

# Report of Enter and View Visit

Allesley Hall Nursing Home

Report published May 2015



Care Home Visited	Allesley Hall Nursing Home
Date and Time of visit	Wednesday 25th February 10.00am - 3.30pm
Address	Allesley Hall Drive, Allesley, Coventry, CV5 9AD
Size and Specialism	Up to 45 residents over 3 floors including 10 council funded places. Provides personal and nursing care to adults aged 65 and over.
Authorised Representatives	Kerry Vieira, Diane Jones, Elsie Beaumont

## 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 44 residents and 3 members of staff. We received 2 completed questionnaires from visitors.

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.

Before and after the visit we had a look at the website for the home to see how it compares with our findings.

We left some questionnaires for completion by visitors which can be posted back to our Freepost address.

## **Impressions**

The home is surrounded by views of parkland and extensive gardens. We entered through the main door and into a foyer area where there were leaflets displayed and a book for visitors to write comments in. We then went through a further door which led into a reception area with a large reception desk. This area had many posters and pictures on display including thank you cards and a book with comments from visitors.

Opposite the reception desk there is a table with folders one of which was a manual with details of staff, various procedures and the most recent CQC report. The manager told us that this is updated every 12 months.

We were greeted at reception by the Manager and there were two other members of staff at reception. All of the staff were smiling and welcoming. The reception area was decorated in neutral colours and was bright and spacious.

We were shown into the dining room and had a meeting with the Manager who then showed us around the premises and the grounds.

## Summary of findings

The home is spread over 3 floors. In the reception area there was a lift and stairs. Previously the home had had two working lifts however one had broken and a decision had been taken not to replace it. The remaining lift is small.

The manager told us that there are 3 sizes of room available and residents would be allocated a room based on what was available and what the individual's funding was.

The lower floor was for what the manager referred to as 'residential older people' - she explained that the people on the lower floor were usually those who require less care and are more independent. She also told us that the rooms on the lower floor were more expensive.

The upper floors were for those who require nursing care. These rooms varied in size. We were told by the manager that larger rooms were more expensive and were usually occupied by people who were funding their care themselves (self funders).

On the ground floor we were shown around the rooms with views of the garden and across the park. These rooms were spacious with large windows. There is room for 15 residents on the ground floor and balcony.

The rooms upstairs were more basic, some had small windows and some large. We saw one room on the upper floor had sky light type windows which meant that residents could not see a view and were told by staff that there are only two rooms with this type of window.

The sizes of the rooms varied and contained a bed, a chest of drawers, a bedside cabinet and a wardrobe and some had other items of furniture such as sofas, chairs, television, or coffee table. Some rooms also had access to a kitchenette.

All of the rooms have en-suite facilities. We were told that three rooms have a toilet and sink and the others have a shower or wet room in addition to the toilet and sink. Residents received assistance from staff to use the communal bathrooms.

In the reception there were two toilets, a small one for staff and visitors, and a larger one for residents. Next to the reception area was the dining room, which had 7 round tables with chairs around. The rooms had plenty of natural light from the large windows and were decorated in neutral colours as was the rest of the home.

The carpets and laminate flooring contrasted with the walls and furniture throughout the home.

The communal areas and corridors were clean and there were no unpleasant odours. There were lots of different, bright and colourful paintings and pictures on the walls around the home.

We were shown some of the residents' rooms on each of the floors and noticed a smell of urine in one of the downstairs rooms. The room had soft furnishings and carpet which would be difficult to keep clean and free from odour.

We saw a communal bathroom on each floor, which was well decorated with wall and floor tiles and there was also a plant in each of the bathrooms. Taps were clearly marked hot and cold and were easy to operate. There were hoists available to assist residents with getting in and out of the bath.

There were communal spaces on each floor which we observed residents and visitors using. The communal room on the first floor was spacious and laid out with a table and chairs and a kitchenette at one end so that residents, staff and visitors can make themselves a drink. At the other end we saw a television and comfortable high backed armchairs around the edge of the room; an electric piano, which the manager said was donated to them and is sometimes used by a visitor who plays music for the residents.

In the communal room on the second floor we saw a kitchenette where staff were preparing drinks for the residents, tables and chairs and a television.

On the balcony area on first floor there is a computer for residents to use if they wish and some comfortable chairs where residents and visitors can sit. Above this area is a large skylight window and those using this area could see down into the ground floor lounge from the banister.

All of the residents we spoke to were complimentary about the staff and facilities at the home.

All of the staff we spoke to told us that the manager is approachable and supportive.

Visitor's who returned questionnaires told us that they visit the home every week and find most of the staff caring and committed and they respect residents individual choices. They also told us that they find the manager to be approachable and handles any problems well.

## **Results of visit**

There used to be two lifts in the home. One of these lifts has been decommissioned and the other is small. We were told by staff and also by relatives visiting the home who returned questionnaires that they feel the home needs a larger second lift. The manager said that she would also like this but that this is not physically or financially viable as there is a supporting wall in the lift shaft and it is not a purpose built building.

As the home focuses on residents who have mobility impairments and these residents live mainly on the first and second floors the Authorised Representatives felt this situation made it difficult for some residents to go down stairs and be involved in activities and use facilities on the ground floor. Also not all residents on upper floors will have a room with a window they can see out of.

The manager told us about an individual who moved into the home as self funded and had a large room, when this resident's funding ran out and they still required nursing care they were not moved from the room that had become their home. The company (MHA) allowed this resident to occupy the room and use their council funding to pay for it for as long as they needed it, even though the council funding is not enough to fully cover the cost of the more expensive large downstairs room.

Staff told us that laundry is collected from each floor 4 times per day and individual resident's items are labelled with their name, which resident's families do for them.

During the week there are usually 2 laundry staff each day and at the weekend there is one member of staff. Laundry staff said that there used to be a box where spare buttons, wonder web and threads were kept and this used to be in the laundry room so that staff could make repairs to garments. However, this box had not been seen for some time and they would like this to be replaced. Often relatives will replace lost buttons but laundry staff have done this when they had the resources available.

There is a basket for lost property and items are put there when they do not have name labels on them. While we were there the manager notified the laundry staff that a resident had put her nighties in for washing and they had not got any back. This was probably due to iron on labels falling off. The manager asked the staff to show the resident any nighties that were in lost property so that she can identify if any of them are hers.

The manager told us that staff from the laundry will help with other tasks in the home such as activities and feeding residents who need assistance at mealtimes, she explained that this is not because they are short staffed but is to make dinner time run more smoothly and ensure that all residents who need help are given time to have their meal comfortably. This also means that the residents can take their time with their meal and do not feel rushed. A member of laundry staff told us that the two members of staff had previously been carers so were familiar with care work. They help with other tasks in the care home and like to do this as it means they spend some time out of the cellar as the cellar does not have any natural light. However, this also takes them away from laundry tasks and means this work falls behind.

Staff told us that they think the manager is very good and the home is well managed.

Staff told us that they enjoy their work and get on well with their colleagues. They describe the home manager as approachable and professional. Staff said that they felt able to talk to the manager and if they needed to raise any concerns, they trust that the manager would deal with them appropriately.

Staff and the Manager told us that staff meetings are held 3 monthly and supervision every month. Staff are provided with a newsletter to keep them updated in case they miss any staff meetings. We were told by a staff member that the newsletter is given to staff with their payslip. The manager told us that staff have access to free counselling and a helpline which is ran by MHA, which is useful to support staff if there is a bereavement in the home.

We were told by staff that they are regularly offered training such as manual handling. Online training can be undertaken at home if they staff prefer to do this. Staff told us that training is done in their own time.

The manager told us that staff complete training throughout the year and are given a choice of dates and courses to take. Most staff complete this training using the three learning laptops which are provided for this purpose.

Staff told us that they are always busy. They are given a break in the morning and a break in the afternoon. The shifts are long which can be hard but the time goes quickly because it is such a busy job.

A member of nursing staff said the home is a lovely place to work. She said that the residents are well looked after and staff and residents are happy to be there.

There is a strict social media policy and staff are not allowed to mention their work or the residents on their social media to ensure the residents dignity and privacy/confidentiality is preserved in situations such as a bereavement in the home. Staff receive training in this subject this as part of their induction.

On the first and second floor we observed that some residents watched television or slept in their rooms. Some residents were watching television in the communal room on the second floor.

During our visit a resident met with her visitor in the second floor communal room. This resident mentioned to the manager that her feet and legs have been cold and requested a hot water bottle. The manager said that she was concerned about the resident being scalded by a hot water bottle and suggested she would try to get her a wheat bag to use instead. The resident did not know what a wheat bag was so the manager said she will try to get one to show her and tried to explain what it was. The visitor continued the conversation so that the manager could continue showing us round.

The home's website shows pictures of the grounds and the home and is an accurate description based on what we saw.

Visitors told us that the home has many attributes: it is a beautiful location with a very big garden; staff are friendly and caring and there is regular entertainment provided for the residents.

## **Food and drink**

Staff told us that the home has a fully equipped kitchen which can cater for residents with special dietary requirements. Kitchen staff start work at 7.30am and residents are served breakfast from 8am, they offer choices such as porridge, cereals or a cooked breakfast. Main meal is served at 12.30pm and evening meal is at 5.30pm. Milky drinks and snacks are offered to residents at 7.30pm. Residents can eat meals in their rooms or in the dining room.

We had some lunch with the residents and chatted to them. Lunch was a roast turkey dinner or corned beef and bean pasty and a choice of egg custard or banana bread with custard. The food we tried was tasty and enjoyable, freshly prepared in the kitchen. One Authorised Representative had egg mayonnaise sandwiches and salad, which they enjoyed. This was also freshly prepared in the kitchen.

Sufficient portions of food were served and all of the residents said they enjoyed their meal and were feeling full.

A visitor survey we received said the home serves "good food and plenty of it".

Residents commented that they liked the food. One resident we spoke to was on a special diet and could not have fatty food such as fish and chips. If this was on the menu she was offered an alternative such as boiled fish and potatoes. The manager told us that special diets such as gluten free meals can be prepared separately.

We sat on a table with 4 residents who were able to feed themselves and usually sat together and chatted during meal time. They referred to each other as friends laughing and smiling together and a couple of them commented that they were looking forward to the bingo in the afternoon. One of the residents told us that they look forward to lunch time as this is usually the only time the group of residents get together and talk. She said she enjoys this time of the day.

We observed residents and catering staff sharing laughter and chatting. Staff brought round two plates to show the residents the two meals on the menu so they could make a choice and see what the food looked like. The residents told us that they liked being given this option rather than being asked earlier in the day what they would like for lunch.

We observed two residents being fed by staff in the dining room. One resident was sight impaired and staff stroked his hands and spoke to him to reassure him they were there and helped him to eat. We could see that they staff were interacting calmly with the residents and talking quietly to them. The manager told us that 8 residents are peg fed.

Residents told us that the staff try to offer them what they want and listen to their suggestions and needs. One resident said she wanted a yoghurt instead of egg custard for dessert and the staff got a yoghurt for her.

At residents meetings residents are asked what meals they prefer. Residents expressed that they would like a roast dinner twice a week so this was added to the menu.

## Care

One of the nursing staff told us that the carers at the home are very attentive to the residents and work very hard to ensure the residents are happy, comfortable and enjoy living there as much as possible.

Residents told us that if they need pain relief they just ask a member of nursing staff who will provide this for them. They also told us that staff are patient and kind to them.

Staff told us that there is always a nurse available on each floor who they can get assistance from if needed and can provide advice of a medical nature if required.

We saw a resident who had recently moved from another home. Staff believe that this resident had been left for too long in one position and not attended to regularly in their previous home and this had caused her legs to become contorted. The home was providing regular physiotherapy sessions to try to help her to move her legs.

A member of staff told us that the carers will encourage a resident to do things for themselves wherever possible and try to support them to be independent if they are able. Staff also commented that when residents move into the home they can be quite unwell and need lots of support, however, many residents have then gone on to improve as a result of living there and become more independent again.

The manager told us that crash mats are used for those residents who are not safe getting out of bed unaided. The mats are laid on the floor next to the bed and if the resident steps onto the mats, an alarm will sound to alert staff who will then go to the room and assist the resident.

The manager told us that there are no shared bedrooms but two of the bedrooms on the first floor do share an ensuite bathroom. The manager described this as two beds separated by a partition wall so dignity and privacy could be maintained. This room would be used for less mobile residents so that they could not stray into each other's private space and staff would attend to them separately. We were told that this room was previously used for a husband and wife who appreciated being able to share but have their own beds and personal space like they had enjoyed before moving to the home. At the time of the visit this room was occupied by two

residents who were immobile and required a hoist to get out of bed. We were not able to see in this room during our visit as both residents were sleeping.

Nursing staff and care staff wear different uniforms so that residents can differentiate between them. Nurses were in blue tunics and care staff wore patterned blouses for women and blue tunics for male carers.

Staff told us that most of the residents like to have an afternoon nap.

The manager told us that most of the residents require assistance from the staff to have their continence needs met and that the staff like to keep catheters to a minimum to avoid infections. Residents are helped with washing and changing. If a resident expresses that they do not want a certain member of staff to assist them, the manager will talk to them and try to establish why they feel that way. If issues cannot be resolved then she will ensure that that member of staff is not assigned to that particular resident.

We were told by staff that if a resident does not want a male/female carer to assist with their personal care, this can be arranged but the resident must understand that they may need to wait a little longer.

The manager also told us that staff are assigned to each floor to try to maintain continuity of care. She told us that during the afternoon there are 2 nurses and 9 carers on duty and in the morning 7.30am - 1.30pm there are usually 3 nurses and 9 carers plus the manager and deputy manager on duty. At night there are 2 nurses and 4 carers on duty. There are usually 3 carers to a floor. There were 4 male staff and the rest were female.

The manager told us that she used to be a nurse before becoming the manager and has worked at the home for 15 years.

## **Activities**

The manager told us that resident's meetings are held quarterly but they have not been well attended. The staff team find ways to talk to residents during social activities and coffee mornings to compensate for lack of attendance at these meetings.

Activities take part on the ground floor where there is a large lounge area with wooden floor and a large window looking out onto the garden.

We observed residents playing a game of bingo in the afternoon. Residents were taking an interest in the game and there was lots of lively interaction and laughter. The activity was run by volunteers and those who needed assistance were helped to join in by staff.

The manager told us that the home operates an open door policy, residents are able to go out for a walk if they wish but this is closely monitored by staff so if

someone who needs more care wished to go out, staff would go with them or follow them in order to ensure they were safe to do so. Many of the residents needed to use wheelchairs and staff would take them out in their wheelchairs around the grounds.

We were told by staff that all residents are encouraged where possible to get out of bed and interact with others. Domestic staff told us that they “always see care staff encouraging and supporting residents to come out of their rooms and join in with activities”

We were told by staff that there is an activities co-ordinator, an activities worker and volunteers who help with activities. The Activities Co-ordinator organises coffee mornings for residents, events, games co-ordinates the worker and volunteers who assist with these activities.

The manager showed us a display board near to the lift in reception which had framed pictures of some of the residents taking part in specially organised activities such as an event to celebrate Chinese New Year and a trip to the football ground for one resident and his family. There were also letters of thanks displayed here.

We were shown a room which contains a library of books for visitors, residents and staff to help themselves to. Some of the books were about health and social care and subjects such as dementia.

In the first floor lounge there was also a CD player, a selection of games and an exercise machine which residents can use to do exercise whilst sitting. We raised with the manager that the games were stacked on the floor in a corner of the room, they did not look cared for and were not visible. We suggested finding a way to keep these games tidy and making them more visible to encourage residents, visitors and staff to use them. We feel that this should be the responsibility of the activities worker.

The home has a hairdressing salon on site. Hand massages, reflexology treatments and manicures are also available.

We were told by the manager that outings are arranged using a mini bus which is shared with Abbey Park Nursing Home which is also ran by MHA. Trips out to Walsall lights and Coombe Abbey have previously been arranged.

One resident did not feel there were enough activities available, we asked this resident what they would like to see more of and they said they enjoy playing games. Other residents told us there were always plenty of activities or social events each week which were varied. They said that they enjoyed taking part or observing these activities.

The manager told us that there were volunteers who came in to tend the gardens and they involved the residents as much as possible. We were shown raised flower beds in the garden which residents can sit at in their wheelchairs and do planting.

The manager said that these activities are not restricted to spring and summer and take place throughout the year.

A resident told us that she used to enjoy gardening and how much she missed her own garden. We talked to the manager about trying to involve this resident more with the gardening activities and they agreed to try to put something in place to encourage them to get more involved.

We spoke to two residents who had been out walking together in the garden that morning. They had developed a friendship and were intending to go for regular walks together. One of these residents had a brain injury so would need to be with others if she goes out. Staff had introduced them to each other as they were both interested in going out for walks. The deputy manager had given these two residents a mobile phone and shown them how to contact staff at the home if they needed any assistance while they were out on their walk. The residents told us that this made them feel more secure whilst enabling them to be independent.

The manager told us that they have various themed days throughout the year. They recently celebrated Chinese New Year and had entertainment and activities around this theme. On St Patrick's Day they will have some Irish dancers visiting the home to provide entertainment for the residents. They also have singers who are paid or sometimes volunteer to come along and provide entertainment.

Staff told us there are always various activities taking place in the home. There was a poster displaying what activities were due to be taking place during the week in the dining room. We saw some posters in reception. The posters advertised events for friends and family members and residents to attend. There was a charge for none residents to attend these events. Events included food and entertainment.

The manager told us that relatives and friends are able to join residents for a meal for £2.50. Activities are arranged so that relatives can join residents for lunch at Christmas and on other occasions.

The manager tries to provide colouring books which have more adult pictures such as flowers and patterns instead of children's colouring books as some of the residents liked colouring.

## **Dementia Friendly Design**

There were no dementia friendly signs used. We asked the manager about this and were told that they are not a dementia home and the only residents they have there who may have symptoms of dementia are not mobile. They consider it not to be safe to have residents with dementia and who are more mobile, due to their open door policy. If a resident who can walk around by themselves was to develop dementia, they would be assessed to decide whether the home was still safe for them. There are some dementia friendly signs which they can put up if necessary

but as most of the residents are assisted by staff to use the bathrooms and cannot walk unaided, the manager did not feel that it was necessary to have dementia friendly signs up all of the time.

Taps in each communal bathroom and en-suite that we saw were clearly marked hot and cold. Taps and toilet flushes were easy to operate.

The manager said they did not have dolls and she would like to have some as she knows that some of the residents with dementia may like them.

The manager told us that they are only able to take residents who have dementia if they are not mobile. She explained that one resident who had dementia came to the home and was not able to walk when they arrived and then went on to walk again and became stronger. We were told that a stair gate was installed and staff tried to enable the resident to remain, but the decision was made that they would be better off in another home that could cater better for their needs.

## **Healthwatch Recommendations**

Following our visit we would like to recommend:

1. Games in the communal lounge on the first floor need to be kept tidy but visible so that residents, carers, visitors and staff can see them. Activities workers to provide encouragement for residents to use them.
2. Residents, staff and visitors have expressed to us that they would like a larger second lift and the lack of this facility may compromise the quality of life for residents with mobility impairments. Therefore the management company for this home should fund better lifts or significantly reconsider how rooms are allocated.
3. Staff should recognise that some residents can become institutionalised and say they are happy when an independent assessment of quality of life may indicate that some changes. E.g. a room with a window they can see out of could improve their quality of life.

## **Comments from Care home Manager**

*"I am pleased with the report though and realise it is a very hard task for you to capture everything on one visit. It is really thorough though and I must say I was surprised that it was so long, which is good as it explains more about Allesley Hall." Bernie Parrott.*

We accept that the games cannot be seen by all residents and will ensure that they are displayed in a tidy manner where all residents will be able to see them. We will discuss the issue of encouragement to play the games at the next staff meeting.

Regarding the lift - Although we would like a larger lift, it would take hundreds of thousands of pounds for the lift shaft to be changed and the whole of the inner

structure of the building changed to enable a larger lift. Both lifts were old and had started to be problematic. One only went to the first floor because of the structure of the building. Both lifts were small but able to get a wheelchair or Kirton chair in. Because of the lift shaft for the two lifts having a supporting wall between them, MHA were unable to change the existing small lift into a larger lift. The decision was taken to decommission the lift that only went to first floor and replace the other lift. Because of this it is unlikely that we will be having a larger one.

Every one of our residents are able to go downstairs and access the activities. We have bought the Kirton chairs (reclining chairs with wheels and sides which support the resident) so that people who are unable to sit in normal wheelchairs can go down in the lift or into the lounges and sit in comfort. There is not one resident that we have who cannot access the downstairs activities. If we had a resident admitted now who could not use the lift we would place them on the ground floor because we would not be able to take them upstairs to their room in the first place.

The Ground floor is now being converted to residential care although at present there are only three residential clients. The other rooms on this floor are still occupied by residents requiring nursing care. The rooms are priced according to the level of care and the size of the room. The larger rooms are more expensive than the medium sized rooms.

Two rooms have skylight windows and when the roof is done this year those windows will be changed to normal windows. One of the residents who were occupying one of these rooms had previously been in a room with a low window but because the current room with the skylight is larger she asked to move to this room.

Allesley Hall is a relaxed and friendly home to live and work in. We provide care based on the MHA values of respect, dignity, being the best that we can be, being open and fair in our dealings and caring for body mind and spirit.

We have been found compliant in our internal and external inspections by the CCG, Local authority and the CQC.

We employ a chaplain, a speech and language therapist, a physiotherapist and a reflexologist. There is no extra cost for these services to the residents. Our Chaplain is very active in the home and gets to know the residents well. He assists us in caring for their spiritual needs which may not always include religion, he will talk to them about what is important to them.

Our speech and language therapist and physiotherapist assist us in monitoring and assisting residents who have had strokes, MS, Parkinson's and dementia. Janet, our reflexologist sees residents for 6 week therapies and all residents are able to enjoy this.

*Bernie Parrott, Manager - Allesley Hall Nursing Home.*

## 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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