

Enter And View

Anson Court Residential Home
Carried out 19th July 2019



**Local voices
improving local
health and social care**



Healthwatch Walsall is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and will make sure that the views of the public and people who use services are considered.

At a local level, Health watch Walsall will work to help people get the best out of the health and social care services in their area; whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of their services - not just people for who use them, but for anyone who might need them in the future.

Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall 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 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 Walsall 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 Walsall 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: Anson Court Residential home
Address: Harden Road,
Walsall,
WS3 1BT

Service Type: Residential Care Home
Home Capacity: Licensed up to 32 residents. Single occupancy
Date of Visit: 19th July. 2019, 12 noon till 4.00pm.

Anson Court is owned by Manor court healthcare /Registered manager Mrs Diane Ryder.
The last CQC inspection was 19th March 2019 and the report was published 27th June 2019.
Link: <https://www.cqc.org.uk/location/1-115839170>

The report stated that the home is overall rated as “Inadequate”.

Is the service Safe, and Well-led was rated as ‘Inadequate’. Effective, Caring and Responsive was rated as ‘Requires improvement’.

Authorised Representatives

Name: Lynne Fenton
Role: Healthwatch Insight Senior Lead Advocate/ Authorised Representative
Name: Tom Collins
Role: Engagement and Information Lead/ Authorised Representative.
Name: Isla Hussain (training)
Role: Volunteer/ Authorised Representative.

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents.
- To listen to, observe and capture the experiences of service delivery from the residents and relatives.
- We carried out the visit at the request of Adult Safeguarding Walsall CCG.

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 staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

Access is from a slip road to the frontage of the property. There are limited parking spaces. Cars were parked along the road/footpath and on a grass verge. When we pulled up, we noted two staff members were on the footpath smoking.

The building appeared to be in decent/good repair with no obvious maintenance issues. This a two-storey property. Access was via a front door and doorbell, which was not answered for a period 3 to 5 minutes. There is a keypad to the side. There was no sign of CCTV, but there was some exterior lighting.

There is a slabbed courtyard garden in the centre of the property with access from various rooms. It was pleasant, with seating at various points., with raised lower beds. It included a small covered open structure with a chair and a standing ash tray for smokers.

We did not observe any residents using the garden during our visit, although the weather was good.

Internal

Entrance to the lobby is accessed via doorbell. We did not see a visitor's book to sign nor were we asked to sign in.

The reception area notice board displayed the latest CQC report, initial summary page, the certificate of registration and employer's liability insurance. It also displayed a poster about our visit.

The central lobby accesses a dining room, three communal rooms/ lounges as well as the managers office and staff room, various toilets, bathroom and some resident rooms. We noted that the staff room was being used as a storage room with hoists, walkers, chairs and other items. It could not be used for a staff rest area or an area that staff could lock their belongings away.

When we entered the main area of the property there was a noticeable odour of urine.

We requested a tour of the premises. Initially we toured the lower floor and returned to the start point. We entered a shower room which had the emergency/ alarm pull cord hanging over a rail and not free falling as should be. Also, there were fifteen to twenty coat hangers on the shower rail. A safety/ handrail was not fully secure as a bolt was not mounted fully through the fitting. Allowing it to be moving side to side.

The tour continued to the first floor by use of the lift. We looked at a vacant resident room which appeared to be in order. A crash mat was under the bed and again appeared to be in order. The en-suite hot tap was run, and it did not scald to the touch. It was noted that the emergency/ alarm pull cord was also moved and positioned to side, behind a mirror.

We also were shown the secured medication/ treatment room. Medication is stored in a locked cupboard. But we were told that medication is stored two different ways depending who is storing it. One way, storing medication by alphabetical order, second way by patient alphabetical order. It is felt that this could be confusing and there should be only ONE system used that ALL appropriate staff use.

We also noted that a secure medication cupboard had been mounted on the wall upside down. Labels and locks were upside down. Though items stored within the right way up.

One bathroom on the upper level was marked as OUT OF ORDER. Fire extinguishers were in date, due to be checked and maintained December 2019. Fire exits were clear and clearly marked. With an evac chair near stairs on upper level. We were told the last fire evac was June 2019 and fire checks are carried out every two months.

We checked several hand sanitisers throughout the building on the lower and upper floor and all dispensed appropriately.

The interior was generally OK but did appear tired in places. Furniture was a mix of material, vinyl and leather, again of mixed condition. There were some maintenance issues, although they were addressed whilst we were there.

Resident Numbers

At the time of our visit there were 28 residents, though capacity is 32.

Agency Usage

We were informed that agency staff are used to cover shifts. We noted one on shift during our visit.

Staff Numbers

On the day of our visit the registered Manager was on annual leave. There was a mentoring Manager from a sister home, a Senior/ Deputy Manager

Mornings - 4 Carers and 1 Senior
Afternoons - 3 Carers and 1 Senior
Evenings - 3 Carers and 1 Senior
Nights - 3 Carers Senior on call.

We asked several times what staff numbers currently were and what vacancies there were. We established that there were 5 staff vacancies across Carers and catering.

Resident Experiences and Observations

Healthwatch visits are linked to the 8 principles of care:

- Essential services.
- Access.
- A safe, dignified quality service.
- Information and education.
- Choice.
- Being listened to.
- Being involved.
- A healthy environment.

We spoke with three residents, four relatives, four Staff members who were: the Cook, Deputy Manager, Carer and chatted with the Mentoring Manager

We chatted with three residents at the home on our visit. We observed that all the residents appeared to be clean and generally well kempt.

We asked about choices that they have, including; what they wish to wear for the day, food and drink choice and availability when they wish to go to bed and their personal care choices. All three residents felt they were given choices, in day to day life

We asked the three residents if they had access to a GP opticians' dentist, chiropodist. Two said they did, one said she was unsure.

Family and Carer Experiences and Observations

During the visit we spoke to four relatives about the care and support of their relative(s).

Three said they could visit at times they wanted to, One said the home had protected mealtimes and they respected those times. But all relatives felt welcomed by staff.

We asked relatives if they were kept up to date and were well informed about their relatives' care/support.? Relative one said, "staff are on the telephone to me immediately there is a need", "I love the staff here, they are understanding and supportive. They explain everything to me in layman's terms, I am given facts." "Staff are very supportive here of my mom and her needs".

Relative two said she was unsure if her relative received culturally appropriate food. We asked staff who confirmed that they were receiving Halal meat.

Relative three, said "My husband is accommodated with everything here. I have support to support my husband". "I feel people are looked after well in this home, whatever I ask for ,it will happen", "Staff don't take people out of the home due to their dementia, I take my husband home regularly to have a soak in our bath, although this can be done here".

We were unable to speak to other relatives to confirm if their relative leaves the home socially with staff.

Relative four said she felt staffing levels were low during the day. Clothing of her relative would get lost, and would have someone else's clothes to wear, even though his were marked with his name.

We asked if there were ever any relatives' meetings in the home? relatives one and two said there were no relative meetings, one saying you can speak with staff privately at any time. Relative three and four made no comment

We asked the relatives we spoke to if they had ever fed any suggestions back to the home to make changes.? Relative one said she had suggested supplying biscuits with drinks, and a menu change, both suggestions were carried out she said.

Activities

There were two televisions on in the same lounge, both muted of sound on different channels. We asked this to be looked at and that the resident's choice of channel be put on both TVs if they wished with volume. We observed staff discussing this with residents.

We were informed there is an activity coordinator who works 3 days a week, and there is a folder to identify activities. We saw no activities when we were there, and no activity coordinator was present on the day.

Catering Services

The home has a food hygiene rating of five out of five.

Link to Food Standards Agency website: <https://tinyurl.com/y29m69jm>

We were told that residents are offered a choice of menu, we noted three main meal choices on the menu and being served. Residents were seated sociably with condiments available and in reach. Cold drinks were available to residents throughout the service. It was observed after lunch a drinks trolley went around which was offered to residents

After lunch was served, we entered the kitchen area. Which appeared to be clean and well organised. Food was kept in a pantry and various fridges. Expiration dates were within their date of use by. We were told that vegetables are generally frozen apart from Sunday when fresh vegetables are used. There was a sack of Potatoes being used. Various snacks, biscuits and crisps was also being kept. Fresh Fruit was in the form of grapes kept in fridge.

We were informed Residents dietary needs are recorded on a form kept in the kitchen and updated by staff when necessary, this was observed. One resident's cultural need were being met by the purchasing of Halal meat we were informed

The home uses coloured crockery, utensils and aids. We observed staff assisting residents to eat at mealtime.

There was a fire exit from the kitchen which was locked. A key is kept in bowl next to the door. This was due to a resident exiting the kitchen form this door in the past we were told.

Staff Experiences and Observations

We were able to speak with a staff member/Cook/Mentoring Manager/Deputy Manager

We met with the Deputy Manager who discussed staff supervisions/staff meetings. She said she had them in her diary and let staff know the date(s). The staff did not have the dates diarised in on a planner, they were just informed.

We were also informed that staff had recently received medication training

Discussions around family/relative meetings used to be held but had lapsed, but they had an open-door policy for people to speak to them.

We were informed care support plans were reviewed monthly unless residents need changed before this. We noted several DNAR Do Not Attempt Resuscitation (written as a D in red) next to people on notice board in the office.

We were informed that five staff were on AM. 4 staff PM. 3 staff night shift. With the add on of the manager when on site.

GPs will prescribe over the telephone we were informed, or ask that rapid response be called, or the resident is taken to hospital, there is an issue with GP home visits. The home has engaged with local GPs to attend but has found GP response less than helpful,

A member of staff we spoke to, said staff do not always turn up for their shifts leaving them short of shift staff. Where possible they would use agency, but this was not always possible if short notice. She went on to say she thought they had around 5 staff vacancies at this time.

We were informed by a staff member that she had recently safeguarding training, and they have other training via Red Crier.

The staff member felt they did not always have the opportunities time to spend quality time with residents, due to staff shortages and increased resident's needs. She felt residents needed some 1-1 time daily, and they were too busy to do this most of the time.

Summary, Comments and Further Observations

- The registered Manager was not present at time of our visit we were told she was on annual leave. There was a manager from a sister home and a Senior/ Deputy Manager on duty.
- The odour of urine was present around the home.
- We did not observe a visitor signing in book to complete, possibly due to GDPR requirements, but we were not asked to sign in.
- Some alarm/ pull cords were moved and were not easily accessible in case of an emergency in some bathrooms and toilets.
- Relative stated that resident's clothes although marked with their name are not returned and their relative ends up wearing other clothes.
- Relative stated that they had only seen two activities take place, An Easter bonnet and a Bollywood event. They had not observed any other activities.
- Some décor is dated and showing signs of tiredness.
- Furniture was a mix of material and vinyl base but was also a mix of varying conditions.
- There were some maintenance issues, door handle from lounge to garden was broken and a window in the lower corridor appeared to be not aligned properly (the door was under repair whilst we were there).
- A medication storage box was mounted upside down in the medication room.
- The designated staff room was filled with hoists, chairs, walkers and other items and could not be used as a staff rest area.
- Medication was stored either by alphabetical order or by patient alphabetical order. Two systems which may lead to confusion or a medication error.
- One resident excessively used salt on their food at least twice, we notified a staff member who was already in the dining room. The salt cellar was removed, the resident was asked if he wished to change his meal, but he declined. We further discussed with the mentoring manager.
- Kitchen fire door was locked, and key placed in a bowl next to it. New staff or agency staff may not be aware of its location in an emergency.

Recommendations and Follow Up Action

- We would suggest that staff ask visitors to sign in, we understand the confidentiality behind this if the book is in the main foyer. We were not asked to sign the book on arrival.
- Re mount medication cupboard in the correct position.
- Relocating hoists and walkers from the staff room area and re-instate as staff room area or rename to define use of area if not staff room.
- Currently the kitchen fire exit door is kept locked and the key is retained in a bowl on a shelf next to it. New staff or agency staff may not know about the key location, so we recommend you speak with the fire service and take advice. Also, that the key in a bowl is not a hygienic storage or food preparation solution.
- We suggest that due to two storage methods/ alphabetical systems in the medication room that you speak with CCG /pharmacist to establish one and feedback or train staff in the process.
- That staff supervisions/meetings are diarised going with staff moving forward. Enabling their 1-1 to be a two-way meeting after being able to prepare.

Recommendations and Follow Up Action continued

- We recommend that residents are supervised inconspicuously at mealtimes in the least restrictive manner by staff, ensuring appropriate use of condiments.
- We recommend that there are regular resident and relative meetings to update those this is not instead of private discussions around their relative.
- Take advice from Clinical Commissioning Group (CCG) regarding the homes difficulties to secure regular and unscheduled GP visit to the home. Especially when residents are unwell or require their medication review. This will cut down the trauma and anxiety of residents attending A&E when they may not need to go to hospital and that they may be managed in their familiar surroundings.

Provider Feedback

HWW have not received a response from The Anson Court management team regarding the Enter and View report.

Visit Standards

To the Service Provider:

These standards set out the behaviours you are entitled to expect from the Authorised Representatives conducting the visit. If any of our Authorised Representatives do not comply to any of the Standards set out below please inform Paul Higgitt on 01922 665010

Our Authorised Representatives (AR) will:

- Clearly tell you the purpose, methodology, and timetable for the Visit
- Respond clearly and courteously to any questions you have
- Treat all people fairly and courteously, with sensitivity and respect
- Treat people with dignity, and respect their privacy
- Be as unobtrusive as possible
- Inform people, especially staff, of what they are doing at each stage of the visit
- Value people as individuals, respecting difference and diversity
- Exhibit no discriminatory behaviour
- Have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about the safety and wellbeing of a service user, or if the person consents to the sharing of information
- Co-operate with requests from staff, service users, carers and their families
- Comply with all operational health and safety requirements, and with 'house rules'
- Ensure that they do not interrupt the effective delivery of health and social care services
- Not make unreasonable requests or demands
- Recognise that the needs of people using and receiving health and social care services take priority over the visit
- Be guided by staff where operational constraints mean that visiting activities may be inappropriate or that staff may be unable to meet the requests of the AR

Please Note: There is no duty to allow entry to our Authorised Representatives (AR) if:

- Our Visit compromises effective provision of services or the privacy/dignity of any person.
- Our AR is not acting reasonably or proportionately in seeking to enter and view premises.
- Our AR does not provide evidence that they are authorised to view services in accordance with the regulations.



If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 “Experience Exchange”. Whether it’s a “compliment, concern or complaint”.

Use our web link or QR Code below.



Web link: <http://x2.healthwatchwalsall.co.uk/>



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.



healthwatch
Walsall

Office 10, Bridge House
47-55 Bridge Street
Walsall
WS1 1JQ
Tel: 0800 470 1660

Email: info@healthwatchwalsall.co.uk

Visit our website: www.healthwatchwalsall.co.uk

Part of (ECS) Engaging Communities Staffordshire

**Engaging
Communities**
Inspiring Change, Improving Outcomes

A graphic element for the Engaging Communities logo, consisting of a cluster of small, colorful dots arranged in a roughly circular shape, resembling a stylized head or a group of people.