



Enter and View Report

Aden View

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Visit Details

Name and address of premises visited

Aden View Residential Home
Perseverance Street
Primrose Hill
Huddersfield
HD4 6AP

Name of service provider

New Century Care
River House,
1 Maidstone Road,
Sidcup,
Kent
DA14 5RH

Date and time of visit

Wednesday 28th January 2015

Authorised representatives undertaking the visit

Katherine Sharp, Clare Costello, Lisa Hodgson, Frank Reddington

Contact details of local Healthwatch

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Purpose of the premises/service

Aden View Residential Home is registered to provide residential care and EMI (Elderly Mentally Impaired) care for 43 Residents. Some residents fund their own care, whilst others are publicly funded through the local authority.

Staffing/client numbers on day of visit

On the day of Healthwatch Kirklees' visit, there were 34 residents at Aden View. Staff on the day were Bev Harrison, Aden View Manager and Karen Evans, administrator, 1 shift leader, 6 care staff, 2 kitchen staff, a laundry and domestic assistant. The area manager, Ian Tetley, was also present.

Acknowledgements

Thank you to all the service users, staff, visitors and relatives at Aden View who spent time talking to us about their experiences of using services or working here.

Thank you to Bev and Karen for helping us to arrange our visit and for talking to us about how the service operates and for taking the time to show us around the home.

Focus of visit

The focus for this visit was to gather resident, carer and visitor feedback on how the service ensured that residents were able to make choices and feel dignified. We additionally looked at meal choices and activities available at the home.

Relatives and visitors had the opportunity to speak to us directly or fill in a survey about their friend or families' experiences staying at Aden View.

Staff had access to a survey about working at the service which they were able to post in our ballot box at the time of the visit, or complete online through a link made available on our posters and information slips. We allow people to complete the survey for 1 week after the visit to enable people to give any additional comments.

We additionally observed the facility during the visit to get a general feel for the place and learn more about the service.

Methodology

We undertook an announced visit to Aden View, which took just over two hours to complete. During the visit we consulted with the manager, area manager, administrator, service users, relatives, visitors and staff.

It was agreed that the visit would be informal and that prompt sheets using questions based around choice, dignity, activities and food choices would be used. It was agreed these questions would not be used in a specific order or asked of all clients. It was hoped that this unstructured method of speaking to clients and relatives would help them to engage in a free-flowing discussion based on their experiences of Aden View.

Some of the clients at Aden View have mild to severe dementia, so we addressed residents from a kneeling or sitting down position, starting small discussions using short sentences with no complicated questions. We also observed body language to gauge interest in what we were asking.

We introduced ourselves and noted people's comments as they spoke to us, after getting their consent and offered extra information about Enter and View visits to those that wanted it. We provided a survey for visitors to complete and additionally spoke to those who wished to chat to us during the visit. We kept any staff conversations to less than five minutes in order to not disturb service delivery and offered a survey to complete in their own time and anonymously post in our ballot box. Both staff and visitors were left a link to the surveys to fill in online within a week of the visit.

Who we spoke to

On the day of the visit, we spoke to residents, visitors and staff. We were unable to speak to everyone on the day as some people were resting or because of the limited time of the visit.

Please note: This report relates only to a specific visit and the report is not representative of all service users (only those who contributed within the restricted time available).

Overall impression

Aden View care home is positioned on a site with another care home from the same group. The drive entrance has good signage stating both homes that are on the plot, as well as clear signs on the frontage of both the services.

The property itself is a two storey building in a residential area. The external impression of Aden View was good; the building, front garden area and patio looked well maintained. The outside area was supported with lighting for both the garden and the small but adequate car parking area, which provides easy access to the entrance.

The garden to the front had a welcoming arched metal entrance and low walls. This was an open area for residents and visitors to use. It was a largely paved area with seating and raised flower beds with a small grassed area. We noted that one of the residents was outside smoking when we arrived and appeared to let themselves in and out of the home. There was also another patio area which led out from the conservatory, this was a secure area with a gate at the end. Benches and tables were outside in this area for residents to enjoy. Later in the visit we were informed this outside area led from the dining room in the EMI unit.

The door was answered in a friendly manner and we were welcomed in. We signed in the visitor's book, no ID was asked for but our visit was expected at this time. There was access to hand sanitizer gel in this area for all to use. We noticed a suggestion box with leaflets and posters on display including safeguarding leaflets. The first entrance is open to all visitors and is attached to a snug seating or waiting area. The second door is a secure door with a doorbell and is key-coded and leads into the reception area. We were asked if we wanted refreshment before meeting. Calming music was playing in the reception area, which is a comfortable, homely place with seating for residents and visitors to sit and relax.

To start the visit we had a meeting with Bev, the manager and Karen, the administrator to obtain some preliminary information about Aden View. We were also introduced to Ian Tetley, area manager who asked a little more about Enter and View visits.

We were told that a typical day was very much as today; busy in the mornings due to visits by GPs and nurses and quieter afternoons. The shift leader uses this time to book appointments and contact pharmacy.

We were told visitors could come at any time to visit, but the home asked them to try to keep meal times clear as some residents feel uncomfortable with strangers in the dining room. Visitors can stay for a meal at the home if notice is given; plans are then made to arrange a meal for them and their loved one at a separate time. This was confirmed by a resident later in the visit. Visitors are free to make refreshments as and when they wish using the kitchen facilities during the time they visit.

Bev then kindly give us a tour of the premises. The home is situated over two floors. It is split into 2 wings, a residential unit and an Elderly Mentally Impaired key-coded secure unit. All bedrooms are single, en-suite with toilets and a hand basin. Two of these rooms could be made into doubles if required; the home have accommodated couples in the past. We were told there is also a secure garden at the rear of the property as well as the front areas.

In the reception area the notice boards were well organised, one board had all mandatory training for staff and areas to sign up for future courses including dignity, food safety, dementia training and also moving and handling. There was an electronic staff 'signing in' screen. The activity plan for the month was positioned on a side board in this area and was hand written. The Healthwatch poster was on the display in various areas around the home to advertise our visit.

The temperature of the home was pleasant as we walked around the different areas with the EMI unit dining room feeling a little cooler than the others on this day. The environment was calm and there were no unpleasant odours.

All staff members passing through acknowledged us, smiled and asked if we needed anything.

Residential wing

In the residential wing the corridor had old photographs of Huddersfield displayed on the walls. We noticed corridors were wide enough for two wheelchairs to pass and that handrails were there to support independence. Some of the corridor carpets are worn and in need of replacement but at the end of our visit the manager told us that they had received confirmation whilst we were visiting that the carpet in the residential wing was to be replaced. Hand gels and aprons were available at various points and the signs on doors were at eye level. The bathrooms have clear pictures on doors to identify them and there are accessible, movable baths for residents.

There are two lounges and two dining rooms, one of each in both units downstairs plus a lounge-diner upstairs in the EMI unit for evenings.

In the residential unit the dining room was designed in a pleasant, country kitchen style with checked table cloths and red and white gingham curtains. There was an information board in this area showing menu choices and staffing for the day. The manager noticed that incorrect information was written here and asked a staff member to correct this immediately, showing that attention to detail is important at Aden View. The theme of the dining room style was followed into the lounge creating a friendly, bright environment. Comfortable chairs were placed around the periphery of the lounge.

Bedrooms for this unit were both upstairs and downstairs and we were told that these can be personalised with own TV, photos, some items of furniture, own ornaments and this made them homely and comfortable. Books and DVD's were visible around the home for residents to use.

We were informed that the residents wing on the upper corridor was in the process of been painted and there were plans for a mural on the walls in this area of a street scene (e.g. old post office, terrace houses) to stimulate memories and conversations of the past. There will also be a cinema/film room.

While Bev was showing us around the home she spoke to residents and had little chats on the way round the building. She made the time to reassure, chat and socialise with all that spoke to her. She knew all residents by name and was knowledgeable about the home. The staff were easily identifiable in their smart uniforms. During our visit it was noticed that there were more staff on the dementia unit than on the residential side.

We observed a new resident arriving; staff were friendly and welcoming. Staff offered them a cup of tea and asked if they wanted to go straight to their room as their family was already waiting there. It was then organised for their belongings to be taken to the room.

There is a lift from floor to floor which is key coded and stairs to upstairs Residential unit and key-coded door for EMI unit.

EMI Unit

In the EMI unit, residents' bedrooms are upstairs but during the day they spend their time downstairs in the lounge and lower floor. The lounge area was light and bright with a homely feel, with windows low enough to see out of. Ornaments were placed around the room and we noticed a few small clocks around but none seemed to be at the correct time. There were pictures on the walls of old style red buses and telephone boxes prompting memories

of the past. The carpet looked in need of a freshen up in this lounge. We were later told that they had problems with this carpet and other homes had reported this too, as even when it was cleaned it wasn't ideal.

Today's food menu was displayed in the lounge and the names of staff working on the unit that day. We were not sure how easy and understandable this is for the residents on this unit due to their level of understanding. The "See Me and Care" campaign posters were visible in this area for all to see. There were many staff visible and attending to residents in a respectful way.

Many residents on the dementia unit had limited verbal communication with varying different degrees of dementia. Some residents were watching a musical on the TV when we arrived, although the volume was fairly quiet and not easy to hear; some hadn't realised the TV was on. Other residents were asleep or moving around the unit with staff members supporting them. None of the residents appeared to be chatting together, with the exception of the ones interacting with visitors, staff or ourselves. Chairs were placed around the room some around the edges and others nearer the centre. Not all of the chairs were positioned so that the TV would be visible to those sitting there. Refreshments were served on unit while we visited.

The dining room was homely looking with bright, checked, wipe clean table covers. A light and airy, pleasant area; we were told the tables weren't set for dining until needed as residents remove items from tables. There was also a cluttered room off the dining room which looked like a store room. The dining room had a slightly cool feel to it.

All comments in this reports have been taken from conversations had during the visit to Aden View or gathered from surveys collected on the day. There were no extra surveys filled in on-line during the time scale given.

After looking around the home the visiting representatives spilt into two pairs and visited one unit each.

Comments on choice and dignity

When residents were asked about choice and dignity in the residential unit they confirmed that they were able to make their own choices from getting up when they choose, to going back to their rooms to read should they wish.

This proved more difficult to gauge in the EMI unit due to the difficulties in communicating with residents but we observed staff members explaining what was happening at each stage when helping residents with moving and making choices.

It was explained that residents could personalise bedrooms, bring their own furniture, pictures, ornaments and personal items. This was also evident around the communal areas of the home as there were many ornaments, knick-knacks and clocks placed around making it a homely and friendly environment. The clocks we noticed were very rarely set at the correct time which may cause confusion. Residents are able to bring their own pets; we were told that they used to have had a cat and the home have a budgie at moment that belongs to a resident. Most residents spoken to said their choices and needs were been met. We observed also that people had chosen to relax in their rooms.

We found it difficult to communicate with most residents in the EMI unit as some had very limited or no communication at all. We couldn't always use the prompt questions we had set out as it proved difficult to steer the conversation. With some residents we just generally chatted and gauged their reactions to us. We observed people looked well cared for and were seen to have good relationships with the staff. We witnessed many Interactions between staff members and residents and noted that they were giving choices and informing of what is expected of them and explaining what was happening.

At teatime, when one resident wanted to stay in the lounge and was none co-operative, the staff member was calm and respectful asking 'do you want to eat your meal in here then?' They gave choices of drinks and explained what the meal was today, showing that choice and dignity was respected. We saw that staff were informing residents when they lifted them, where they were being moved and where the hoist was being positioned.

Comments from residents from residential unit:

"I can get up when I want"

"Comfortable room, some furniture is my own, have my own tele and cabinet"

'Get help to get up. I can do so much and then they help me. I like to get up at 6am. Like to get up early. Staff are very good and come and help me, even at that time'.

"You can make it your own home"

"I buzz about 8.10am and they bring me down for breakfast"

"There's a library here, staff take me there to choose what I want"

"I'm registered blind so I sometimes need help to choose my clothes and staff help"

"I get all the help I need, for example to get up in the morning"

"Can choose when to get up and when to go to bed"

"have at least one shower a week but I can ask to have more if I want to. I do as much as I can for myself and then staff help if needed"

"I get all the help I need, for example to get up in the morning"

"Hoisted in and out of bed and into wheelchair"

Comments from residents from EMI unit:

Choices about own room choices of own pictures, ornaments etc.

"Oh yeah, I have a few things like that"

"Alright" nodding smiling

Comments from staff:

Staff all agreed they knew the residents very well but there were some differences when asked if they had enough time to talk to them:

Four people selected "most of the time"

Two people selected "yes"

Two people selected "some of the time"

Staff informed us they get to know the residents by:

"Talk with residents at any opportunity about what each individual likes to talk about"

"Asking them questions about the past and what they used to do for a living"

"By asking what the meals are like and general chit chat"

"Talk to them, do activities with them, ask them about themselves"

"Talk to the people"

"Talk to the residents, read the care plans"

“Read care plan and talk to them about the things you think they remember like family”

“By talking to them face to face and also reading the care plan”

Comments on activities provided

There is an allocated activity worker, Sarah, who works 5 days a week. Unfortunately on the day of our visit she was working in a caring role due to staffing numbers. During the weekend, care staff provide activities for the residents. The hairdressers was present at the time of our visit and residents were using this service. No set activities were taking place at the time of our visit but a film was showing in the lounges. Typical activities provided include, bingo, skittles, sing-alongs, an accordion player and the ‘vintage singers’ visit the home and they also have their own karaoke machine. There are trips out sometimes where residents can go next door to their sister home and use the access bus. Aden view also can accommodate outings to shops if residents request this.

The activity plan was in the main reception and we were informed there is one in all the bedrooms. January activities plan showed there is something every day e.g. bingo, handicraft, knit and natter.

We were told activities aren’t really well attended and residents need encouragement to join in. Also activities can be difficult within the dementia unit. Residents are engaged with about choices, but it tends to be family that discuss this.

Some residents told us that they spent most of their spare time reading and watching television. One resident felt that the other residents are a little too quiet and she said she would like more social conversation; more than can be provided by the staff. This resident said the home was planning to arrange some visits for her to go to the sister home next door for extra activities.

Comments from residents from residential unit:

“Can go out sometimes”

“I can’t do many activities. Got gout in my hands. I can take part in bingo”

“Get to go out sometimes, like going out for a little walk”

“My daughter and granddaughter come to visit and take me out sometimes, like going out for a meal and they took me to see Blackpool illuminations. That was a good day out”

Comments from residents from EMI unit:

We didn't receive any comments around activities on this unit.

Comments from staff:

When asked what would make services better for residents:

“More input from physio's and occupational therapists”

“More things to do within the home for the residents, themed rooms, games room etc.”

“More outings”

“Nothing really”

“More trips out”

Comments on Food

Meals are cooked and supplied from the on-site kitchen and the menu is seasonal. They have one sitting per meal and residents eat in the dining room on their own units. Aden View try to accommodate what residents like by noticing what they enjoy; 9 out of 10 menus are based on previous resident choices. Bev told us if there is a particular food that a resident wants that isn't really something on the menu at the time the staff can accommodate them and buy it from the shop or takeaway as necessary. Fish and chips are a popular choice. Breakfast is cereal or cooked breakfast, lunch is a two course meal with two choices plus dessert, Tea served at 4.15pm onwards is currently a snack type meal e.g. beans on toast, current teacake, sandwich plus a sweet. We were told this may change as they were looking at altering the above meals so that the 'snack-type' meal would be at lunchtime instead with the main meal at teatime due to residents not always wanting a big lunch if they'd had a cooked breakfast.

We asked how residents with limited verbal communication can get involved in making choices about food and were told they were looking into getting picture cards for residents to use. It was explained that the cook was going to take pictures of food. These are not currently in place at the moment for residents. At this point there is no resident involvement in planning and kitchen facilities aren't open to the residents to use, for health and safety

reasons. If a resident is ill in bed, trays of sandwiches and refreshments will be taken to their room for them and the visitors (if they have any at the time).

We spoke to residents about what the food was like at Aden View and if they were able to get refreshments as needed. All residents spoken to seemed happy with choices and food and we were told tea and coffee were available at any time.

Comments from residents from residential unit:

"When my son visited they asked if I wanted lunch in my room so we had a bit of time to ourselves. They brought it to my room"

"Food is very good, sometimes it could do to be a bit warmer. Choice of two or three things"

"Lovely food"

"Happy with the variety of food"

"There are no problems with the food. Can choose my own meal"

Comments from residents from EMI unit:

"I have some meats and potatoes, I can't say it's awful but it's nothing that I'm bothered about"

"Alright"

"Fish and chips" when asked what their favourite food was, it sounded like she enjoyed them from the noises and hand gestures she made.

Additional Comments

Most of the residents we spoke to were happy and content with the residential home, the care they receive and the staff who work there. A resident expressed appreciation of the monitoring and administration of the medication they needed.

Comments from residents from residential unit:

"It's not like being at home but it's the next best thing"

"I've never had anything missing from my laundry"

“Like it very much. I know all residents, get on with all of them. Get on with staff”

“If I ever end up in a care home I want to come here. You hear so many bad things about care homes but this is fantastic” (respite resident)

“Feel like royalty here”

“Quiet at night”

“I’m very blessed to be here”

Comments from residents from EMI unit:

“They can be nasty with me” - when asked who “the staff”. “I can’t really say they’re nasty with me, I don’t really see them much”.

*“Alright, neither here nor there” when asked what is it like to live here?
I hate it, don’t have anyone to talk to”*

“I get lonely”

Note - these comments were raised with the manager at the end of our visit. Although individual cases could not be discussed, we were reassured by her explanation of the reason for residents’ comments.

We observed interactions between the residents and staff very closely and saw that residents were relaxed and happy in this unit.

Comments from residents about staff:

“All staff deserve a medal”

“Manager is brilliant”

“All staff are amazing, even younger ones”

“Wonderful and very caring”

“These people look after us wonderful”

Comments from relatives/visitors:

“It’s good, yeah” ”

Comments from staff:

Staff agreed that working here was either “very good” or “good”. Staff opinion varied about workloads with one person saying yes they were happy and the majority agreeing that most of the time they were happy, with another saying sometimes.

Staff told us they are offered opportunities for further training. All staff agreed they would feel comfortable speaking to a senior staff member if any concerns or problems relating to work occurred. Staff rated the overall service for residents from good to very good. The majority of staff members said they would be happy to recommend this care home to their family, however one staff member said they were unsure.

When asked what is good about this care home staff said:

“The atmosphere, 99% of the time it is lovely friendly, happy”

“Good staff, good choice of food, good activities, clean and friendly”

“Good people”

“Everything”

“People”

“Staff are friendly, good level of care”

“Everyone is made to feel at home and welcome no matter how long their stay maybe”

Staff said they would change:

“For the residents to go out sometimes and to have people to come and entertain more”

“Redecorate”

“Do the home up”

“Get paid more”

“Nothing, things are fine, staff, residents. Maybe décor, carpets”

Staff comments about local health and care services that come into the home:

“They come in to the home and interact with the rest of the staff as an equal and on the same level. Very good working relationship with GP’s, district nursing staff etc.”

“They are very reliable and give a good service to our residents”

Conclusion

Following Healthwatch Kirklees' visit to Aden View the overriding impression was that it was a friendly and comfortable home where residents were able to feel at home and relaxed. It was apparent that staff were attentive to residents needs and supported them in appropriate ways. Residents were positive about the care they receive and how staff interact with them. Staff generally felt happy to work in this environment. It was felt that the manager was open to new ideas and suggestions to improve services.

Recommendations

1. We recommend that staff seek the views of residents on what activities they prefer to get involved with. For staff try to encourage more residents to get involved in activities in the home, or to better understand why certain people don't want to participate.
2. We recommend the activity plan to be more visually appealing and it should be displayed in the lounge areas.
3. We recommend that the layout of the chairs be reassessed in the lounges to be arranged in smaller clusters to encourage residents' conversations.
4. We recommend a large faced clock with correct time of the day and date to be placed in the dementia lounge and all other smaller clocks to be set to the correct time to avoid confusion.
5. We recommend an easy to read menu plans with pictures to inform dementia residents of their choices of food.

Provider Feedback

Enter and view Recommendations	Feedback from Bev Harrison, Manager of Aden View
<p>We recommend that staff seek the views of residents on what activities they prefer to get involved with. For staff try to encourage more residents to get involved in activities in the home, or to better understand why certain people don't want to participate.</p>	<p>It has been suggested to the activities co-ordinator to ask residents when holding a residents meeting what they would like to get involved with.</p> <p>We have a gardening club when the weather improves.</p>
<p>We recommend the activity plan to be more visually appealing and it should be displayed in the lounge areas.</p>	<p>Activity planners are now in both lounges.</p>
<p>We recommend that the layout of the chairs be reassessed in the lounges to be arranged in smaller clusters to encourage residents' conversations.</p>	<p>We do this, however residents change them back.</p>
<p>We recommend a large faced clock with correct time of the day and date to be placed in the dementia lounge and all other smaller clocks to be set to the correct time to avoid confusion.</p>	<p>We now have a projector clock set in the dementia lounge.</p>
<p>We recommend an easy to read menu plans with pictures to inform dementia residents of their choices of food.</p>	<p>Admin to look into this and photos are to be taken of home cooked meals.</p>