors and residents, but the team could see that staff were warm and friendly through their interactions with residents.

The visiting team spoke with the Head Housekeeper, Pauline, and were taken around parts of the home. The team were eventually joined by Kerry, General Manager, to be taken around the rest of the home. This was because Kerry had initially been showing a potential resident and relative around the home and answering their questions.

Upon taking the stairs to the upper floor (Grosvenor and Daresbury units), the visiting team noticed that the carpet needed to be updated and cleaned. The corridors were decorated with pictures and a "fiddle board", as some residents like this. Staff were seen to knock on the doors and wait before entering. The visiting team were shown around some rooms, as residents were likely in the lounge at this time of day.

The en-suite room was well personalised for the resident in question; although the degree of personalisation and homeliness was dependent on the help and guidance that the home received from visiting relatives.

The lounge area was spacious and had plenty of seating. There was a wall mounted TV for residents to view. A care assistant was sitting with a lively female resident and enjoying some jokes with her and the visiting team. All staff appeared to be cheerful and caring, going about their tasks in a relaxed and purposeful manner.

Pauline mentioned that one of her roles was training; particularly lifting and handling. Pauline was clearly a very experienced and knowledgeable member of staff and she was open and upbeat as the team looked around.

The team were joined by Kerry as they began to look over Daresbury unit, which had the same vintage layout, furnishing and decoration as the Grosvenor unit. When leaving Daresbury unit, the team noticed that there was a microwave cooker built into the corridor wall. Kerry was not sure why this had been fitted in this location.

Finally, the visiting team visited the refurbished ground floor units - Rylands and Crossfield. The rework here was impressive, with nice un-patterned flooring and contrasting corridor hand rails (which helps in terms of dementia accessibility).

There were excellent, new en-suite (wet room arrangement) bedrooms here. Everywhere was seen to be shiny-clean, tidy and odour free. The new lounge and dining areas had integral modern kitchens. The low-level counters appeared to work well and came equipped with a lockable, low-level door to prevent residents entering the kitchen area unsupervised. The fire place with a glowing display was a nice touch as a focal point in the two lounge areas and looked cheery. As the team's visit approached lunch time, the team observed some residents starting their lunch; with attentive help from their care assistants.

As the team departed the new units, Kerry mentioned that the home expects to complete a similar refurbishment of the Daresbury and Grosvenor units by the end of the year. There are also plans to relocate the current entrance and reception area to the new front facing corridor, along with the admin office and the hair salon, which is presently located on the first floor. This demonstrates the new management's significant investment and commitment to the long term operation of Apple Court.

#### **Activities and Leisure**

During the visit, the team saw that only 2 activities were planned to cover 2 weeks at the home. Furthermore, in the Daresbury and Grosvenor units, residents were sitting in the lounge with the television and no mutual interaction. At present, Apple Court only has one activities coordinator in post and this limits the activities programme. Kerry said that a key part of her staff development plans is to improve and expand the activities on offer. Kerry recognises that, at present, this was an area that needed improving. She is seeking to recruit two more Activities Coordinators to work alongside other staff in order to develop a range of dementia specific activities, including music and exercise sessions.

Currently, the main activities available to residents are shopping, baking and Bingo. Additionally, Unit Staff are encouraged to work spontaneously, involving individuals in activities whenever appropriate.

Some residents were supported to take part in activities outside of Apple Court. For instance, the team had the opportunity to meet with Amy, the Activities Assistant, who had come to collect a resident called Roy in his wheelchair and to take him to Brampton Lodge Day Centre for his regular activities session. Roy seemed in good spirits and was very cheerful about his outing.

#### **Food and Refreshments**

The visiting team did not actually enter the main kitchen, but could see the room through the door window. Based on this view, the kitchen looked quite extensive, clean (working surfaces, walls and floor), well organised and uncluttered.

After Breakfast, residents select their choices for lunch and tea. Lunch is served at 12:30pm and tea at 5:30pm, with two options available for every meal. Kerry states that residents may request alternative meals and, provided the food is "in the cupboard" or can be purchased from Sainsbury (next-door), kitchen staff will prepare it for them. Hot and cold drinks, as well as snacks are available throughout the day. There was a menu on the kitchen door, showing two choices of food for the day. During the visit, the meals available to residents were; lunch - soup and sandwiches, evening meal - pork casserole and veg or fish cakes.

There is a menu rotation in place at Apple Court and resident's special food requests and dietary requirements can be catered for. Some foods are pureed for people with dysphagia. Kerry told the team that she wants to see pictorial menus produced, which helps residents with dementia to select their preferences as they are more accessible and easier to understand.

#### **Cleanliness and Infection Control**

The visiting team observed that the main building itself was clean, tidy and well maintained, with no unpleasant doors encountered anywhere. Across the building, furniture was seen to be clean and free from tears. Furthermore, fixtures and fittings were in good order. Along the corridor approaching the newly refurbished Rylands and Crossfield units, a filled up hand sanitiser was in place. However, there were no hand sanitisers in place in the older part of the building.

The Bathrooms, toilets and new en-suite wet rooms were all nice, clean and free from any unpleasant odours. However, the upstairs bathrooms (in Grosvenor and Daresbury units) both needed complete refurbishment. In this area, the team noticed a hole in the corridor wall (where the handle of the bathroom door had been banging into it). The corridor here was also in need of painting; with dated artwork and themes. There was a picture of each resident on their room doors and knockers. However, some of the rooms could benefit from a more personal touch. Kerry informed the visiting team that there were plans to fully refurbish the Grosvenor and Daresbury units.

The Rylands and Crossfield units had been completely refurbished. The lounge and dining area were both open plan, allowing for plenty of lighting. All of the bedrooms had been upgraded and were now more modern and homely. A care assistant on the ground floor was organising a freshly laundered rail of resident's clothes, all with name tags on them and ready for redistribution.

The visiting team also noted that the home's outside areas could benefit from regular litter and weed tidy ups. The doors to the outside veranda were open; the outside area was untidy, unkempt and in need of maintenance. There were cigarette butts on the floor and the cigarette holders were full. The home's car park appears to double up as a smoking area for staff, as evidenced by the discarded cigarette ends. The enclosed area was in need of maintenance; grass needed cutting and general tidying was required. Kerry stated that the home wants to attract volunteers to help out with addressing these issues.

#### Administration

Kerry recognises that areas of administration need to be improved and has lots of changes planned. She is gradually developing all her staff and extending their roles, with the aim of providing a better quality and more personalised service for the residents.

#### **Medicines Management**

Staff are trained in medicines administration and a clinical pharmacist visits from time to time in support of their needs. Kerry has introduced a new system, whereby each resident has a locked cupboard in their room for their own medication, along with any other valuables that the resident may have. All staff, once trained, are expected to administer this medication, as required, and complete the appropriate medication records. Nursing staff will oversee this process. PRN and covert medications are all covered by appropriate procedures and protocols.

#### **Admission**

Formal admission processes are in place at the home, including discussions with relatives about their wishes for end of life care (as appropriate). The admission process is tailored to the requirements of the prospective resident, as far as possible.

It was noted that many admissions follow some kind of crisis, and in these cases a lengthy introduction is not possible. Furthermore, some residents are eventually admitted to Hollins Park, as their needs require and following a formal discharge process. However, Apple Court does receive specialist support from NHS Warrington Clinical Commissioning Group's Home Support Team, and in many cases, challenging residents are able to return to the home, following a brief period of stabilisation in hospital.

In the near future, Kerry is planning to introduce a Health Passports for all residents and develop advance care planning within the first few weeks following their admission.

#### **Staffing and Staff Training**

Apple Court has approximately 80 staff in total; many of whom are part time (including agency staff). During the visit, the team discussed with Kerry the setting of safe resident/staffing ratios, which is a priority at the home.

The previous agency went into receivership in September 2016 and the current Manager came into post in November 2016. At this point, staff had lacked leadership and systems, processes and administration were poor and there was a lack of investment in training. Kerry explained that she had worked hard to improve staff morale and staff turnover is now stable. The home still has the need to use agency staff, but now recruits form one source only (a reputable agency whose staff are familiar with the home).

During the visit, the team spoke with Steve McCarthy (one of the unit managers) and a little later, two care assistants. They all said that they were much more settled and happy under Kerry's management: "she's lovely and listens to anything we're concerned about". They came across as well motivated and cheerful staff. Apple Court is supported by 3/4 nurses. Currently, nurses are dedicated to each unit, but Kerry wants to develop a more flexible approach; with all units sharing nursing support to improve cover, as and when needed, as well as improve dementia specific skill sets.

In-house training and staff development is also a high priority, with the aim of helping line management become more empowered and effective. In pursuit of this objective, Kerry has developed a rolling programme of training for all staff, which is now properly evidenced and monitored. Induction training, person-centred planning, knowledge of the Mental Capacity Act, Best Interest processes and DoLS are all prioritised within this training programme.

As such, Kerry is empowering staff to speak up and to help decide which residents should be placed where in the home - as best suits the resident's individual needs. Kerry told the team that staff training is still a work in progress; this includes formal and on the job mentoring, together with improved regular supervision.

In particular, management are prioritising the development of the Senior Heath Care Practitioner role to improve the understanding and delivery of high quality dementia care. Kerry also plans to improve the availability of more wide ranging activities for residents, whilst at the same time embedding activities across what all staff deliver. Restructuring and re-grading will help improve effectiveness. The involvement of senior staff in this process instils a sense of ownership and commitment to these developments.

Kerry told the team that staff supervision is not being undertaken consistently at the present time - hence plans to restructure the staff team. She is seeking to create new supervisory and management posts, with responsibility for staff supervision and development, thus enabling her to focus on other aspects of managing the home.

#### **Smoking**

Smoking is permitted at Apple Court and is restricted to designated outside areas. The visiting team noted that these spaces could benefit from a regular cleaning up of used cigarette ends, as there were cigarette butts outside the veranda and the closed area downstairs (no maintenance person seemed to be available to speak with).

#### Privacy, Dignity and Treating People as Individuals

The visiting team saw staff providing both personal care and support to residents; with some staff seen sitting and talking cheerfully with individuals. One visitor told the visiting team that they were very happy with the care that his wife received.

At no point did the team witness anything negative. On the contrary, residents were addressed on first name terms and staff seemed to be very knowledgeable and understanding of residents as individuals. Residents were well dressed, clean and there was an absence any unpleasant odours throughout the home.

In terms of the home's values, Kerry emphasised that responding to the needs of individuals in their care and supporting them fully was paramount. In support of this comment, Kerry cited an example from one gentleman's Care Plan: "He wants staff to be aware of his condition, but he's the professional as to his care and how it affects him". Person-centred care is what the home's new management are striving for.

Staff have been involved in the design of new, comprehensive care plans, which include some life story information. Resident's notes are gradually being transferred into this new format. The new care plans are being filled in manually and each one takes 2 hours to photocopy (perhaps more use of computer/electronic record keeping is needed). The aim is for each resident to have a copy of their care plan present in their room, helping to better facilitate person-centred care.

Additionally, Kerry has just ordered a life story book for each resident. These will be completed over time by staff, in consultation with residents and/or their carers and is a very positive therapy for residents.

The home was clean throughout and in the process of being refurbished. The ground floor units were almost completed and had been refurbished to a high standard.

The visiting team noted that the bedroom doors were now all the same and no longer marked out in different colours, with personal photographs on display. Kerry assured the team that that each door would soon be decorated with the resident's photographs; chosen by the resident themselves in order to be recognisable to them.

On balance, visiting team gained the impression that Kerry is encouraging a social, person-centred model of care at the home. To this end, Kerry is seeking to develop mixed units that accommodate people with both social and nursing care needs, based on compatibility, suitability and individual choice.

#### Safety

The visiting team noted that Apple Court has worked to develop a positive relationship with the Local Authority's Safeguarding team; who are contacted immediately if there are any concerns or incidents recorded. However, further safeguarding training is required at the home and staff need to clearly understand specialist topics such as DoLS, MCA and Best Interest Practice (including incidents/concerns recording).

The home is uncluttered and the team did not see any obvious trip hazards or other obstructions that could impede movement in the building. There is good access to local doctors and regular visits by district nurses.

#### **Encouraging Positive and Respectful Attitudes**

Relatives are encouraged to call in at any time. However, there are no regular relative/carer meetings at present, although meetings were called to consult with carers about the refurbishment. Kerry is promoting positive risk taking, as she found that the home operated in line with a protective and somewhat fixed medical centred model when she first took over management.

Although staff morale was low at the start of the takeover, Kerry found staff to be very caring in spite of this situation. The building itself is rented by Select Healthcare, but Kerry's bosses have been very supportive and already invested heavily in refurbishment and updating the home. Higher level management has supported Kerry to make progress with areas that need improvement within Apple Court.

The visiting team saw that staff were polite and respectful in their dealings with residents. Kerry tells them to: "Let the person you are supporting be your teacher, s/he is the professional here".

It was also encouraging to hear that Kerry plans to set up a Relative Forum in the near future, to better involve them in life at the home.

#### **Other Comments**

Overall, the visiting team were happy to see that all the staff they met during the visit were courteous, cheerful and helpful in their manner. Furthermore, staff and resident interactions were relaxed, warm and clearly demonstrated that a person centred approach has now been adopted at Apple Court. For instance, the team spoke with a gentleman visiting his wife, who had been in residence for a few months. The gentleman was happy with his wife's care and complimentary about the staff and Kerry in particular. A nice touch - Kerry stopped to talk with this couple and walk, arm in arm, with the resident down the corridor to the dining room.

It was also apparent that Kerry was taking an open and proactive approach to addressing the issues facing the home; by restructuring the staff, introducing better staff training and development processes, improving management and supervision practices and making sure that records are completed accurately and kept current; all of which will allow Kerry to more efficiently manage the home.

The team felt that Kerry has achieved a lot in her relatively short time at Apple Court. The management team have been instrumental in raising moral and turning things round and will be on track to perform better in future inspections, as well as live up to Healthcare Select Group's core values.

Some members of the visiting team felt that they would be quite happy for their relatives with dementia support needs to live at Apple Court. However, the team would recommend a number of service improvements, which are listed below.

# Recommendations

- 1. *Electronic Records:* It would be helpful to introduce more computers into the units, so that the care plans and other records can be maintained and printed electronically.
- 2. Maintenance of Outside Areas: the outside areas, e.g. the car park, need to be better maintained and the home could benefit from a review of current smoking arrangements to help potentially reduce litter.
- 3. Boost the Level of Available Entertainment and Activities: the team noted that there was a relatively small amount of entertainment and activities on offer at the home. Management should look to improve this aspect of life at the home and continue to increase opportunities for volunteers and relatives to help in this respect.

#### **Distribution List**

This report has been distributed to the following:

- Warrington Borough Council
- NHS Warrington Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)
- Healthwatch England

# **Appendices**

### Appendix A

Response from provider

Dear Esstta,

I would like to take this opportunity to thank you and your colleagues at Healthwatch Warrington for undertaking the enter and view visit to Apple Court. The report is positive and provided a snap shot of life at Apple Court on that day together, with a brief overview the work undertaken by the management team since your last visit to the home. The positive feedback that recognised the skilled and dedicated team of carers at Apple Court was very much appreciated and your 'first impressions' comments and recommendation on the areas you identified for improvement most welcome.

Kindest regards, Kerry

Kerry Fisher

Apple Court Manager



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