

# ENTER AND VIEW

## Unannounced Visit

*Aspen Lodge Residential Care Home  
20 January 2018*

Part of the Healthwatch Wolverhampton remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows 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 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 Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The local Authority Safeguarding team will also be informed.

# Aspen Lodge Residential Care Home

Service Address: Upper Zoar Street, Pennfields, Wolverhampton, WV3 0JH  
Manager Name: Balver Bisla

## Acknowledgements

Healthwatch Wolverhampton would like to thank the Manager, Senior Carer, all other staff, the residents and relatives for their co-operation during the visit.

## Disclaimer

Please note that this report relates to findings observed during our visit made on Saturday 20 January 2018. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.

## Authorised Representatives

Kirpal Bilkhu (Lead)  
David Cocker (Observer)  
Shooky Devi

## Who we share the report with

This report and its findings will be shared with Aspen Lodge Residential Care Home, NHS England, Local Authority, Clinical Commissioning Group (CGG), Councillors and the report will be published on the Healthwatch Wolverhampton website.

## Summary

Healthwatch Wolverhampton visited Aspen Lodge Residential Care Home in January 2018 due to intelligence received from a complainant. During the visit the Authorised Representatives carried out observations, talked to residents, relatives and staff.

### Key Findings - Enter & View Visit 20 January 2018

- Residents we observed and spoke to looked relaxed and comfortable.
- The home had a very nice atmosphere and was overall odour free and clean.
- The home caters very well for residents' cultural needs and communication needs.

## Background

Aspen Lodge Residential Care Home provides accommodation and personal care to a maximum of 25 older people, some of who have dementia, mental health conditions, or physical disabilities. The home opened in August 2016 and is now getting to full capacity and very much a "community home."

## What we did

Three Authorised Representatives, comprising of two volunteers and one member of staff visited the home from 11.00am to 1.00pm 20 January 2018. We were greeted by the Senior Carer who was the most senior member of staff at the time of visit. Before commencing with our visit, we spoke with the Senior Carer and asked questions to give us a better understanding of the home and to help compile our findings. The visit was carried out unescorted throughout the home.

The Manager visited the home halfway through our visit. We concluded our visit by feeding back some of our findings to the Manager and asking further questions.

## Findings:

### Environment:

*Time was spent observing the general environment of the home as well as spending time in different rooms i.e. lounge, conservatory, dining room and a side room.*

On our arrival we noted sufficient car park space at the front of the home. There was a skip outside the home stacked with mattresses. We were told they are to be thrown away. The home has CCTV cameras installed and these are monitored within the Managers office.

The doorbell was used to gain access to the home. A member of staff invited us into the reception area and we were asked to wait. We were greeted by the Senior Carer, she was given a letter explaining the purpose of the Enter & View visit.

The visitors book was used to sign in and the mounted hand sanitiser was applied by all three Authorised Representatives. There was signage on the wall advising all to use the sanitiser when entering and leaving the premises.

We were pleased to see the home has a 'red bag' scheme in place. (When a resident becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the resident's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items.)

Before carrying out our visit within the home we met with the Senior Carer in a room next to the conservatory, during this time we noted two 'chip boards' placed behind a chair. There was a power lead not connected to any device but was switched on and wheelchairs were stacked within this room. The conservatory door was locked we were told it was for security reasons.

We were told there are twenty-one residents within the home at present with four pending. Two of the resident's rooms are used for respite care. These residents have now become permanent.

The Authorised Representatives carried out observations within the lounge, conservatory, dining room and a side room and found these rooms to be odour and clutter free.

We noted the home did not have a notice board and asked for clarification we were informed that this is currently being worked on.

As the Authorised Representatives carried out observations within the home, they were shown an empty residents room '24'. A new 'en-suite' equipped with bedroom furniture had recently being built. The room has a 'call bell' installed too.

We noted two 'call bell' systems were in place to alert staff if a resident needs assistance. We were told some of the residents have 'pull' buzzers and the others have 'digital' buzzers.

The Senior Carer explained that during the day the residents are situated within the lounge. The residents that do decide to stay in their rooms are checked by members of staff every ten to fifteen minutes to ensure they are fine.

We were told most of the residents prefer to take a shower and were shown the main bathroom by the Senior Carer.

The Senior Carer pointed out to two sluice rooms within the home and the cleaning cupboard and said it was kept locked at all times.

Fire Evacuation - The Senior Carer advised that they have a stay put policy and explained what this means. She said that fire drills are carried out every three to four months. There is a fire assembly point outside on the far end of the carpark with appropriate signage.

As we moved around the home we observed fire exits were clear of any obstruction. We were advised that the alarms are checked in line with the maintenance programme. The Manager advised that the home has had a fire inspection.

We were told the residents use the garden, the home is planning to renovate part of the garden and have a storage shed for wheelchairs and other equipment.

## **Relatives**

*During our visit we met with relatives of residents within the home.*

**Resident 1** was admitted to the home in April 2017. Both relatives of the resident were very happy with the service the home provides. They explained that if they are unable to take their dad to hospital appointments, a member of staff will accompany him. We were told that the resident has brought his own armchair from home. Some key comments made by the relatives; “District Nurses administer insulin every day”. “Dad has his hair cut, is seen by a Chiropodist and is happy with the food.” “Dad now is assisted with eating after it being identified he was losing weight”

**Resident 2** has been in the home for a month. The relative is happy with the service the home provides for the resident. “Staff are excellent”. The resident was asked what he ate for breakfast he commented he has porridge, “cooking is good”.

## **Interaction between residents and staff**

*We observed how staff interacted with residents*

We observed an Asian member of staff supporting an Asian resident down the corridor communicating in the language ‘Punjabi’. The member of staff spoke to one of the Authorised Representative whilst the resident was using the bathroom facilities and explained that the resident can speak English as well as Punjabi but chose to speak to her in his own language. She explained she was happy working in the home.

We were told questionnaires are carried out annually and the manager advised that the outcome of the feedback has mainly been positive. Resident meetings are held six monthly. Joint resident and family meetings are held annually. Any concerns are usually raised to the Senior member of staff or directly to the Manager of the home. Some visitors prefer to raise concerns directly with the Manager.

“The home takes ‘step down’ from the hospital.” One resident comes in every six weeks for respite. The resident has a short-term referral with the GP Practice which is based next door to the home. The home currently has two residents who have capacity.

Should there be an interest in residency within the home the Manager carries out a needs assessment. If the home can meet the potential resident’s needs, then visits are arranged with the family for a viewing of the home and the rooms available. The home uses Pennfields Medical Centre, GP registration for all permanent residents’.

The Care plans are updated regularly, and the family also contribute to this.

## **Staff**

*We were given information on staff.*

We noted all staff wore a uniform and these were recently introduced.

We were told the home does not have a staff room as the staff have paid breaks, and these would be with the residents. Currently the home does not use agency staff.

The working pattern of the home is a seven-hour shift during the day and ten-hour shift at night. An external company ‘Peninsula’ is utilised to provide Human Resources support. “Four staff are available on the morning shift, four staff in the afternoon and three staff during the night.”

The Manager was passionate about the importance of having the right staff working in the home and the values and behaviours required to meet individual needs.

One member of staff was observed completing her paperwork whilst sitting and observing the residents in the main lounge.

The communications book is filled in three times a day and Handovers take place three times a day. The book is reviewed by the Senior members of staff to ensure all issues are addressed.

All staff have completed the required mandatory training.

The home has “two to three” maintenance staff and we met one of the staff during our conversation with the Manager.

## **Food and Choice**

*We asked a number of questions around food choice.*

Residents are given two options for breakfast, lunch and supper. The home caters for vegetarians and provides culturally specific foods. Snacks are available for residents in between meal times. Members of staff support residents should they wish to make their own drinks.

We observed the Cook in the lounge asking residents their meal choice. Lunch is usually around 12.30pm. We saw members of staff supporting residents into the dining room in preparation for their lunch.

Displayed on the wall in the dining room was a notice with the fluid measurements and conversion for guidance.

## **Recreational Activities**

*We wanted to understand what activities are available for the residents.*

The home does not have an Activities coordinator and the staff “carry out all activities.” At the time of the visit, residents were in the main lounge listening to music and relaxing. The activity timetable for the home is as follows:

Monday keep fit takes place, Tuesday is a Pamper Day, Wednesday afternoon Reminiscences takes place. Thursday a Crafts session, Friday is a Quiet Day, Saturdays is a Movie day and Bingo is played on Sunday.

During the Christmas period the home invites St Edmunds Choir to the home and residents are taken to the Bradmore Arms for a Christmas meal.

Coffee mornings are held every three months and the next one is due at Easter time. A Summer fetes take place as well as barbeques when the weather is good and there are also birthday celebrations for residents.

One resident’s family have given a bird house which was going to be put outside in the garden area, but due to the weather it was postponed for later in the weekend.

## **Privacy and Dignity**

*We wanted to understand the different ways the home sought to provide both privacy and dignity to residents.*

Bed time for the residents is flexible in the home. If a resident has taken medication, and wants to go back to sleep, then they are able to do so, checks will be made every “fifteen to thirty minutes.”

We noted a sheet displayed on the wall in the dining room. The Manager explained this was suggested by staff to enable them to communicate effectively with the two Punjabi speaking residents.

Able residents have access to go outside the home unaided. The Manager explained risk assessments are carried out prior to this.

We were told the home does not have any residents with pressure sores. However, the resident that uses the hoist is monitored regularly and this is recorded in line with procedures. Two ladies have had their legs bandaged and receive support from the district nurses.

Displayed on a corridor wall are two large dignity trees. The residents had suggested having these displayed. One tree was named Aspen Lodge. Family members had suggested that it would be good to have pictures of the residents' displayed on the tree.

The Manager was asked why there were no pictures of the residents on their bedroom doors. She explained that some of the relatives did not want pictures of their relatives on the doors and discussed the reasons why.

Medication for the residents is stored in a locked room. The Senior Carer said this is locked at all times and there is a key code on the door. The medication fridge is also stored in the room. The fridge temperatures are taken twice a day. There are no residents in the home that require any controlled drugs. Only Senior members of staff administer medication and there is always a Senior member of staff on each shift. Advanced medication training has been undertaken.

## **Comments and Further Observations**

During our visit we observed residents relaxed and comfortable within a happy and calm environment. It was pleasing to see residents from various cultural backgrounds living within the home and members of staff interacting with residents with compassion and care. It was evident they were aware of the resident's needs. Communication with the residents was carried out with dignity and respect.

We observed the support with residents when they were escorted into the dining area for lunch. Staff ensured that all the tables were clean prior to lunch time.

We spoke with relatives who praised the quality of service the home provides. All residents spoken to were happy with the food.

The home provides many forms of interaction for the wellbeing of the residents, from daily activities, coffee mornings, resident meetings.

To close our visit, we met with the Manager. The Manager gave us an insight to future plans and developments. She shared ideas with regards to the building itself - to

ensure all the garden areas were accessible as well as sufficient rooms inside the building.

The Manager has a sister home and suggested practices that could be shared. There are ideas that are working in the sister home that the Manager would like Aspen Lodge to adopt.

Having spent some time talking and listening to the Manager, it was clear she has drive and commitment ensuring service delivery is carried out to a quality standard and continually improving. i.e. Spot checks carried out within the home by the Manager at “three o’clock in the morning.”

## **Recommendations and Follow -Up Action**

For residents to freely use the conservatory area, it would be useful if the door is kept unlocked. We would advise removing the chipboards from the room prior to the conservatory and to disconnect the power lead preventing potential trip hazard. Currently there are wheelchairs stacked in this room to perhaps store in a different location or room.

The introduction of a notice board in a prominent place for information purposes, good news items, events would prove beneficial for relatives and visitors.

A feedback box would be useful to put out capturing the views made by relatives and visitors.

Coffee mornings are currently held every three months. More frequent coffee mornings would build on the good work already being done with involvement of families and visitors.

Resident meetings are six monthly and resident /family meetings yearly. More frequent meetings would help to generate more ideas within the home and different initiatives to help interaction and engagement even further to what it is now.

## **Provider Feedback**

Page 4 - The two ‘chip boards’ are shelves belonging to the bookcase that they were resting against. The bookcase had just been moved into the back lounge and items were being arranged on it during that weekend.

The home does not have a 'red bag' scheme in place. There are plans to launch the scheme in April 2018.

The power lead belongs to the hoist which is kept on charge in this room. The hoist was being used at the time of this observation.

Wheelchairs were housed neatly on one side of this room. This is a central location in the home and used for the busiest periods in the day. All other times wheelchairs are kept in the relevant bedrooms.

The conservatory door has a single thumb lock allowing the door to be locked when the conservatory is not in use.

The home operates two nurse call systems which are both operated by hand held push buttons.

Page 6 - At the time of the inspection the home had 4 residents with capacity.