



## ENTER AND VIEW REPORT

### Ash Hall Nursing Home

**Date of Monitoring visit 25<sup>th</sup> June 2019**

#### **Care Home Visited**

Ash Hall Nursing Home  
Ash Bank Road,  
Bucknall,  
Stoke-on-Trent  
ST2 9DX

#### **Registered Care Manager**

Karen Harford, Manager

#### **Authorised Representatives**

Ruby Barrow Greene and David Rushton, Stoke on Trent Healthwatch

Representatives have undertaken Enter and View Training and are enhanced CRB checked.

#### **Purpose of the visit**

It follows the inspection by the CQC in August 2018 concluded that overall the Home Requires Improvement

#### **Methodology**

On the day of the visit, Ms. Hartford was unavailable. Instead, we were met by Maxine Stephenson, a Senior Mental Health nurse, who acted as the home representative throughout our visit.

The Healthwatch representatives were able to speak at length with the home representative, a few staff and a few visitors. We were able to visit different areas of the home.

We were informed at the start of the visit that the home had been visited by a team from Healthwatch Staffordshire, which had 'upset' some of the staff members due to their brusque manner. We assured Ms. Stephenson that the visit was purely to reflect on what we observed on the day of the visit and was not meant to be confrontational, but more to provide reassurance and possibly suggest improvements, if any were spotted.

## **General overview**

Ash Hall Nursing Home is registered for sixty residents who experience physical disabilities, have nursing needs and/or mental health needs such as dementia. The home currently has forty-five residents.

It is privately owned by the father of Ms. Stephenson.

First built in 1837, the House has been a private home, a hotel and has provided office accommodation before being used as a nursing home. It is a large Georgian building set in its' own grounds, with ample car parking for visitors.

## **Accommodation**

It must be recognised that the home was not built as a nursing home and the interior reflects the age of the building. Having said this, the owners have adapted much of the interior to the needs of a nursing home.

There is a large reception area with its own comfortable seating. All visitors have to sign in and out of the building in the visitors book provided. We observed the cover sheets of the most recent CQC inspection displayed but saw no sign of the Dignity and Respect charter sheet we had sent through with the notification letter.

The interior throughout is well lit, wide corridors which, with one exception, were not cluttered (\*) and had enough space for walking and those less mobile or in wheelchairs.

\* we observed that one side corridor was partially blocked by an 'inflatable mattress' which was in the process of being inflated/deflated. This, being a side corridor, did not present a hazard.

The main lounge downstairs leads off the reception area is large with plenty of space for residents to walk about and for staff to attend to those less mobile without being hampered by lack of space. There is an adjoining dining room again with good space.

Corridors leading off this reception area lead to bedroom areas and a small 'keep fit' area, which was not being used at the time of visit. Also, on the ground floor there are staff offices, and a kitchen and toilets for residents.

Again, it must be mentioned that due to the building not being 'purpose built', some corridor areas do not lend themselves to being completely accessible for infirm or disabled residents.

**Bedroom areas.** There are bedrooms both on the ground floor and first floor.

The bedrooms are of a good size with room for mobility aids and some rooms are personalised where the residents request them to be. The team noticed mobility lifting equipment in some rooms.

There is a lift to the upper floor as well as a wide staircase giving access. It was observed that the main corridor upstairs had fire doors at both ends, which is itself wide and well lit with handrails along its' length.

One resident showed signs of distress in her room on this corridor and we must mention that her needs were very quickly attended to by one of the carers, after being summoned by a nurse.

### **Food**

The home has its own kitchen and two kitchen staff where fresh food is prepared daily. There seems to be a wide choice and copies of the four-week rotating menu were displayed in the lounge and dining areas of the home. Personalised menu preferences are also available (residents are currently 'being individually interviewed' regarding what they like to eat and menus are gradually becoming more personalised). There are also a range of snacks freely available for all the residents.

The home assured us that they also present food in the manner required by the resident (e.g. pureed, fork/mash etc).

### **Staffing**

Staffing levels were reported as being 'okay', but recruitment has proved to be difficult as no pay rises have been available since the home had previously been in special measures, which had consequently resulted in reduced occupancy.

### **Shifts**

We were advised that on days, the staffing consists of 10 x carers, 1 x senior carer, 2 x nurses, plus either Karen Harford or Maxine Stephenson. Additionally, there are two breakfast helpers, a cook and an assistant.

At night, there are six carers plus a senior, as well as one nurse.

### **Activities**

There are two Activity coordinators and activity charts were displayed, although at the time of our visit, no activities seemed to be taking place. Most residents seemed to be either in their rooms or in the lounge area.

### **What we heard**

Due largely to the type of resident at the nursing home (largely with advanced dementia or approaching end of life) it proved very difficult to talk with residents. One lady we spoke to in the main lounge said she was comfortable but felt lonely.

However, we spoke to several people who were visiting loved ones and they were unstinting in their praise for the care and attention shown by staff at Ash Hall. A comment was made that it was "nice that it is family run" and another (male)

visitor was convinced that the care shown to his wife had given her several more years of life.

We heard no negative comments at all made by residents, visitors or staff at any time during our visit.

### **Meeting with Diane Shufflebotham-Poole RGN**

Before we left the home, we spent approximately twenty minutes talking with a recently employed RGN, who has worked in this field for several years. She was able to fill in some of the gaps in our questions and the discussion is reported below.

- Palliative residents are seen by a visiting GP every fourteen days.
- Residents are weighed at least once a month if this can be done without undue discomfort. For the others, a visual assessment is carried out.
- Care plans are re-visited and, if needs be, re-assessed every month.
- The issuing of medication has been totally revised since the CQC inspection - everything is now signed for, both when it is issued and when it has been delivered/administered.
- Similarly, all fluid charts and 'turn charts' are signed off by authorised staff.
- She assured us that Ash Hall is one of the few in the area authorised to allow their own authorised staff to use syringe drivers.
- She also told us that the home has access to its' own physio and podiatric staff.

It is worth mentioning that our visitors observed her arm to be quite heavily bandaged and she told us that she had been quite badly bitten by a resident during a recent episode. When asked further, she did tell us that challenging behaviour was encountered fairly often with the home.

### **Conclusion and recommendations**

As mentioned at the start of this report, the building itself does not lend itself to becoming an 'ideal nursing home', but the owner has gone to great lengths to make it 'as good as possible' given the architectural constraints of the building.

It is clean, comfortable and fairly light in all the main rooms. The bedrooms, bathrooms and toilets are all clean and well maintained.

The staff we spoke with were full of praise for the home and the way it has taken on (and continues to do so) changes recommended by the CQC and the visitors we met with were unstinting in their praise.

Our visit had been largely 'unannounced' - staff had no indication of when we were coming and we did see one or two things which might be improved upon and these have already been mentioned in the report.

The first of these was the partial blocking of the side corridor with the inflatable mattress. While it is acknowledged that this was only a temporary obstruction, if possible, this sort of thing should be avoided in the future.

We also noted that we saw no sign of the Dignity and Respect poster we sent out with our notification letter displayed. While it is appreciated that the reception hall does not lend itself to having a significant 'display board' we feel it important to display this poster, as well as clear instructions on how a resident or family member may make a complaint.

Overall, we left feeling that the home provided a caring and essential service, while facing difficult situations on a daily basis. We wish to thank the staff we met on the day for their time and hospitality.