



Enter and View Report

Details of visit:	Ashmeadows
Service address	Ashmeadows, Westering house, Moorbottom, Cleckheaton, BD19 6AD
Service provider	Stephen Oldale and Susan Leigh
Date and time	Tuesday 26 th January 2016
Authorised Representatives	Katherine Sharp and Lisa Hodgson
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Acknowledgements

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

Thank you to Mandy Evans 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 Ashmeadows.

Disclaimer

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**)

What is Enter and View?

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch Kirklees to gather opinion. The visits are not a formal inspection or part of an investigation.

Healthwatch Kirklees have a right to carry out Enter & View visits under the Health and Social Care Act 2012.

Enter and View visits give service users, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well. The visits may look at a single issue across a few settings or may be in response to local intelligence about a single setting or from an area we have not visited before to understand how services work.

The Service

Purpose of the premises/service

Ashmeadows is registered to provide residential care for 17 residents.

Staffing and client numbers of the day of the visit

On the day of Healthwatch Kirklees visit there were 14 residents at Ashmeadows, Staff on the day were 2 carers, 1 cook, 1 domestic, 1 manager and 1 volunteer.

The Visit

Methodology

We completed an announced visit of Ashmeadows which took just over two hours to complete. During the visit we consulted with residents, staff and volunteers.

We agreed that this visit would be informal. We used prompt sheets with questions around, choice and dignity, activities and menu choices in the home, but questions were not asked in a specific order, nor were all questions asked of all clients. It was hoped that this unstructured method of speaking to clients would help to engage them in free-flowing discussion on their experiences of using Ashmeadows. Some clients at Ashmeadows have mild 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 noted people's comments as they spoke to us, after getting their consent to do this.

In addition, we wanted to report on the overall impression of the Ashmeadows, including the atmosphere, appearance and smell and whether clients seemed satisfied to be there, we used the five senses method.

Focus/Strategic driver

The focus for this visit was to gather feedback on how the service ensured that residents were able to make choices about their care. Additionally we looked at menu and activity choices. Healthwatch Kirklees has not visited this postcode area before and wanted to learn more about the service and how it is run.

Who we spoke to

We spoke to residents and staff, no carers or relatives were available to speak to on the day of our visit to Ashmeadows.

Staff were able to speak to us directly or fill in a survey about working at the service. We left instructions on how to star rate Ashmeadows or other services on our website for all.

Overall Impressions

Ashmeadows is a privately owned residential home situated on a busy main road, in Cleckheaton. It is a nice looking building from the outside, was formally an old vicarage which has retained its character. The building is set back from the road up a short driveway. It is positioned next to a church with bus stops within walking distance. The home has a small carpark with limited space, there was a half full rubbish skip in this area. There is a small amount of on road parking available nearby.

The entrance to the home was via a small vestibule, to the main door which was locked. There was a spyhole for security in the door. The Healthwatch poster was displayed on the front door. The doorbell could be heard throughout the home and was answered immediately with a warm and friendly manner when we arrived.

The home is spread over two floors. The upper floor held the resident bedrooms, we didn't access this area on the visit. We were told that half of the rooms are en-suite and the others have a sink plus a commode. Two of the bedrooms are shared so they very rarely have full capacity in the home unless there is a couple or two friends who wish to share. The ground floor consists of all of the communal areas. The entrance area had some original features of the building, stained glass window and parquet flooring making it a pleasant area to sit on the comfortable chair placed there. This open area with a high ceilings had sweets, a selection books and cards to buy. On the un-used fireplace was a giant piggy bank for donations to the residents' fund. At the end of our visit some cleaning equipment had been left in this area ready for use.

The dining room was small and cosy, but slightly dark. There was a mantel piece/fire place on one wall. The tables were set for mealtimes with condiments on, settings for four residents on each. The clock had stopped and was at the incorrect time, we noticed. The kitchen door was open but had a wooden safety gate which was used to separate the area.

The large lounge was split into different sections. The first section had an additional dining table for residents to use, part of the table was covered in paperwork and a resident was sat playing connect four with a volunteer at the other side. The floor of the dining area was in the process of being replaced and at the time of our visit was very sticky. We were told this was due to take place next week. The television was playing in the smaller seating area, it was very low volume and both authorised representatives agreed, difficult to hear. In the larger section of the room the chairs were placed around the edges of the perimeter, music was playing, the sound which overpowered the TV in the smaller section. Wheelchairs, sticks, frames, booster cushions and a hoist were stored in part of this area, making it look untidy. There was resident budgies in a cage at one end of the lounge. Ornaments, photos, pictures, flowers and candles were displayed throughout the communal areas which created a homely feel. The clock in this area was incorrect or not working.

The attached conservatory had a heavy sliding door to access it. The room was furnished with Rattan furniture, with comfy cushions. In this room there was an organ, Television, CD player and selection of toys for visiting children to play with. Music and DVD's were available for residents and visitors to use. There were views out into the rear garden which is a secure area through a locked door. Due to fire safety a thumb lock is on one of the doors to exit. We did not access the secure garden on this visit but we could view from the

conservatory. Garden furniture which had overturned due to the weather could be seen and we were told there was a smoking shelter for staff and residents to use in this area.

The areas of Ashmeadows we visited were pleasantly warm with no unpleasant odours in the communal lounges, but a very faint urine odour was noticed by one representative in the entrance hall. The décor was a little tired looking in some areas but the carpets looked well kept.

There is an open door policy for visitors although the home asks them to avoid mealtimes, unless they are staying for a meal with a resident.

Accessibility

The signage was not clearly visible with no named sign for Ashmeadows on the gatepost at the bottom. The sign was displayed on the side of the building and due to tall trees was not easy to see.

There were signs on the communal doors downstairs with pictures and words and these were placed at eye level. Wooden safety gates were on doorways not accessible to residents and at the bottom of the stairs.

Health and safety

The fire alarm has recently been tested, we were told. We were told where to meet should the fire alarm sound during our visit.

Key codes were positioned on relevant doors including the laundry door and garden gate. There were safety gates on stairs and kitchen area these were open at various points during our visit. Hand sanitizer was available throughout the home.

Wheel chairs and equipment were stored in the lounge area making this area cluttered and the Skip in the Carpark was an eye sore.

Interactions between staff and residents

The interactions between staff and residents we witnessed were friendly and cheerful with much fun and banter going. The staff seemed to know the residents well, at times having a joke with some. Many residents wanted to tell us that the staff were lovely and friendly. One staff member was massaging a residents head and shoulders while we were there, the residents said they were enjoying this. A couple of district nurses were visiting the home, one of the residents pointed her out and said ***“This nice lady visits a lot”***

Residents we spoke to confirmed staff had time to chat to them and it was evident that good relationships had been formed, with residents chatting freely with staff.

Resident’s comments:

“No qualms about staff, they’ll sort anything that you need if it’s at all possible”

“All staff chat”

“People really nice”

“In my opinion there ought to be more of them, all work hard” indicating about the staff.

We were told that team meetings are every three months and supervisions are held every two months. As well as the standard format for supervisions we were told a different topic for each supervision is picked such as: - infection control. Appraisals are held yearly. The home don't use agency workers.

Staff and volunteer comments:

Staff and volunteers filling in the survey told us that they knew the residents very well and had enough time to talk to them. They got to know the resident by, setting up and reading care plans, chatting to residents and their families and talking to nurses and GP's.

Staff commented about how they got to know the residents:

“Sit in my own time or when I have time to talk to them”

“By sitting down and talking to them each individually”

Food

We were told that food is freshly cooked and prepared at Ashmeadows and menus are chosen from seasonal ingredients. At the moment it was the autumn/winter menu. We were told residents have input to choice of food at twice yearly resident and visitor meetings. Meal times are flexible normally breakfast is served between 8-9am, everything from cereal to a cooked breakfast is provided. Lunch between 12-1pm, which is a two course 'meat and 2 veg' type meal plus a pudding. A snack type tea between 4-5pm which is sandwiches or a simple hot option such as beans on toast or soup. The cooking smell was evident during our visit in the dining room from the open door in the kitchen.

During our visit a resident was eating their breakfast much later than the suggested times which was good to see that resident's choices were met. Residents said they ate at the lounge dining table and others said in the dining room and appeared to be happy with this. We were told residents can also eat in their bedrooms, a resident told us later they often have breakfast in bed, we were also told by residents if they want to eat in their chair that's okay too. We were told residents are able to get involved with food preparation if they wanted to, although there aren't any who wish to do so at present. Cooking equipment would be taken into the dining room or lounge for residents to access should this occur. Some residents at Ashmeadows need support with assisted feeding, we witnessed this taking place in the lounge with one resident sat in their own chair.

Some of the residents told us that they liked the food while one said it was alright, another said it was too similar. Chips and sausage were mentioned as a favourite meal and the chicken in a BBQ sauce was considered good (Hunters Chicken). One residents told us they were fed up of sponge for pudding and wanted a bit of a change, something different, *“Would like fillet steak”* they said laughing. A resident wanted also to tell us how hard the cook works. In the lounge drinks were served during our visit and the residents had

access to a jug of juice. Visitors can also stay for meals, with no charge, some did this at Christmas time.

Resident's comments:

“Very much a routine, is the food, I’m very faddy though”

“Very good standard” when discussing about the food

“Sponge is so big we are eating it a year later”

“Oh aye, they’re all very good. If you request something they’ll do it’ ‘If I don’t fancy something, they’ll make me”..... (Favourite food was mentioned)

“I come down for my meals”

“Very good”

Activities

There isn't a dedicated activities co-ordinator at Ashmeadows the staff split these duties between them when it is decided what to do together. The home tries to provide activities every day, mainly in the afternoon after residents have showered. If it is particularly hectic, these activities may be delayed or postponed. The sort of activities provided are games such as dominoes; chair exercises and reminiscence work. One residents told us they preferred to do own exercises and then demonstrated this.

There was a chart up with a domino competition that was ongoing. One resident we spoke to said they would like to play more games. *“We used to play more Dominos, not as much now”* Another resident told us they liked playing games and jigsaws. *‘I write letters’* resident told us, then had a conversation with the manager about writing Christmas cards, another resident mentioned enjoying writing and colouring. A resident told us they like to make their own things when we asked what sort of thing they enjoyed making they seemed a little unsure. There is a hairdresser who visits each Thursday, we are not sure where this takes place as we didn't see a room allocated to this and the question was not asked. The chiropodist, visits every 12 weeks.

An activity plan was displayed in the lounge of upcoming suggested activities.

During our visit one resident was playing ‘connect four’ at the table with a volunteer and another was asked if they wanted to colour. One of the residents enjoyed singing and reminiscing with an Enter and View representative and said they had really enjoyed it. A resident commented how they enjoy company.

There is no regular outside entertainment visiting the home but they do have occasional garden parties and a panto group came in recently. During a conversation with a resident and the manager later it also appears that someone comes in to ‘play the organ’ for residents. The home very rarely have trips out due to lack of funds. Residents do go next door however, to the church for seasonal events etc. The home has no access to a mini bus.

Resident's comments:

"I paint a bit, painting by numbers"

"I try and get out in the summer"

"We don't do many games although it says you do in the book"

Staff comments from surveys about what would make the service better for residents were mainly about activities and outings.

"Would be nice to have extra staff to take residents on outing, To have time for activities and entertainment"

"More entertainment and outings having more time to spend with them"

"More outings and entertainment, more money for residents and more time to do activities"

Choice and Dignity

We were told by residents that they could make own choices about getting up and going to bed as they wished. They were able to choose what they wanted in their rooms from furniture or putting pictures on their walls and photographs. One resident told us they had breakfast in bed and enjoyed this. Residents who have the capacity can go into town on their own. We asked how this is monitored, we were told this is risk assessed regularly. We were told that the residents that do regularly go out are known in the community and people ring Ashmeadows if there are any issues. The manager also confirmed later that if staff are unsure on the day they will follow and monitor the resident if necessary to keep them safe.

We were told that residents that need support to make choices with limited verbal communication staff will use picture cards and gauge facial expressions to do this.

While the district nurses were visiting Ashmeadows we observed a resident having an examination/treatment, in the conservatory. It appeared they were having cream applied to lower area of their legs and although they were in another room could be seen by other residents, due to the French windows of the conservatory. We felt that this should have been administered in either another private area or with a curtain across the area to protect the resident's dignity. We brought this to the attention of the manager in a meeting at the end of our visit, she agreed this should be looked at.

Resident's comments:

"I'm always the last to bed"

"I need that other room" (manager explained that current room has a bathroom)

"That fella is allowed to walk out on his own, but I'm not. I don't think it's safe"

"I don't like that bed - it's too small" resident was discussing their room.

“I can’t do with a lot of folk chattering”

“I have my own TV and my own radio, they’ve given me some discs to play”

“Oh aye, it’s just nice and handy for everything”- Resident was telling us about their room.

“I like to clean” we asked if the resident could get involved here at the home they agreed *“yes”*

Additional Findings

When we spoke to residents about what they liked at Ashmeadows on the whole most agreed they were content and staff were friendly. A resident made a comment about their clothing not being aired as much as they’d like. *“If you smelled in the wardrobe you’d see”* explaining it was unpleasant to smell.

Resident’s comments:

“I’m not use to it yet, it’s okay, everything’s okay”

“On the whole I’ve been quite content”

“I do like it here- I like all the people here, all friendly”

“Yes good here, yes, pretty good”

“Very nice surroundings, expensive but nice”

Staff and Volunteer comments:

Staff and volunteers completing the survey all agreed that it was very good working at Ashmeadows and they were happy with their workload and would feel comfortable speaking to a senior member if they had any concerns or problems. Staff said they were offered training opportunities. Opinions varied when asked about the overall service for residents with three people saying ‘Very good’ and two commenting ‘Good’. Everyone filling in the survey agreed they would recommend this care home to their own family and friends.

They felt what is really good at the care home were:-

“Manager, staff teamwork. Having a very good cleaner on board. Communication and handouts”

“Homely atmosphere”

“That the staff take their time and patience with the residents”

“The staff and the compassion they show. We treat the residents as our own second family”

“Manager and staff are excellent to work with, working here feels like home”

They felt some positive changes would be:

“Updating the home and more equipment & sky TV for the men ‘sports’”

“Décor refurbishments”

“The home would be nice if it was updated- Décor new en-suite bathrooms. Some residents have laptops-would be nice if the home had Wi-Fi for residents to access”

“Up to date furniture”

Staff commented on local health and care services that came into the home

“Dentists will not do home visits unless private”

“Dentist is terrible as refuses to do home visits unless private”

“Dentist refuse to do home visit unless private. Unfair to residents that have to suffer. District nurses provide an excellent service”

Conclusion

Our first impressions of Ashmeadows were that the home was set in a nice building with original features but needed a little updating to the décor as it appeared dark in places.

After speaking to residents and staff we felt that more activities should be encouraged and trips out arranged for people living at Ashmeadows. Residents that we spoke to, many enjoyed reminiscing about past times and interests, so perhaps more activities or resources around this area would be good.

There appeared to be only one clock in the home that told the correct time which is a little confusing for staff and residents alike and this could be easily remedied.

We did however enjoy our visit to Ashmeadows and were encouraged by the staff and their interactions with residents, their cheery banter and knowledge of residents likes and dislikes. We did notice staff were more noticeable in the lounge during the latter part of our visit than the earlier part, perhaps due to attending to residents personal needs. A couple residents also mentioned how busy staff were at the home but many wanted to tell us about how friendly and nice they felt the staff were, which is good to hear

Recommendations

Enter and view Recommendations	Feedback from Ashmeadows
<p>We recommend that regular residents meeting are arranged at more regular intervals. This will encourage residents to express their views on food choice, activities and decisions around the home more frequently. A visitor forum planned to discuss matters arising in the home and ideas for fund raising for reasonable priced trips out. Church groups or community groups to be contacted to partake in their regular trips out.</p>	<p>We have no comments from Ashmeadows following our recommendations</p>
<p>We recommend that a set period of time is protected each day for a named care worker to run activities. The rooms that are currently not used as regularly like the conservatory could be used as activity or reminiscence rooms.</p>	
<p>We recommend that although music and television can be entertaining and enjoyable it is not ideal to have both media sources, the television and radio playing at the same time in the same room. This could be frustrating and confusing to residents as neither can be listened to or enjoyed. Allocated areas or times for both should be scheduled in to be used with more benefits to all.</p>	
<p>We recommend a large faced clock with correct time of the day and date to be placed the communal area and all other clocks to be set to the correct time to avoid confusion.</p>	