

# ENTER AND VIEW

## Unannounced Visit

*Atholl House*

*12<sup>th</sup> March 2018*



Part of the Healthwatch Wolverhampton remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The local Authority Safeguarding team will also be informed.

## **Atholl House**

Service Address:, Atholl House Medical Nursing Home, 98-100 Richmond Road  
Wolverhampton, West Midlands, WV3 9JJ

Manager Name: Nicola Morgan

## **Acknowledgements**

Healthwatch Wolverhampton would like to thank the Registered Manager, Senior Care Assistant, all other staff, the residents and relatives for their co-operation during the visit.

## **Disclaimer**

Please note that this report relates to findings observed during our visit made on Monday 12<sup>th</sup> March 2018. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.

## **Authorised Representatives**

Tracy Cresswell (Lead)  
Raj Sandhu  
Mary Brannac  
Pat Roberts (Observer)  
Tracy Jackson (Observer)

## **Who we share the report with**

This report and its findings will be shared with, Atholl House Medical Nursing Home Care Quality Commission (CQC), Local Authority, Clinical Commissioning Group (CCG), Councillors and the report will be published on the Healthwatch Wolverhampton website.

## Summary

We carried out an unannounced Enter & View visit to the home responding to information received whilst attending various stakeholder meetings. On arrival we were greeted by the manager, we explained the purpose of the visit. The manager was aware of Healthwatch as they had received a visit earlier on in the year from the team explaining the role of Healthwatch.

## Key Findings - Enter & View Visit 12<sup>th</sup> March 2018

- We saw members of staff involving residents with duties and activities.
- The home has a pay phone and Wi-Fi for residents to access.
- The home was odour and clutter free and had a peaceful environment.

## Background

In 2016, Atholl House accommodated 58 people with personal and nursing care, this ranged from short term to long term and palliative and end of life care. Approximately 18 months ago the number was increased to 84, at the time of our visit there were 60 residents with the home.

## What we did

Three Authorised Representatives and two observing representatives visited Atholl House Medical Nursing Home between 2.00pm and 3.30pm in March 2018. On arrival we were greeted by the manager.

The lead spent time with the manager asking relevant questions, the Authorised Representatives and observers carried out observations throughout the home, talking to residents, relatives and staff.

## Findings:

### Environment:

*Time was spent observing the general environment of the home as well as spending time in different rooms i.e. lounge, dining room, quiet room.*

The home is well signposted and situated on a main road, there is a well tarmacked car park with ample spaces and disabled bay, roadside parking also available. The entrance was inviting with well-kept planters on each side, access was gained using a buzzer system.

The home is a three-story building with a lift. Some of the bedrooms have en-suite facilities.

The home is split into 3 wings, B, C and D. B wings are mainly for the residents that require general nursing, C wing is split into 2 sections, with 1 section being used for Elderly Mental Ill (EMI) residents where there are currently 3 residents, and the other part of the section accommodates 17 residents for general nursing, and the last wing the D wing accommodates less complex and more mobile residents.

The reception area was resourced with various certificates, rules and regulations, and an information board displaying news and activities. There is a receptionist behind a desk to welcome and direct people, however we were not directed to sign in book or use the hand gel. The group however all completed these. There is a waiting area for guests which is welcoming and has a high standard of decoration.

The corridors had pictures mounted on the walls showing residents participating in activities which created a memorable feel, there is also a tree displaying thank you cards and well wishes.

We carried out observations within the dining areas, lounges and found these rooms to be odour and clutter free. Tables in the dining areas and the garden room had fresh flowers on the tables, there was a piano and nostalgia reminders such as old tins.

The garden is well maintained with bird feeders, sparkler twizzles which are good for patient entertainment, good quality garden furniture with sun umbrellas for shelter, flat paving, sliding door access to garden lounge for residents and guests the rear garden looked well maintained and is accessible through a side door which is kept locked.

We were told work is being carried out to the exterior of the building which involves extension of the care home.

Each floor can be accessed using the stairs and lift which leads to a corridor, each area has a nurse station but on walking around not much signage to inform directions can be found ie exit, this way to day room.

There is a telephone for residents to use and access to Wi-Fi.

## **Interaction between residents and staff**

### ***We observed how staff interacted with residents***

During our visit we saw staff engage with residents with compassion and care, also engaging with residents in the lounge/day room where the radio was playing.

There appeared to be a good range of activities on offer although there were none on the day we visited.

One resident has been in the home for quite some time and is very happy and told us he “loved living here the staff are beautiful, I’m very happy I am able to join in with activities I like the bingo. Sometimes I sit in the day room but can stay in my own room also, my family can come whenever they want”

Privacy and dignity was observed whereby staff had gone in to assist a resident and closed the door for privacy.

In areas B and C, there was a total of 5 residents who were sitting in the lounge at 3pm in the afternoon, all other residents were in their rooms. No activities were observed during the visit.

## **Relatives**

During our visit we met with relatives of residents within the home.

Resident 1 - *“love living here the staff are beautiful, I’m very happy I am able to join in with activities I like the bingo. Sometimes I sit in the day room but can stay in my own room also, my family can come whenever they want”*

Resident 2- *“lived here for a while my GP comes to see me the staff are great and help me lots we have set meal times and there is two choices but I’m not always keen on the choices so I ask for alternatives. I am able to go shopping when I want I just ask someone to take me”.*

Relatives visiting in the day room *“they are able to come and see their relative when they want up to 9pm, their relative was very poorly last week and they*

*were able to stay over the staff where very helpful and supportive both of them and the residents. In the day room they are able to make themselves a drink”.*

A husband and son of a resident who was palliative care and had been in the home for a few years, were delighted with her care, the son said “*they would recommend this place to anyone, on Valentines day when the staff had managed to get her into a chair when they visited*”, her husband expressed that he refused for her to be removed from Athol House as “*he is happy with the care his wife is receiving*”.

## **Staff**

***We were given information on staff.***

There had been a new clinical manager join in November 2017 who had introduced a lot of changes very quickly since coming into the home, however the staff felt that they were having changes done to them rather than being engaged with the changes.

The staff capacity within the home has 92 core staff comprising of administration, registered nurses, senior care assistants, health care assistants, domestic and an entertainment co-ordinator. They work on a ratio of 1-4 providing more staff to the needs of the residents, on some occasions they use an agency if required.

All staff wear a uniform with different colours for the roles they lead, however it may be useful to have a notice board illustrating the staff on the notice board. There were a few staff including a supervisor who were seen not wearing their name badges, however this was an oversight on their part on this particular day.

Staff are offered all mandatory training which the manager of the home oversees they are all up to date. There were currently 75% of staff trained to all mandatory training. Staff do not receive training on confidentiality, however they do sign a disclaimer confidentiality statement.

The procedure for recruitment is written references and all DBS checks are verified. The relevant documentation is checked.

Documentation and care activity is recorded via a hand-held gadget using a system called “Nourish” this is a live system and can be viewed by the necessary staff on duty, care plans are updated “as and when required” and reviewed by the staff. This was introduced by the clinical manager back in November 2017, however the staff were not engaged in the change. Not all of the care plans are uploaded onto the device, staff still have to manually input residents body map and end of life care in their care plans.

If there is an issue with the internet and the hand-held gadgets stop working, all staff resort back to manually inputting into the care plans. There was a question around duplication of notes, the manager assured us that this would not happen.

One of the Health care assistants told us “they monitor the residents and record any care ie comfort rounds, personal care, fluid balance etc on their mobile device which is live and updates to the system straight away”, she tells us this is a much better system than paperwork they used to have

## **Food and Choice**

*We asked a number of questions around food choice.*

Breakfast is served between 8.30am and 10:00am, lunch is between 12.15pm to 1.30pm and tea-time is 15:45pm to 18.30pm. Snacks are also served later in the evening. A choice of two options are given to residents from the menu, but they can ask for something else should they not like what is on offer. They can accommodate residents with dietary requirements and assist residents with feeding if required.

Food is served in the dining areas, but residents can also eat in their rooms should they wish.

In one of the dining areas relatives were observed feeding one of the residents.

Hot drinks are offered to residents with services available should they wish to make themselves one, visitors can also use this facility.

## **Recreational Activities**

*We wanted to understand what activities are available for the residents.*

The notice boards were well organized and there were pictures of the latest activities eg: valentine’s and Mother’s Day.

A planned trip to the Cinema has been arranged to see the new Churchill film for anyone to attend.

Lots of activities were held in the social rooms where residents were encouraged to attend.

## **Privacy and Dignity**

*We wanted to understand the different ways the home sought to provide both privacy and dignity to residents.*

Residents are accompanied should they wish to go outside shopping etc they can also go out on planned visits to the cinema. They can also step outside in the garden on their own or supported if they wish.

The pharmacy provides medication to the home and is administered by the clinical leads for the home along with senior health assistant staff who are trained to administer medication. This was introduced by the Clinical Manager that senior care assistants can administer medication and he would oversee their clinical supervision. Medication is checked by members of staff from the homes and pharmacy, any old stock is removed. The home uses the one supplier only.

The home tries to keep the residents with their own GP, however if this is not the case, the home use Dr Richardson, Thornley Street Practice.

For residents who are hard of hearing or use Basic Sign Language (BSL) the staff use visual cards to communicate with them. For residents who use hearing aids, these are maintained by Audiology at West Park Hospital.

Each resident has a care plan. Resident's bedrooms are personalised to their own needs. The home accommodates residents bringing their own furniture.

Residents who wish to stay in their room are checked depending on their needs.

## **Comments and Further Observations**

On the whole, the home displayed a very good impression in terms of environment and atmosphere.

During our visit we found members of staff willing to respond to any queries we raised. The residents looked happy and settled within the home.

We were told the home had not made any safeguarding referrals recently

We suggested that perhaps a backwash basin would be more appropriate for the residents in the hair salon.

The home appears to be in the process of refurbishment in some areas, work is taking place on the exterior of the building too.

From our visit we had noted some areas for improvement and fed back to the Manager.



## Recommendations and Follow - Up Action

Ensure all visitors are guided to sign in and use hand gel on entrance to the home

For ease of navigation for visitors and relatives the home introduces signage on the doors and landings.

Staff should all be wearing name badges; a staff board could perhaps display the roles of the multidisciplinary team as there is various colours of uniform.

In one of the residents room in B Wing there was an electric fan running with the safety guard removed, the fan also had sharp edges on the pedestal feet, this was to be removed straight away as it was potential hazard.

Dining room has a few broken cupboards and drawers in the units that need replacing and hinge repairs.

Stacked boxes in corridor on C wing of the building need removing as they may be a hazard.

A few residents rooms appeared overcrowded with their belongings which could impede the cleaning processes and infection prevention.

Engage staff with any changes that are taking place in the home.

Think about introducing confidentiality training to all staff.

Assurance needs to be provided of how medication access and administered is being overseen in a clinically safe manner.

## Provider Feedback

Actions following visit:

- All visitors are asked to use hand gel on entrance and exiting the home. Visitors are asked to confirm the use of hand gel in the visitors signing in and out book.
- Signage is in place on stairwells and above doors on corridors. We recognize that the signage isn't at eye level and will be introducing some additional signage around the home.

- We are introducing a colour code chart for visitors to identify staff positions by the colour of uniform they are wearing. Observations will take place on an ongoing basis to address staff not wearing name badges. A memo has also been sent out to give staff opportunity to request a new name badge.
- The fan with safety guard removed: The fan was the resident's property we encouraged the resident to dispose of the fan immediately and supplied the resident with a replacement fan. The room was overcrowded due to the resident moving home, and was in the process of sorting through belongings with the support of his son.
- Broken Cupboards/drawers have now been repaired and will be monitored via observations with an environmental audit.
- We encourage Residents not to overcrowd rooms and will address any potential hazards with residents and families explaining potential risks.
- Staff are kept informed of any changes via the Nourish system. Alerts will show when staff log on to system to show pending communication messages.
- Confidentiality disclaimers are signed off on at point of induction with all staff. Confidentiality Training has been added to the Training Matrix for staff to complete as part of induction process.

