



Enter and View Report

Ashgrove Care Home

Monday 9th November 2015

healthwatch

North East Lincolnshire

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Report Details

Address	Whitehall Farm North Sea Lane Cleethorpes Lincolnshire DN35 0PS
Service Provider	Minster Care Management Limited
Date of Visit	Monday 9 th November 2015
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Freda Smith, Carol Watkinson & Enda Wicks.

Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report related to findings observed on the date listed above. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch North East Lincolnshire.

What is Enter and View

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of trained volunteers, who are prepared as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as “announced visits,” where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as “unannounced visits.”

Enter and View visits can happen if people tell us there is a problem with a service but equally they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.

Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Food & Drink, Safeguarding, Staffing, Personal Care and Medication
- To observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

Methodology

This visit was an announced/unannounced Enter & View visit.

An announced/unannounced visit is where we send a letter to the care home 6 weeks in advanced of a date we have in mind, letting them know we intend to visit soon. A letter will then be sent approximately one week before the visit date we have and then we will turn up in that week unannounced.

Before each visit our representatives will attend a pre-meet to discuss the latest Care Quality Commission report to gather more information about the place we intend to visit.

Summary of Findings

- Clean and pleasant Care Home but a strong odour permeating throughout the home.
- Concerns raised around the handling of medicines.
- The carers are very hard working and the residents appeared well cared for but it is obvious they are very stretched.
- More training/information needed for some staff.

Details of Visit

Environment

Ashgrove is a beautiful old period farm house set in a leafy location and it has a fair sized carpark. The building has recently undergone extensive alterations, creating eighteen spacious and bright rooms. The original rooms are very small but some do have en-suite.

The residence has thirty three occupants, with a variety of conditions, from strokes to different stages of dementia. When the new rooms are opened there will be eighteen more.

We were greeted by the Deputy manager Heather Marshall, who was very welcoming, she was aware that we would be visiting but did not know which day. Although generally helpful, we all found her to be less sure when answering questions regarding staffing levels, residents and transport.

We did ask if Heather had a name badge, but she told us that she had left it at home. We noticed that several of the staff were not wearing name badges.

The entrance hall was bright and cheerful, the visitor's book was shown to us and hand gel was visibly available.

We noticed a dust pan and brush were stored in the dining room.

Not all residents' rooms clearly identified the key worker.

Unfortunately the hall and many other areas had a strong odour of urine permeating throughout.

One resident had a safety gate on her door when she was inside the room. We were told this was to prevent other residents going in her room which we understand but it also prevents her from leaving the room.

The two lounges that we visited were clean and pleasant. We had some concerns regarding the fabric upholstery, because it is not easily washable, and as some of the residents were incontinent, this could be causing the odour problem.

We noticed the writing on doors was in small print and we feel visual signs or photographs would assist some residents.

Food and Drink

The dining room was again bright and airy. The dining room walls were very uninteresting and bare, with nothing on them at all. As previously mentioned, dining chairs had a fabric covering. Menus were on each table, we asked about pictorial menus, and they do have them if needed. Surprisingly each table had four glasses of fruit drink already poured out but we were there almost two hours before the residents ate and we would suspect that they had been there even earlier.

Breakfast was at 8am and lunch at 12.30pm but we did not obtain the time for supper. Afternoon tea with cake was offered but the residents could request food and drinks as they wished.

The kitchen was rather small for the size of the home and it looked very 'tired', but we understood it is soon to be replaced. We were offered aprons before entering. There were two fridges, but one was out of order, two plates of sliced cake, covered in cling film were left out on a warm counter. The prep room fridge was caked in thick ice.

Safeguarding, Concerns and Complaints Procedure

Most doors were locked apart from a linen store cupboard, notice on the door stated it had to be kept locked, and the staff soon locked it.

During our visit a bell rang constantly, we were told it was more than one person ringing. We noticed one particular bell rang for 8 minutes before we recommended Heather (Deputy Manager) go see to it. (They do have a computerised bell system and frequent checks are made on the time it takes to be answered).

Some of the corridors were cluttered with equipment. Hoists were left in corridors throughout the day as they were in constant use which we understood, but they do represent a hazard for residents who were walking around the building. These are put in a store cupboard at night.

During our visit we spoke to several relatives of a lady who had fallen out of bed four times, hurting and bruising her head. Apparently FOCUS was in the process of doing a risk assessment. We asked if we could see the room and bed, the deputy manager consented, but we told her that we should ask permission from the lady first. The room was small, but the bed was quite low. Each night a substantial crash mat was put in position, so we wondered how she could have sustained any injuries. We were then told that the lady had hit her head on the bedside locker as she fell. The locker is now on the other side of the room but we do not know if it was moved after the first or the fourth fall.

As we passed one of the rooms there was a barrier nurse notice on the open door. We did not see any hand sanitizer or gloves at the entrance.

One of our group was concerned about the possibility of somebody being trapped in the enclosed courtyard during a fire. With fire doors leading on to it from the rooms, the main concern was that the doors were not able to be opened from the outside and you could be trapped in the courtyard. Because this was in the new extension then it was thought that it had been checked by the fire authorities.

The dispensing/treatment room looked well organised and secure.

There were some concerns that not all staff were confident in the handling of medicines. This could be addressed through more training.

Staff

Usual preferred staff levels are: one senior carer and seven carers during the day, one senior and five carers in the afternoon and evening, and one senior and two carers at night. Unfortunately two carers had called in sick, (one of them had sadly, just lost a relative), and according to one of the staff Ashgrove has a high sickness leave.

We spoke to several members of staff, and one who seemed well informed, said that the staff had several times suggested a 'bank' and that existing staff would probably join it, but said that 'they, the management' would not do it.

One member of staff said that she was most concerned about that afternoon's staff shortage, as there would only be one senior and three carers and she felt it was unsafe.

An 'apprentice' carer was working a twelve hour shift. Although with a mentor, she still had not completed a handling and moving course, and had been in employment since September.

Deputy Manager's role was to train staff and undertake appraisals every 6 weeks. We understand that these were not happening that regularly.

Another issue was the staff uniforms; it was difficult to know the status of individuals, especially as a fair proportion of staff did not have a name badge.

The outside staff smoking area was reasonable and litter free.

The manager's office was not labelled.

In conclusion, we felt that the residents are well cared for, but that the carers were worked extremely hard. The staff shortages need to be urgently addressed. We did advise the deputy manager to contact her employers i.e. The Minster Care Group, and inform them of the unsafe staffing levels.

Promotion of Privacy, Dignity and Respect

We noticed a dignity board with six champions, but along with complaints and protocol forms it was not easily visible.

The residents looked clean and well cared for, and those whom we spoke to, were quite happy.

Recreational Activities

Ashgrove has a activity coordinator who comes in five afternoons a week. We noticed the activity chart, and it had quite a few activities, including singing bingo and films on offer. We asked if residents had outside 'outings' and apparently they do, and that they especially enjoyed the garden centre a mile and a half down the road. We enquired about the transport, but were told they walked there, (wheel chairs were not mentioned). When we expressed surprise, we were then told they went by car or a hired mini bus. A hairdresser visits weekly, a small library is in situ (with large Print), there are several large televisions, a separate smoking room and pamper days are often on offer.

Medication and Treatment

The medicine storage room looked secure and organised; the home has several carers to administer medication.

There were some concerns that not all staff were confident in the handling of medicines. This could be addressed through more training.

A district nurse was visiting whilst we were there. We did not check any charts.

The optician was in on the day of our visit seeing to residents.

Residents

Residents and a couple of visitors were interacting with one another on our visit.

The residents looked clean and well cared for.

Recommendations

1. Prompt action needs to be taken when there are staffing shortages with support for staff who have taken sick days off.
2. Attention needs to be given to securing regular appraisal for staff and health and safety and Medicines refresher training.
3. The issue of odour problems needs to be addressed in conjunction with the local Incontinence Adviser and advice taken on alternative washable furniture.
4. Have the kitchen fridge repaired and the prep room fridge cleaned and de-iced
5. Consider displaying photographs on resident's doors, if they are agreeable.
6. Pictures in some communal rooms such as the dining area would promote a more homely feel.

Service Provider Response

The report was sent to the Manager of the Care home on 20/11/15 and again on 10/12/15 along with a telephone conversation and an extended deadline to respond with comments by 18/12/15. We had not received any comments on the day of publishing 22/12/15.

Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (Contracts manager for HWNEL)
- Julia Wong (Quality Programme Officer CCG)
- Jan Haxby (Director of Quality and Nursing at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew (CQC Inspection Manager Hull, NEL, & NL)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view