

Applegarth Health Care

Enter and View Report

5th November 2024 11:00 – 14:00 hrs



Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

Contact Details

Contact details

243 Newtown Road

Carlisle

CA2 7LT

Email: info@aspirewell.co.uk

Tel: 01228 810103

Registered Manager : Roseanne Fearon

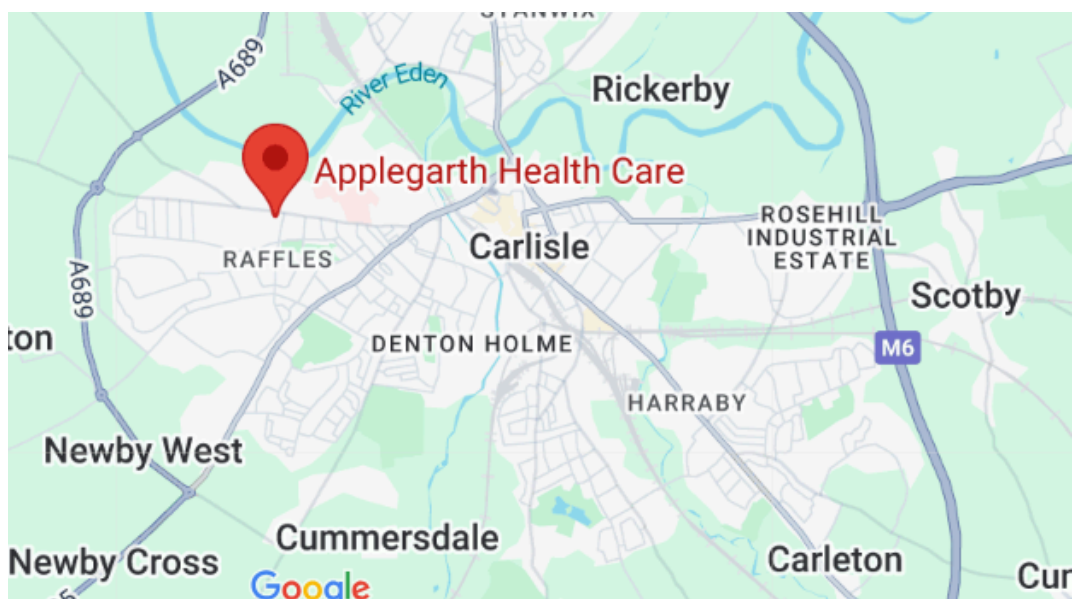
Date and Time of our Visit: 5th November 2024 11:00 –14:00 hrs.

Healthwatch Cumberland Authorised Representative:

Chloe Wallace, Senior Engagement Officer & Team Leader

Healthwatch Lancashire Authorised Representative:

Emmy Walmsley, Engagement Officer



Introduction

Healthwatch Cumberland is the independent public voice for health and social care in Cumberland and exists to make services work for the people who use them. We believe that the best way to do this is by providing the people of Cumberland with opportunities to share their views and experiences.

Healthwatch Cumberland has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this, Healthwatch have a statutory power to 'Enter and View' health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery.

Following the Enter and View visit a report is compiled identifying aspects of good practice within the service visited along with any recommendations for any possible areas of improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Cumberland website at:

www.healthwatchcumberland.co.uk

The report is available to members of the public along with the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations. Where appropriate Healthwatch Cumberland may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

Acknowledgements

Healthwatch Cumberland would like to thank the residents, staff and management for making us feel welcome and for taking the time to speak to us during the visit.

Methodology

Healthwatch Cumberland Enter and View Representatives contacted the home manager to inform them of the intent to carry out an enter and view visit. This was agreed for 5th November 2024. We received feedback from 2 residents and 8 staff members.

Healthwatch Cumberland obtained the views and experiences of residents and staff. At the time of visiting there were no relatives present. Conversations with each were adapted to capture individual experiences to help assess the quality of services.

Conversations with residents were structured around four themes, (Environment, Care, Food and Activities). Conversations with staff included their experiences of staffing levels, support and training.

The Enter and View team also recorded their own observations on the environment and staff interactions. To retain confidentiality and anonymity of respondents, names, pronouns and any identifiable details have been removed from quotes.

Healthwatch Cumberland emailed a pre-visit questionnaire to the care home manager to learn about the resident population and services provided. Information from the questionnaire is included in the summary below.



Image of the main entrance

Pre-visit questionnaire

A pre-visit questionnaire was sent ahead of the visit but due to annual leave in the management team it wasn't completed and sent back prior to the visit. It was collected upon arrival and was partially completed.

What level of needs do you cater for? How many beds do you have in the home?

We look after residents with complex medical and psychological needs. We have 52 registered beds but have only 28 occupied currently.

What activities do you offer? Eg exercises, hairdresser, classes

We offer a wide range of activities and occupation led by residents wishes, hairdressing, Podiatry, Massage, yoga, chair exercises, cooking, crafts, games and community access for cinema, family meetings, shopping, football and eating out.

What the best way to engage with the group/individual?

Introduce yourself and have a chat.

Unanswered questions:

- What is the staff resident ratio?
- Where is the best place to park?
- Is there anything you would like to know/for us to ask your residents?
- Is there anything else that we need to know or be aware of before and during our visit?



Service Overview

Applegarth is a residential care home that has capacity for 52 people. It consists of 3 wings

- Dementia wing for older people
- Unit for people with neurological conditions
- Unit for people with complex needs

Each wing has separate facilities.

The facility is located near public transport routes and local amenities such as shops and a pharmacy.

It has parking available and disabled access.

There was a sign at the front of the home but this did not make it clear which door to use to access the different parts of the home. There was no signage at the main entrance to indicate that it is the 'Main Entrance', therefore it was not clear where visitors were to report to.

The exterior is pleasant and well maintained, given the time of year and there is somewhere pleasant and safe for residents sit outside on the bench furniture.

There was a buzzer system at the main entrance and each wing was secure and required a key fob to enter each area.

There is an informative website and brochure available.



Outside area with seating for residents

First Impressions

We were made to feel welcome by staff and management. The home was pleasant but also had a clinical feel about it. Staff were all identifiable in appropriate uniform and wearing lanyards.

There was a visitors book , however none at the 'front door' which meant visitors had to walk through the ground floor of the nursing home to reach the main entrance of the home.

There were posters displayed for visitors to view but the Healthwatch poster was only put out after we arrived in the reception area and not in the different wings themselves.

Corridors were wide enough for accessibility purposes but there was some visible wear and tear.

The main entrance has some broken items waiting for collection and a Tesco shopping trolley in it.

Bathrooms and public toilets were mostly clean, some bad staining was seen on some. Some of the lesser used toilets/bathrooms were used for storage.

All staff and resident interactions observed were pleasant, dignified and caring.

The Healthwatch representatives observed the communal activity and a mealtime, which demonstrated that the staff knew their residents well. They were seen to be engaging with them positively.



The visit

On arrival we spoke with the management team about the enter and view visit and how we were going to conduct the visit. They spoke about the different units and the residents they currently have. They mentioned that the nursing home has limited residents due to this section being updated soon and becoming a complex care section.

They explained that the home is split over three wings

1. Nursing home on the ground floor
2. Complex care on the ground floor
3. Neuro care on the first floor

At the time of the visit, we were informed that there were 5 residents in the nursing home, 10 residents in neuro care and 10 residents in complex care.

It is unknown how many staff are designated to which departments and what the staffing numbers were on the day of our visit, although a staff member implied that there were more staff on shift than usual.

We initially carried out a walk through with a manager, who was able to explain the run through of the care home, layout and introduce us to the staff. We then carried out the enter and view unsupervised.

During our visit we spoke to....



2 Residents
8 Staff
0 Relatives

Enter and View observations

First floor: Neuro Wing

When we arrived, chair exercises were happening at the time of the visit in the lounge area with five residents and the activity coordinator. Staff were observed to be supporting residents to join in by helping them move to the music and talking them through the actions.

When the activity had finished the room was moved around with a table in the middle of the lounge with 6 chairs around it. They then moved the seating around the outside of the lounge room. Some residents were taken out of the lounge and there were five residents left in the lounge area, who were given an apron ready for lunch time. Staff were then seen sat with residents supporting them to eat their dinner. The interactions between the staff and residents displayed kindness and patience.

There was an activity timetable printed out on an A4 sheet of paper on the games cupboard in the lounge but this was not visible to all residents and would have been beneficial to be bigger, somewhere where residents can view this and it can be more interactive.

There was a kitchenette space that was separated by a glass wall and a lockable door. Just off the lounge was a sensory room which had lights, music and a projector in there for residents to use. At the time of the visit a resident was using the room for around two hours before staff were seen taking them out and back into their room.

Along the corridor, each bedroom had an ensuite and was large enough to move around and easy for residents who require wheelchairs to safely move around the room. Each bedroom door had the name of the resident on them. The bedrooms had double doors which lead onto personal balconies which residents could use and were decorated to the residents specific needs and wants to make it homely.

There was no signage seen throughout the neuro wing and no dementia friendly signage was observed. There was only one dementia-friendly clock present, which had the wrong date. It was unclear as to where visitors or residents needed to go and main doors including shared bathroom had no sign on.

Enter and View observations

Ground floor: Complex Care Wing

Directly underneath the Neuro wing was the Complex Care wing.

This wing had the same layout as the first floor and again no signage or dementia adaptation made available throughout this section.

Some of the bedrooms in this section had a toilet and some had ensembles. There was a large, shared bathroom for residents to use but this was not signposted correctly so not clear as to where residents should go.

As representatives entered this part of the wing there were four residents sat in the lounge watching television and staff were on different units or on their lunch. Within ten minutes of us being on the wing staff members were seen coming into the lounge area asking residents if they were alright. They were seen taking them out of the lounge and back into their bedrooms.

At this point staffing did appear quite low and residents were seen asking to go back to their bedrooms but were being told they needed to wait until they had taken the other resident back first.

One member of staff was seen coming into the lounge and saw a resident noticeably upset and they began speaking with the resident about what they had for dinner and making general conversation to take her mind of it. This member of staff was due to finish their shift but stayed to ensure the resident was happy and got what they needed.

There was a strong smell in the lounge area in the complex care wing and this was addressed with staff at the time, and they said that they were taking a resident back to their room to sort this. Noticeably less staff visible between 12-1.

Enter and View observations

Nursing Home

There were only five residents in the nursing home at the time of the visit due to changes being made to this wing in the coming months. We were informed that there will be no new residents admitted until the updates had happened.

There were three separate lounge areas available in this area with seating in one and a table and chairs set up with a kitchen in the other lounge. Bedrooms were scattered throughout the corridors with names on each of the bedrooms. These bedrooms had ensuites available.

Staffing in this section was very limited and residents were seen to be in their rooms the whole time the visit was happening with one resident sat in the lounge throughout the whole visit.

When we arrived in the nursing home unsupervised, there was a resident who sounded very distressed down a corridor in their bedroom. There was also another resident who was struggling to get out of a recliner chair in one of the lounge spaces. The representatives searched and struggled to find any staff within the Nursing Home unit, there was a gentleman who was in his bed with a tv playing very loud and the door to the room opposite was closed.

A domestic who had finished her shift agreed to look upstairs and try and find someone, which was to no avail. At this point we left to get a manager from the office to express our concerns re: the resident who sounded distressed and the gentleman who wanted to get out of his chair, and within minutes there were staff members within the unit able to help, the explanation given for their lack of visibility was that they were providing personal care in the room with the door closed.

We were told that the presentation of the resident who seemed distressed was usual for her, we witnessed the staff being encouraged to take her into the lounge for a change of scenery and were told that the gentleman in the chair can't fall out and it is common for him to display a desire to get out of the chair but then will immediately want to sit back down again.

When asked about call bells/alert systems within the nursing home, we were informed that they don't have that but there is an hourly rotation of staff checking each resident.

Enter and View Summary

Reception was not clear, and better signage would be beneficial. Visitors were seen to be coming to the door at the front of the home and were being asked to walk through the nursing home to sign in at the main entrance, before being taken where they needed to go.

Staff were easily identifiable with their uniforms and lanyards.

There was a nicely maintained outside area that had seating and was large enough to have a lot of residents out at the same time. There was a balcony on the neuro ward that overlooks the garden area. A smoking area at the side of the entrance, off the car park that was used by staff.

All lounges had suitable seating available to cater for different needs, some lower and some higher with more support. The lounges in all areas doubled up as dining rooms and this was quite cramped when an activity takes place.

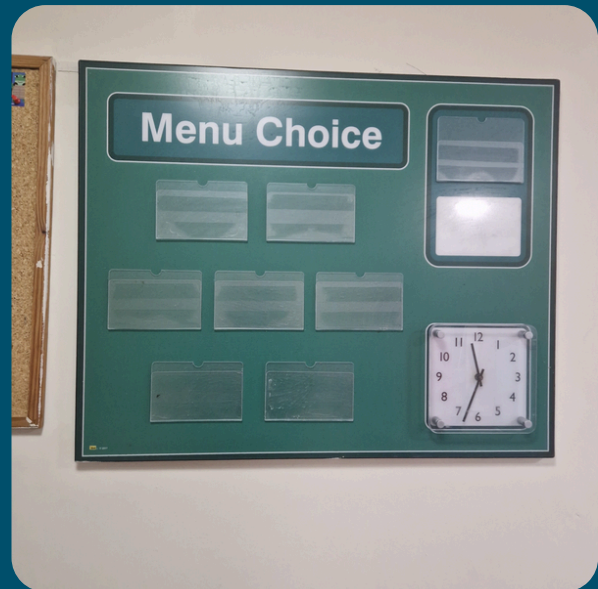
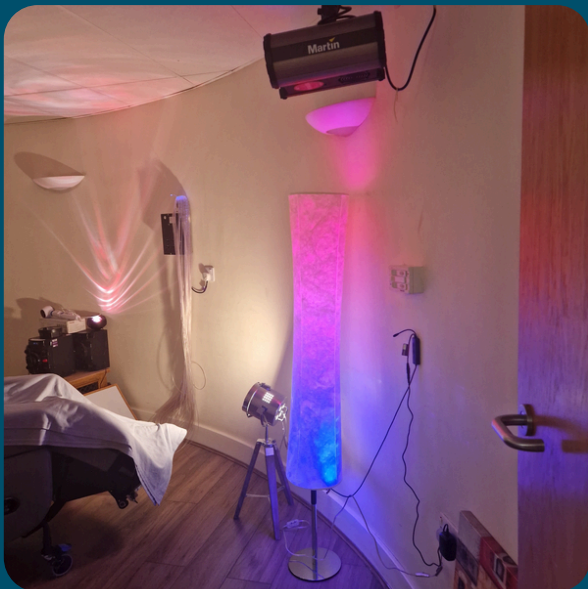
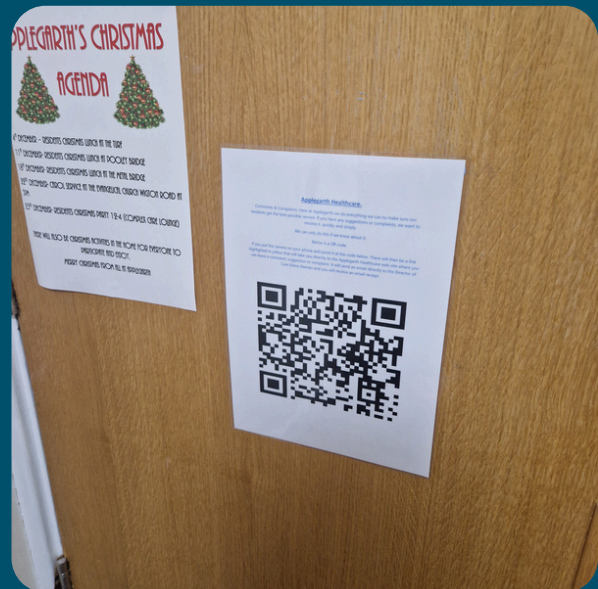
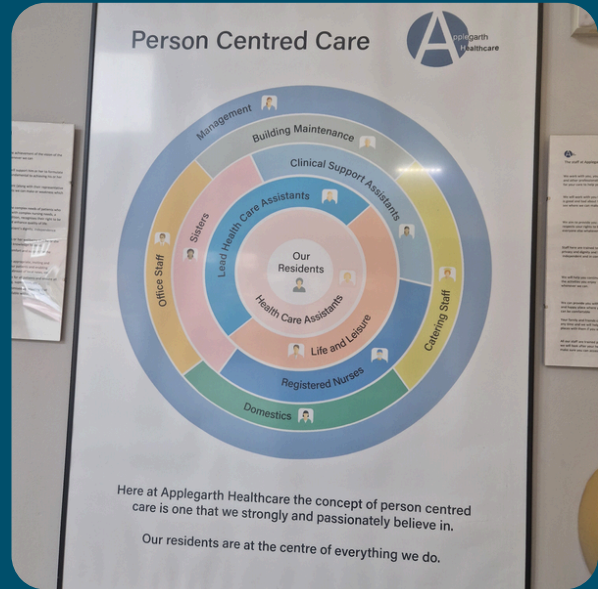
Concern over space and capacity in some areas as unsure how they would fit all residents within the lounge, if they are at full capacity.

Food is made freshly onsite and then brought up to the different areas at lunch time. All residents are told the night before what the lunch will be and then they are also asked again on the day what they would like. Witnessed the interactions between staff discussing the residents' options, adapting to preference or change of mind.

There were menu boards up in all areas near the lounge, but these were empty and not used. It would be good if these could be used so residents can visually see what is available for their breakfast, dinner and tea.

We were told that residents go on outings with staff regularly and they will bring in more staff to facilitate this and ensure that residents can go out and about. We witnessed a resident going to the shop with a staff member.

We were shown the 2-bedroom flat space that was on the second floor, the lift was broken, and the flat is not used presently and has not been used for some time. The reason given was to do with the complex needs of the residents they have and not having the need there. There was a staff member seen to be taking a break in that space and was asked to go to the allocated staff area for their break in future.



Resident feedback

We chatted with two residents who had capacity and could give verbal consent. Due to the extensive care needs of this home, and capacity, it wasn't possible or appropriate to speak with more.

? Do you feel the environment is adequate for your needs?

“ It is very accessible and that accessibility is very important to me.”

This particular resident felt that as a wheelchair user it was suitable for his needs.

? What activities are on offer and do you join in?

“ There are regular meetings with the activity lady and she asks us what we want to do and where we want to go ”

“ We do get choices and we can mix between wings to join in with other residents if we want to ”

? How do you find the care you receive?

“ Staff are brilliant with me and will take the time out to speak with me, The care is brilliant, I can't fault it at all. ”

? How do you find the food provided?

“ The food is alright. My favourite is lasagne, but I like to sort my own food ”

Staff feedback from 8 members of staff



Do you have enough staff when on duty?

“ I feel we have a good team here and staff will come in and support if we need more help. ”

“ The staff to resident ratio is fine at the moment but if we were at capacity we wouldn't be able to manage. ”

“ I have never known there be as many staff as there is today. ”

Although most staff felt they had enough staff when on duty there were some concerns raised about the levels should they be operating at a higher capacity of residents. It was reassuring that extra support can come in at short notice.



Do you feel that you have enough time to provide appropriate, person-centred support?

“ Yes I do. I feel it always comes down to teamwork. There is always someone on hand to help and support us. ”

Staff told us they feel well supported by staff and management and confident in the care they are giving.

“ I feel if we go to management with an idea they will do everything to help us achieve it. ”

“ I am very well supported and if anyone needs help we support each other. ”

Staff said sometimes they feel pressured to get things done in a timely fashion

Staff Feedback continued

? Do you feel you have enough training to carry out your duties well?

“ Yes an example of this is recently we had an aggressive resident, and we were all given training to care for them safely. ”

The majority of staff were please with the quality of training available to them

“ I think we would benefit from a bit more in-depth training as an example of spinal injuries. I think that would be good. ”

“ We just have basic training online. ”

Others felt that the online training was basic and could be better.

? What is your experience of working here and would you recommend this service to a close relative?

Most staff told us that they liked their place of work and agreed that they would be happy for their loved one to be a resident there. There were a couple stating they wouldn't be comfortable.

“ I would not have a problem with the care but in my culture we would care for them at our family home so I wouldn't. I would recommend working here though. We are like one big happy family ”

“ No, I wouldn't want my loved ones to be in here. it is hard to put my finger on why but perhaps it is because of younger, less experienced staff members who have just a little less life experience. I see and hear how disorganised it can be and i is worrying ”

Staff Feedback continued

“ I feel this job challenges me in a good way and I love that. ”

“ I love my job. We are always planning new things for the residents. ”

“ Yes I think I would be happy for a relative to live here. ”

“ it's the small things. If there were improvements made with better quality furniture, better beds, mattresses, bedding and towels, just a little more luxury. I would want more than this for my relatives. ”

? Are there any changes that can be made to improve the resident experience?

“ Good impressions matter and I don't think we make the best impression visibly for relatives, professionals and new residents. The condition of some of the flooring, bedroom furniture, soft furnishings and mattress quality could be improved. ”

“ Another lounge would be nice as I know if we were at full capacity then we wouldn't be able to get all the residents in the room at the same time. ”

Staff Feedback continued

“ If we had more experienced/trained staff we would be more organised and consistant. ”

“ I think the residents would benefit from more open spaces. More individual support per resident. If they had their own allocated staff this would make them more comfortable, improve relationships and create trust. Especially those who need 1:1 help, they would benefit from consistency. ”

👉 **Any other comments?**

“ We have partnered with 3 schools in the area so that residents can interact with them, and the residents love it. We also share with the residents different things that are happening in the area that they might like to go and do or see ”

“ I think it would be beneficial for the domestics to have more training or be made aware of specific resident's needs. Some days I can feel like a therapist or get asked questions. I don't have the information or know the care plans, so I don't always know how to respond. there is not always someone nearby to ask ”

“ I am happy working here. ”

Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from residents, relatives and staff.

1

Implement signage externally and within the home to ensure visitors and residents can easily find their way around

2

Ensure the menu boards are being used and show what residents are having for their meals every day

3

Implement a new large activity board in all lounge areas that residents can interact with and is more visible for residents to see what is happening and when. E.g. Velcro pictures with activities happening that day.

4

Look at staff dinners and capacity around 11:30 – 13:30 to ensure staff have the support needed to help residents in each wing of the home.

5

Implement dementia friendly signage within the home and dementia clocks in each lounge area.

6

Management team to consider specialist training suggestions, as expressed by staff.

Provider response

Recommendation	Action from provider	Timeframe	Comments
Implement signage externally and within the home	Signage has been improved to ensure visitors are aware of the main entrance	Partially completed	New external signage will be erected once the refurbishments are completed
Ensure the menu boards are being used and show what residents are having for their meals everyday	This has been completed and is in place	Completed	Checks are being made to ensure what is on the menu is what is being served
Implement a large activity board in all lounge areas	White boards have been put up to advertise upcoming events instead of attaching to doors	Partially Completed	Activity and occupation are organised at short notice/on the day dependent on residents wishes
Review staff breaks and capacity around 11:30-13:30	Staff breaks do not happen between those hours	Not actioned	Staff are less visible as many residents choose to remain in their rooms and require 1-1 assistance over mealtimes
Implement dementia friendly signage within the home and dementia clocks in each lounge area	Signage has been improved in the home and a clock has been put in every lounge	Partially Completed	We do not care for residents routinely with dementia and do not feel that environment is suitable for the younger resident we have
Management team to consider specialist training suggestions as expressed by staff	Already happens		Specialist training is sourced when requested by staff

Questions

Is the report factually accurate?

"We feel there are several inaccuracies in the report around staffing and cleanliness of the home."

Did you learn anything new about residents view and experiences, or anything else as a result of the Enter & View undertaken by Healthwatch Cumberland?

"What is evident is that the residents you spoke to feel well cared for and supported."

Any other comments?

"For information, the nursing home part of Applegarth is now closed with all residents now housed on the Complex Care and Neuro units."

"We felt there should have been mention of the rolling program of refurbishment as a number of areas have now had new flooring, furniture, curtains and have been personalised."



healthwatch
Cumberland

Healthwatch Cumberland
The People First Conference Centre
Milbourne Street
CA2 5XB



t: 0300 303 8567
e: info@healthwatchcumberland.co.uk

healthwatchcumberland.co.uk