Enter & View Visit Report

Name of Service: Ashcroft Care Home

Service Address: 18 Lee Road, Hady, Chesterfield, S41 0BT

Date of Visit: 6th October 2017

WHAT IS ENTER AND VIEW? Healthwatch Derbyshire (HWD) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, near Belper, Derbyshire DE56 0RN Tel: 01773 880786.

1.Visit Details

Service Provider: Four Seasons Health Care

Time of Visit (From/To): 14:00 -16:00hrs

Authorised Representatives (ARs):

1. Barbara Arrandale
2. Keith Eaton

Healthwatch Responsible Officer: David Weinrabe (Enter & View Officer)
Tel: 01773 880786 or Mobile: 07399 526673

2. Description & Nature of Service

Ashcroft Care Home provides for people requiring specialist dementia care, and for residents who are physically frail and/or have complex health needs. The care team comprises of experienced registered nurses and care assistants. The home currently supports 30 residents but at the time of the visit one resident was in hospital.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement.

6.Strategic Drivers

During 2017/2018, Healthwatch Derbyshire invited local health and social care organisations to nominate services where an Enter & View was considered suitable and would benefit both the service and the provider and/or commissioner of that service. All nominations for Enter & View are scrutinised through the Healthwatch Derbyshire Intelligence, Insight and Action Group (IIA) to determine whether an Enter & View appears appropriate and justified.

Hardwick CCG nominated a range of care/nursing homes for Enter & View and this visit has been arranged as a consequence.

7. Introduction/Orientation to Service

On arrival ARs met the Unit Manager, Helen Baston, and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting where they were advised on any circumstances that they should be aware of and/or may reasonably restrict some aspects of their visit. These were outlined and acknowledged as being:

1. Due to the complexity of needs of all the residents we were advised that is was unlikely any residents would be able to engage in an interview
2. The interior re-decoration is ongoing but there were no decorators on-site during the visit.

ARs were advised of one resident identified as being 'most likely' to be able to be interviewed and he was, subsequently, interviewed briefly. An orientation tour was given and general introductions to residents and staff were made during the process.

8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

9. Summary of Key Findings

- The home and its staff were welcoming and friendly
- Many of the 29 residents were observed but due to their capacity only very limited 'interviews' were possible
- One relative was interviewed
- Four staff members interviewed
- Interior re-decoration is ongoing, including refurbishment of flooring to one of the bathrooms
- Hearing loop currently non-operational
- A high level of encouraged mobility of residents was evident.

10. Detailed Findings

10.1 Location, external appearance, ease of access, signage, parking

Ashcroft Care Home is situated about 10 minutes from Chesterfield town centre and located at the end of a short cul-de-sac at the back of a small housing estate. It has good access by bus or car and the local hospital is just a few minutes away. It is not signed from the main road and the 'naming board' is not viewed until almost upon it. The home is positioned down a steep hill and this is reported as being problematic for 'on foot' access as well as for vehicles during poor weather. There is limited onsite parking and this was mentioned by the relative interviewed as being the only 'concern' they have about the home.

The exterior is well maintained. The windows are in good condition. The, limited, external portico entrance is neat and presented with a seating area and planters.

10.2 Initial impressions (from a visitor's perspective on entering the home)

The interior vestibule is neat and well presented. Due to the small space of this

area there is no seating. However, there are seats in other locations throughout the building.

The signing-in book is obvious and, on being met, we were requested to 'sign in'. There are notice boards offering various information.

10.3 **Facilities for and involvement with family/friends**

There is no on-site kitchenette for family/friends to use. Staff routinely offer refreshments which are prepared in the kitchen by suitably qualified staff. There is a small, 'quiet' lounge on the first floor which is available for private conversation as required. Visiting times for family and friends are flexible.

10.4 Internal physical environment

10.4.1 **Décor, lighting, heating, furnishing & floor coverings**

At the beginning of the year a complete rearrangement of the lounge and dining rooms was undertaken. The lounges are now on the first floor and the dining room on the ground floor. Bedrooms are on both floors. The ongoing re-decoration will result in a completely different colour-code to each floor. This will assist the residents. The floor covering is hard laminate which is fresh and easy to clean whilst minimising trip hazards.

There are ample, suitable armchairs, footstools, dining tables and chairs all in good condition. The lighting is appropriate with the corridors being permanently lit but there is no facility to dim them. The bedrooms are fitted with LED lighting to the main light and further lighting is installed over the wash basin area. Bedrooms were of a good size, bright and well-furnished with the basic items needed for a bedroom and the expectation that residents would have familiar items from home to bring with them such as pictures, smaller items of furniture etc.

10.4.2 **Freshness, cleanliness/hygiene & cross infection measures**

The atmosphere is fresh and there is a high standard of cleanliness in evidence. Ventilation was good. There are hand gel dispensers but these are not generally in use due to the gel being a risk to residents if consumed. Bathrooms were well maintained and accessible. The flooring in one of the upstairs bathrooms was perfectly clean but looking tired and the home manager and one of the other carers interviewed stated that it was a priority for improvement.

10.4.3 **Suitability of design to meet needs of residents**

Being on two floors presents a challenge for the residents who lack mobility but the two lifts allow for ease of transfer from lounge to dining room and garden as necessary. However, all of the carers interviewed agreed that the general health and well-being of the residents had improved as a result of being required to move to a different floor for meals, activities sitting room etc.

Communal areas are arranged to maximise social activity and interaction. Residents appeared physically and socially comfortable in the lounge area. A resident interviewed said, ***"I enjoy sitting here reading my paper."***

The corridors are adequate for wheelchair access. The bathrooms and wet room are well designed and offer good space for their purpose. Toilets are easily accessible from bedrooms, dining room and lounge area. Toilets are wheelchair/walking frame friendly. Signage was clear and personalised for some bedrooms but not all. At this stage in the renovations/reorganisation, dementia friendly signage was not evident. Light switches are at a dado-rail height.

10.5 Staff support skills & interaction

10.5.1 **Staff appearance/presentation**

The staff were all neatly and appropriately dressed. There is clarity of role as defined by the uniforms. The chef, who delivered drinks and cakes to the residents during our visit, was appropriately attired.

10.5.2 **Affording dignity and respect**

All observed interactions between staff and residents were gentle and appropriate. Support, especially with drinking, was offered very kindly. When moving residents or attending to their needs staff were observed seeking consent and offering encouragement. There were both male and female staff on the care team.

10.5.3 **Calm, empathic approach to care giving**

The staff observed supporting residents did so with a calm, gentle approach as necessary with some humour and banter, with one gentleman in particular, being totally appropriate in his case.

10.5.4 **Attentiveness and pace of care giving**

We observed a gentle delivery of attention and support throughout our visit. A resident informed the ARs that, ***"They do all they can to help you."***

10.5.5 **Effective communications - alternative/augmentative systems and accessible information**

Staff interacted with residents in a suitable way ensuring that the resident needed and consented to support before being given it.

10.6 Residents' physical welfare

10.6.1 Appearance, dress & hygiene

The residents were all dressed appropriately. On enquiring of the relative visiting about laundry she reported that there was no problem with getting the right clothes back.

A local hairdresser visits weekly and had been in attendance on the morning of our visit. Some residents attend the salon, near the home, where the hairdresser works. The onsite salon, soon to be named the Pamper Room, provides a good facility. Staff use the salon to offer manicures to residents.

10.6.2 Nutrition/mealtimes & hydration

Breakfast is offered from 0800–1000. ARs were informed by a member of staff that one resident did not always attend the dining room for breakfast and had her meal in her room. A light lunch is served at 1215 with dinner, the main meal, being served at 1645. The menu is displayed on the board in the dining room. The relative interviewed reported the food was very good and her brother really enjoyed his meals, whilst a resident spoken to by ARs said that the food, ***"…is OK."***

Between lunch and dinner a tea trolley takes drinks, cake and fruit to the residents which was observed by ARs. After dinner a later drink and snack is offered. Alcohol is available and served to those who would like some on 'special occasions' e.g. Christmas. Some residents have a private supply of alcohol, which is labelled and managed by the staff, it is not in their personal possession.

At the time of our visit the tables were being laid for the evening meal. They looked very attractive and the dining area was a pleasant place in which to dine. A member of staff said that, ***'Residents seem to appreciate the dining experience most'***.

10.6.3 Support with general & specialist health needs

As Ashcroft is a nursing home there are qualified nurses and care home assistant practitioners on every shift.

A local GP attends weekly with all except one resident registered with this practice. The resident registered with another practice has their GP attend on request.

A chiropodist attends every few weeks. Eye care is delivered on site as required. Auditory care is delivered at the local hospital by appointment. When asked about whether he got help with health issues when he needed it a resident replied, ***"Always."***

10.6.4 Balance of activity & rest

A recently appointed activities coordinator informed ARs that she has noticed a marked improvement in the general demeanour of residents since the re-arrangement of the lounges and dining room. The activity coordinator reported that the residents are now more vocal and happier.

As indicated under 10.4.1, all residents now have to move between the floors at least three times a day to access meals and the lounges, consequently there is a significant increase in the amount of physical activity many are now undertaking. The manager reported that this has reduced the number of incidents of bed sores and, markedly, reduced the levels of stress-reactions.

10.6.5 **Ensuring comfort**

Residents were observed as being relaxed and comfortable, light levels are not easy to adjust but there was no glare or excessive light. The one TV was not over loud and could easily be avoided. The large lounge has furniture arranged in clusters of seating so the residents are in small groups where they can interact more easily if they want to. One resident who has been at the home resident for a few months told ARs, ***"It's very comfortable and they look after you well."***

With lounges now being located on the first floor, the 'green space' views from the windows is markedly improved. The ground floor views however are very limited due to the high fencing to the small rear garden.

10.6.6 **Maximising mobility & sensory capacities**

As indicated under 10.4.1 and 10.6.4 the redesign of the building has improved the need for residents to remain mobile. Several residents were observed walking with ease around the corridors and lounges.

The residents wearing glasses all seemed to have clean lenses and the ones wearing hearing aids had no issues reported. A decision not to use the hearing loop had been made due to residents having difficulty with it.

There are some attempts to stimulate the senses in the corridors e.g. a small planter with plastic gardening tools is placed so that residents can undertake some 'indoor' gardening which ARs witnessed during the visit.

10.7 Residents' social, emotional and cultural welfare

10.7.1 **Personalisation & personal possessions**

Residents are welcome to bring personal possessions to the home for their rooms. Many have photographs in their rooms and some residents also have these displayed on some of the corridors as images from their earlier lives. A member of staff explained to ARs that, ***"This often acts as a stimulus to enable residents to recall their earlier lives."***

10.7.2 **Choice, control & identity**

Some residents have keys to their rooms. All can choose how their room door is arranged at night ie open or closed. Some choose to keep a small light on overnight. All residents have their private money managed via the Personal Allowance Account system. One resident has a daily paper delivered and several have their own sweetie/snack boxes.

10.7.3 **Feeling safe and able to raise concerns/complaints**

The relative interviewed was confident that she, or any other family member, would feel able to raise any concerns and have them addressed. She felt that there was good communication between the home and the family members.

10.7.4 **Structured and unstructured activities/stimulation**

A recently appointed activities coordinator was on site during our visit. She explained to ARs that she provides a variety of activities including sensory activities all aimed to be best suited to the individual. Whilst the activities coordinator provides the programme of activities, all the staff interact to support the residents too. ARs provided information on the Dementia Friendly Screenings being offered by Chesterfield Borough Council and the manager is to investigate the possibility of some residents attending.

10.7.5 **Cultural, religious/spiritual needs**

Currently no arrangement is in place for any regular services etc. One resident has family members who do support their religious preferences, on site privately.

10.7.6 **Gardens - maintenance & design/suitability for use/enjoyment**

Access to the small rear garden is via the dining room. The garden area, is maintained by a handyman. There are several seating options and some raised flower beds. There is a plan to improve this outdoor space to add a BBQ so that outdoor dining can be offered and this is currently awaiting approval. External gates to the outdoor space were securely locked.

There is a small, smoking shelter, one resident is a smoker and makes use of this.

11. Additional Issues

11.1	**Comparisons with previous Healthwatch Visit(s) where applicable** **N/A**
11.2	**Comparisons with the most recent CQC report** *(completed by Enter & View Officer)* A preliminary CQC certificate is displayed in the entrance hall whilst the home awaits its full inspection following its initial registration in March 2017.
11.3	**Other observations/findings of note** None

12. Elements of Observed/Reported Good Practice

•	Welcoming and friendly atmosphere
•	Good relationships and interactions between staff and residents
•	Positive comments from visiting relative
•	Dedicated activities coordinator in post.

13. Recommendations

13.1	To consider the re-positioning of the home's external signage to make it more readily visible from a distance (10.1)
13.2	To advise what safety precautions are in place during snow/icy weather to ensure that residents, visitors and staff have safe access to the home (10.1)
13.3	To advise whether any self-managed refreshment facilities might be created for visiting relatives (10.3)
13.4	To consider whether the installation of dimmer switches in various locations may be of benefit to residents (10.4.1)
13.5	To confirm whether bedrooms are fully en-suite with shower and toilet facilities or only contain a wash basin (10.4.1)
13.6	To advise how hand hygiene for staff and residents (particularly pre-meal) is maintained (10.4.2)
13.7	To confirm when general re-decoration is due to complete the upstairs bathroom flooring replaced (10.4.2)
13.8	To advise of the plans to install dementia friendly signage and personalisation/appropriate identification for all bedroom doors (10.4.3)
13.9	To consider how the ground floor view of the garden can be improved by possible re-design of the fencing (10.6.5)
13.10	To review the need for an effective hearing loop system according to the needs of the residents (10.6.6)
13.11	To state whether the Chesterfield Dementia Friendly Screening services have been accessed or the activities opportunities broadened in other ways (10.7.4)
13.12	To ensure that the religious and spiritual needs are adequately met in accordance with residents and/or relatives wishes (10.7.5)
13.13	To confirm that the secured garden gates are not a health and safety evacuation hazard (10.7.6)
13.14	To advise of what indoor facilities are available to residents who may wish to smoke (10.7.6)

14. Service Provider Response

Recommendation	Actions	Target Date	Status
13.1 To consider the re-positioning of the home's external signage to make it more readily visible from a distance (10.1)	Unable to action this recommendation as this is not FSHC property. The question has been asked previously but the council refused	15.12.17	No action.
13.2 To advise what safety precautions are in place during snow/icy weather to ensure that residents,	FSHC has a business continuity plan which includes severe weather. Rock salt is available on site and is used to ensure safe access for staff, residents, and visitors	15.12.17	No further action.

visitors and staff have safe access to the home (10.1)			
13.3 To advise whether any self-managed refreshment facilities might be created for visiting relatives (10.3)	Ashcroft visitors do have access to cold drinks. In the past Ashcroft have had coffee machines that visitors could access, however, Ashcroft is an advanced nursing dementia home, and the resident enjoy exploring their environment. The water in these coffee machines is boiling and poses a greater risk of scolding the residents. The staff are more than happy to offer and provide drinks to the visitors.	15.12.17	No further actions.
13.4 To consider whether the installation of dimmer switches in various locations may be of benefit to residents (10.4.1)	The residents at Ashcroft are living with advanced dementia. The environment needs to have good lighting and colour contrast, to help the person's: navigation, orientation, mobility and to promote independence and involvement. Dimmer switches and low lighting would therefore not benefit residents.	15.12.17	No further action.
13.5 To confirm whether bedrooms are fully en-suite with shower and toilet facilities or only contain a wash basin (10.4.1)	Ashcroft has two bedrooms that are en-suite with a shower and toilet. One bedroom that has an en-suite toilet. The other bedrooms have a sink for washing.	15.12.17	No further action
13.6 To advise how hand hygiene for staff and residents (particularly pre-meal) is maintained (10.4.2)	There are hand gel stations outside the kitchen for the staff. Residents are encouraged to wash their hands when assisted to the toilet pre meals. We also have hand and face wipes accessible in the dining area for the staff to support residents to wash their hands pre and post meal.	15.12.17	will continue to monitor on dining audits and 'walk-arounds'.
13.7 To confirm when general re-decoration is due to complete the upstairs bathroom flooring replaced (10.4.2)	The decoration of the corridors are to be themed for easier access of residents to locate their bedrooms. This work is going to be commenced in the New Year. The bathroom flooring is tired and awaiting to be replaced. Work to commence in the New Year.	31.01.18	Pending
13.8 To advise of the plans to install dementia friendly signage and personalisation/appro	Dementia friendly signage is already on bedroom doors. However ideas to theme bedroom doors to corridor theme. For example the corridors will be themed as the four seasons with	28.02.18	Pending

priate identification for all bedroom doors (10.4.3)	the ideas of naming the bedrooms to match those seasons ie spring flowers for the spring corridor.		
13.9 To consider how the ground floor view of the garden can be improved by possible re-design of the fencing (10.6.5)	The fencing is to prevent cows from the farmer's field coming onto the property. However we could consider painting the fence or possibly putting trellises with flowers.	Spring/ Summer 2018	Pending
13.10 To review the need for an effective hearing loop system according to the needs of the residents (10.6.6)	Emailed IT for further advice. We do have a system at Ashcroft.	31.01.18	Pending
13.11 To state whether the Chesterfield Dementia Friendly Screening services have been accessed or the activities opportunities broadened in other ways (10.7.4)	Email sent to Wendy Blunt for further information. We have developed community links with Tescos to promote independence so residents can do their own shopping. We have minibuses in the region that we have access to. In the warmer months coffee shops, parks, garden centres are visited.		Pending
13.12 To ensure that the religious and spiritual needs are adequately met in accordance with residents and/or relatives wishes (10.7.5)	• Local church choir that come in to the home and sing group traditional hymns with our residents, which they appear to enjoy. • Activities co-ordinator to keep a list of all residents spiritual/religious beliefs. • To ensure in my choices that these beliefs are identified, and discuss with families and residents of how we can maintain these. • A list of residents who do not wish to engage in any religious or spiritual beliefs to be kept to ensure they do not get offended or upset.	31.01.18	No further action
13.13 To confirm that the secured garden gates are not a health and safety evacuation hazard (10.7.6)	The fire escapes are not blocked by these gates. They are before them		No further action
13.14 To advise of what indoor facilities	The overriding legislation is the Regulatory Reform (Fire Safety) Order		Completed.

are available to residents who may wish to smoke (10.7.6)	2005, which obviously dictates that we have to consider the fire risk associated with smoking. Specifically for smoking is the "Health Act 2006 - Smoke-free (Premises and Enforcement) Regulations 2006" which prohibits smoking inside a public building. For our business, the regulations allows the owner of the premises the flexibility to have specific smoking rooms since it is a person's place of Residence (Hotels have the same flexibility). However as we have to consider the risks associated with smoking, not only to the smoker but also to the other Residents (Health and Safety at Work Act dictates that we have to consider the risk to all persons on our premises and affected by our undertakings), FSHC Policy is to restrict smoking to designated external areas only.		