

Enter & View Report

Ashgrove Care Home

Healthwatch Hounslow
July 2022



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Introduction

Who are Healthwatch Hounslow?

Healthwatch Hounslow is your local Health and Social Care champion. From Feltham to Brentford and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback **to improve** care. We can also help you to find reliable and trustworthy information and advice.



What is Enter and View

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2013, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries 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.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

Safeguarding

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 safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. 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.

Acknowledgements

Healthwatch Hounslow would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, four Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to residents and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

Visit Details

Type	Details
Service Visited	Ashgrove Care Home (ACH) Fir Tree Road, off Martindale Road Hounslow TW4 7HH
Care Home Manager	Virginia Wyk
Type of service	Purpose built care home offering nursing dementia care.
Date and time of visit	20 July 2022, 11:00am to 2:30pm
Status of visit	Announced
Enter & View Authorised Representatives	Francis Ogbe, Stuart McMichael, Princess Penny Cook
Lead Authorised Representative	Viviane Walker
Healthwatch Hounslow contact details	Healthwatch Hounslow 45 St Mary's Road Ealing W5 5RG Tel: 020 3603 2438 Email: info@healthwatchhounslow.co.uk

Strategic drivers for this visit

Early in 2022, London Borough of Hounslow council had indicated that they would like an Enter & View visit to take place at Ashgrove Care Home following a series of issues which had arisen including: a very significant Covid-19 outbreak in 2021, complaints from family that the organization was dirty and lacked activities, safeguarding alerts, poor responses to actions, staff training issues and patient dehydration. They noted that there had been changes in management over the past two years which may have contributed to a lack of direction for staff.

The council also noted that the care home, like providers across the country is suffering from a staff retention and recruitment problem with staff leaving the industry which may have been exacerbated by Covid-19.

Previous Enter & View visits

We had previously visited the home in 2016 and 2019. Recommendations from these reports were based around:

- More training for staff, particular dementia training
- Recruitment of additional staff
- Annual safeguarding training
- More active encouragement of outings for residents

Methodology

This was an announced Enter and View visit which took place on 20 July 2022 between 11am and 2:30pm and conducted by four Healthwatch Hounslow staff and representatives (AR).

The visit consisted of the following components:

- An initial introduction to the care home with the manager and area manager
- A tour of the external and internal premises
- Interviews with residents, staff and family members
- A debrief with the manager to highlight any immediate concerns, if applicable

In total we spoke to:

- | | |
|--------------------|---------------------------------------|
| - 4 residents | - 8 health care assistants |
| - 2 friends/family | - 1 domestic worker |
| - 2 managers | - 1 wellbeing (activity) co-ordinator |
| - 2 nurses | |

Limitations

While the Healthwatch Hounslow Authorised Representatives receive Enter & View training, they are not qualified medical or care professionals and are only able to give a 'lay-man's' interpretation of their observations and interviews. Furthermore, where English is not a first language for some of the staff, it is possible that some words or sentences were not fully communicated.

As some residents did have quite advanced forms of dementia or were approaching end of life care, our interviews with residents typically represented the more communicative.

Information about Ashgrove Care Home

Ashgrove is a purpose-built care home with 49 beds, offering accommodation for persons who require nursing or personal care, treatment for disease or injury, caring for the over 65yrs and those requiring nursing dementia care. The home is run by HC-One Limited, a private company. Occupancy was 48 out of 49 on our visit as a resident had sadly passed away that morning.

The staff structure at the time of the visit consisted of:

- 7 Registered Nurses
- 1 Pre-registered Nurse
- 2 NASS
- 37 Care Staff
- 1 Administrator
- 1 Weekend Housekeeper
- 1 Care Home Manager
- 1 Wellbeing Coordinator
- 1 Housekeeper

Staff are from a diverse range of backgrounds and include Nepalese, Sri Lankan, Jamaican, Albanian, Phillipino, Indian and Pakistani. We did not ask about the ethnic backgrounds of residents but we did meet White British, British Indian and a Hungarian resident during our interviews.

The home is in the heart of Hounslow and has good parking and public transport access.

Residents are all high dependency with the following conditions:

- 35 x Dementia
- 6 x Mental Illness
- 6 x Mild cognition
- 1 x EOL with impaired capacity
- 8 x Learning Disability

Its last CQC Inspection carried out on 22 February 2022 was rated: Requires Improvement: [Ashgrove's CQC Report](#). Recent online reviews have been positive.

What we found & recommendations

Our visit looked at five key areas as well as at the care home as a whole.

Theme 1: Impact of COVID-19

What we found

A large Covid-19 outbreak in the past and previously poor provision of PPE had traumatised some staff. Current covid-19 secure measures such as masks, aprons, hand sanitiser, regular testing and having all staff vaccinated had improved covid-19 control measures as well as morale.

Communicating with residents with standard masks on was noted as difficult by a couple of staff.

Day trips were still not taking place and some staff and residents/family noted that despite the lightening of lockdown rules, day trips were not occurring.

Recommendation 1: Bereavement Counselling. The scale of the covid-19 deaths in 2020 had a huge impact on staff and residents and it was noted that many are still traumatised. Face to face bereavement counselling should be actively provided.

Recommendation 2: Provision of Transparent Masks. Transparent Masks which meet NHS standards should be provided in addition to standard masks, particularly for working with residents with complex needs who may find standard masks de-stabilising.

Recommendation 3: Resume Day Trips. Day trips as an activity appeared to have been halted during the pandemic. With proper risk assessments, investigating suitable outdoor activities would be appropriate as part of residents' wellbeing and enrichment. *Our last report in 2019 also recommended more day trips.*

Theme 2: Provision of Care for Residents with Dementia

What we found

Residents seemed well cared for, with residents, family members and staff all complimentary in this area. However, one running theme throughout the conversations was that there were not enough staff – nurses were missing breaks and sometimes residents had to wait to be tended to.

The garden seemed quite plain and given that most residents did not leave the care home, it was a missed opportunity not to maximise its appearance and appeal. The care home manager did note that she was inviting a local gardening charity Friends of Ashgrove, to help improve the garden, adding flowers and herbs.

It appeared that residents who were not bedbound were sat in the lounge and also ate their dinner in the lounge. Staff noted that for some residents with complex needs, it was difficult to move them around. However, we felt that some residents would benefit from the change of scenery, the movement and the sociability that eating round a table can bring.

Recommendation 4: Increase staff numbers. There is a universal shortage of staff working in care homes, so it is understandable that this care home might be struggling. However, to prevent nurses from missing breaks and ensuring all those in need are tended to, we advocate an increase in staff numbers.

Recommendation 5: Improve Garden & Gardening Project for residents. We could see that work had started on the garden. There is space for more flowers, plants and perhaps a path and vegetable patch. We would encourage involving dementia residents in the project to improve the garden as a form of therapy¹.

Recommendation 6: Make use of more Rooms, such as the Dining Room. The dining room was a nice room which we're sure residents would like to see more of. Organising events for residents, even if only in small groups, may add to their sensory experiences.

Theme 3: Communication between residents and family members

What we found

There was generally a positive response regarding communication between residents and family members. Generally, family members could phone, video call or visit now that restrictions had been lifted.

One relative was very happy with the communication she received from nurses regarding her husband's condition while another family member was concerned that she was not listened to.

Recommendation 7: Ensure consistent communication with relatives. It appears that some staff might be better at communicating with relatives than others. Sharing best practice from those who do it well would help improve relations all round.

Theme 4: Activities

What we found

We have touched on the fact that already there is scope to improve residents' activities with more day trips and by maximising the use of the dining room. While some residents and staff noted that the singer comes in and there are hand massages, and exercises, it did feel like it lacked structure and there was no sign of an activities schedule. There was also little sign of there being a variety of dementia activities for those with more advanced dementia² beyond a hand massage.

Recommendation 8: Involve more and schedule sensory activities. There seems to be scope to widen the range of sensory activities and to include a schedule that is inclusive and adaptable to different client needs.

1. <https://www.nursingtimes.net/roles/care-home-nurses/benefits-of-a-gardening-project-for-people-with-dementia-in-nursing-homes-15-01-2018/>
2. <https://www.nursingtimes.net/roles/older-people-nurses-roles/using-sensory-activities-to-improve-dementia-care-29-06-2015/>

Theme 5: General Building and Physical Environment

What we found

The building was clean and freshly painted and there were no smells. Parts of the care home did feel a little more clinical than homely, although pictures ran through the corridors and there were fresh flowers on tables.

Bedrooms on the ground floor did have names outside the doors although these were missing upstairs – we were told the names were taken down due to the repaint and would soon go back up. A couple of bedrooms were devoid of any home comforts and looked more like a hotel room than a bedroom.

The downstairs wet rooms looked like they could do with a spruce up, with the floor looking a little tired.

As discussed earlier, the outdoor space is in need of improvement.

Recommendation 8: Names on doors for upstairs bedrooms. We have also noticed that some care homes put a picture on the door, which may also help improve homeliness.

Recommendation 9: Redecorate wet rooms. We can see that the building is being redecorated throughout and recommend adding the wet rooms if they are not already on the list.

Theme 6: Management and Staff Relationships

What we found

There seems to be an actual or perhaps perceived 'us' and 'them' power dynamic between management and some of the health care assistants and domestic staff which is lowering morale for some staff. Some staff are saying they don't feel valued or listened to. While from management, the opinion appears to be that they are trying to raise standards and are meeting some resistance whilst they do this. The management team were aware there was an issue and at the time of the visit the HR team from the parent company were coming to help the situation.

On a more positive note, many of the staff were long-serving members of the team and this is a positive sign in a currently high staff-turnover area of social care. We sensed a strong bond between staff and residents.

Recommendation 10: Improve staff involvement and communication. While the management team are bringing in new policies and procedures, these may be better accepted and taken on by staff if they are involved in the process from the beginning and understand the whys and how's of change and to improve 'buy-in'.

Results

The following pages provide more detail of our observations and interviews.



Observations

The Authorised Representatives were given a tour of the Care Home, both external and internal at the beginning of the visit. A checklist was used to help gather comprehensive insights and each area has been summarised.

Ashgrove Care Home is a fairly modern purpose-built care home, arranged over two floors. It is situated in a mostly residential area, however is adjacent to a main road.

Outside and Entrance

As we approached the Ashgrove Care Home (ACH), there was some noticeable litter, likely thrown from the public, in the garden area which runs alongside Martindale Road. However, as we walked through its car park to the entrance, we were greeted by pretty, well-kept flowers by the entrance.

On arrival at the building, we were warmly greeted by the Care Home Manager and the Area Manager who led us to a room by the entrance which was formerly a visitor waiting room, and was being refurbished into the General Manager's office. This, she explained, would allow her to be 'in the thick of it' and be immediately available for staff, residents and visitors, rather than hidden away upstairs in her current office. Currently in this room is a Feedback screen for friends and family – but on our visit it was not working.

There was a secure lock at the entrance for entering and leaving the building, with only staff having the code to let people leave the building. There was a sign-in sheet for visitors as well as face masks and hand-sanitiser at the entrance (and throughout the building).

The entrance was very clean, bright and airy with freshly painted walls. Health & Safety, Covid-19 and other policies adorned an information board – and given the 40C summer heatwave London was experiencing this week, it was noted that there was also a Heatwave policy on the wall too. The entrance, and all the rooms, smelled clean and pleasant and this was the case throughout the majority of the areas that residents can access.

Environment

In addition to the clean feel and fresh paint, there were pleasant paintings on the walls to help make the area more homely. Hand rails with contrasting colours were throughout the building as well as all areas being wheelchair accessible. There remained a sense that it was a corporate environment and more flowers and photos may help increase the homeliness of it. The hallways and lounges all looked tidy and were well-lit. There were no noticeable odours.

Safety

Clear fire exits and signage was noted while fire extinguishers were in place, without obstructing corridors. The doors and lifts all have pin-codes for staff use only. An AR raised a concern about the dumbwaiter button potentially being pressed by a resident and causing injury but was reassured that only staff could operate it.

Rooms which contained hazardous substances were well labelled and a COSHH cupboard was well-signed and monitored. The care home manager explained how all old PPE equipment had been thrown out as it was not fit for purpose. She showed us bathroom hoists kept in a separate room to bathrooms on advice from the CQC.

Toilet/wet rooms

While all residents have en-suite toilets, they don't have their own shower facilities and instead use shared wet rooms – though the resident/wet-room ratio is low. The wet rooms did look in need of a re-vamp, with the current flooring giving a 'grubby' effect and dark feel. The MD noted that the wet rooms were high on the list for a redecoration and we think lighter colours could improve the rooms. Communal bathrooms had wheelchairs/frames to help with independence.

Bedrooms

Bedrooms appeared clean and tidy. At least one resident's room appeared to lack any personal items whatsoever – potentially due to a lack of friends or family – but we feel it may help their wellbeing with some personal items on display. The bedrooms downstairs had names on the walls outside the bedroom doors however these were missing upstairs. The regional manager noted that these came were taken down when the walls were repainted and have not been put up yet. We have seen in some care homes that some bedrooms have a picture of the resident on the wall – this might be a nice way of improving the homeliness factor and increasing engagement amongst residents.

We walked past the linen room where the care home manager noted that she had purchased new linen and bought more boxes for storage.

Lounge and Dining Room

As we approached the lounge, a gentleman was singing classics to a room full of residents, with HCA staff singing and dancing, engaging with the residents. We were informed he visits weekly.

Later during the lunch hour, we noticed that many residents were also eating their lunch in the same room, at trays brought to their chairs. While there is a dining room, it was noted that this was not often used with dinners typically being eaten in the lounge. Some staff noted that it was logistically easier to feed residents in the lounge, given some of their health conditions. However, we do think that residents might benefit from movement and a change of scenery by dining in the dining room.

Kitchen

The care home manager explained that the large kitchen had new sinks and separate ones for hand washing and vegetable washing. A 5* rating from Environment Health was noted. It was explained that the new chef has been baking, making smoothies and looking at menus to counter weight-loss.

Meals

The manager explained how meat is now freshly ordered and residents have the choice of halal, non-halal and vegetarian menus. Later on, some staff had noted that meals had previously been chewy but the chef has now changed. In the dining room, we noticed that some residents were leaving their meals untouched or barely touched. Healthcare assistants were available to support residents eating food. Providing more soup options as a starter may help residents to consume nutritionally-rich meals more easily.

Hair Salon

There is a room with a sink for washing hair which has been bleached and repainted. Currently, the room is being used for storage while the building gets updated. We would recommend getting the hair Salon back into use, again, to help give residents who are homebound a nice change of scenery. The care home manager noted that for bedbound residents, she has ordered inflatable chairs so that they are able to enjoy a haircut too.

Garden

We visited the garden which seemed quite plain and lacking in flowers. However, the care home manager noted that she had invited a local gardening charity to help install flowers and lavender to make it more inviting and more of a sensory experience. She noted that a new pergola was being erected to create more shade and there was an outdoor shed area for the smokers. The garden unavoidably faces a busy road, but further plants and bushes along the fence may help protect it from the road.

Residents general wellbeing

Residents looked clean and well-presented. We noted that residents in the lounge were largely quiet and not engaging particularly. While some of this may be due to their health conditions there may be more opportunities to play background music and make the room a little more entertaining.

Staff, Staff Rooms and Staff Training Room

All staff were wearing uniforms, masks and gloves where appropriate. We noted staff singing and talking to patients, giving arm massages and being gentle when walking with residents.

The care home manager noted that the nurses office was too small and not fit for purpose so she was going to change that into an archive room and give the nurses a better room for their report writing etc. She explained how she was refurbishing the staff room – she had installed lockers and hanging rails and was in the process of changing the staff showers.

Interviews

The Healthwatch Hounslow Authorised Representatives spoke to staff, managers, residents and friends/family on the 20 July 2022.

In total, we spoke with:

- 4 x residents
- 2 x friends/family
- 2 x managers
- 1 x domestic workers
- 2 x nurses
- 8 x health care assistants
- 1 x wellbeing co-ordinator#

Resident, family and friends feedback

We spoke to four residents and two family members. A further two residents were approached but their advanced stages of dementia made it hard to communicate – however it was noted that they were both in good spirits. In some cases, due to communication issues, residents were not able to or did not answer some questions – therefore please note the following charts only give an indication of a resident’s sentiment and furthermore does not necessarily reflect everybody’s view.

Chart 1. General Remarks

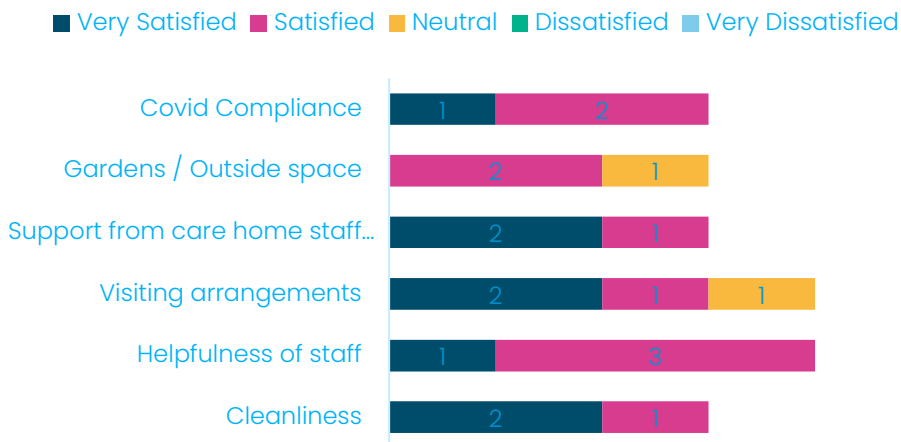


Chart 1. General Remarks shows that the six residents and families and friends interviewed were generally positive (either satisfied or very satisfied) about all areas of the care home. The Garden and Visiting Arrangements were the only areas to score less, with one person rating them as neutral for each.

Feeling safe

Three of the residents noted that they felt safe at the care home, however one family member wasn't so sure noting that when her relative had come to the care home, they had been hit on the head with a plastic bowl by another resident and nothing appeared to have been done.

Feeling happy

Three of the residents noted that they were happy with the care home, often noting the cheerful staff. Where negative comments did arise, they were related to lack of enough staff and difficulty engaging with other residents.

"They could do with more staff but other than that, everything is fine. They have always been helpful, empathetic and friendly." **Family member**

"Yes, so friendly, you can speak to nurses, they explain everything that is happening, even the cleaners do. They're very cheerful." **Family member**

"I do not like going to the lounge because you can't hold a conversation but most of the residents who have dementia can't so I prefer to remain in my room." **Resident**

"Often I have to wait a long time to be attended but they are understaffed." **Resident**

RESIDENTS FEELINGS ABOUT STAFF

Feeling listened to

On the whole, residents said they felt listened to when they expressed concerns or wishes. However, one resident noted that sometimes the care workers were hard to understand while a relative noted that for medical-related concerns, the care staff could not help.

"Definitely. If there is anything wrong, they tell me, always." **Family member**

"Yes sometimes - I have trouble understanding them sometimes" **Resident**

"Yes, very nice, no problem" **Resident**

"Yes - but they can't do much about medical concerns - have to wait for an ambulance." **Family member**

Decision making

Two residents indicated that care staff involved them in decision making while a family member thought that neither the staff nor the doctor involved them.

Dignity and respect

The four residents and family members who answered this question were all positive about being treated with dignity and respect. From our observations, we noted that residents were treated respectfully by staff in the lounge, in bedrooms and while walking through the halls.

"Yes they know him and it works well." **Family member**

"Yes, the staff and nurses are very nice" **Resident**

"They give him as much respect as you need. They are not rude. His carer is lively and supports him, she works 3 days shifts." **Family member**

"Often I have to wait a long time to be attended but they are understaffed." **Resident, male**

"First thing they [staff] ask me when I walk in is 'would you like a cup of coffee'. It's the most friendly care home I've been to." **Family member**

Staff spending enough time

There was a mixed response from residents regarding whether staff were able to spend enough time with them, with two being positive and two being negative.

"They do not have time to stop and chat because they are short staffed." **Resident**

"Yes, they wash me, my hair, the staff who wash my hair is nice." **Resident**

"I get all the support because I don't go out. They help me out whichever way they can." **Resident**

"Not really, because they are short staffed." **Resident**

Care staff doing what you'd expect them to do

Two family members responded to this question on whether staff were doing everything you would expect them to, which were positive.

"Yes, they do their job here properly, they chat to him" **Family member**

"Yes they bathe you, help to go to the toilet, go to bed. They don't argue and there is no bitterness." **Family member**

Activities

Residents and family members gave a mixed response with regards to the care home approach and range of activities. One relative indicated that there wasn't enough and another indicated they weren't needed. Residents who responded were either neutral or positive on the topic

"Yes, there are day trips, a musician comes, I like." **Resident**

"The others [staff] ask if I want to join in, but they won't force you or keep pushing." **Resident**

"No, they don't do activities here. That is what I want. At the hospital they would get him to walk with a rail/exercise but they don't here because they don't have proper nurses." **Family member**

"Due to my husband's condition, we do not go down to the lounge to do so. But in his room, we've got music, DVDs, television." **Family member**

Covid-19 Safety

Residents and family members were generally quite positive about the care home's covid-19 precautions. It should be noted that these would be residents/family members of surviving residents and so those who lost family members during 2021 would not have been captured during these interviews.

"I talked to family on the phone and video calls." **Resident**

"I never had to worry about the care home keeping me informed about his wellbeing as I talk to him 3-4 times every day over the phone – but they would always tell me when I could and couldn't come." **Relative.**

"Yes all the way through lockdown we were chatting on the phone" **Resident**

"I felt they were good during lockdown." **Family member**

"I always saw him in his room. He does not sit in the communal rooms because he struggles to get out of bed." **Family member**

"Fortunately he has not been affected too much." **Family member**

"I think its been okay, they kept us informed, we never really had a problem," **Family member**

Feedback and complaints procedures

There was a mixed response to the feedback and complaints procedures. Where comments were negative, they appeared to relate to changes in management.

[Regarding residents meetings] "Its not applicable, never been probably because of Covid. Never met the new manager. If I needed to talk to the previous manger, she would come down and see him." **Family member**

"No good because the carers have no authority. They've had 3 managers since being here. The first two was deaf, don't get a work from the current manager, don't think she likes me." **Family member**

Homeliness

Two residents were positive about the homeliness of the care home, although a family member felt it was too formal and understaffed. One resident noted that they could choose when they go to bed while another disagreed.

"Yes [it's homely], its clean and the food is good", **Resident**

"It's nice, so far I'm having a nice time." **Resident**

"No, it's all a formality and they have to look after too many people. The staff are good but I don't want [him] to continue here, would like him to go home." **Family member**

In terms of improving the care home service, comments tended to be related to a need for more staff.

"It would help if they had a few more staff. Particularly in the evening, the staff would not be so ragged, especially in dealing with patients with dementia." **Resident**

"Bit more quickness of staff attending would be helpful as they are understaffed. But the staff are always polite." **Resident**

"

Staff Interviews

A variety of staff were interviewed including nurses, health care assistants and domiciliary staff.

BACKGROUND

Length of Service

We spoke to 15 staff, most of whom had worked for the care home for more than 4 years. None of the staff interviewed were agency staff.

Years worked at Ashgrove Care Home	Number of staff
< 1 year	2
4 – 10 years	7
10+ years	4

Induction

All staff noted that they had received an induction and that it was helpful. Induction is typically two days and there is an additional induction for working the night shift.

Training

There is a dedicated training room suitable for class training as well as being equipped with desktop computers for training. Training is largely e-training and staff are paid whilst participating in training. There is a range of courses including: manual handling, using hoists, fire safety, customer service, dementia training and emergency care.. Staff said face-to-face training was now starting up.

Staff said they were keen to have more training on:

- Basic life support
- English lessons
- Leadership training
- Syringe driver training (which the palliative care nurse is arranging)

“Yes - had a proper induction. But I need to refresh my training - training for syringe driver for nurses and staff would be good and the palliative nurse is in the process of sorting that out.” **Nurse**

Yes - helpful. An update on basic life support would be helpful - I think we have one I just need to sign up.” **Health Care Assistant**

Handovers

The general sentiment by nurses was that the allocated handover time was okay, but could be improved. There is 15 minutes allocated for the handover which includes a walk-around but nurses noted that if there was an emergency they'd stay longer.

"Needs improvement. We are given allocated time before the start of the shift but there is still space for improvement. For example, my shift starts at 7/8am until 8pm. Normally a 12 hour shift. The nurse comes at 7:45pm giving 15 minutes for the handover, that includes a walk around etc. We have a proper handover sheet, if there is some patient information/issues with a resident that need to be on a sheet, then clarification is needed." **Nurse**

"There is a 15 minute overlap between the shift of night and day staff (day shift is 7:45am to 8:00pm and night shift is 7:45 pm to 8:00am) which is enough time and I don't mind the occasional extra 5 minutes that might be required." **Nurse**

Breaks

There appeared to be a contrast between the nurses and health care assistants' access to breaks. Nurses reported that they are short-staffed and often don't get breaks. The health care assistants and auxiliary staff were more positive, generally reporting that they received a lunch and tea breaks.

"Yes we get 30mins + 15 + 15mins. When it's very busy with an emergency, we might take a longer one later." **Health Care Assistant**

"I never really have a break because I am the only nurse on the floor so if something happens then my break gets cut short. The company has changed and it used to be 2 nurses on each floor but now it is one nurse on each floor." **Nurse**

"Regarding the breaks, she said it only lasts about 10-15 minutes each time because when something happens she gets called." **Nurse**

"Yes I get lunch breaks and tea breaks." **Health Care Assistant**

WELLBEING & SAFETY

Resident Care & Activities

There was a strong sense from all the staff that they really cared for residents nobody spoken to indicated that a resident's dignity was compromised.

For access to community health services, services often come to the residents, and they also have regular visits from the community nurse, especially for any new residents.

In terms of activities, staff noted that there was activities every day such as singing, dancing, exercise and foot massages. However, despite the lightening of lockdowns there were no day trips running at the time of the visit and they didn't currently have use of the shared minibus.

The activity co-ordinator noted that she asked residents what they want to do, looks at their care plans and asks family for their input. She has volunteers come in who are healthcare students who come on a Saturday.

They might occur, but there was no strong indication that specifically dementia-oriented activities were offered to residents.

"I try to keep them active, shopping, foot massages, I ask them what they want to do and look at their care plan. I ask relatives what they did. I have volunteers come help me and we get health students come on a Saturday." **Wellbeing Co-ordinator**

"Staff are more caring compared to other place. I have worked. Because this building is medium size, more personable and consistency of care." **Nurse**

Safeguarding

Staff reported that they receive safeguarding training and there are procedures to follow. Health Care Assistants fill forms and/or inform nurses if they are aware of falls or bruises and the nurses who complete forms which they give to management. Nobody raised any issues or concerns regarding safeguarding.

"For safeguarding, they write a report for what has happened, they let me know and then the management take it from there." **Nurse**

"There is safeguarding training online which gives scenarios. If we feel staff are not competent or confident we train them again." **Operations Manager**

"We call the nurses if there's a problem." **Health Care Assistant**

"If there is a fall or a bruise, we fill in the incident form and tell the nurse." **Health Care Assistant**

Covid-19 Safety

The general feeling amongst staff is that during the initial Covid-19 outbreak in 2020 they felt the care home didn't provide adequate support or Personal Protective Equipment (PPE). A large outbreak causing a high number of deaths in the care home had deeply upset staff and some had personally lost relatives. During this period there were staff shortages adding to the stress.

However, they felt now that they were protected and there were adequate provisions within the home.

"Covid precautions were not in place until late on in the pandemic before we had proper PPE available to us, the pandemic also caused a lot of staff shortages especially for weekend shifts and it was really hard during those times. We now have the things they need and when it was time for the vaccine the GP came to administer the first two and they also made it easy to go to a community centre for the booster jobs, we even had the flu vaccine." **Nurse.**

"During the pandemic she initially had to shield because of a family member, and with the lack of proper PPE she did not feel comfortable working safely. After the first wave I returned back to work hoping that the safety measures would be better, but I contracted the virus in the period during the second wave and spread it within her family which caused the death of her spouse. I was really relieved to be able to get the vaccine and the booster when it was all done here." **Domestic worker**

"In regards to covid, there was an issue initially with having proper PPE but they had it later and they got training on how to use it." **Health Care Assistant**

"The Covid situation has been very sad for the staff. Initially we had to fight for the PPE but now it is there, it was really difficult to access it in the beginning - some staff having to improvise PPE with bin bags. It has really affected a lot of the staff, but they are repeatedly told to "leave the pandemic situation in the past", however, nothing practical has been offered to help them with that.
Anonymous

Staff Treatment and Raising Concerns

Staff feelings were quite mixed but there was a bubbling sentiment of negative by some staff regarding how they felt treated by senior management. While a small number of health care assistants, domiciliary staff and nurses were content with the management of the care home, others felt under-valued, unable to voice concerns and resentful of the tone the new manager was setting.

Some staff felt that changes to rotas without consultation and without due warning were disruptive to their lives. A few staff noted difficulties with one of the administration team who they felt was unsupportive, rude and aggressive. This attitude was also felt by some towards the a senior manager. At the end of the visit, one of the Authorised Representatives was passed a letter by a health care assistant which stated that many staff felt very unhappy with their working conditions, feelings of not being listened to and unfairness of how the rota was made. Unfortunately this letter was taken back by the manager so we cannot list all the comments but the general sentiment was negative. The managers later explained that this was concerning a small number of staff who were not adjusting well to new procedures and policies being implemented.

The Health Care Assistants were more positive about the senior nurses and the deputy manager.

“Admin don't support us. They [job title redacted] is moody and shouts in front of patients. We feel vulnerable because they are [sic]manipulating everyone. The [job title redacted, senior role] is okay, told the manager about domestic rota which needs to be fairer.” **Health Care Assistant**

“I feel reluctant to approach the [job title redacted, senior position] even though I hear she is approachable. I know she has so many things to deal with. I am worried she will not listen to me.” **Health Care Assistant**

“Due to my husband passing away, I asked to not work on weekends because I want to look after my child. But the [job title redacted, senior position] has not been receptive to my request and has constantly scheduled me to work weekends.” **Domiciliary Staff**

“...I'm still figuring out how the [job title redacted, senior position] works and this affects raising concerns with them. There is so much changing at the same time, so it might be what is causing the problems but we are trying to get used to the new system. I feel like I'm not listened, but they just tell me what to do. I did not feel like when I raised an issue, it was not taken on board, I felt stressed at the time but when they realised after a few days what I was saying was right, they did not acknowledge it. I don't feel comfortable to make a complaint about how [job title redacted, senior position] is interfering with my work and they sometimes feel she is blamed for anything that goes wrong.” **Nurse**

Staff Treatment and Raising Concerns Continued

"The nurses listen and change things but there's been problems with the [job title redacted, admin position] . There is an expectation that we can deal with technology, I could do with more support and they could be more helpful. Most staff have a problem with her." **Health Care Assistant**

"Management listens and resolves concerns accordingly." **Health Care Assistant**

"I've raised the issue of wanting more training being made available with the management were receptive towards this." **Nurse**

"The deputy manager is really considerate and has listened to us. They addressed concerns of heating issues, it was turned off and sorted which is good for the heatwave that is coming". **Health Care Assistant**

"There was a problem with the food being very hard and the [job title redacted, senior position] did nothing, she didn't look at the food and check. The [job title redacted, senior position] only listens to the [job title redacted, admin position]. I've stopped raising concerns because they [management] don't listen." **Health Care Assistant**

"Staff need counselling - especially after covid. They don't feel happy, there are payroll problems, [job title redacted, senior position] needs to show more empathy. There are rota issues." **Anonymous**

"I'm satisfied with how concerns are dealt with." **Nurse**

The next page gives an explanation and background from the Care Home Manager about some of the grievances raised by some of the staff.

Interview with Care Home Manager

We spoke to the Care Home Manager at the beginning, middle and end of our visit. She gave us some background to the care home, how the previous manager had been there for 14 years and neglected a number of basic procedures that you would expect in a care home which had resulted in safeguarding incidents occurring.

Furthermore, the care home manager explained how the previous manager had appeared to have her 'favourites' and this had resulted in some staff receiving preferential treatment when it came to things like breaks and rota scheduling, as well as not fulfilling their care duties in line with procedure. In the backdrop of all this, the home suffered a severe Covid-19 outbreak resulting in a large number of deaths in the care home with staff catching it as well as their family members – one of whom died. Staff were traumatised from the pandemic, she explained. The care home manager followed on that her role was to get the care home up to a top standard – with the goal of achieving an 'Excellent' CQC rating within 12 months.

Creating a new work culture

The care home manager explained that the introduction of high standards and policies and procedures was not going to be without its difficulties amongst some staff and there was already some resistance. She explained how creating a culture change can go through a few stages involving 'storming/norming/performing'. Formerly the housekeeper had set the rota, giving her 'favourites' their preferred hours but now the care home manager had put someone else in charge with what they deemed was a fairer system. As such, the care home manager explained that those staff who had avoided unsociable hours were now displeased.

The care home manager said that she was creating a culture where staff would have the confidence to speak up about concerns. However, we found in the interviews and after being given a letter by health care assistance and domestic staff, that staff did not feel this way. When we raised this point at the end of the day, the response was defensive and angry – while in some ways this might be a natural response to seeing that some staff had written a letter and given it to a Healthwatch Hounslow Authorised Representative, we could see how upon being presented with some negative feedback, it was received destructively rather than constructively. We could see how a staff member would be nervous about raising concerns.

Uniforms and cleanliness

The care home manager explained how from the start, she'd rolled up her sleeves to get the care home up to her standards. Uniforms were issued to all staff, who had not been wearing them. Two members of staff who did not have their DBS disclosures had their contracts terminated. She had discovered a room of expired PPE equipment and immediately ordered new PPE as Covid has not gone away.

Upon starting the job, the care home manager had immediately got scrubbing to get the care home clean and hygienic and got the care home redecorated. And from our observations, we agree that the care home looked clean and freshly painted. She could see that the garden area had potential and spoke of inviting a local gardening charity, *Friends of Ashgrove*, to plant flowers, lavender etc and improve the sensory experience for residents.

Conclusion

On the day of our visit, we found a care home which was bright, clean and airy with residents enjoying a musician playing music. The outdoor area could be improved, as acknowledged by the care home manager. Covid precautions all appeared adequate and residents spoke of communicating with family via telephone calls and video calls.

When we spoke to residents and family members, most were happy and everybody said they were treated with dignity and respect. There were a couple of concerns regarding a need for more staff and more activities. One family member felt that her concerns were not listened to. There was not an obvious activities schedule for staff and we felt there was an opportunity to embrace more dementia-orientated activities.

Many of the staff we spoke to had worked for the care home for several years or more. All the staff we interviewed spoke fondly of residents and we noticed that they were friendly and caring. Staff listed a range of training courses that they had access to in their dedicated training room. Health care assistants had good access to breaks but nurses appeared to struggle to take sufficient breaks and may benefit for a longer handover period between shifts.

The new care home manager has joined the care home keen to get the care home to an excellent standard. She has been improving hygiene standards, redecorating and introducing new procedures for the safety of patients and staff. However, some of the recent changes in management, procedures and scheduling of shifts had disrupted some staff members' job satisfaction and the timing of our visit was in the midst of this transition. We did feel that whatever changes coming into the care home would benefit from the involvement and participation of staff to improve 'buy-in'. The managers explained how HR were coming to help with the process and we hope this has improved the situation.

Next Steps

This report will be published on Healthwatch Hounslow's website and will be circulated to the provider and the commissioners of care home services in Hounslow.

This report is based on our observations and the views and residents and staff that Healthwatch spoke to on the day of our visit, and we appreciate it does not necessarily represent the views of all the residents and staff members at Ashgrove Care Home.



Contact Us

If you would like to discuss this report or our work, please get in touch



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Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012. Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013]

Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report sent to	Vivian Walker
Date sent	03/11/2022
Report title	Health Watch Hounslow.
	Response (If there is a nil response, please provide na explanation for this within the statutory 20 days)
Date of response provided	
1. Please outline your general response to the report and what you are currently doing to address some of the issues identified?	Many of the issues that have been identified have already started to tackle. There are yet some more matters to organise however we are working closely with our team and stakeholders in order to resolve the issues.
2. Please outline what actions you will undertake as a result of the report's findings and recommendations.	<p><i>We recommend listing the recommendations given in the report and giving your comments where applicable.</i></p> <ol style="list-style-type: none"> 1. Bereavement Counselling: Now that restrictions have been lifted, people are able to mix up. Events are being organised more openly. Bereavement counselling can still be organised for people who need support. The priest who was visiting the care home is back now and have visited the care home last week for holy communion and general visits. 2. Transparent Masks: I shall discuss with the relevant people and try to explore how this can be achieved 3. Resume Day Trips: Day trips will commence for those residents who are able to mobilise. Activity Co Ordinator will be more than happy to organise. 4. Recommendation 4: There have been recent recruitment of about 8 new staff and shifts have considerably increased. 5. Recommendations 5– Activity: This is work in progress. We are working with friends of Ashgrove Hounslow and getting residents involved in gardening as a form of therapy 6. Recommendation 6:

	<p>Events have been organised over the past 3 months where singers/entertainers were invited and will have even more over time.</p> <p>7. Recommendation 7: We encourage our staff to communicate with relatives more often. Key workers are being introduced so as relatives and staff can communicate more effectively.</p> <p>8. Recommendation 8: This is possible. We can work on this one.</p> <p>9. Recommendation 9: These have ongoing work as each floor has wet rooms.</p> <p>10. Recommendation 10: Staff are being involved in all changes to the home. All changes are being communicated to the staff by daily flash meetings and regular staff meetings.</p>
Signed	M.Bidjadhur
Name	Mahendra Bidjadhur
Position	Home Manager-Ash Grove Care Home.