

# Enter & View

Report

Ash Hall Nursing Home  
2nd May 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: Ash Hall Nursing Home

Provider: Ash Hall Limited

Address: Ash Bank Road, Werrington, Stoke-on-Trent, Staffordshire, ST2 9DX

Service Type: Nursing Home

Date of Visit: 2nd May 2018

## Authorised Representatives

This visit was made by four Authorised Representatives of Healthwatch Staffordshire, two of whom concentrated on the ground floor and two on the first floor.

## 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

The Home fronts onto the main Bucknall to Cellarhead road. The name board is easily visible from the road. There is ample car parking and the grounds appear well maintained.

The Home is a Grade II listed building with beautiful gardens in a setting providing stunning views. The gardens are accessible to the residents via a ramp.

There is no external CCTV.

### Internal

Entrance is gained by a bell by the front door. There is a keypad for staff. Staff answered the door promptly and welcomed us into the Home. We explained the nature of our visit and were asked to wait in the main reception until a more senior member of staff was available. There is a signing in book on a desk in the main reception but we were not asked to sign in.

There is a small seating area prior to accessing the main reception which is used by residents in the warmer weather. Leaflets about the Home are displayed on the wall in this area. Full details of the last CQC inspection are not available, only the front page of this inspection is displayed.

Both areas appeared clean and tidy and there were no odours. We were advised that there is a rota for cleaning tasks within the Home.

There is no internal CCTV.

The Home is a Grade II listed building. Corridors were wide and free from clutter. Furnishings are in keeping with the style of the building, but some are in need of upgrading. Décor on the ground floor is well maintained, but in need of some upgrading upstairs. In particular, the window frames in the bedrooms are in need of painting and there is condensation between the secondary glazing and the original window frames. There were malodours noted in some of the bedrooms.

PAT testing showed that appliance testing was currently out of date.

Bedrooms that were seen on the ground floor were large with lovely views.

The bedrooms that were seen upstairs were untidy. There was a dirty fan in one bedroom and the views were impaired by the condition of the windows.

Bathrooms seen upstairs were in need of refurbishment. Hoists were stored in bathrooms; brakes had not been applied. In the bathroom next to Room 39, we found a shower head which was not fully supported.

The key to the upstairs boiler room was on a chain fixed to the door. We showed this to the Business Manager and she immediately removed the key and chain from the door.

Metal ramps in the upstairs corridors were rough on the edges and screws were raised. Residents wearing slippers or thin-soled shoes were at risk of damaging the soles of their feet.

Fire alarm signs were displayed in the upstairs corridors, but the writing had worn off leaving no instructions for staff/residents/visitors should there be a fire.

Panels of carpet had been attached to the bottom of bedroom doors to prevent wheelchair scuff marks. These have become unstuck and are now coming off.

In the upstairs store room, there was a ladder propped up on the top shelf. There is a risk of this falling off and injuring a member of staff/resident/visitor.

## **Comments**

It would appear that the upstairs is not as well cared for as the downstairs both in terms of cleanliness and maintenance and we would hope that due attention is given to the first floor in these areas. There are some health and safety issues which should be relatively simple to correct.

## **Resident Numbers**

Home capacity is 60. On the day of the visit there were 41 residents.

There are a few shared rooms, but the majority are for single occupancy and approximately half of the rooms have en-suite facilities.

## **Staff Numbers**

Staffing comprises:

2 nurses + 1 senior carer + 10 carers + 2 breakfast assistants in the morning

2 nurses and 8 carers in the afternoon and evening

1 nurse + 4 carers + 1 domestic assistant at night. The domestic assistant serves drinks to residents in their rooms + completes a cleaning schedule

2 domestic / laundry staff daily

1 Activity Coordinator / Social Therapist daily

1 full-time Maintenance Manager + the Home Owner also assists with maintenance, decorating and repairs.

1 full-time Home Manager

1 full-time Deputy Manager

1 full-time Business Manager

A breakdown of individual staff numbers was not available

There are currently no Bank Staff.

## **Agency Usage**

The Home do not currently use agency staff. Employed staff are usually able to cover extra shifts should the need arise.

If agency staff are required, the Home uses staff from two local agencies.

## **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 Home Manager and Business Manager were both on duty at the time of our visit.

They were both visible within the Home and had good relationships with the staff on duty.

The Home Manager was accompanying the visiting GP. This is an example of good practice as the Manager remains fully aware of the health needs of the people who live at the Home. It also enabled the nurse on duty to continue her medication round.

The Home Manager has been employed by the Home for eleven years and was very understanding of the needs of residents, staff and visitors.

The Business Manager is a qualified nurse. She knows the Home well and is also able to cover for nurses should the need arise.

Staff that we spoke with, some of whom had been working at the Home for many years, felt that the Manager provided good leadership.

Quality audits are completed. These include:

Care Plans; Nutrition (weekly); Medicines (weekly) plus random checks by the Manager;

Pain scale; Controlled drugs are stock checked weekly; Pressure sore audit (weekly)

## **Comments**

It is good that the Management are very visible and hands on within the home which provides support and leadership to the staff.

## 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

The Home was well staffed on the day of our visit. There was a high level of motivation to carry out their jobs to the best of their abilities.

They did not appear to be rushed and were spending time to chat to people and to assist them to eat and drink without hurrying them. We were told that there has been an increase in staff levels and the staff felt that there is adequate cover for each shift.

We were advised that a training matrix is kept and that staff receive regular training in the following:

Mental Capacity Act (Caring for Care)

Safe Guarding (Staffordshire County Council)

Care Assesors Award

NVQ 2, 3 & 4. Currently 90% staff are NVQ qualified

Fire

Fire Marshalls (6 staff trained)

Manual Handling

Train the Trainer (3 staff have completed this training)

Infection Control

Dementia Care (including activities staff)

Maintenance (in-house)

Level 2 Medicines course (nurses and senior care staff)

Staff are paid to attend all mandatory training.

The Home is currently sourcing e-learning for staff. Staff will be able to access this at home or complete training on-line within the Home.

#### Comments

The staff have access to a comprehensive training programme and most were well motivated and supported in their work.

## 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

We were told that staff have good knowledge of the residents and their preferences and that this information is available on line to all staff and that appropriate information is given at a handover when the shifts change.

We noted that the care staff addressed all the residents individually by name .

However, during the visit one upstairs resident was continually shouting for assistance for some considerable time. Two of the ARs went to her to offer assistance. She was able to tell us that she wanted a cup of tea as she had not had a drink since 9-15 a.m., which was about 2 hours earlier, and also that she had pressed her bell but no-one had come to assist her.

One of the ARs went to find a member of staff to attend to the lady's needs.

In one upstairs bedroom there was a white board which reminded staff of the resident's wishes. Unfortunately, staff were not complying with these wishes. The date at the top of the white board was out-of-date. We explained our concerns to the Business Manager, who immediately instructed staff about our concerns.

### Comments

Two carers were chatting in a bedroom and one was texting on her mobile phone instead of attending to this lady who would have liked a cup of tea. We are concerned that staff were not complying with the wishes of the resident whose preferences were displayed on the white board. The Business Manager was advised of these incidents.

## 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

A full range of activities are provided. The activities coordinator we spoke with was very committed to providing a vast range of activities suitable for all the people living in the Home. These included group activities such as bingo and quizzes as well the Activity Coordinator spending time with bed-bound residents each morning on a one to one basis. We were told that one residents who stays in her bedroom is taken the quizzes to here and that often she wins the quiz.

We were advised that the Activity Coordinators spends time with new residents asking about their individual interests.



The Home has an entertainment building - known as 'TheClubhouse' - in the grounds where residents have birthday parties and other group/individual activities in the warmer weather. In the summer they arrange afternoon teas in the garden.

Local school children visit the Home to entertain the residents.

The Home does not have a minibus. We were told that outings are difficult to arrange because of residents needs, but that in the summer residents are sometimes taken to the local pub for lunch.

Comments:

Some funding is provided by the owners, although the activities staff and relatives do raise money to fund activities for the residents. However, the range of appropriate activities is good, particularly the care taken to provide one to one activities to those who prefer that or are unable to partake in group activities.

### 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 has a 5\* hygiene rating.

There is a four weekly menu rota, with lunch giving a choice of two hot choices and tea generally being soup and sandwiches.

Menus are displayed on the tables in the dining room, which is set out to be a sociable area.

We were advised that all food used is fresh and that the owner grows salad crops for the kitchen. Puree diets are available. Food moulds are used. We were advised that residents dietary needs are noted on a large information board in the kitchen.

We did not observe a meal-time but we were told that a member of staff sits on each table at mealtimes to support and assists residents if required with two additional members of staff present to assist at breakfast.

We saw drinks, biscuits and fruit being offered on the ground floor.

Hydration is monitored and we were told that charts are kept up to date and that if fluid intake is less than appropriate by lunch time that one to one care is given to increase fluid intake.

Comments

There is a choice of meals, the dining room is a pleasantly social area and good support is available to people who require it.

## **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**

Residents are registered with a local GP (Werrington Village Surgery) who visits the Home weekly. The practice is also available for urgent visits as required. The practice is employed privately by the Home.

Residents are able to keep their own GP provided that GP is willing to do so.

A local chemist provides all medications to the Home.

Residents usually pay for non-NHS chiropodists to visit them at the Home.

If a relative is not able to accompany residents to A & E, a staff member will accompany the resident.

During our visit one residents was being taken to his own dentist by his family. If family are not available to accompany residents on healthcare appointments, then a member of staff would accompany the resident using a taxi for transport.

We were told that any resident whose hydration levels caused concern was seen by the GP.

### **Comments**

Access to healthcare professionals is good and the Home does ensure that this access is available on a regular basis.

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**

Residents were all appropriately dressed and well groomed. A hairdresser visits the home on a weekly basis.

On the ground floor we spoke with a resident who said that they were happy with the care and support that they received and that the staff treated them with kindness and respect.

There are lights over each bedroom door to signify that personal care is taking place. This allows more privacy and dignity for the residents.

### **Comments**

Although generally, residents needs and preferences appeared to be met, there were the incidents mentioned earlier in this report in Quality Indicator 3, which suggests that not everyone's needs are being met all of the time.

## **Family and Carer Experiences and Observations**

We spoke with visitors to the Home. They were all very happy with the care their relatives/friends were receiving. One added that the Manager or Deputy Manager were always available.

We spoke with a relative who visits every day and they said that they were always made to feel welcome, that they could visit at any time and were kept well informed regarding their loved one. We saw that visitors could sit and chat in the resident's room if that was preferred.

## **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**

Resident/relative meetings are not being held at the moment, but the Home Manager intends to re-introduce them soon. She hopes to hold them on Sundays so that more relatives are able to attend.

## **Comments**

It is hoped that the meetings are re-introduced soon and that if they are not well attended the Manager could consider other ways to find out what concerns and suggestions both residents and relatives have which could influence how the Home is managed.

## **Summary, Comments and Further Observations**

When we arrived, the door to the maintenance room on the ground floor was unlocked and the door had been left wide open. Quite some time later, this door was still open with no sign of the Maintenance Manager in the vicinity of the room. This room contains all sorts of tools, hammers, screw drivers, etc. which could be accessed by anyone who wished to inflict damage/harm.

This presents a significant danger to residents, staff and visitors.

We did see some good practice in the Home, by the management and staff and the residents and visitors that we spoke with were happy with the care given, there were however some areas of care that could be improved and could potentially be resolved by supervision of staff by the management team.

We found that the Home provided a good, wide-ranging training programme, good access to healthcare professionals for residents and a good range of activities available to meet the individual needs of residents.

There were several areas of concern relating to the health and safety of residents, staff and visitors, but most of these should be able to be resolved easily and in a timely manner.

## Comments

There are many good things about this Home, with good hands on management and some motivated, well trained, caring staff. Our visit did however reveal that a few members of staff could perhaps be more focused on caring for the residents and respecting the wishes and preferences of the residents.

## Recommendations and Follow-Up Action

The following physical improvements should be made as soon as possible:

- The ground floor maintenance room should be kept locked at all times
- Equipment stored in Store Rooms should be fixed in place
- All PAT testing should be brought up to date and kept within date
- All hoists which are not in use should have their brakes applied
- Metal ramp plates in the upstairs corridors should be renewed
- Carpet on bedroom doors should be removed and replaced, preferably with purpose made door guards
- Upstairs bedroom window (inside) should be cleaned of black areas and repainted
- Attention should be paid to malodours
- A complete copy of the last CQC Inspection should be available in the reception area

In addition, consideration should be given to maintenance and additional cleaning on the first floor.

Other areas that the Management team could make improvements:

- Staff should all be clear regarding the importance of maintaining up to date information in residents rooms and complying with the wishes and preferences of residents wherever possible.
- Staff should answer call bells as soon as they are able
- Mobile phones should not be in use whilst staff are on duty

We feel that these could be addressed by staff supervision by the Manager, The Deputy Manager, the Business Manager and potentially by other Senior members of staff.

The Manager should consider different ways of gaining feedback from residents and visitors in case the residents/relatives meetings are not well attended when they resume. There is the possibility of creating a short survey asking people, one for residents, which the Activity Coordinator may be able to assist people to complete, and one for relatives to gain feedback on various aspects of the home, including what they

like about the home, whether they happy with the menus, e.g. is there anything that they would like to see being offered on the menus and if there is anything that could be improved. An invite to make suggestions might be welcomed.

## **Provider Feedback**

### **The Manager has addressed the issues noted in the report and confirm the following actions have been taken.**

We encourage visitors to actively sign in the book, the book is highly visible and a pen is provided, however we will provide a reminder notice.

With regards to the CQC report the complete report is now in place.

With regard to malodours noted in bedrooms, the mentioned bedrooms were closed off as they were vacant at the time of the visit.

In relation to the PAT testing that was out of date, all items have now been tested and PAT testing was completed in May 2018.

The setting up of the e-learning training has been successfully completed and we are making a special quiet area within the home where staff can complete their training.

The dirty fan in an unused room has been cleaned and stored away.

With regards to the internal windows that were dirty. As we are a grade 2 listed building, we have secondary units, some of the units are very large and heavy and make cleaning difficult, specialist services need to be sourced to complete same, although we have made efforts to clean the windows as best a possible.

In relation to the shower that was not fixed in the bathroom next to room 39 has been dealt with.

The key to boiler room has been sorted out so that it is not left in an available position.

We have made repairs to the metal ramps that were mentioned as needing attention.

We have made repairs to the carpet panels on doors that needed repairing.

The unsecured ladder has now been chained to the wall to prevent any injuries.

Staff have been reminded, by way of a memo, that brakes should be applied to hoists that are not being used.

With regards to the resident mentioned in quality indicator 3 section, the lady in question has behavioural issues and this is normal behaviour for her.

A current risk assessment and behavioural chart is in place. She has access to fluids and is able to access these independently, however on this occasion requested tea and instead of the juice that was available.

With regards to the white board in service users room, this will be completed by myself daily with up to date information as requested.

There was an incident with a member of staff using their phone when on duty. This matter was addressed with immediate effect, the outcome being that the staff member responsible was open and honest about the conversation on the phone which was of a very personal nature. We have therefore created a memo for staff to tell me if they need their phones to on their person when they are on duty for a particular reason, the call must be taken outside service users rooms and other than these times, all phones must be kept off the floor. A memo has been delivered regarding same.

In respect of Quality indicator 8, we will be holding a relative meeting quarterly and a monthly newsletter will be prepared and delivered.

We held a service user and relative meeting on 3/6/2018, Staffordshire county council were in attendance and it was a resounding success.

With regard to the door to the maintenance room being left open, we are addressing this issue and in the meantime we will ensure that the door is kept closed when not in use.

The information in resident's rooms has been newly updated.

A new policy on use of phones has been sourced.

A relative's questionnaire has been sent out and we are currently auditing outcomes of the questionnaire.

**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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