healthwatch Staffordshire

Enter & View

Report

Amber House Residential Home

9th October 2019

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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire 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 Staffordshire 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 Staffordshire 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: Amber House Residential Home

Provider: Mr. & Mrs. M. Shaw

Address: 7-8 Needwood Street, Burton upon Trent, Staffordshire, DE14 2EN

Service Type: Residential Home

Date of Visit: 9th October 2019

Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire.

Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

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

The methodology to be used is to;

- Talk to residents about all 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.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- 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 staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

The home comprises two large semi-detached Victorian villas, which have been linked internally, and have several later extensions to the rear.

There is a large name board over the front door. A sign to the car park down the side of building is small, high up and not immediately obvious. (We did not enquire but noted that the home is in a Conservation Area, which might impose restraints on signage).

There is no external CCTV.

The back of the property is divided into car park and garden, with the bins in the car park area, away from areas accessed by residents. The clinical waste bin was found locked; it is also secured to a wall by steel rope with a key-coded tie.

The garden area is paved, with seating, parasol, and raised flowerbed. There is no lock or restraint on the gate from garden to car park, but we were told that residents (including any smokers) are always accompanied in the garden by staff or visitors. Access to a further garden area awaiting renovation was robustly blocked.

Internal

Access to the front door is by bell. Egress is by key code, with the code printed on a notice inside. There is no internal CCTV.

There was a signing in book at reception, together with fire notices and a building regulations compliance notice. The current CQC registration certificate was seen in a nearby lobby, along with other certificates, some of which appeared to be out of date.

No odours were detected.

The home’s décor appeared satisfactory, if somewhat plain and functional, with much off-white paint and woodchip wallpaper. We noticed that the bottoms of many doors had scratch marks. There were some artworks on walls, but we did not see any obviously relating to the local area or subjects that might prompt reminiscence. All carpets and floor coverings looked to be in good condition.

The main residents’ lounge comprises two linked areas. A television was on in one part, but it was not intrusive.

The dining area is also in two linked parts, with adequate space. We were told that residents are encouraged to dine together and generally do so.

A separate multipurpose room is used for some activities, and as a private space for residents to talk to with visitors. It is also used by health professionals when they visit.

All hard and soft furnishings looked to be in good condition.

We saw the laundry room – all washing is done in-house. There was no lock or restraint on the door from the dining area directly into the laundry room (from which a further door leads out to the car park and ultimately the street). We commented on this, though no hazardous substances were on view in the laundry and we were not told of any adverse incidents. The two waking night staff do laundry and cleaning when not attending to or checking on residents.

There are some bedrooms on the ground floor. A lift rises to most of the first-floor bedrooms; the lift does not have any access restrictions. A stairlift is used to reach a few first-floor rooms not served by the lift. An evacuation blanket was noted hanging by the stairs.

The bedroom doors have personalised door plaques with the resident’s name and relevant pictures.

The rooms varied in size, but all those seen were satisfactory. We saw examples of furniture brought to the home by residents and were told that this is encouraged.

Some rooms have full en-suite facilities, some partial, some neither. Those bathrooms seen (including communal facilities) and their equipment all appeared satisfactory. We were told that a full infection-control inspection had been undertaken last month by a qualified external assessor (a former district nurse). Following this, hand sanitizers and paper towel dispensers are to be fitted in all rooms, plus separate handwash soap for staff.

Doors to the medication storeroom and down to the cellar carried notices stating that they should be kept locked, and both were.

Amber House Residential Home is two terraced houses converted into one. From observation it is decorated to a good standard and adequately furnished albeit it looks tired and worn. The internal door jambs have chipped paintwork due to wheelchairs banging into them. A useful addition might be to attach plastic protection to the doorways.

Resident Numbers

The home has 18 registered beds (5 for people living with dementia and 13 for the elderly)

On the day of our visit, 16 places were occupied, with a further admission pending. There are 14 single and 2 shared bedrooms.

Staff Numbers

- 1 Full Time Home Manager & Business Manager
- 1 Full Time Deputy Manager
- 1 Senior Carer
- 1 Activities Coordinator
- 1 Administrator - the owner
- 1 domestic
- 15 carers in total
    - 4 in in the morning
    - 2 in the afternoon
    - 2 in the evening
    - 2 overnight

There are two catering assistants; one works five days and the other at weekends.

There is a Maintenance Manager who also covers gardening duties, house maintenance and repairs.

During our visit a female member of the public attended the home for interview for a carers post.

Agency Usage

In the event of staff illness, the Owner Manager, and if required her husband (owner) will step in and work. We were advised that In the time this Residential home has operated the owners have never used agency staff.

Management

Management – A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Our findings

The Home Manager and Deputy Manager were on duty during our visit.

The husband and wife owners have run Amber House Residential Home for 26 years. The home has been in the family since 1986 with the managers parents buying the home originally. The Manager told us that she has been a Care Manager since the age of 24 years. The owner manager told us she has worked in both Local Authority homes and the private sector. The manager stated that being a small residential home has many advantages including having a close relationship with both staff and residents. The manager explained that she is in the home on a full-time basis and has a good understanding of the needs of residents and staff.

The manager has considerable knowledge of the residents and visits them in their homes to make an assessment prior to a decision about moving to the home and part of that assessment would consider how they would fit in with the harmonious running of Amber House. The manager explained that If there are issues in relation to behaviour management then she may decline a resident's application. The manager told us that she is responsible for initiating residents care plans and checking that they are being maintained by staff.

Staff told us that they have full confidence in the management and the running of the home. The manager sees all staff during the day and engages in professional discussions as well as casual conversation. The manager stated that she prides herself on her interpersonal skills when working with her staff and believes it is important to treat them fairly and appropriately. A Deputy Manager is employed by the home, who we were also able to meet, and the Deputy Manager gave us a tour of the home and gave us information and answered our questions about the home

The manager advised us that all staff has a Care Certificate as well as having NVQ level 2. Two senior staff are NVQ level 5 and the manager has the RMA Certificate (Registered Managers Award).

To emphasise her commitment to her role as owner/manager, the manager told us how she telephones and speaks to night staff prior to them going on duty, every evening from her home. At the end of their shift, she again speaks to them to satisfy herself that there are no issues that need attention.

In the last CQC report an issue was raised about mould in the bathrooms and apparatus. This has been addressed as we did not see any mould in the bathrooms during our visit. They were clean and there was no clutter. Also, during the same audit, sanitation pumps in each bedroom was highlighted as needing attention. The manager explained that the pumps have been purchased and these will be fitted as soon as possible.

Comments

From observation and discussion with the owner we formed the impression that the home is well-led.

Staff Experiences and Observations

Quality Indicator 2 – Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

Staff told us that training is readily available and provided.

Mercian Training of Derby is used for training on topics like manual handling and food hygiene.

Distance learning is practised for the Care Certificate, fire safety, health and safety, equality and diversity, and safeguarding.

Since deficiencies were identified by CQC, we were assured that all staff have now been trained on Mental Capacity and Deprivation of Liberty Safeguards, and relevant staff have had further training on medication recording (PRNs are now in place).

We were told about additional training on understanding and responding to challenging behaviour, mental health, learning disability and autism (including how to recognise and meet the needs of a mute person who is on the autistic spectrum). This was undertaken better to meet the needs of a current resident.

Comments

The concerns over training highlighted in the CQC report seem to have either been addressed or are in the process of being implemented.

Quality Indicator 3 – Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Our findings

All staff spoke about being enthusiastic and clear about their roles. Most told us of long service at the home. It was evident that they knew the residents as individuals, describing their needs and preferences.

Family members are asked to complete a life history form for new residents. Each resident has a care plan and a personalised scrapbook. These are all accessed and used by staff.

The home also keeps a remembrance folder on departed residents.

Comments

Staff know the residents and their preferences well and have a clear vision of their duties and support the Manager.

Activities

Quality Indicator 4 - Activities – Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Our findings

The Activities Coordinator has been in post for three months and demonstrated enthusiasm for her role. She works one hour per day, Monday to Friday mornings, so five hours per week.

She gathers background information and talks to residents (and their family if a resident lives with dementia) to ascertain their life story and interests, in order to design and deliver activities that are most likely to be meaningful and appreciated.

She described a range of activities delivered 1:1 or in groups, as appropriate: bingo, skittles, bowling, singalongs, stickering (observed with a resident during our visit), calendar-making, birthday card making, pass the parcel, crafts, hat decorating, quizzes and picture dominoes. She also told us of a recent example of a tailored session for a resident who is a fan of Agatha Christie – her life and work.

We were shown a comprehensive folder with a daily record of activities delivered, its type, the names of residents involved, times, and with confirmatory signature. The folder also contained numerous photos of residents engaged in activities.

We were told that when the coordinator is not present, there are games, reading matter, CDs etc. for use by carers. Singalongs and dancing also take place at other times.

The Coordinator arranges and delivers a wide range of activities. While no resident commented on their experience, we thought that one hour a day was little time to meet the needs of all the residents, most of whom, it appeared to us, would derive benefit from a more frequent schedule of stimulating and meaningful activities.

Comments

We discussed with the manager the working hours of the Activity Coordinator and she advised that she thought that given the age of most residents that 1 hour a day is sufficient.

Catering Services

Quality Indicator 5 - Catering – Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

Our findings

There are two cooks, one with 7 years' service, the other 1 year. They help to serve meals in the dining area.

A large number of food hygiene and similar certificates were on display by the kitchen door.

Breakfast is served from 7.30 but can carry on until 11.00. Lunch is at 12. 30 pm and tea at 4.30 pm. We were told that the menu rotates every 12 weeks and is changed 6-monthly.

Hot and cold drinks are served at 11.00 am and 3.00 pm but are always available, though not currently left out for self-service as one resident was found to be consuming excessive amounts.

The day's main meal menu, with options, was seen on a board in the dining area. It was explained to us that individual resident's choices are made at a 'show and tell' session at breakfast time each day.

Individual likes and dislikes are recorded, and allergens listed. Dietary needs lists were seen; these are signed by staff. Soft and pureed diets are catered for as necessary.

We were told that one current resident is has meals in their room. Two current residents (both with catheters) have fluid input and output charts.

Comments

No concerns were raised during our visit in relation to food, hydration and cleanliness.

Resident Experiences and Observations

Quality Indicator 6 – Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Our findings

Residents spoken told us they were happy and well cared for in the home and had no issues. Only about half of current residents have regular visitors.

We were told that residents retain their previous GP wherever possible. Three practices serve the home. All are responsive to requests for visits to the home.

A local clinic provides an emergency dental service. Some residents continue to use the dentist they saw prior to admission. Home visits by a dentist can sometimes be arranged. The home actively promotes the oral hygiene of residents.

An ophthalmologist visits the home to conduct annual eye tests for residents. Other appointments are available locally as needed. The sight of new residents is checked on admission.

A chiropodist visits the home every eight weeks. This is a chargeable service. Some residents access a local NHS chiropody service.

The home is making increasing use of wheelchair accessible taxis to transport residents. A carer always escorts the resident (unless a family member is available). Residents are always accompanied to hospital (including in emergencies by ambulance) – back-up staff who live nearby are on-call and available at any hour, including at night, if needed to provide additional cover.

Comments

Some residents have few or in some cases no family visits and as a result their personal finances have insufficient funds for hairdressing or other pressing needs. The owner stated that in those instances, residents are not disadvantaged as she will personally pay from her own private resources.

Quality Indicator 7 – Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Our findings

We were told that evening bedtimes are flexible, reflecting each resident's preference and need: they range from 5.00 p.m. to after 10.00 p.m.

A hairdresser visits the home weekly.

Outings are arranged. Examples given included to the town centre and the local canal towpath. Residents are always accompanied.

Birthdays, Christmas and major festivals are celebrated. Preparations were being made for Halloween.

Religious observance for those residents who wish it is through a monthly service delivered by the vicar of the nearby St. Paul's Church (Church of England). There is currently one non-practising Jehovah's Witness resident. Past Methodist residents received visits from a local Minister.

Comments

The home meets the individual needs of the residents.

Family and Carer Experiences and Observations

Family and friends are welcome in the home at any time. The practice is to normally try to protect mealtimes, but discretion is exercised, if for example a visitor has travelled a long distance to reach the home.

Visitors are welcome to see residents in their bedrooms, is that is preferred, there is also the multi-purpose room where residents and visitors can meet in privacy and quiet.

Quality Indicator 8 – The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

The home holds quarterly residents' and relatives' meetings.

Questionnaires are given to families, relatives and residents. A file was shown to us, though its contents appeared old – it may not have been the current one.

The home's complaints procedure was on view and studied. It is clear and concise and has the owner's name and signature on it. We considered this to be a good example of a complaints procedure.

When we asked about changes made in response to representations or complaints, we were told that following discussion with and feedback from residents, a proposal to increase the amount of vinyl flooring in communal areas was not proceeded with, a preference for continued use of carpeting having been expressed.

Following representation from a family that a resident's underwear was losing its whiteness by being laundered with coloured items, a separate basket and wash for whites was instigated and this arrangement continues.

Comments

From discussion with carers, staff and the owner it appears that residents' wishes are taken into account and ideas changed in light of residents' views.

Summary, Comments and Further Observations

We felt that this is a well-run Residential Home where we witnessed good staff interaction with residents and staff related well to and supported each other.

This appears to be a close-knit community where relationships between residents and carers are excellent.

Issues raised in the last CQC report have been addressed and are being implemented.

We discussed the open laundry room with staff and suggested a lock was fitted to avoid residents entering in relation to a risk of handling bleach and washing powders.

Residents' meetings take place on a frequent basis, however, in light of the owner's positive hands on policy, any issues raised are dealt with prior to those meetings.

Comments

We have no serious concerns about the running and management of this Residential Home.

Recommendations and Follow-Up Action

We would advise that a lock on the laundry room should be fitted to enable it to be locked when not in use by staff and to reduce any risk to residents.

We would recommend that the home takes feedback from residents and relatives specifically on the activities to see whether additional hours by the Activity Co-ordinator would be welcome.

Provider Feedback

No feedback has been received from the provider.

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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