

'Enter and View' Report

Ashgrove Care Home

Fir Tree Road, Off Martindale Road, Hounslow TW4 7HH



Healthwatch Hounslow

22nd September 2016

Service visited:	Ashgrove Care Home (ACH)
Address:	Fir Tree Road, Off Martindale Road, Hounslow TW4 7HH
Care Home Manager:	Cynthia Buquiron Bayonito
Date and time of visit:	Thursday 22 nd September 2016, 11am – 2pm
Status of visit:	Announced
Healthwatch Hounslow 'Enter and View' Authorised Representatives:	Shabina Jeganathan, Kieron Cotter, Kusum Joshi and Mystica Burrige
Lead Authorised Representatives:	Mystica Burrige
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Healthwatch Hounslow (HWH) has the power to 'Enter and View' services in the borough of Hounslow. 'Enter and View' visits are conducted by teams of trained 'Enter and View' Authorised Representatives.

Purpose of the visit

The Health and Social Care Act allows HWH 'Enter and View' Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first hand.

'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 the HWH Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) and Hounslow Council's Safeguarding Team.

On this occasion, four 'Enter and View' Authorised Representatives (two HWH volunteers and two HWH staff members) attended the visit. The Authorised Representatives spoke to staff and visitors. Recommendations have been made on how to improve the service and good practice has been highlighted.

HWH had liaised with the CQC, Clinical Commissioning Group (CCG) and the Local Authorities (LA) to create an 'Enter and View' Programme. A number of health and social care providers were selected to be visited. There wasn't a particular reason for visiting ACH, the visit was part of HWH's remit.

Acknowledgements

'Enter and View' Authorised Representatives: Shabina Jeganathan, Kieron Cotter, Kusum Joshi and Mystica Burrige.

Thanks to Cynthia Buquiron Bayonito (Care Home Manager), staff and visitors.

Background

ACH has accommodation for 50 residents at present and they have 49 residents at the moment. The catchment area for the residents can be from any London borough but mainly from Hounslow, Richmond, Spelthorne and Hillingdon. Although, ACH advertise to cater for all the categories below, their current resident care is for dementia. Residents have to be aged 65 and over. ACH is private and residents are self-funding.

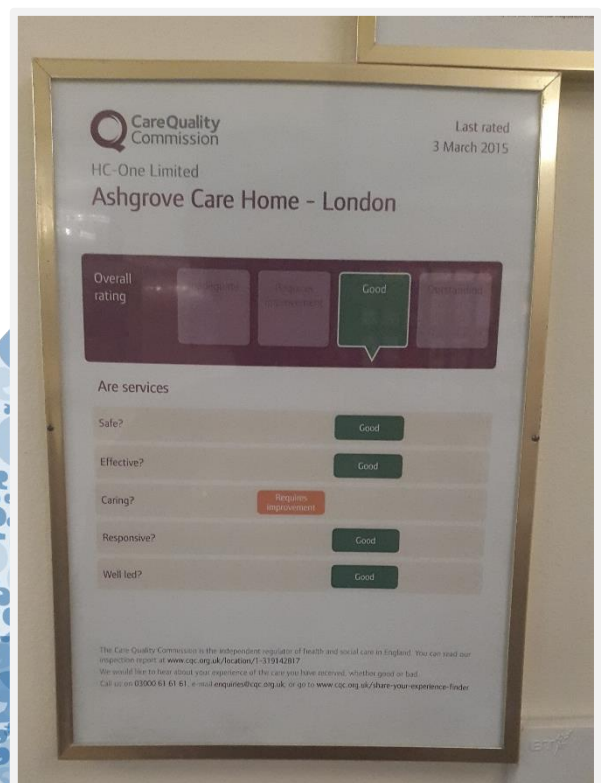
ACH provide specialist care in the following areas:

- Alcohol dependence (past or present)
- Alzheimer's
- Bipolar/Manic depression
- Challenging behaviour
- Colitis & Crohn's disease
- Epilepsy
- Hearing impairment
- Huntington's disease
- Multiple sclerosis
- Muscular dystrophy
- Neuropathic
- Parkinson's disease
- Schizophrenia
- Speech impairment
- Stroke
- Visual impairment

The staffing is made up of:

Manager
Deputy Manager
2 Staff Nurses
1 Activities Coordinator
1 Senior Staff
10 Staff

The ratio is 1 Care Assistant to 5 residents.



Observations about ACH

Reception area

Staffed, bright and secure. The receptionist was friendly and welcoming. Staff were easily recognised in their uniforms and name badges. The welcome room was clean and tidy. Photographs of residents were displayed near the corridor.

Information displayed

CQC certificate of registration, fire safety information, complaints and suggestion form and last rated CQC inspection were displayed clearly on the wall. Daily activities were displayed on a notice board. There were information leaflets placed on a stand for visitors and staff to pick up.

Dining area

The dining and lounge area were clean and tidy.

Odour and environment

No adverse odours. Parts of the home have been made dementia friendly for residents. Toilets and bathrooms were clean.

Choice of food and refreshments

Staff are responsive to residents' personal tastes/needs (e.g. also cater for vegetarians). Good nutrition of residents is kept in mind and fresh meals are prepared and provided in-house. Meals are changed daily.

Dignity and appearance of residents

Residents appeared clean and were treated with dignity at the time of the visit.

Staff

Staff were polite and friendly. All levels of staff have distinct uniforms and name tags. They seem to have a deep compassion for their residents. ACH seem to be able to retain staff as evident from the staff members who were interviewed.



Managerial staff/staff members

Kieron Cotter and Kusum Joshi spoke with Cynthia Buquiron Bayonito (Care Home Manager) about the service delivery of ACH.

Referrals

ACH receive their referrals mainly through family members, NHS hospitals or from staff in Social Services. ACH is generally able to accept residents within 24 hours of initial contact.

Procedure after initial contact

Relatives enquire about what facilities are available and would visit ACH usually with their respective relative who requires the care. Their referral is usually the result of a website search. Cynthia Buquiron Bayonito (CBB) explained that when someone rings ACH, they are invited for a chat and they might be placed on a waiting list if no room is currently available. *“When someone contacts us, we tell them about our services, activities, our transport facilities etc. We also answer their questions. If they’re happy, we would assess the patient. Mostly, the potential resident is in the hospital or in their residence.”* Relatives and residents will be shown around the premises by the Manager/Deputy Manager. If the resident is unable to accompany the relative to ACH, the Manager would visit them at their home address. They will also be informed of financial arrangements.

Those accepted by ACH, would need to have a Care Plan in place so that their care, medication, diet and activities of interest are identified. ACH can also discuss and make a note of the Palliative Care and End of Life Care chosen by residents or their relatives. CBB added that *“I assess patient need to find out if they have any challenging behaviour.”* There have been occasions where a referral has been declined, usually because the resident has demonstrated acts of violence and therefore consideration has to be made for the safety of other home residents and staff. When asked what they did if someone’s condition deteriorated later, she said that if such safety issues arose later, ACH would seek advice from local Social Services or the local Mental Health Team (e.g. a Community Psychiatric Nurse).

ACH and GPs

ACH make sure that all their residents are registered with a GP. ACH is linked with 5 GPs in Hounslow who visit ACH every week to check residents on a regular basis. They also visit when there is an emergency.

Activities for residents

ACH has a dedicated Activities Coordinator who is in charge of organising various activities within the lounge area. Activities are planned according to the interests expressed by residents or their families and include: board games, using colouring pencils, completing jigsaw puzzles, live entertainment such as singing and dancing. When the weather is good, residents also have the option to sit in the enclosed garden area at the back of the building.

Staff encouragement to residents

Staff are instructed to encourage residents to take part in activities. Residents wishing not to take part in activities in the lounge, are free to engage in activities such as drawing in their rooms. They will not force anyone to come out and take part but will gently persuade them. ACH has a 12-seater mini bus that takes residents on trips to parks such as Kew Gardens and to shopping centres. Relatives of residents can also accompany them on trips and outings organised by ACH. Similarly, relatives can also take residents on day trips to places of their choice.

Dietary Needs

ACH provide breakfast, lunch, afternoon tea followed by dinner. There are facilities within the lounges for tea and coffee. Relatives are consulted about the dietary needs of residents. ACH has its own kitchen and chef. ACH regulates diet according to resident's needs and choices. They cater to cultural needs, pay attention to nutrition and provide fresh meals.

ACH staff also monitor all residents' food intake to make sure they eat and do not become dehydrated. A log of adverse developments regarding food intake of residents is maintained and filed away in the resident's file. If a resident wishes to eat/drink in their room or is unwell, they will be given food/drink in their room. Any behavioral changes or a resident's medical condition are immediately reported to their next of kin.

Medication

All medication is recorded in the resident's file. If a resident develops bed sores, ACH has access to a Tissue Viability Nurse. If a resident has signed a 'Do Not Resuscitate' form and their condition deteriorates, ACH will contact the relatives in addition to MacMillan Nurses Palliative Care. Relatives can stay overnight with the resident in their room. No bedding is provided but they can be provided with an armchair.

Finance

ACH residents are self-funding. They however, have a Financial Analyst who can contact the local Social Services for an assessment if the resident is discovered to be unable to maintain their current level of self-funding.

Security

All outside doors have key pad passwords to exit.



Interviews with staff

Kieron Cotter and Kusum Joshi spoke to a staff member and the Activities Coordinator.

The staff member has been working at ACH for the past 13 years. Staff at ACH are allocated one of the two floors. At the start of each shift, staff are engaged in a handover procedure and are updated on what has occurred and any concerns in respect of the residents. The staff member said the procedure is to wake the resident up and either assist them to shower or supervise the shower. If the resident declines to shower they will ask them why but if the resident still refuses, then no shower is taken. They accompany the resident to the breakfast room and assist them with their chosen breakfast. During breakfast they discuss with the residents about daily activities and if necessary persuade the residents to take part in what has been organised for that day. Any injury that the resident incurs is immediately reported to the Nurses and recorded in the residents file. If a new staff is employed they spend one day 'shadowing'. This would include how to work all the shower and hoist facilities and daily procedures.

The Activities Coordinator has been working with ACH for 3 years. On commencing their shift, they go to both the ground floor and 1st floor rooms to visit the residents and talk to the staff about any issues. They arrange all the weekly activities including any mini bus visits. They will discuss with any new residents and their relatives what activities they enjoy (likes and dislikes). They will take out individual residents for a walk to the shops or if they wish to visit a local religious building. They will also engage on a one to one basis with any activity that the resident wishes to do. ACH volunteers assist with the residents and the Activities Coordinator will supervise their help with the residents. In respect of any improvements to ACH, the Activities Coordinator would like the outside garden area to be larger so that the residents are able to walk around in a secure environment.

Interview with Visitor

Kieron Cotter and Kusum Joshi spoke to Daisy Choy (DC – Visitor). DC is presently retired but was employed in the NHS as an Asst. Director for South West London Mental Health Services. Her husband is a resident at ACH for about a year.

DC said she chose ACH after looking critically at about 6 – 8 care homes in various boroughs. She found that ACH had better and cleaner facilities than the ones she viewed. DC said she comes to ACH every morning and stays there between 10:00am to 3:00 pm. She assists her husband with all his daily needs, feeding, toilet, and activities. DC said that ACH contacted her when her husband had a fall. The staff discussed her husband's needs and what is in his care plan and resident's file. She did not blame ACH for this as she said he was very restless and active and had a low level of concentration.

DC feels that the staff do a good job but they need to be made aware of what dementia really is. When she discusses various updates on dementia with various staff they are not aware of current developments. She feels that if staff are made aware of dementia and the medical condition of dementia patients, they would be able to understand and cater better for their needs. For example, people suffer from various forms or degrees of dementia, but staff seems to think that it's all the same for everyone with dementia which is not the case. She was satisfied with the staffing and the care of the residents. However, she felt that the current staffing at night of having 5 staff for about 50 residents on various floors seems insufficient. Current night staff consists of 3 staff and 2 nurses. She says that a number of residents wander about in the corridors at night, including her

husband, and she is concerned for their safety. DC also mentioned she was interested in becoming a volunteer for HWH.

Staff members

Shabina Jeganathan and Mystica Burrige spoke with 4 staff members.

<p>Positive aspects of the role</p>	<ul style="list-style-type: none"> • Staff members said that they find their roles fulfilling and have chosen this particular role because they wanted to help people. One staff member commented that it's their passion and they work towards the residents' wellbeing. • Staff members have said that the team are friendly. • One staff member commented that the managers here are 'very good' as she is able to swap shifts when she needs to. • All staff said that ACH has a clean environment making it pleasant to work in and the team are friendly. • Staff member commented that there is encouragement from the managerial team for progression.
<p>Induction process</p>	<ul style="list-style-type: none"> • All staff have said that they received training online and shadowed senior staff (including nurses) for a couple of days. The induction period varied from 2 – 4 days. • A senior staff commented that some staff prefer more training but it depends from person to person. Some staff ask for extra training and there is always personal growth offered. • Some staff felt that the induction process was too short. They said the induction process should be longer especially for new staff. • Staff member felt that most of the training took place online and some people may not completely understand the online training. More practical training would be preferred. • Staff felt that there needed to be more support for them, especially when dealing with residents who suffer from dementia. • Staff mentioned they weren't being paid the London Wage yet. • All staff felt that more training opportunities are needed.
<p>Safeguarding procedure</p>	<ul style="list-style-type: none"> • Staff members were aware of safeguarding procedures. However, one staff member was unsure of the procedure. • One staff member felt that more training for senior staff was needed so they are able to speak to Social Services about concerns of residents.

Supervision and appraisal	<ul style="list-style-type: none"> • One of the senior staff said that staff members receive 1:1 supervisions and sometimes they have group supervisions too. These take place 6 times a year. • Staff members felt that they received supervisions only when 'things went wrong'.
Staff meetings	<ul style="list-style-type: none"> • Staff said they had monthly staff meetings in which they receive updates. Staff and family members are given the opportunity to nominate someone from the staff team to receive an award – certificate and vouchers are given out. Staff felt that this was a 'good incentive'. • Some staff said the meetings are once a month which is not sufficient. • Senior staff member said that they have staff meetings for managerial staff every Thursday which is very important and helpful.
Handover procedure	<ul style="list-style-type: none"> • Staff members said they received their handover from the nurse who would update them on the resident's condition. • Senior staff member said they have a handover every morning to make sure everything is in place. Managers meet with the nurses every day.
Involvement of family members	<ul style="list-style-type: none"> • Staff have said they occasionally speak to family members. Family members recognise most staff by name. • Staff are aware of which family members belong to the resident. • Staff have said that family members ask many questions about their relative's condition. They always signpost them to the nurse. • Relatives' meeting take place once a month in which relatives can feed back on ACH services. Relatives are also invited to events/parties that ACH run for the residents.
GP access/Physiotherapy/Hairdressers etc.	<ul style="list-style-type: none"> • All staff said that residents have access to various services including Opticians, Dentist, and West Middlesex University Hospital. All staff mentioned that residents have a hairdresser who comes in weekly to cut hair. There is also a make-up artist who comes in sometimes.
Staffing levels	<ul style="list-style-type: none"> • Some of the staff agreed that staffing levels were reasonable. However, some said if more staff members were recruited then it would put less strain on staff and they would be able to take residents on outings more. • Staff suggested recruiting new staff from agencies – someone who could feed and monitor residents. • Staff feel that an additional person would be beneficial, especially for residents with dementia. • Senior staff commented that there was good staffing level.

Support from management	<ul style="list-style-type: none"> • All staff agreed that they received support from management. • Staff felt that there needed to be more support generally as they felt that dealing with dementia residents wasn't easy.
Other comments	<ul style="list-style-type: none"> • Staff have commented that the volunteers who help the residents with activities was beneficial and valuable. • Senior staff highlighted the issue that when someone from Social Services comes in to carry out an assessment on a resident, they turn up any time. • Staff commented that more could be done in terms of outings for residents.

Recommendations

It should be noted that 'Enter and View' Authorised Representatives met with residents. However residents were not in the state to speak with 'Enter and View' Authorised Representatives as they found it difficult to communicate. All the residents encountered at the time of the visit appeared to be very frail and elderly and affected by dementia. They also did not seem to have the capacity to respond to the 'Enter and View' team. As lay members without relevant experience of relating with dementia patients, it was not appropriate to approach dementia patients and start conversations about service provision and their experience of being a resident.

- A more in-depth training of dementia should be provided to staff. This would help staff in identifying the different stages of dementia that residents go through.
- Recruitment of an additional staff member would alleviate the pressure off night staff and would be convenient for staff in general. The additional staff member would allow for staff to take residents on more outings. However, we are unsure of how feasible such a recommendation may be as it may depend on funds.
- Extending the induction period for staff – perhaps focusing on practical training for new staff members.
- The provider of ACH should look into paying the staff the London Living Wage. This would improve staff retention, motivation, ROI on staff training and that staff who have fair pay and conditions are more likely to perform better to deliver higher quality of care for the residents.
- ACH should ensure staff receive safeguarding training on a yearly basis – once again this is dependent on funds. However, there may be training opportunities through the Hounslow Council or other organisations who may provide the training at a discounted rate.
- Providing a support network for staff who deal with residents suffering from dementia. This may be in the form of a monthly forum where staff can share experiences and they can talk about different support systems to help them deal with any issues.
- Actively encouraging outings for residents whether this may be through volunteers or additional staff.

Conclusion

Overall, positive feedback was received from the visitor and staff members regarding ACH. Staff commented that management was generally supportive of staff and there is a friendly atmosphere within the home. ACH Volunteers have been praised by staff members. Good practice has been observed in the home and has been highlighted in our report. ACH have continued to engage with HWH on a number of studies and reviews.

Healthwatch Hounslow will re-visit ACH in the future to speak with residents and add a follow up report. The report will be published on the HWH website – www.healthwtachounslow.co.uk and will be disseminated to the provider, commissioners and the public.

Disclaimer

This report is a representative sample of the views of the visitor and staff members that Healthwatch Hounslow spoke to within the time frame. This does not represent the views of all the relatives and staff members at ACH. The observations made in this report only relate to the visit carried out on the 22nd September 2016.