healthwatch
Hounslow

Enter and View Report

Ashgrove Care Home

Fir Tree Road, Off Martindale Road, Hounslow, TW4 7HH

30th January 2019

healthwatch Hounslow

Service visited:	Ashgrove Care Home (ACH) Fir Tree Road, off Martindale Road, Hounslow, TW4 7HH
Care Home Manager:	Manager: Cynthia Buquiron Bayonito Deputy Manager: AnaLen Magbag
Date and time of visit:	30th Jan 2019, 10.30am – 1pm
Status of visit:	Announced
Enter and View Authorised Representatives:	Diane Wiles, Francis Ogbe and Mystica Burridge
Lead Authorised Representative:	Mystica Burridge
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Healthwatch Hounslow has the power to Enter and View services in the borough of Hounslow. Enter and View visits are conducted by teams of trained Enter and View Authorised Representatives.

Background for the visit

The Health and Social Care Act allows Healthwatch Hounslow (HWH) Enter and View Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first hand.

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with the HWH Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end 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) and Hounslow Council's Safeguarding Team.

On this occasion, three Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to residents and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

HWH liaises with the CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an Enter and View Programme, as well as the information that it collects about the experiences of local people. Several health and social care providers are selected to be visited to provide a sample of different services.

Acknowledgments

We would like to thank AnaLen Magbag (Deputy Manager), and the residents and staff at ACH for making us welcome, facilitating our visit and for taking the time to talk to us on the day.

We would also like to thank Healthwatch Hounslow Enter and View Authorised Representatives Diane Wiles, Francis Ogbe and Mystica Burridge.

Methodology

This was an announced Enter and View visit. We had previously visited the home on **22nd September 2016**. In our report, we said that we would re-visit the service to see if previous recommendations had been taken on board and if there were any changes to the service.

At the time, HWH Enter and View Reps spoke with:

- Cynthia Buquiron Bayonito (Care Home Manager)
- Activities Coordinator
- 5 Staff
- 1 Visitor

The following recommendations were made in the **September 2016** report:

- A more in-depth training of dementia for staff.
  Response from home – Open Heart's Dementia Training available to all staff.
- Recruitment of an additional staff member would alleviate the pressure off night staff and would be convenient for staff in general. The additional staff member would allow for staff to take residents on more outings – dependent on funds.
- Extending the induction period for staff – perhaps focusing on practical training for new staff members.
- The provider of ACH should look into paying the staff the London Living Wage.
- ACH should ensure staff receive safeguarding training on a yearly basis – dependent on funds.
- Providing a support network for staff who deal with residents suffering from dementia.
- Actively encouraging outings for residents whether this may be through volunteers or additional staff.

During this year's visit – **30th January 2019**, we spoke with:

- Activities Coordinator
- 1 HCA (Healthcare Assistant)
- 1 Domestic Worker
- Deputy Manager
- 3 Residents
- 2 RGN's (Registered General Nurses)

We are scheduled to attend a Residents meeting on the **13th Feb 2019** to speak with family/relatives. A separate report will be written for this.

Information about Ashgrove Care Home

ACH is a nursing home for older people who are living with the experience of dementia. ACH has accommodation for 49 residents. The provider employs nursing and care staff to support and care for people. Residents must be aged 65 and over. ACH is for private

residents who are self-funding and LA residents. The service is managed by HC-One Limited, a national provider of nursing and care homes.

Observations of ACH

We were welcomed by the receptionist who asked us to sign in and take a seat in their reception area. The reception area was adequately spaced, has a few chairs, it is well ventilated and smelt nice. An activity board and leaflets were displayed on the wall. There was a touch screen which allowed visitors to give feedback about the home. There is a security code for the door leading into the reception. The visitor toilet facilities were clean, although the radio playing loudly made communicating a little difficult, this was turned off by staff on request. The home had adequate parking and felt secure, warm and welcoming.

We were given a tour of the home by the stand-in manager for the day. The home has 49 rooms and while we were on the tour, we noticed that each room had the name and a picture of the resident on the door of their rooms. We were told that all individuals are encouraged to bring personal belongings. Maintenance can paint the rooms according to the resident's wishes. We did not enter any residents' rooms so cannot comment on those although they looked comfortable as we passed them by. The home was well lit, the hallways were spacious and had handrails. Also, there is a lift for residents to move across floors, as a security measure the lift can only be used with the use of the security code. We were told that there is a personal evacuation plan for every resident in case of an emergency. All exit doors and the lift had managed access systems in place.

There is housekeeping on each floor. We were shown one of the bathrooms and told that the shower curtain had to be removed and are no longer in use as residents were getting caught in them. The modesty curtain was noted to be missing from a shower area and the Deputy Manager said it had just been taken down for cleaning. The resident bathrooms did look a bit cluttered but were generally clean. There were multiple communal areas, including two lounges; one on each floor and one dining room on each floor. The communal areas were spacious, well-lit and enough chairs for residents to comfortably socialise.

All residents were clean and well clothed.

Interview with Deputy Manager

MB spoke with Deputy Manager – AM.

Background

AM said they had been at ACH for 5 years and started off as an HCA. Then progressing on to become a Nursing Assistant. Last year they were appointed as a Deputy Manager. AM was an RGN and a Clinical Instructor back home in her country.

Staff

AM said they hold regular flash meetings which last about 20 minutes. In these they discuss any information related to residents. They have a diary on each floor for communication purposes which staff use. They hold regular staff meetings. In terms of staffing issues, AM said they use agency staff who have been with ACH for the past 2 years. They will be holding a residents meeting on the 13th Feb to which HWH have been invited to.

Each floor has 5 HCA's. During each shift there is 1 RGN, 1 Nursing Assistant or 2 RGN's. At the beginning of each shift, a handover is given by the RGN. Staff receive training on Mental Health, Online training – E touch (Dementia, Mental Health Capacity and Section). Staff receive monthly supervisions. Every Thursday, staff are given the opportunity to speak with the ACH

Manager to raise any concerns e.g. shifts. Some staff have been at the home for 10 – 15 years. They are currently recruiting for a part-time staff member. Staff are given the opportunity to pursue an NVQ. AM did feel that the induction phase could be longer to support staff. They have permanent night staff and 1 staff now changing over to the day shift.

Residents
Information about the resident can be found in their care plan. Staff are told to make sure to familiarise themselves with the care plan and to also refer to it. Residents can go to bed any time and if they have had a bad night, they can sleep in. Visitors are welcomed at any time. 3 – 4 families visit regularly. They accommodate residents who have different religious beliefs. One of their residents who is Hindu have the staff help her with cleaning the statues and pictures. They also have a Polish resident for whom they have specific information cards for, and this helps staff to communicate with the resident.

Activities
AM said that they have an Activities Coordinator. Some of the activities include regular bible sessions, bingo, listening to music etc. They also have a sensory projector which is currently being installed in the lounge. If family/friends take their loved ones out, they need to give written permission saying that they take full responsibility. Residents are usually taken to pubs and restaurants.

Food and mealtimes
AM said they have menus which alternate weekly. Some eat in the dining room and others prefer to eat in their room. They have the option of vegetarian and halal dishes. Residents can make their own drinks, but this must be supervised. A risk assessment is carried out beforehand. At night the kitchen area is closed and if residents wish to have a drink, they can request it from a staff member.

Health professionals
AM said they used to have residents registered with 3 different GP practices' which was problematic. But now they have managed to have all residents registered to one practice – Heart of Hounslow, The Practice. As and when needed, residents can use the opticians or dentist. The GP usually refers residents to the audiologist. All medication requests are sent to Heart of Hounslow. The RGN's and Nursing Assistants make sure residents receive the correct medication which is double checked by the RGN's. AM said her involvement with social workers was to carry out reviews and assessments, discuss funding, best interest assessment and inform them of falls.

Feedback
The home has a feedback system in the reception area where people can use the touch-screen to give feedback. Any concerns are sent to head office. Minutes are taken during the resident's meeting and disseminated. If there are any issues, relatives can email the manager directly. Compliments are logged online. AM also mentioned that residents have advocates.

Hydration
AM said that they make sure to have jugs in all the lounge areas and staff make sure to pour the drinks in front of residents to remind them to drink. Drinks are offered regularly. If they suspect a resident has a UTI the GP is informed, and they carry out a dip stick test. AM said sometimes mobile incontinence occurs and when they notice it, they notify housekeeping right away.

Volunteers
AM said they recruit volunteers to help. They usually come in the afternoon. They help with the trolley service which is provided on each floor. They give out snacks to residents. Most of the volunteers tend to be on a Health and Social Care course.

Challenging residents
AM said that very challenging residents have a Mental Health Nurse who makes recommendations on how to deal with difficult residents. AM said they had an issue with a resident who was chasing staff/residents and would go to resident's rooms. They would also throw items and spit at staff. The resident was moved to a different home as they were endangering others.

Interview with HCA

MB and FO spoke with an HCA.

They have been working at the home for just over a year. They said they were able to speak multiple languages. Whenever there are residents whose first language isn't English then they are used as an interpreter. When they first begun, they had a 2-day induction. This involved following a senior HCA and observing them. Other training involved 'moving and handling', CPR and online dementia and safeguarding.

When dealing with residents, they said that they make sure to look at their care plan, so they know what the resident's likes and dislikes are. Those residents who are not able to communicate verbally, they use gestures. They said that they try to encourage all residents to participate in activities. This involves showing and assisting them. Activities include – walking, writing, reading, badminton etc. When it comes to food and mealtimes, they said that there is a book to help residents choose what they want to eat. Their duties involve helping to feed the residents, reminding them to eat and pouring drinks in front of them to remind them to stay hydrated.

They said according to their care plan they are seen by the GP or dentist and as often as required. Every Tuesday they have a hairdresser. When asked about residents who are not able to speak English, they said they had 2 residents. For one resident, they created an information board with commonly used words in their language. So, staff know to say the words to the resident.

The HCA said one of the challenges was the residents behaviour. They said the behaviour can be challenging but more support would help. Also, staff are sometimes forced to take annual leave towards March/April. They said management could be more supportive of this.

In our previous visit we felt that it was not appropriate to approach dementia patients and start conversations about service provision and their experience of being a resident. This was due to lay members not having relevant experience of relating with dementia patients. Also, the residents we encountered at the time of the visit appeared to be very frail and elderly and affected by dementia. However, having carried out many visits since then we felt it was important to make sure all voices were heard.

Interview with Resident 1

DW spoke with a resident.

Resident 1 said that they did not want to be here as it is too far from home but that this was the only placement that could be found to meet their needs. They said that the senior staff were good, and that junior staff were kind but lacked experience and that they felt less confident when being supported by them.

The resident said the food choices were limited and that they did not like the food much. They would like more choices especially in terms of dinner. They said there are snacks and that they cannot go out due to their condition and their family live far away due to the placement location. That said, the resident said that they never go hungry or thirsty and can have a drink of their choice at any time, day or night.

The resident said that their medication is well managed and that they could choose when they could go to bed but had less choice about being woken up due to medicine administration, which they felt was the right thing as medicines need to be given on time. They said that they could choose what to wear and was helped to dress, wash etc. in a professional and kind manner. They felt that their dignity and privacy were respected. The resident said that sometimes staff talk about low pay and poor working conditions, however they did not mind this as they wanted to support them, and they felt that they cared for them as well.

They said that their family/friends could visit when they wanted except at night but that the home were not welcoming to children and that they "do not like children visiting". Despite this her family bought the children anyway and on occasion this meant they had to stay in their room for the visit. The resident said that religious sessions like bible group were offered but they declined, and that they could access a GP if needed. They said that they knew how to complain but did not need to. They said the home is clean, but laundry is hit and miss, on occasion they end up with the wrong clothes.

At the end of the conversation they said that they did not feel safe due to one of the resident's relatives; they said staff were aware and could elaborate on this if need be.

We queried this with the manager of the home who gave us a call to clarify. She said that sometimes there are 2 relatives who visit their parent in the lounge and the resident who felt uncomfortable did not like them chatting in the lounge. The manager said the resident's medication would cause side effects such paranoia further agitating her.

The manager also clarified that children were welcomed into the home as seen through proof of photos which were taken of residents and their relatives.

Interview Resident 2

DW spoke with a resident.

Resident 2 said that staff had different ideas and that they received different care from different people but that this was okay as they got used to each other after a while. They said that staff helped with personal care but that they did not bath or shower as they don't feel safe to do so due to their health condition. The resident added that staff helped them in a kind manner and respected their dignity and privacy. They said that their medication was well managed and that they could see a GP if needed.

The resident said that they didn't feel safe as staff had removed their call bell and they were worried that if they had a fall they would not know and could not call for help. This was verbally passed to the team leader on the day of the visit as it is a potential safeguarding issue.

They said that the care was good but did say that their clothes went missing quite often. They said that staff do not talk to them much and that there are limited activities that they can get involved in, however they enjoy the colouring books. The resident said that they never go out and that they felt suicidal when they first arrived at the home.

The resident said that there was limited choice about food but that the staff know them well and give them what they like. They said that they can have drinks at any time but were unclear about snacks and did not know how or what they could have. Although they said that they were given "soft snacks" as they had trouble eating hard food.

The resident said that they knew how to complain if they needed to and overall, they were happy with the service.

We raised the concern of the call bell being removed. We received a call from the manager who assured that call bells were in place for all residents and made sure the maintenance team checked that the call bell was working.

Interview with Resident 3

MB and FO spoke with a resident.

The resident said what they liked about the home was that their friends lived here as well. They mentioned that both their parents had passed away and didn't have much family around.

They said they could go into the garden and could dress themselves in the morning. However, there were no activities to take part in and would like to see more happen. They can get a haircut whenever they want. They said the food was fine and when they want coffee, the staff bring it for them. They feel that they are independent.

They mentioned that the GP comes at the right time. They went onto say that the GPs don't come when they are supposed to come.

Interview with RGN 1

DW spoke with RGN 1.

RGN 1 said that they had worked at the home for several years. They said that they felt very fond of the residents. They described training and support as being e-learning with little or no access to additional face to face training. Their knowledge of Dementia and Alzheimer's seemed rather limited, but they said they understood the MCA and DoLS and that all residents had been assessed for capacity. They said that mental health care was guided by the CPA process and GP led. They said that they had some limited mental health knowledge but delivered care as per the CPA. DW did not see a set of CPA paper work due to time constraints.

When asked about managing mental health needs and risks they mentioned having a challenging behaviour policy. They said that all patients had their full patient history taken. There is an activities coordinator to provide activities and a staff member is usually allocated to assist in running activities. They said that they are used as an interpreter for those residents with limited English from their own ethnic background. Outside interpreters and language lines are not used.

They said that food and drink are always available for residents but were less clear on the details of choice for different dietary needs. They said that there are two RGN's on duty during that day and that with 49 residents over 2 floors this could feel challenging on days when needs were high.

They said that they receive clinical and management supervision 1 – 3 monthly from the Deputy Manager and/or Manager saying they are both registered nurses and thus can supervise them. They said this process also focusses on audit and professional development, to ensure their nursing practice remains up to date. They said the office space is cramped and has no ventilation. Resident files were on view and not in a locked cabinet. They said the door is locked but agreed that the files could be seen from the corridor due to the glass panel in the door.

They mentioned pay being low and hours long. However, they had received an increase in their salary in January 2019. They do not receive unsocial hours pay enhancements. When discussing challenging behaviour, they were asked about staff support and this was accessed via the manager. Occupational Health (OH) access was discussed and they said that they did not know who their OH was and assumed this would be via the manager. They were aware of what to do in the case of a needle stick injury but was not sure on staff support policy.

They said that the managers were supportive when needed and helped when short staffed.

Interview with RGN 2

DW spoke with RGN 2.

They said that they had worked in the home for a few years and are very settled. They said that they enjoy working with the residents and that recent changes in process have reduced the work pressure. They felt that induction was a bit weak as it was 1 – 2 days and had no guidance on night duty when starting nights. They felt that staff are not adequately prepared and that this puts pressure on other staff and presents a potential risk.

They said that activities for residents are a bit limited as there is one activities coordinator who works Mon – Fri (9am – 4pm) covering 49 residents over 2 floors and 4 areas. They said often staff are too busy to assist the activities coordinator which means that activities are limited. They added that some activities like Bingo are delivered in the residents' TV lounge which is a problem for those who don't want to join in and want to watch TV. We discussed patient care and mental health management. They told me care was led by the GP and CPA process, she added that CPA frequency has reduced of late due to community pressures but said it worked okay.

RGN 2 said that residents have full access to food and drink and have the choice of two meals for dinner but was less clear on accessing food for special diets. They said each resident has a named GP. They said that all staff training was online and that they had MCA and DoLS training, when asked about Dementia training and knowledge they were a little vague. They said that the GP carried out all mental health assessments.

They said that the manager and the deputy manager is an RGN. Therefore, they get their clinical supervision from the manager – every 3 months. They said that the managers support the RGN's with revalidation. They said that staff pay is low and that they don't get unsocial hours enhancements. However, recently they had gotten a pay increase in January 2019. They also said staff stay as they get involved with the home and it is a nice place to work. They said that good will is often taken for granted by management and that they don't always get paid if they work late or stay behind waiting for cover to arrive.

We discussed managing challenging behaviour she said there is a policy and that she can get support from the management team, she was not sure who provided OH for the service but said she was sure that the manager would advise her if needed. She told me she was aware of how to treat a needle stick injury and that they all had cards advising them of what action to take.

Interview with Domestic Worker

FO spoke with DW.

DW said that they sometimes work in the kitchen as well. When asked about the food, they said that the home has two menus – one for the summer and another one for the winter. DW said the home caters for the varying dietary needs of the residents, for example, they provide meals for resident's who are diabetic pureed meals for residents who struggle to eat.

DW said that their main role is carrying out domestic duties (cleaning). But they also works in the kitchen and as a care assistant – when staff that call in sick.. DW said they like the team and everyone is corporative and nice. DW said that they had raised it with management as the prefer to cover as a HCA but they are waiting to hear back from them.

Interview Activities Coordinator

FO spoke with the Activities Coordinator (AC).

AC said when trying to find out a new resident's history and preferences, they fill out a "Getting to Know Me" booklet (with the help of relatives if necessary). The booklet is then included with the care plan. AC explained that they use the care plan and they also learn about the residents' likes and dislikes by building relationships with them over time. This is particularly useful for residents that cannot communicate verbally; in these cases, they look out for gestures.

AC said that there is a programme of activities. For example, they have sing-along sessions, chair exercises and arts & crafts. AC said that participation in the sessions depends on how advanced the residents' needs and capabilities are. AC said that sometimes they go out with the residents to the church, shopping trips or go the pub. When AC takes residents out, they are usually assisted by HCA's.

AC said that they haven't had any specific training for their role. AC said that it is good that the home has a low staff turnover because there is continuity of care for the residents.

AC said that they have suggested for the home to hire someone part-time to assist with their workload. So far, this hasn't been confirmed.

Conclusion

Our impression of the home is that it's calm, well managed home, which offers a supportive environment for the residents. All the residents we spoke to were positive about the service and environment of the home.

We were welcomed by the Deputy Manager who was accommodating and open about the service. Staff were welcoming and open about their experiences of the home. Many said that there was a low turn over of staff which helped residents receive consistent care. However, there were some pressures staff faced in terms of work load which could be alleviated through recruiting an additional staff member. Also, staff being paid 'unsocial hours enhancements' could be something to look into.

We saw a great deal of attention being paid to the individual needs and preferences of residents and all the interactions we saw between residents and staff were friendly and respectful. Staff appeared to have a good understanding of the people they were caring for. However, additional training for dementia would benefit some staff. We were informed that there is Open Heart's Dementia Training available for staff.

In terms of activities, there is clearly a strong commitment to offering residents a good range of activities (these are displayed on a notice board in reception). However, some staff suggested outings would benefit some of the residents, but additional help would be needed. Particularly for those residents who lack the confidence or capacity to socialise within the home. It was good to see that the home was involving volunteers in their service and we spoke to a volunteer briefly on the day.

Since our first visit, there were a few changes to the home – installation of a touch screen to allow feedback about the home and a sensory projector. It was positive to see the home actively seeking feedback about the service.

We were invited to their Resident's meeting taking place on the 13th Feb 2019.

Next steps

The report will be published on the Healthwatch Hounslow website www.healthwatchhounslow.co.uk/enter-and-view-visit-reports/ and will be circulated to the provider and the commissioners of care home services in Hounslow.

This report is based on our observations and the views of residents and staff that Healthwatch Hounslow spoke to on the day of our visit, and we appreciate it does not necessarily represent the views of all the residents and staff members at Ashgrove Care Home.

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