



Enter and View Report Ambleside Nursing Home 12/07/2016



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Visit Overview

Service Name and Address	Ambleside Nursing Home, 6 Southside, Weston Super Mare, BS23 2QT
Registered Provider	RS Care Limited (Director Satchitanandan Ravishankar)
Type of Service	Care Home with Nursing
Specialisms	Dementia, Old Age, Physical Disability
Registered Manager	Rachael Williams
Date and Time of Visit	12 th July 2016 9.30-11.30pm
Enter and View Team	Sophia Jones and Neil Turner

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset are independent, transparent and accountable.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents

- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing ‘best practice’, e.g. activities that work well
- Keeping ‘quality of life’ matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a ‘critical friend’, outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to Social Care/NHS funded accommodation/services in North Somerset to ascertain the quality of life and experience and opinions of residents. Ambleside Nursing Home was selected.

This report relates only to this specific visit and feedback we have received directly at Healthwatch North Somerset during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

How was the Visit Conducted?

The visit was an announced visit with the Manager being given two weeks’ notice. We sent letters, posters and leaflets to the home to inform residents, relatives/carers and staff about our visit and about the role of Healthwatch North Somerset. We observed the condition of the premises, the interaction between the staff and residents and we talked with one resident and four staff who were on duty at the time of the visit. We also spoke with the Nurse in Charge at the start of the visit and at the end to clarify any questions that had been raised.

Observations and Findings

Ambleside Nursing Home provides accommodation for 19 residents in 19 single rooms in a large Victorian house in a quiet residential street in central Weston. At the time of the visit only 18 rooms were occupied.

At the front of the house the team saw a small flat garden area with a bench and garden table. At the rear of the house we were shown a courtyard which was described by as a “smoking area”.

On arrival the team were welcomed by Alina Tarba who identified herself as the Temporary Manager but who was actually the Nurse in Charge. We introduced ourselves

and Ms. Tarba was clearly expecting us. We were asked to sign in. Our Enter and View I.D. was not checked.

In the entrance hall, we saw a notice board above the sign-in table. On the board were displayed a complaints procedure, whistle blowers' policy and safeguarding adults policy.

On another table, we saw Healthwatch North Somerset information displayed with what appeared to be the leaflets sent to the home by Healthwatch North Somerset before the visit.

The team's impression of the home was of a clean, well-organised space. The staff office was located on the ground floor and was seen to be tidy and well presented. The team saw that the home was light and bright with artwork on the walls. The décor in the communal lounge was dated but clean and the seating looked to be comfortable.

We observed six residents sitting in the lounge. The TV was on without sound and with subtitles and we heard some music playing over a speaker system. We saw one resident being offered a drink by a staff member. Another staff member entered the room escorting a resident by holding her arm; the resident appeared to us to be unsteady on her feet. We noticed that each resident in the room had a call button on the tray in front of them. One resident used the button and we saw a member of staff respond by entering the room and asking the resident what she wanted - in this case some squash from the jug at the side of the room.

Ms Tarba gave us a tour of the building. We saw the dining room, laundry room, kitchen and one bedroom, which was empty. Ms Tarba pointed out a lift and said to us that it was currently being serviced so was out of use. We saw a service man working on the lift mechanics.

Ms Tarba introduced us to two staff members as we progressed around the house and we later talked to two more when we were viewing the upstairs of the house. Ms Tarba then left us to talk to the Director of the Home (Satchitanandan Ravishankar) who was sitting in the dining room with a laptop, working.

We talked with the Director for 30 minutes. He told us that he held regular meetings with staff, residents and families. He said that he encouraged them to bring any suggestions such as activity preferences or upsets to his attention. The Director also told us that he received feedback via forms sent out online to residents and their families by an independent company.

We saw a member of staff using a computerised recording system. The Director told us that all of the resident's records were computerised (e.g. details of their day and medication dispensed).

After talking to the Director of the Home, the team walked around the whole building. We asked the nurse in charge and were told that no areas were off limits. We entered one resident's room on request.

Personal Care and Dignity of Residents

The residents that we saw were all well presented in clean clothes. We did not notice any bad odours or soiled clothing. When being shown the laundry room the manager told us that all residents wore their own clothes and that family members were asked to label all clothing. We observed separate laundry baskets with residents' names on.

The residents we saw were wearing house shoes or slippers. In the lounge, we saw the residents seated around the edges of the room facing inwards towards each other.

We were invited into one resident's bedroom where she was in bed in nightclothes. She had a clean face and neat hair. Looking around the room, we saw what were clearly the resident's personal possessions (a framed photo and some toiletries). The room appeared to us to be bright and pleasant with two windows and artwork on the walls. The resident told us that she had been admitted to Ambleside three days earlier for a short stay as her carer was ill and so she was unable to stay in her own home.

On the first floor we were shown a bathroom with a bath and a hoist. Staff told us this was the only bathroom in the house and that the hoist is difficult to use. They said that the owner has said he will get a shower installed.

Independence of Residents and Control over Daily Life

When we questioned the nurse in charge, we were told that residents choose when to get up and whether to stay in their rooms or to go to the lounge or dining room during the day.

We were told by the cook in the kitchens that menus always contain a choice of dishes and that some meals were prepared in pureed form. The cook said that when people first came to the home they were asked about food preferences and their dietary needs were usually accommodated. He also told us that residents can choose to have their meals on a tray in the lounge or in their own rooms. We saw the cook preparing a shepherd's pie. In the kitchen, we saw menus posted on the wall with directions about certain people's dietary requirements.

We saw stair gates between the floors in the home. An alarm went off when we opened a gate. We saw a resident using a keypad to access the patio area at the back of the house. The Director told us that the resident was going outside for a cigarette. The front door of the home was also seen to have a key pad.

Staff Behaviour and Attitudes and Relationship between Residents and Staff

The staff that we met were friendly and open. The nurse in charge greeted us very warmly on our arrival. She said she was available to answer any questions at any time during our visit.

We saw staff responding to the needs of residents (helping a resident to a seat in the lounge; getting a resident a drink which she had requested).

When we were invited into a resident's bedroom, the nurse in charge knocked and then entered the room. She had brought a parcel and asked if the resident wanted help to open it. During this conversation, the language we heard was respectful and appropriate. The manner of the nurse in charge was observed to be patient, caring and understanding.

One member of staff talked to the team about how much she enjoyed working at the home. She mentioned that she had recently been in hospital for surgery and the staff manager had been very kind and considerate towards her.

We saw two staff members chatting and laughing together whilst they carried out their duties on the first floor of the house.

Activities for Residents

We were told by the nurse in charge that Ambleside does not have a designated activities coordinator - all staff members participate in activities with the residents.

We saw a weekly activity programme displayed on a notice board. The majority of activities listed were musical.

On returning to the lounge, we saw a man entertaining the residents. He was singing and playing a guitar. We saw that two staff members were joining in with the singing and one resident was singing along. Another two residents were observed to be smiling.

We asked the nurse in charge about activities generally and she told us that the staff consulted the residents on their preferences. We were told that sometimes staff accompany residents to the nearby park and that visitors could come to the home anytime in the day or evening.

Food and Drink and Meal Times

We visited the kitchen and saw two support staff cooking lunch. The chef showed us a shepherd's pie he was cooking for lunch that day. He mentioned that he caters to the individual dietary needs of the residents and always prepares a choice of main course. Health and Safety notices, menus and notes about specific diets were seen on the kitchen notice board. The kitchen appeared to be very clean and well run. The staff seemed cheerful and relaxed.

Relationship between the Home and Relatives/Carers

During the team's visit, there were no visitors in the home. One resident told us that she was contacting her friends by mobile phone, as they were not aware that she had moved

to Ambleside for respite care. We were told that visitors are very welcome during the day and evening.

Staff Satisfaction

The staff we met were welcoming and friendly. We heard them speaking to residents in a calm, respectful manner. We heard chatting and laughter amongst the staff. The staff we met were happy to talk to us.

The Director told us that only trained and qualified nurses administer medication and all staff are trained in Dementia Care. He seemed to us to be very committed to ongoing training.

Other Observations and Comments from Resident, Staff and Relatives

None noted.

Examples of Good Practice noted

Ambleside residents live in an attractive, clean, well-organised home.

The staff team are cheerful, helpful and caring.

The nurse in charge is kind and respectful.

Visitors are welcome day and evening without notice.

Recommendations

We recommend that a shower is installed in the bathroom for the benefit of residents and staff.

Acknowledgements

Healthwatch North Somerset would like to thank Alina Tarba, Satchitanandan Ravishankar and all the residents and staff of Ambleside Nursing Home for their assistance in planning the visit and the provision of opinion and feedback.



Healthwatch North Somerset
3rd Floor, The Sion
Crown Glass Place
Nailsea
BS48 1RB

01275 851400

contact@healthwatchnorthsomerset.co.uk

www.healthwatchnorthsomerset.co.uk

