



## Enter and View – OSJ Athelstan House

### Name and address of unit visited

Athelstan House  
Priory Way  
Burton Hill  
Malmesbury  
Wiltshire SN16 0EQ

### Day, Date and time of visit

e.g. Monday, 25<sup>th</sup> January 2010 ,11am to 1.30pm

Friday 20<sup>th</sup> July 2012  
10.00 to 13.00

### People undertaking visit and status;

i.e. LINK members, carer, service user, etc

Phil Matthews – WIN Chair  
Jill Tompkins – WIN Vice Chair  
Lucie Woodruff – WIN Officer

### Contact details

Name address telephone email address of people who arranged or facilitated the visit to the unit e.g. area manager, unit manager etc

Lucie Woodruff – WIN Officer  
Independent Living Centre  
St Georges Road  
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Wiltshire BA14 6JQ  
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01380 871800

### Purpose of the service/unit

Brief description of what the unit does

To familiarise the authorised representatives of the Wiltshire Involvement Network with the Order of St John's Care Homes. The information gained from this informal visit will go towards a programme of planned announced or unannounced visits.

### Reason for/purpose of visit

e.g. part of the business plan, return visit, response to concern expressed

|                       |                                     |              |                          |
|-----------------------|-------------------------------------|--------------|--------------------------|
| Business Plan         | <input checked="" type="checkbox"/> | Return visit | <input type="checkbox"/> |
| Responding to Concern | <input type="checkbox"/>            | other        | <input type="checkbox"/> |

Other (please state)

### Visit plan

What do you intend to do? Note specific things you might want to see or get information about and why?

On arrival the authorised representative will make themselves known to the care home manager and identify themselves. They will then ask the care home manager a series of questions followed by a tour of the home. During this, the LINK members will make notes on what they observe. They will then talk to a few residents and ask standard questions, making notes at the same time.

### Expectations and preconceptions

What do you expect to find?

To familiarise ourselves with the OSJ Care homes.

## **About Athelstan House**

Athelstan House is a residential and nursing care home for 80 older people, incorporating a specialist Intermediate Care unit. Each has their own semi contained care wings allowing residents to relax in their own room, the lounge areas or the dining room. There is also a large central area on the ground floor known as the 'heart of the home', which provides a friendly social area for residents and day visitors for relaxation and entertainment. Attached to this area are such facilities as a hairdressing salon, a shop and bar and an internet cafe.

All private rooms have full en suite facilities, including shower, and all are fully equipped with necessary aids as well as being wheelchair accessible. Within the bedroom area there is flexibility in terms of furnishings to cater for the needs of individual residents whilst maintaining a comfortable and homely environment. All rooms have large windows creating a bright environment.

Athelstan House has strong links with the community and residents are encouraged to maintain existing hobbies and pastimes, as well as having the opportunity to develop new ones. A varied weekly programme of activities is offered to residents led by the homes dedicated Activities Co-ordinator and throughout the month there are outings and entertainment.

Friendly, well trained and experienced staff are committed to helping residents lead independent and fulfilling lives. Services and activities include:

Personal services – manicure, hairdressing, chiropody, opticians, mobile clothes and shoe shops

Hobbies and Relaxation – gardening, knitting, artwork, handicrafts, musical movement and reminiscences

Mental Stimulation – quizzes, scrabble. IT basics, mobile library and much more

Trips Out – competitions and league events hosted by other OSJ homes in the county, pub lunches, gardens centres, county events – tea dance, garden party, harvest festival, and carol service

## During the visit

### First impression

Initial observations, signage, access, cleanliness, how does it feel?

On arrival at Athelstan House the exterior of the building looks new and impressive. It is situated next to the Malmesbury Primary Care centre which has its own car park. It is well sign posted from the road and has its own car park with disabled bays available. The building itself is new, built in July 2008 and opened by Prince Charles. The building has good signage and is surrounded by gardens with attractive pots with lots of colourful flowers that make it very welcoming. Jill Tompkins, authorised representative commented that she had received positive feedback from local people about the home.

### Reception

How were you received as a visitor? Any comments about your reception i.e. welcome ease of access

The reception area and foyer is a large area with good signage to all parts of the building. There is a buzzer system on the door to allow entry and all visitors are asked to sign in at reception. Off the entrance is an outside courtyard which residents are encouraged to use. There is also a fully equipped hairdressing salon where residents are able to take full advantage. The main lounge downstairs has a large screen TV and is well stocked with books, videos and DVD for the residents use. There are also two computers with accessible large buttoned keyboards available for residents to make use of.

### Written information

What is publically available? What was available prior to the visit? What was available during the visit?

Good notice boards supply information to residents and visitors. Signs to the different wings are clear and visible. There is a copy of the latest CQC Inspection report in the reception.

### Premises

Description of the building, age, condition etc. Do the premises appear fit for the activities undertaken at or by the unit?

Residents have access to buses and taxis that pass the home quite regularly. The building is very welcoming with colourful flowers in pots that are well maintained  
The home has modern furnishings and smells clean and fresh.

## After the visit

### Summary of visit and findings

What did you do? Who did you see and speak to - e.g. staff, patients other visitors. Include what you would have liked to have done but were not able to and why e.g. lack of time, things not occurring on that particular day.

We were welcomed by Daisy Matthews, Home Manager, who showed us into the main lounge and served coffee. At this point enter and view representatives were able to ask a number of question of Daisy informally.

How many residents are there?

80

*How many are self funders and how many are funded through Wiltshire Council?*

34 self funding residents and 40 funded by Wiltshire Council

*Do you have a Dr or/and nurse allocated to the home?*

Yes we use the Malmesbury Primary Care Centre situated next door, or residents are able to see a GP of their own choice.

*What is staff turnover like?*

We have a very good and consistent team of staff. We have few members of staff leaving with mainly army wives who move with their husbands, but then they generally transfer to another OSJ home.

*Do you have to use agency and bank staff?*

Yes at times to cover staff sickness but we have a good bank list of agency staff when required.

*How many staff are on duty throughout the day?*

Residential Wing (40 residents) during the morning – 1 care leader, 5 care assistants and 2 care support who serve meals and drinks. During the afternoon there is 1 care leader and 5 care assistants.

Nursing Wing (20 residents) during the morning – 1 registered nurse, and 5 care assistants. During the afternoon – 1 registered nurse and 4 care assistants  
Intermediate Care Wing during the morning – 1 registered nurse, 1 care leader and 5 care assistants. During the afternoon – 1 registered nurse, 1 care leader and 4 care assistants.

During the night to cover all wings there are 2 registered nurses and 2 care assistants.

*How often does staff have appraisals or supervision?*

I operate an open door policy with my staff, so they can come and talk and raise issues with me whenever they need to. They also receive appraisals twice a year in June and December. This is something that has been improved upon following the last CQC inspection. I can provide plenty of evidence of staff supervision.

*Have you received complaints from residents in the last year? If so, how many?*

Residents are encouraged to come forward with concerns and complaints as this is the only way on improving on services provide. In total there have been 8 complaints all of which have been resolved satisfactorily. Most complaints are minor and include residents not liking their dinner or a neighbours TV being too loud. We have a complaint policy and incident form and procedure.

*Are residents offered a hearing test?*

Yes residents are able to have their hearing testing although getting them to wear their hearing aids can be more difficult.

Daisy then showed us a dummy patient file to highlight what records and the amount of information they keep updated on the residents. The folder has a photo of the resident on the front cover and includes an initial assessment form, resident consent form for photographs to be taken and used, a 'my life history form which is completed together by the home, resident and their family to capture as much information as possible and a care plan which includes information about end of life wishes. She explained that this information is regularly updated and is kept in the care office on each wing of the home. Daisy said that it is important that they work closely with the resident and their families on sensitive issues like end of life care, to ensure the residents wishes are current and understood by the home and their family. Everything possible is done to ensure all resident wishes are met. A reflective meeting take place following a resident's death to evaluate the care received and whether the resident's wishes were met.

Daisy then went on to explain that they have a close working relationship with all the multidisciplinary teams. They provide rehab beds in the intermediate care wing and offer a 6 week programme. They accept residents with

dementia, as long as it's manageable.

Meals are served at regular intervals throughout the day (sample menu provided below)

| 4  | SUNDAY   | MONDAY  | TUESDAY  | WEDNESDAY   | THURSDAY  | FRIDAY   | SATURDAY   |
|--|--|---|--|---|---|--|--|
| <b>BFAST</b>   | <b>Porridge, Cereals and fruit juices. Prunes and grapefruit. Toast and Preserves available daily.</b>   |   |  |   |   |  |  |
|  | <b>Cooked breakfast on request.</b>  |   |  |   |   |  |  |
| <b>LUNCH</b>   | <u>Main</u><br>Roast Lamb & Mint sauce<br>Gravy<br>Roast & Boiled Potatoes<br><br>Cabbage & Cauliflower  | <u>Main</u><br>Meatballs in Tomato Sauce<br>Mild Creamy Chicken Curry<br><br>Rice<br>Creamed Potatoes<br>Peas & Carrots | <u>Main</u><br>Crunchy Topped Cod with cheese Sauce<br>Pork & Tomato Casserole<br>Potato Gratin<br>Green Beans<br>Mixed Vegetables | <u>Main</u><br>Roast Chicken Stuffing Balls<br>Gravy<br>Roast & Boiled Potatoes<br>Honey Roast<br>Parsnips<br>Cabbage | <u>Main</u><br>Lancashire Hot Pot<br><br>Cheese & Broccoli Quiche<br>Sauté Potatoes<br>Carrots<br>Green Beans | <u>Main</u><br>Cod in Batter<br>Steamed haddock<br>Parsley Sauce<br>Chipped Potatoes<br>Broccoli in Cheese Sauce<br>Peas | <u>Main</u><br>Sausage and Tomato Pie<br>Gravy<br>Turkey Loaf<br>Creamed Potatoes<br>Mashed Swede<br>Carrots |
|  | <b>Alternative choices of main courses are available on request eg Omelettes sausages, soups, cold meats</b>                                       |   |  |   |   |  |  |
|  | <u>Dessert</u><br>Paradise Slice and Custard   | <u>Dessert</u><br>Steamed Sponge Pudding & Toffee Sauce   | <u>Dessert</u><br>Coconut Tart<br>Almond Sauce   | <u>Dessert</u><br>Eves Pudding<br>Custard   | <u>Dessert</u><br>Tapioca Pudding   | <u>Dessert</u><br>Treachle Tart<br>Custard   | <u>Dessert</u><br>Egg Custard with Apricots  |
| <b>Alternative Desserts with a Selection of Jelly, Mousse, Fresh Fruit, Cheese and Biscuit</b> |  |   |  |   |   |  |  |
| <b>AFTERNOON TEA</b>   | <u>Main</u><br>Buffet Tea<br>Selection of 4 Items<br>Assorted Sandwiches<br>Cakes  | <u>Main</u><br>Egg and Chips<br><br>Assorted Sandwiches<br>Cakes  | <u>Main</u><br>Corned Beef Macaroni<br>Tomato Sauce<br>Assorted Sandwiches<br>Cake   | <u>Main</u><br>Homemade Tomato Soup with Basil<br>Bread Rolls<br>Assorted Sandwiches<br>Cakes                         | <u>Main</u><br>Paté on Toast<br>Salad Garnish<br><br>Assorted Sandwiches<br>Cakes                             | <u>Main</u><br>Potato and Vegetable<br>Frittata<br>Assorted Sandwiches<br>Cakes  | <u>Main</u><br>Fish Fingers<br>And Tomatoes<br><br>Assorted Sandwiches<br>Cakes                              |
|  | <u>Dessert</u><br>Peach Melba  | <u>Dessert</u><br>Raspberry<br>Blancmange   | <u>Dessert</u><br>Fresh Fruit Salad<br>Cream   | <u>Dessert</u><br>Orange Cream<br>Delight   | <u>Dessert</u><br>Fruit Jelly   | <u>Dessert</u><br>Gooseberry Fool  | <u>Dessert</u><br>Banana Custard   |
| <b>SUPPER</b>  | <b>A selection of hot and cold drinks, soups, bread and butter with a choice of spreads, cheese and biscuits, crisps, cake and sweet biscuits.</b> |   |  |   |   |  |  |

Residents are given choice and can request snacks throughout the day. The home does ask visitor's not to visit during lunch time as this is an important part of the day for residents. They should be allowed to eat with dignity, especially if they require support. She also pointed out that they will support a resident's family if they have to visit from a long way away if the resident falls ill. Residents are able to get up and go to bed when they choose. This is documented to ensure staff are aware that a resident may wish to sleep in and so not disturb them.

Daisy then showed us around the home, starting on the first floor which has easy access via a large lift. This floor caters for residential care and has large single bedrooms which have resident's names and a picture in some cases on their door and one room available for a married couple. Lighting is good and corridors are large with wheelchairs stored along the corridor. There is also a smoking room for residents only. Information notice boards continue on this floor to inform residents of what activities are planned. These included

skittles, arts and crafts, pampering and gentle chair exercise. While we were there residents were playing bingo. We observed staff knocking on resident's doors before entering. There was a large well equipped kitchen that produces over 100 meals a day. Also on this floor is a satellite kitchen where staff can prepare food for residents outside meal time, for example beans on toast for supper. Also on this floor is a large dining room, a large sitting room and a smaller sitting room where residents can sit quietly and read with views over the countryside. There was also a large sitting room, furnished with older style furniture, pictures capturing images from a different era and two budgerigars called Chas and Dave. The radio played quietly in the background. There were a number of residents enjoying this room. The bathrooms on this floor were clean, of a good size and equipped with the necessary aids. We spoke to Rose, a resident of four years, and she explained how she enjoyed living at Athelstan House as she had previously lived in the Malmesbury area. She said that she felt comfortable and that the staff are great with nothing being too much trouble for them. Call bells are positioned well within her room which had her own possessions and personal items. Daisy mentioned that she does random call bell checks to ensure staff are always prompt to answer residents call bells. Downstairs in the nursing wing, the layout mirrored that of upstairs. This is a 20 bedded unit with an accessible bathroom. It was clean and smelt fresh with a radio playing in the background. There were lots of staff around and a photo gallery of residents on one of the notice boards. Some residents were up and out of bed using the facilities available to them, which included a dining room, sitting room and satellite kitchen. This wing also had access to the gardens outside, where vegetables and flowers are grown and maintained by the residents which they take pride in. There is also a chicken called Gloria. Daisy explained that they have a team of gardeners who ensure all the grounds are maintained.

The intermediate care wing caters for people aged 18 and over and is of the same layout and offers the same facilities as the other wings. It also was clean and smelt fresh.

## **Bullet points of strengths and areas of improvement**

Based upon what you found on the visit and with evidence e.g. examples of perceived good practise, good system, service, any key features that you would like to highlight. Try to ensure there is something in each area section.

### **Areas of Strengths**

New, modern building that was clean and fresh.

Activities and outings offered to residents.

Outside areas are safe and offer residents opportunities to garden and grow vegetables which they can then take pride in.

### **Areas of improvement**

## Summary of findings

Overall authorised representatives were impressed by the homes cleanliness and feel. There seems to be adequate numbers of staff on duty and residents seemed relaxed, comfortable and happy.

## Action Points

What to address, by whom and by when

| Item | Action | By whom | By when |
|------|--------|---------|---------|
|      |        |         |         |
|      |        |         |         |
|      |        |         |         |
|      |        |         |         |

## Suggested issues for the next visiting group to address –

use SMART process

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|--|

## Comments from Local Group/ Governance Group

To include comment on visit, report actions and what will happen next e.g. modify work plan. How does this visit report stand against others? Are trends emerging? What are the main issues /concerns?

This report will be sent to Athelstan House to approve for accuracies. It will then be shared with Wiltshire Council and the Care Quality Commission. A copy will also be made public on the WIN website.