



Stockport Local Involvement Network

Abbeyfield House, Bramhall

Care Home Visit

Thursday 19th August 2010

A report compiled by the Stockport Local
Involvement Network

LINK Support is provided by the LINK Support Team at Pebble Enterprises, Labyrinth House, 45
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What is the Stockport LINK?

The Stockport LINK is a network of groups and individuals from across Stockport coming together to ensure that health and social care services are planned and delivered to meet the needs of the people that use them.

The LINK will:

- **Find out what people like and dislike about health and social care in Stockport.**

We are always here to listen at the LINK Support Office, if you know of a wider health and social care issue in Stockport, let us know. The LINK is proactive in producing questionnaires and feedback forms that are circulated around the Stockport area for a wider balanced view.

- **Suggest ideas to help improve these services and consider specific issues of concern to the community.**

Because the LINK is made up of Stockport residents, these issues and the ideas to help tackle them are being formulated by you and people representing you. The LINK wants to hear about your experience of health and/or social care services in Stockport.

- **Visit premises in Stockport where care is provided or those providing care to Stockport residents.**

This is called Enter & View, and is undertaken by trained LINK members. Authorised LINK members can visit care premises to view the quality of care, write a report and feed back to both the organisation providing the care and the wider public.

- **Work with and influence those who make decisions about new services or existing services to help make them better.**

The LINK has the power to make statutory bodies listen; they are under an obligation to respond to LINK requests and reports within a given amount of time, meaning that the LINK can really make a difference.

- **Be flexible, providing many opportunities and different ways in which you can get involved.**

One of the great things about the LINK is that you can be as involved as much or as little as you like. From being a Core Group member, attending meetings, participating in Enter & View, participating in subgroups or you can simply choose to receive the Newsletter or provide us with your feedback. The choice is up to you.

Abbeyfield House, Bramhall

19th August 2010

Report from: Stockport LINK Enter & View Team

Visiting Members: Sheelagh Peel, Les Pattison and Loretta Alao

Report to: LINK Core Group

Report Date: November 2010

Subject: Informal Visit

Appendix: Star Ratings used by the Care Quality Commission

Introduction

The home is owned by The Abbeyfield Society and is a voluntary provider type.

The Care Quality Commission carried out a visit to the home in October 2009. The Commission gave the home 3 stars. For Star rating please see appendix 1. For a copy of the Inspection Report please visit [http://caredirectory.cqc.org.uk/caredirectory/searchthecaredirectory.cfm?widCall1=customWidgets.content_view_1&cit_id=1-102642859&element=REGISTER-REPORTS&page=1-137749770] or the LINK Support Team can forward you a copy by post.

The LINK Team were welcomed by the manager Kay Bower, who has been in post since 1993.

No. of Resident Places: 15

No. of Places with nursing care: 0

Total no. of places: The home is registered to take 16 people

Purpose of the visit

The LINK would like to acquaint themselves with the manager and staff of the establishment to build an effective relationship between the home and the LINK and view the quality of care received within the home.

Building and accommodation

There was limited car parking provision at the home but they appear to cope with this situation. The entrance was controlled from the office to ensure only expected

visitors are allowed in. The team were met by the manager Kay Bowyer and the visitors' book was signed. On arrival there was antibacterial gel available, they are situated in all bathrooms as well as the reception area. Representatives were, not advised to use the gel in person but there is a sign advising people to wash their hands. The building was initially a detached family home which has since been extended for its current purpose. Access through the main entrance is restricted for wheelchairs but the rear entrance has a ramp facility. There was no obstructive clutter in the corridors. A separate meeting room is available if needed as well as the conservatory area. Families and friends can dine with residents if they wish to. There is both a dining room and a lounge and there is a television in the lounge. There is also a separate dining table for parties with friends and family. The staff are currently undertaking health and safety training and there appear to be no health and safety issues. There is also training available on using the new evacuation chair, designed to enable a safe exit from the home for residents with mobility problems. Residents are risk assessed before they are able to administer their own medication.

About the Service and General Support

There are 16 rooms at the home, 13 of which are ensuite and 3 situated close to bathroom. There are 13 women and 3 men staying at the home. The age range of the residents is between 85 and 98 years. There is no nursing care offered at the home, but they try to ensure that residents remain in Abbeyfield if at all possible. In 17 years only 3 residents have been moved out of the home due to behavioural issues. Residents developing dementia after admission receive support from nurses and their GP. The home currently has one resident who developed dementia after admission. Every four weeks the care plans of residents are reassessed. Abbeyfield's own carers discuss plans with residents, family and doctors. The care plan is very comprehensive. Palliative care is not offered by the home; if needed residents are admitted to hospital. In terminal conditions they encourage the resident to stay in the home. Residents have an appointed keyworker. The team viewed a copy of a blank care plan. The home is aware of the Dignity in Care campaign but they currently do not have a champion at the home although there is one at the regional office. The home received a dignity in care grant for a garden make-over.

The GP service in Bramhall is used for this home, there are 3 practices in total and they also use one in Cheadle Hulme. Most residents attend surgery if possible and GP's will attend at the home if necessary. They have a good rapport with the nurses from all surgeries. Residents' experiences of using the hospital vary greatly from excellent to poor, the main problem being discharge procedures. It was mentioned that hospitals expect a lot from the staff of care homes sometimes outside their remit. The ambulance service is satisfactory for the majority of residents. Every once

in a while they have residents stay for a few weeks, but this is not a regular occurrence. The manager has used the services of domiciliary rehabilitation services for residents and is aware of this facility. This is usually arranged via a GP referral or following a hospital discharge when the need arises. Residents have a handbook in each room and there appear to be no complaints. Residents are at the home on a six week trial period; there have been a small number who have decided residential care is not for them. A copy of the complaints procedure is in all the residents' handbooks and a large notice is outside on the office window in the main corridor of the home and leaflets in the lounge areas.

“The size of the home and the number of staff leaves very little room for any problems not to be sorted promptly.” - LINK Representative

The home feels that the questionnaire on incontinence pads is too intrusive for residents, making it difficult for them to get incontinence pads. The timescales are very long winded for this and the home find this very difficult.

Staff

The manager and 9 senior staff are all trained in medication there are 14 other staff and 5 more currently being recruited. All staff are female as males do not generally apply. Many of the staff have been at the home long term and all staff are trained in NVQ level 2 with several with level 3 standards. The staff are also offered training on Safeguarding Vulnerable Adults, Dementia, Food, Health & Safety, Fire Training and food safety for kitchen staff. There are one to one meetings with staff. Staff meetings are 2/3 monthly and run with an open door policy, residents are welcome to attend. Staff at the home appeared caring and considerate towards residents and the representatives would have liked more time to talk to staff. In hindsight, the home suggested that as there were four representatives from the Link visiting it perhaps it may have been an idea to split up and spend time with the manager, residents and staff.

Patients/Residents/Carer/Family

Representatives were able to speak to a number of residents during the visit and they all gave glowing reports on food and general life at the home. They liked all aspects of living at the home, the food, the trips and the company of others. They were all extremely happy with the level of care being received. They have an activities diary and all activities are logged including visits to the shops, bingo, boat trips, coach trips etc. Religious services are well attended.

One resident spoken to was very satisfied but missed their own home. Residents can furnish their own rooms, a fact that made one resident very happy. The manager aims to meet with the residents two/three times a month for an informal meeting over coffee. Formal residents meetings are conducted every two/three months.

The manager does have information about the LINK in the home but LINK representatives did not see any. The manager said that there has been a LINK poster up at one time on the notice board but it has probably been moved as other up to date information is introduced. The manager also has a volunteer who is a member of the LINK who brings in regular information as and when she receives it. There was not much evidence of family involvement and the representatives did not see or speak to any members of family during their visit. The manager said that there is plenty of family involvement in the home despite the LINK representatives not seeing evidence. The majority of residents receive visitors regularly and families are involved in care planning. However, most residents are not local, only 3 being from the area.

A hairdresser visits the home and some residents leave the home to get their hair done. Residents are invited to go for walks in the local area. Residents can pay for Sky television in their bedrooms.

Food

Besides water and fruit being always available, there are always hot drinks and snacks in between meals. Cooked breakfast is available every day. Breakfast can be provided in resident's rooms if they please, the meals in the dining room are all 3 courses. Residents are given two choices every day and the menu runs for 28 days. The presentation of meals is good, the menu was up on the board in the dining room and meals are booked the day before. One resident spoke about the food saying that although the menus are good, the food is not quite what they would have chosen themselves. Alcohol is allowed in residents bedrooms. Emphasis is placed on the nutrition of the meals with a good relationship with the dietician. A nutrition score method is used and deviation from this score will result in a visit to the GP for the resident.

Conclusion

The general atmosphere at the home is very relaxed and representatives feel it is a really nice place to live. There were no problems seen by the representatives. The standards of cleanliness were very good. Only one resident's room smelt of urine

and there were no odours in the rest of the building. Decoration was very good, the rooms are a little small but 13 of the 16 rooms are en-suite but with a toilet and sink only. There is a new build that will include a shower in one of the bathrooms and enlargement of the en-suite facilities is in future developments. The garden was very good and the lounge well maintained. The only poor features found were that the en-suites have no showers and the rooms were a little small.

“The garden is lovely.” - Home Resident

The representatives were impressed with the garden for which the home had received a grant to work on a sensory garden, a greenhouse and raised flowerbeds. There is a good paging system in the home for staff and residents. However, as the garden is large, staff are unable to see residents who go to the end of the garden. One resident was involved in a fall in the garden and told representatives that it staff a while to find her. In relation to the resident's fall in the garden, it was felt by the staff that the resident considered it a long time before she was found on the ground in the garden, but in fact the staff advised the manager that it was no more than a couple of minutes as a staff member was also in the garden themselves. The home has an extended call bell for use in the garden in emergencies, as for a mobile alarm for emergencies such as this. There is a good use of notice boards in the home with services on them for residents to access services themselves. There was no LINK poster available.

One representative felt that the home would benefit from taking on fewer residents and instead work on creating en-suite for the residents' rooms.

Recommendations

To The Home

1. The home to display a LINK poster and materials to give residents, families and carers an additional voice in adding value to local health & social care services
2. The LINK and the home to keep in contact with any health & social care issues that may arise.
3. Home to complete discharge questionnaire once received.

To The LINK

1. Look into the length of time it takes for homes to get incontinence pads

2. Send home Discharge Questionnaire to add to evidence for Discharge Task Group
3. The LINK and the home to keep in contact with any health & social care issues that may arise.

Stockport LINK [November 2010]

Appendix 1 – Star Ratings Used by the Care Quality Commission

The Care Quality Commission is the independent regulator of health and social care in England. their aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

They regulate health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. And, they protect the rights of people detained under the Mental Health Act.

Following a key inspection of a service the Care Quality Commission publish a rating that describes the quality of care it provides.

The ratings scale is:

- 0 stars - poor
- 1 star - adequate
- 2 stars - good
- 3 stars – excellent

Inspection reports include a description of the outcomes that people using services should expect. They use the outcomes in the national minimum standards (NMS).

- When assessing the quality of care services the outcomes allow them to focus on the experiences of people who use services and what's important to them.
- They make judgments about the quality of services against each of the outcome areas. They then use these judgments to work out the overall quality rating for that service.

For more information about ratings or the national minimum standards please visit the Care Quality Commission website: www.cqc.org.uk

Or contact the Stockport LINK Support Team on 0161 477 8479