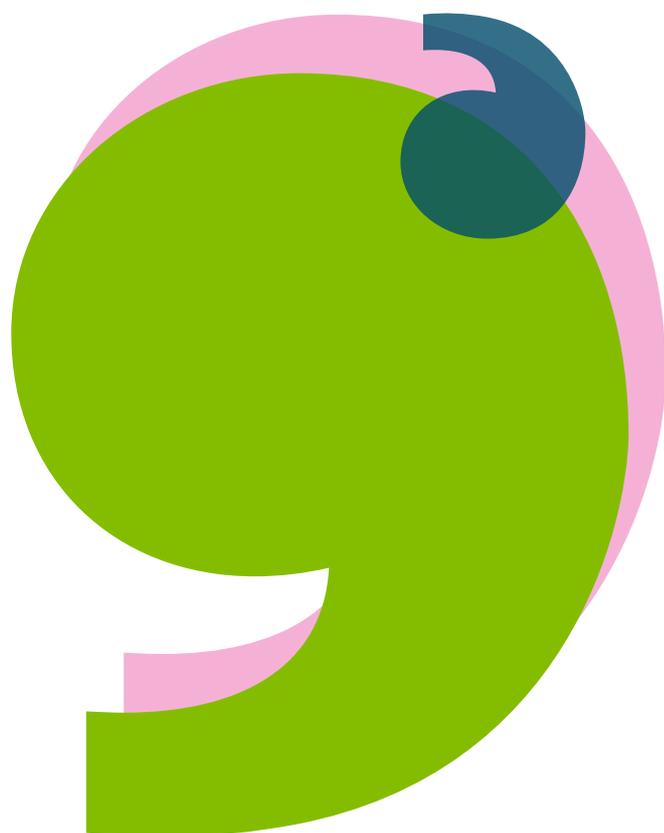




# Enter and View report

Andrin House Nursing Home

Date: 14 June 2019



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# 1 Introduction

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## 1.1 Details of visit

**Details of visit:**

Service address	43 Belper Road, Derby DE1 3EP
Service provider	Rosecare Ltd
CQC rating	Requires Improvement (November 2018)
Date and time	14 June 2019, 10am-3pm
Contact details	Healthwatch Derby, The Council House, Corporation Street, Derby DE1 2FS
Declaration of interest	There were no declarations of interest on this visit

## 1.2 Acknowledgements

Healthwatch Derby would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## 1.3 Disclaimer

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

## 2 What is Enter and View?

Part of the Local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch authorised representatives carry out these 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 Local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential and nursing homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

### 2.1 Purpose of visit

This visit was part of Healthwatch Derby's work around residential and nursing homes in the city, looking at the experiences of the residents, their visitors and the staff.

### 2.2 Strategic drivers

Residential and nursing homes are one of Healthwatch Derby's key priorities to ensure the services within the city are of adequate quality and meet the expectations of the service users and their families.



## 2.3 Methodology

Prior to the visit, the home is contacted in order to explain the purpose of Enter and View. Posters are then displayed advertising the visit and the opportunity for residents, staff and visitors to complete a survey. Therefore, this was an announced visit.

The visit consists of talking to the manager, tour of the facilities and resident interviews. Authorised representatives take advice from staff as to which residents should not be approached/are unable to give informed consent. They introduce Healthwatch Derby and Enter and View, gain their consent to take part and explain that they can withdraw at any time. They ask structured questions in an informal manner.

Visitor and staff surveys are left with freepost envelopes. The surveys include introduction, consent and withdrawal information, questions about their views and experiences and contact details for Healthwatch Derby and other relevant organisations.

A draft report and full anonymised survey results are sent to the home which then has 28 days to respond. The finalised report is sent to the CQC, Derby City Council, NHS Derby and Derbyshire Commissioning Group and published on the Healthwatch Derby website.

## 2.4 Description of service

Andrin House Nursing Home sits in a quiet residential area close to Derby City Centre. The Manager, Clare has a Degree in Dementia so has a dedicated understanding and respect for a large proportion of the residents. The Entrance Hall was a welcoming, light, bright and airy space which was well decorated with a display of love hearts in a frame displaying 'what dignity means to me'. On the wall was a staff photo board with ladybird pins next to those staff members who were dignity champs. A separate notice board provided information regarding end-of-life, contact details for the home, health and safety and a dignity display including dignity do's. The home is close to local amenities, a bus route and is in close proximity to the city centre. The 37-room home caters for age mid 50's and above and specialisms include; respite, dementia, end-of-life and mental health. At the time of the visit 24 service users were in residence with the gender split being roughly two thirds female.

The home is working on attaining their DELQA End of Life Award for End of Life Care, then Clare is keen to start working towards achieving the Derby City Council Bronze Dignity Award. There are already recognised Dignity Champions within the home.

A typical shift has 3 care assistants, a nurse, a cleaner a laundry assistant, a cook, a KA and a maintenance personnel. A night shift runs with 2 care assistants and a



nurse. An extra cleaner is going to be employed to carry out a deep clean every other day. Staff ratios are decided by a matrix and staffing is always over estimated to allow for any emergency admissions. Training for all staff is extensive and ongoing. Care staff and nurses hold qualifications and/or training certificates in: Continence Promotion, Dementia, DOLS, Failsafe, Fire Safety, Food Hygiene, Health and Safety, Infection Control, Manual Handling, Medication, Safeguarding, Skincare, GDPR, Care Certificate (new in 2015), NVQ's 2 and 3, End of Life and Palliative Care. All qualifications are achieved in-house and staff are working in DELQA. Nurses also do T34, NG training and Certification of Death. Clare is also aware of the short courses available through Loughborough College. Staff are encouraged to develop their skills with extra training, have one appraisal and six supervisions per year and are continuously monitored discreetly. Monthly staff meetings are held that include specific departments and all staff and directors.

All bar one, residents all see the same GP that will visit the home if necessary.

Preventative optometry appointments are carried out however dentists insist on the residents visiting practice and only if they have their own teeth. Two members of staff are trained to promote Mouthcare and carry out monthly reviews and update care plans and charts. All residents are supported to clean their teeth twice a day and to carry out daily care for their dentures. A private chiropodist is used as and when necessary and a hairdresser visits the home monthly.

## 2.5 Summary of findings

- Andrin House appears to be a well-run home by a passionate, dedicated and enthusiastic Manager with high standards. Her expertise is apparent and she is a positive role model to her staff.
- Dementia is understood and is a specialism that is highly catered for at Andrin House. The Manager has a degree on the disease which enables her to respect its complexities so that she is able to cater for its every potential consequence, for the safety and wellbeing of the service users she has a responsibility for.
- There is a natural promotion of Privacy, Dignity and Respect within the home.
- Overall, the experiences of the residents, their visitors and staff are positive.
- There was evidence of interaction between the Residents and Staff which was natural, respectful and appropriate as and where necessary.



## 2.6 Results of visit

### Environment

Outside Andrin House is a small car park at the rear and a Blue badge space near the front, a sign that is easy to see from the road and a ramp up to the front door. At the back of the home there was a slabbed area with plants that could be utilised as a garden area. The home was under-going major refurbishments at the time of the visit and the Healthwatch representatives witnessed wallpaper being hung in one of the corridors in an effort to complete the renovations.

### Facilities

The Entrance Hall was a welcoming, light, bright and airy space which was well decorated with a display of love hearts in a frame displaying 'what dignity means to me'. On the wall was a staff photo board with ladybird pins next to those staff members who were dignity champs. A separate notice board provided information regarding end -of-life, contact details for the home, health and safety and a dignity display including dignity do's.

### Downstairs

All interior doors are different colours for ease of room identification. All visible clocks are large and clear and Dementia friendly. The lights are bright and signage throughout is clear.

### Quiet Room

Used by residents to have some quiet time and contains old fashioned ornaments including a traditional telephone along with other rare artefacts, has a big clock on the wall, five large armchairs and small side tables with removable tops that double up as trays. The room can be used by relatives and during the visit the representatives conducted the Managers survey in here.

The corridor had handrails at waist height throughout. The walls had brick effect wallpaper, planters on the wall and decorative covers covering the radiators. There was a relatives' board displaying general information, the CQC rating, service user questionnaire results, the complaints procedure and details of residents' meetings.

From the corridor was a ramp to the patio area. The outdoor area will be used to play games, house ornaments, plants and a rockery.

### The Dining Area

Comprised of 3 tables set for eight people each, had a drinks station and on the wall was an interactive calendar incorporating the weather, season, day, date, month and year.

### Main Lounge

At the time of the visit the residents were sat in the lounge playing a game of basketball. There was a TV on the wall and music playing in the background. Some of the residents were involved in the activity whilst some were sleeping.

### Bedrooms

Residents are able to choose the colour of their bedroom door. On the doors are the residents' name, a brass number and door knocker, a 'knock before you enter sign' and a red, yellow or green sticker relating to how much assistance would be needed in the event of an evacuation. Rooms include 3 double including a vanity unit, 2 en-suite and 2 flats with their own facilities. The rooms that were viewed during the visit contained a bed, chest of drawers, a TV if the resident doesn't bring their own, a vanity unit and a clock.

### Shower Room

Fully tiled with a wet room floor, handrails, shower chair and toilet and fully accessible. On the wall was a large clock, toiletries were readily available, drawers were labelled with contents (pads, wipes etc) and there was a fully stocked glove and apron dispenser.

### Activities

In a dedicated activity room, the representatives saw board games and activities readily available. For each resident there was a file for the carers to document levels of participation in activities. Staff are in the process of creating a memory box for all residents and working with the residents they are being decorated.

At the time of the visit, representatives observed a member of staff encouraging residents to participate in a game of basketball. Residents were sat in the lounge being addressed by their name and being encouraged to take part. The staff member was congratulating each resident in turn whilst the residents were responding well.

Activities inside the home include basketball, balloon games, dominoes, cooking, arts and crafts, sensory, reminiscence, colouring, knitting and food tasting days. Singers and performers visit the home. Gardening can be done outside and residents can walk or get a taxi into the town centre. Residents are encouraged to get involved with the organised activities. If they choose not to participate, the quiet room is utilised to set up arts and crafts.

### Catering

Residents are asked everyday what they would like to eat and drink. There are generally two options at lunch and regular snack rounds whilst the choice of when and where to eat and drink is left to the individual. At mealtimes all staff stop their duties and help feed the residents although to promote independence finger food is encouraged. As and when necessary residents are asked whether they would



like to wear an apron. It is placed on their lap if the resident chooses not to wear it. To make mealtimes sociable, residents are encouraged to sit in the dining room with music playing in the background.

### Information

The Entrance Hall was a welcoming, light, bright and airy space which was well decorated with love hearts in a frame displaying 'what dignity means to me' and a hand gel dispenser on the wall. On the wall was a staff photo board with ladybird pins next to those staff members who were dignity champs. A separate notice board provided information regarding end-of-life, contact details for the home, health and safety and a dignity display including dignity do's. The Manager informed the Representatives that as part of the physical improvements to the home, marketing materials will feature a new logo. This will be displayed on signs, leaflets and the website.

### Residents

Cultural, Religious and Lifestyle needs are discovered upon completing a pre-assessment on arrival at the home. At the time of the visit, residents were interacting with each other and staff members. They were addressed by name and all looked clean, tidy and cared for. Every resident has their own personal nail care set.

### Staff

The care staff were seen to be chatting to visitors and were all wearing name badges. The carers all had walkie talkies for ease of communication between floors. The cook was seen interacting with the residents as she spoke to each one individually and asked them what they would like for lunch whilst another carer helped a resident eat. Staff have 6 supervisions per year whilst a monthly audit is carried out to check staffing levels are correct. Clare told the representatives she is always encouraging staff to engage in further qualifications and extra training. Two staff members are trained to carry out mouth care and three handovers a day are carried out.

Staff get to know a resident's life history, personality and health and care needs via an assessment upon arrival at the home which usually includes input from family members. A named Nurse or carer then gets to know them in the early weeks and adds to the profile of the service user. As and when health and care needs change, they are communicated accordingly, for example dietary requirements are updated on a list in the kitchen.

### Visitors and relatives

The visitors and relatives present at the time of the visit were offered refreshments just as the Healthwatch Representatives were at regular intervals. Residents and their families are encouraged to attend relative's meetings,

complete annual questionnaires, attend residents meetings and take advantage an open door policy in order to be involved in how the home is run.

## 2.7 Survey results

It was not possible to talk to any residents. A total of five surveys were completed.

### Staff surveys

- I receive support from the manager and it is easy to talk to them when I want to ask a question or raise an issue.  
1 out of 1 response said agree.
- I have the time and skills to properly care for the residents.  
1 out of 1 response said agree.
- I have a good knowledge of each individual resident.  
1 out of 1 response said agree.
- The home offers a varied programme of activities and supports all residents to take part.  
1 out of 1 response said agree.
- The home offers good quality and choice around food and mealtimes.  
1 out of 1 response said agree.
- All residents regularly see health professionals such as dentists and optometrists (opticians).  
1 out of 1 response said agree.
- The home supports and respects residents' personal, cultural and lifestyle needs.  
1 out of 1 response said strongly agree.
- The home tries to find out and use feedback and suggestions from residents, their family and staff about how the home is run.  
1 out of 1 response said agree.

### Visitor surveys

- I know who the manager is and find them friendly and helpful.  
3 out of 4 responses said strongly agree.  
1 out of 4 responses said agree.

Respondent B: She has always been very knowledgeable, professional and understanding in all aspects of Mum's care.



Respondent D: She makes me feel at ease with her friendly but very professional manner.

- The staff in the home have the time and skills to care for my relative/friend.

3 out of 4 responses said strongly agree.

1 out of 4 responses said disagree.

Respondent C: Mum has received exceptional care from the nursing staff.

Respondent D: They take all the time required to ensure my mother-in-law is comfortable and safe.

- The staff have a good knowledge of my relative/friend.

3 out of 4 responses said strongly agree.

1 out of 4 responses said agree.

Respondent B: Excellent knowledge, care plan is always accurate and kept up-to-date.

- The home has a varied programme of activities and my relative/friend is helped enough to take part.

2 out of 4 responses said strongly agree.

1 out of 4 responses said agree.

1 out of 4 responses said disagree.

Respondent D: When xxx was not bedbound she enjoyed the dayroom especially the singing along to the music she once loved when she was a young girl.

- The home offers good quality and choice around food and mealtimes.

3 out of 4 responses said strongly agree.

1 out of 4 responses said agree.

Respondent C: I have witnessed Mum being offered a variety of meals from a menu which changes for each mealtime.

- My relative/friend regularly sees a dentist and an optometrist (optician).

3 out of 4 responses said strongly agree.

1 out of 4 responses said agree.

Respondent B: New glasses were prescribed, plus dental advice received.

- The home caters for my relative/friend's cultural, religious or lifestyle needs.



2 out of 4 responses said strongly agree.

1 out of 4 responses said agree.

1 out of 4 responses said disagree.

Respondent B: All mum's needs are met.

- The home tries to find out and respond to my views and suggestions about how the home is run.

3 out of 4 responses said strongly agree.

1 out of 4 responses said agree.

Respondent A: They hold meetings and ask for views on questionnaires etc.

Respondent D: The team are always happy to listen to any suggestions to ensure xxx and the other residents are cared for and safe.

## 2.8 Evidence of best practice

- Dignity is protected and respected: 'Knock before entering' signs on Bedroom doors, Ladybird pins highlight Dignity Champions in a subtle but effective way on the staff board and aprons placed on laps at mealtimes.
- Dementia friendly surroundings including signs and clocks.
- Interaction was evident between staff and residents in a stimulating, inclusive and engaging environment.
- A clear staff board inclusive of pictures and name badges worn by staff makes it easy for residents and visitors to recognise care staff. This is likely to encourage communication widely across the home.
- A portable screen was used in the living room to protect and promote privacy amongst residents.

## 2.9 Recommendations

- Andrin House should keep focussed on the Derby City Council Bronze Dignity Award application to reinforce the fact that residents are clearly treated with dignity.
- A display of the day's menu and activities for the residents may encourage engaging socially with each other in the communal lounge.

## 2.10 Service provider response

As a home we feel that the report was a true reflection of our service and feel that the visit was helpful for us to identify any issues that we can learn upon.

