Enter and View Report Aquarius Nursing Home

Details of visit	**Aquarius Nursing Home**
Service address:	**4 Spencer Rd, Portsmouth, Southsea PO4 9RN**
Service Provider:	**Quality Care Management Ltd**
Date and Time:	**5th December 2017 10-12 noon**
Authorised Representatives:	**Alison Nicholson, Fergus Cameron, Pam Matthews, Avril Adams**

Acknowledgements

Healthwatch Portsmouth would like to thank the home manager, service provider, service users and staff for their warm welcome and contribution to the Enter and View programme.

Disclaimer

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

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations 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 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 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 where they are protected by legislation if they raise a concern

Purpose of the visit

This visit was arranged during an initiative named the Multi-speciality Community Provider project (MCP) aimed at increasing the regularity and frequency of support from Community Nurses and primary care specialists. The Representatives wanted to gather feedback on the impact of that project as well as looking at the steps being taken to ensure the standards of service provision meet those set out by the regulator.

Healthwatch Enter and View representatives have statutory powers to enter certain funded health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

The aim is to report on the service that is observed, to consider how services may be improved and how good practice can be shared.

Methodology

The Registered Manager was notified prior to the visit. Posters notifying staff, residents and visitors about the visit were sent to the home to display along with details about how to get in touch with us if they were not available on the day of the visit.

During the visit the Enter and View representatives observed the facilities and practices and spoke with the Nurse on duty, members of staff–and residents.

Summary of findings

General impressions

The Home was clean, and bright with friendly staff. All staff seemed very busy but were very helpful to us. We arrived during morning coffee time for the residents and staff responded in a caring and sensitive manner. Representatives felt staff training, engagement in care planning and management of the home were of a good level.

Personal care

New residents have care plans drawn up on arrival addressing a range of personal care, mobility and health and well- being needs. If new residents arrive with a current care plan or an advanced care plan (for example if they have been discharged from Queen Alexandra Hospital) the accuracy of the document is checked with the resident and their family. Residents and families are involved in the care plan when reviewed. Reviews are held at least every six months, updates due to changes in health or treatments will be recorded earlier.

We were informed about one resident who had problems relating to his catheter care, he was highly anxious believing this can only be done in a hospital setting. Staff are putting plans in place to reassure him to avoid a hospital admission.
Representatives saw a lady who was sleepy and she was asked if she wanted to go up to her bedroom. She needed to use a hoist to move her from armchair to wheelchair.

Environment

The home has a total of 36 bed spaces. It currently has 22 residents with a further 2 arriving in the near future. Some areas have been recently updated and we were told that further changes to the ground floor were being planned. We did not visit any private areas or bedrooms; we spent time in the public areas on the ground floor, the small lounges, conservatory, kitchen, and public bathrooms.
Cleaning of general areas was underway, with no dirty areas being observed.

- Public areas were well lit, with plenty of natural light.
- All three lounges overlook the rear courtyard and gardens.
- An aquarium and caged birds are located in two of the public areas, giving more interest and encouraging residents to use other spaces in the home.

The converted building does mean that there is a "maze" feel to certain areas, however this felt preferable to large congregate areas and there is a homely feel because of this. The home was clean and bright with friendly and well-presented staff.

Dignity & independence

The majority of residents were seated with some sleeping or dozing. We talked with several residents and no-one voiced any criticisms. Many of the residents were experiencing dementia and were not able to converse with us at the time of visiting. Representatives attempted to engage with residents with mixed success. Discussions with care staff flagged up the fact that there are a high number of residents experiencing dementia. Residents we spoke to were satisfied with their care, the quality of the food and the home itself.

Discussions around end of life care and Do Not Resuscitate arrangements are held sensitively and views are checked at every formal review, this always includes the resident in question.

Recreational activities and methods of reducing social isolation

An activity leader was leading a rather loud quiz, probably to project to those with a hearing impairment but it did sound quite strident.

Given the cognitive difficulties we felt the quiz had some very complicated questions which the Healthcare Team had difficulty in answering, one of the residents asked us if

we knew what the activity leader was saying and if we understood the questions. It was done in good humour.

View of relatives

We spoke with one friend who was visiting a 99 years old lady. He felt that the home provided excellent care although mentioned that there had at one time been a high turnover of staff.

Quarterly meetings are held for the residents to which relatives/friends can partake. Each Residents progress is continually reviewed and a six monthly review held with their next of kin.

Staff behaviours & attitudes

The current staff number is 20 with a minimum of six on duty at any one time giving a planned daytime 6:1 staff/resident ratio. Each of the Representatives spent some time with the Manager at the start and end of our visit which was extremely helpful and very positive.
The Manager and staff were aware of the Multi-speciality Community Provider project (MCP) project which aims to provide frequent and regular contact from Community Nursing teams. At the time of visiting the MCP was in its earlier stages it was a concern to the Representatives that the background to the MCP project had not been clearly explained. This was not an omission by the home; regrettably as a consequence the MCP contact had been sporadic and not always helpful.
During the MCP there had been a training session by the Ambulance service (South Central Ambulance service, SCAS) but this had not been very successful.

1. It was felt that it was not delivered to facilitate the staff in the home;
2. There was an antagonistic approach unsympathetic to the difficulties being dealt with at that specific time.

The Adult Mental Health (AMH) team visits every two weeks and the staff described good liaison between the home, GP and AMH. Specialist advice covered more complex areas of care including; tissue viability and end of life procedures.

At the successful completion, following on from this the training needs of staff members are regularly assessed responding to the changing needs of residents, and appropriate training courses are sourced.

Response from Aquarius: Staff undertake supernumerary training for two weeks, those without experience longer. Upon successful three month probation staff are encouraged to undertake the Care Certificate which is over eight weeks.

The management team has prioritised training and safeguarding training in particular. The home is now actively involved with Mainstream training who provide bespoke training; this has greatly improved staff skills, knowledge and confidence. Training of all staff is ongoing and Representatives heard from staff that they are encouraged to

discuss any gaps in their knowledge or flag up any expertise they wish to acquire. A senior care worker at the home spoke positively on the availability of training and confirmed that all staff feel comfortable approaching the management team on all matters including training. Staff had asked to further their knowledge of dementia and there was now a member of staff accredited as a dementia champion. Staff also reported that relevant staff had received specialist training regarding a resident with motor-neurone disease. The training was delivered prior to the person's arrival so that they were aware of the changing care requirements as the disease progressed. The team felt able to respond appropriately though they had no previous experience of anyone suffering from this illness.

It was reported that the MCP pilot was working well at the home after a slow start. It was felt that having a "back up" for advice would be the most useful way in which the scheme could be developed, especially if there was GP cover with a regular clinic providing continuity of care for residents. Staff felt empowered by the extra knowledge provided to the home and that it is available for all. Most staff are aware of this MCP project, newer starters were less so, and those spoken to said that it had had a positive effect. Support from the AMH at the MCP team had greatly improved the overall knowledge of staff supporting residents with dementia or other mental health problems.
Medical issues involving residents could make it difficult to release staff for training, recent interaction with the Ambulance service trainer had been difficult, and there was no attempt to take on board mitigating circumstances requiring staff to stay involved in direct care. This had caused a significant negative effect on those Aquarius staff attending and discouraged the manager from further training with SCAS.
Training is also delivered through Red Crier a standard system of open learning material. As it led to an accredited award staff were completing this in their own time.

All staff observed were respectful of residents, friendly and approachable. There was a relaxed atmosphere with positive approach to resident's needs. In the case of a man who wanted to go outside for a cigarette, staff acted in a reasonably timely manner and he was checked in on and not just left. The main lounge area and annex had staff available that were checking on resident's well-being as a matter of course.

Food and drink

The kitchen area was well laid out and the day's menus were clearly on view on the dining room wall. The dining area had seating around several small tables with tablecloths which was a nice touch. Representatives left before lunch was served. All residents had access to drinks, using small side tables and were being supported as needed.

Recommendations

This was a positive visit prompted by the involvement with the Multi-speciality Community Provider project (MCP).

- Recommendations will go to the commissioners of the MCP to promote greater understanding of the provider's role and
- There is a requirement to work more effectively and in a collaborative manner.
- It would be hoped that the care team could continue the development of staff skills knowledge and attitude, benefitting from continued support from the adult mental health teams and generating more Dementia champions.

There was strong leadership from the lead nurse at each shift and all staff spoke of their confidence in them, however:

- It was unclear how information travelled through the team and how information/training or useful observations were shared or cascaded.
- Information was being held but it was not completely clear to the visiting Representatives how it was shared across the team.

It is recommended that residents are given a choice when to join social activities:

- some residents were obviously tired, even mid-morning;
- consideration could be given to offering a choice during the day.

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