



Report of Enter and View Visit



Arden Park Care Home

Report published June 2015



Care Home Visited	Arden Park Care Home
Date and Time of visit	10.00am - 3.00pm, Friday 17th April 2015
Address	101 Armscott Road, Wyken, Coventry, CV2 3AQ
Size and Specialism	31 places including 16 Council funded places. Residential home for people over 65 years old requiring personal care.
Authorised Representatives	Frances Lindsay, Mohamed Dfaalla, Kerry Vieira

Disclaimer

Please note that 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.

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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 to gather the perspectives of those who are using the service. We aim to both make recommendations for development and to look for good practice examples of care through our Enter and View visits.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies so we can learn about and share examples from the perspective of people who experience the service first hand.

Reason for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of 'would I wish my relative to live here?'

Methodology

We collected our information by speaking to 5 of the 30 residents (there was 1 vacancy at the time of our visit) 1 visitor and 3 members of staff.

Information was recorded on semi structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes of what we saw around the home.

We left some questionnaires for completion by visitors which can be posted back to our Freepost address. We have not received any completed visitor questionnaires.

Summary of findings

The manager seemed to be well organised and approachable. She told us that she runs a monthly care plan audit and an audit on equipment in the home to ensure that she keeps tabs on what may need replacing and can implement any changes required.

The home was set on two floors with 21 rooms upstairs and 7 ground floor rooms. 3 of the rooms were shared. Rooms were spacious and fit for purpose. The building was decorated throughout with a mixture of beige and cream shades and there were no unpleasant smells. All of the areas we visited were clean and tidy.

All of the staff and residents we saw and spoke to seemed happy and comfortable in their surroundings.

The home accommodates men and women; there were more female residents than male residents when we visited.

First Impressions

We approached the door and rang the bell for staff to let us in, the first door led through to a porch area where the signing in book is kept and there is a further locked door into the home. The entrance hall was spacious with two comfortable chairs and a coffee table.

On entering the home we were greeted by friendly staff and a very chatty resident.

We were introduced to the manager of the home who was friendly and professional and were shown around both floors of the home by the home manager and the operations manager from Redwood Health Care.

Results of visit

The home is big and there are lots of corridors. Walls were decorated in the shades of cream and all of the doors look the same apart from the resident's name and photograph on them. We felt that this could be confusing for residents to find their way around and get used to where their room is, especially if they have dementia. E.g. residents and staff told us about one resident who gets up during the night and cannot find her way back to her room.

The home respects residents' choices, the manager told us that one resident did not yet want them to take a photo of her for her door and this was their choice.

There were transfers on some of the walls to decorate the home, such as the one on the wall in the entrance hall which said, "Welcome to Arden Park" and another in the dining room which said, "Bon Appétit". The communal areas and the resident's rooms that we saw were decorated in shades of cream and brown. We felt that it may benefit from the introduction of some bright colours and some colourful pictures on the walls.

Leading off the entrance hall there is a quiet room/lounge which had big windows and looks out onto the grassy area at the side of the home. This room has chairs and sofas, an organ, some books and a television. The manager's office is also located off the entrance hall. We did not see a computer for residents to use but have been told by the manager that a computer is available in the small lounge and pictures were provided for our information.

We were shown a room downstairs which is used as the hair salon. Staff told us that many of the residents like getting their hair done in there.

On the ground floor there are 7 bedrooms, 2 of which are en-suite, 5 communal toilets and one communal bathroom with a toilet.

Upstairs there are 21 bedrooms, 1 of which is en-suite. There are 2 bathrooms but in one of the bathrooms the bath is not being used because there are no bathing aids available in this room. We asked the manager if there are plans to invest in some equipment so that this bath can be used. The manager said that they feel they have enough with the one bath and one wet room and that most residents prefer to use the shower, she did not feel it was necessary to change things so that the other bath could be used as they have enough facilities to accommodate the residents. There is also a communal shower room and 7 communal toilets. All of the communal bathrooms, toilets and wet room had emergency pull cords.

The home does not have a website, details are mentioned on a website called carehome.co.uk.

We were shown into the communal area which was open plan. There were two lounges at each end with televisions on the walls and chairs placed around the edges. In the middle of the two lounges is the dining area where there are 6 or 7

dining tables with enough chairs round for all of the residents to sit in the dining room if they choose to.

Most of the residents had various stages of dementia and were downstairs in the lounges. Residents were sitting watching television or napping in chairs around the edges of the room. One resident was in her room receiving end of life care.

Residents were able to choose if they wanted to go to their room for a nap and could have their doors kept open or closed. Most of the doors to residents' rooms were closed. We observed that after lunch some residents went to their room for a nap. We observed that staff knocked residents' doors before entering their room.

Residents were able to bring some furniture from their homes when they moved in. We were told by staff that they do their best to accommodate individuals who wish to bring items of furniture to personalise their space. One gentleman showed us his room where he had brought his sofa and chair from home to put in his room. Residents' rooms that we saw were spacious, decorated in magnolia and white and contained a television, bed and other items of furniture such as chest of drawers and wardrobe.

There are 3 shared rooms. We were shown one of the shared rooms which had a curtain to divide the room and a shared en-suite sink and toilet. The manager told us that residents are asked if they would be happy to share a room before they move in.

We saw that some residents were still in their night wear, the manager told us that this is their choice and staff will encourage them to get dressed into other clothes but will not force them to get changed if they are more comfortable and wish to stay in their night wear. These residents were sitting watching television in the lounge and looked happy and comfortable.

The manager told us that she operates an open door policy and staff or relatives can go and talk to her at any time so that any issues can be tackled when they arise. She also told us that they have 25 staff including the cook and that staff work in shifts. In the morning there are 4 staff plus the manager, afternoons there are 4 staff plus the manager and at night there are 3 staff and the manager will sometimes call in to see how staff are getting on or to carry out supervision so that they do not need to come in during the day.

We were told that all staff have access to training through a distance learning company called Learning Curve. The manager told us that this company have been very good, they came out to meet the staff and provide courses such as dementia awareness and mental capacity training. The manager will undergo any courses that the other staff do so that she is up to date with her knowledge and training too.

The manager told us that Arden Park is the first home in the City to complete the React to Red Skin training which is being recognised and rewarded by the city council and that all staff have received this training.

We saw staff observing hand hygiene by putting gel on their hands from a dispenser on the wall outside the dining room before they entered the room. A staff member brought round wet wipes for the residents following a game of bingo as they got ready for their lunch and again after lunch so that residents could wipe their hands.

The manager told us that she regularly takes her paperwork out and sits in the communal area to do this so that she can observe the staff doing their work and try to pick up on any issues.

We observed that some residents liked to sit in the entrance hall and watch people coming and going. One resident likes to sit there to eat her lunch.

During our visit we felt that the home was a calm and relaxed environment and the staff looked like they were working well as a team.

Food and drink

There was a chalk board on the wall with the day's menu on, which showed two choices of main course and dessert for lunch. On the day of our visit the choices were chicken pie or battered fish with chips or mash and peas and sweet corn. Followed by cheese cake or rice pudding.

We sat and had lunch with the residents. The food was well presented and tasty. Residents said they liked the food.

There was not a vegetarian option on the menu but one resident who is vegetarian told us that they always cater for her and today she had Quorn burger with chips, peas and sweet corn. She said it was "very nice".

Residents were shown meals plated up and asked which they would like. Staff also asked if they wanted gravy or parsley sauce with their meal.

Staff brought a selection of hot and cold drinks around to the tables on a trolley. There was a choice of lemonade, tea, coffee, orange squash and blackcurrant squash or water. The manager explained to us that they used to leave jugs of squash and water out for residents to help themselves to drinks. However, they currently have a resident who is on restricted fluids due to a medical condition and therefore they cannot leave drinks out. This resident was constantly asking for a drink and staff were having to tell her she would need to wait so that they can spread her fluid allowance out over the day and ensure she does not have more than she is safe to have. The manager also told us that they cannot leave flowers in vases around the home due to the risk that this resident could drink the water from the vases, which she had done in the past.

We observed staff regularly going round asking residents if they would like a drink. Drinks were kept in the kitchen.

Residents told us that they like the home; they looked to us to be content and were happy to ask the staff when they needed help.

Staff told us that they have monthly staff meetings and one-to-one supervision every 2 months. They can speak to the manager and request a one-to-one at any time and feel able to approach the manager or a senior member of staff if they have any concerns.

Staff also told us that the most difficult part of their job is when a resident dies. In these circumstances they support each other as a team and receive plenty of support from the manager.

Care

A visitor told us that they were very impressed with the care that their relative had been receiving at the home.

We saw staff having to calmly keep on telling a resident that they were not able to have a drink and try to explain how long it would be before they were able to have one. They were very patient and kind to the resident and clearly sympathetic to her situation.

We observed staff supporting residents to move around the home by helping them out of their chairs and on to walking frames or into wheelchairs. One gentleman was being encouraged to take a few more steps each day and was supported by staff to get from his chair in the lounge to a chair in the dining area. Staff praised and encouraged him without being patronising.

Staff were interacting and sharing conversation and laughter with residents.

A resident told us that she feels that staff listen to them 75% of the time. They also said that staff support them to do things for themselves and encourage independence where possible. Residents told us that staff ask if they are happy with them helping them and that they feel the staff respect their dignity and privacy.

As residents were having their dessert we observed a member of staff giving medication. She was wearing a red tabard with bold white writing saying, "do not disturb me, on medication round". Residents told us that if they ask staff for pain relief such as Paracetamol they are given it as required and just have to ask staff.

We observed a lady at the dining table who told staff that she needed to go to the toilet. Staff quickly assisted her to get to her feet using a walking frame and took her to the toilet. Her food was taken to the kitchen and kept warm for her and she returned to the table to finish her meal.

A resident we spoke to said she often gets upset when she talks about her situation and is still getting used to living in a care environment after being very independent and looking after others throughout her married life. She gets embarrassed when she cries, but said that staff have been very supportive and kind to her.

A resident told us that she has been concerned and upset about another resident who has been walking around in the night and waking other residents'. The resident has dementia and gets up and wanders around the corridors and into other rooms because she cannot find her way back to her own room. During our visit the manager spoke to the resident who was upset about this and tried to reassure her that they are trying to find a solution to this problem. She said that they are going to install some mats in the room so that if the resident gets up in the night the mats will alert the staff so they can support her to get back to her room without disturbing other residents.

Activities

Staff and residents told us that a hairdresser comes in each week and there is a charge for this.

We saw a programme of activities for the week which was on a white board in the lounge/dining area. Staff told us that this is updated every week. This week's activities consisted of pampering sessions, planting tomato seeds, progressive mobility classes, hoopla, skittles, cooking, bingo and film night. The home has an activities coordinator but we did not have an opportunity to talk to her because she was organising the bingo and had then gone home by the time we had talked to some residents.

The manager told us that some of the residents had been getting involved in planting pansies into pots to go in the patio area. While we were there a relative visited and brought in some more pansies for the residents to plant.

One resident was knitting a cardigan. She stopped to eat her lunch and then carried on with her knitting. She told me that she had been working on it for a long time.

A visitor was sitting with her relative and was knitting squares to make a blanket whilst talking to her.

Outside there is a small enclosed garden which has a patio area with a garden table and chairs. We observed a resident going to sit outside for a few minutes with support from a member of staff.

A resident told us that they enjoy taking part in activities at the home each week such as bingo, knitting and exercise. If she wants to be by herself she will go to her room or sit out on the patio.

The manager told us that an activity co-ordinator, comes in and does manicures for the residents. Residents are not charged for this, it is a pampering activity.

Staff told us that there is at least one activity at the home every day and they try to encourage residents to take part and do things to keep occupied. They support residents to go outside for a walk.

Staff and visitors told us they would like to see more outings organised by the home and recommended introducing 'special meal days'. They would also like to see more entertainment for the residents such as singers and music.

The manager told us that residents are taken out for outings and that the home can hire a mini-bus to take a small number of residents out.

Dementia Friendly Design

We saw dementia friendly signs around the home. Each door had a sign with words and pictures on a coloured background to say what the room was, such as; office, toilet, quiet room.

Hot and cold taps were indicated with red and blue.

Staff told us that the owners are in the process of refurbishing the windows and have plans to make the garden more dementia friendly.

Healthwatch Recommendations

Following our visit we would like to recommend:

1. Staff and visitors suggested that they would like more organised outings for residents, more entertainment and introducing some themed "special meal days". We would like the manager and activities co-ordinator to look at ways to introduce these ideas.
2. The home was well organised and fit for purpose but we felt that the decor in most of the rooms could do with updating and some colour adding. The use of colour could be of particular benefit to those residents with dementia who may find it easier to locate things if they were in different colours. i.e. bathroom doors painted a different colour so that they stand out. With the home being so large and having lots of doors and corridors which look the same, maybe it would be beneficial to use colour i.e. corridors in different colours to make it easier for them to identify their room or the right corridor.
3. The home could benefit from having their own website with photographs of the home and facilities. This would be helpful to those looking for a care home in Coventry to place their relative.

4. We were told that access to drinks are restricted for all of the residents due to the health needs of one resident, we hope that drinks being available for residents to help themselves and flowers in vases will return to the home once there is no need to monitor this particular residents' fluid intake.

Response from care home manager

Thank you for this visit report. Please see our comments below for your consideration.

Comments

Regarding resident who walks around in the night; this is not factually accurate. The person knows their way back to their room but can be distracted by staff or other residents approaching them so will change their route to talk to them. This person has been in hospital for three weeks. A sensor mat has been installed in their room ready for their discharge. Their behaviour and the use of this equipment will be monitored closely by the home management team when they return to Arden Park.

There is an Apple Mac mini-computer available. During the Healthwatch visit it was located in the small lounge in its purpose built cabinet.

It was set up attached to the large screen Sony TV screen for better visibility for resident use. It also has the option of a wireless keyboard so people can use it from their armchair / a wheelchair if they so wish. It has been used by visitors on several occasions with their family members.

In response to your recommendations:

Recommendation 1 - Staff and visitors suggested that they would like more organised outings for residents, more entertainment and introducing some themed meal days.

Thank you for your comments. We have arranged to hold a residents and relatives meeting on 4th June to explore these suggestions further. However in the event that this is not well attended, as a backup plan we will formulate a questionnaire to circulate with residents, visitors and the staff team after the meeting. This will ensure we have included and involved people in this decision making as much as possible.

In the meantime we will ask the activity coordinator to explore/look at suggestions of outings and themed meal evening's people may enjoy form the information already recorded in residents' "My Life Story Books."

Recommendation 2 - introduction of colour

All communal bathrooms and toilets are painted white with signage insitu to remind /prompt people. Resident's bedrooms doors are painted blue, green, red or purple and have door numbers and knockers. The residents were fully involved and chose their door colours themselves. Residents are also welcomed and encouraged to have a photograph of themselves on their door if they so wish.

We are disappointed this issue was not raised during the inspection visit as we could have shown you the pictures already purchased waiting for the maintenance team to hang in the corridors.

Recommendation 3 - website

This issue was not discussed during the Healthwatch visit.

The registered provider is in the process of developing a website for the home as part of plans to upgrade the public relations information for all potential readers/ people thinking of looking for a home in the Coventry area.

Recommendation 5 - restricted access to drinks

This person still resides in the home. Artificial flowers have been provided for the vases for table decorations. We would like to reinforce that, limitations of drinks availability is only in the downstairs lounge and this is closely monitored. We have recordkeeping to back up staff offer people drinks on a regular basis. We are mindful to reinforce this need to staff as the warmer weather approaches. The majority of people who occupy the lounge area have capacity and understand they can request additional drinks in between those offered. People without capacity require prompting by staff to meet their daily target intake as documented in their care plan. Jugs of drinks and beakers continue to be provided for residents to use in their bedrooms.

Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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