



Enter and View Report:
Anglesea Heights

18th November 2016



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Name and Address of Service visited:

Anglesea Heights,
Anglesea Road,
Ipswich,
Suffolk,
IP1 3NG

Name of Provider:

BUPA Homes.

We visited this service on:

Friday 18th November 2016.

ACKNOWLEDGEMENTS, DISCLAIMER AND... WHAT IS ENTER AND VIEW?

Acknowledgements:

Healthwatch Suffolk (HWS) would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer:

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

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. These may be announced or unannounced.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and to make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 'Authorised Representatives' (AR) 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 they can also occur when services have a good reputation - Healthwatch Suffolk wants to learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch 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 CQC where they are protected by legislation if they raise a concern.

EXECUTIVE SUMMARY

“..Active steps are being taken to increase the permanent staffing level of nurses and senior carers..”

EXECUTIVE SUMMARY:

The Manager has been in post since April 2016, she was previously the Deputy Manager. This change in management appears to have had a positive effect on most staff.

There are now three houses within Angelsea Heights as Bourne House was closed and the residents were transferred to the other houses.

No care staff were made redundant when Bourne House closed which has meant the other three houses are over the required number of care staff in relation to residents.

Active steps are being taken to increase the permanent staffing level of nurses and senior carers. Angelsea Heights are now linked with a new recruitment agency to cover vacant nursing posts which has meant more consistency in agency staff at the home. The agency supply nurses with knowledge of the local health economy. Agency staff are pre-booked through until December. Agency staff have one day's induction prior to starting a shift. The agency carries out competency supervision on site.

A formal Induction programme is in place and on-going training and development opportunities are available. Eight members of staff have started NVQ3. Training needs analysis has been conducted by BUPA Suffolk Homes and quarterly training plans are in place to address identified needs.

Extra training has been covered in induction of new staff and across the workforce.

The E&V team saw evidence of good practice and positive relationships between staff and residents throughout the visit. For example, BUPA staff have been empowered to stop external healthcare professional's delivering interventions before 11am and during meal times.

Several recommendations have been made as a result of the visit:

Recommendation 1:

Management to make themselves fully conversant with the NHS Accessibility Standard and ensure training is put in place for staff to bring them up to the required level of competency.

Recommendation 2:

Signage: appropriate directional signage required in pictures and words. The toilet and bathroom signs in Gippeswyk and Christchurch are good and this should be extended to Alexandra House. Door signs on order should be fitted as soon as possible. This will aid orientation not only for those living with a dementia but for all residents.

The names of the staff under the photos in the houses should be in larger print to make them easier to read (photos should be in all three houses currently not in Alexandra House)

Recommendation 3:

Memory boxes should be used in all three houses

Recommendation 4:

All signage and notices to comply with

NHS Accessible Information Standard.

Recommendation 5:

To ensure that those living with dementia or a physical disability can always take part in meaningful daily activities to aid stimulation.

For example, encouraging resident involvement with developing the gardens, enable residents to participate in daily activities that reflect / mirror their past routines.

Staff don't see activities as being part of the day to day lived experience.

The E&V team saw limited activities being delivered.

Recommendation 6:

The use of menu cards in Alexandra House (as in the other two houses). In addition, the E&V team did not observe residents being offered hand washing or sanitizer facility before the meals, an omission in terms of promoting healthy living.

Recommendation 7:

The same standards and procedures should be delivered across the three houses. Alexandra (end of life): difference between Alexandra and the other two houses in terms of its management and atmosphere for example staff appeared to be unhappy on Alexandra, staffing levels were less than the other two houses. The environment was unsuitable for dementia residents - signage poor/ no memory boxes etc.

ENTER AND VIEW

“.. To gather feedback from residents, their relatives and staff ..”

1. Visit Conducted by:

Lead Authorised representative:

- Stella Morris

Authorised Representatives (AR):

- Bob Hawkes
- Jane Darke
- Sheila Warnes
- Wendy Shepherd

Observer:

- Dawn Jordan

2. Purpose of the visit:

- 2.1 To gather feedback from residents, their relatives and staff.
- 2.2 To observe life at Anglesea Heights.
- 2.3 To establish what choices residents have in relation to their daily activities and involvement in care planning, food / menu choices.
- 2.4 To determine how the staff communicate with residents to ensure that they are able to participate fully in decision making.
- 2.5 To gather information about staff levels.
- 2.6 To determine the extent of the implementation of the NHS Accessible Information Standard.
- 2.7 The Care Quality Commission (CQC) inspection and recommendations in June 2016 published in October 2016 concluded that all five areas

inspected Requires Improvement.

3. Methodology:

- 3.1 Discussion with the manager, staff, residents and relatives.
- 3.2 Review of relevant documentation
- 3.3 Observation throughout the three houses

4. Introduction:

- 4.1 The home is in a residential area of Ipswich. The main building is used for administration. There are now three houses for residents: Gippeswyk, Christchurch and Alexandra, the fourth house, Bourne, closed earlier this year.
- 4.2 Anglesea Heights accommodates up to 90 people in three houses. The residents require nursing or personal care. Residents may have dementia or physical disabilities.
- 4.3 Angelsea Heights has a contract with Suffolk County Council to provide a significant number of places, it also takes privately funded residents. County Council placements are currently suspended, hence the low occupation figures.
- 4.4 The accommodation in all three houses is on one level and corridors to resident's rooms radiate off a main lounge/dining hub.
- 4.5 On the day of the visit there were a total of 55 residents living at the home on the three

remaining houses. There were 16 residents living in Gippeswyk House (Dementia), 20 living in Christchurch House (residents with mental health or physical disability, and 19 living in Alexandra House, mainly frail elderly in need of 24 hour care/nursing and end of life care.

4.6 The rooms are single occupancy with washing facilities but not ensuite.

4.7 The call bell system has a monitoring function so that it is possible for managers to review staff response times, number of calls etc. across the houses and for this purpose all staff carry receivers for the alarms to allow them to respond immediately to calls.

4.8 All the houses have their own lounge/dining rooms, there is also a small kitchen area and the facilities to make hot drinks and snacks throughout the day.

4.9 There are also some small areas at the end of the corridors where it is possible for residents to sit quietly.

4.10 Assisted bathrooms are available on all the units

4.11 The main kitchen where all the meals are freshly prepared on a daily basis is based in the main building. The meals are taken from here on heated trolleys to the dining rooms on the houses.

4.12 The kitchen is also able to meet the individual dietary needs/choices of residents and cater for soft diets etc.

4.13 Wi Fi is available throughout the home.

4.14 There are normally three Activity Co-ordinators. At the time of the Enter & View visit one co-ordinator

was on maternity leave, another was off sick. Other members of staff were observed doing activities with the residents. There is a weekly and monthly activity programme in place; however if the residents do not want to take part in the planned activity the programme is adaptable to the resident's desires. Trips out into the community are also arranged.

4.15 There are several small secure garden areas which residents can access freely. Some rooms have direct access to the gardens. There are some raised beds and plenty of covered seating. Residents are encouraged to help in the gardens if they want to, and when the weather permits they are encouraged to participate in outside activities and to take their meals outside.

4.16 The staffing structure comprises of a management team lead by the General Manager, Senior Nursing/ Care staff, Chef and kitchen staff, Activity Co-ordinators nurses and carers.

4.17 The General Manager has access to two staff agencies but mainly uses a local company to cover vacant positions.

4.18 Outside healthcare professionals visit residents on request.

4.19 The local community is encouraged to become involved with the residents for example local school children visit.

5. Impressions

5.1 At the front of the building there is a large car parking area which is used by both staff and visitors.

5.2 Access to the front door of the main building was via steep steps or a ramp. We were greeted by the

- General Manager and asked to sign in.
- 5.3 There is a receptionist based in the main building.
- 5.4 There were notice boards with staff notices including training schedules in the reception area.
- 5.5 Posters with details of the Healthwatch visit were prominently displayed in the main building and in all three of the houses.
- 5.6 The E&V team were escorted to the houses by a member of the management team, introduced to the senior member of staff, and invited to walk round the building freely, talking to staff, residents and visitors.
- 5.7 Visitors can approach the relevant building they are visiting directly. Each house has a small lobby with signing in book. Access to the houses is by keypad and visitors ring the bell, wait for a member of staff to let them in. A seat in this area for use by visitors waiting to be allowed entry may be useful.
- 5.8 Information is posted for residents and visitors about activities and menus.
- 5.9 On Christchurch House and Gippeswyk House staff photos are displayed prominently but the writing underneath showing names and roles was not always easy to read.
- 5.10 During the visit of the E&V team were impressed by the staff's helpful and informative responses. Overall, staff gave the impression of being happy in their work and motivated to do a good job. However, one member of staff did say they felt under pressure and did not feel supported by higher management. Another member of staff said there were more staff on than usual and if we had come unannounced we would have seen a different picture? Most staff are positive about the changes being implemented but the team felt that there was an underlying tension which may have been carried over from Bourne House being closed.
- 5.11 There was a relaxed atmosphere in the houses and the staff that were observed appeared to be caring towards the residents and visiting relatives, their relationship seemed to be positive.
- 5.12 All the houses are of the same design with a lounge/dining area with corridors off to resident's rooms, toilets and bathrooms. The lounge/dining rooms were zoned with seating areas and choice of dining tables. There was a television which also had radio stations available. There were chairs of various heights but no settees. Residents can either eat at the dining tables or have an individual mobile table and remain in their armchair.
- 5.13 Residents can personalise their rooms by bringing with them small amounts of furniture e.g. favourite chair. In Gippeswyk and Christchurch there is a memory box outside each room and the name of the resident is displayed on the door. Residents are encouraged to put items that are relevant to them in the memory boxes. There were no memory boxes on Alexandra House. The E & V team felt that these should be in place across Anglesea Heights.
- Provider response: there were the usual staff numbers on each house on that day; there were no additional staff drafted in.

- 5.14 The doors on all the houses are of the same colour and it is only the memory box that distinguishes individual rooms. However, The E&V team were told that door skins (a method of decorating doors instead of painting doors and can be pictorial e.g. makes door look like a bookcase) are on order to differentiate between resident rooms, bathrooms and toilets and staff only rooms.
- 5.15 The seating areas in the lounge/ dining rooms is carpeted and there is vinyl flooring in the dining areas.
- 5.16 Toilets and bathrooms were clearly marked with a large picture and writing on both Gippeswyk and Christchurch but not on Alexandra House.
- 5.17 The E&V team were told by a member of staff on Alexandra House, that none of the residents can leave their room or use the facilities unaided. The E & V team felt that the same signage should apply to all three houses.
- 5.18 There was an initial smell of urine when entering Alexandra House. A toilet door was open near the entrance and the team was informed that a resident with a particularly chronic UTI had just been toileted. All areas in the houses were bright, clean and tidy.
- 5.19 There was no seating in the corridors, however these were not very long. There was seating at each end of the longest corridor.
- 5.20 There were various tactile objects throughout the three houses with which residents could interact if they wish.
- 5.21 It was observed that residents could choose whether to spend time in their room, take part in activities or just watch. After lunch most residents of Christchurch and Gippeswyk Houses were fully engaged with the staff in activities such as colouring, puzzles or just watching a video.
- 5.22 Lunch was observed in all the houses. The food looked to be hot and appetising. A choice of drinks was offered prior to lunch being served. Staff showed the residents menu cards as well as telling them the choices on offer in Gippeswyk and Christchurch but menu cards were not used in Alexandra House.
- 5.23 Support to cut up food or to eat was given where required. There were adequate members of staff to assist residents in Gippeswyk and Christchurch, but because more residents needed assistance in Alexandra some residents had to wait for their meal until others had been helped to have their meal.
- 5.24 A husband and wife are both resident at Anglesea Heights but with varying needs. One of the spouses lives on Gippeswyk the other on Christchurch. Staff and their family ensure that they have lunch together several times a week.
- 5.25 Staff were observed to interact well with the residents giving good eye contact, sitting next to or bending down to the same level when talking to residents. Staff always ensured that they had the resident's attention before talking to them. Staff were caring and respectful in their interventions with the residents.
- 5.26 During the visit it appeared that there were sufficient staff on duty to meet resident's needs. All the staff that the E & V team met during the visit to Anglesea Heights were

welcoming, friendly and helpful.

written notes are taken.

6. Findings (including NHS Accessibility Standard)

Staffing:

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| <p>6.1 In discussion with the General Manager it was established that she had been in role since April 2016 having previously been in post as Deputy Manager since January 2016.</p> <p>6.2 The management team are all new in post, receiving support from the Regional Support Manager in the BUPA Recovery team, whose aim is to implement the changes required to improve practice and the overall service.</p> <p>6.3 The General Manager has yet to register with the CQC as Anglesea Heights does not at present have a Registered Manager.</p> <p>6.4 Although the management team were aware of the NHS Accessible Information Standard neither the staff or management are conversant with it.</p> <p>6.5 Anglesea Heights does not have difficulty recruiting and retaining care staff but management struggle to employ nurses and senior carers. The manager is now working with a new employment agency which has resulted in more consistency.</p> <p>6.6 The E&V team spoke to in total 12 relatives who were all positive about the staff and the care and attention given to their relative. One said that she could not fault the home and felt her mother was receiving excellent support and that staff were approachable.</p> <p>6.7 Most the staff are very happy in their work and feel supported. They receive supervision bi-monthly and</p> | <p>6.8 Training is comprehensive and on-going. There is no restriction on the amount of training available at present. Extra training has been covered in the induction of new staff, and agency staff have a one day induction prior to starting their first shift. Training included care planning, documentation writing, falls prevention, nutrition and hydration, peg feeding, use and monitoring of syringe drivers. Nurses are sent to the local hospice to gain understanding of the end of life care and develop skills in this area of their work.</p> <p>6.9 Staff development is encouraged and eight members of staff are doing NVQ3 in care at present.</p> <p>6.10 The staff work 12 hour shifts, 8am - 8pm and 8pm - 8am. Senior members of staff are responsible for the handover to the new shift.</p> <p>6.11 Staffing levels meet the minimum requirement of staff on duty, often more carers are on duty than required by BUPA. Staff usually stay on the same house but do cover other houses if required.</p> <p>6.12 A key worker system is in place.</p> <p>6.13 Some of the staff are Dementia Champions having undergone the training.</p> <p>6.14 Lunch was observed being taken in all three houses. Where residents required assistance to eat their meal this was given in a very caring way. The staff members came down to their level touched their arm and said their name before talking to them about their choices (all three houses) and showing them the menu cards (Gippeswyk and Christchurch).</p> |
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One resident in Gippeswyk said an emphatic no to everything offered to them including a sandwich or cereal. Staff left her for a short while then came back and offered rice crispies to which she said yes. It was noted that because of the number of residents requiring assistance with their meals in Alexandra House some had to wait for their meal.

It is suggested that additional staff are placed on Alexandra House during meals times to manage resident demand for support. Some relatives also came into houses to support their relative at meal times.

Choices & Activities:

6.15 Discussion with staff, residents and relatives indicated that if required a resident would be supported in making choices about how and where to spend their day, when to get up and go to bed and where and when to eat their meals. All residents were offered a choice of menu at mealtimes.

6.16 Across Anglesea Heights, a range of activities were arranged taking in to account the resident's interests. Residents are given the opportunity to change activities on offer, and to make suggestions for future activities. Regular outings are also arranged.

6.17 It was unclear how less able residents had activities built in to their daily routine. How past interests would shape the activities on offer. Staff do not appear to build activities into daily routine, to integrate as part of the day to day lived experience. The E&V team saw limited activities being delivered.

6.18 An Activity Co-ordinator on Alexandra House was observed applying make-up to a resident

during a pampering session for residents.

6.19 Jigsaw puzzles, variety of games, cards, colouring books are available in all three houses. Organised outings are regularly arranged and religious services held. Local school children regularly visit Anglesea Heights. No computer resources are available for use by residents.

Care Planning:

6.20 The E&V team were advised that the care plan is started within 72 hours of a new resident moving into Anglesea Heights. It is reviewed every 28 days but if an incident or change occurs this is noted immediately and any changes required to the care plan is made. Care plans are accessible to all relevant members of staff.

6.21 Case notes are updated daily and any incident or changes highlighted during the handover between shifts.

AREAS OF GOOD PRACTICE

“...Positive links with the local community are being made and this will enhance the opportunities for the residents to interact..”

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| <p>7.1 The staff are very caring and residents are treated with dignity and respect.</p> <p>7.2 The new management team are very positive and appear to be supportive and forward thinking. However there appears to have been some resistance to change from some members of staff.</p> <p>7.3 A member of staff told a member of the E&V team AR that they had been informed on what to say and that there were more staff on than usual. The E&V team member were also told that if the visit had been unannounced the team would have seen a different picture.</p> <p>7.4 The residents and relatives that the team talked to appeared be happy with the care received.</p> <p>7.5 Overall good practice and positive interaction was observed between the staff and residents.</p> <p>7.6 It was stated that residents, and where appropriate relatives, were involved in developing and reviewing care plans on a regular basis to take account of any changes in individual needs or wishes but it was not possible to verify this.</p> <p>7.7 The environment, maintenance and layout of the buildings are good. The buildings are clean and comfortable with a variety of options where to sit and with varying height of chairs. Parts of the building is looking a bit tired but, it is work in progress</p> | <p>7.8 Some decorative changes to the houses could improve the environment and enable the residents to retain their independence for longer. For example, colour and contrast can be used to help people with sight loss and dementia to identify key features and rooms. Good use of colour and contrast can facilitate independent living to enable people to find their way around and to use facilities.</p> <p>7.9 The secure garden enabling residents to have unfettered access to them, weather permitting, is an asset.</p> <p>7.10 The availability of Wi-Fi within the home is very positive. The availability of a computer resources would be beneficial.</p> <p>7.11 Positive links with the local community are being made and this will enhance the opportunities for the residents to interact for example with local school children who visit regularly and religious services which are now being held.</p> |
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RECOMMENDATIONS

“.. The use of menu cards in Alexandra House. (As in the other two houses)..”

Recommendation 1:

Management to make themselves fully conversant with the NHS Accessibility Standard and ensure training is put in place for staff to bring them up to the required level of competency.

Recommendation 2:

Signage:

Appropriate directional signage required in pictures and words. The toilet and bathroom signs in Gippeswyk and Christchurch are good and this should be extended to Alexandra House. Door signs on order should be fitted as soon as possible. This will aid orientation not only for those living with a dementia but for all residents. The names of the staff under the photos in the houses should be in larger print to make them easier to read (photos should be in all three houses currently not in Alexandra House)

Recommendation 3:

Memory boxes should be used in all three houses

Recommendation 4:

All signage and notices to comply with NHS Accessible Information Standard.

Recommendation 5:

To ensure that those living with dementia or a physical disability can always take part in meaningful daily activities to aid stimulation.

For example, encouraging resident involvement with developing the gardens, enable residents to participate in daily activities that reflect / mirror their past routines.

Staff don't see activities as being part of the day to day lived experience.

The E&V team saw limited activities being delivered.

Recommendation 6:

The use of menu cards in Alexandra House. (As in the other two houses). In addition, the E&V team did not observe residents being offered hand washing or sanitizer before the meals, an omission in terms of promoting healthy living.

Recommendation 7:

The same standards and procedures should be delivered across the three houses. Alexandra House (high needs / end of life) there appears to be difference between Alexandra and the other two houses in terms approach to care, of its management and atmosphere. For example staff appeared to be unhappy on Alexandra, staffing levels were less than the other two houses. The environment was unsuitable for dementia residents - signage poor/ no memory boxes etc.

SUMMARY...

“...Changes to the units in terms of decoration would contribute to making them more dementia friendly..”

Activities:

Staff don't see activities as being part of the day to day lived experience.

E&V team saw limited activities being delivered.

Provider response: we have been working with care and activities staff to highlight and support the meaningful activities for residents as part of the day to day activities on each house.

This will take time to embed; there has been on going dignity and wellbeing training and Champions are emerging to support this on each house.

Alexandra House (end of life):

The difference between Alexandra and the other two units.

- Staff were unhappy on Alexandra, staffing levels different, had a different feel to it?
- Environment unsuitable for dementia residents - signage poor/ no memory boxes etc.
- Some residents had to wait for their meal until others had been helped to have their meal. Toilets and bathrooms were clearly marked with a large picture and writing on both Gippeswyk and Christchurch but not on Alexandra House.
- Toilet and bathrooms clearly named in Christchurch and Gippeswyk but not Alexandra

Provider response: We have recruited a Unit manager who will be starting mid-January which should help with the patchy leadership on the house of late. (the current Senior Sister having

reduced her hours recently due to family carer commitments). There had been issues on the house with staff short term sickness, which we are addressing robustly in conjunction with our People Team. We have deployed a Senior Carer to Alexandra House to provide leadership for the care staff and to support the Registered Nurses during this time of transition. Signage on order as discussed and attention to memory boxes and other issues around NHS Accessible Information Standard being addressed throughout the site.

The units in general:

Changes to the units in terms of decoration would contribute to making them more dementia friendly.

Christchurch and Gippeswyk units have staff photos on display but writing underneath sometimes difficult to read. No photos of staff on Alexandra.

Wi-Fi available but no IT equipment available for residents to use.

NHS Accessible Information Standard:

Neither the manager nor any of the staff aware of the standard. The team left information sheets for the manager.

PROVIDER FEEDBACK (ON RECEIPT OF DRAFT)

Verbatim, provider comments are included within the text of the report.

HERE TO HELP...

If you have a query about this report or would like to know more about Healthwatch Suffolk please contact us as below. We will be happy to help.

You can watch a short video about us via the following link:

www.healthwatchsuffolk.co.uk/about-us/

For information about how we made a difference in the year 2014/15, please download our annual report from:

<http://www.healthwatchsuffolk.co.uk/about-us/annual-reports-and-agm-resources/>

You can also contact us for a hard copy (limited availability) or watch our supporting video. Simply search for "Healthwatch Suffolk" on YouTube.

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