healthwatch Coventry

Report of Enter and View visit Allesley Hall Nursing Home

March 2020

Home Visited	Allesley Hall
Date and Time of visit	10am to 3pm, 5th December 2019
Address	Allesley Hall Drive Coventry CV5 9AD
Size and Specialism	Nursing Home Caring for adults over 65 years Registered for a maximum of 45 Service Users Single Rooms: 43 Shared Rooms: 1
Authorised Representatives	Gillian Blyth, Nick Darlington, Tom Garroway, Kath Lee, Mary Reilly, Louise Stratton

1. 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 to 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 local Healthwatch can learn from the experiences of people who interact with these services first hand.

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

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

2. Reasons for the visit

Healthwatch Coventry's Steering Group has agreed that Enter and View visits to care homes form an important part of the current Healthwatch work programme to ensure that people who may be vulnerable and less able to raise their voices have the opportunity to speak to Healthwatch. In the light of a number of pieces of work national work looking at meeting health needs of residents we have a focus on find out how resident's physical health needs are supported. We draw on recent good practice publications:

- *Smiling matters: oral health care in care homes;* Care Quality Commission[1]
- *Supporting older people with hearing loss;* Action for Hearing Loss[2]

[1] https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes
[2] https://www.actiononhearingloss.org.uk/how-we-help/health-and-social-care-professionals/guidance-for-supporting-older-people-with-hearing-loss-in-care-settings/

We also looked at dementia friendly design and quality of life factors such as activities and choices.

3. Methodology

We collected our information by speaking to the Home Manager, five residents, three members of staff, including a nurse, a carer and the Volunteer Coordinator. We received two returned questionnaires from visitors who were there at the time.

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 resident Authorised Representatives introduced themselves, explained what Healthwatch is and why they were there. It was established that the resident or staff member was happy to speak to Healthwatch. It was confirmed that their name would not be linked to any information that was shared and that they were free to end the conversation at any point. Healthwatch Coventry Authorised Representatives wore name badges to identify who they were and provided the Care Home Manager with a letter of authority from the Healthwatch Coventry Chief Officer.

Observations were made throughout the visit and notes of what was observed around the home were taken by each attending Authorised Representative.

4. About the Home

Allesley Hall provides nursing care for up to 44 residents aged over and under 65. On the day of our visit there were 43 residents at the home.

At the time of the visit 20 residents were self-funding (i.e. paying for their own care); seven were funded by the local authority and the rest was occupied by residents who have Continuing Healthcare Funding (CHC).

There are 72 staff in total of which 58 are care staff. This equates to 39 full-time equivalent care staff.

5. Summary of findings

Allesley Hall is a Nursing Home providing care for up to 44 residents. It had a warm, welcoming, calm feeling to it.

The home environment was fit for purpose and to a high standard, but could do with further developing its ‘dementia friendly design’ as a matter of good practice within its maintenance and upgrade plans. The home benefits from extensive well maintained grounds.

There is a supervision and support system in place for all staff and excellent staff retention was reported.

Activities in the home are supported by an Activities Coordinator and a Volunteer Coordinator. The home also has its own vehicle. We received different messages regarding activities and there seemed to be an issue of communication.

Allesley Hall privately employs their own Physiotherapist and Speech and Language Therapist and has an excellent relationship with specialist nurses, e.g. Cardiac Nurse/Parkinson's Nurse who attends to provide services onsite.

Staff were polite and respectful when talking to residents. Residents were addressed by their names. It was observed that staff knocked on resident's doors before entering whether the door was closed or open. Care plans are used as a fundamental tool to record and understand residents' health and broader needs. Spot checks are carried out on care plans by the home manager.

Residents told us that they like living in the home and felt listened to. They also felt comfortable raising concerns.

All the residents we spoke to said they had seen a GP whilst a resident in the home. Five residents described Chiropodists visiting them regularly.

Food is all prepared freshly on site; residents are encouraged to make suggestions for menu ideas. Residents gave us positive feedback about the food and said they were happy with the choices they were given.

6. Findings

6.1 Facilities and environment

Initial Impressions

The care home has a grand presence; it is a period building, some of which dates back to the 1800s. It is set in extensive grounds.

There was good signed access to the front door of the property which was located around the side of the building and not immediately visible.

The parking facilities are not very well structured or clear. There were no disabled/accessible parking spaces identified. Cars were parked on grass verges around the property.

The front doors were double painted wooden doors. They clearly supported busy traffic as they showed significant wear and tear. There was a doorbell visible without any entry instructions. There was a large real Christmas tree decorated which hugged the right hand side to the entrance doors. An outside table and chairs was available for use in better weather.

We were permitted access by two staff members (we were unclear who they were as they did not introduce themselves, but they did not appear to be part of the care team) who arrived at the front door shortly after the Healthwatch Team had arrived. The Healthwatch Team were waiting at the front door having rung the doorbell that was on the outside of the double wooden doors. No one had responded to the doorbell and we were unclear how to gain access.

When the two staff let us in we stood in the hallway (as the staff did not engage with us any further) whilst they carried out some tasks seemingly relating to an alarm system and then one of the staff asked if they could help us. The staff member went to find the manager for us and returned to advise us that the manager was attending to a resident but would be with us shortly. We only had to wait a few minutes.

The manager who greeted us was open and informative; we were taken to her office, which we were allocated to use as a base for our visit. We were offered a drink and asked us if we required lunch.

Interior

The home is set over three floors. All rooms are en-suite. At the centre of each landing is a grand atrium protected by balustrading. The historic features of the period property has been maintained with dark wood panelling on the ground floor in keeping with the dark wood grand staircase.

Whilst the home has quite a grand appearance, it promotes a calm, warm welcoming environment. The landing on the upper floors had been decorated in light colours so is bright. This was added to by the high ceilings and natural light from the skylight above the atrium.

The reception area was warm with no unpleasant odours, the décor was welcoming. The reception area had a reception desk that was not being used when we arrived. There was a creative and extensive nativity scene being displayed at the front of this reception desk and a tastefully decorated Christmas tree that was positioned in between two chairs by the lift access. Whilst this looked lovely it did create a difficult turning corner for any residents being supported to use the lift in larger wheelchairs. This was further impeded by a water dispenser situated opposite the lift door.

The communal lounge on the ground floor would have originally been the grand hall of the house. It had a large open hearth fireplace. It was seasonally decorated with abundant Christmas decorations. There was a large clock on the mantle piece. All of the décor and ornaments were sensitive to the character of the building. There was a galleried landing which looked over the communal lounge.

The communal lounge looked out through double doors onto the sheltered terrace which in turn opened up to the views over the extensive lawns and mature trees beyond. There were five residents in this lounge who were listening to Christmas

songs and carols playing softly in the background. Two residents were engaged in quiet conversation.

There are also smaller less grand lounges on the upper floors, which were all very well presented and fit for purpose.

There is a dining room on the ground floor which is completely separate from the lounge. When we visited the tables were set ready with table linen and cutlery.

There is one communal toilet and bathroom on each floor with an electric bath on the first and second floor.

There is a hairdressing salon on the second floor.

The decor is generally in good order however, some skirting boards and corners of walls had taken some knocks and bumps presumably from wheelchairs and moving furniture.

All areas we observed were clean and odour free. Furniture was smart, clean and undamaged. All areas are well decorated and well lit.

The residents' rooms we saw were very light and airy with large windows offering peaceful and pleasant views over the extensive gardens.

All room temperatures that we noted were comfortable temperature.

The fully accessible toilet on the ground floor did not have colour or word indication for hot and cold taps. The taps were difficult to fully turn off. This would impede somebody with impaired manual dexterity from using them independently.

There was also a yellow warning sign lying flat on the floor which impeded access into the space. There was a commode chair placed over the toilet which had fixed arms. This would impede access for a person who wished to side transfer independently.

Outside space

The gardens were well-tended. The rear garden area is large with mature trees and planting. Extensive well maintained lawns and borders.

We were informed that the home had a gardener which was funded through regular budget allocation. There were plants in pots, tables and chairs were by the main entrance. There were also tables and chairs on the patio area outside the communal lounge. Paths were level.

Dementia Friendly Design

This is not a dementia home but some residents may have some form of dementia secondary to their nursing need.

The elements of dementia friendly design we observed were:

- Stair carpet was dementia friendly it had strips identifying individual steps
- Contrasting colours of floors and walls

6.2 Staffing

The manager advised that the home has a good record of staff retention, one nurse who does regular nights started work here three months ago but prior to that the newest member of the nursing team has been employed for four years.

They do not use any nurses from an agency, and have not done so for 16 years. The care team is made up of 12 nurses and 46 carers. Five of the care team are male.

All staff have one-to-one meetings on a quarterly basis. The manager and deputy deliver nurses supervision, whilst nurses deliver carers supervision. Everyone receives an annual appraisal, where nurses have to deliver complicated appraisals, a member of the management team will support this process. The manager keeps a record of checks in place about observations she makes during the course of everyday work. This is cascaded to the appropriate team member to be signed off when it has been addressed.

How staff get to know residents

The manager advised us that the main tool for this is care planning. This holds all personal information including likes and dislikes and personal histories. *"Our day-to-day basis carers have a handover sheet which they give to nurses this holds information around diet/moving/handling/key safety points. Each resident has both a key worker and named nurse who are different staff members. Staff are encouraged to read residents care plans information which is shared informally as well as formally".*

There is a daily meeting called '10 at 10' meeting (which references 10 minutes at 10 o'clock) where gathered information is shared by key members of the team.

6.3 Dignity and Care

The manager described the approach as *"proactively person centred, with services delivered on-site residents".* An example of this is that the home pays for their own speech and language therapy support for residents.

The home appeared calm. The staff were communicating very well with residents. It seemed very relaxed. We saw that staff were actively listening to residents and

making drinks to residents' liking. We observed carers knocking on residents' doors before entering.

Residents appeared to be dressed appropriately, be clean and well groomed: male residents were clean shaven and residents' hair was brushed/groomed.

A lot of the residents have personal alarms/call bells on lanyards in order to call staff if needed.

A carer described showing residents' clothes in order to support them to choose what to wear.

Four residents gave positive comments about care:

- *"They always look after me", all the staff. Temperature can be adjusted so it's always comfortable. There is nothing I would change. Mealtimes can be adjusted to suit. "Staff listen to what I say".*

- Another resident said: *"Staff are very helpful. The garden is lovely, better in the summer".*

- *"Very friendly, staff very helpful"*

- *"I like living here, everyone is friendly. There is always something going on. The staff are so kind, the chaplain is great". "The staff are great, they always have time for you. The staff sometimes pray with us. There are two Indian nurses the pray with me, which I like. The manager always says good morning"*

Another resident said "*I would change some of the carers. This morning the care was rough I don't like shouting at me like that* {didn't expand} *I don't know if she was late or something I'd rather it wasn't her that came to shower me today. We had a disagreement then we were okay".*

The majority of residents we spoke to felt that staff listen to them. One said "*The staff on the whole listen, occasionally the odd one doesn't listen."*

Three residents indicted they would speak to the manager if they had any concerns.

Four residents said they had never been uncomfortable and one other said: *"Only when a man came to wash me. I was able to tell them and he never came again. Never gave residents choice* [of male/female carer] *beforehand, they have since".*

6.4 Residents' Health

The home has their own physiotherapist on site, which they purchase themselves. We were advised that nurses will refer to a dietician for weight management. All nurses are syringe driver trained.

Spot checks are carried out on care plans by the home manager.

Sepsis monitoring is carried out twice a day for residents at risk. An example of this is; a resident who had seizures who had sepsis however he didn't meet any of the markers when monitoring him. It was urinary sepsis.

From this understanding they were able to create individual monitoring plan that would better meet his needs. It's always about learning from the resident. Another example of this was for a resident who'd had a brain bleed. The GP attended to the resident here and he said the resident was fine from observations. Due to the nurse knowing this resident, the nurse felt uncertain about this and therefore kept on the resident on four hourly monitoring along with other observations, the resident had developed hydrocephalus.

GP services

The GP visits every Wednesday from Whitaker Road. Historically they had always paid for this service, however this has since changed. The GP will initially talk through cases with nurses and the manager before they carry out their resident visits.

A resident has a review every six months, will do it sooner for certain medications. Those that arrive here with palliative care support will have shorter review times which are guided by the palliative care team and the GP.

All the residents we spoke to said they had seen a GP whilst resident in the home. One said "*The doctor visits regularly* [and] *will come out if I'm unwell*".

One resident explained that they would have their own GP but they are now out of the catchment area for that surgery. The resident had had two falls this week as there leg gave way they went hospital once. The GP visited.

Support for the home from NHS services

Concerns were raised by staff about the ease of using wheelchair services. The manager said the home often used this service due to the needs of residents but that the process was not always easy. The home are keen to mobilise residents in the best way possible to maintain their independence to the highest level possible, so wheelchair service were frequently used. It had been noted by the wheelchair service that this home was a heavy user of their service.

We were told that the home has a strong focus on fall prevention/managing falls, Parkinson Society refer a lot of people here.

The manager reported that the home has a good relationship with a cardiac nurse who comes out and the Parkinson's nurse. Whatever a resident's health need is, if they are in receipt of Continuing Healthcare Funding, we can refer to a specialist nurse. Nurse specialists and palliative care team who visit the home were described as "are brilliant". In cases where it is believed that the resident can be cared for better in the care home, *'no admissions to hospital if can be avoided*' is written into the respect form. In this case, paramedics would be called to administer medication.

Looking after residents' feet

The manager said that a chiropodist visits and sets up all their arrangements and appointments. A resident can keep their own chiropodist if they choose.

Staff said a chiropodist visits regularly and will come out in between if necessary. Staff will moisturise residents feet. A staff member said *"if we see something that we think is a problem we write it down and inform the nurse*".

Five residents described Chiropodists visiting them regularly. One also said they had a reflexologist visiting them.

How residents' sight is looked after

The manager said *"We use one optician, they visit regularly. It is a resident's choice to either see this optician all their own optician. The optician we use leads on managing appointments the glasses come inscribed with the residents name for easy identification*".

A resident told us they had seen an optician when a friend visits who sometimes take them out.

Looking after hearing aids and residents hearing

The manager said that residents are often supported to go out to see an audiologist. The home could arrange this or sometimes families are happy to do this. In some circumstances audiologists will visit. Some residents arrange it privately although it is easier if the home manager organises it to ensure it is a fluid process and they are aware of the outcome of the visit.

We were advised that on occasions where hearing aids have disappeared, for example being gathered into the laundry the hearing clinic will replace them once. A charge is then made. If it has been our error the home will fund this.

One staff member said that the carers maintain residents' hearing aids: *"They are removed and cleaned at night and turned off".* Another said *"I ask the residents if they can hear me if not I change the batteries. If they're not working well I also clean them. If it is a different problem I go to the nurse".*

Two residents who we spoke to said they wear hearing aids. One resident said that they wear two hearing aids, and said that they thought they "*need checking, possibly needs new ones*". They went on to say they had not seen anyone about it but also had not mentioned it to anyone there.

Oral health

This information is stored on residents care plan. Residents can be supported to maintain their relationship with their own dentist where required. This is based on need. The manager said "We have on-site training the staff for oral hygiene and health".

There is an issue with getting community dentistry to attend. It takes too long to complete the required paperwork and then to receive an appointment for a resident. They have to make a new referral every time a resident uses their service. This is the case every time for a resident who has used the service for 10 years.

Residents can get their own dentist and usually the homes to take them.

Two residents told us the go out of the home to their own dentist. One of these was taken by relatives. Another resident had seen a dentist at the home every six months. The other two residents we spoke to said they had not seen a dentist.

When a resident feels unwell

The staff we spoke to were clear that if a resident reported feeling unwell the staff member would report this to the care home's nurse. If observations are okay but a patient said they feel unwell they will be put on the list to see the GP. If they are assessed as needing GP that day he will come out. The NHS 111 service is used for advice out of hours. If there has been a medication error 111 would be used immediately.

The residents we spoke to said that if they felt unwell they would call a member of staff. A resident said: "*If I get pain, I ask and they give me painkillers. Also if I get angina, they give me a spray*".

Taking medication

We were advised that the home uses Boots pharmacy and they do pharmacy checks. The nursing team have requested to be involved in this process to see what can be done in-house.

There is a risk assessment policy that is adhered to. There are no people that self-administer medication stop other than inhalers. If a resident expressed the wish to self-administer a risk assessment will be carried out, all rooms have a set of drawers where the top drawer has a lock which can be used for this purpose.

6.5 Activities

When we arrived residents were sitting in the communal area which was decorated festively. Christmas songs are playing on a low level; some residents are singing along, it was animated. They were waiting for the church service at 11:30 am. Residents were watching TV (subtitles were on) or reading. Some residents were having a hot drink and chatting to relatives. The noise level was quiet, people were chatting at a quiet level. Some residents were chatting to each other. There were no staff visible at this time.

At a different time, staff were observed chatting to residents and asking if they were okay and if they wanted anything. Their attitude was friendly and approachable, the level of voice used as appropriate with a calm friendly manner.

One resident showed us the list of activities for December, there was a full programme such as pantomime, singing, reminiscence, arts and crafts etc.

One resident was seen to be having her nails done. We were informed that volunteers are recruited to support activities.

We spoke with the home's Volunteer Coordinator. Their role it is to identify what volunteers are required and the skill set they need and then to recruit and support the volunteers. They said that some residents had expressed an interest in developing a home choir but they would need to recruit a volunteer with a specific skill set to support this. Healthwatch informed them that they would share some contact details to explore this opportunity. A resident who said when they heard about the idea of a choir they liked it but that *'nobody seemed interested'*. This was not the feeling that the member of the Healthwatch team got from the Volunteer Coordinator. A Healthwatch Officer sent some contact details to the Volunteer Coordinator to explore this idea.

The home has a resident chaplain who is employed across two care homes in the MHA group. Whilst the chaplain is there to support religiously and pastorally he also engages residents in activities and therefore gathers lots of information about residents likes and dislikes, wants and wishes**.**

Two staff indicted that the availability of staff time could be an issue in encouraging people to take part in activities, spending time with those who do not wish to do group activities and enabling people to use the outside space.

One staff member said they would like residents to have more activities as this helps resident's general welfare.

Staff said that residents' meetings could be a source of ideas for activities.

Two residents said they were happy to watch TV in their rooms. One of these said they prefer to be alone. Another resident said *"Happy to spend time alone to read, but like being in the lounge. There is entertainment provided. There is keep fit. Will go into the garden in good weather"*.

Another resident said they did not like spending time on their own and preferred to be in the lounge with people. They explained that a lot of things they like to do they cannot do now because of their sight and hearing loss.

6.6 Food and drink

Staff were observed making hot drinks and serving them to two residents in the lounge. Staff were observed offering/asking residents if they wanted drinks.

Biscuits and cake were served with tea and coffee morning mid-morning. One resident said they fancied fruit and staff gave a selection.

At lunchtime there was a choice of two main meals and puddings. We were advised that residents were each given an individual menu to select from. Residents are encouraged to suggest menu options; one person said they had historically enjoyed a steak and kidney pie from Marks and Spencer. An order was placed for these pies. A resident can order anything they choose for breakfast, the list is not exhaustive and if they do not routinely stock the chosen food it will be ordered in as long as it is a reasonable request.

Two residents were observed having lunch in a lounge and they appeared to be enjoying their meal. They did not need support to eat. The TV was on; relatives were sitting with residents whilst they were eating.

The manager said that they identify the right food consistency for a resident dependent on tier ability to swallow food. A meal can be prepared accordingly, e.g. the home has a roast dinner twice weekly, the meat is also ordered in a minced version. Food can also be pureed and reformed for aesthetic purposes in order to look more appealing. If residents require a pureed meal the flavours are all kept separately and will not be mixed together to be presented looking like 'baby food'. There are 22 people at Allesley Hall who require modified diets.

A well-stocked sweet trolley was noted in the downstairs dining room.

A staff member said they helped residents to choose their meals: *"Residents are shown the menu with pictures to assist them to make a choice"*.

Residents gave us positive feedback about the food and said they were happy with the choices they were given. For example one resident said *"I love the food, we have a choice so there's always something I like* "Residents told us that if they do not like something then something else will be provided. A resident said *"I said I'd like some fruit they bought me some grapes and satsumas"*.

One resident said they returned to the home from hospital late in the evening and the staff ensured they had a meal.

The residents we spoke to confirmed they had access to drinks when they wanted them and to snacks.

6.7 Anything that could be done differently

Staff felt that community dentistry needs to have improved access both in terms of process and waiting time. As could wheelchair services.

One staff member would like to feel more supported by the company that runs the home: MHA Group. They felt staff and managers in the home were supportive.

7. Healthwatch recommendations and care home response

Recommendation	Response from home manager
1. Developing activities • Improve communication around activities within the staff team and with residents • Find ways for residents to be empowered by being involved in the planning of activities	The activity staff now print off a list of the activities for the month and this is put up in the staff room as well as in the resident's rooms and on the public notice boards for residents to see. We will also ask the activity coordinator to write it onto the staff allocation sheet so that as soon as staff come in, they will know what is planned and can remind the residents. The residents are involved in the planning of activities. The minutes from residents meetings clearly shows that the new activities added are what the resident have requested. They are asked where they want to go, what they would like to see more of and the activity coordinator arranges this.
2. Hearing • Ensure that all residents' hearing is regularly reviewed whether or not they wear hearing aids. Some people are unaware of hearing deterioration • Make use of the guidance from Action from Hearing loss: www.actiononhearingloss.org.uk/how-we-help/health-and-social-care-professionals/guidance-for-supporting-older-people-with-hearing-loss-in-care-settings/	We are talking with a hearing assessment provider to have free hearing tests provided on a regular basis.

Recommendation	Response from home manager
3. Access • Make sure that the entry process at the front door is clear and that all staff are trained to receive visitors. • Clearly signpost disable parking spaces • When temporary objects e.g. Christmas trees are introduced make sure these do not obstruct disabled access	We have reiterated to staff in the general staff meeting and at 10@10meetings the need to receive visitors appropriately. We have organised a sign for the outside doorbell to inform visitors of the need to use the intercom inside. The disabled parking space is labelled and was in use at the time of your visit. We are however looking at allocating another disabled parking space and will mark this accordingly. We will be mindful of the way in which we place Christmas trees and other displays in the future.
4. Oral Health • All residents should be given the opportunity to have a routine dental appointment on a regular basis • recommendations in the CQC Smiling Matters report should be adopted See https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes	All residents are referred to the community dental services if any issue is noted with their oral health. Currently, due to the new system introduced, this takes a long time. We will look at whether we can arrange for a local dentist to see our residents on a regular basis.
5. Dementia Friendly Design It is good practice to integrate this approach into upgrade programmes to ensure that: • decor is dementia friend • signage is dementia friendly • taps are clearly marked hot and cold	We will have a look at these issues and ensure that we do obtain signage and ensure taps are marked.

Recommendation	Response from home manager
6. Accessible Toilets • Make sure these are obstacle free and taps are easy to tum on and off.	The disabled toilet in reception has the commode over it because the resident who uses it most currently needs the fixed support. We will consider any changes we can make to the other toilets to see if we can change one of them for visitors that need to slide over rather that have fixed arms.

8. 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 and during the time of our visit.

9. Copyright

10. 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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