Acacia Care Limited
The Heathers Nursing Home

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22nd January 2015

Dear Kay

Thank you for the report. I confirm there are no factual inaccuracies. I also attach the response from the home on the assurances needed on the few issues you raised.

Once again, the company would like to thank you for your time which includes coming out to visit to review the initial draft report.

Yours faithfully

Ian Knowles

Manager

Firstly let us thank you to spend the time in visiting and interacting with the residents and staff at Heathers on 12 and 22 November 2014.

Environment

The building is listed as Grade two Georgian Mansion. Despite the fact it is not a purpose built nursing home, it has been converted into nursing home since the 1970's . Acacia care Ltd took over the home in 2004 and has invested a lot of money to create a homely environment that is fit for individuals with nursing needs and compliant with CQC and SGC requirements.

Assurance as requested

Not all residents has access to call bell. All residents are easily able to attract the attention of the staff when need arises.

All the residents are assessed for their needs and ensure all their needs are met accordingly. Some resident's dependency level is very high and they are also bed bound. Some other individuals are severely cognitively impaired and unable to use the call bell.

Action already in place.

The home staffed at a high level that exceeds the national minimum ratio (RCN 2009) needed for delivering an effective person centered care.

A Decision is taken in the individual's Best Interest (which also involves the families) regarding the use of call bell and if used the risk involved and is recorded in the file and communicated to all staff.

A sensory mat is used as an alternative.

On the First floor there are care staff available 24/7 on first floor to attend to the residents who are bed bound as well.

On the Ground Floor there are staff available 24/7 including the administrative team and domestic staff to attend to any needs of residents needs.

In the main lounge our full time activity co coordinator is positioned and a 'lounge staff' is available in the afternoon and evening time to attend to the residents.

We regularly monitor the call activation waiting time and action taken if needed.

Assurance needed for the residents will be use the dining room in a social manner whenever possible.

Four to five residents use the dining room in the morning to have their breakfast.

On every Thursday three to four residents have their lunch in the dining room when they are back from the trip out.

This room is used as a social room to celebrate birthday of their relative by some families when they have more than five family members.

Due to the high level nursing needs of the residents, the staff needed to observe and support with eating and drinking as some residents have risk of choking.

Always choice is offered to the residents to decide where they would like to have their lunch.

Most of our residents prefers to sit in the lounge and have their lunch and this is respected.

Whenever possible residents and their families are given as much privacy and especially those **nearing the end of life.**

Shared room are big enough to accommodate and meet the needs of two individuals and meet CVQC national minimum standards.

Again it is the choice of the resident and family to accept the shared room when they are assessed before coming to our home and is been always introduced to them prior to nursing placement.

It may not possible to move any one from shared room even if someone is on end of life as vacant rooms may not be available all the time, however maximum possible privacy and dignity is offered to each individual.

Assurance on good clear communication between all staff and residents are stressed, especially those residents with sensory loss such as hearing impairment.

All the staff are given a proper induction following the **Common Induction Standards** especially on communication, dignity, respect, choice, independence and is given three months probationary period to gain the confidence and competency in caring the nursing residents including those with dementia and with sensory loss/hearing impairment.

Those who have not gained confidence in this area may be given an extended probationary period.

Different communication methods are made familiar to the new staff and how to communicate with the residents who are hard of hearing.

The home follow a person centred approach of care. Our home has a robust procedure to assess the residents with the current needs and if find necessary we contact the audiology department (Sirona community service) for further advice, and mean time we also contact the GP for consultation.

Ian Knowles/ Vimala