

Enter & View

Report

Ashcroft Hollow Care Home

12 December 2019



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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Ashcroft Hollow Care Home
Address: 18a Stafford Road, Cannock, WS12 4PD
Service Type: Nursing home
Date of Visit: 12th December 2019

Authorised Representatives

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

Julie Thurlow

Mary-Ann Burke

Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

This was well presented and welcoming. We were told that a gardener attends twice a week in season and the pots were currently planted with winter flowering pansies. We were told that when the weather is better residents are encouraged to plant the pots and tubs themselves. There was no litter in the area and the property was clearly signed.

Access to the property was by a bell push which was answered promptly.

Internal

We were asked to sign in by the Administration Manager, the area inside and out was covered by CCTV. Access and entry for staff was by means of a key pad.

Immediately facing the reception there was a 'window' depicting a Curiosity Shop. We were told that some items in the 'window' has been made by the residents.

The whole area was beautifully decorated for Christmas. There was a Christmas raffle available in the reception area and a suggestion scheme.

To our left there was a storage room/hairdresser's salon. We were told that the wheelchairs which were located within are removed when the hairdresser attends once a week. There were 4 wheelchairs in reception when we arrived but these were for lunch use and had been put away when we left.

There were photographs on the walls of residents past and present.

This was a cheery and welcoming space and there was no unpleasant odour.

The home has two lounges and a conservatory.

One lounge is referred to as the Observation Lounge, this is for residents at risk of falling. Each has a specialist chair and there were Carers in the room attending to residents needs.

The other lounge was used by residents who were not risk of falling.

Resident Numbers

There are currently 38 residents with the home being able to accommodate up to 45 residents.

Staff Numbers

In addition to the Manager we were told that there were the following:

Administration - 1

7 Carers and 2 Nurses in the morning

6 Carers and 2 Nurses in the afternoon/evening

3 Carers and 1 Nurse at night.

1 Activity co-ordinator 3 days a week and currently interviewing for a further person for another other 3 days to give better coverage throughout the week.

Catering - 2 working 7.30 - 2 pm and one working 3pm - 6.30pm

Maintenance - 1 working 8 am to 3 pm - plus part time gardener in season

Domestics - 2 in the morning and 1 in the afternoon

The home uses agency when necessary, usually sourced from two agencies. They advised us that try to have the same people whenever possible. They are currently operating with 10% agency to cover sickness.

The Manager is currently recruiting for a Deputy and two more carers start next week.

Management

Management - A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Our findings

The Manager has been in post since January 2019 she is a qualified Nurse and committed to putting in place all recommendations of the CQC highlighted in the last CQC report.

Comments

Following the CQC visit the manager has put into place a computerised alarm system which means that any alarm goes unanswered for 4 minutes it goes into emergency mode.

The manager explained to us that since the CQC visit new charts to monitor fluid intake have been established - there is a traffic light system associated with these charts to clearly indicate any cause for concern so that prompt action may be taken.

The Home also maintains a SPACE system (Safe Provision and Care Excellence). Since the last CQC visit in October this has been reviewed and cross referenced to identify all aspects of the running of the home - staff attendance, pressure injuries and falls etc.

Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

In house training is provided by one of the Nurses and there is also an online system by an outside provider. Staff complete this online training this in their own time either at home or in the library. They are compensated for this by being paid for break times.

Additional courses are taken by staff as and when required - End of Life and Advanced Care Planning, DOLs etc

Comments

The training system is monitored by the Manager and reminder texts are sent to staff when training is due. The system consists of 28 modules and because they introduced this system 12 months ago many courses coming up for renewal.

Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Our findings

The Nurses station is well organized with care plans, by room number for confidentiality, and also for quick reference a card system again by room number.

There were also files held in the dining room relating to each resident and their individual dietary needs.

Whilst visiting one of the lounges we observed one resident being moved with a hoist into a wheelchair. This was done with care and respectfully by two members of staff, to take the resident to the toilet and lunch. Most of these residents appeared to be sleeping but one residents was watching TV.

Comments

The staff were clearly aware of residents and their histories and preferences but it was felt that this could be further enhanced by a memory board and photographs being available either in the resident's room or on the room door.

Activities

Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Our findings

We were told that a lot of activities are held but residents do not have to take part if they don't wish to do so. Activities include Tombola on Monday and a Christmas party is planned.

Comments

There is currently a vacancy for another Activities Co-ordinator and an interview is arranged for next week. A student from Walsall College currently attends one day a week and we were told that she is hoping to expand this to an apprenticeship in the near future.

The Manager is hoping that in future students from a local primary school can come into the home and interact with the residents.

We were told that there is a therapy dog who visits the Home once a week.

Catering Services

Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

Our findings

In the dining room Christmas music was playing and some relatives were eating lunch with the residents - if they wish they can give a donation for this. Adult bibs were in use and all residents had their hands wiped before lunch. The meals were served on tables with cloths and there were flowers on the tables. All residents were provided with cups and cutlery to suit their individual needs.

There is a check list to ensure that all residents get a meal and staff are allocated to help anyone needing assistance.

Meals were served to some residents in their rooms.

Comments

The meal being served at the time of our visit was chicken in a sauce with asparagus. Everyone we asked about the quality of the catering said that the food was good.

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Our findings

It was apparent that visitors are made welcome and encouraged to visit at any time. There is a complaints system detailed in reception and we were advised but this has been used very little, not at all in recent months.

Comments

The visitors we spoke to were all most complimentary about the home and its facilities.

One said that she had searched Staffordshire for a suitable home for her husband recovering from a stroke. Both she and he said that the care he received was exemplary and the food was excellent. He told us that he prefers not to take part in activities but they were available. He mainly plays games on his laptop.

Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Our findings

We were told that the local Christian church visits on Tuesdays and any residents who wish to may take part.

We were told that there is also a Buddhist resident but he prefers to read his book and pray on his own.

We were told that there is also a Chinese resident who mainly speaks Cantonese and has learning difficulties - to assist with his care the Manager brought in an interpreter to ensure his needs were being met and his relative also arranged for him to have television programmes in Cantonese.

Comments

The home seems to make every effort to provide for all cultural, religious and lifestyle requirements.

Family and Carer Experiences and Observations

In one of the lounges we met a gentleman who was recovering from a stroke - his wife was sitting with him. She was with him throughout our visit and praised the home very highly.

Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

There isn't a committee at the present time but the Manager and her staff are always available and there is a complaints and comments box available if they wish to use these.

Comments

The relatives we spoke to during our visit were all very satisfied with the care their relative were receiving. However, it would probably be worthwhile setting up a Committee or holding regular meetings when time allows.

Summary, Comments and Further Observations

The rooms were spacious with ensuite facilities. One lady had her room furnished with items from her own home and preferred to spend her time there. She was eating lunch during our visit and was very happy with everything.

There were toilets and a bathroom on each floor and these were clearly marked.

Following recommendations from the CQC a further room is being changed into a bathroom.

There is a sitting room upstairs which may be used by relatives to spend time with the person they are visiting or it can be used for birthday celebrations etc.

Although the thermostat showed a reading of 21.5 it seemed quite cold upstairs and this was addressed during our visit.

On this floor there was a locked cupboard which is to be used to hold thickener for drinks. A poster advises Carers which resident requires this added to their drink.

Whilst upstairs we noted food being taken to one of the rooms and the occupant being encouraged to eat.

The Manager knocked on each door before entering.

There is a working lift and one resident can take herself up to her room encouraging her independence. She also assists by sitting in reception and allowing access to people she recognizes.

Recommendations and Follow-Up Action

We found this home to have a warm and caring atmosphere. We felt it could benefit by becoming more dementia friendly, in terms of decoration and it would potentially be beneficial for some of the residents if the doors were painted different colours with memory boxes alongside.

The residents were well cared for and they were happy.

Provider Feedback

Healthwatch Staffordshire did not receive any feedback from the provider.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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