

Enter & View

Report

Ardenlea Court Care Home

21st February 2018



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Part of the Healthwatch Solihull remit is to carry out Enter and View Visits. Healthwatch Solihull Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Solihull 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 Healthwatch Solihull safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Ardenlea Court Care Home (BUPA)
Address: 3 39-41 Lode Lane, Solihull, B91 2AF
Service Type: Nursing home; caring for adults over 65; dementia; physical disabilities
Date of Visit: 21 February 2018

Authorised Representatives

Name: William Henwood **Role:** Observer and Author
Name: Scott Baldwin **Role:** Observer

Purpose of Visit

CQC inspection in May 2017 (Report published in June 2017), Ardenlea Court was rated as requires improvement in all 5 areas, safe, effective, caring, responsive and well led. CQC noted that the provider was aware of most of the concerns and had already started to take steps to improve the service. There should have been time to make all the necessary improvements and we would like to see if the home is now being run well with good standards now in place.

The methodology to be used is to:

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints
- Speak to staff about training, turnover, support staffing levels
- Observe interaction at all levels between residents, staff manager, and visitors

And in particular:

- Have more staff been employed, both in nursing and care, or changes to working patterns introduced since the last CQC visit in order to ease pressures on staff and allow for more individual care to be given to residents?
- Do the residents feel that the staff have sufficient time to care for them as an individual?
- Are residents who need support at mealtimes receiving enough support in eating and drinking?
- Have staff received specific dementia training in order for them to be able to provide appropriate care to people living with dementia?
- Activities - what activities are available to residents as groups and on an individual basis? Are residents supported to follow their hobbies and interests? Are you now able to provide reminiscence therapy? Are any outings arranged for residents?

Physical Environment

External

The home is well signposted from the nearby main road (there is another BUPA home with a similar name and other care homes nearby). Parking appeared to be adequate.

This is a relatively modern home, purpose-built in traditional materials on two floors, and looked very well-maintained.

There is a large enclosed garden area at the rear, with easy access from ground floor lounges. This was a winter visit, but covered and open areas with seating, planting, bird feeders etc. looked pleasant and welcoming.

Within the garden area, though away from seating areas, a pile of discarded furniture was observed awaiting disposal. Beyond this, a gate to the front of the site was unlocked and open when it should not have been, as it allowed unauthorised access to the ground floor. This was, however, promptly attended to and rectified.

Internal

Entry to the locked front door is by intercom. The home does not have CCTV.

In the spacious reception area, a signing-in and out book (which we were asked to sign on arrival and departure), a suggestions box, complaints procedure, privacy notice, menus, and an up to date activities calendar were all observed.

There was also a board with many photographs of recent activity sessions with residents. It was confirmed to us that consents for display of photographs are obtained from residents, or for those lacking capacity, from family members.

The ground floor houses Intermediate Care and Nursing units.

The first floor is occupied by people who live with dementia.

Access to the first floor is by keypads on doors to stairs, and to and from lift.

An odour was noticed in a first-floor lounge - we were told that this room is to be refurbished and redecorated.

The dining rooms on both floors were spacious.

Corridors were wide. Dementia unit residents' rooms have doors in a variety of colours, plus memory boxes with names, photographs etc., features which are beneficial to people living with dementia.

There is a cinema room and another room where films can also be shown.

The Manager outlined her aspirations for some refurbishment, but overall the wall and floor coverings, furniture, equipment and lighting, decoration and artworks, all gave the impression of high quality and good maintenance.

NHS staff have therapy rooms in the Intermediate Care Unit.

Resident Numbers

The home has 55 registered beds. The ground floor comprises a nursing wing with 8 beds and an intermediate care wing with 18 beds (which are normally for up to six weeks' stay). The first floor has 29 beds for people who live with dementia.

On the day of the visit, 5 beds were vacant, all in the dementia unit. All Intermediate Care placements are funded by local authorities. Of the rest, 10 are currently self-funding. 18 are in receipt of Continuing Health Care funding.

Staff Numbers

Staffing comprises:

Nurses:	Mornings 4, afternoons 4, nights 2
Carers:	Mornings 11, afternoons 10, nights 4
Domestic:.	Mornings 3, afternoons 3
Activity coordinator:	1 full time
Maintenance:	1 plus gardener
Administrator:	1 (currently vacant)
Management:	2
Catering:	2 mornings, 2 afternoons, 1 evenings.

The Manager has been in post for about two months. Ardenlea Court is the fifth home she has managed, her previous appointment having been five years as Manager of a registered home in Leamington Spa. The manager of another nearby BUPA home called in during our visit and has been providing additional support.

We were told that many nurses had left the home's employment during 2017, but that 220 hours per week of new nurses have now been recruited and appointed; they are awaiting induction. The home will then have its full complement of nurses and BUPA permit recruitment to 110% of establishment. In the meantime, a new lead nurse had started work at the home the day before our visit.

72 hours per week of new care staff were being inducted during the week of our visit, but the Manager acknowledged continuing turnover and therefore recruitment continues, up to 110% of establishment.

The domestics, kitchen and maintenance functions are currently fully staffed.

A new administrator is about to start. During the vacancy, other BUPA employees have been helping with this function.

Agency Usage

For reasons outlined above, the home has been and is still heavily reliant on agency nurses and to some extent carers, though this is about to change. Currently 1 BUPA nurse is present on each day shift but there are many agency day nurses. Most nights are covered by BUPA nurses.

The home uses 2 agencies which between them provide a high level of continuity - 3 or 4 agency nurses have been almost permanent.

The home currently has 2 bank nurses. The Manager encourages this arrangement and would like more.

Resident Experiences and Observations

Our visit was at a fairly quiet time of the day, but there appeared to be sufficient staff present in all the units to meet the needs of residents in a timely fashion.

We were told that all DOLS and Mental Capacity Act assessments are now up to date. All residents are assessed prior to admission and MCA forms part of monthly care plan reviews. 100% of staff have now been trained on MCA/DOLS.

A monthly act of worship takes place in the home. The new Manager wants to introduce greater variety and plans to make links with a local group of churches.

Celebration of special events such as Christmas, summer fairs and significant birthdays were described to us.

A GP attends the home every Tuesday. Staff always accompany to GP and hospital appointments - residents would be unable to go alone. And Solihull Hospital is just across the road.

Residents' and relatives' meetings are being reintroduced (there were none in 2017). They will be quarterly - the first is scheduled for 27 February.

We saw a hairdressing room and were told that a hairdresser visits twice a week and knows the long stay residents well. The room is locked when not in use.

Two residents spoken to confirmed that there was a choice of menu at dinner and said that the food was of a good standard. One said that if you wanted a full English breakfast each morning one just had to ask in advance.

Residents living with dementia were unable to express views, but those seen interacting with staff gave the impression of being content and were seen being treated with dignity and respect.

Activities

We spoke to an enthusiastic and experienced (7 years) full-time Activities Coordinator who works 38 hours per week, Monday - Friday. She has had BUPA training on activities and their coordination. She has access to a budget for activities and is also involved in fund-raising through raffles, fetes etc.

A full activities schedule for the current week was given to us. This includes daily 1:1s in residents' rooms, daily breakfast club, group sessions, sessions to which all residents are invited, visits by a P.A.T. dog, progress mobility, skittles, relaxation hand massages, film in cinema room, knitting, reminiscence, music quiz etc.

We were told that carers also do activities - 1:1 ball throwing and catching was observed with a resident who lives with dementia. The Coordinator also leaves equipment for weekend activities led by carers (board games, puzzles etc.) in lounges).

Entertainment is provided by outside artistes (singer etc.) 2-3 times a month.

The home does not have its own accessible transport. Outings ideally take place at least twice a year, but we were told that these are now severely limited by the high dependency of residents and the lack of availability of Community Transport vehicles able to accommodate multiple wheelchairs.

We were, however, told that one of the residents goes to play bingo once a week.

Family and Carer Experiences and Observations

We were told that most residents have regular family visitors.

A group of family members of current and past residents meet monthly.

A resident's visiting family member said that the staff at the home was very friendly and welcoming to her and that she was made to feel welcome at the home. She said that staff members would come and sit down and have a chat with the relatives. She could visit her relative at any time.

Catering Services

We did not observe a meal being prepared or served but spoke to kitchen staff. Menus were displayed on boards in the reception areas and each dining room and the cook explained a four-weekly rota system. The menus always provide a choice and alternatives. Choices of main meals are made the night before. 'Night bites' are left out between 6.30pm to 6.30 am. The Manager wants to add hot soup to this selection. An allergens notice was also on display in dining rooms.

The manager told us that nurses as well as carers now assist at tables during main meals, ensuring that residents who need help at meal times receive this in an appropriate and timely manner.

We were told that cultural sensitivity in food is observed and that families can bring in food to suit.

Staff Experiences and Observations

We were told that weekly clinical meetings and monthly staff meetings are held.

BUPA conduct all mandatory training. Two Solihull Hospital nurses help with specialist nurse training (syringe driver, catheter, end of life etc.) in the home, which has room space for such training.

The Manager told us that all staff have now received training on working with people who live with dementia.

A long serving carer said that she was happy working at the home.

Staff members sat and spoke with us and were eager to be asked questions. They said that residents could be accompanied to go shopping but, more often than not, staff members would bring in things for them.

Summary, Comments and Further Observations

Following a period of change and high staff turnover, the new manager is confident that recent staff appointments and her programme of improvements will restore stability to the home.

On the day of the visit, we observed high standards of comfort, adequate levels of staffing, generally person-centred care, and what appeared to be a full and varied programme of meaningful activities.

Recommendations and Follow-Up Action

A follow-up visit is needed to ascertain that retention of appropriately qualified and experienced staff (especially nurses) has been achieved and maintained, and that residents are benefiting from this through the level and quality of care provided.

Provider Feedback

TO BE FILLED IN BY HEALTHWATCH ONCE FEEDBACK RECEIVED

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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