

Enter and View report
Anville Court Care Home
Wolverhampton

7 February 2023



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About Healthwatch Wolverhampton

Healthwatch Wolverhampton is the city's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Wolverhampton is part of a network of over 150 local Healthwatch across the country. We cover the local authority area of the City of Wolverhampton.



What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers, and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited: Anville Court Care Home, Wolverhampton

Visit date: 7 February 2023

About the service

Anville Court is a purpose-built modern care home located in the Penn area of Wolverhampton. The home is registered with the Care Quality Commission (CQC). It is equipped with relaxing social areas and a large, landscaped garden. Residents' rooms are individualised to create a feeling of warmth. A maximum of 50 service users are permitted. The home cares for people who are of old age or have a physical disability (35+). Nursing, respite, and palliative care are offered at the home, with some stimulating activities taking place for residents to engage with.

Purpose of the visit

This visit was part of our ongoing partnership working with CQC and Wolverhampton City Council Quality Assurance Team to support quality monitoring of residential care homes in the city.

How the visit was conducted

The visit was carried out by seven authorised Enter and View representatives. Information was collected from observations of residents in their day-to-day situations, including lunch, interviews with staff, residents, relatives and the service manager, against a series of agreed questions. The team spoke to the service manager, the activities co-ordinator, four staff members, two relatives, and five residents. The team referenced the latest CQC report (December 2022) and a final discussion took place to review and collate findings.

Authorised Representatives

- Elizabeth Price-Lead Authorised Representative
- Sarah Davies-Authorised Representative
- Stacey Lewis-Healthwatch Wolverhampton Manager
- Sarina Sond-Information and Signposting Officer
- Hina Rauf-Engagement Officer
- Dana Tooby-Volunteer Board member
- Andrea Cantrill-Volunteer Board member

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by the staff member and 'Authorised Representative' who carried out the visit on behalf of Healthwatch Wolverhampton.

Visit overview

The visit was part of Healthwatch Wolverhampton's quality monitoring. Anville Court was made aware that there would be a visit by Healthwatch, but no specific date was given.

When we arrived, the front door was locked, and the bell was answered promptly. We were welcomed by the manager and given a brief overview of the home. We discussed our plans for the visit and we were then given a tour of the home.

Key findings

- Our overall impression of the home is positive. The home and staff members are all very welcoming. We commend the staff on their approach to providing person-centred care to residents.
- The manager was particularly welcoming and made herself available for the duration of the visit while also attending to residents' needs.
- The environment of the home was bright and clean with appropriate decorations. The corridors and communal spaces were very spacious, although some manual handling equipment, such as hoists were crowding one or two areas. The home was undergoing some refurbishments concerning electrical systems.
- Staff morale seemed to be quite high, with members of staff expressing that they are content with their employment and receive adequate training. Staff were very happy to speak with us.
- Interactions between staff and residents were observed to be meaningful and person-centred.
- There are two activity co-ordinators in post who have a schedule of activities planned for residents. However, these are not currently displayed on a notice board to encourage others to take part. Residents have been involved in the decision-making process for the activities that take place. The issue identified on the day of our visit was the lack of appropriate activities for residents with capacity as there was a schedule of activities planned for residents, but these were limited to those with dementia.
- There were two residents receiving end of life care identified during our visit. The visiting team did not disturb them.

Recommendations

We would like the home to consider the following recommendations for improvement based on our observations and findings from the visit.

1. Enhance the display of activities for residents to entice and encourage them to take part. This could include the use of photographs of events that take place in the home and having a dedicated activities board that is visible and attractive.
2. Identify and address the needs of residents who have capacity to ensure that activities and stimulation provided meet their needs.
3. Provide opportunities to involve the local community in the life of the home, such as: encouraging volunteering and attendance of local groups to enhance the experiences of residents.
4. Improve the signage throughout the home to assist residents who are affected by dementia. For example, care staff wearing badges, names on the doors of residents with photos or pictures. The use of toilet seats that are contrasting to the pedestal is also recommended.
5. Use the garden space to enhance the experience for residents with raised beds, pots to paint and flowers, and provide a receptacle for cigarette butts.
6. Continue the ongoing programme of refurbishment within the home. For example, to ensure that all pull cords have plastic covers, ensure that the floor trim is replaced in some bathrooms, contrasting paint is used on staff only doors.

Observations and findings

Daily running of the home

The care home manager has been in post nine weeks and is in the process of arranging a manager's interview and registration with the CQC.

A typical day at the home involves a service manager walking around to check that everyone has what they need for the day. This has resulted in improved clinical monitoring and few remaining outstanding concerns for the home, other than some minor tweaks and evidence of improvements. There is a detailed action (validation/improvement) plan of the needed improvements in place that has been shared with the local authority and CQC; most actions have been completed.

Recruitment of staff

The care home manager said that the home is fully staffed, with 63 members of staff working at the care home. At the time of the visit there were nine members of care staff on shift as well as two nurses. There is a vigorous checking system in place regarding staff recruitment such as pin checks for nurses and enhanced checks are routinely carried out, for example, taking up four references.

Staff training

The service manager monitors all staff training using an online system that shows training completed and where training is due. All local authority mandatory training is being done. Staff training uptake is now at 85%, up from 65%, showing a significant improvement. A general staff meeting is held every other month with separate meetings for heads of departments, nurses and night staff. The service manager says she places a high emphasis on supporting staff, taking the time out of her day to regularly check that staff feel supported and that they have what they need to do their job.

Access to healthcare services

Penn Surgery provides GP care and a podiatrist. Dentist appointments can be hard to get as residents may have moved away from their normal dentist. There is a plan in place for dealing with emergency health situations, these range from immediately dialling 999, to supporting those with ongoing emergency situations such as epilepsy in the home in accordance with their wishes. There is nurse-to-nurse handover and good practice of handover paperwork after all hospital discharges, along with time for accepting hospital discharges. There is a hostess in place seven days per week to support with drinks, stimulation, and nutrition. A nutrition report is sent to the hostess to ensure residents' dietary needs are met. All residents are assessed for risk of falls out of bed.

Links with the local community

Due to the restrictions placed on visitors to the care home during lockdown, there are currently no strong links with community groups or volunteers getting involved to enhance the residents' experiences while living at the home.

Activities for residents

Most residents are unable to communicate effectively due to lack of capacity or are physically unable to navigate themselves around the grounds due to a loss of mobility. The needs of those who do have capacity to take part in activities both in the home and outside are not currently sufficiently met. The addition of an attractive large display board detailing prospective activities with photographs of recent activities or artwork may help to encourage residents to take part. The main lounge area is not fully utilised by the majority of residents however, karaoke was mentioned as one of the forms of entertainment. One resident did mention that they would like to get out of the home some more.

Physical environment

- Accommodation is provided on two floors, each with its own dining room and lounge. The ground floor is reserved for general nursing care and those with lower care needs, while the first floor caters for people with a higher level of care needs.
- The head housekeeper confirmed that all rooms are cleaned daily, and a personal laundry service is available for all residents.
- There were no personalised door signs to individual residents' rooms although some do have nameplates. Residents can personalise rooms with their own furniture and additional personal items. The addition of contrasting paint on staff only doors and contrasting toilet seats to sanitary ware would assist residents who lack capacity through a dementia diagnosis.
- The home has an attractive appearance throughout, with flowers and artwork on the painted light décor around the home. Additionally, the air aroma smelt fresh and air conditioning was also available.
- Signage throughout the home was not consistent regarding signs on doors.
- The home has a room dedicated specifically to hairdressing.
- The garden is bright and has some attractive areas of seating for use in fine weather, with residents able to move in and out of the premises when they would like to. There is a litter problem with cigarette butts covering flower beds. The addition of another disposal bin may help to prevent this.
- The food menu is varied and attractively displayed including a range of choices available for residents to choose from, along with snacks and lighter options available if a resident would like some food outside of the dedicated mealtimes.
- We noticed that in the lounge, the television was on and residents had access to a remote if they wanted to change the channel.

- Most residents have their lunch meal in their rooms, either due to personal choice or a diagnosis of dementia.
- There were some large face clocks showing the date and time in various rooms.
- During the visit a new call bell system was being installed which will enable staff to communicate and work more efficiently.

Interactions

- Upon entering the home, the receptionist was polite and approachable explaining the entry procedures. We were then greeted and welcomed by the manager into the home.
- All members of staff were very polite, welcoming, and friendly.
- We witnessed the manager communicating with residents in their rooms with genuine care and enthusiasm.
- We observed staff members helping a resident to cut up her food at lunch time, making it easier for her to eat.
- Residents were given a choice when deciding where they would like to sit and eat, along with a range of desserts to choose from. Two residents were observed eating their meals in the dining area. Staff also tended to the care of residents who needed it throughout lunchtime.
- There was also a television in the dining area which residents were watching while eating and talking with one another.
- We observed a positive rapport between members of staff.

What people told us

Care home residents

General comments

The majority of comments made by residents were positive and expressed that they were happy living in the home.

“Really like it here” and “very happy here.”

“Home has helped me regain strength to become independent.”

“Everybody is so nice and friendly.”

However, residents who have capacity also expressed some points of concern. One resident expressed that she would like to get out a bit more and that it would be “nice to talk to someone.” One resident in particular stated that she doesn’t feel happy at the home and that she would prefer to be living at home. The resident also said that most residents have a diagnosis of dementia and therefore, results in her feeling lonely, with no-one to talk to.

About staff

One resident said: “I don’t know the name of my carer but she is a nice woman.” This may be due to staff not having any name badges on.

Another resident said that it takes time for the staff to get to her in the mornings.

Residents interacted comfortably with the maintenance staff member and had positive things to say: “he’s excellent.”

About activities

Due to the majority of residents having dementia, the lounge area is not used very much. As such the few residents that do have capacity often end up being alone. One resident expressed that she was worried about her friend leaving as she had already been alone for two years with no-one to talk to apart from staff.

A resident said that karaoke was an activity held. Another resident stated that she takes part in activities and helps with them in order to break up the day as there is no-one to talk to or engage with.

Food and mealtimes

Residents' opinions of the quality of food provided varied. One resident said that there was not much choice for vegetarians on the menu, however there are always puddings available, for example fresh fruit and other refreshments. Staff will also prepare snacks for residents outside of mealtimes.

"Food is excellent." "Food is a bit tasteless."

Family and relatives

Overall thoughts

One relative who was a sister of a resident described their experience of involvement in the care as positive and described the home as 'first class'. She said that her sibling felt settled and that she could not fault the care provided by staff. She was very pleased as she mentioned her loved one had gained weight due to improved nutrition.

Two relatives expressed that their experience of being involved with their loved ones' care plan was not a positive one at all. Neither of the relatives were involved in the care plans. While another stated that their loved one: "Needs to be with more people, not surrounded by walls and a TV."

Visiting arrangements

Relatives can visit their loved ones at any time of the day and are encouraged to sit and eat lunch with residents too.

Care home staff

Positive staff morale

There were very good professional relationships between staff, and they also appeared to be passionate about their jobs. In particular, the head housekeeper who said she felt very proud of her role and achievements as she had previously worked in care too. She explained that she feels passionately about keeping the home fresh and clean. A deep clean was also being conducted in one of the resident's rooms as they had been taken to hospital.

Good workplace

The head housekeeper stated that the care home manager was very supportive and also proactive in terms of training and improving the processes and procedures which are used for cleaning purposes. She mentioned that she works certain shift patterns along with other housekeepers. She also mentioned that she sometimes feels as though she does not have enough time to complete everything to the calibre she would like to. For example, if another housekeeping staff member was off sick.

The maintenance man had been in post for eight months and works from 9am until 5pm every weekday to make sure that all repairs are taken care of. He said that his role is to make sure that everything is compliant with health and safety and that he feels a part of the team. He also stated that staff interact very well with the residents.

Support for staff

The head housekeeper also mentioned that all heads of department staff attend a daily meeting in which all things of importance are discussed before carrying on with the day.

Acknowledgements

We would like to thank the management and all staff and residents for a friendly welcome and unlimited access to the premises and activities.

Provider response

Kelly Richardson, Home Manager at Anville Court thanked us for the report and confirmed:

1. Displaying of activities is in place with new Activity Coordinator.
2. Identification of activities changed within monthly planner to reflect care needs for residents.
3. Rebecca the Activity Coordinator has this in progress, but has involved some groups already such as local churches.
4. Signage within the room is also in progress.
5. Garden space in use with new furniture, also and including Summer fete in July 2023.
6. Refurbishment is 90% complete regards decoration within bathrooms and pull cords and floor trim is completed.

Contact us

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