

# Enter & View

## Report

Amber Wood  
Accord Housing Association  
15<sup>th</sup> October 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: Amber Wood  
Provider: Accord Housing Association  
Address: Belvedere Road, Burton upon Trent, Staffordshire, DE13 0QL  
Service Type: Residential  
Date of Visit: 15<sup>th</sup> October 2019

## **Authorised Representatives**

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

## **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.

**People living at the home were described to us as customers. For clarity and consistency, they are referred to as residents in this report.**

## Physical Environment

### External

Amber Wood is located on the edge of the Burton Hospital campus and is prominently signposted from Belvedere Road.

It opened in December 2018 and is a purpose-built home on a spacious site with generous car parking for staff and visitors. The building is of one and two storeys, faced with traditional materials.

The main entrance was clearly signed. There are also front entrances to each of the 3 units (which are known as households).

Less than a year old, the building appeared to be in as-new condition, and well maintained.

Outside, there are paving and lawns to the front.

At the rear of the building is a large garden area which can be accessed by residents unaccompanied, though under observation. There is CCTV monitoring of the front and rear of the building.

The garden has wide paths, paving, lawns, seating, raised and ground level flowerbeds (the latter looking somewhat weedy after a very wet month), a bird bath and feeders, and a small greenhouse used for growing vegetables such as tomatoes. There is also outside lighting, and artworks and play equipment used by children who visit for intergenerational activities. Helpful signposts within the garden point back to the household, nearest toilets etc.

Egress from the gardens round to the front of the building is through locked key-coded gates.

Each house has a further outside area. The two ground floor households have enclosed courtyards with paving, seating and planting. The first-floor house has a securely fenced roof garden area, similarly equipped.

## Internal

The home is in four parts under one roof: a central core with reception area, offices and shared facilities; and the three households, two (Rangemore and Byrkley) at ground floor level, and the third (Caldwell) on the first floor.

The central facilities that we were shown comprise:

Foyer. A large and impressive space greets one on entry containing the receptionist desk. Visitors and staff signing-in books are available to one side, next to a hand sanitiser bottle. The area is well laid out and furnished with lots of tables and chairs. Drinks were available on a self-service basis. A large TV screen displayed much scrolling information about the home, including the names of the managers and staff, the complaints procedure, dates of meetings to February 2020, the results of a recent customer satisfaction survey, Accord's corporate values, and an explanation of the Nourish care planning system. In addition to a wall clock, the date, day of the week, time of day (morning/afternoon/evening) and time were displayed on a small screen. We were told that this was the idea of one of the office staff; there is also one of these devices in each house.

Events room. We were told that the Local Alzheimer's Society group meet there fortnightly. A memory clinic is held, run by the Mental Health Team. The room is available to other outside groups for meetings and activities. It may also be used for a dementia café in the future.

'Butler's Pantry'. This is a small 'shop' containing lots of snacks and things that the residents may enjoy choosing, no money changing hands. We were told that residents were walked down to shop for treats in what is hoped resembles a familiar setting. A large self-service fruit bowl was also observed in the reception area.

Laundry. We were told that all washing is done in-house, and residents' clothes are labelled accordingly.

Main kitchen.

Manager's and other offices.

Parts of the building (such as reception, offices, main kitchen and laundry and the household lounges) have air-conditioning. We were told, and could hear, that the roof-mounted compressor is rather noisy, and mitigation measures are being investigated.

CCTV covers some parts of the interior.

From the central core, the households are accessed by electronic key fob. Each has:

An entrance accessed by bell and exited by code. A visitor's book for signing in and out is nearby.

A well-furnished lounge.

A spacious two-part dining area with kitchenette.

A 'snug', used for activities, quiet time out, and meeting visitors.

A 'cinema room'. The only communal televisions are in these rooms, although residents have their own TV in their bedroom. We were told that this layout avoids the 'TV always on in lounge' syndrome, although some staff felt that the size and arrangement of the room can make it difficult for larger numbers of residents to gather together to watch major communal events such as a royal wedding or Remembrance Day ceremonies in the household cinema rooms, although we have been advised that major events could be enjoyed in the Events Room.

All bedrooms open off wide and uncluttered corridors which overlook the central courtyards. Bedroom doors have different colours and carry residents' names and photograph or pictures that are personal to each person. All rooms are single, with en-suite facilities including flat floor showers. The rooms are of a very good size, with a high standard of furnishings, including electrically adjustable beds and televisions. All were clean, fresh and tidy, and conveyed a sense of calm. No odours were detected. There is a locked medication cabinet in each bedroom; this removes the need for trolley rounds. We were told that all care staff are trained in the administration of medication. It was explained to us that medication management is facilitated via an Electronic Medication System (EMAR) and that this has streamlined medication systems to increase medication compliance

The décor throughout was appropriate for people who live with dementia, with no confusing patterns, contrasting door colours and non-shiny floors. It was, however, pointed out to us that the colour of the toilet seats in residents' bathrooms is not considered to afford enough contrast with that of adjacent furnishings and flooring, and they are to be replaced. Pictorial bathroom signs are also yet to be added.

The taps for basins are of traditional design but did not have red and blue markings for hot and cold although they did have hot and cold written on them. Upon enquiring about this we were told that the basin taps meet Stirling standard.

Linen stores and sluices in each house are accessed by keypad.

## Comments

We were slightly concerned about taps not being marked with colour coding (although the basin taps did have hot and cold written on them) as some people have difficulty reading and images and colours are more easily recognisable. We looked up advice on taps in relation to dementia care.

In an online article at [Alzheimer.org.uk](http://Alzheimer.org.uk) called making you home dementia friendly it states; *"The toilet seat and lid should be in a contrasting colour to the rest of the toilet so they are easier to see. Rails in a different colour to the walls, traditional style or lever taps that are marked hot and cold, easy to use basin, bath and shower controls and a traditional toilet flush will also be more obvious."*

In an online article at [dementiauk.org](http://dementiauk.org) we noted the following, although this was quoted in respect of the kitchen being made dementia friendly, it could equally apply to bathrooms.

*"Marking hot and cold taps, either by writing the words on labels or using red and blue stickers"*

We understand that the most appropriate marking of hot and cold, whether in words or by colour, will be individual to the particular person, but would hope that an assessment is made of the best indicator for each person.

## **Resident Numbers**

The home has 45 registered beds, 15 in each of the three households. Staffordshire County Council has a block contract for all places at the home. 2 beds per house are currently used for respite placements. Staffordshire County Council had made greater use of respite, but this was considered unsettling for long term residents and the numbers have therefore been reduced, although this may be subject to change. Each of the three households accommodates people living with a different degree of dementia. We were advised that all households are designed to meet the needs of people living with dementia. On the day of our visit, 29 places were occupied.

## **Staff Numbers**

We were told that the home is staffed for 45 residents (not just the current 29).

The staffing structure and numbers were tabulated for us as:

Carers: 9, mornings, afternoons and evenings (3 per house); 3 at night (1 per house).  
Total of 49 people.

Activity coordinator: 1

Domestics: 3, mornings and afternoons. Total of 6.

Administration: 1, mornings and afternoons.

Catering: 1 mornings and afternoons. Total of 2 people. Main meals are sourced from Apetito and reheated on-site (see below).

Management: 1 Manager, 1 Deputy and 1 Senior Carer, mornings and afternoons. 1 Senior Carer evenings and nights.

Maintenance is undertaken by contractors.

No nursing staff are employed.

Staffordshire County Council wishes a 1:5 ratio of care staff to residents (3 per house during the day), but the manager uses a care calculator and highlights any additional needs, with delegated authority from Accord Housing to negotiate as necessary.

Having been made aware that many of the staff had experienced major change in the recent past (a TUPE transfer from Staffordshire County Council to Accord Housing, followed by the move from Hillfield to the new home at Amber Wood), we asked about staff turnover. We were told that since the move to Amber Wood in December 2018, 21 employees have left the service. Of these 3 were terminated following unsuccessful probationary periods. Of the other 18, 6 were staff formerly employed by Staffordshire County Council.

We were also told that 191 hours have recently been recruited to: Deputy Manager, a Senior Carer, 2 Carers (1 day, 1 night) and a PA. The new employees are awaiting clearance to start work.

Recruitment was described to us as currently difficult, but agency workers sometimes transfer to the home's payroll. Two weeks work experiences are available for those who are in their final years of nursing to give them the necessary experience of working with an individual with dementia. We have been advised by the Manger that they works in partnership with Queens Hospital for any referrals for employment at Amber Wood.

## **Agency Usage**

The home uses three agencies, which are all on the Amber Wood preferred supplier list. It was explained that three are used so as to support continuity of care for the customer group.

Recent average use of agency staff is 1 carer per shift (out of 9). But it is currently about 2 per shift because of the need to backfill while additional training is carried out. Once the newly appointed staff arrive and outstanding training is completed, reliance should be reduced.

The home has 1 bank employee, a night carer, and a second is transferring from another home, also to work nights.

## **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**

At the time of our visit, the manager had been in post for seven weeks. The Manager is an existing experienced Accord staff member and have been with the organisation for 7 years and have more recently transitioned over to Amber Wood

She told us that she is getting to know each resident individually, reading their care plans and then meeting them - helped by photographs. She is also taking part in care plan audits, which deepen her knowledge and understanding of the needs and preferences of individual residents.

The manager does a daily walk around each of the three households to check on residents and staff. She appeared to be very highly thought of by the staff we spoke to.

## **Comments**

The manager demonstrated recognition of the challenge of being the third manager of the home since it opened less than a year ago, but was clear about the way forward, delivering a top-quality service to residents through a stable and committed workforce.

## 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

We were made to feel welcome by everyone we met during our visit.

Carers we spoke to indicated that they were encouraged and supported by management to undertake training. On commencing employment, they complete extensive training at external resources including Birmingham and Coventry. All new carers are given manual handling training. We were told that at one stage it could be up to three months after taking up post, until when they cannot lift or physically manage residents. The manager explained to Healthwatch that this was historic and has been addressed through an induction week prior to starting their role at the service. The manager confirmed that all mandatory training is now completed within a week in order to get the staff member “job ready”.

We were told that the home uses an Accord training matrix. This is currently being enhanced, with e-learning being added to face-to-face training. The manager explained that additional training is given to enhance the skills and knowledge of the staff employed giving them more of a variety of knowledge to meet the residents needs as well as enabling them to reach career objectives.

All staff have received all required mandatory training, including safeguarding, health and safety, equality and diversity, physical interventions, and understanding the behaviours of people living with dementia.

Much face-to-face training is delivered by accredited Accord trainers - the Accord Dementia Manager delivers dementia awareness training. A pharmacist provides training on medication. Relevant Staffordshire County Council training courses are also accessed.

Staff are trained beyond the immediate requirements of their job, an example given being recent masterclasses on dementia.

There was a good atmosphere in the households, and we observed good levels of care. Carers demonstrated a good knowledge of individual residents, and did so in a caring, informal manner, with appropriate use of humour.

An agency employee told us that she often works at Amber Wood at her own request as she enjoys the happy atmosphere so much.

Some carers, however, told us that they thought they currently had less time for residents due to staff shortages, and that there had been a ‘massive’ turnover in staff. While they thought there should have a minimum of 3 staff members on duty in each house during the day, on some occasions only 2 staff are on duty. One carer told us she had recently had to work from 7.00am until 10.00pm.

The Manager clarified to Healthwatch that the normal staff per household is 3 to fit the staff resident ration of 1:5. She explained that on the day of the visit there were only 9 residents in Rangemore household, although they still had 3 staff, but explained that on some occasions if usual contracted staff were absent and there were 2 staff for those 9 residents, they would not bring in agency staff to bring the number to 3 as the 2 staff were within the 1:5 ration. On households with higher occupancy where the usual member of staff was absent, an agency staff member would be employed to maintain the staffing ratio.

Staff members also told us about the different pay and terms and conditions of ex-Staffordshire Council employees and those recruited by Accord Housing, the latter being described as considerably less generous. The lack of financial recognition for becoming trained to administer medication, which was felt to be a big responsibility, was also mentioned.

We were told that the manager has an open-door policy regarding seeing members of staff. This is in addition to “Meet the Manager” sessions, an open invitation to Families, Residents and staff, where appointments can be made to ensure that the Manager is available to all who wish to see her.

All staff carry a mobile device, supplied by Accord, on which the Nourish care planning system and Care Meds medication system are held and frequently updated. Carers told us that management instructions and policy and procedural changes are also communicated on these devices.

From discussion with carers it was evident that, while they appreciated the benefits of having comprehensive information literally to hand in their mobile devices, some felt that this was at the expense of face-to-face contact with supervisors and management, the balance now being wrong, leaving them feeling undervalued. An example given to us related to changes to staff working hours, sent by text, that affects working patterns. We were told that this had been sent without prior warning or consultation. (Please see Feedback from the Manager at the end of this report)

## Comments

Observation and discussion with care staff demonstrated high standards of care. Concerns about current staffing levels were, however, expressed to us.

In discussions with some care staff, a level of discomfort about the degree of reliance on the use of mobile devices for receipt of information and employment matters became evident. This may be a ‘bedding down’ issue, but a need for additional training and reassurance may be indicated, together with more thought on the optimum balance between electronic and face-to-face communication and interaction.

## 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

Prior to admission, a management team member undertakes an initial assessment of potential residents. Capacity assessments are also carried out prior to admission and DOLS put in place, with best interest decisions involving the family if the potential resident is assessed as lacking capacity. Three current residents are subject to DOLS, but another ten are awaiting assessment.

As far as possible, staff operate within one of the three households, for continuity and optimum knowledge of the residents they are supporting. There are, however, occasions when staff need to be rostered to work in another house.

All staff now carry Accord mobile devices, linked to the Nourish care planning system which holds all necessary information on residents, and which was introduced in August 2019. Handover notes are put into the system; these are sent to all staff, so they are immediately aware of any changes. Accord established the system, which is considered robust as it works both on- and off-line.

The Care Meds system has recently been introduced for medication and added to the mobile devices. All care staff are trained on the administration of medication.

We were told that morning shift handovers are face-to-face, with the progress of residents discussed. Afternoon shift handover times currently vary, though the manager wishes to standardise these, thereby further improving communication between staff.

Senior carers undertake care reviews. These are then audited by the manager.

From discussion with staff it was apparent that they have an excellent understanding of residents and their needs. As a result of having residents' records on mobile devices, we were told and shown by staff they could respond immediately to most situations. They have up to date information about the needs of all residents in their care, including dietary needs, hydration and allergies.

We noted from observation that staff and residents had a relaxed and informal relationship and we saw that residents warmed to this approach.

### Comments

From observation, and our discussions with staff, we concluded that they know and care for each resident as a valued individual and have the information they need to respond promptly to any changes.

## 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 Activities Co-ordinator was interviewed about her role. Our visit was during the second week of her induction into the job. She had previously worked as a domestic at the former Hillfield dementia home, her knowledge and expertise on activities deriving from child-care involvement over the years. Being Activity Co-ordinator is now her main task and she is not directly involved in caring duties.

Throughout our discussions about her role, she spoke with passion about caring for residents and her plans for future activities. Her focus is sharing ideas with residents but also asking them what they would like to involve themselves with. She told us that there was little point in prescribing activities as she thought this was contrary to residents' decision-making and exercising of choice. All residents can mix from the other units and also eat together, and these times provide further opportunities for her to discuss what activities are available and to ask for ideas.

Morning group activities are over a 90-minute period. She is also involved in one-to-one activities with all residents in all three households.

Examples of current and recent activities described to us were: bingo, card games, baking (which for some residents brings back recollections of past involvement with cooking), bird feeding, weeding the raised beds in the garden, jigsaws, reading (by and with residents), plate leaf patterning, board games, quizzes, visits to Garden Centres, various chair-based activities, and using the greenhouse for growing vegetables.

The Co-ordinator told us that she plans to organise life history/reminiscence sessions which she considers will be an important opportunity for residents to keep in touch with their past lives. She felt all residents have an interest in the past to which they continue to relate, also keeping in touch with memories of loved ones.

A local primary school are planning to visit shortly and to help residents with gardening and other tasks. We were told that that this was very successful with the last group that visited. Separately, the manager told us of a recent visit by young children from a nearby nursery. They had interacted with residents and used the play equipment provided in the garden. Such inter-generational encounters are regarded as beneficial to both young and old and will continue to be arranged and encouraged.

The Activity Coordinator is also interested in involving the local community with residents, to assist with their hobbies or gardening. She hopes to expand the range of activities on offer in the short and long term.

At the time of our visit, she was planning a Remembrance Day service which residents who want to can attend either locally or at the National Memorial Arboretum at Alrewas.

Currently there is no permanent transport available on a regular basis, but there are plans to have use of a minibus shortly, as and when required. The Coordinator told us she regards this as essential to keep residents mobile and interested in their surroundings.

## Comments

While not long in post, the Activity Co-ordinator is planning for the future with the best interests of residents in mind. She clearly takes their views into consideration when organising new ventures.

## 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

Main meals are sourced from Apetito. These arrive frozen and are re-heated for serving. The catering manager organizes orders and delivery.

The result is a wide choice of menus to meet residents' varying needs and preferences. Meat, fish and vegetarian options are always available, as well as soft and pureed meals as required. Meals with seasonal ingredients are procured as appropriate.

It was acknowledged that, for catering staff, the change from on-site cooking at Hillfield represented a major change of culture and approach. We were told that prior to the adoption of Apetito, staff and residents' families took part in tasting sessions, and generally expressed themselves satisfied.

Residents are weighed regularly. The results are judged to be satisfactory or improving. Each resident is risk assessed regarding nutrition and hydration. Those assessed as medium or high risk have their food and fluid intake actively monitored.

Each house has both a large and a smaller dining area to meet the differing needs and preferences of residents at mealtimes.

Cupboards containing drinks and snacks to which residents have access have clear glass doors to assist recognition and choice.

Preparation for and serving of lunch in Byrkley House was observed. All residents were seated at dining tables and cutlery was being laid. The tables were for four with a quieter semi-secluded area to one side for those who find noise and bustle disturbing. This was occupied by two long term residents who were evidently good friends, and very chatty and happy. Another table was occupied by a resident doing a jigsaw.

Lunch was prepared from precooked containers, frozen and then reheated. The meal was all served attractively using spoons designed to give the correct nutritional portions, on plain grey plates which made the food stand out clearly and appetisingly. It appeared to be of excellent quality, with very adequate portions. The choice was fish pie, or pork with peas, carrots and potatoes. The dessert was spotted dick, which looked a little dry, and custard.

We also observed two more dependent residents who were being fed in bed. One was a centenarian and there seemed to be true affection between her and the carer. The second resident also seemed very content, was fed with consideration, and hydration was given in thickened form by teaspoon. Nothing seemed rushed.

## Comments

The midday meal we saw appeared appetizing and being enjoyed by residents, with thoughtful and unhurried support being provided where needed. We also observed the accessible facilities for drinks and snacks that are available at other times. However, these facilities may not be accessible to people with mobility problems who may be confined to their rooms and they may still be reliant on staff assistance in accessing drinks and snacks.”

## 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 can retain their pre-existing GP if the doctor is willing. Otherwise, the home uses two local GPs. We were told that both are responsive, with same day visits to the home available, as well as timely telephone advice. The manager meets the GPs quarterly.

Residents are escorted to local dentists as required. The option of visits to the home is being pursued but is not currently felt to be needed.

An ophthalmologist from Visioncall visits the home as and when needed.

Nurses specialising in diabetes and falls visit the home regularly.

A chiropodist visits each of the three households every six weeks. This is a chargeable service except for residents living with diabetes, but if a resident cannot pay on the day, they still receive the service, payment being followed up later.

From observation and speaking to residents, it appeared to us that all were relaxed and contented. One spoke in a positive manner about the home and the facilities on offer. Another struggled to convey his thoughts due to dementia, but then clearly stated that he was content at Amber Wood.

## Comments

From what we were told, it appeared that residents have good access to medical and allied services, with choice where possible.

## 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

Sourcing of main meals from Apetito means that residents always have choice over food, and cultural and faith requirements and preferences are respected. Individual requests for 'off-menu' meals are also met, locally sourced takeaway curry, and fish and chips being mentioned. We did not ask whether the hygiene rating of these establishments had been checked.

Evening bedtimes are flexible, reflecting residents' preferences. They current range from 6.00pm to 1.00am.

Each resident has a care plan and a 'This is Me' book. The Activity Coordinator is currently working on individual life histories to further enhance understanding of residents' individual needs and preferences.

The home does not currently have any regular communal act of worship, but this is being considered. A resident who is a Roman Catholic has recently been admitted, and contact is being made with a local priest and church.

### Family and Carer Experiences and Observations

We were told that visitors are welcome in the home at any time, although mealtimes are protected as far as possible.

Visitors can meet with residents in communal areas, the smaller sitting spaces off corridors, residents' bedrooms, the 'snug' (a small separate lounge area), or in the garden.

A friend of a resident was present during our visit. She spoke positively about Amber Wood and the facilities on offer, telling us she was able to visit at any time and that the staff were welcoming and accepting of her and other visitors. She thought that staff took great care in their management of residents.

We were told that family members are invited to two-monthly planned reviews of care. If an unplanned review is required, relatives are informed of the outcome by telephone. Similarly, they are notified of any medical appointments, falls, accidents or untoward incidents.

## 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

Residents' meetings are held in each house. We were given the minutes of the last round of these, led by the Activities Coordinator just a few days before our visit. Discussions had focused on possible activity sessions and outings.

We were told that relatives' meetings take place quarterly, and that family volunteers are being sought to run a residents' comforts fund.

A quarterly home's newsletter is being initiated by the Activities Coordinator.

We were given Accord Housing's complaints procedure (last reviewed October 2018), and their easy-read compliments and complaints procedure (dated February 2016) which is given to residents. The procedure is also publicised on the scrolling TV screen in the reception area. We were told that while the procedure is followed if a complaint, concern or representation is received, every effort is also made to resolve issues promptly and as informally as possible.

Learning logs of adverse incidents are completed by the Manager. We were given a copy of that for July and August 2019. It lists issues, frequency, remedial actions, any wider learning, and action completion date. Inconsistent monitoring, not weighing residents consistently or in a timely fashion, and errors in the timing of administering medication before and at breakfast, were highlighted, some triggering Care Act section 42 safeguarding investigations. The Manager explained that Learning Logs are used to review Trends and communicate these to all staff so reoccurring errors do not happen.

Safeguarding is highlighted on the scrolling screen in the main reception area, as well as in each house. It is explained to residents and their families.

### Summary, Comments and Further Observations

Amber Wood is a new, purpose-built home, with high standards of accommodation and state-of-the-art facilities.

The management and staff provide high quality, personalised services to residents. There is, however, still some way to go to achieve a full staffing complement who are all comfortable working in what for some is still a new and very different environment from that they have previously experienced.

## Recommendations and Follow-Up Action

Future monitoring should include:

- Checking that recruitment and retention initiatives lead to fewer vacancies, lower staff turnover and, together with the completion of outstanding training, reduced reliance on agency care staff.
- Assurance that the optimum balance between use of technology for informing and instructing staff, and face to face interactions, has been achieved.
- Checking that the implementation of the Care Meds system has eliminated errors in the timing of administration of medication.
- Checking that residents' bathroom doors carry easily understood labels and that toilet seats in contrasting colours have been fitted.
- Consider whether the taps should be marked with colour coding for people who may have difficulty reading.

## Provider Feedback

*Healthwatch have been advised that the shower controls will have additional signage added with red and blue colour backgrounds”*

*With regards to staff comments on communication the Manager advised Healthwatch:*

*“Whilst we try and communicate through numerous methods, to ensure information is communicated to staff we do use the messaging service as well as handovers to communicate important information but have taken on board the balance of this and have changed the process*

*With regards to the statement about the rota changes completed via staff mobile devices and no consultation.*

*This process started in September 2019 and all staff preferences for a rota change and the reason for this change was communicated (through message facility).*

*Once the rota was devised this was put out for staff to review and either sign to say they were happy with the changes or to book individual appointments to discuss further on the 22<sup>nd</sup> October 2019. A small percentage of staff were not entirely happy with their rotas and this was quickly resolved within the meeting. This is all documented and can be evidenced.*

*The Rota in fact doesn't go live until the 11<sup>th</sup> November to give staff sufficient time to adjust. “*

As part of taking feedback, Healthwatch asked what worked well about the way the Authorised Representatives carried out the visit

*“Clear expectations were given as to what was required for the visit. The representatives were friendly and approachable.”*

Healthwatch asked if there were any aspects of the visit which did not work well or could be improved.

*“No - felt it was well organised. Would have liked a little feedback at the end - I understand that all information needs to be collated, but something general would have been reassuring.”*

Healthwatch asked, as a provider of a service, did the visit help you to identify areas for improvement and is so, in what way.

*“We are always looking to improve and take all feedback on board. We are going to be working with the hospital across the road to further develop our dementia services.”*

When asked for any other comments:

*“Would have liked to have had the report and feedback emailed to me securely.*

*“Page numbering the report”*

Healthwatch have added page numbers to the report.

**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.*



## Healthwatch Staffordshire

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