

Care Home Provider:	Salveo Care Ltd
Care Home Address:	29 North Park, Gerrards Cross, SL9 8JA
Date and Time of Visit:	18.10.17 – 11 am
Authorised Representatives:	Alison Holloway, Judy Vivis

Summary of findings



- Staff interacted well on a personal and professional level with everyone we saw in the home
- Residents were offered a great deal of choice and their decisions respected.

The Visit

Austenwood provides nursing care for 35 people. 31 beds were occupied when we visited. We talked to 5 residents, 1 staff member, 4 visitors and observed another 8 residents, 7 visitors and 6 staff.

How people are treated



Staff were very friendly and confident in their exchanges with residents, visitors and each other. There was a lot of banter and laughter. Staff chatted to every resident as they were helped patiently into the dining room and before lunch was served. We also saw how staff addressed some residents by their first names and others using their title and surname. Staff were also seen to stroke an arm or give a hug as well as give explanations about what was about to occur. Residents told us “staff are very, very good”, “very nice, caring”. Relatives praised the openness of the owners, the management, and the staff. “The way they engage with the residents is really amazing.” A visitor also said that relatives are very supportive of each other and this is encouraged by staff. Every quarter there is a relative’s meeting and monthly everyone is encouraged to post their views on a noticeboard on a certain subject. We saw views on nursing one month, dignity another and this month we saw post-it notes about the dining experience.

Personal Choice



A relative praised the collaborative approach of staff who they thought were excellent at asking their mother open rather than closed questions. Relatives talked about how they were consulted regularly to confirm what their relatives might prefer if they were no longer able to make certain choices themselves. We saw residents encouraged to join in with a Zumba class but some were quite happy to just watch. We also saw a resident reading a book in the lounge and another a newspaper. Other residents were listening to music, watching TV or sleeping in their rooms.

The monthly menus (and daily one on a blackboard) showed two choices at every meal. We were told that an alternative is prepared if residents didn’t want either option. “The food is excellent and well presented.” When a bib was put on a resident at the dining table we heard them ask “do I have to wear this?” “Just try it” was the gentle reply. However, when the resident was adamant they did not want to wear it, the carer removed the bib without any fuss. A resident also told us they can get

up and go to bed when they wanted. Whilst many residents retire to their rooms after diner, at least one stays in the lounge in the evening.

Just like Being at Home



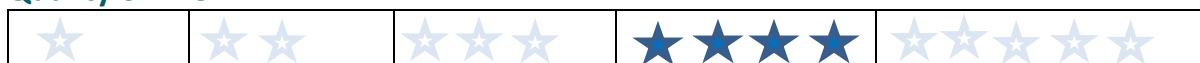
The home was calm, bright and clean with wide corridors decorated with black and white prints from 1940s/50s films. Many rooms had views over the courtyard or garden. The bedrooms we saw were personalised with photos and pictures and some doors too. Communal areas were all free of clutter or equipment. The lounge was homely and welcoming and very busy by lunch time. The dining room is spacious and lunch was served promptly after everyone was seated. One visitor felt their relative was happy and comfortable in the home and another resident said, "I like living here". Relatives are given the code to the front door and can visit when they like. Many relatives we talked to visit daily.

Privacy



We saw staff knock on bedroom doors before entering. Relatives also confirmed this was always their experience and that curtains were drawn and doors closed when personal care was given. When medication was given, the nurse offered it in a very discrete way. Staff seemed to use i-pads to record and check information so no paper files were seen left on tables for anyone to access.

Quality of Life



Residents were clean and well dressed. Appropriate assistance was seen to be given to help those who needed it to move or to eat. The activity board showed a few activities taking place, including one-to-ones, but no activity timetable. One of the activity coordinators was on holiday and the other had just left. However, the Zumba class in the lounge was well attended and a relative told us of monthly themed evenings to which relatives were invited. This month there had been an Oktoberfest whilst next month they were having Thanksgiving and fireworks evening. We were told that the hairdressing salon had been very busy the day before. The deputy manager also told us about brownies, singers and choirs visiting as well as seasonal activities at Christmas. This would include meals out and Xmas shopping using a wheelchair friendly taxi for those who wanted to go.

Recommendations

We recommend that Austenwood:

- looks to make their daily blackboard menu clearer, and the writing on the weekly menus larger so making them easier to read
- continues to develop the i-pad pictorial menu for those who would find it easier to choose meal options via pictures
- posts an activity timetable on the noticeboard

Service Provider Response

Thank you for your Health Watch report in relation to Austenwood Nursing Home, which we have read with great interest and pride. On the whole we think that you have captured many of the fine facets of Austenwood Nursing Home and the excellent work by staff to provide the essentials for dignity in care. We are delighted that you were able to witness some of the excellent interaction, which is simply normal behaviour by the staff at Austenwood.

We would like to address a factual inaccuracy, which may be misconstrued by a reader without prior knowledge of the home or the Health Watch visit.

The comment in the Quality of Life Section “but no activity timetable” is an error. I have attached the October timetable (see below), which was available on the activities noticeboard at the time of the inspection and is delivered to every resident bedroom, relatives by hand and emailed monthly. We take resident social activity very seriously and continually review activities as our resident’s individual needs change.

The comments in the report mention that the Activity Co-ordinator was on holiday and the other had just left. Our Activities Co-ordinator is the person who co-ordinates and arranges activities but even in their absence, activities will continue, as was witnessed on the day. An adverse inference should not be drawn because a member of staff was on planned annual leave. As for the Activities Assistant who had just left, we are currently recruiting for a replacement but meanwhile we have a member of the housekeeping and care team who have stepped into the role temporarily whilst we recruit. This is in addition to our team of volunteers whom help to ensure that we are still meeting resident`s needs. Activities are not the sole responsibility of a co-ordinator but are a part of everyday life at Austenwood. Care staff, housekeepers and managers are involved as social care is expected to take equal importance with personal and clinical care.

In the recommendations, you have raised several, which we believe may create an adverse impression:

We will ensure that the daily blackboard menu is made clearer and encourage only those staff with neat handwriting to complete it. We are cognisant of the need to make information accessible and try our best to ensure that everyone has access to the information they need using different methods. Our daily menu choices are explained in person by staff caring for residents.

The weekly menus display is displayed on A3 paper and is available in a larger format. These are primarily for resident families who have asked if they could see the four week rolling menus together so that they can help plan ahead for residents who are unable to make an informed choice themselves.

We will of course continue to develop the iPad pictorial menu contained within the new electronic care planning system, which is six months into the 15 month implementation. Picture menus are already available for staff to show residents and this also contains information about ingredients and allergens.

The activity timetable recommendation has been addressed above. The timetable is on several notice boards throughout the home.

I hope that you have found Austenwood to be caring and dignified environment for our residents and we want to continually look at ways to help improve how we deliver care. Visits such as this by you and your colleagues help us to do this. As requested, we will encourage residents and their families to complete your questionnaires but in the meantime, I hope that we have addressed the few minor reservations in what is otherwise an excellent report of the first class care received by residents of Austenwood.

Date	Activity	Place and time
Mon 2nd		
Tues 3rd	Hairdresser	Salon from 10:30
Wedn 4th	Zumba	Lounge 11:15
Thurs 5th	1:1 religious blessings	Individual rooms
Fri 6th	Knitting video clips about Samara's Aid	Lounge 11:00; individual rooms pm
Mon 9th		
Tues 10th	Hairdresser	Salon from 10:30
Wedn 11th		
Thurs 12th	Oktoberfest evening	Dining room and lounge from 17:45
Fri 13th	Baking 1:1	Dining room from 10:30
Mon 16th		
Tues 17th		VM A/L
Wedn 18th	Zumba	Lounge 11:15
Thurs 19th	Communion Service with Rev Wendy and Katie	Lounge 12:00
Fri 20th		VM A/L
Mon 23rd	Melissa and Ryan to visit	Individual rooms
Tues 24th	Hairdresser	Salon from 10:30
Wedn 25th		
Thurs 26th	1:1	Individual rooms
Fri 27th	Linda Watts cruise ship singer	Lounge 11:15 (postponed)
Sun 29th	Epilepsy games and quizzes	Dining room- TBC
Mon 30th	Jess visiting?	Individual rooms- am
Tues 31st	Hairdresser	Salon from 10:30

Acknowledgements

Healthwatch Bucks would like to thank the residents, visitors and staff at Austenwood for their contribution to the Enter and View visit as part of the Dignity in Care project.

Disclaimer

Please note that this report, on dignity in care, relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was seen and heard at the time.

Methodology

This was an unscheduled Enter and View visit in that the care home were given up to 2 weeks' notice of our intention to visit but not the time and date. Authorised representatives noted what they observed and were told.