



Enter & View Report

Ashton Care Home

December 2018

Report Details

Details of visit

Service Address	The Ashton Care Home, John Street, Hinckley, LE10 1UY
Service Provider	Hinckley Care Limited
Date and Time	19 December 2018
Authorised Representatives undertaking the visit	Kim Marshall Nichols Chris Bosely

Acknowledgements

Healthwatch Leicester and Leicestershire would like to thank the service provider, residents and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our 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.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester and Leicestershire.



Purpose of visit

Healthwatch and Independent Age, a national charity, have developed a set of eight Quality Indicators for care homes, listed below.

We were interested especially in indicators 4,5 and 6 of these quality indicators, which are in bold:

A good care home should

1. have strong, visible management.
2. have staff with time and skills to do their jobs.
3. have good knowledge of each individual resident, their needs and how their needs may be changing.
4. **offer a varied programme of activities.**
5. **offer quality, choice and flexibility around food and mealtimes.**
6. **ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.**
7. accommodate residents personal, cultural and lifestyle needs.
8. be an open environment where feedback is actively sought and used.

For further information: www.independentage.org/policy-and-research/our-8-care-home-quality-indicators

Methodology

Our Authorised Representatives (volunteers who have undergone specialist training and are DBS checked)

- attend and make observations.
- where possible, talk to residents about aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- where possible, talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- speak to staff about training, turnover, support and staff levels.
- observe interactions between residents, staff, manager and visitors

Findings

The following information is from the Home's website:

Registered Care Categories*: Dementia • Old Age • Physical Disability

Specialist Care Categories: Alzheimer's

Admission Information: Ages 60+.

Single Rooms: 72

Rooms with en-suite WC: 72

Facilities & Services: Day Care • Respite Care • Convalescent Care • Near Public Transport • Lift • Wheelchair access • Gardens for residents • Television point in own room • Residents Internet Access

Resident information on the date of the visit:

One floor residential, 1st floor dementia, 3rd floor nursing

Number of residents when we visited was 65, two residents were in hospital.

Staff Numbers:

In addition to the manager we were told there are:

5 nurses on duty - one Clinical Lead 40 hrs a week

2 activity coordinators (one for each shift)

Minimum of 35 carers - 6 domestics per shift,

3 maintenance staff

2 administrators

5 Catering staff

We were told they do not use agency staff, they use off-duty staff.

External Environment

The building is about 4 years old, with a small garden area, with healthy looking plants and several benches.

There are automatic doors to reception, secure doors to the residential areas.

Internal Environment & Facilities

Corridors wide and uncluttered, with exceptionally clean Reception and communal areas. Furniture in the communal areas was laid out in to enable social interaction. The chairs all looked good and comfortable. The environment was smart with pictures on wall throughout, Christmas trees in communal areas and a 'Cafeteria'.

There is a Memory room with 1950s and 1960s style furniture, ornaments etc

Individual rooms were tidy, personalised, quite large with ensuite. All furniture was in very good condition.

There was a visitor's book on the reception desk, which indicated a range of visitors, including family.

Residents

We spoke to several residents who were alert and indicated that they were happy, their appearance was good, well groomed. Residents all have their own clothes and wardrobes.

We spoke to several visitors - relatives and carers who said that their relative (the resident) had settled in easily, that they (the relative) were made to feel welcome and were able to attend relative's meetings.

Staff Training

We were shown the staff training matrix. There is some on-line (e.g. care staff asked to complete 10-hour course prior to starting, time paid for if they stay). Some training is delivered by external agencies and local college, for example infection control. Some is delivered internal such as patient handling and lifting; medication.

Some specialist training is provided when a new resident has a specific medical condition.

Two staff members are qualified trainers and there is a training room on the top floor.

Activities

There appeared to be a very varied programme of activities. Musicians and singers visit. A keyboard, concertina and karaoke machine available in one room. There is a cinema room with collection of videos and large screen. Regular practical/craft activities are provided, such as 'knit & natter' sessions. Families are invited to entertainment events (for example, a visit by a brass band).

There is a gardening club, hand massage, evening entertainment - outside trips and people coming in. The home has also involved a local nursery in joint activities. We were told that staff are working with relatives to compile individual play lists for dementia residents.

There was evidence of trips in the minibus, to a garden centre with pets, church nativity play, for shopping, etc.

National celebrations. Families use the memory room for birthday get together.

When we visited one of the residents was enjoying a craft activity (poster making) that was contributing to the home.

On the dementia floor we saw a ToverTaffel 'Living Table' interactive projector, which several residents were engaged in.

We witnessed staff being supportive to residents during activities and meals.

Staff presence was obvious, interactions We saw staff going into residents' rooms and caring for residents, assisting them to sit up, and talking with them.

Access to Healthcare

residents are encouraged to register with one local surgery, but some keep with their existing GP.

We were told that:

- GPs visit as and when necessary
- That the home try to provide transport for GP or hospital visits when the family
- that a member of staff will accompany a resident to a GP visit when family is not able to
- Chiropodists and opticians visit.

We looked at whether the home offers quality, choice and flexibility around food and mealtimes

There is a three-week menu, with two options, the kitchen has a Five Star rating for hygiene from the local authority.

We were told by staff that all residents have the same meal. Residents are told in the morning what the meals are. They can then request alternatives. One resident confirmed this.

Dietary needs

We asked whether there were any special dietary needs and were told that no current residents have religious or vegetarian food needs by the catering staff.

Staff were available during the meal. But we did not witness anyone needing assistance.

We asked about nutrition and hydration monitoring and were told that a member of staff on each floor has responsibility for this and a record is kept on a form which is then fed to the electronic record. Detailed records are made of some residents if they are using a catheter.

We asked whether food choices and nutrition monitoring vary from resident to resident and were told that some residents are specific monitored, particularly on the nursing floor.

Resident Feedback

The residents appeared to be well looked after, there is a hairdressing salon, we were told that foot and nailcare is attended to regularly.

With regard to taking the residents' religious preferences into account, we were told by staff that there are no residents with religions over than Christian. Services in the home were lead by local church pastor.

Relatives & Carers

We spoke to two relatives, who told us they were made to feel welcome in the home, could visit at any time, that they could have one to one chats with the manager when needed. We were told that there are regular relatives' meetings, with separate meetings for each of the floors.

We asked relatives we spoke to "Can you sit and chat in the resident's room?" and they said yes, and in other rooms, such as the memory room.

One daughter of a resident felt the home was very person-centred and their health is monitored well.

Recommendations

The care home has some features which can be considered good practice. With permission we would like to share these:

- The home is open to family members at all times
- A broad range of activities and entertainment is offered and facilitated, including on the dementia floor
- Communal areas were attractive and well used.

Service provider response

The report was agreed with the Service Provider as factually accurate. They have provided the following responses to the report:

Thanks for the review, we were pleased with the outcome of the report, we have no amendments to make.

Distribution

The report is to be distributed to the following:

Ashton Care Home

Care Quality Commission (CQC)

Leicester City Council

Leicestershire County Council (LCC)

Leicester City Clinical Commissioning Group (LCCCG)

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)

West Leicestershire Clinical Commissioning Group (WLCCG)

NHS England (Leicestershire and Lincolnshire) Local Area Team

Healthwatch England and the local Healthwatch Network

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