



Report of Enter and View Visit



Applegarth Residential Home

Report published June 2015



Care Home Visited	Applegarth Residential Home
Date and Time of visit	10.00am - 2.30pm 29th April 2015
Address	Brownhill Green Road, Coundon, Coventry, CV6 2EG
Size and Specialism	22 places. 10 places are local authority funded. Older adults requiring personal care. Short term, long term and respite care.
Authorised Representatives	Angela Timms and 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.

Copyright

The content of this report belongs to Healthwatch Coventry. Any organisation seeking to reproduce any of the contents of this report in electronic or paper media must first seek permission from Healthwatch Coventry.

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 16 residents present during our visit 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.

Before and after the visit we had a look at the website for the home to see how it compares with our findings. We could not find a website for the home and only brief information via other websites, which display local care home information.

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

Summary of findings

We felt that the home was a homely and friendly residential home, which seemed to be well managed.

Staff and residents appeared comfortable with each other and the atmosphere was relaxed.

Residents and staff told us they were happy living and working at the home.

This is a mixed sex facility; there was a higher proportion of women than men when we visited (5 men and 11 women). However, there were more male residents in comparison to other homes we have visited. The home offered plenty of activities for both men and women to join in with and enjoy and we spoke to both male and female residents.

There were only female staff on duty during our visit but we were told by staff that there are two male carers who also work there.

Some of the residents had various stages of dementia. There was a mixture of people receiving respite care and short term care and others for long term care. The manager told us that 3 residents had passed away at the end of last year who

had been there between 12 - 15 years. They have less long term residents now as people are tending to be accessing care later in life. The staff are finding that the residents are requiring more personal and nursing care than they used to. Although this is a residential home with no nursing facilities, it is regarded as being able to provide adequate care in these cases.

From what we observed and could see around the home, there was a dedicated activities co-ordinator and a positive focus on activities and keeping residents engaged, stimulated and entertained.

Impressions

The home felt welcoming and homely. There was a relaxed atmosphere and we found the staff to be friendly and attentive to the residents.

The home seemed well maintained and was clean, tidy and spacious.

There was an attractive, secure and well maintained garden at the rear and a large area at the front for visitors parking.

Results of visit

We rang the front door bell and waited for staff to let us in. As we entered the building we were shown into a bright and airy entrance hall and asked to sign in the visitors' book. In the entrance hall there was a large notice board displaying an abundance of information for staff, visitors and residents, such as a training programme, fire procedures; information about activities taking place during the week and named photos of staff.

We saw stairs and a stair lift where there were lots of photographs and posters displayed on the walls on either side of the staircase. We saw pictures of residents taking part in outings and activities, they were displayed with the times and dates of when and where photos they were taken and who is in them.

There is also a lift available for accessing upstairs and is predominantly used by those residents who need to use a wheelchair.

Staff spoke to residents calmly, we saw residents and staff joking with each other, sharing laughter and looking happy.

The home looked well maintained, clean and fit for purpose with spacious rooms for residents and bright, airy communal areas. There were no unpleasant odours.

Some of the rooms felt very warm but the weather was variable and it was difficult to regulate the temperature in the home. The gardener was at the home during our visit and was jet washing the patio which was very noisy. Once he had finished the staff opened the conservatory doors to cool the room down. Staff said that it

as some residents will complain if they open windows or doors and will say they are cold.

We were shown around both floors by the manager who told us that there are 9 rooms upstairs and 10 downstairs. All but one of the rooms had an en-suite toilet and sink. The one room which did not have an en-suite toilet, had an en-suite sink and a toilet next door. This room was occupied by a resident who was confined to her bed and therefore did not need an en-suite toilet. Downstairs there were 2 communal shower rooms with toilets and an additional staff toilet which was also used as a communal toilet.

Two of the downstairs rooms have access to the garden. The manager told us that the residents in those rooms sometimes have the doors open in the hot weather and sit out in the garden.

There were 3 large double rooms which are large enough to accommodate two residents. However, the manager does not like residents to share a room so all of the rooms are used as single rooms. The manager explained that a resident can occupy one of the large double rooms and pay the same as a single room on the understanding that they may need to share with someone if there was a need for the space in an emergency. The resident can also choose to pay an additional cost to ensure that that room remains their own and no one would then be able to make it a shared room. The manager said that her priority is the comfort and care of the resident and if they do not wish to share a room they should not have to.

Two of the rooms downstairs were quite dark with very little natural light due to the windows looking out onto a fence. The manager explained that they only use these rooms for people who are more mobile and able to spend most of their time in the communal areas and just use their room for sleeping in. If residents are in these rooms and are not happy with them, they will be moved to a different room as soon as one is available. At the time of our visit the residents we spoke to said they liked their rooms.

The floors of the home had laminate flooring throughout apart from the stairs, which were carpeted.

There was a large communal area which was open plan with a conservatory at one end and dining area at the other end. Some residents sat watching the large wall mounted television in the conservatory and others were playing games and doing activities in the dining area.

The residents had access to a well maintained garden via the conservatory and there was a sheltered area for outdoor activities, here we saw more photographs of residents taking part in flower arranging, painting and crafts.

There was also a quiet room located at the front of the home, this is for use by staff, visitors or residents if they wish and has comfortable furniture and a television.

During our visit around half of the residents were in the communal lounge, some residents were being cared for in their rooms or chose to stay in their room, two residents were receiving end of life care in their rooms.

Many of the residents were mobile, some with the use of walking frames, and were freely moving around the home. One lady was in a wheelchair and staff moved her to where she wanted to go throughout the day.

The manager told us that there was 17 staff who work 3 shifts, 7.30am - 2.30pm, 2.30pm - 9.30pm and 9.30pm - 7.30am. 4 staff on during morning and afternoon shift which consists of 2 carers, a senior carer and the manager, plus the cook and a cleaner. 3 staff during the night during a waking night shift.

Staff told us that if members of the team were off sick or on holiday, other members of the team cover the shift, however, this can mean that staff have very little time away in between shifts. One staff member told us that the manager is very supportive and they can take regular breaks throughout their shift. They take a 15 minute break morning and afternoon and a half an hour break for lunch. However they are able to sit for a cup of tea and a break when they need one if things are quiet. They describe the home as a friendly and relaxed place to work.

Staff told us that the manager is approachable and they feel able to go to her if they wish to make a suggestion to change something in the home or if they need to raise an issue. Staff receive supervision regularly and have training every month on different subjects. Training takes place in the home, sometimes distance learning via a computer and sometimes training in a group setting. New members of staff undergo an induction course for two weeks at a training centre in Coventry (Lamb St), before working at the home and are then shadowed by another member of staff while they settle in.

Staff told us that they try to accommodate residents bringing in their own items of furniture from home.

We did not see any books or a computer for the residents to use. One resident was in her room reading and had her own books.

Unfortunately a resident passed away during our visit. Staff dealt with this quietly upstairs and it did not disrupt the other residents who were eating lunch at the time and were unaware of what had happened.

Food and drink

We were told that there is no set time for breakfast and lunch is served at 12.30pm each day. A resident told us they have their evening meal at 5.30pm and staff offer them tea with biscuits or cakes in the evening.

Residents told us that they enjoy the meals. They said the menus are varied and interesting and the cook will get them something different if they don't want what

is planned for that day. On the day we visited there were three courses, a starter of grapefruit followed by a choice of liver with potatoes and vegetables or chicken curry with rice. There was freshly made lemon meringue pie for dessert. Meals were freshly prepared in the kitchen each day. We did not see any menus on display; staff came round to each resident to ask them what they would like. We were invited to join the residents for lunch and asked the cook if she could make us some sandwiches, these were also freshly prepared and accompanied by salad and a packet of crisps.

Most of the residents cleared their plates. Some residents were helped with their meal by staff and some residents who were too unwell to leave their beds were being fed in their room. Around half of the residents ate in the communal dining area and some had chosen to have their food taken to their room.

Food is liquidised for those residents who require it. The manager told us of one resident who has her food liquidised and has a good appetite despite being confined to her bed.

Staff offered residents drinks of squash, tea and coffee throughout the day. One resident told us they always have a cup of tea at 11am.

Care

We observed staff giving residents medication at lunch time. A resident told us that they have to have tablets four times a day and the staff make sure they have them when required.

Residents told us that they are happy with the care they receive at the home. Staff told us that if residents do not want to be attended to by a particular member of staff they will take measures to ensure that other staff members take care of their needs, e.g. female staff not wanting male carers helping them with personal care. We were also told by staff that residents are encouraged and supported to make their own choices such as what they want to wear and when they would like to get up or go to bed.

We were told by staff that residents do not have to get up at a set time for breakfast but are encouraged to get out of bed and get dressed if they are able, rather than confining themselves to their room too much and risking becoming isolated. Residents are encouraged to be as independent as possible; we observed staff assisting a resident with her drinking and eating and trying to get her to try to do it herself by talking calmly to her. They gave her support when she said she did not want to do it herself.

We were told by the manager that every hour or more staff will check on residents who are receiving bed care. The manager has her office upstairs and will check on residents when she is up there.

Activities

There was an area in the conservatory where items for activities, such as arts and craft materials, games and jigsaws were stored and clearly labelled.

We observed the activities co-ordinator finding lots of things for the residents to do throughout the day. During our visit they played musical bingo and 'play your cards right' in the morning. The activities co-ordinator was friendly and enthusiastic; she gently tried to encourage residents to join in with activities. The residents said they liked the fact that there was a wide variety of activities on offer throughout the week and that the activities co-ordinator and staff are always providing them with plenty of different things to do. We saw lively interaction from both staff and residents with staff joining in with games.

On the walls we saw pictures and words for different activities on offer, such as card games, musical games, flower arranging and facials.

Female residents talked to us about things they do in the home such as having their nails painted by staff, enjoying facials and having their hair done by a visiting hairdresser.

On the notice board we saw a poster saying that a creative music therapist visits the home as well as a chiropodist, hairdresser and reflexologist.

The manager told us that they try to take residents on outings but this can be difficult because many of the residents require a higher level of care than they used to have at the residential home and their ability to take part is very limited. However, they do manage to take a few of the more able residents on outings and have a weekend in Blackpool being arranged. We also saw pictures on the walls of residents and staff on a day out at Bourton-on-the-Water last year.

The garden has lawn and patio areas with benches and chairs plus a bird feeder which can be seen from the conservatory. We were told by the manager that residents are encouraged to use the garden whenever possible to get some much needed fresh air. The manager also told us that during the summer she likes to organise barbecues and other activities in the garden but unfortunately many of the residents being housed there recently are less able to join in with these activities because they are often too poorly.

Dementia Friendly Design

We saw dementia friendly signs around the home with words and pictures to help residents to identify them. We also saw that there were teddy bears available for residents to cuddle; we did not see any residents using them during our visit.

Residents' had a photo of themselves on their door and their name.

Walls and floors were in contrasting colours and taps on the sinks were labelled red and blue for hot and cold.

Healthwatch Recommendations

Following our visit we would like to recommend:

- The home has a lot to offer and could benefit from having their own website so that people can look it up and see pictures of what it is like when choosing a care home in Coventry.
- As people are more computer literate these days and use computers to communicate and for entertainment, it may be beneficial to have a computer for residents to use.

Comments from Care home Manager

I am happy with what has been reported only to say we have previously purchased a computer for the residents but have had no interest to-date if this ever changes we will naturally bring back out of storage for the residents to use.

Acknowledgements

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

Healthwatch Coventry 29 Warwick Road Coventry CV1 2EZ	Telephone: 024 76 22 0381 Email: yoursay@healthwatchcoventry.co.uk Website: www.healthwatchcoventry.co.uk
--	---