



**Enter and View visit to:**

Amberley House  
358 Ubberley Road,  
Bentilee,  
Stoke-on-Trent  
ST2 0QS

**Date and time of visit:** 14th March 2019, 2:00 p.m.

**Managers Name:** Sandra Rhodes Home Manager

**Authorised Representatives**

Jean Mayer

Carol Myatt

George Wallace

**Overview of Home**

The service is registered to provide accommodation and personal care for up to 74 adults (*please note that the web site shows anomalies - it refers to the home being 76 bedded*). People who use the service require nursing or personal care and/or may have Dementia. The home also provides care for those who need treatment of disease, disorder or injury.

**Reasons & Purpose**

This visit was arranged as a follow-up to a CQC inspection in May 2018. The findings at that inspection were “Requires Improvement” in all five areas (Safe, Caring, Effective, Responsive and Well led).

Our visit was to see what improvements had been made further to the inspection report published in August 2018.

**Methodology**

The Healthwatch representatives were able to speak with the manager, a range of care staff, care workers and, of course, residents.

Please note that the new Manager made several points to clarify certain areas of this report. They are included at each appropriate part of the report and her full

response is appended at the end. This is standard practice for every Enter and View report published by Healthwatch Stoke-on-Trent.

### **Information Collected**

The Healthwatch representatives had copies of the most recent CQC report from August 2018.

### **Physical Environment**

#### **External**

Located in Stoke-on-Trent's Bentilee area. The Home is conveniently placed for local services and public transport. The 76-bedded home is situated in its' own grounds.

The grounds appear to be well tended.

#### **Internal**

The Home is split over two floors, has two lounges and two dining rooms. The ground floor accommodates frail elderly residents requiring general nursing care and the first-floor residents requiring dementia nursing care. All rooms are en-suite.

*The Manager comments: The home is split over 2 floors but has 3 units. The ground floor has 2 units; one is able to accommodate 28 general nursing residents and the other 6 specialist dementia residents. The first floor can accommodate 40 Dementia Nursing residents.*

#### **Resident Numbers**

The Home is registered as having 76 beds but 74 rooms, but we were advised by the Manager that presently there were 70 occupied beds split between the 2 floors.

#### **Staff Numbers**

On the day of our visit there were nine carers on the ground floor and five on the upper floor. Additionally, there were two nurses on each floor.

During the night there were six carers and two nurses on duty. The manager advised us that although there was a small turnover among new carers (some new staff are very enthusiastic but realise quite quickly that this job is not for them) generally the staff turnover has been greatly reduced.

#### **Staff training**

We were also assured by the manager and by speaking to other carers that training is now very regular for all staff and they are encouraged to ask for help and guidance at any time. The plan is that newer or inexperienced carers will be able to use the knowledge and experience of senior carers which should avoid having to go the manager with queries.

However, it was stressed by the manager and confirmed by the staff we spoke to that access to the manager or nurses was available at all times.

### **The Visit**

The three members of the team spoke to a few residents and quite a few visitors and the general view from both groups was very positive. One visitor, a close friend of the resident did say that she had noticed a great improvement in the last few months. She was a very regular visitor to her friend and could not praise the individual members of staff enough for the kindness they showed her friend, including buying her little gifts to cheer her up.

At present there are no seriously visually impaired residents, although eyesight and hearing loss is a fairly common occurrence amongst the residents using the home. The visitors spoke to a couple of carers about this who said they quickly learn who 'forgets their glasses' and who needs to be spoken to in a 'louder voice'. They assured us that they always check that these residents are helped when necessary.

The team spoke to a housekeeper who has been working at the home for 3 years. She is very happy in her job and volunteered to us that she gets lots of training including updates on COSHH (*Control Of Substances Hazardous to Health. - Home Manager*) which is important to her in the security and safe storage of her cleaning materials.

### **Catering**

We spoke to a few residents who did not know what was being served for dinner or for other meals and one of the visiting team mentioned they had spoken to a resident who informed her that the food provided was sometimes served 'too cool or even cold'. He told her that he frequently used the microwave to reheat tins of soup kept in his room.

However, despite these two instances, we generally had positive responses from both residents and family members as to the quality of the food served. There were menus (showing main ingredients in the meals) available in both upstairs and downstairs dining areas and those residents who had meals in their rooms were verbally informed of the items available and the ingredients contained in them.

Menus are changed daily and the menu cycle is fortnightly.

- The Home Manager made the following comments regarding this section of the report: *choosing to warm their own soup in a microwave is a personal reference and not sure this is relevant to the report?! The temperatures of the food is (sic) checked at the point of service and recorded.*
- *The menu cycle is 4 weekly and changes with each of the seasons. This is shown on the wall outside each of the dining rooms and is always up to date.*

- *Our residents have the menu to choose from and the chef always prepares 'show plates' of each of the main meal choices as a visual prompt.*

Two different family members said that the staff took whatever time was needed to help feed those residents who needed help. In many cases family members tended to do this as their choice.

We were invited into a room by a resident who lived there. We found it to be clean and welcoming. The lady we spoke to assured us that it was 'just like home' and she was 'happy with the food'.

Generally, we observed that the corridors and the rooms we visited were all clean and bright. This included both resident bedrooms and dining and lounge areas.

Communal bathrooms and toilets were very clean and decoration was of a high standard. The staff we encountered seemed quite cheerful and accessible.

### **Activities**

Resident activities have been lacking in the past but an activities co-ordinator who had been part-time has now changed to full-time and, with the co-operation of the manager, staff and input from residents and family members will start to develop more activities with the aim of including as many residents as is practical.

- It is hoped that this approach will be implemented quickly because, at the time of the visit, several other residents believed organised activities were 'very few and far between'. The team also reported that they did not see an Activities Board in the Home, letting residents know what events/sessions were being planned. We have been assured by the Manager that, although not spotted by our visitors, Activity Boards are displayed: *Activities boards were not observed by the team, however, these are very prominent on (sic) each of the 3 areas of the home along with photographs of the residents participating in the activities. (photographic evidence can be provided if you would like to see).*

### **Summary and Comments**

The visiting team saw evidence of improvements since the CQC visit last year but there are still several areas which need to be further improved. We are aware that the new Registered Manager will need time to 'settle in' and because of this we wish to arrange a re-visit in four months' time to check on further improvements. In particular, the team would like assurances regarding:

- the work of the Activities co-ordinator
- a closer look at staffing levels on each of the shifts and
- adequate and up to date displays of menus and activities

The team wishes to thank the staff at Amberly House for their openness and hospitality.

**Note regarding responses from Manager (below):**

The responses given by the Manager are given in their entirety below and, as a responsible Local Healthwatch, we respect each of her comments. We suggest that the follow up visit takes place before the end of June 2019 to look at any further improvements and to verify the points raised by the Manager.

**Response to the draft report from Ms. Nicki Oliver, Home Manager**

*I hope that my message finds you well.*

*Firstly I would like to say thank you to the 3 people who visited our home, they were very polite and courteous to both staff and residents. There are a few anomalies with the report and the how the home presents.*

*Thank you for the draft report that we have received at Amberley House Care Home on 12<sup>th</sup> April 2019. I have now had the opportunity to check the factual accuracy of the contents.*

*Having had the opportunity to read the report we would like to correct the following points:*

- *The home is registered for a maximum of 74 residents*
- *The home is split over 2 floors but has 3 units. The ground floor has 2 units; one is able to accommodate 28 general nursing residents and the other 6 specialist dementia residents. The first floor can accommodate 40 Dementia Nursing residents.*
- *There is a lounge and dining room on the Specialist dementia unit; 2 lounges and a lounge/diner on both the nursing and dementia nursing units.*
- *The staffing on the day of the inspection (14/03/19) was as follows: on the specialist dementia unit there were 4 care staff, on the nursing unit 5 care staff and 2 nurses between the 2 units. On the first floor there were 8 care staff and 2 nurses. On the night there was 8 care staff and 2 nurses (rosters can be forwarded if you would like to see them). The home staffing is checked daily according to resident dependencies.*
- *COSH is stated in your report – this should read as COSHH which is the Control Of Substances Hazardous to Health.*

- Catering – choosing to warm their own soup in a microwave is a personal reference and not sure this is relevant to the report?! The temperatures of the food is checked at the point of service and recorded.
- The menu cycle is 4 weekly and changes with each of the seasons. This is shown on the wall outside each of the dining rooms and is always up to date.
- Our residents have the menu to choose from and the chef always prepares 'show plates' of each of the main meal choices as a visual prompt.
- Activities boards were not observed by the team, however, these are very prominent on each of the 3 areas of the home along with photographs of the residents participating in the activities. (photographic evidence can be provided if you would like to see).

*In view of the points written above, the work completed by the staff so far and the recent local authority inspection which exceeded all expectations we feel that the summary and comments section are not justified. We are happy for you to visit again but as 4 months is a long time to have this in the public domain and we feel it should be factual.*

*Should you wish to discuss matters further or wish to see the evidence as described please do contact me at your earliest convenience. I look forward to hearing back from you.*

*Kind Regards,*

*Nicki Oliver*

*Home Manager*



Amberley House Care Home