



# Report of Enter and View Visit



Abbey Park Nursing Home

Report published March 2015



Care home visited	Abbey Park Nursing Home
Date and Time of visit	Monday 15 December 2014, 10.30 - 15.00
Address	Humber Road, Coventry, CV3 4FE
Size	<p>It provides 54 places for nursing care and 30 for nursing dementia care - 84 in total including palliative care. Split across separate units. This comprises of Greyfriars unit with 15 Dementia nursing beds; Avon and Arden units with 30 elderly frail nursing beds; 19 palliative and 20 short term care beds all of which are nursing.</p> <p>49 of the beds are blocked contracted with Coventry CCG. There are 20 spot local authority places and the remainder are either privately, spot local authority or CCG funded.</p> <p>We concentrated our visit on Avon, Greyfriars and Palliative Care.</p>
Authorised Representatives	John Mason, Karen Keates, Margaret McHale, Frances Lindsay

## 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**

A few days prior to the visit the lead volunteer went along to the home to get an idea of how it was laid out, in order to plan the visit and meet the Manager.

This was a large nursing home split into 4 sections and on 2 floors. The 4 Authorised Representatives split into pairs. One of the pairs went up onto the first floor to visit Avon unit which is for frail older people. They spoke to 1 of the 15 residents, 2 staff members and 1 visitor. The other pair remained on the ground floor and visited the Palliative Care unit and also Greyfriars unit, which provides dementia care. They spoke to 4 residents and 4 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 carried with us a Healthwatch information sheet and 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 were invited to join residents for lunch which gave us an opportunity to sample the food and observe mealtime.

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

## **Impressions**

Prior to talking to residents we were given a tour round of both floors by the deputy manager. Through the front door there is a reception area for visitors to sign in and then a security coded door to enter the home.

Units are situated over 2 floors with the exception of the short term care which is situated over 3 floors.

Entry to each unit is through security coded doors. The main corridors were carpeted and were clean and bright with many brightly coloured pictures on the walls.



There was a decorative remembrance tree at the top of the stairs leading to Avon Unit where relatives and friends could leave personal messages about their loved ones.

Greyfriars unit had a large open plan lounge/dining area which was also used by residents brought down from the upstairs units for social events. There was a corridor leading to 15 self contained en-suite rooms, a communal toilet and a bathroom/ toilet. Toilets were lockable but could be accessed from outside in an emergency.

There was also a staff room, sluice room which were accessed via a secure coded door and a guest room which we were told was used for visitors and relatives to use if required.

All the areas we saw were clean, tidy and without odour. The floors were carpeted apart from the dining room which had laminate flooring. The decor was in good condition.

## **Summary of findings**

The rooms we saw contained a bed, cupboards and dressing table, easy chair, television. Staff explained that residents are able to have various configurations of furniture such as specialist beds, which could be adjusted for comfort. Rooms had personal items such as photographs on view and all had an alarm by the bed. On each resident's door was an A4 picture of the resident.

During our visit there were at least four care workers on the unit at all times who made regular contact by touching or speaking with individual residents in the lounge / dining area.

Our visit coincided with the Monday coffee morning which we were told happens every week in the downstairs lounge/dining area. Staff brought residents down from upstairs in wheelchairs. Music was playing, tea, coffee and cakes and nibbles were being served. Due to the number of residents present, some residents sat in wheelchairs or on lounge chairs arranged in a large circle. There was little interaction between residents.

There was a decorated Christmas tree and lights in the lounge and outside the front windows there was a conifer also decorated with Christmas decorations. Outside was an enclosed garden with benches, a red telephone box, a bird table and a rabbit hutch which we were told contained two rabbits. We were also told that chickens were sometimes brought into this garden. Residents could look out of the windows and watch the birds and squirrels which were being attracted to the garden.



## Results of visit

On Greyfriars Unit, residents told us there are usually 4 staff available on the unit. During our visit we observed that there were at least 4 staff on the unit at all times.

Staff told us they get short staffed when people are off ill, they use bank staff but they often don't manage to get them and permanent staff get over stretched. If people were off sick the other staff work together to cope with the situation. Staff also told us that they work long hours (8am - 8pm and 8pm - 8am shifts) over a 36 hour week. They find the work is tiring but rewarding.

A visitor told us that they have seen improvements in the home in the 6 months and they were happy with the care their relative had been receiving. They also told us that staff had listened to their concerns and taken steps to improve things. They had noticed that more staff had been on duty, the home had been redecorated and there were no unpleasant odours.

Residents told us that they felt listened to by staff.

We observed that the residents and staff smiling and sharing laughter. Staff were chatting to the residents and residents seemed happy. During our observations there was a feeling that there were good relations between staff and residents and amongst the staff team.

Residents appeared to be content and staff appeared to get on well as a team.

The furniture looked clean and comfortable, many of the armchairs had wheels for easy mobility.

We were told by staff that all of the residents' rooms have en-suite facilities and all rooms have touch pad alarms on the walls near to the bed or door.

We saw one communal bathroom with a toilet on the ground floor, this room also had hoist. There was an emergency chord in this room but we noticed that it had been broken off so could not be reached by everyone. We brought this to the attention of the Manager.

We saw a communal bathroom and an additional communal toilet on the upper floor. There was an alarm to alert staff in an emergency. We found that the toilet door was difficult to lock and therefore residents could have difficulty using this room on their own. Both of our Authorised Representatives used this toilet and one had difficulty unlocking the door whilst the other accidentally left the door unlocked due to the lock not working properly and a member of staff walked in on her.

In the communal lounge downstairs, the majority of the residents were falling asleep in their chairs.



Staff told us that they speak to family members and maintain communication to help them to provide the best care for each individual.

We were told that staff enable residents to make choices about what they wear. They usually do this by offering them two outfits and if residents are not able to communicate verbally staff try to engage from their reaction and facial expressions which outfit they prefer.

We were told that none of the residents were smokers but that there is a smoking area outside.

A resident in the palliative care unit said it had taken them some time to adjust to living there but they had now accepted that this was their home and their daughter had brought in some of their own things to help them feel more at home.

## **Food and drink**

The residents we spoke to said they can ask for a cup of tea when they want one. "There are some who cannot hold a plate or cup, the carers look after them".

Staff told us that Halal meat can be brought in and vegetarian options are provided.

Staff on Avon unit told us that 5 of the 15 residents require assistance with feeding. There is 1 vegetarian resident and 1 requiring Kosher food. 2 residents were peg fed.

One resident commented that she is fussy about her food but staff would find her something she likes.

One resident told us they liked a drink of alcohol and was given one occasionally.

We saw that there were laminated menus on the counter where the food was being served at lunch time.

The meals looked to be pre-prepared and we observed food being heated and served to each unit by staff. On Greyfriars Unit we observed that some residents were being spoon fed by staff.

We had an opportunity to eat with the residents. The menu was sausage and mash with onion gravy, liver and onions with cabbage and peas or vegetable casserole followed by yoghurt or bread and butter pudding. The evening meal menu was sandwiches, vegetable soup, cauliflower cheese and salad, followed by arctic roll. Some of us tasted the vegetarian option and some of us had the liver and onions. We thought that the meal looked appetising and was very tasty.

We observed any spillages being cleaned up instantly and the lunch time was very calm.



The residents we spoke to said they liked the food and appeared to be enjoying meal time.

We were told by staff and residents that snacks were made available mid morning and mid afternoon such as cakes and sandwiches. The usual plan would be snacks at 11am, lunch at 1pm, snacks at 3pm and evening meal at 5pm.

## Care

We observed that one resident who was asleep for most of the morning was helped to eat her lunch by a carer. We were told that this lady did not speak English and that there were Punjabi speaking carers there who could communicate with her.

Staff informed us that a GP visits the home two days per week. Specialist nurses for care homes and palliative care also attend the home regularly and staff can call them if required on days when they are not visiting.

The clinical lead nurse for the home was present in the lounge for most of the time that we were there and a female nurse was checking on residents and dispensing medication. She chatted to residents while carrying out her work.

Staff respected the resident's dignity - We spoke to a resident who said "I didn't like taking my clothes off in front of people but the girl managed to keep me covered up with towels. She was so good that I decided to let them do it and I wasn't embarrassed. They ask how I am feeling and are very kind".

A Resident told us that there are male and female staff who provide personal care to all of the residents. One female resident told us that a male nurse has washed her and that he asked her if it was ok and there were female nurses also present.

Staff also told us that if residents require assistance with personal hygiene they are assisted by male and female staff. If a male staff member is assisting a female resident with washing, a second female member of staff will also be present.

We were told by residents in all three of the units we visited, that they are given pain relief such as Paracetamol or morphine (in the palliative care unit) if they need it and that staff responded quickly to their needs.

Residents told us they have a chiropodist who comes in to do their feet and a hairdresser who comes every week and does men's and lady's hair, reflexology is also available.

Staff said "It is very busy." Paper work is very time consuming and everything has to be recorded 3 or 4 times in different places.

Staff told us they enjoy working at the home and that they try to help residents to maintain their previous quality of life and be as independent as possible.



We spoke to the clinical lead of 2 of the units, overseeing care for approximately 25 residents day and night and managing staff in both units. He told us that there was usually 1 nurse and 3 carers on each unit during the day and 1 nurse and 2 care staff at night.

We were told that staff receive lots of training such as infection control, Health and safety, hygiene, cardio-vascular awareness, nutrition, catheterisation, pressure ulcers, fire safety, managing challenging behaviour, Safeguarding of vulnerable adults (SOVA). In the last 12 months staff have received dementia care facilitator training. There is a training co-ordinator on site.

We found that it was difficult to find many residents who had the capacity to answer our questions due to many of them having dementia.

## Activities

We saw an activity list on the wall by the lift on the ground floor, which showed planned activities for every day such as flower arranging, card making, aromatherapy.

Staff said they try to involve residents in activities. During our visit some staff were trying to engage residents in an activity making cards.

A resident said "very rare that we are allowed out the front but I have sat in the garden"

The home's maintenance men spent time going round talking to and joking with residents in the circle during the coffee morning. We were told that these men also drive the home's minibus and take small groups of residents on outings for pub lunches on a weekly basis.

A resident told us, "they had a brass band on Saturday, I went in my wheelchair. It was really good".

In the small lounge on the ground floor there was a variety of memorabilia and other items to engage residents. There were two tailor's mannequins dressed in black and white clothing, a doll in a pram, a large doll on a chair, a shelf with replica cartons of packaging and some books. There were also some locks, keys and bolts for manipulation. We observed one man who regularly got up and wandered around; a member of staff took him over to the display cabinet to occupy him by encouraging him to have a go at operating the locks and keys for a few minutes.

We were informed by staff that that if relatives wanted to continue visiting the home after a family member had passed away there is a volunteer scheme to enable them to assist in appropriate ways.

The manager told us that priests, vicars and pastoral support is encouraged and there is a Methodist chaplain who plays an active part in organising some activities and talking to residents and their families.



Staff had recognised a need for more support for relatives sometimes feeling frustrated and upset if their loved one no longer recognises them or has passed away, therefore the chaplain has set up a support group called "wives club". This enables them to keep coming to the home and continue friendships they have made.

## **Dementia Friendly Design**

We saw that communal toilets and bathrooms were clearly labelled with signs showing writing and pictures.

Taps were not clearly labelled hot and cold.

There was a room providing sensory light therapy and mood lighting.

Floors, furniture and walls were in contrasting colours.

## **Healthwatch Recommendations**

Following our visit we would like to recommend:

1. We recommend that menus are more visible and displayed in larger print so that they are easier to read.
2. We observed that a pull cord in the downstairs communal bathroom was broken and needs fixing so that all residents and staff can reach it.
3. Lock on the upstairs communal toilet needs fixing or replacing so that residents can safely use this room independently.
4. Ensure that all taps are labelled hot and cold with words or colours to indicate which is which.

## **Response from Care home Manager**

With regards to recommendations:

1. Menus are available in larger print for those who require
2. The pull cord in the downstairs communal bathroom has been fixed
3. The lock on the communal toilet has been replaced
4. The taps within the dementia unit will be replaced with colour coded labels as they are refurbished

- Tina Thompson



## 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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