

ENTER & VIEW VISIT REPORT

Ashcroft Care Home

6th November, 2015

1. Visit Details

Premises visited: Ashcroft Care Home, 18 Lee Road, Chesterfield, S41 0BT.

Service Provider: Four Seasons Healthcare.

Purpose of the Service: This is a care home with nursing. The residents it cares for are older people, people with physical disabilities, people with sensory impairments and people with dementia.

The home accommodates up to 43 residents.

It is situated less than 1 mile from Chesterfield town centre and is close to Chesterfield Royal Hospital.

Date and time of Visit: Friday 6th November, 2015 11:00am-13:30pm.

Authorised Representatives: Eileen Hinch and David Mines.

Contact Details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Near Belper, Derbyshire DE56 0RN Tel: 01773 880786.

2. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, service users, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visit.



4. What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

5. Purpose of the Visit

This Enter & View was conducted in response to a concern raised.

6. Strategic Drivers

This visit was conducted in response to a concern raised, which is a trigger for Enter and View visits as stated in our Enter and View Strategy. This was triangulated with intelligence from the Quality Surveillance Group.

7. Methodology

A large proportion of the visit was observational. This involved the authorised representatives walking around the communal areas and observing to ascertain if recommendations made by Healthwatch Derbyshire had been implemented.

Where there was no evidence, the Care Home Manager was met with to gain further understanding.

Authorised representatives approached residents to ask them about their experiences of living in the care home, when and where appropriate.

Authorised representatives also approached any visitors, relatives and carers who were visiting during the time of the visit to ask about their experiences.

Authorised representatives also talked to members of staff.

The Authorised representatives worked in a pair.

At the end of the visit, a brief overview of the findings was discussed with the Care Home Manager.



8. Summary of Findings

The care home had a welcoming atmosphere, with friendly staff and a very knowledgeable and compassionate manager. The home appeared to be well maintained and the ambience gave a sense of homeliness and personality. The home rigorously monitors all aspects of care and uses intelligence to inform improvements that have been recommended. The manager demonstrated how they use feedback to improve services using a toolkit called Quality of Life Programme.

Staff, were observed to be caring and compassionate, staff members had seen a significant improvement in the home since the new manager was employed in 2014.

9. Results of the Visit

9.1 Building

The home is within 1 mile from Chesterfield town centre and not far from Chesterfield Royal Hospital, it is easy to find off the main road running through Hady. Signage is located on the corner of the cul-de-sac, situated on the edge of a housing estate. However, the manager has submitted an application to Derbyshire County Council to secure more signage for the main road.

Ashcroft Care Home is a purpose build building with a car park outside. Disabled bays are situated directly in front of the home. The overall appearance is that the building is well maintained. The care home was secure with the front door being locked; there was slight confusion as to which button to press.

There was an abundance of information for carers and residents in the foyer. Displayed was the recent Care Quality Commission Report and there was an electronic feedback system for family carers. There was also an ornate post box for individuals to leave their suggestions. These mechanisms indicated that home engaged with carers and used their feedback.

Inside the building are 43 individual rooms with 2 communal rooms. There is a quiet room called a 'snug' with tea making facilities on the first floor which is used for a family room. Family carers are able to spend private time with their loved one and some relatives are able to bring family pets in, thus the pets are isolated from the other residents.

The building comprised of 2 floors: Ground Floor - Willow, First Floor - Lea View.

9.2 Furniture and Signs

The manager said she has applied for some additional funding to develop the garden area at the back of the care home to have more furniture, new paving and sensory equipment. Work is already under way with a pond and a fountain nearly completed. The paving needs levelling.

Furniture in the home looked to be in good condition, with no significant signs of wear. The manager did inform us that the home was looking to update the interior furniture but was just waiting on the agreement from the provider to do so.

There was an impending delivery of a new bath with a hoist. Toilets/bathrooms had signs to distinguish from other rooms.



The hair dressing salon had new furniture and was nicely decorated with age appropriate pictures.

The manager was committed to making the care home dementia friendly using colour contrasting to support residents to find their way around to use fixtures and facilities. Bathroom doors will be changed in future to be a different colour from other doors to help people identify the bathroom. Also the colour of the bedroom doors will be looked at so that residents can distinguish their own bedroom, the manager said that research would be done to try to get the door looking similar to the resident's bedroom at home.

Blinds and curtains gave appropriate shade from the sun.

Reminiscent pictures were displayed throughout the care home.

9.3 Health & Safety and Cleanliness

Staff members consulted with external professionals using a Tele-Health system, staff received training and supervision with this when needed. The manager remarked on how good the local GP was and how promptly he dealt with any concerns, the GP visits the home on a weekly basis. The manager said that residents' health was closely monitored, potential or known risks to safety were identified and action was taken to mitigate the risks through effective care planning.

Some staff felt confident in raising any concerns of someone's care and reporting any possible potential safeguarding concerns with the manager.

There were pockets of slight odour of urine walking around the care home but there wasn't any significant or overpowering smells of urine or faeces. There were cleaners going around the care home for the duration of the visits, they seemed to be doing a thorough job and used many different products. The home was impeccably clean from the skirting boards to the bedrooms. Numerous vases of fresh flowers complimented the homes clean environment.

It was noted that the home had a good temperature for the time of year, residents had jumpers on and there were some windows left open slightly.

There was no clutter in the corridors or in bedrooms, spare equipment was appropriately stored away.

The manager keeps her office clean and clutter free to enable a safe environment for residents who want to sit down and have a chat with her.

The Health and Safety at Work poster was clearly visible in the main entrance. The authorised representatives were told that Health and Safety was robustly factored into the care home's monitoring programme to ensure every resident and staff member was safe.

Keypads were in situ on external and internal doors. Visitors had to sign the Visitor's Book on arrival.

Risk assessments are carried out in accordance with the provider's policies and procedures when a resident wants to bring in a personal artefact or pet. One resident in particular likes to see his



dog. The care home accommodates this by using the 'snug' a family room so that the other residents don't come into contact.

There was an outside smoking area that residents could use.

Residents are checked over before admission into hospital, everything is documented and this is repeated when the resident is discharged. The manager did say that she requested some residents to return to the hospital because they had deteriorated. Authorised representatives were told that all appropriate mattresses are used when residents develop pressure sores.

9.4 Food and Hydration

The Authorised representatives observed the midday mealtime. Residents were offered a sandwich, the bread was 50/50 half white and half brown to try to accommodate all residents. The sandwiches had a choice of filling but there didn't appear to be any salad or fruit to accompany the midday meal. Cold drinks were served but residents could request a warm drink. Authorised representatives were told that hot drinks were served with breakfast, then at mid-morning, mid-afternoon, after the evening meal and before residents went to bed. The pudding was pureed fruit and custard. Tables were made in a reasonable manner with clean table cloths. Staff mentioned that a hot meal was served at around 4pm and tables were decorated better for that service.

Several of the residents were given assistance to eat their food, the staff members were found to be very caring and attentive. Care assistants wore appropriate personal protective equipment including aprons and latex gloves to safely handle food.

Soft drinks machines were placed in the communal areas, residents could help themselves but staff was always on hand to help.

No prompt cards/signs were seen to be used as an aid for the residents to request a drink or to make a meal choice.

9.5 Dignity and Respect

The manager displayed a high level of empathy for the residents; her caring attitude was palpable as she spoke to the residents whilst walking around the home.

The Authorised representatives observed staff supporting residents in a kind and respectful way. Moving and handling equipment such as rotundas were used in a safe way with staff speaking very calmly and quietly.

Staff told us that they took their time to get to know the residents, especially those with dementia. Family carers and relatives were consulted about resident's history and nutritional requirements. Staff supported individual choices such as what time the residents wanted to go to bed and what time they wanted to get up in the morning. One staff member said, "We encourage people to get dressed and to get up but we don't force this upon the residents." Care assistants supported residents to do things at their own pace.

Staff members were engaging socially with the residents.



9.6 Personalisation

There are large photos of the residents on the majority of the bedroom doors with some detailed biographies to depict a portrayal of the resident's life. The manager did say that some families didn't want this, although many family carers helped staff to compile these. Residents could have their personal belongings in the bedrooms and could decorate them as they wanted.

9.7 Residents

Ashcroft Care Home had mostly funded residents with the exception of five private residents that self-funded.

New residents have a choice of available rooms on admission.

The residents were all dressed in day time clothing, every single one of the residents looked well dressed and smart. Some wore slippers whilst others wore shoes. All appeared to be well groomed, clothing looked clean and to be very good condition.

The Activities Coordinator wasn't at work on the day of the visit. However, residents were still engaged in games and there were memory games on a few tables.

9.8 Relatives and Visitors

Regular residents and relatives meeting were held to enable individuals to raise any concerns and to have an open discussion. The manager was open to any recommendation from family carers and residents and used any intelligence to fit into the providers monitoring systems. Information was displayed in the waiting room about any improvements that was made based on feedback. The family carers were all asked to complete the immediate customer feedback in line with the providers Quality of Life Programme.

9.9 Staff

The manager came into post in 2014 and she told us that the home followed a new approach to developing quality of care, by monitoring numerous aspects of care. Four Seasons Healthcare have adopted a monitoring system called the Quality of Life Programme and it is their commitment to lead the care home sector in setting a new benchmark in care.

The manager asks every visitor to complete an instant customer feedback using an electronic tablet. The manager said that the quality of care was regularly monitored using a tool called Thematic Resident Care Audits, and new care documentation was implemented so that care plans were more accessible. The care home also follows safe staffing levels using a tool called the Care Home Equation for Safe Staffing.

Some staff understood the provider's aims and values of care and they regularly received feedback regarding improvements that had to be made.

The manager employed staff with learning disabilities because she wanted demonstrate diversity in the workplace. However, some individuals have been sadly made redundant because they didn't have the ability to perform under the home's current standards.



Care assistants were easily identifiable wearing a pale green tunic with an appropriately placed name badge. Nurses could be distinguished wearing a white tunic with dark blue piping.

All staff were permanent employees of the home, the manager would only have agency staff on a very occasional basis because she wanted the residents to have consistency with the staff in order to get familiar with them.

One member of staff had worked at the home for 12 years, she said that she had seen a lot of changes but was more than happy with the current manager. The administrator said that it was the best home she had ever worked in and that she maintained a professional yet friendly relationship with the manager.

10 Additional Findings

There was some confusion as to the providers name, the Care Quality Commission Report stated that it was Tamaris Healthcare yet the care home's individual website still had Four Seasons as the overarching provider.

11 Recommendations

There were very few recommendations that Healthwatch Derbyshire authorised representatives wanted to put forward, only those that the manager was already working to achieve:-

- Explore using colour contrasting to make the care home more dementia friendly. To make bathrooms and bedrooms more identifiable.
- To use pictorial images to help resident's meal choices and to request a cold and/or hot drink.
- To confirm the providers details.

12 Service Provider Response

The Service Provide declined to respond.



13 Your Feedback

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Healthwatch Derbyshire is keen to find out how useful this Enter and View report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

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3) Since reading this report:

a) We have already made the following changes:

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b) We will be making the following changes:

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Your name:

Organisation:

Email:

Tel No:

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire, DE56 0RN

