

Enter & View

Report

Alma Court Care Home

Avery Homes (Cannock) Limited

12th November 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: Alma Court Care Home
Provider: Avery Homes (Cannock)Ltd.
Address: Heath Way, Cannock, Staffordshire WS11 7AD
Service Type: Nursing Home including Dementia and Mental Health conditions
Date of Visit: 12th November 2019

Authorised Representatives

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

Julie Thurlow

Mary-Ann Burke

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

There is parking for approximately 6 cars.

There were wrought iron railing around the ground floor rooms for the safety and security of residents.

The gardens were neat and tidy with hanging baskets and a plant display around a white bench.

There was CCTV (it spoke as we approached saying the door is open!!)

Internal

The reception area was inviting and had a permanent member of staff present to welcome all visitors. There was a settee and notice boards. We signed in the visitors book and the Manager came to meet us.

The information board included a range of greeting cards thanking the staff for helping to care for their loved ones. One card in particular from a relative stated that the Manager is 'Going to get jobs done'. This was sent since the Manager was appointed early this year and we felt demonstrated the confidence of the relatives in the new Managers leadership.

There was a notice specifically relating to laundry and detailing the process now in place. Later the Manager explained that following some issues with items of laundry going missing, changes had been made with all items being labelled by the staff and each person's laundry is put into their room when completed. The manager told us that this had led to an improvement and that a problem only arises if new items are purchased and a member of staff not made aware to complete the labelling.

There was also information regarding the Dementia Help Line, Service Report, First Stop Challenging Behaviour and Statement of Purpose amongst other items.

Resident Numbers

On the day of our visit there were 61 residents. In the main these are cared for on a one to one basis.

The Home is split into 6 units each accommodating ten to twelve people. There is a mixed sex ward and the others are designated all male or females. We visited four of these units during our visit.

Staff Numbers

On the Managers Staffing Board it stated that there would be 61 staff on duty during the day. This comprised of 27 staff during the day between 8.00 - 14.00 and 35 staff between 14.00 - 20.00. During the evening shift between 20.00 - 8.00 am there were 23 staff on duty. These numbers did not include Nurses.

Agency Usage

The Manager advised us that the home does use agency staff when necessary.

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 Manager spoke with enthusiasm about her new role and she seemed very knowledgeable and familiar with all aspects of the Home and the Staff. She brought her therapy dog twice a week into the home. It was interesting to note that the dog also had a care plan. He was very attentive and seemed very happy to wander around the home making contact with residents, staff and visitors.

The Manager explained that various staff incentives have been put in place such as a snack trolley and the introduction of a quarterly award when the families of residents nominate a member of staff. A small prize and certificate is awarded and it is posted on Facebook.

The manager explained to us that staff retention had improved and turnover is down to 1.4% after an initial loss when the Manager took over at the beginning of this year. A total staff hours of 2000 a week are provided.

There is a member of staff dedicated to Complex Needs, a position unique to the Home and she is a member of the Management team. There was no Deputy in place at the time of our visit, although we understood that a Deputy would be in post the following week and this was confirmed by further contact with the home to check on some details.

Comments

It was apparent from our discussions and observations during the visit that the Manager was familiar with all aspects of the Home and the staff.

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

Due to the nature of the Home we were unable to speak to staff engaged in caring directly for the residents. However, we were told that there is an in-house Trainer and she undertakes all inductions, mandatory training and provides necessary training in line with a detailed career path for staff. The focus seems to be on in-house training to move people on from Care Assistants to the Advanced Care programme.

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

Inside each room there is a framed History Board with details of the resident's likes, dislikes and past history. There is a picture of the individual resident or their particular interest on the bedroom door for recognition and to prompt conversation.

Comments

The Well Being Activity Manager explained that the picture is not necessarily a current likeness of the resident in the room because they may not recognise themselves, their memory might be of a younger person

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

All activities are person centred and based on information gained when the resident moved to the home or information learned during their residency. It was explained to us that good therapy and activity may lead to reduced medication requirements.

A maximum of 5 residents are taken out on trips at any one time, either by taxi or in the minibus run by the home. We were told how some residents go out daily for tea and cake and that when this isn't possible, for example because of bad weather, a member of staff provides this in the home.

A franchise, Creative Mojo, visits the home every two weeks. They provide arts and crafts therapy and we saw work completed by the residents for Halloween and Remembrance Day. The work is to be displayed in the local library in December as part of Dementia Week.

Comments

The Home appears to meet the needs residents with a variety of activities. There was photographic evidence of a boat trip, fish & chips being enjoyed, tea and cakes and the home being visited by various animals.

Recently 'Alexa' has been used in the Home to put together playlists for individuals. This can help with things like bathing or just to help the resident to relax.

We were told how Body Shop sometimes visit and the various smells can help people to relax.

There is a 'therapy dog' who belongs to the Manager and she brings the dog the Home twice a week.

The Well Being Manager was very enthusiastic, as were other members of staff, and we were very impressed with the approach they took in respect of activities and therapy. He explained that each ward is themed, woodland theme, Hollywood, etc., the idea being that these will prompt conversation with the residents.

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

Meals are provided by the adjoining Avery Home. There is a communicating door to Abbey Court Care Home. Residents are encouraged to go to the dining room for their meal whenever possible.

From a prior Healthwatch visit to the adjacent home we have recorded information about the catering as follows:-

We were told that the menu changes daily and always has a choice of two main courses. All requirements are catered for including special diets and pureed/soft food.

Lunch was served in the dining rooms in a rota based on residents needs and food was taken by individual carers to bed-bound patients.

The Home uses a 'show plate' system mainly for bed-bound residents or those who prefer to eat in their room. This is to ensure that they are happy with the choice of meal. This is small tea plates with a sample main course and dessert.

The tables are laid with place mats, flowers and serviettes.

There are plenty of staff to serve food in both dining rooms and to assist with feeding where required.

Comments

Efforts are made to ensure that residents are not given something they dislike and the home also caters for special dietary needs such as diabetes.

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

The home has a close liaison with the local chemist who provides all their needs on a 4 weekly cycle but this can be amended when necessary.

Two nurses are always on duty at the home.

Comments

We were told that the MAR system is now operational on laptops. It has a traffic light system to avoid errors in medication and when medicine is administered there are always two people present.

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

Resident information is given on the wall chart together with an appropriate picture on the door and this provides a complete picture of the residents needs and preferences.

Comments

The wall chart enables staff to have the appropriate individual information about residents.

Family and Carer Experiences and Observations

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

We were told that family members are encouraged to visit at any time of the day, including mealtimes.

The Manager operates an open-door policy. There is also a complaints/comments book should anyone wish to use it.

Comments

We spoke to one visitor, who is one of many regular visitors. This lady told us that she comes in daily to help with her husband and also to assist in general where she can. She told us that she was very pleased with the care given.

Summary, Comments and Further Observations

This is a well run home for residents, some of whom may have particularly challenging needs. They are well supported by the staff and it appeared that they are well cared for.

Recommendations and Follow-Up Action

The regular Supervision & Training procedure needs to be put in place. This is planned for end of November 2019.

The Handover Book on the day we visited had not been filled in. For example, one resident was taken to the hospital by the Well Being Coordinator and this was not evidenced in the Handover book. We were told that the Nurse in Charge fills in the information during the last 30 minutes of the shift; but to ensure information is not missed it would be a good idea to fill in vital information as an event occurs. If a member of staff and resident have gone to hospital, this could be important information available to other staff in certain circumstances, such as an evacuation of the building being required.

Provider Feedback

Healthwatch Staffordshire received the following feedback from the provider.

When asked what you felt worked well about the way our Authorised Representatives Carried out the recent Enter & View visit, the manager told us:

“The initial meeting before they walked around the home - Understanding of how the home worked following initial visit.”

When asked if there were any aspect of the Enter and View visit which you felt did not work well or could be improved, the manager told us:

“The Representatives were unsure of the client group who were cared for at the home.”

When asked, as a provider of a service, did the Enter and View visit help you to identify areas for improvement and if so, in what way, the manager told us:

“Ensuring the handover book is completed at the end of the shift and the information is relevant.”

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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