

Report of Enter and View Visit

Ashleigh House Residential Care Home

Published 24 February 2016



Care Home Visited	Ashleigh House Residential Care Home
Date and Time of visit	Tuesday 17th November, 11.00am - 3.15pm
Address	8-9 Westminster Road, Earlsdon, Coventry, CV1 3GA
Size and Specialism	18 residents. Adults 65+ requiring personal care
Authorised Representatives	David Spurgeon and Lissa Clarke

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?

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on 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. This is so we can learn from the experiences of people who interact with these services at first hand.

The Healthwatch Coventry Steering Group has agreed that Enter and View Visits to care homes for older people form part of the current Healthwatch work programme.

Healthwatch Authorised Representatives carry out these visits to find out how services are being run and to gather the perspectives of those who are using the service.

From our findings we look to report accurately a snapshot of users' experiences, highlight examples of good practice and make recommendations for improvements.

Reasons 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 4 of the 24 residents, 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.

Before and after the visit we had a look at the website for the home to see how it compares with our findings.¹

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

Summary of findings

A small home based over three floors. The staff were friendly and the atmosphere was relaxed.

The home used to have twelve single rooms and six shared rooms. The shared rooms have now been changed to single rooms. This decreased the overall occupancy from 24 to 18 making it easier for staff to ensure the privacy and dignity of residents. However, the occupancy information is incorrect on the home's website.

The lift needs replacing as it is old and unreliable. We also felt that the home could benefit from an additional toilet on the ground floor.

The home looked safe and secure with a lockable entrance accessed via a security code.

We did not hear mention of many regular activities.

¹ <http://www.ashleighcarehome.com/>

Overall Findings

The home is owned by KYS Ltd. We noticed that the information on the home's website needs updating to show how many single rooms are available.

We entered through the main door and into a foyer area where we signed in. We met with the Care Home Manager for a brief overview of the home and daily management.

The home used to have shared rooms but the Manager recently implemented changes which meant that all of the rooms could be single occupancy. This reduced the total available places from 24 to 18. The Manager told us that she was happier with this as it ensured better privacy and dignity for the residents even though it meant the home would not make as much money.

The home has 18 single rooms, 2 of which were en-suite (one on the top and one on the middle floor). There were three floors and all of the bedrooms were upstairs.

We were told that there are five communal toilets altogether, two toilets on the ground floor, two toilets and a walk in shower room on the middle floor and one toilet and a bath on the top floor.

There was a lift to the upper floors. We were told by residents and staff that there are frequently problems with the lift and if this occurs overnight residents have to stay in their rooms where care is given until it is repaired.

The Manager also said "***the lift will need replacing eventually***". Our Authorised Representative were concerned about what happens if the lift breaks down while residents are downstairs and cannot get to their rooms. The Manager told us that the lift is old but is serviced regularly. She also told us that when the lift breaks down an engineer comes out within hours of their call and fixes it quickly. A resident expressed that they were worried about using the lift.

We saw two toilets and one bathroom on the ground floor. There were separate lounges for men and women. The manager told us that the residents had requested separate lounges.

The décor and furnishings that we saw were clean and fit for purpose and there were no unpleasant odours.

Food and drink

Residents told us that the food is "***okay***" and that there are usually a two options available at mealtimes. There was a quiet, relaxed but friendly atmosphere in the dining room at lunch time.

We saw the Manager eating her meal at a table in the dining room and also doing some of her work there. She said that she tried not to spend too much time in her office.

We saw that most residents were able to feed themselves and just two residents were receiving help to eat. Most of the residents cleared their plates and those that we spoke to said that they enjoyed it. We saw cold drinks being served with the meal.

Residents told us that hot drinks are available throughout the day and that mealtimes are usually 8am - breakfast, 12 noon - lunch, 6pm - evening meal. Some residents said that portion sizes are sometimes too big, others commented that there was "plenty".

A resident told us that their favourite meal is "fish and chips". Another told us, ***"there is always a choice including Asian food if I want it"***. We were also told that they usually have cereal at breakfast time but sometimes they can have a cooked meal such as scrambled egg if they wish.

One resident told us that they once had to miss a meal due to a hospital appointment and a meal was prepared for them when they returned home.

Care

The Manager told us about some issues they have been experiencing with a local GP practice. The nearest GP practice is Jubilee Medical Practice which is opposite the home on Westminster Road. We were told that the GPs from this practice will not visit residents at the home unless there is an emergency.

Staff have to accompany residents across the street to the surgery which often involves the use of wheelchairs or walking frames. The Manager said that this is very time consuming for staff and means that the home loses a member of staff to go and wait to see a doctor. She added that she knows of other homes where the GP will visit every week.

The manager also said that she was not able to register a new resident with any nearby GP practice and had to take them to the City of Coventry Health Centre.

Following the visit we made enquiries with Jubilee Medical Practice across the street from the home to clarify the situation. We spoke to the Practice Manager who told us that at the time of our visit the practice were not able to take on any new patients as their list was closed (we also clarified this with NHS England). This was because two doctors had left the practice and they were relying on locums to cover so they did not want to commit to taking on any new patients until things were more settled. The registration of new patients was going to re-open on 30th November 2016.

The Practice Manager of Jubilee Medical Practice also told us that they have a list of local care homes registered for their **"enhanced service"**. Unfortunately Ashleigh House was not one of the homes registered to receive this service. *The "enhanced service" means that a GP will visit the care home once a week and communicate regularly if a resident has been in hospital or a resident has been unwell and requires treatment. The GP will also write up prescriptions and send them through to the home electronically or they can be collected from the surgery.*

The Practice Manager told us that if a care home is not registered to receive the **"enhanced service"** they would need to register new residents as **"regular"** stand-alone patients. They said that the homes receiving the enhanced service have the majority of their residents registered with the practice and if a home was not receiving the service this could be because they have quite a few residents registered with a different practice who are going in to see them on a regular basis and therefore there is no need for two practices to be visiting.

We contacted the Home Manager to explain our findings and suggested she should speak to Jubilee Medical Practice to see if they can register for their **"enhanced service"** or find another way improve the service offered to the home. The Home Manager said that the majority of residents (15 of the 18) are registered with Jubilee Medical Practice.

We were interviewing residents in the visitor's lounge. Next to this room was the men's lounge area and a toilet. We noticed that this toilet was in constant use and saw staff taking residents in there and knocking the door to check on them. We saw that there was one other toilet on the ground floor and felt that the home could benefit from having another downstairs toilet.

One resident told us that they can dress themselves but know that they can ask staff for help if they needed it. They also said that their room is on the top floor and they go up to their room in the lift.

We noticed that there were almost as many male residents as female. We were told by one male resident that **"all the staff are women and that's not a problem for me."**

A staff member told us that the Manager is **"very accessible"** and **"there are no barriers"**. Another staff member told us that they recently suggested that the Manager purchased a standing hoist to make things easier for the residents and staff. This has been purchased and was being kept in the entrance hall when we arrived. Being a large piece of equipment we felt that staff needed to think carefully about where this would be stored so that it was not in the way of the lift, front entrance and doorways.

Staff told us that residents could choose when they go to bed and that they felt they had established a routine which worked well, they also said **"there are currently no male staff but the men don't seem to have any problems with female staff assisting them"**.

Staff also told us that clothes are labelled with the resident's name and they are given a change of clothes each day, clothing labels are regularly checked and replaced if needed. Resident's rooms are clearly labelled with the resident's name and even the residents with dementia seem to find their way around easily.

Activities

We did not see any activities taking place but were told that an exercise activity was planned for later that afternoon.

Residents did not have any suggestions for what other activities they would like to see introduced at the home but the majority of residents said that they like to join in with the exercises. One resident said that they like to do word searches and watch football. They also join in with the exercises.

A resident told us that a barber visits the home to cut the men's hair and hairdressing is also available for the female residents.

We were told that if residents want to spend time alone or quiet they can go into the visitors lounge if it is not being used or sometimes they sit in the dining room. They can also sit outside in the garden but one resident told us that the garden is *"not very nice for sitting out"* another told us *"we do sit in the garden in the summer"*. Staff told us that they encourage residents to go out in the garden on dry days and a couple of the male residents like to tend the garden when the weather is good. Our Authorised Representatives did not go out to look at the garden.

Staff told us that they would like to improve the activities but that cost was a problem. They said that they play games such as cards and bingo with residents, give hand massages and do *"balloon therapy"*. *"Some residents want to join in but other days they don't, we always respect their wishes."*

We saw a fish tank on display, staff told us that regular residents meetings are held and residents are encouraged to come up with new ideas, one of which was the fish tank. This was an alternative to having pets in the home to avoid issues with allergies.

A staff member told us that they sometimes take residents shopping at Central Six on a one-to-one basis and they enjoy going there.

Dementia Friendly Design

There were signs on the doors but they did not include pictures and were not dementia friendly.

The décor and furnishings were in contrasting colours. The taps in communal toilets were clearly marked hot and cold.

Healthwatch Recommendations

Following our visit we would like to recommend:

1. A replacement lift is needed to ensure that residents can continue to be transported up and down stairs without fear of the lift breaking down.
2. The ground floor could benefit from having another toilet installed.
3. Dementia friendly signs should be installed. These are signs with words in large print and include a picture on a coloured background.
4. More activities need to be introduced. We recommend that a member of staff should be responsible for setting a timetable of regular activities to keep residents stimulated and occupied each day and so that residents know what activities are planned.
5. The Manager of the home to contact Jubilee Medical Practice to find out about registering new residents when lists are re-opened and also find out whether the home can be registered for the "*enhanced service*".

Response from Care home Manager

1. The lift has been serviced regularly and at present it is in good working order confirmed by the contractor, should we have further breakdown the owners will need to look at a replacement.
2. it is not possible to provide another toilet downstairs due to the layout of the building in relation to space, there are alternative toilets on the other floors where the staff can assist the residents if needed.
3. The home is looking at dementia signs at present and the colour scheme.
4. Activities take place daily by the member of staff who is allocated to do the activity, the residents are asked daily what they would like to do and this is recorded in their individual care plans.
5. The GP surgery Jubilee healthcare have reopened their books to register patients, there is no longer a problem with this service.

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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