Enter & View Report

Name of service:	Alexandra Care Home, Wargrave Road, Park Road South, Newton-le-Willows, WA12 8EX
Date & time:	Thursday 6th December 2018, 2pm
Authorised Representatives:	Kath Inkpen, Joanne Heron
Support team members:	Janet Roberts
Contact details:	Healthwatch St Helens 0300 111 0007

Acknowledgements

Healthwatch St Helens would like to thank the staff and residents at Alexandra Care Home for their valuable time and hospitality during this visit.

What is Enter & View?

Part of the local Healthwatch duty is to carry out Enter & View visits. Local Healthwatch representatives carry out these visits to health & social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices and dental surgeries. Enter & View can happen if people tell us there is a problem with services or, equally, if services have a good reputation so we can learn about them and share good practice from the perspective of the people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues; however any safeguarding concerns which arise during a visit will be reported in accordance with Healthwatch safeguarding policies. If, at any time, an authorised representative observes anything that they feel uncomfortable with they should tell their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

About the service

Alexandra Care Home is part of the Four Seasons Company. It is a 2-storey building situated in pleasant gardens.

The home provides nursing care, respite, and palliative care as well as a residential facility. It currently has 43 residents.

Purpose of the visit.

To engage with residents and staff

- To observe care at the point of delivery
- To identify good working practice
- To identify areas for improvement

This was an announced visit, arranged with the Manager a week beforehand.

Methods used

Observations made by the visiting team might be based on instinct and not on something that is visible or measurable.

Summary of findings

The building consists of two floors which appear to be in need of an update, with corridors and rooms looking shabby in places. None of the rooms we saw were en-suite. The home evidently struggles for storage space but it was tidy on the day of the visit.

As it was close to Christmas staff had put up decorations to generate the Christmas spirit, and it was evident that staff did their best, despite being under-resourced. There was an activities co-ordinator who provided a good variety of activities to suit groups and one to one.

The home particularly encourages community involvement and local businesses and raised money to give the home support. Families speak highly of the home because of the staff rather than the décor.

Results of visit

First impression

On arrival, the visiting team was greeted by a member of staff who was unaware of our visit, despite management being informed. This explained why the staff member wasn't very welcoming. The manager and deputy were currently absent. However, she took on the responsibility of showing us around the premises, and was most helpful.

The foyer smelt very strongly of cigarette smoke. The Manager later informed us that there are 2 residents receiving palliative care who are both smokers and are mobile via wheelchair. The smoking area for residents is within the garden as the residents experienced discomfort crossing the car park to the garden area, so a decision was made to allow the residents to smoke at the seated area outside the home. The Manager also informed us that despite the foyer window being closed there is now an automatic air freshener positioned to dispel of any residual odour.

The smoking shelter is specifically for staff. This is accessible by a path from the entrance of the home. The path was in need of repair and not well-lit.

There was a hand sanitiser dispenser in the foyer. There was a noticeboard on information about the complaints process and another on safeguarding policies. There was aboard with photographs of the residents taken last year.

Safety & Security

The front door is secure and visitors have to be let in. There are keypads and buzzers fitted and all external doors are alarmed.

There is a signing in book for visitors and one for staff.

A risk assessment of the path outside to the smoking shelter led to the decision that any resident could smoke outside, adjacent to the entrance.

Staff

Staffing levels on the lower floor include a senior member of staff, such as a nurse, and 3 carers during the day and a nurse with 1 carer during the night shift. The upper floor is staffed similarly but with 4 carers in the day and 1 carer at night with the addition of 1 floating member of staff. The 2 floors are mirror images of each other.

There is a deployment chart near the reception foyer with break times for staff.

Although core staff have been there a long time, but from general comments made it seems that there is not much staff support from regional management. It has been raised as a concern that there is only one qualified nurse on any one shift.

There is limited use of IT which affects communication with staff. There are only 2 computers on the premises, which, at the time of the visit, were locked in offices and not available for general staff use. Information is disseminated via paper memos.

Staff training

All staff undertake mandatory training such as fire safety, first aid training, manual-handling. When staff are appointed they have to enrol for online training and they usually undertake this training in their own time but the Manager informed us that they can complete their training at home on an IPad, smart device or make use of the

training hub available in the home, therefore are not required to do this in their own time.

Staff also found that E-learning is found not to be a particularly effective training method in enabling staff to retain information and learn skills.

Staff also undertake training delivered by Willowbrook Hospice, such as 'Advanced Care Planning' and 'Intermediate communications' and certificates are displayed near the foyer area. Staff feel this is a much better style of delivery.

Recreation & leisure

There is a full-time activities co-ordinator who is very proactive and inclusive and there is a full activities board located in a couple of places within the home. One of the boards was not updated but there is a good variety of activities. There is also a good volunteer system in place.

One of the visiting team spoke with the activities coordinator who seemed to thoroughly enjoy working with the residents and their families. When new residents arrive at the home she always meets with them to find out their likes and dislikes. Some residents require 1 to 1 sessions, if they are unable to or don't want to take part in activities within a group. These activities could be a hand massage, having a quiet chat or looking at a book. For example it was observed that one resident was playing on an iPad and another was watching TV. There was a lady that we were told has dementia, who was nursing a therapy doll and was in a quiet lounge away from the noise of the TV.

Special entertainment nights such as 'pub' nights and bingo are held and are supported by families. It was conveyed that local businesses are very supportive with supplying raffle prizes, and local schoolchildren come in to provide entertainment for the residents. At the time of the visit, there were preparations being made for a Christmas fair.

There are a few CDs and books available and a TV in the lounge which was on low.

There is a small salon onsite and a hairdresser comes in every Wednesday. There are various beauty treatments available once per week and they have pamper days, which are very popular with residents.

A Chaplain from the local church visits weekly.

Smoking Policy

Residents and visitors and staff were able to smoke outside in a designated area if required. The area was a little inaccessible in winter and felt to be too much of a risk. A risk assessment was carried out as the path was uneven and not well lit, which has resulted in residents now being able to smoke directly outside the building

entrance. As mentioned above residents who are wheelchair-users find it uncomfortable crossing the car park. The staff smoking area is the shelter.

Food & refreshments

The dining room felt a bit cold and unwelcoming. There were menus on display which offered a variety of meals. It was hard to read so maybe pictures could be a visual aid to the written menu. This would also make it dementia-friendly. All meals are cooked on the premises and special diets catered for however we did not see any charts including this information.

Most residents eat their meals in the dining room with a few exceptions. Menus are up on the wall in the dining rooms and meal times are 9 am, 12.30 till 1.45pm, 5pm and supper. There is a small kitchen for staff to make drinks.

There is a drinks trolley available all day and cups of juice and cups of tea are provided when requested. Although the visiting team did not see any evidence of it, there is a welfare chart for every resident so staff can monitor their food and fluid intake.

Privacy & dignity

Most bedroom doors are left open whilst residents are in their rooms. Some rooms have en-suite and others have shared bathroom facilities. Female residents who require personal care can request a female staff member.

There were several quiet lounges available for residents and their families.

When new residents move in, a “me and my care” book is completed enabling the activities coordinator to find out a little more about them, which proves extremely valuable.

There is a safeguarding policy and a complaints policy in reception.

Hygiene & cleanliness

The building generally needs a refresh, for example, skirting boards that need painting. The décor and pictures on the walls are dated and the staff member who showed us round did acknowledge this. She did however feel that, looking past this, there is a homey feel and residents do seem content.

The bathrooms look cold and uninviting and did have a strong unpleasant odour. The corridor upstairs smelled of urine.

Each bathroom has colour coded bags for infection control. There is a cleaner on each floor every day.

Access to care and medical care

An NHS chiropodist comes into the home once a year but many residents see chiropodists privately. There are also visits from a local dentist and residents are registered with a local GP.

The home has a red bag scheme and less than 50% of the bags are returned especially if the resident has been to A & E and on a particularly busy ward.

Additional Comments

Some staff have concerns over low staffing levels. Staff are seen as professional, caring and open, and residents seem happy and comfortable. They are doing their bit but Head Office do not seem to be supportive.

The residents appeared to be clean and tidy and the several family members that we spoke to about their relatives' experiences in the home were all positive.

Families seems very supportive of activities in the home and there seems to be a good input from the community.

Recommendations:

- **For Head Office to tackle staffing levels**.
  The visiting team agree with the staff that expressed concerns, particularly relating to the nursing aspect of the care being delivered.

  Response from Provider:
  The regional manager post has recently been permanently filled following a 5 month period. In this time the home and all staff were fully supported by a Resident Experience Manager. There are 2 qualified members of staff on duty day and night – not 1 as you report. This may be 2 registered nurses or it may be a registered nurse and a CHAP (care home assistant practitioner). Our CHAPS are highly trained individuals who also have a Level 3 qualification in health and social care prior to embarking on our in-house CHAP programme. At other times the home is also supported by the Registered Manager who is also a registered nurse with extensive care home experience.

  The staffing within the home is generated by using a dependency tool similar to the one used in the NHS. Care staff within the home have limited knowledge of such tools and at times feel disgruntled if staffing is reduced in line with occupancy. As the home manager it is my responsibility to ensure the home runs smoothly and effectively at all times. I meet with the staff regularly for supervisions and the occupancy and staffing levels are discussed and explained to all staff.

- **For the company to inject more money into the home to decorate and provide resources.**
  Although work is clearly being done to provide residents with activities and the home is comfortable, the visiting team felt that an improvement in décor could enhance their experience further.

- **To look at the possibility of straightening the path to the smoke shelter for and introduce some lighting.**

  Response from provider
  The smoking area for residents is actually within the garden area of the home not the smoking shelter as mentioned. Both residents (who are wheelchair users) experienced discomfort crossing the car park to the garden area and a decision was made to allow them to smoke at the seated area outside the home. The smoking shelter is specifically for staff who smoke and this is the reason there is a distance between the shelter and the building itself.

- **To provide picture menus to supplement the written ones.**
  The visiting team felt that this is something that could be done quite quickly and cheaply but would make a big difference to the residents, particularly to those with dementia.

HwSH will share Enter and View reports, as appropriate, with:

- The provider
- Healthwatch England
- The Care Quality Commission
- Commissioners
- St Helens Council Quality Monitoring Team
- St Helens Clinical Commissioning Group
- The public
- St Helens Council Safeguarding team

Disclaimer

Please note that this report relates to findings observed on the specific date stated. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

It is important to note that Healthwatch St Helens approaches Enter & View from the community prespective and its remit is very different from organisations such as the Care Quality Commission and local authority Quality Monitoring Team.