

Enter And View

Acorn Retirement Home
Carried out 26th November 2018



**Local voices
improving local
health and social care**



Healthwatch Walsall is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and will make sure that the views of the public and people who use services are considered.

At a local level, Health watch Walsall will work to help people get the best out of the health and social care services in their area; whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of their services - not just people for who use them, but for anyone who might need them in the future.

Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall 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 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 Walsall 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 Walsall safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.



Provider Details

Name: Acorn Retirement Home
Address: 102 Birmingham Road
Walsall
WS1 2NJ
Service Type: Residential Care
Home Capacity: Licensed to 18 in 14 single & 2 double rooms
Date of Visit: 27th November 2018

Acorn retirement home is owned by Mr & Mrs L Davies.

The last CQC inspection was 20 June 2018 and report published 9 November 2018.

The report stated that the home requires improvement in 2 out of 5 measures, (effective & well led) and good in 3, (caring, safe & responsive). Please follow link below to access the full CQC report.

<https://www.cqc.org.uk/location/1-143096126/inspection-summary>

Authorised Representatives

Name: **Ross Nicklin**

Role: Lead Authorised Representative.

Name: **Richard Jolly**

Role: Volunteer/Authorised Representative.

Name: **Lynne Fenton**

Role: Healthwatch Insight Senior Lead Advocate

Name: **Tom Collins**

Role: Engagement and Information Lead and Authorised Representative.

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents.
- To listen to, observe and capture the experiences of service delivery from the residents and relatives.
- We carried out the visit at the request of Adult Safeguarding Walsall CCG.

Physical Environment

External

The building is well signposted.

There is limited car parking at the front of the building. CCTV is not installed.

There is a well-kept garden to the rear of the building which can be accessed through the main communal room and in some cases residents' bedrooms.

There is a patio area and a large lawned area with an arbor and varied planting.

Internal

Entrance to the interior from the lobby is accessed via buzzer. Visitors are requested to sign in using a visitor's book.

Consideration could be given to providing a tear off visitor/contractor signing in book which includes individual authorisation to be on site, imparts the relevant fire, health & safety information and meets legislative requirements. Such signing in books are readily available at minimal cost.

The reception area notice board displayed the latest CQC report, the certificate of registration and employer's liability insurance. We did not see the complaints policy or fire safety procedures displayed.

The central lobby accesses the main staircase and all other ground floor areas. This includes a bespoke dining room and communal room. The kitchen connects directly to the communal lounge which faces the garden.

The ground floor resident rooms are accessible from the lobby. In addition, there is a downstairs shower room and one other stairwell & lift. There wasn't a hoist in the shower room, but we were told by management that the home uses a portable one.

We did not interview any residents in their rooms but did view a typical interior. It appeared clean and well-appointed with en-suite WC and bath, (12 rooms have this facility).

Generally, the corridors were clear, however there are staff lockers between the dining room and kitchen and bags had been left on the floor which could present a trip hazard for residents.

In the main lounge area there was a TV, which some residents were watching at the time of our visit. There is also a locked workstation within the lounge where records are kept. The resident seating is arranged to facilitate communal interaction.

Most of the soft furnishings appeared to be in good condition and clean, although some did appear dated.

The décor in general was adequate but perhaps could benefit from updating at some point. We could not detect any bad odours in the home.

Fire exits are accessible. There are a number of hand sanitisers located throughout.

We saw some memorabilia on display on the ground floor, but little that could be used to stimulate interaction of residents.

Resident Numbers

At the time of our visit 12. Though capacity is 18.

Agency Usage

We were told that neither agency or bank staff are used. There are presently no staff vacancies.

Staff Numbers

24 total.

We were told that staff take on differing responsibilities. However, carers on duty are typically arranged as follows; -

6 morning

5 afternoon

3 evening

2 night

Resident Experiences and Observations

Healthwatch visits are linked to the 8 principles of care:

- Essential services.
- Access.
- A safe, dignified quality service.
- Information and education.
- Choice.
- Being listened to.
- Being involved.
- A healthy environment.

We spoke to 4 residents about their experiences and observations.

All of the residents we spoke to gave mostly positive feedback regarding their experience of the care provided by the home.

They told us that they were able to access treatments such as a GP or an optician, independently or with the help of a staff member.

They also told us they felt they were treated fairly and without discrimination when accessing these services.

The residents we spoke to felt safe and well cared for. Staff respected their dignity and privacy.

They were happy with the standard of meals provided; **although one resident told us they weren't sure about the menu.** However, they did know they could request something different if they wished.

We were also told that residents felt that they had a choice in personal attire and the time they went to bed at night.

The residents' needs appeared to be met by the care they were receiving and mostly told us that any concerns and views were listened to.

One resident told us that they weren't sure if resident meetings were held but felt they could make known their own personal views.

However, another resident told us that there weren't any resident meetings and therefore felt they weren't listened to.

The residents we spoke to looked to be well cared for in terms of appearance.

One resident told us that a number of residents were showered on specific days, although they also told us they could also have one when they wanted one. The bathrooms only have baths and therefore would require staff to assist residents. This suggests that a regimen is in place to shower residents to suit staffing rather than resident needs.

We queried this with management and were told that this is not the case and showering is typically once a week.

The residents we spoke to were praiseworthy of the staff and that they felt safe & happy in the home. We saw staff interacting with the residents in the communal lounge. One resident told us that all the staff were very nice.

There were mixed responses regarding activities. One resident told us that activities are planned for them to get involved in, for example; visiting a local shop with a staff member, **whilst another stated that they didn't do any activities and were not involved.**

Another told us they knew how to make a complaint if necessary.

Whilst one resident told us they were involved in their own individual care plan another told us they were not.

Overall, all of the residents felt happy in the home.

Family and Carer Experiences and Observations

We were able to speak to two relatives on the day of our visit. They gave mostly positive feedback of the home. They felt that their relative was well cared for. They also felt that they can visit at any time and always felt welcome.

In addition, they are kept informed by staff and management regarding the care of the resident with one relative telling us that the care plan had been discussed with them. Any episodes in the resident's care were communicated to the family.

One relative told us that food and hydration was good and that activities were provided such as a garden party for a royal celebration.

Another relative told us they felt there could be staff shortages at times. However, they also felt the staff were accessible. The same relative commented that some of the bed linen now looked a little worn.

Overall the relatives were happy with the level of care provided.

Activities

There isn't a dedicated activities coordinator at the home. Activities are organised by management.

We did not see an activities agenda and were told by management that a more direct approach is taken with residents. For example, doing the crossword together. However, it is also clear that more formalised activities such as garden parties are organised.

Whilst there is some memorabilia used in decoration around the home there **does not appear to be a great level of dedicated activities designed to provide sensory stimulation for individual residents.**

Whilst most of the residents we spoke to were aware of activities provided they seemed not to participate greatly.

We were told that a priest comes in once a month for a service as there are residents with religious needs.

Catering Services

The home has a food hygiene rating of 5 which is very good.

We were told that residents are offered a choice of menu which is set on a weekly basis. Typically, this entails as follows; -

- Breakfast - cereals, toast.
- Lunch - two hot alternatives & pudding.
- Tea - fresh fruit, assorted sandwiches, hot soup.
- Snacks are also available.

We were told that any individual resident requirements can be made up if requested and residents have an input into the menu.

Special dietary needs are catered for, such as allergies, vegetarian and cultural requirements. There are currently 2 diabetic residents and they are on low sugar options. In addition, puréed meals are served for those residents' requiring such.

We were told that residents are happy with the variety and quality of the meals provided. The kitchen although old looked to be well equipped and food was adequately stored and labelled.

Management informed us that weight and hydration are monitored and residents are weighed every two months.

Staff are on hand to assist residents and user friendly utensils are available to help eating.

Staff Experiences and Observations

We were able to speak to 3 staff members, including the home manager and chef.

We were told by staff that there is a good level of teamwork in the home and that they felt adequately trained to carry out their roles.

Management told us that staff are encouraged to acquire new skills through additional training such as mandatory updates, DOLS, mental capacity and safeguarding updates.

Management told us there is a training matrix and training is usually carried out in house or externally for mandatory updates.

The home also uses Redcrier Training Solutions.

On the day of our visit we saw staff members supporting and interacting with residents in the communal area.

We did not observe lifting equipment being used at the time of our visit.

One staff member told us that knowledge of resident preferences and histories was reliant on good communication between colleagues and the relevant documented care plans/handover books.

We were told that changes to resident needs and preferences are reported to management and recorded.

Management told us they operate an open-door policy. They are also visible and known to residents and take a hands-on approach within the home.

Recruitment is built around skill set, references and DBS/ identity checks.

A Quality Management System is in place and the manager and another are responsible for its monitoring and audits.

We were told that complaints are recorded and followed through to conclusion and communicated accordingly.

Medication is secured and controlled by designated staff. It is administered as prescribed and is signed off prior.

Management told us that care plans are developed once a potential new resident has a day visit to the home. Care plans are updated monthly on average.

Summary, Comments and Further Observations

Overall at the time of our visit the feedback received was mostly positive and the staff are striving to provide a good standard of care.

Residents seem happy and well cared for and staff seem to be adequately trained.

Management are keen to provide a home from home experience for residents which affords a comfortable environment.

However, feedback suggests that more could be done to adequately engage residents in activities which are more stimulatory based and more of a person-centred experience.

Facilities whilst dated are clean and comfortable and food standards are good. However, bathrooms are in need of update.

We thank the residents, relatives, staff, management and owners for their cooperation and contributions during our visit.

Recommendations and Follow Up Action

- Review the provision of a dedicated activities co-ordinator, (even part time), to ensure sensory stimulation and engagement for all residents.
- Review bathing arrangements to ensure individual resident preferences are respected at all times.
- Review bathroom refurbishment to wet rooms to facilitate ease of use by residents.
- Consider implementing more robust signing in documentation.
- Ensure all residents / relatives are aware of individual details of care plans.
- Consider updating infrastructure to include better storage for staff.

Provider Feedback

The provider was sent a draft report to; correct, amend or to comment on. Healthwatch Walsall did not receive a response.

If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 “Experience Exchange”. Whether it’s a “compliment, concern or complaint”.

Use our web link or QR Code below.



Web link: <http://x2.healthwatchwalsall.co.uk/>



DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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