

Enter & View

Report

Abbey Court Nursing
Home, Cannock
10th September 2018



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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: Abbey Court Nursing Home

Provider: Avery Care

Address: Heath Way, Heath Hays, Cannock, Staffordshire WS11 7AD

Service Type: Caring for adults over 65, Caring for adults under 65, dementia, mental health conditions and physical disabilities.

Date of Visit: 10th September 2018

Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire. Mary-Ann Burke and Julie Thurlow.

Purpose of Visit

To follow up on the CQC report of 6 April 2017 when three areas within Effect, Caring and Responsive, were deemed to 'Require Improvement'.

These were identified as Staff engaging in conversation with residents, encouraging residents to participate in activities and residents to be offered meal choices.

In addition, 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

Abbey Court was well signed from the road with adequate parking space. The forecourt is well presented with the garden are planted with shrubs.

Internal

Initial access was to a tidy and welcoming porch furnished with an armchair. A small table had a copy of the CQC Certificate Registration Rating 24 May 2017. In addition there was a copy of the Abbey Court Newsletter, Safeguarding policy and Whistle blowing policies, the Complaints process and 5 star food hygiene rating.

To gain access to the building there was keypad that included a bell to alert reception.

The reception was to the left. To the right there was a table with information such as Certificate of Registration, Customer comments/complaints procedure, brochure of activities and an example of a memory board.

All Visitors were required to sign in/out at Reception. The Receptionist also kept files for any agency staff coming on duty. The Reception desk also had a copy of the Activity Plan for the month and the menu for the day.

The corridors were carpeted and walls decorated with wallpaper.

Across the corridor from the reception area there was a dining room furnished with dark wood polished table and chairs. This room is used for afternoon teas once a month.

Families can also book to celebrate a resident's birthday or other special occasion. Food can be brought in or ordered from the kitchen.

Some residents can also choose to have their lunch served in the dining room. On the day of the visit four residents were eating together.

French doors gave access to a garden area. We were told that the more able residents can access the outdoor area safely. It is totally enclosed and secure and was laid with slabs. There were raised beds and we were told that some residents like to tend these. It was noted that one container had dead plants but this might be due to the time of the year as well as weather conditions.

Tables, chairs and a BBQ were available.

Quiet lounge - this is adjacent to the dining room and was furnished with leather wing chairs and bookcases/shelves. This can be used by anyone visiting a resident should they wish to do so. Drinks are available.

Main Lounge downstairs - 18 people were sitting in the lounge when we arrived waiting for the singer. Most were awake, drinking tea and a carer was chatting with them.

During the entertainment two residents, were seen dancing to the music, with a carer and many were clapping or singing along.

Upstairs Lounge - During our visit a carer was playing with a blow-up ball tossing it the residents, who were taking part, in turn. There were a further two carers present.

Reminiscence Room - upstairs - this decorated in the style of a parlour, with treadle sewing machine, a record player, piano and two-seater settee. A resident and her husband were in the room during our visit and he was very complimentary about the Home and the care his wife receives.

During the time we were there a visitor was seen bringing a small dog in. We were told that animal visits are encouraged. We were advised that during the course of the year they have had visits from 2 lambs, 2 reindeer and a visit from a man bringing various other animals

Two doors were not labelled we were told that one was a sluice and the other for archived files.

Resident Numbers

Currently 66 residents, across two floors, Elms and Oak. Elms, (upstairs) is referred to as the 'Memory Care Suite'. Oak, downstairs, is for residents requiring more general care.

Staff Numbers

Nurses - 6 always two on duty at any one time.

Carers - 14 on duty during the morning. 12 in the afternoon and evening and 6 at night. Some of these staff are also trained to Advanced Senior Care level and therefore are able to carry out some nursing duties.

Activity Co-ordinators - 2 - both on duty during the day.

Domestic staff - 12

Maintenance - 2

Administration - 2

Management - 2

Catering - 7

These figures include 3 team leaders.

Agency Usage

We were told that Agency staff are used very rarely and this was confirmed by the agency signing in register held on reception. Since April to date there were four occasions when an agency worker was required. The same agency is used whenever possible and generally for night duties.

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

It was apparent throughout the visit that the Manager was a very visible presence and available for visitors and family members.

The Deputy Manager showed us round the building and it was clear that she knows the residents well because she spoke to them by name. She explained that she has also trained to Advance Senior Carer level during her time with the company prior to her current managerial post.

The Team Leader who is responsible for Administration, is also currently taking the Advance Senior Carer course and was familiar with both staff and residents. The Manager was a very visible presence and available for visitors and family members.

Comments

Generally the morale of the staff and enthusiasm for the Home and the Management team seemed high.

The staff spoken to were, in the main, keen to talk about their role and explain the procedures.

They confirmed that there are training opportunities within the business.

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

Avery use Cube learning system on line and in-house. There is a six month probationary period and NVQ level qualifications are mandatory. The training matrix is reviewed daily by and uses a traffic light system. Staff are given 4 weeks notice when updates are required and these are monitored by a Team Leader who is responsible for administration. Staff also have an annual review.

Some staff advised that they work 12 hr shifts but are not paid for breaks. We were told that in one instance a carer wasn't paid for 3 hrs in a single week. This might be an area the company would want to review although there was no evidence of a staff retention problem. In fact most staff seemed to have been at the home for a considerable time.

There were some comments about understaffing but our observations during the time we were there didn't confirm this.

One of the problems raised by some Carers was a lack of pad bins, requiring frequent trips to the toilet/sluice. They suggested that more pad bins in bathrooms would be helpful. When asked it appeared that this not had been raised with a member of the management team.

Comments

Our conversations with staff and a review of the training records indicated that staff are well trained and have the opportunity to obtain further skills should they wish to do so.

Some of the issues mentioned by individuals, could probably be resolved if they raised it with a member of the management team.

A further issue, raised by some younger members of staff, was the lack of additional fans or permission to wear cooler non-uniform clothing during the very hot weather. We have of course experienced a prolonged heatwave during this summer and should this scenario arise again we would hope that the staff and management could reach an agreement on any practical steps that could be taken to improve conditions, which would potentially be of benefit the residents as well as staff.

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

Staff spoke to residents by name and responded to their requirements. We observed instances of staff playing with an inflatable ball with a resident but including others in the group in the exercise. This was on both floors.

When serving food each resident was spoken to by name and the Carer checked that the resident was happy with the meal being offered.

Comments

The general impression gained was one of caring and respect throughout the visit.

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

The Home employees two Recreation and Well Being Co-ordinators and activities are planned over a month. The plan for September was available around the Home including in Reception, therefore accessible to both residents and visitors.

There are a wide range of activities on offer including trips to a local pub for a meal, trips to the seaside etc. In addition, for the ladies afternoon teas are planned during the month and there is also a separate afternoon for the men with the opportunity to play darts and have a pint. We were told that the activities budget is £500 per month.

Comments

The programme indicated a wide range of activities and both residents and visitors confirmed this.

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

The kitchen, controlled by key-pad access, is run by a head chef and also caters for the adjacent building, Alma Court, also owned by Avery. We were told that the menu changes daily and always has a choice of two main courses. All requirements are catered for including special diets and pureed/soft food.

We were told that only the catering and laundry facilities are shared with Alma Court.

Lunch was served in the dining rooms in a rota based on residents needs and food was taken by individual carers to bed-bound patients.

The Home uses a 'show plate' system mainly for bed-bound residents or those who prefer to eat in their room. This is to ensure that they are happy with the choice of meal. This is small tea plates with a sample main course and dessert.

Lunch is usually served at 1 p.m. but it was noted that residents were seated at the dining tables some time before this. We were told that toileting for those who need assistance starts from mid-day and the residents are then taken into the dining room and served with a cup of tea or drink of their choice prior to lunch being served.

The tables were laid with place mats, flowers and serviettes.

Food was taken to bed-bound residents on a tray and it was noted that the carers knocked before entering rooms.

There was plenty of staff to serve food in both dining rooms and to assist with feeding where required.

Comments

It was noted that in the downstairs dining room, there was insufficient cups to serve drinks and cups were rinsed under the tap and dried on kitchen roll prior to being re-used, rather than being thoroughly washed or replacements being used.

The sink was full of dirty cups.

It was also noted that some of the trays being used were not very clean and the cutlery had a lot of finger marks.

Resident Experiences and Observations

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

We were told there is a care plan for each patient held in the Care Office (Nurses Station)

Most residents are registered with one of three local medical practices, Norton Canes, Heath Hayes or Colliery.

If a resident needs to go to hospital and a family member is not available a carer will accompany the person and stay with them throughout. This was confirmed by a relative who was visiting his wife and was keen to tell of the wonderful experiences since she has been in the Home.

We were told that Vision Care opticians attend the Home, a chiropody service is available as are hearing aid service and dentist if required.

Medications were dispensed by either a Nurse or Senior Carer based on the type of medication/need. Attached to the trolley there was a sheet for each patient detailing medication with a photograph of the person.

Comments

Information regarding these services is available and was confirmed by the comments of visitors.

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 a Church group visits every 4 weeks for hymn singing. In addition one resident has an individual visit for prayer and another is taken to Church every week.

A hairdresser attends each Tuesday and Friday.

Comments

The Home would appear to be meeting the needs of current residents.

Family and Carer Experiences and Observations

Comments from Relatives

Comment 1

My mother has been here for 18 months. The staff are very good, there is not a big turnover of staff. I haven't come across any member of staff that I do not like. My two daughters are a physiotherapist and a doctor and they believe it is the nicest place they have been into. My mother knows what she has been doing and she knows what she has had to eat. Because of her problem with hallucinations that are linked to dementia she is happy to sit in the central room so she knows she is not isolated which helps her condition. The food is very good but I do bring her a tuck box. If there are any problems they will phone you if you are needed and if they are going to change her medication. She had a bump and they phoned me to let me know.

The mother of this relative seemed happy and said I have a nice big room, the gardens are good. The food is not always the same but the tea is too early, they serve it at 4.45 and it is a long time until breakfast which I have about 10.00 am. (That is the reason why the daughter brings in a tuck box)

Comment 2 -

My uncle has been here for 5 weeks. He has settled in well. He started off downstairs at first but has been moved upstairs as he requires more care. It is good, better than other homes. His is now sitting by the window reading a paper

.

Comment 3

I like everything. There is nothing to moan or grumble about. It is a first class experience. The staff and facilities are marvellous. They have even brought us both lemonade this morning.

Comment 4

Never been to a place like this - really nice. I have had other relatives in homes and they have never been like this. The staff are friendly and they let you make a cup of tea whilst you are here. The home is spotlessly clean and the food is excellent. The furnishings and fittings are good and there are flower place mats on the tables. My brother says it is ok to stay here but he has complained about the noise but I think he can just hear the television on next door and he does like to be quiet himself - he has no TV or radio

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 is a complaints procedure in place and information was available in reception.

Comments

It was apparent that the Manager and Deputy Manager were available to speak to anyone with issues and this was confirmed by the visitors in particular who spoke to us.

Summary, Comments and Further Observations

We noted a very good standard of care in many different areas. The feedback given by residents and their relatives was extremely positive and complimentary about the home and the staff.

Rooms varied in décor but we were told that this was because a refurbishment programme was in hand.

There is a buzzer system in place but in the main this was for use by staff members although we were told that an attachment is available if needed and the resident is able to use it.

Bedbound residents had a PIR mat alongside the bed and we were told that rooms are checked regularly.

One room downstairs occupied by a lady didn't have a toilet seat. We were subsequently told that this was because her status had changed and she now required nursing care therefore would not see the District Nurse and the cushioned toilet seat she required now had to be supplied by the Home. This was on order because the usual local supplier did not have one in stock. In the meantime an ordinary seat was to be put in place.

Most rooms in Elms had a memory board describing the resident's likes and dislikes.

All rooms are cleaned daily and deep cleaned on a monthly rota. All have en-suite toilet and sink.

There are two bathrooms and two shower rooms on each floor and chairs are available for residents with mobility issues.

One bedroom smelt slightly of urine but this may be because the occupant had a catheter fitted. Other than this no malodours were noted in the building.

Some rooms looked very bare, no pictures or personal items but were told that this was the choice of the particular resident. One resident refused to have a television in his room.

The rooms are spacious and well presented to suit the needs of the occupant. Two rooms can accommodate couples but the Home has not had this requirement for some time.

It is clear that action has been taken to correct the areas identified in the CQC report 2017. Staff conversed with residents, there was a wide range of activities for those who wished to take part and it was apparent that they were given encouragement to do this.

Examples of privacy and dignity to the residents was identified throughout our visit and confirmed by comments from visitors who were very keen to tell how good the Home is and that any issues are dealt with promptly.

There was a good choice of food available, well presented and since everyone seemed to be enjoying the meal it must have been warm and tasty.

Comments

The Manager confirmed that previous criticisms may have been justified but that over the last two years or so much work has been done to improve the standards and this was certainly confirmed during our visit.

She was pleased that we had noted the improvements in the three particular areas from the last CQC report.

We felt that the home met the Independent Age Quality Indicators very well.

We would like to thank the Staff, the Residents and the Relatives for their time and for sharing so much information with us.

Recommendations and Follow-Up Action

There are just two areas that we would highlight for consideration.

We appreciate that the home has regular staff meetings, where staff are updated on any changes. It may be a good idea to collect suggestions and feedback from staff so that any issue they have can be considered by the management, for example whether it is possible and appropriate to have more pad bins and whether it may be possible to invest in some additional fans or perhaps a “summer uniform” made with cooler, natural fibres which may be helpful to staff who are doing such physical work. This could be beneficial for periods of really hot weather and may well be appreciated by staff as an option for the summer months, with or without a prolonged heat-wave.

We would recommend that the issue in the downstairs dining room having insufficient clean cups available is addressed and that attention is paid to ensuring that cutlery is clean and trays are properly cleaned between use.

Provider Feedback

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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