



## Enter & View Visit Report

### Details of Visit

Service Name and Address	Ashgrove Care Home Church Lane, Oswestry, Shropshire, SY11 3AP
Service Provider	Owner / Manager: Ms Cherie Reynolds
Date and Time	Tuesday 25 <sup>th</sup> October 2016 2pm - 4pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	3 Healthwatch Shropshire Authorised Representatives

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### Purpose of the Visit

Dignity, respect, choice and safety: to explore the quality of life experienced by care users in this setting.

### Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

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## Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a purpose.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Following discussion with stakeholders, Healthwatch Shropshire was asked to undertake an Enter & View visit to Ashgrove Care Home.

Enter and View visits can be announced, semi-announced or unannounced. This was a semi-announced visit and the manager at the home was told that the visit would take place during October, but not the exact date or time.

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## What we were looking at

- We looked at how the care team respect the dignity and individuality of the residents.
- We looked at opportunities for residents to be involved in their care and whether they are encouraged to make choices. This includes choice of food and activities, and being able to personalise their own space.
- We asked residents about their opinions of living in the home, including how good the food is, the care they receive and the activities they enjoy.
- We spoke to staff about the initial and on-going training and support they receive. We asked them how they demonstrate care and respect for the dignity of residents.

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## What we did

The Manager came to see us when we arrived at Ashgrove. She said she was too busy to speak with us at that time but invited us to meet the residents and staff. She was able to speak to us later on during the visit and we met with her at the end to provide some initial feedback.

During this two-hour visit we spoke with:

- all six residents in the home, some of whom were in their rooms and some were in a communal area watching television
- a relative
- the staff on duty (including a Care Assistant - CA)
- a hairdresser who was working at the home whilst we were there

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## What we found out

### The home

Ashgrove Care Home can accommodate 10 residents. At the time of our visit there were 6 residents living in the home.

All the residents have their own bedroom, which has a washbasin, and some have a commode. There is one bathroom with a bath and a shower and two toilets each with a wash hand basin .

The home has a communal area situated between the hall and most of the bedrooms, called the Link Room, which is where the residents can sit and watch a large wall mounted television or listen to the radio. This room had 6 chairs of the same design for the residents and some occasional tables. The décor in the Link Room is poor. The plaster on the walls is damaged.

There is a separate dining room.

There is also a separate lounge which has a sign saying *PRIVATE* on it. We did not see anybody in the lounge or the dining room when we were there. Three residents were in the Link Room and three were in their rooms.

Some residents told us they used to sit in the lounge, which was a 'quiet room', but they said it was now out of bounds. The Manager told us that the lounge had not been used for 3 - 4 months. She explained that as nobody used the room she

put the *PRIVATE* sign on the door and the “girls” (staff) now use the room to write their notes. She said that the residents were welcome to use the room.

The dining room and the lounge had no central heating on when we visited and no-one was in them. There was a small additional heater in the lounge which the manager indicated was switched on. Two residents sitting in the Link Room had blankets around them. There was a digital thermometer high on the wall in this room but it was difficult to read and the battery seemed to be failing. We saw a thermometer in a resident’s bedroom showing a temperature of 20 degrees.

There was a paved patio area which could be accessed by patio doors from the lounge and the dining room.

The Manager said she had replaced all of the windows in the house and put new wooden floors in the dining room and lounge. The hairdresser said that the house was warmer now and less cluttered. The hairdresser said if she cut people’s hair she took them into the dining room as she could sweep the hair up more easily.

We did not smell any unpleasant odours in the home, but one resident was smoking in their room and there was a smell of cigarette smoke in the hall.

The overall appearance of the hall, corridors and bedrooms was ‘tired’ and the environment was not particularly comfortable or homely. The use of the Link Room as a lounge meant that there was frequent coming and going by staff who sometimes acknowledged the residents and at other times did not.

When we arrived there was no hand gel available for us to use, though we noticed that some was present when we left. We did not observe members of staff using hand gel during our visit.

## **Supporting the dignity and individuality of residents**

We saw that the bedroom doors were closed to maintain privacy for residents resting in their rooms. We saw a member of staff knock on bedroom and bathroom doors before entering. We saw a resident being helped by a Care Assistant (CA) to go to the toilet, in a quiet and professional way. The resident was encouraged to use their walker by the CA telling them to “push and step”. We observed that this bathroom could only be accessed from the Link Room, making its use very public.

We saw staff move close to residents when talking to them, sitting either on a coffee table next to the resident or kneeling on the floor. We also saw the Manager asking a resident if they wanted a cup of tea; the resident said they wanted water. The Manager then asked if they would like a cup of coffee but the resident again said they just wanted water. At that point another member of staff brought in a tray of drinks and put a mug of tea on the table by the resident. There was no discussion about the drink. We saw that the residents' tea was served in plastic mugs.

One resident said they couldn't hear very well and we noticed a hearing aid in its box on the table by the resident. We asked the resident why they were not wearing it and they said they never put it in, as they didn't know how to. The resident said they did not ask the staff to put it in as "they are always too busy in a morning". The hearing aid needed cleaning but the resident said nobody cleaned it for her and she did not know how to look after it. The CA told us that if necessary they would ring up and make an appointment at a hearing clinic for the resident to attend.

We heard three call bells being answered promptly by the CA during our visit.

## **Resident involvement in their care planning**

The CA said the Manager asks new residents about their likes and dislikes and the CA told us she enjoys chatting with the residents to find out about "what they did before" and finding out about their life experiences such as "rationing in the war". The CA told us the information on likes and dislikes is in the residents' care plans.

### **Choice**

- **Daily routine and food**

Some residents told us they choose to stay in their rooms because "it is too noisy in the Link Room with the television on"; others said they "do not like the television".

The CA told us that five of the residents eat lunch in the dining room and one resident has lunch in their room. Breakfast is eaten in the residents' bedrooms and tea is served in the Link Room".

All the residents we spoke to said that the food is good. There was a notice on the wall in the hallway stating a food hygiene rating of 5.

The CA told us that the Manager shops for the food and the CAs and the Manager cook the food. The Manager said one CA does not cook as they are too young. The CA said that the Manager speaks with each resident each morning and explains the menu for that day and their food choice is then recorded in the diary. If the resident would prefer an alternative meal this would be prepared. An alternative meal would be, for example, an egg or ham salad or a vegetarian burger.

Some residents we spoke to were happy not having a choice; others said they would like a choice and a menu to choose from. We saw residents served with a plate of fresh chopped fruit in the afternoon. Residents said they thought that if they wanted anything in between mealtimes they could ask and would get it. We saw that the residents in the Link Room all had a glass of water by them.

The CA told us that the residents all have a strip wash every day in the privacy of their room. One resident said they wished the bath was more accessible, another resident said they have a bath once a week and that is in an afternoon when the staff are able to assist. We asked the residents if they could have more than one bath a week. They thought maybe they could. We saw that residents were dressed appropriately.

One resident told us that they never eat or drink after tea at 5.00pm because they have never had to use a commode during the night and never want to.

- **Activities**

During our visit the hairdresser arrived to wash and style the residents' hair. When we arrived the radio was playing in the Link Room and whilst we were there a CA came in and turned the radio off and switched on the television, saying "Let's see if there is a cowboy film on, you like cowboy films". The CA then went over to one resident who was asleep and asked them what they would like to watch; the resident then went back to sleep. The television remained on showing a film but no one appeared to be watching it.

Some residents told us there aren't any outings from the home and that the only outings they go on are those they are taken on by their family or friends. One resident said, "There are no trips; Mrs Reynolds says you are expected to stay at

home.” Some residents said they never go in the garden, and one resident mentioned that it wasn’t accessible. The CA and Manager told us residents went in the garden and had planted sunflowers and tomatoes; the CA said if it was nice weather the residents sat outside.

One resident said that some children used to come in, to entertain them by singing, but another resident said that as everyone used to drop off to sleep one by one, the children don’t come now.

The residents who were in their rooms spoke of reading, listening to the radio, and doing crosswords, and we saw some word-search and code-word books in one of the rooms.

We spoke with the residents who were in their own rooms, asking if they ever go into the lounge with the others and they said not often. They said there used to be two lounges, the one currently used, the Link Room, which is the TV lounge, and the other, which was the ‘quiet lounge’, which they used to like to go into but now “it is out of bounds”.

We did not see any group activities taking place during our visit. The CA said that if the staff had time they played cards or did crosswords and word searches with the residents. The Manager told us she had tried to introduce floor puzzles, Wii games, bingo and knitting but she said the residents were not interested. There were some games sitting on the shelving in the lounge that was not used by residents.

The Manager asked a resident if they remembered going out in the wheelchair with her to the shop. The resident seemed to remember. The manager said two residents a week go out in a wheelchair to the local shop.

The home has a pet Chihuahua, which we saw being carried about. We were informed by a resident that it was blind. We also observed a cat through the door to the kitchen.

- **Personalising the residents’ space**

The CA told us that residents are able to bring their own television and photos from home when they arrive and it is possible for them to bring furniture from home if they wish. We saw personal photos in the bedrooms.

- **Access to phones/computers for communication**

The CA told us that some residents had mobile phones in their rooms and if not they could use the house phone in the hall. A previous resident had used Skype to communicate with their family but the CA said that internet reception was poor.

## Residents views of living in the home

### Comments from residents included:

“very happy here”

“I like it here”

“the staff are friendly”

“I wouldn’t have stayed this long if I wasn’t happy”

### Comments from a relative

“A lovely little house”

“It’s like her home now”

## Conversations with staff

### Comments from staff included:

‘I love working here”

“We are a good team, we can tell each other things now”

“We are happier now it is less strict”



- **Training and support**

A CA told us that all the CAs working at Ashgrove were pleased to be completing an NVQ 3 course which involved a trainer coming to the home once a month. The CA said that more training was planned for November and February covering Manual Handling, First Aid, Infection Control and Fire Safety. When asked the CA and Manager also said training would include the Mental Capacity Act and Safeguarding. The Manager told us that training took place at the home. The staff take it in turns to attend the training and manage the residents throughout the day.

The CA said that the Manager and Deputy Manager chatted to the staff about their jobs all the time, but they said there was no formal recording of the chats and the staff we spoke to said they did not have formal appraisals or supervision.

The CA said that if a resident developed additional needs such as dementia they would speak to the doctor and the psychiatric nurse. The staff said they had not had any training and did not know about the needs of a dementia patient as they “have not had anyone who needed support of that kind”.

The CA told us that all the residents were weighed each month and their weights recorded. If necessary the doctor would be told if a resident started to lose weight.

The CA told us that if a resident is diabetic the district nurse comes in to test blood sugar levels. The Manager told us that diabetics were now offered cake every other day; previously they had had cake every day.

- **Communication between staff**

Staff handover sessions take place after every shift. This is done verbally but the CA said it was usually written up in the care plans unless there was insufficient time.

There are five staff and the Manager told us there was never a problem with recruitment and there is no need to advertise. She said she preferred word of mouth to a more formal process. The Manager and CA said there were two staff on duty at night. Some residents told us the Manager is the only person on duty six nights of the week.

The staff told us there was a staff meeting every month but they said that there were no notes of meetings and they were unsure of the date of the next meeting.

- **Communication between staff, residents and their families**

The CA said that the Manager speaks with residents and their families when they move into the home. There were no resident or family meetings held.

- **Procedure for handling complaints**

Staff said that if there was a complaint, residents would speak to the staff or the Manager. The CA was confident the matter would be dealt with by the Manager. The CA said that if not staff were aware of being able to report issues to the Care Quality Commission (CQC). The manager told us there was a complaints procedure in the hall but we did not see it during our visit.

- **Access to health and other services**

The staff told us that the Doctor visits every month and the chiropodist visits every 6 weeks. The hairdresser visits weekly. The manager said that the Vicar comes once a month.

## **Observation summary**

During the visit one member of the team carried out an observation of interactions between staff and residents in the communal areas. A total of three residents and two members of staff were observed during the visit.

## **Observation ratings**

The AR rated each observation as:

- Positive, showing a high level of compassionate care; or
- Passive, showing good care but little empathy or positive engagement with the patients or their visitors; or
- Poor, showing a lack of care and compassion.

## Observation findings

In total 18 interactions were observed which took place between residents and staff during our visit. Thirteen of these were “positive” and five were categorised as “passive”.

Of the 13 “positive” interactions,

- One related to person centred care (how care was given to meet the particular needs and wishes of the resident)
- Three involved offering fruit on a plate with a fork in a caring way
- One was supporting a resident who needed help counting money
- One involved helping a resident in a caring way to go to the toilet
- On two occasions, there was a positive approach to demonstrating dignity and respect
- Other examples of “positive” actions included a reassurance to a resident about concerns about noise at night, sympathising with residents, touching hand with a repeated “aaaaah” (twice) and help given to get into a wheelchair

Five “passive” interactions included;

- Waking a resident up to ask them what TV programme they wanted to watch (they went straight back to sleep)
- A member of staff asked a resident whether they would like a hot drink. The resident replied that they would prefer a glass of water. A second member of staff brought a cup of tea and put down by the resident and nothing was said by either of the staff

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## Summary of Findings

- The residents and a relative we spoke to said they were happy living at the home
- The staff said it was a good place to work and they worked together as a team
- Some rooms were not heated and the temperature in the home was cool
- The state of the decor in the home was generally poor, though some improvements had been recently carried out
- We saw staff mostly speaking in a positive way with residents
- Some residents said they would prefer more choice of food
- Some residents said they no longer used the lounge as it “is out of bounds”
- One resident had a hearing aid which wasn’t being worn and needed cleaning
- A television and a radio were on during our visit and the hairdresser was present
- There appeared to be few activities and residents rarely seemed to go out unless they are taken out by a relative
- Staff told us they were completing NVQ3 and some training was planned for November and February
- Staff seemed unaware of how to support a resident who may develop dementia
- No cook is employed by the home and it was unclear how residents with dietary needs were supported
- A resident chose not to eat or drink after 5.00 pm as they did not want to use a commode at night
- There were no residents’ meetings or meetings for relatives

- Staff told us they did not have a formal appraisal or supervision

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## Recommendations

We suggest:

- The range of training for staff is reviewed following the recent introduction of new legislation
- New ways of engaging with residents and their families are investigated
- More ways are explored of ensuring residents' lives are busy and meaningfully fulfilled
- The nutritional needs of all residents are assessed and if necessary addressed
- An audit is undertaken to ensure the needs of residents with dementia are being met now and in the future
- Formal supervision and appraisals for all staff are introduced
- The upgrading of the accommodation is continued
- The concerns of residents unwilling to use commodes at night are addressed
- Clarify with residents and staff the access to the "quiet" lounge
- Temperature levels in all rooms in the home are monitored and adjusted as necessary

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## Service Provider Response

Healthwatch Shropshire received no response to the draft report and its recommendations from the Owner / Manager of Ashgrove Care Home. This final report will be shared with Shropshire Council, the Care Quality Commission and Healthwatch England, and be published on our website.

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## Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View visit.

## Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

## What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

## Get in Touch!

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