

Enter and View Report.

Announced visit to:

Ashcroft House Nursing Home

10-12 Elson Road. Formby, Merseyside.

L37 2EG

Wednesday 20th March 2019, 2pm.



What is Enter and View?

Enter and View is about seeing and hearing for ourselves how services are being run and allows Healthwatch Sefton to collect views at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Enter and View visits are conducted by 'Authorised Representatives' for Healthwatch Sefton who are trained volunteers and staff members. The full list of authorised representatives can be found on our website: <https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced (we plan the visit with the service provider) or unannounced (when the service doesn't know when we are visiting).

All Enter and View visits have a clear purpose as identified by Healthwatch Sefton to ensure effective evidence gathering and reporting.

The Local Authorities (Public Functions and Entry to premises by Local Healthwatch Representatives) Regulations 2013 allows local Healthwatch 'Authorised Representatives' to collect the views of service users, patients and residents, collect the views of carers and relatives, collect the views of staff, observe the nature and quality of services and provide feedback.

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 use the service first hand.



Acknowledgements

Healthwatch Sefton would like to take this opportunity to thank staff on duty at the time of the visit. We would also like to thank the residents for taking the time to speak to us and for their contribution to this announced Enter and View visit. We would also like to thank the manager, staff and family members for taking the time to fill out surveys and return them to us.

Please note that this report relates to the findings observed on the specific date and time of the visit and feedback from staff, residents and family members. 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.

The visit also takes into consideration that some of the residents spoken to, may have an illness and/or disability, including dementia, which may have an impact on the information that is provided.



General Information.

Ashcroft House Nursing Home provides accommodation and nursing care for up to 31 older people. There are gardens to the front and the rear of the premises. A large car park area is located at the front. The service is located close to the centre of Formby and near to Formby train station.

https://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473783682.pdf

At the time of the visit, there were 22 individuals who were living at the home. During the visit, the manager shared that there are residents who have Dementia living at the home, but the nursing care they provide, outweighs the Dementia care provided.

Purpose of Visit

Our visit to 'Ashcroft House Nursing Home' was conducted as part of a series of pre-arranged visits to care homes across Sefton. National charity, Independent Age, have been carrying out research looking at the things that older people and their families want to know when choosing a care home, as well as consulting care experts for their views on what are the most useful indicators of quality. We used the surveys which were used as part of this work to gather information from the manager, staff, residents and family members, as well as observing a number of different areas.

Findings from this visit will help individuals and families make more informed decisions, while also helping the Care Quality Commission (CQC), local authorities and Clinical Commissioning Groups (CCGs) to build up a comprehensive picture of quality in care homes.

Through this work we aim to:

Provide a different type of information, based on personal testimony, to help fill the gaps in what people can find out from the Care Quality Commission, the local authority and the care homes themselves.

Seek out and share best practice and provide feedback to care home providers based on our observations.

Type of Enter and View visit undertaken

This was an announced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton:

-  Betty Boner
-  Maurice Byrne
-  Ken Lowe

*On the day of the visit, with little notice, one of the Enter and View team members informed us that they were not well and therefore the visit was undertaken by a team of three representatives.

How the visit was planned.

The visit is not an inspection, but offers a lay perspective rather than an in-depth formal inspection.

This visit was pre arranged as part of Healthwatch Sefton's work plan. A meeting with the manager (Selena Welch) was arranged to discuss the visit and the date and time of the visit was agreed in advance. Posters were sent to the home, to make sure that staff, residents and friends and family were aware of the visit (Appendix One).

The aim of this programme of work is to observe services provided by Sefton based; residential, nursing and care homes, consider how services may be improved and share good practice.

The team of trained Enter and View authorised representatives record their observations along with feedback from residents, staff and where possible residents, families and friends. Surveys were left with the manager for completion by the manager, staff and family members. Copies of the surveys are available on request.

Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise during the visit, they are reported in accordance with Healthwatch Sefton safeguarding policies.

The team write a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the service to check the facts/information within the report. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website: www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view



Observations

Exterior of the building.

Exterior	Excellent	Good	Okay	Poor	Terrible
Parking	☆				
Signage	☆				
Controlled Access (inc. directions on how to gain access/security).	☆				
Physical Access (inc. disability access)	☆				
Upkeep of grounds	☆				
Upkeep of building's exterior		☆			

On arriving at the home, we considered the external environment including upkeep of the grounds, parking, signage and physical access.

The gardens were well kept, accessible and very pleasant. We did notice that the roof fascia required some attention and that the external metal work needed repainting.

Reception

Reception	Excellent	Good	Okay	Poor	Terrible
Information provided on care home	☆				
Décor	☆				
Freedom from obstructions and hazards	☆				
Lighting (inc natural light)	☆				
Hygiene, cleanliness (free from odours)	☆				

As you can see from the above, the reception area was observed as being excellent, with information on the home being available as well as it having natural light

Corridors, Lifts and Stairways.

Corridors, Lifts and Stairways	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. grab rails etc)		☆			
Décor		☆			
Freedom from obstructions and hazards	☆				
Hygiene, cleanliness (free from odours)	☆				
Lighting (inc. natural light)	☆				

Again, in observing corridors and stairways, the areas were free from obstructions and hazards, were free from odours and had natural lighting. We didn't observe hand/grab rails.

Dining Area.

Dining area	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)	☆				
Décor	☆				
Freedom from obstructions and hazards	☆				
Hygiene, cleanliness (free from odours)	☆				
Dining Area (ambience/atmosphere)	☆				
Lighting (inc. natural light)	☆				

As you can see from the observation ratings for the dining area, it was observed as being an excellent area of the home. During the visit, we observed that cold water was freely available. There was a television in the dining area.

Communal sitting area(s).

Communal Sitting Area	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)	☆				
Décor	☆				
Freedom from obstructions and hazards	☆				
Hygiene, cleanliness (free from odours)	☆				
Communal/ Sitting area (general ambience)		☆			
Lighting (inc. natural light)	☆				

As you can see from the observations, the communal sitting area was rated as being excellent and good. Throughout the duration of the visit, it was observed that there was music playing in the room called the 'quiet room' which was situated at the front of the home and throughout the other communal sitting

areas. We spoke with the manager about this and we were informed that the music could be turned off. Selena, the **manager** also shared with us that there is evidence that music has a positive impact, especially in end of life situations. There were no televisions in any of the communal areas.

Kitchen facilities/Food preparation area.

Kitchen facilities/ food preparation area	Excellent	Good	Okay	Poor	Terrible
Facilities (e.g. Sinks, Fridges)	☆				
Décor	☆				
Hygiene, cleanliness (free from odours)	☆				
Health & Safety (e.g. are knives stored safely)	☆				
Lighting	☆				

As you can see, the kitchen area was observed as excellent.

Bathroom/Washing/Toilet Facilities.

Bathroom/ Washing/ Toilet facilities	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)	☆				
Décor	☆				
Freedom from obstructions and hazards	☆				
Hygiene, cleanliness (free from odours)	☆				
Assistive equipment available	☆				
Lighting (inc. natural light)	☆				

In observing bathroom areas they were all observed as being in excellent condition.



What we learnt from talking to the manager, staff, residents and family members.

During the visit we were only able to speak directly with one **resident**. Following the visit three members of **staff** shared feedback using a questionnaire which we had left at the home for them to return to us anonymously as did the **manager**. Three **family members** also shared their views on the home following the visit which provided us with a greater understanding of how their loved ones are being cared for.

The **resident** we spoke with told us that they were happy and had no complaints. **Family and Friends** agreed that their relative/friend were happy.

- “Although they can’t communicate, I know that she is content and so am I”
- “My wife is very happy under the circumstances, but would rather be home. She realises I would not be able to cope. Perhaps content rather than happy”
- “Yes. Certainly is very happy here”

During the visit, we observed **staff** being respectful, and talking to **residents** in a kind manor.

We observed **residents** to be well dressed and cared for. **Residents** who we spoke to and observed appeared very happy.

Have a registered manager in post.

The **manager** told us that they were attracted to the role as they felt they had gained the skills to make a difference and run an effective, caring, well led care home that is reflective to the needs of the **residents**. The **manager** enjoys making a difference and adding quality of life to her **residents**. She enjoys developing the team and being able to offer training to staff so that they have a good understanding of why they are doing tasks. Staff are encouraged to develop their skills and are enrolled onto National Vocational qualifications (NVQ) courses. This supports to create a culture where learning is at the centre of everything that they do.

The **resident** we spoke with could tell us the name of the **manager** and shared that the *“manager was very capable and that she listened”*.

Family members strongly agreed that the **manager** was strong and visible, on hand to help and has a good relationship with other care home staff.

-  *“Honest and open. If we need any information, the manager will find out for you. The manager often greets us”*
-  *“The manager always encourages feedback and has carers who care”*
-  *Nearly always around and aware of what is happening – seems to have a good relationship with her staff”*

Staff members also agreed that there was visible management within the home. There was a suggestion however that the **manager** should use the office space downstairs more often rather than the one upstairs.

-  *“The manager is always willing to deal with any issues which family or staff have. She is very approachable and pleasant at all times and cares for her staff and residents every needs with a smile”*

Getting to know residents and recording changes to health and care needs.

Selena, the **manager** shared that prior to a patient arriving, the staff team are told as much as possible. During day and night handover periods this continues, and as more information is gained about the new resident, this will be shared and helps to support the development of the care plan which the team has access to.

Family members strongly agreed that staff have good knowledge of their relatives and their conditions and shared that staff explain things well in a way that people understand. They have access to their relatives care plans and we were told that they are always available. We were told that as a relative they felt that they were aware of the day to day care and that comments or queries in relation to care plans were always responded to.

Two members of **staff** agreed that they had good knowledge of individual residents, with one disagreeing. During the visit we were made aware that the home uses very little agency **staff** and that there were a number of **staff** who had worked there for many years. An issue shared by one member of **staff** was that sometimes information gets forgotten to be passed on. One member of **staff** shared

 *"I have learned many things about each resident, their likes & dislikes, their mannerisms and mood swings"*

Time to care for residents and staffing levels.

The **resident** we spoke with told us that staff have the time to stop and chat with them and that staff knew what they liked and didn't like. The **resident** shared that they liked the staff working at home.

Two **family members** strongly agreed that staff had the time and skills to care for their residents with a further **family member** agreeing. Family members

told us that staff were always busy and that there were plenty of staff on hand during the day.

- 🍌 *“Plenty of staff during daytime, no knowledge of night staffing but have heard no criticism. Staff seem well trained in using equipment and are always caring and cheerful with patients”*
- 🍌 *“I think the staff do a great job, but they constantly on the go. I tend to visit at evening meal time to feed my mother as it is quality time for me and one less for the staff to cater for”*

Two members of **staff** shared that they didn't think they had the time to properly care for **residents** and reasons shared included they were short staffed and that the work load was too heavy. A member of **staff** who worked during the night felt that there was enough time with two carers and a nurse on duty to give the time and attention needed to all **residents** needs.

The **resident** we spoke with was aware of the alarm/ call system in place and shared that staff came quickly when they needed to use it.

- 🍌 *“Just press a button, they do turn up”.*

Offer a varied programme of activities and support residents to get involved.

The **resident** we spoke with, told us about a quiz that they like to get involved with and that it was easy to join in with activities. When asked if they got the chance to do any of the things they enjoyed prior to moving into the home, we were told that they did and shared outings to Blackpool where they had eaten fish and chips. They didn't get to go out shopping and told us that *“they would need money to buy something”*.

Family members agreed that the home has a varied programme of activities and we were told about a number of indoor activities including; quiz's, chair based exercises, singing, playing skittles and card making. We were also told

about a hairdresser who visits the home. One **family member** told us that staff read to their relative in their room as their condition meant that they could not participate in many of the activities and the manager confirmed this by telling us about a volunteer who calls into the home once a week to read and that activities are matched to residents abilities on an individual basis. There was a suggestion that perhaps different activities could be undertaken in the summer months. A **family member** shared that there was no timetable of activities available as far as they were aware, but that there might be one. However, Selena, the **manager** told us that there is a timetable and that there is an activity coordinator in place. Despite there being an activity, co-coordinator, **staff** shared that the coordinator only visits the home once a week and that **staff** had to assist residents at all other times to engage in the activities. Two members of **staff** did not think that there was a varied programme, with one sharing that there was too much expectations placed on staff to provide the activities, as well as their own caring duties.

Offer quality, choice and flexibility around food and mealtimes.

The **resident** we spoke with told us that they thought the food was excellent and that there was always plenty of choice. They were able to choose to eat their meals in their own room where they felt most comfortable. Feedback from the **manager** also confirmed this in telling us that staff delivered patient centred care and that **residents** were able to choose when they eat, where they eat and what they eat.

The **resident** also told us that snacks and drinks are available and they include tea and cakes. The **resident** enjoyed mealtimes, and particularly liked porridge. Selena, the **manager** shared that they are able to go out and purchase any requests for food and that there is always fresh fruit available to both **residents** and **staff** and snacks are given out on request.

Both **staff** and **family members** shared that food was of a good quality and that there was choice around food and mealtimes.

- 🍌 “I am always offered a meal when I am here visiting”
- 🍌 “There is usually a fixed meal, but there is always something else”
- 🍌 “They make omelettes when we ask”
- 🍌 “If she doesn’t like what’s on offer, an alternative to find”
- 🍌 “Visitors can partake and I have often been asked”
- 🍌 “The food requirements are excellent”

We asked the **manager** how they try to make mealtimes sociable and they told us that they play music during mealtimes, **residents** sitting at the tables being able to talk to other **residents** and **staff**.

Access to health and care.

We were informed by the manager that on admission, residents who need to are registered with a dentist and annual eye tests are carried out. **Staff** also confirmed this

The **resident** who we spoke to told us that they had recently received new glasses and that their teeth were in perfect order. They still saw their own GP and we were told that they had received their flu jab.

A **family member** told us that they can make arrangements to take their relative to their own dentist, optician and hairdresser and that the home were happy with this as long as they were informed. One **family member** wasn’t aware of visits to the dentist or opticians, but knew about visits from Podiatrists.

Accommodating resident’s personal, cultural and lifestyle needs.

The **resident** we spoke with shared that their birthday was celebrated as where other religious holidays and that their religion/culture were respected. **Family members** agreed and we were told about being able to take their relatives out to local church services and that Holy Communion was provided within the home setting. The **manager** provided an example and told us that

during the admission process they ask about cultural, religious and spiritual backgrounds, jobs and achievements, favourite places they have lived and this is all recorded in the individuals care plan. Care plans are then made to reflect those needs.

Open environment where feedback is actively sought and used.

Staff informed us that they felt that that home tries to find out and use feedback and suggestions to improve how the home is run.

Two **family members** strongly agreed that the home tries to find out and respond to their views and suggestions about how the home is run. One neither agreed nor disagreed. We were told by one that they received a lot of help from the home, especially compared to that previously offered from social services or the NHS. We were told that the **manager** always encourages feedback and that regular meetings were held for both **residents** and their relatives and any questions raised were answered and acted on. Selena, the **manager** told us about the homes 'open door' policy and that she is visible on the floor. Selena has good relationships with both **residents** and **families**.

In terms of staff being able to have a say, the **manager** told us about regular staff meetings at which staff have the opportunity to make any suggestions on how things can be improved or changed. Staff are listened to and changes are often made.

The **resident** we spoke with shared that they had never complained but did share that they would like a softer bed with a feather pillow. If they did want to complain they told us that they would *"press the buzzer and tell a member of staff"*.

Staff

All three members of **staff** told us that they enjoyed their job with one sharing that "pay could be increased, to stop a lot of the stress".

Another **staff** member shared; *“I love my job. I enjoy the challenge each shift brings as no two shifts are the same. I love the residents and all their quirks and mannerisms and I enjoy the staff I work with.”*



Safeguarding Observations

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but if concerns arise during the visit they are recorded. There were **no** safeguarding concerns identified at the time of the visit.



Conclusions, recommendations and considerations.

Members of the Enter and View team fed back that this had been a very positive visit, being welcomed by the staff and residents. In reviewing all areas, the home is rated in the majority of areas as either excellent or good.

- The exterior of the home is excellent, with signage, parking, disability access and controlled access being of a high standard.
- Corridors and stairways were free from hazards, were clean and had natural light. We didn't observe any hand/grab rails.
- All aspects of the dining area were observed as excellent.
- Communal sitting areas were also excellent. Our only observation was the use of music in the areas and that there was no communal television.

- 🌱 Bathroom, washing and toilet facilities were observed as excellent with there being disability access and assistive equipment available.
- 🌱 During the visit, we observed staff being respectful and talking to residents in a kind manner. We observed residents to be well dressed and cared for. Residents, who we spoke to and observed, appeared to be happy.
- 🌱 Residents, staff and family members told us that there was strong, visible management at the home. Positive relationships are in place.
- 🌱 During the visit we were informed that the home uses very little agency staff and there are a number of staff members who have worked there for many years.
- 🌱 Family members strongly agreed that staff have good knowledge of their relatives and their conditions and have access to their care plans.
- 🌱 Two out of the three members of staff shared that they didn't think they had the time to properly care for residents and the reason for this was work load and staffing.
- 🌱 A variety of activities are available including quizzes, chair based exercises and singing. An activity coordinator comes into the home once a week, with staff supporting residents to engage in activities at all other times.
- 🌱 Residents, family members and staff all shared that the quality of food, choice and flexibility around food and mealtimes was excellent.
- 🌱 If a resident is not registered with a dentist and optician, this will be undertaken as part of the admission process.
- 🌱 Resident's personal, cultural and lifestyle needs are fully supported.
- 🌱 We were told that the manager always encourages feedback and that regular meetings are held for both residents and their relatives. An open door policy is in place.
- 🌱 All three members of staff told us that they enjoyed their job.

One **family member** wanted us to share the following:

"No issues, other than to tell you that Sefton have a well run care home that they should be proud of".

The following table shows the areas which we raised with the manager for consideration and other comments which they shared back with us.

We will be following up on all of the issues we have raised and the issues shared by the provider.

Healthwatch recommendations following the visit.	Response from the provider
Recommendations relating to the exterior of the home.	
The roof fascia requires some attention.	This work is included on the maintenance plan
External metal work needs to be re-painted.	This work is included on the maintenance plan
Recommendations relating to Corridors, lifts and stairways	
To review the need for hand/grip rails in corridor areas.	A hand rail audit will be completed and the findings implemented
Recommendations relating to Communal sitting area(s)	
To consider having a television in one of the communal sitting areas	There is one TV in the middle lounge.
To review the use of music in the communal sitting areas. Has this been discussed at a resident/relative meeting to evidence feedback?	Music is played in the front lounge at the request of residents and their family members.
Recommendations relating to the management of the home	
For the manager to consider using the downstairs office on	The manager confirmed that they would use the

a more regular basis.	downstairs office whenever possible
Recommendations relating to activities	
To consider different activities for the summer months.	Our recent CQC report liked our activities, been mostly individual to meet our residents need.
To consider how activities are provided at the home, to lessen the burden on staff.	Our recent CQC report liked our activities, been mostly individual to meet our residents need.



Healthwatch Sefton follow up action

We will now monitor the actions from the visit and will be in regular contact with the home following the publication of the report to ensure that updates are received.

Appendix One: Poster for the announced Enter and View visit.



**We want to know what
you think about:
Ashcroft House Nursing
Home**

**We will be visiting here on:
Wednesday 20th March 2019
14:00**

**Your Healthwatch Sefton
Authorised Lead Representative:
Betty Boner**

What is Healthwatch Sefton?
Healthwatch Sefton is an independent organisation which
visits different health and social care providers to get the
views of the people, family and carers who
use their services.

Contact Us
Call: 0800 206 1304
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