

Enter & View Report

Annandale Nursing Home 16/04/2015



Nursing Home visit report

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| Name and address of Home | Annandale Lodge, 8 Linden Road, Bedford, MK402DA |
| Description of care /service provided | Older people and people with physical disability |
| Names of Authorised Representatives | Linda Hiscott , Terry Darlow, Sue Wilson (trainee) and Samantha Porter-Harris (trainee) |
| Date of visit | 16 th April 2015 |

Background

Annandale Nursing home is part of the Lansglade Homes group who own and run five homes in Bedford. The homes all work as separate entities but are able to support each other if the situation requires this. The operational manager across the homes is a qualified nurse who visits regularly to provide support to staff and to ensure she is aware of the operational issues. The home has 24 rooms currently all these are single occupation, there are 2 larger rooms that could be shared should residents wish to do so. The home caters for people over the age of 65 who are frail and require nursing or personal care and who may have physical disabilities.

The home is a double front house which has had an extension. There is lift access to all floors. Most of the bedrooms have en-suite facilities. There are also separate bathroom and shower facilities available. There is a large communal lounge area on the ground floor, leading to a conservatory area which people can access. There is a garden which had a patio and lawn area as well as some raised flower beds.

Welcoming

The team were asked to sign in on arrival and then shown to the conservatory to wait for the manager Georgina Lewis. The visit had been arranged at short notice and the manager was aware that it was a training exercise for new authorized representatives, she had not been expecting a formal announced enter and view visit

The home operates an open visiting system and relatives and friends are encouraged to be involved in the home's activities. After 8.00 p.m visitors are requested to phone so that they are not kept waiting at the door as the staff are often upstairs supporting the residents.

There was a smell of urine as the team entered the hall and through into the lounge. This was discussed with the manager who was aware of the issues and had already had the carper cleaned once, she explained that this was due to the home cat who had sprayed in the house. Although the carpet had been cleaned, this had not been sufficient to completely remove the odor.

Safe

The home is managed by a qualified nurse who is usually supernumerary and often office based, allowing her to be freely available to support the staff as needed. The home operates three shifts across the day. Every shift will have at least one registered nurse on duty. The morning shift has 1 nurse and 5 carers, the afternoon 1 nurse and 4 carers and the night shift is staffed by waking staff 1 nurse and 2 carers.

The current manager has been in post for two and a half years, since when she reports that staff turnover has been low.

The home has a number of pieces of equipment to assist and support residents. These are serviced 6 monthly.

The home does not use agency staff, however they will on occasions use staff from the other homes to cover shifts if it is needed. New staff will work with established staff members to ensure they are familiar with the residents' needs.

Residents are given a choice as to whether they choose to self-medicate or are supported by the staff team. At this stage all the residents have chosen to be supported to have their medication administered by the staff. Medication is stored in a locked room and there is a locked medication cabinet. Regular training takes place and the manager has recently carried out a medication audit.

There was information on abuse and safeguarding displayed on notice boards within the home with clear contact numbers for both staff and people if they had concerns.

Caring and Involving

Care plan reviews involve the patients and their families where it is possible to do so. Care plans are updated monthly and are stored in the office on the ground floor.

Georgina (the manager) told the team that the home works well with other healthcare professionals and can access a range of services such as physiotherapy and speech and language therapy. An Occupational Therapist visits weekly offering reminiscence therapy to the residents.

People living in the home are supported to undertake a range of leisure activities in the community including visits to the garden centre and the pub for meals out as well as having some in- house activities. The post of activities coordinator has been vacant since January 2015 and it was reported that they were experiencing some difficulties in recruiting to this post. Staff have been involved from the other homes to support in running activities during this time.

The importance of nutrition to the residents is recognized by the home manager who is committed to ensuring that the menu and catering services are able to meet the needs of

individual residents. Residents are weighed regularly. A system has been introduced where the nurse recommendations for dietary needs are displayed on the tea trolley and in the kitchen to ensure all staff are aware.

The team spoke with a number of residents most of whom spoke very highly of the care they received whilst one indicated that staff did not always listen to them. Another resident indicated that they were not as considerate in the way they supported them as they would like.

Well organised and calm

The home encourages residents to keep their own doctors where possible as this facilitates continuity of care. The home has not had any issues supporting residents in doing this.

The home reports that they have an issue accessing home visiting dentists with a 3-4 month wait; therefore where possible, the home encourages and supports residents to visit their own dentists.

There is a training schedule for all staff and the manager reports that staff have access to a range of training. There are resources available in the home, which are freely available for staff to access. In the staff room there is a notice board with some key learning items. These topics are changed and updated.

The home manager has recently instigated a board to record positive comments to encourage peer learning. Staff are supported to achieve relevant qualifications. There are regular staff meetings and the notes of these are displayed in the staff room.

The home regularly takes pre and post registration students and offers a positive learning environment.

Two members of staff spoke with the team and told them they liked working at the home and felt supported by the management team.

Summary

The team was welcomed into the home and the manager took time to talk about the home and the ethos of care. The focus on the nutritional needs and physical care of the residents was translated into daily working practices.

The commitment to staff development and sharing of learning resources was good. The staff who spoke with the team appeared to be well informed

The building itself is quite old and this has resulted in some wear and tear, which is dealt with through an ongoing maintenance programme. The home has access to a maintenance man, who

as well as undertaking the regular maintenance will support residents if they need things done in their rooms.

Whilst staff are able to organise some activities for residents, the lack of an activities co coordinator has meant that the number of activities available has reduced.

The team had noticed a number of cleaning issues that were raised with the home manager at the end of the visit.

The team did speak with a number of residents and 1 carer. It would be useful to ask people to complete the questionnaire that is usually shared prior to a visit which, on this occasion as the s visit was hosted at short notice, had not occurred.

Recommendations:

On the top floor in one of the bedrooms it was noted that there was carpet that was quite frayed in the doorway. It would benefit from being replaced.

A number of areas around the plug points in the bedrooms were showing signs of wear and tear, especially when they are in regular use for bedroom equipment These should be replaced as soon as is possible as part of the regular maintenance programme.

The home had produced a leaflet for the use of relatives called “what happens after bereavement in a care home”. This was thought to be well written and useful leaflet and should be shared with other nursing and care homes as good practice.

The carpets in the lounge area would benefit from a further clean to alleviate the unpleasant smell.

The role of activity coordinator should be recruited to as soon as possible.

All residents to be given the questionnaire used by Healthwatch Bedford Borough and asked if they would complete it.

Follow -Up

A member of the team visited Annandale on the 11:06:2015

It was pleasing to note that the smell in the lounge had been removed.

An activities coordinator had now been appointed.

A number of questionnaires had been completed and can be found as an appendix to this report.

About Healthwatch Bedford Borough (HBB)

HBB is the independent consumer champion for the local community, influencing all local health and social care services.

HBB seeks to ensure that the views of the public and people who use health and social care services are taken into account.

Our vision is that

Healthwatch Bedford Borough will be:

- *a critical friend in challenging service providers to ensure that their services are person-centred and responsive to local community needs.*
- *seeking to empower all patients with confidence to make an informed choice about their health and social care needs.*

Our Mission is that

Healthwatch Bedford Borough will consult, engage and empower the wider community in a fair, transparent and realistic way. It will:

- *provide positive influence and encourage improvements in local health and social care services, acting as a critical friend to service providers and establishing valid outcomes against which changes can be measured.*
- *act as the voice of the public, providing a bridge between the commissioners and providers of Statutory Health and Social Care.*

HBB is for everyone in the community - adults, young people and children. It is vital that HBB actively seeks the views from all sections of the community, particularly those who seldom have their voices heard to ensure that information gathered is representative of the local community that it serves.

HBB Board

This is the body responsible for overseeing the work of the organisation.
Board members are:

- Anne Bustin (Chair).
- John Weetman (Finance Director).
- Linda Hiscott (Strategic Director).

There is also one non-executive Director - Lyz Hawkes.

The Board meets on a regular monthly basis.

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The three Directors (Board) have an important position of trust and general company law imposes on them a range of duties and in ensuring that the CIC meets its statutory and other obligations.

The HBB strapline is as follows:

“A strong voice for local people”