



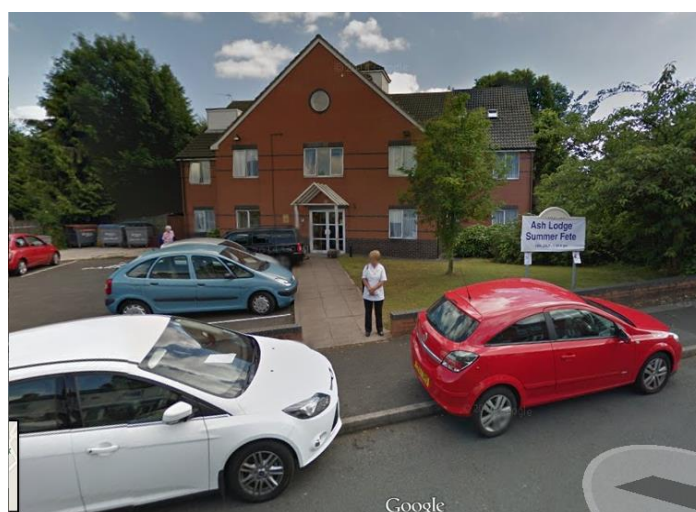
Enter and View visit report

Ash Lodge Care Home

4th September 2015

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Acknowledgments

Healthwatch Sandwell would like to thank the management of Ash Lodge Care Home, staff, residents and visitors for their contribution to our Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on the specific date of our visit. 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.

Visiting Team

The team of authorised representatives carrying out this visit were Khushvinder Chahal, Rachel Collins, and Parminder Dhani. They were accompanied by our staff support officer Paul Higgitt.

Purpose of the visit

- A program to examine the delivery and quality of care provided at Residential and Nursing homes in Sandwell
- To engage with service users of care homes and understand how dignity is being respected in a care home environment
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings. Capture the experience of residents and relatives and any ideas they may have for change.

Methodology

The visit was announced in the morning of the 4th September with the visit taking place at 2pm.

Whilst our team were in possession of the latest Care Quality Commission (CQC) Inspection report, we were not basing our visit on the content of this report.

Ash Lodge is a residential and nursing home for adults with dementia, physical disabilities and frail residents with social care needs. Ash Lodge also provides detailed palliative care for a number of residents.

This home accommodates 54 residents of which 34 nursing and 20 residential. The ground floor accommodates residents predominantly requiring nursing care whilst the 1st floor consisted of residents with dementia.

On arrival at Ash Lodge we were met by Tristram Hegarty who welcomed our visit. During our interview with Tristram Hegarty (Clinical Lead) we were impressed with his knowledge of the home and the nursing standards required by the residents.

We were initially given a tour of the home. First observations were the home was busy and clean and well maintained. Upstairs flooring had recently been laminated which helped with general cleanliness and infection control. The ground floor carpets were planned to be replaced with laminate flooring.

Ash Lodge is owned by Care First (Smethwick) Limited.

Majority of the residents living at Ash Lodge were residents of Sandwell.

We also gave friends and family members the opportunity to put their views forward regarding the level of care. Anonymous questionnaires were made available at the home with self-addressed envelopes. From the 6 responses we received all highlighted that they were happy with the level of care to family members and friends.

Summary of findings

At the time of our visit, the evidence we observed:

- That Ash Lodge provides a good quality of care.
- The planning of care is well organised and care plans are comprehensive. Staff had access to plans to cover peoples changing needs and these are regularly reviewed with family members.
- Activity Co-ordinators ensured both group and individual social activities were provided.
- Nutrition is well maintained with direct support to those with eating and drinking difficulties. In discussions with some residents the following views were expressed: choice was limited, however snacks would be provided if requested.

- Paperwork on policies, procedures and guidelines were comprehensive and we were able to see any of these documents at the time of our visit.

Additional findings

Residents felt safe and secure in the home.

We were informed about the quality of food on offer.

Rooms were warm and individually temperature controlled.

Residents and families are involved in key decisions regarding an individual's care plan.

Recommendations

We would recommend that Regent Street Medical Centre ensures that GP's attend the home when requested to ensure that the correct treatment is provided to the residents.

Service Provider response

I would like to inform you that we have reviewed our food menus with the assistance of our residents and relatives and have implemented a new menu which offers more choice (their choice).

I would also like to respond to the Enter & View visit by saying Thank you for visiting Ash Lodge, and Thank you for this positive report. It was a pleasure meeting your team and we appreciate your feedback and look forward to seeing you again in the future.

Results of Visit

Residents

On the day of our visit residents were involved in a variety of activities in a number of the communal areas, they were also happy to talk to us freely and most seemed happy.

Staff

On arrival in reception we observed a comprehensive visual display of staff who work at the home including;

Management & Administration

Nursing

Activity Co-ordinator

Clinical Lead

Lead / Senior Nurses

Ancillary Staff

Chef & Catering

We were informed that there was a comprehensive staff training programme which included COSHH, Customer Care, CPR, Dementia Awareness, Diabetes, Dignity in Care, End of Life Care, Epilepsy, Quality and Diversity, Fire Risk, First Aid, Food Safety, Infection Control, Mental Capacity, DOLS, Moving and Handling, Pressure Sores and SOVA training. We were also informed that there were regular team meetings that took place to discuss staff and residents needs whilst giving staff an opportunity to share general information. In addition to this staff were given individual supervisions.

On speaking to a Carer (senior in training) we were told that there were opportunities for staff to progress through training and development and that the progression of staff within the organisation is warmly welcomed by managers.

Staff all worked for *Care First (Smethwick) Limited* with some bank staff. If bank staff were not available agency staff would be used.

Environment

Ash Lodge has a very welcoming atmosphere throughout the home. The home was very clean and tidy whilst the communal areas were designed to have a homely feel for residents. There were no objects obstructing pathways and equipment was kept clearly out of the way.

We observed a number of visitors who are encouraged to visit relatives throughout the day.

We were informed that there are evacuation plans and a clear fire risk policy. The home is monitored by the local fire service and corridor doors are designed to withstand fire over an acceptable period of time.

During our tour we observed that the main medicines room door was wide open. We had pointed this out upon which the Clinical Lead asked a member of staff to close and lock the room. We were however informed that controlled drugs were locked up and only accessible by nurses.

We discussed fire evacuation procedures with the Clinical Lead. We were informed that they have a fire drill where all staff make their way to the reception area. The home has confirmed that the property is inspected by the fire service annually as part of their ability to operate. The last inspection was undertaken in May 2015 and the fire service were satisfied with the procedures in place. A certificate was issued by them and is available to view in their file with the latest CQC inspection reports.

Interaction between Residents and Staff

There were 2 Activity Co-ordinators at Ash Lodge with the role of arranging activities for groups of residents or individuals.

Some of the activities particular for residents with dementia included reminiscence sessions, looking through photographs / letters, and life story discussions. We also heard a variety of music including music from the olden days to modern.

There were also displays, murals and pictures on the walls to make the building feel more homely

Promotion of Privacy, Dignity and Respect

We observed many of the resident's individual doors being wide open. We were told by staff that this was down to choice of the residents, unless there is a communicable infection in which case resident's doors would be closed.

Also present in the reception area we observed a poster promoting Dignity Standards. We also observed staff talking to residents in a caring and respectful manner.

All residents observed in the communal areas were dressed in day attire.

Involvement in Key Decisions

The care team at Ash Lodge liaised with Hospice at Home Team in relation to palliative care however majority of the caring needs of residents were provided by staff at Ash Lodge.

Relatives were regularly kept up to date with the health and condition of residents. Residents and family were also involved in care decisions, and in relation to end of life decisions.

Assessments of Needs, Care Planning

There were a number of residents requiring end of life care. Residents and families were thoroughly involved in decision making regarding palliative care, treatment and medication.

We were given access to individual care plans which were regularly updated and kept a comprehensive record of individuals care requirements.

We were informed that if residents had been in hospital for more than 7 days and returned to the home then the individuals care plan would be reviewed in case the care requirements had changed.

It was highlighted that Ash Lodge had been closed to members on the public for a week in July due to an outbreak of Diarrhoea and Vomiting. Family members were encouraged to stay away but were regularly telephoned to communicate how their relatives and friends were doing. The sectioned fire doors also help to minimize the spread of infection / viruses

All residents are also weighed weekly.

Ash Lodge has recently had a CCG (Clinical Commissioning Group) medication review which was excellent.

On speaking to the Clinical Lead concerns were raised about Regent Street Medical Centre in Smethwick in relation to the poor attendance of Doctors who had been

requested to visit residents who are unable to attend the surgery. In many cases a GP would not visit but an Advanced Practitioner Nurse would visit instead. Staff highlighted that they were not happy with this situation.

Concerns/Complaint Procedure

The Clinical Lead showed us a copy of the complaints procedure. Residents we spoke to all said that they were aware of the complaints process and they felt that they had the confidence to speak out or make a complaint if necessary.

Any complaints are discussed and reviewed with residents and their family members.

Food & Fluids

Residents we spoke to said that food on a whole is good, and nutritious.

There are several chefs and catering staff. Many of the residents are on specific dietary care and nutritional plans. Depending on the complexity of a residents nutritional needs food may be soft, moist, pureed or thickened in the interest of resident's needs. There is however choice and the menu is changed on a regular basis.

However we were told by some residents who gave mixed views regarding the choice of food.

We also observed that fluids were available in each room and in some of the communal areas.

Residents are encouraged to take fluids of at least 1200 ml where required. There is a link with Sandwell SALT (Speech and Language Therapist) where in circumstances where a resident is losing weight or is having difficulty swallowing they would be given additional support.

Staff at Ash Lodge use a recognised Malnutrition Universal Screening Tool (MUST) to monitor resident's nutrition and liquid intake. All residents have fluids available in their rooms and in communal areas.

Ash Lodge also has a 5 Star rated Scores on the Doors for Food Hygiene.

Activities

In discussion with some residents it was felt that more activities out of the home would be beneficial. The residents we spoke to did not participate in many communal activities but this was down to choice.

In speaking to the Clinical Lead we were informed that staff were looking at developing an 'All about Me' in care plans. This would be looking back at resident's life experiences and writing their story.

We were informed that if residents went out to the shops or visits that they were given 'information cards' on who they were and where they live etc. in case they are confused or unaware of their surroundings.

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 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, 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform 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 CQC where they are protected by legislation if they raise a concern.